ASPIRE HEALTH PARTNERS

COMMUNITY HEALTH NEEDS ASSESSMENT

2016 SUMMARY
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Aspire Health Partners is pleased to be able to participate in the comprehensive Community Health Needs Assessment with our other partners. This approach better enables us to address the needs of our patients in a collaborative manner and avoid duplications of efforts.

The patients of Aspire with mental health and substance use disorders also suffer from other physical illness and disabilities that prevent them from living a fully healthy life. This needs assessment provides us a comprehensive picture of the needs of the people whom we serve and allows us, with our partners, to focus on the most severe and pressing concerns which will impact the quality of their lives in Central Florida.

Jerry Kassab
President
Aspire Health Partners
The health of a community is determined by the physical, mental, environmental, spiritual and social well-being of all community residents. Achieving such a complex state of being requires an equally complex understanding of the determinants of each of these aspects of health. A community health needs assessment—driven by community input—is a systematic approach to collecting, analyzing, and using this complex data and information to identify priority areas for health improvement efforts. This community health needs assessment report serves as a baseline of the health status of the four counties identified by The Collaborative as the geography of focus: Lake, Orange, Osceola, and Seminole Counties located in Central Florida.

Using national strategies including *Healthy People 2020* and The Robert Wood Johnson Foundation’s County Health Rankings as a framework for the community health needs assessment, data were compiled from the most up-to-date publicly available resources and primary research with community residents, providers, and stakeholders. In order to provide more geographically granular information, facility utilization data was used to generate hotspots in the community. In combination with the other data sources, hotspotting allows the Collaborative to prioritize community need in the provision of care (Cutts, Rafalski, Grant, & Marinescu, 2014).

The findings from The Collaborative’s community health needs assessment document the need for improvement in social determinants of health, health status, access to care, and built environment elements across the four counties. The four-county area falls short of *Healthy People 2020* goals in multiple areas, and is worse than state statistics in many others. Disparities in access and preventive care as well as food access demonstrate the need for concerted action in order to achieve health equity and overall health improvement for the entire population. Health disparities are differences in health outcomes between groups that reflect social inequalities. According to the Centers for Disease Control and Prevention’s (CDC) *2011 Health Disparities and Inequalities Report*, “Since the 1980s, our nation has made substantial progress in improving residents’ health and reducing health disparities, but ongoing racial/ethnic, economic and other social disparities in health are both unacceptable and correctable”. Throughout this report, we will highlight health disparities in the identified community health needs assessment region.

There are benefits to addressing the health of the community beyond simply having healthier residents. According to the Robert Wood Johnson Foundation, improving the health of the community benefits the bottom line of local businesses and the local economy. Healthier communities help to cultivate a healthy, more productive workforce fueling future economic growth. Healthy communities are also associated with higher rates of education, which benefits both workers and employers. Finally, healthier communities attract more talented employees and a healthier customer base, which can strengthen their economies.

The issues brought to light in this report are the product of a social determinants approach to health; that is, how the social conditions in which individuals live and work affect their physical health (Lang, Lepage, Schieber, Lamy, & Kelly- Irving, 2012). Thus, rather than prioritizing physical diagnoses that may need addressing, this report aims to guide efforts towards changing the aspects of the environment that have causal links to them.
Hospital Community Benefit activities promote health and well-being by collaboratively addressing community health needs. In Central Florida, there is a well-established tradition of healthcare organizations, providers, community partners, and individuals committed to meeting our local health needs. The region is home to several respected hospitals that are ranked in the nation’s top 100, a Level One Trauma Center, nine designated teaching hospitals and the University of Central Florida’s College of Medicine.

Florida’s healthcare landscape continues to evolve since the passing of the Affordable Care Act (ACA) in 2010. Thirty states plus DC expanded Medicaid under the Affordable Care Act. Regretfully, Florida did not and as of January 2015, just under 300,000 Floridians had enrolled into Medicaid or Children’s Health Insurance Program (CHIP) since the beginning of the Health Insurance Marketplace’s first open enrollment period (Health & Human Services, 2015). If Florida had expanded Medicaid, close to 850,000 uninsured people would have gained coverage. Across the nation, approximately 11.2 million more Americans are now enrolled in Medicaid and CHIP (Health & Human Services, 2015).

Despite the decision not to expand Medicaid, the ACA is working to make health care more affordable, accessible, and high quality for the people of Florida (Health & Human Services, 2015). Lake, Osceola, Orange and Seminole counties reduced their uninsured rate by a combined average of 5%. Nationwide, about 16.4 million uninsured people have gained health insurance coverage - the largest reduction in the uninsured in four decades (Enroll America, 2015).

Not only has the ACA increased the number of insured, the landmark legislation has also helped communities mobilize and develop community health improvement plans to improve community health outcomes. The ACA requires not-for-profit hospitals to conduct a Community Health Needs Assessment (CHNA) every three years. Not-for-profit hospitals must also develop measurable implementation strategies (i.e., a Community Health Plan, or CHP) to address the needs defined by the assessment. In addition, the hospitals must provide annual updates on these strategies in their IRS Form 990. In parallel with the not-for-profit hospitals, all 67 county health departments in Florida are also required to conduct a community health needs assessment. The purpose of the required assessment is to determine public health priorities for the next three to five years. As a best practice for health assessment and planning, most county health departments use Mobilizing for Action through Planning and Partnership (MAPP), which was developed by the National Association for City and County Health Officials (NACCHO), as the framework for their assessment. Many national and state public health organizations including NACCHO and the Florida Department of Health use MAPP. As a result, Lake, Orange, Osceola, and Seminole Counties used MAPP for their assessments.

Given these new requirements for both not-for-profit hospitals and departments of health, in 2012, Florida Hospital, Orlando Health, and Aspire Health Partners (formerly Lakeside Behavioral Healthcare) partnered to prepare the first joint community health needs assessment. In 2015, Florida Hospital, Orlando Health, South Lake Hospital in affiliation of Orlando Health, Aspire Health Partners,
and the Florida Department of Health in Lake, Osceola, Orange and Seminole Counties formed the Central Florida Community Benefit Collaboration (“the Collaboration”) to provide a broader perspective of the region’s health needs.

Community engagement is the process of working collaboratively with and through groups of people affiliated by geographic proximity, special interest, or similar situations to address issues affecting their well-being. It is a powerful vehicle for bringing about environmental, cultural, health, and behavioral changes that will improve the quality of life of the community. It often involves partnerships and coalitions that help mobilize resources and influence systems, change relationships among partners, and serve as catalysts for changing policies, programs, and practices (Principles of Community Engagement, ASTDR, CDC, 2011).

The Collaboration engaged the consulting services of Impact Partners, LLC to lead Central Florida through an expanded CHNA. Impact Partners worked to build on top of the first CHNA completed in 2013 in order to maintain the integrity of the original benchmark data, to evaluate the progress of the previous priorities by comparing historical benchmark data, and to measure long-term progress.

Impact Partners conducts community engagement/assessment projects across the United States. Since each community is unique, their approach to better understanding a community’s need is aligned with the Social-Ecological Model. The Social-Ecological Model is a comprehensive approach to health and urban planning that not only addresses a community’s or individual’s risk factors, but also the norms, beliefs, and social and economic systems that create the conditions for poor community health outcomes.

Impact Partners, subscribes to the notion that the social, natural, and physical environments in which people live, as well as their lifestyles and behaviors, can influence their quality of life and health outcomes. Communities can achieve long-term quality of life improvements, prosperous economies, and happy and healthy neighborhoods when ordinary citizens become involved and work together to affect change and can influence the direction of a community, not just people who already have power.

When communities invest in quality of life assets and infrastructure, their economies grow and people prosper.
This Community Health Needs Assessment report serves as the foundation for improving health, wellness and quality of life in Central Florida. In order for the collaboration and community partners to identify communities in need of public health services and strategically plan health interventions, it is first necessary to understand the elements that influence health and well-being.

The Social-Ecological Model (SEM) is a public health framework used to holistically describe four social levels of influence that explain the complex interaction between individuals and the social context in which they live and work.

Health and well-being is shaped not only by behavior choices of individuals but also by complex factors that influence those choices. The Social-Ecological Model of Health provides a framework to help understand the various factors and behaviors that affect health and wellness. With this model, we can closely examine a specific health problem in a particular setting or context.

Human behavior is difficult to change and is nearly impossible to modify without understanding the environment in which one lives. In order to increase behavior that supports health and wellness, efforts need to focus on behavior choices and factors that influence those choices. The SEM helps identify factors that influence behavior by considering the complex interplay between individual, interpersonal, community and societal factors. It shows how the changes and interactions between these four levels over the course of one’s life greatly affect health and wellness. Through utilizing the
SEM, the likelihood is increased of developing sustainable interventions with the broadest impact on health and wellness.

Lake, Orange, Osceola, and Seminole Counties collected and analyzed primary and secondary data that generated common themes for the region, county, zip code and neighborhood census tracts. Primary data sources included a consumer survey, a provider survey, in-depth interviews with community stakeholders and community conversations. Secondary data about health indicators, healthcare utilization and insurance coverage was gathered from sources including the U.S. Census, Florida Community Health Assessment Resource Tool Set (CHARTS), the Centers for Disease Control and Prevention’s Behavioral Risk Factor Surveillance System (BRFSS) Data, County Health Rankings, the American Community Survey and hospital claims data.
METHODOLOGY

The four-county assessment covering Lake, Orange, Osceola, and Seminole Counties integrated primary and secondary data to generate common themes and issues for the region as a whole, and on the county level, zip code and neighborhood census tracts. Primary data sources included a consumer survey, a provider survey, in-depth interviews with community stakeholders, and community conversations. Secondary data about health indicators, healthcare utilization, and insurance coverage was gathered from sources including the U.S. Census, Florida Community Health Assessment Resource Tool Set (CHARTS), the Centers for Disease Control and Prevention's Behavioral Risk Factor Surveillance System (BRFSS) Data, County Health Rankings, the American Community Survey and hospital claim data.

DEFINING THE COMMUNITY

Through community health and utilization data, as well as internal-facility targeted service delivery geography, the Collaboration recognized the disparity in health status and health risk between those in the highest income levels and the lowest, as well as between the insured and uninsured. Those in the lowest income level without insurance have the greatest health needs and are most challenged in gaining access to high quality, affordable health care. In addition, the community health needs assessment (CHNA) identified children and youth as the population most at risk for adopting poor health behaviors, but with the greatest opportunity for successful intervention. Each of the participating hospital's Implementation Strategy and Community Benefit Plan will address the health needs of the broader population with a special focus on those members of the population who demonstrate the greatest need.

Each of the participating hospitals in the Collaboration discussed and agreed upon their respective targeted communities. Internal hospital patient census, existing community benefit programs, as well as secondary data and community scans facilitated the specific community audiences to engage for the primary data collection. The targeted community audience for primary data collected included, but was not limited to, adults and children living below the poverty level, homeless/transient, unwed mothers, the disabled and their caregivers, children and adolescents, senior citizens, adults and children with a variety of education levels, adults and children from diverse racial identification, and health care professionals.

PRIMARY DATA

Consumer Survey

The survey was distributed both as hard copies (1,407) and via SurveyMonkey (291) with a total of 1,698 responses. While most respondents completed the survey in English, 331 were completed in Spanish, six in French and three in Creole. Data screening measures ensured that the surveys analyzed were valid and provided useful data. First, survey responses were screened based on answers to two conflicting items from the public safety subscale. Responses which had similar answers to these two opposing questions were assumed to be invalid and dismissed. Secondly, incomplete surveys were scanned for completed, and therefore usable, subscales. Finally, surveys with unidentified zip codes were not included in the final analysis. After data screening, 1,235 responses were analyzed.
Provider Survey
This survey, distributed online, included responses from 145 participants. The questions were mostly open-ended and explored respondents’ views on the community’s deficits given a holistic definition of a healthy community, issues related to health care services, and forces of change in the community.

Stakeholder In-Depth Interviews
Interviews were conducted with 16 community stakeholders. Each interview lasted an average of 65 minutes. After each interview was fully transcribed, they were analyzed using qualitative analysis principles from NVivo 11. First, a basic word frequency was run for each question and related set of questions. Then, this word frequency was expanded to include words similar to those with the highest frequency. Finally, the context of the most frequently used words and phrases was examined to generate themes.

The structured interviews asked questions about the following topics:

- **Community Health & Wellness Subscale**
  - Physical
  - Mental & Behavioral Health
  - Environmental Health
  - Social Health
- **Risk Factors Subscale**
  - Health Promoting Behaviors
  - Sickness & Death Behaviors
- **Healthcare Access Subscale**
  - Primary Health Care
  - Specialty Health Care
  - ER and Urgent Care
  - Mental & Behavioral Health Care
  - Dental Care
- **Forces of Change Subscale**
Information for each stakeholder is below:

<table>
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<th>Sector</th>
<th>Self-identified Race/Ethnicity</th>
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Collaboration County-Level Themes
Members of the Central Florida Community Health Collaboration developed a distilled list of county-level areas of concern based on the knowledge that each of them brought to the group about the needs of the residents in each county. Initially, any area of concern was heard and added to a list. Then, the group worked together in multiple rounds of voting to drill down from dozens of topics to 10 areas of concern for Seminole County and 15 for Orange County.

Community Conversations
Six community conversation sessions took place with a total of 102 participants. These conversations employed the World Café/Cross Pollination method. Each participant was seated at a table with other participants. Each table engaged in conversation, writing down key thoughts and ideas on cards or sketching them out on paper. After 20-30 minutes, participants were asked to change tables, carrying thoughts from their previous table to their new group. Throughout the process, a “table host” stayed behind at each table to share the insights of their previous discussion with the new arrivals. After these small-group rounds, all participants convened for a large group conversation and collective knowledge was “harvested.”
SECONDARY DATA
Existing data collected by other entities was also included in the assessment. These data sources included:

- The U.S. Census Bureau, including the American Community Survey
- Florida Community Health Assessment Resource Tool Set (CHARTS)
- The Centers for Disease Control and Prevention’s Behavioral Risk Factor Surveillance System (BRFSS) Data
- County Health Rankings
- Healthy People 2020
- Hospital utilization data

These resources provide data related to specific health indicators, built environment, healthcare access and utilization, and health insurance coverage.

Hot Spotting
Patients who frequently over-utilize healthcare services typically suffer from multiple chronic conditions, requiring frequent care provided by a number of different providers. Many also have complicated social situations that directly impact their ability to get and stay well. Too often, high-utilizer patients experience inefficient, poorly coordinated care that results in multiple trips to emergency rooms and costly hospital admissions. Using open source data and health insurance claim data from hospitals in the Collaboration standardized to the population across census tract, this method allows you to locate “hot spots” for patients over-utilizing the health care system and map where they live — down to the city block.

In addition to the standard health insurance claims data in most hot spotting projects, our hot spotting includes economic variables and conditions, and the insertion of sophisticated geospatial environmental data to analyze the correlation among healthcare utilization, health disparities, mortality rates/life expectancy, socio-economics and the environmental conditions in which people live. Such data includes, where available, data sets such as street grids, traffic signalization and counts, location of bus stops, commuter rail stations, bike lanes and multiuse trails; land use and zoning; parks/open space, schools, landfills, brownfields, etc.; parcel data to determine locations of fast food, supermarkets, tobacco shops, liquor stores, convenience stores, etc.; crime and pedestrian crash data; and water/sewer districts.

Retrospective Data Evaluation
The Collaboration conducted a retrospective data evaluation by looking backwards and examining the priorities selected during the first assessment and evaluated their relevancy to date. The Collaboration also reviewed and evaluated the progress of the strategic implementation plans addressing these previously agreed upon priority areas.
DEMOGRAPHICS

Population Growth

According to the U.S. Census Bureau, both counties have seen consistent population growth from 2000-2015. Orange County is by far the most populous of the four-county region.

Population by Age

Similar to the age distribution at the state level, residents between the ages of 0-14 are the largest age group. Orange and Seminole Counties skew slightly younger.
Population by Gender
Both counties have a gender distribution that is nearly equal, with slightly more women than men. Seminole County has the most unequal distribution.

Population by Race & Ethnicity
Both counties are overwhelmingly White. Orange County has the largest percentage of Black residents. The largest percentage of Asian residents are in Seminole County. American Indian and Native Hawaiian each make up less than one percent in both counties and the state as a whole. Just under a quarter of Florida residents are Hispanic or Latino. Seminole County is below the state level while Orange has a larger percentage of Hispanic residents than the state.
Language Other Than English Spoken at Home
Orange County also has a higher proportion of residents speaking a language other than English at home compared to the state level of 28 percent.

Median Household Income
Seminole County consistently has a higher median household income than the other three counties and the state as a whole.
Persons Living Below Poverty Level
Both counties experienced an increase in the percentage of people living under the poverty line from 2000-2014. Seminole has consistently seen percentages below the state level. Orange County was below the state level in 2000 and 2010, then reported higher percentage in 2013 and 2014.

Students Receiving Free and Reduced Lunch
Title I provides additional resources to schools with economically disadvantaged students. These resources provide additional teachers, professional development, extra time for teaching, parent involvement activities, and other activities designed to raise student achievement. Orange County has the highest percentage of Title I schools in the four-county region.
Average Annual Unemployment Rates
Both counties and the state saw their highest average unemployment rates in 2010, likely due to the recession. Seminole County has consistently had the lowest average unemployment rate in recent years. 2014 rates for both counties returned approximately to their 2008 rates, indicating a possible recovery from the recession.

Homeownership Rates
Seminole County has homeownership rates higher than the state level. Orange County has had consistently low homeownership rates.
Gross Rent as a Percent of Income
Orange County has very high percentages of residents who spend more than 30 percent of their household income on rent. In both counties and at the state level, a plurality of people spend more than 35 percent on rent.

Cost Burdens
Even with the high percentage of household income spent on rent and varying homeownership levels, the majority of people in both counties and throughout the state experience no cost burden.
Renter Cost Burden
Seminole County residents are least cost burdened by their housing costs in the four-county region.

Homeowner Cost Burden
Homeowners are far less likely to be burdened by the cost of their home than renters. Seminole County homeowners nearly mirror the state-level cost burden figures.

Homeless People by County
Both counties saw a spike in homelessness between 2011-2013.

<table>
<thead>
<tr>
<th>Orange County Homeless Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>1,962</td>
</tr>
</tbody>
</table>

Source: 2016 Point-in-time Count, Homeless Services Network of Central Florida

<table>
<thead>
<tr>
<th>Seminole County Homeless Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>561</td>
</tr>
</tbody>
</table>

Source: 2016 Point-in-time Count, Homeless Services Network of Central Florida

Income Inequality
The ratio of the 80th percentile to the 20th percentile of household income allows the Collaborative to gauge income inequality. Both Seminole and Orange Counties have a ratio lower than the state level, indicating more income equality. Of the four counties included in the CHNA, Orange County is the least equitable.
Key Findings
Housing issues have been a major issue for every county in the assessment region. According to stakeholder interviews, homelessness continues to affect the community in myriad ways. Law enforcement utilizes resources to connect homeless individuals with mental health and substance abuse services as needed. Additionally, homeless individuals rarely utilize or have access to preventive care; rather, those experiencing homelessness use emergency departments as their primary source of health care. Low wages and lack of affordable housing contribute significantly to the likelihood of experiencing homelessness. As mentioned previously, untreated substance abuse and mental health issues both contribute to the loss of wages that can lead to homelessness, and make it significantly difficult to secure housing.

Aside from homelessness, poverty is a theme that both primary and secondary sources of data point to as a community concern. The stress of living in poverty has a direct effect on a person’s physical and mental health and well-being. It also limits access to healthy and nutritious foods. The impact of poverty is discussed further throughout the report.
SCHOOL AND STUDENT DEMOGRAPHICS

Student Race/Ethnicity
The majority of students in Seminole County are Non-Hispanic White. About a quarter of the students are Black and another quarter are Hispanic. Orange County has a more diverse student population, with two-thirds of their students identifying as White, another third Black, and nearly 35 percent Hispanic. It should be noted that by measuring race and ethnicity separately, the percentages will total 200 percent instead of 100 percent. The reader should be mindful that students may identify as White or Black racially and still Hispanic ethnically.

High School Graduation Rate
Orange and Seminole Counties have both seen at least a five percent increase in graduation rates since the 2010-2011 school year. Seminole County has the highest graduation rate at 86 percent, eight percent higher than the state average.
**Student Absenteeism**

The percentages reported reflect the percentage of students in each county who were absent 21 or more days during the school year. Orange County has a percentage nearly identical to the state average. Seminole County has the lowest absentee percentage.

![Student Absenteeism 2013-2014](image)

**Homeless Students**

Orange and Seminole did not experience an increase in the percentage of students who are homeless, but Orange remains one percent higher than the state average.

![Homeless Students](image)

**High School Gang Activity**

Seminole County has half the percentage of students in gangs as the state average. Orange County has the highest percentage of students involved with gangs. As the county with the largest number of students, having the highest percentage of students in gangs also means they have the most students (by count) involved in gangs.
Violent Acts per 1,000 Students Grades K-12
Even with a downward trend recently, students in Orange County have consistently reported much higher rates of violent acts than other counties in the region and it is the only county to report 2012 rates above the state level. Seminole County has seen a slight decrease over the same time period.

Bullying Prevalence K-12
More than one-third of all students in Seminole and Orange Counties, and in the state, experienced bullying that caused worry. Additionally, both counties saw at least a quarter of their students taunted or teased in the previous 30 days. Orange County students were more likely to cyber bully others.
Key Findings
It is quite possible that poverty is at the root of a number of these indicators. Seminole County has the lowest percentage of students living in poverty (14.3 percent), the highest graduation rate, lowest absenteeism, fewest homeless students, and lowest percentage of students involved with gangs.
HEALTH NEEDS OF THE COMMUNITY

COUNTY HEALTH RANKINGS

County health rankings are published by the University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation to help counties understand what influences how healthy residents are now (health outcomes) and how healthy a county will be in the future (health factors). Health Outcomes weigh length of life and quality of life equally and Health Factors are comprised of Health Behaviors (weighted at 30 percent), Clinical Care (20 percent), Social and Economic Factors (40 percent) and Physical Environment (10 percent). This results in a number of rankings given to each county in a state. Thus, decision-makers in said counties can see how they stack up relative to the other counties in their state on each of the aforementioned eight measures. They can also help these same decision-makers pinpoint areas of focus to improve the health and well-being of the residents. All 67 counties in Florida receive rankings.

In terms of Health Outcomes and Factors generally, Seminole County leads the way in the region by far as the fourth best in the state in both areas. When the components of Health Outcomes are broken down, Seminole County is fourth in the state for resident Length of Life and sixth in Quality of Life. Of the component parts of Health Factors, Seminole County continues to be the standout of the region in Social and Economic factors, but falls behind in measures of the Physical Environment. Orange County is in the top 30 percent of the state for both Outcomes and Factors.

### Seminole County Health Rankings

<table>
<thead>
<tr>
<th>Health Outcomes</th>
<th>Health Factors</th>
<th>Length of Life</th>
<th>Quality of Life</th>
<th>Health Behavior</th>
<th>Clinical Care</th>
<th>Social &amp; Economic Factors</th>
<th>Physical Environment</th>
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<td>4</td>
<td>6</td>
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</tbody>
</table>

### Orange County Health Rankings

<table>
<thead>
<tr>
<th>Health Outcomes</th>
<th>Health Factors</th>
<th>Length of Life</th>
<th>Quality of Life</th>
<th>Health Behavior</th>
<th>Clinical Care</th>
<th>Social &amp; Economic Factors</th>
<th>Physical Environment</th>
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</tbody>
</table>

COMMUNICABLE DISEASES

**Childhood Immunizations**

Childhood immunization rates for kindergarten children have increased in both counties as well as for the state of Florida between 2011-2014 for both the two-year-old and kindergarten-age levels. All 2014 figures surpassed the 80 percent Healthy People 2020 Target. As compared to two-year-olds, kindergarten-aged children are the best-off in the four counties analyzed, as each county had immunization rates exceeding 90 percent, 10 percent above the Healthy People 2020 Target. While Florida rates have remained somewhat constant from 2011-2014, regional counties have been less consistent. Immunization rates within Orange and Seminole County increased for kindergarten-aged children, but decreased for two-year-olds.
Influenza Vaccination 65+
Influenza (flu) vaccination rates for adults aged 65 years old and older have decreased overall during the 2007-2013 time period for all four counties in the region, as well as the state of Florida. The 2010 time period saw increases in influenza vaccination rates within Orange County as well as the state of Florida and underwent modest reductions in Seminole County. The 2013 time period saw a somewhat significant decrease from 2010, especially when compared to the changes observed during the 2007-2010 time period. Both counties (as well as the state of Florida) saw at least a 10 percent decrease over the 2010 to 2013 time period. Florida, as a whole, saw a 10.7 percent decrease within the same time period.

Pneumonia Vaccination 65+
From 2007-2013, pneumonia vaccination rates for adults over the age of 65 have increased in Orange and Seminole Counties.
New HIV Cases Reported
Orange County has consistently had the highest rate of new HIV cases from 2010-2014. Every county in the region, and the state of Florida, has experienced an increase over this time period. Seminole County remains lower than the state rate while Orange is higher.

New AIDS Cases Reported
Seminole is the only county to see consistent decreases in the new AIDS rate from 2010-2014 and currently has the lowest rate in the region. Orange County’s rate is the only one in the region which is starkly higher than the state average; the county rate in 2014 was higher than in 2012, but still an overall decrease from the 2010 rate.
Key Findings
Across the region, there has been a decrease in the number of two-year-olds who are fully immunized and, with the exception of Orange County, a decrease in the percentage of elderly adults receiving flu vaccinations. HIV and STIs in general did emerge as themes in Orange County’s concerns generated by the Collaboration.

PREVENTIVE CARE
Mammogram 40+
In most of the region, and in the state, the number of women age 40 and older who received a mammogram in the previous year decreased from 2002-2010.
Pap test 18+
In all counties in the region, and in the state, the number of women age 18 and older who received a pap test in the previous year decreased from 2002-2013. In 2013, Orange County is the only county in the region that had a rate above the state average.

Sigmoidoscopy / Colonoscopy 50+
In all counties in the region, and in the state, the number of adults age 50 and older who had received a sigmoidoscopy or colonoscopy in the past five years increased from 2002-2013. Orange County is the only county with a 2013 rate below the state average.

Stool Blood Test 50+
Every county in the region, and the state as a whole, has experienced a significant drop in the percentage of adults age 50 and older who received a stool blood test in the past year. Orange County had the lowest 2013 rate.
Across the region and around the state, the percentage of men age 50 and older receiving a PSA test in the past two years increased.

**Key Findings Based on Primary and Secondary Data Analysis**

While statewide data shows rather significant changes from the 2002-2013 time period over a number of variables, counties within the Central Florida region have seen rather moderate reductions in positive health decisions for women and the 50+ population. However, trends on the statewide level as compared to trends at the county level are consistent in terms of the overall trend since the 2002 timeframe. PSA testing — across the board — rose approximately 15 percent to 20 percent across all counties and statewide. Another area of significant improvement were the number of adults age 50 or older who have received a sigmoidoscopy or colonoscopy in the past five years, with numbers exceeding historic figures. However, a downward trend can be seen on the statewide level and on the county level, across the board, for mammograms and
blood stool tests. Updated data for men 50 years or older who received a PSA test in the past two years was not readily available at the time of this study.

**CHRONIC CONDITIONS**

**Adult Obesity**

While the four counties have been able to maintain levels below the Healthy People 2020 goal of 30.5, Seminole County’s upward trend follows closely with that of the State of Florida from 2002-2013. Orange County trended upward through 2010 with a decline through 2013.

**Middle School Student BMI**

The percentage of students reporting a BMI at or above the 95th percentile has remained relatively constant at the state level from 2006-2012. Orange County peaked in 2008 and has steadily dropped since. Seminole County’s trend is the opposite; the low point was in 2008 and they have steadily increased since then.
High School Student BMI
The state’s trend for high school BMI has been upward between 2006-2012. Orange, and Seminole Counties have followed this trend. Seminole County had been consistently low until 2012.

Adults with Diabetes
The Healthy People (HP) 2020 goal for new cases per 1,000 population aged 18 to 84 years is 7.2. The data presented in this graphic represents the percent of adults in each county who have ever been diagnosed with diabetes, thus it is not a true comparison to the HP2020 goal. There has been an upward trend regionally in the percent of adults who have been diagnosed with diabetes. Seminole County’s increase between 2007-2010 was 80 percent. Seminole County, however, experienced a 30 percent decline in this indicator since 2010, the only county to decline in the region since 2002. Orange County and the State of Florida, as a whole, have been showing a steady increase in the percent of adults with diagnosed diabetes.
Childhood Diabetes Hospitalizations Ages 5-11
The rate for hospitalizations due to diabetes for children ages 5-11 in the state has fluctuated right around 40 per 100,000 since 2011. Orange County’s rates have hovered right under that rate from 2012-2014. Seminole County reports a 2014 rate that is significantly lower than any other rate in the region and much lower than the state level.

Childhood Diabetes Hospitalizations Ages 12-18
Orange County has experienced fluctuations each year, but has had an overall increase since 2011. Seminole County is the only one in the region to report a 2014 rate lower than the previous years.

High Blood Pressure
The prevalence of adults with high blood pressure has increased across the region upwards, 80 percent in Seminole County in 2010. As a region, in 2013, the prevalence of high blood pressure
(hypertension) (33.7 percent average) is above the Healthy People 2020 goal of 26.9, despite a decrease in 2013 from the uptick in 2010, while still slightly below the state at 35 percent.

High Blood Pressure Managed by Medicine
Every county in the region has percentages of adults with hypertension who take blood pressure medication lower than the state average. Additionally, every county has experienced a decrease since 2007.

Stroke
In line with the state-level trend, Orange and Seminole Counties have experienced an increase between 2007-2013 in the percent of adults who have ever had a stroke.
Adults with High Cholesterol
Orange County appears to be trending downward with a decline of approximately 32 percent, despite a slight increase in 2010. Seminole County has experienced the largest increase in the percentage of adults having been told they have high cholesterol, increasing from 26.7 percent in 2002 to 37.4 percent in 2013 (41.3 percent in 2010). This is an increase 40 percent from 2002-2013.

Coronary Heart Disease
Orange and Seminole Counties are under the state rate with figures right around 150 people per 100,000.
Congestive Heart Failure
Hospitalizations from congestive heart failure have decreased across the region and in the state. Orange County has consistently had the highest rate since 2010.

Rectal Cancer
Every county in the region reported 2012 rates above the state average. Seminole County has remained the most stable with a slight increase since 2008. Orange County has fluctuated year to year with a marginal increase from 2008-2012.
Breast Cancer
Seminole County mirrors the steady decrease that has been seen at the state level while remaining above the state average. Orange County has experienced marginal decreases between 2008-2012.

Lung Cancer
Seminole County is the only county in the region with rates consistently below the state level and experienced a decrease from 2010-2012. Orange County experienced a less severe increase after dipping slightly in 2011.
Adults with Asthma
Regionally and statewide, there has been an increase, overall, in the percent of adults who currently have asthma. While Orange County had a significant decline in 2007, their numbers increased to above their 2002 baseline in 2010, and since has declined to below 8 percent in 2013. Seminole County has shown an upward trend in adults with asthma since 2007 from 6.4 percent to just over eight percent.

Students with Asthma
Every county in the region has seen an increase in both middle and high school students with known asthma. Orange County experienced a large jump from 2010-2012, that put them above the state average for 2012.
**Asthma Hospitalizations Ages 1-5**

Overall, children within the age range of 1-5 have the highest rate of hospitalizations due to asthma than the 5-11 year olds and 12-18 year olds. In Orange County, hospitalization of children ages 1-5 due to asthma experienced a sharp increase in rates since 2007-2008. Seminole County has the lowest rate of hospitalizations in 1-5 year olds, well below the Florida rate.
Asthma Hospitalizations Ages 5-11
In Orange County, hospitalization of children ages 5-11 due to asthma experienced a sharp increase in rates since 2006-2008 with a 2012-2014 rate well above the state and Seminole County. Seminole County has the lowest rate of hospitalizations in 5-11 year olds, well below the Florida rate.

Asthma Hospitalizations Ages 12-18
Since 1996 there has been a steady increase in hospitalizations for teenagers due to asthma in every county in the assessment region.
Key Findings Based on Primary and Secondary Data Analysis
With regards to juvenile diabetes, the rates for children ages 12-18 are higher than those for children ages 5-11, indicating either an increase in diabetes diagnoses or an increase in severity of symptoms.

While blood pressure rates have increased, fewer of those diagnosed with hypertension are taking blood pressure medication.

Overall, children within the age range of 1-5 have the highest rate of hospitalizations due to asthma than the 5-11 year olds and 12-18 year olds. As a region, the rate of asthma hospitalizations is increasing faster in teenagers than other age ranges.

Diabetes, cancer and heart disease repeatedly are discussed by both decision-makers in the region and by consumers. Data collected using a variety of methods draw strong connections between diabetes, poverty, and access to quality and nutritious foods. While primary data did not directly connect cancer to the use of tobacco and vape products, both emerged as concerns in the region. Finally, in the experience of those who provided input, heart disease may be addressed by increasing access to healthy food and reducing inactivity among residents. The use of tobacco products may also contribute to heart disease as a regional concern.

LEADING CAUSES OF DEATH
Orange County 2008-2014
Orange County continues to show a decline in the leading causes of death, outside of unintentional injuries and cerebrovascular diseases. Cancer deaths have declined in Orange County to below the Healthy People 2020 goal of 161.4. While heart diseases continue to decline from 2008, the AADR rate still remains significantly higher than the 2020 goal. Chronic lower respiratory disease related deaths also continue to decline. The diabetes AADR shows a decrease between 2008-2010, however, fluctuated between 2010-2014. Unintentional injury AADR, while remaining steady in previous years, increased between 2012-2014, moving above the 2020 goal.
After a decline in AADR for cerebrovascular diseases between 2008-2010, there has been an increase in the AADR since 2010, pushing the rate also above the 34.8 2020 goal for Orange County. AADR related deaths due to Alzheimer’s disease have remained relatively constant.

**Top Causes of Death – Orange County**

<table>
<thead>
<tr>
<th>Cause of Death</th>
<th>2008</th>
<th>2010</th>
<th>2012</th>
<th>2014</th>
<th>Healthy People 2020 Goals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cancer</td>
<td>170.5</td>
<td>159.7</td>
<td>164.5</td>
<td>150.4</td>
<td>161.4</td>
</tr>
<tr>
<td>Heart Diseases</td>
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<td>155.7</td>
<td>153.9</td>
<td>150.6</td>
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<tr>
<td>Unintentional Injury</td>
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<tr>
<td>Chronic Lower Respiratory Disease</td>
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<td>37.8</td>
<td>33.3</td>
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<tr>
<td>Cerebrovascular Diseases</td>
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<td>34.8</td>
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<tr>
<td>Diabetes</td>
<td>26.1</td>
<td>23.4</td>
<td>24.7</td>
<td>23.1</td>
<td>65.8</td>
</tr>
<tr>
<td>Alzheimer’s Disease</td>
<td>22.3</td>
<td>20.1</td>
<td>20.4</td>
<td>20.3</td>
<td></td>
</tr>
</tbody>
</table>

Source: Florida CHARTS – Florida Behavioral Risk Factor Surveillance System

**Seminole County 2008-2014**
Cancer and heart disease are the leading causes of death in Seminole County. The AADR for these diseases have fluctuated since 2008, however, overall show a downward trend. While the cancer-related AADR has decreased below the Healthy People 2020 goal, heart disease is still well above the goal mark of 103.4. Chronic lower respiratory disease and unintentional injury AADR have risen since 2008, with unintentional injuries slightly surpassing the 36.4 Healthy People 2020 goal. While cerebrovascular disease AADR had decreased between 2008-2010, it has since increased nearly to its 2008 level, and above the 34.8 Healthy People 2020 goal. Diabetes and Alzheimer’s disease-related AADR have both fluctuated around 2008 levels, showing no true trend. However, deaths due to diabetes continue to be well below the 65.8 Healthy People 2020 goal. (See Chart 7.33)
Top Causes of Death – Seminole County

<table>
<thead>
<tr>
<th>Cause of Death</th>
<th>2008</th>
<th>2010</th>
<th>2012</th>
<th>2014</th>
<th>Healthy People 2020 Goals</th>
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<tbody>
<tr>
<td>Cancer</td>
<td>169.3</td>
<td>161.8</td>
<td>159.2</td>
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<tr>
<td>Heart Diseases</td>
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<td>149.3</td>
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<tr>
<td>Chronic Lower Respiratory Disease</td>
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<td>17.4</td>
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</tr>
</tbody>
</table>

Source: Florida CHARTS – Florida Behavioral Risk Factor Surveillance System

Key Findings Based on Primary and Secondary Data Analysis
Cancer is the leading cause of death in region, followed by heart disease, despite an increase in heart disease rates between 2012-2014. These leading causes of death result in approximately four times the number of deaths than the next top cause of death, “Unintentional Injury,” though the rate of cancer and heart disease related deaths has decreased since 2008. Unintentional injury related deaths are the only cause that has shown a steady increase across the region. Respiratory disease related death has generally trended downward, however, remained level between 2012-2014. While regionally, AADR for cardiovascular disease experienced a decline between 2008-2010, the death rate has been gradually increasing near the 2008 level. Diabetes AADR has steadily declined from 2008 across the region, while Alzheimer’s disease has fluctuated resulting in little overall change since 2008. AADR from respiratory diseases and external causes has fluctuated between 2008 and 2014 with no true trend.

Data from Florida Charts shows that these top seven leading causes of death at the very least account for double the number of the eighth leading cause of death — Nephritis, Nephrotic Syndrome, Nephrosis.

INJURIES
Top Five Causes of Injury Deaths

Orange County

In Orange County, in 2013, the majority of fatal injuries were classified as “Unintentional” at a County Age Adjusted Rate (CAAR) of 34.21 followed by suicide at a CAAR of 10.08. When analyzed by type and age group, unintentional death from falls was the number one cause of
unintentional fatal injuries with a CAAR of 10.88, and was the highest cause of those ages 65 and over. Falls, along with poisoning and motor vehicle (occupant) comprised the top three causes of unintentional deaths, though the top two (falls and poisoning) accounted for more than 55 percent of all unintentional fatal injuries in Orange County during 2013.

Data indicates that firearms was the leading cause of suicides (CAAR 4.94), followed by suffocation and poisoning. Orange County had a total of 122 suicides in 2013. The 45-54 year age range experienced the largest number of suicides, followed by the 25-34 age range. Approximately 58 percent of suicides occurred in the population between 25-54 years of age, 34 percent occurred in the 55+ age range, and eight percent occurred in those aged 15-24.

In 2013, data indicates that infant deaths were attributed to suffocation; drowning/submersion was the number one cause of toddler deaths (ages 1-4); motor vehicle (pedestrian) was the leading cause in children (ages 5-14) followed closely by drowning, poisoning and other motor vehicle accidents; poisoning was the top cause of unintentional deaths in for those ages 15-64. However, in the 20-24 year age range category, poisoning joined with motor vehicle (occupant, motorcyclist) as the leading causes of unintentional fatal injuries. Again, for 65+ years, falls were the number one cause of unintentional injury deaths. Orange County displays relatively the same increase in deaths related to unintentional falls. There was a steady decline from 1995 through 2002. Since 2002, there has been an upward trend in the AADR of deaths from unintentional falls in Orange County.

Seminole County

In Seminole County, in 2013, the majority of fatal injuries were classified as “Unintentional” at a County Age Adjusted Rate (CAAR) of 35.72 followed by suicide at a CAAR of 13.47. When analyzed by type and age group, unintentional death from poisoning was the number one cause of unintentional fatal injuries with a CAAR of 10.78 followed by falls at a CAAR of 9.92, although the total count for these mechanisms was equal (48).

Poisoning, falls and motor vehicle (unspecified) comprised the top three causes of unintentional deaths, though the top two (falls and poisoning) accounted for more than 59 percent of all unintentional fatal injuries in Seminole County.

Data indicates that firearms was the leading cause of suicides (CAAR 6.56), followed by suffocation (CAAR 3.29) and poisoning CAAR 2.66). Seminole County had a total of 61 suicides in 2013, within the 45-54 year age range comprising 24 percent, followed by ages 35-44 at 23 percent and ages 55-64 at 20 percent. Approximately 57 percent of suicides occurred in the 25-54 year ranges, 38 percent occurred in the 55+ age range and five percent occurred in those aged 15-24.

In 2013, Seminole County had no unintentional fatal injury deaths for infants. Data indicates that drowning/submersion was the number one cause of unintentional toddler deaths (ages 1-4); only one unintentional injury death (motor vehicle – unspecified) was noted in children (ages 5-14) which was also the leading cause in teenagers (ages 15-19); poisoning was the top cause of unintentional deaths in for those ages 20-64. In the 55-64 year age range, falls followed closely
behind poisoning and then became the number one cause of unintentional injury deaths for those aged 65 and older.

Seminole County has been experiencing an increase in the AADR of unintentional falls. Historically, the county, while varying in rates around the three AADR range through 2001, began more intense fluctuations beginning in 2002 with a sharp decline. Then, by 2004, the AADR rose to above five and while still fluctuating began an upward trend in 2008. By 2012, Seminole County slightly moved above the state AADR and began to decline again in 2013, below state level.

Motor Vehicle Crashes
Seminole County is consistently lowest in the region for deaths from motor vehicle crashes.

Non-Fatal Hospitalizations from Motor Vehicle Injuries
Across the region, children ages 1-5 experienced the highest rate of hospitalizations from motor vehicle related injuries. The trends and breakdown of the region mimic that of the state pattern. Orange County, while exceeding the state rate for children ages 1-5, falls below the state rates for all other age categories. Seminole County experiences the lowest rates of hospitalization for all “child” age categories across the region. Seminole also falls below the state rates for non-fatal hospitalizations for motor vehicle related injuries.
Child Motor Vehicle Deaths
Seminole County had approximately six deaths related to motor vehicles for children ages 5-21 between 2011-2013. Orange County had approximately 20 deaths for children ages 5-21, with many more injured. In Seminole County, between 2008-2010 approximately 42 children ages 1-5 were killed or injured in motor vehicle crashes. In Orange County, approximately 249 children ages 1-5 were killed or injured between 2008-2010.

Across the region, the crude death rate of 19-21 year-olds as a result of motor vehicle crashes is trending upward. Orange County had a downward trend in all age groups except children ages 1-5 and 19-21-year-olds. In Seminole County, while ages 19-21 and 5-11 trended upward, there was minimal change in ages 1-5 and an increase in 5-11 year olds.
Falls
Generally, in both the region and the state, there has been an increase in the death rate from falls since 1995. Orange and Seminole Counties remained under the state average until 2012, when they all saw rates above the state level.

Poisoning
In the region and in the state, the age-adjusted death rate from poisoning has increased. The increase has been more pronounced in the region than in the state. Orange County had the highest in 2014.

Drowning
In the region, and in the state as a whole, deaths from drownings have increased.
Key Findings Based on Primary and Secondary Data Analysis
Accidental deaths appear to be increasing in the region, with increases in deaths from unintentional falls, poisoning and drowning. Deaths from motor vehicle crashes have started to rise in recent years after years of decreases. Young residents, those ages 19-21, are most likely than other age groups to die in a motor vehicle incident. The members of the Collaboration noted a need to focus on accidental deaths from the perspective of the mobility and safety of elderly residents.

BIRTH CHARACTERISTICS
Infant Mortality
Orange County’s infant mortality peaked in 2013 but fell in 2014 to 5.2. Seminole County saw its rate fall below the goal in 2013 and continue that downward trend in 2014.
Births to Uninsured Women
While they have decreased over time, births to uninsured women are highest in Orange County and lowest in Seminole. Percentages Seminole County have remained well below the state average during the 2012-2014 span.

Births to Mothers with Less Than a High School Education
Births to mothers with less than a high school education have steadily declined from 2012-2014 in Orange County. Seminole County has also seen an overall decrease despite a slight uptick in 2014. Seminole County has consistently been the lowest in the region and well below the state level. Orange County has also consistently remained below the state level.

Percent of Births to Unwed Mothers
Births to unwed women have remained nearly constant for every county in the region and in the state as a whole.
Births to Mothers Who Are Obese
The percentage of births to mothers who were obese during pregnancy has decreased in Seminole County from 2012-2014, bucking the state level upward trend. Orange County’s percentage has remained about the same despite a small increase in 2013.

Percent of Repeat Births to Mothers Ages 15-19
This indicator describes the percent of births to mothers ages 15-19 that were not the mothers’ first child.
Orange County has declined to a rate below the state average in 2014. Seminole County has remained marginally below the state level with the exception of a peak in 2013.
Births to Mothers with 1st Trimester Prenatal Care
The rates for the percentage of births to mothers who had first trimester prenatal care were higher than the state level across the four-county region. Orange County peaked in 2013, but returned to 2012 levels in 2014. Seminole County declined slightly but remains five percent above the state average.

Preterm Birth Rate <37 Weeks
All counties in the region have held pre-term birth rates around 15 percent. Seminole County's 2014 rate is the largest deviation from that with a positive change toward 12 percent, the only county below the state average for 2014.
Low Birth Weight
Every county in the region and the state as a whole have had low birth weight rates below 10 percent. Seminole County has consistently been below the state level.

Births Covered by Medicaid
Seminole and Orange Counties have experienced slight declines in the percentage of total births covered by Medicaid from 2012-2014. Both counties have consistently had rates below the state level.
Key Findings Based on Primary and Secondary Data Analysis

Infant mortality continues to be of concern in Lake County based on secondary data. Births to uninsured women are high in the region and likely reflect a larger issue with insurance coverage in the region, a theme addressed in a number of the primary data sources for each county. Single-parent households were marked as priorities in the 2013 CHNAs for Osceola and Orange Counties. Births to unwed mothers likely play a role in this concern, especially in Osceola County where approximately 50 percent of the births were to unwed women. Additionally, Medicaid appears to play a significant role in helping expectant mothers as 40-60 percent of births in each of the four counties were covered by Medicaid. Medicaid expansion was listed as a force of change for the region and the state. Had Medicaid expansion taken place, the percentage of children born to uninsured mothers might have decreased, especially in Orange and Osceola Counties where nearly seven percent of births to are uninsured mothers.

QUALITY OF LIFE / MENTAL HEALTH

Regional Managing Entity Outcomes

Central Florida Cares Health System, Inc. (CFCHS) is the managing entity overseeing state-funded mental health and substance abuse treatment services in four counties in Central Florida. Three of those counties fall within the purview of this report: Orange, Osceola and Seminole. Basic conclusions from their 2015 Behavioral Health Needs Assessment are included below to supplement the primary and secondary mental health data gathered by Impact Partners for this Community Health Needs Assessment (CHNA).

From fiscal year (FY) 2013-2014 to FY 2014-2015, the number of adult mental health (AMH) clients decreased slightly in each county. It should be noted that the number of services provided is directly related to the amount of funding available each year as part of the budget for the State of Florida.

Decreases among the child mental health (CMH) clients were higher when compared to their adult counterparts. However, the numbers of adult substance abuse (ASA) clients increased.
substantially from FY 2013-2014 to FY 2014-2015. Among child substance abuse (CSA) clients, numbers increased in Orange and Seminole Counties, while decreasing in Osceola County.

The number of clients reporting ‘homeless’ decreased significantly for the AMH, CMH and CSA programs. ASA clients reporting their residential county as ‘homeless’ increased 45 percent. Among ASA clients in Orange County, the number of clients living in a correctional facility more than doubled from FY 2013-2014 to FY 2014-2015.

Employment, family income and poverty status among CFCHS clients was lower when compared to the service area population. The unemployment percentage for the four counties ranged from 5.8-7.0 percent in June 2014. Among AMH clients, 58.1 percent had an employment status of ‘terminated/unemployed’ in FY 2014-2015. The percent of ‘terminated/unemployed’ ASA clients was similar at 57.5 percent. More clients in the ASA program identified as a ‘criminal inmate’ when compared to those in the AMH program. Adults in the mental health program were more likely to be ‘disabled’ than their ASA counterparts. Close to 30 percent of adult clients and 40 percent of child clients reported having no income. The percentages of clients receiving disability benefits and public assistance was greater when compared to the service area population. Poverty among clients ranged from 78.9 percent to 98.5 percent, regardless of family size. This was much higher when compared to poverty in the service area were 16.5 percent of the population were at 0-99 percent Federal Poverty Level (FPL).

As a result of changes made in FY 2014-2015, there were significant increases in case management, intensive case management and inpatient units for AMH clients. Case management and inpatient units also increased for CSA clients along with crisis stabilization and in-home services. For ASA clients, units for methadone maintenance, residential level 2, and SA recovery support-individual increased from FY 2013-2014 to FY 2014-2015. All units by cost center decreased for CMH clients with the exception of room and board level 2.

The CFCHS conducted a consumer survey to determine the strengths and gaps in services provided to clients in mental health and substance abuse programs. A total of 883 consumer surveys were collected and analyzed. The majority of respondents were in mental health programs and identified as adult consumers. Less than 20 percent of respondents reported going outside of their resident county to access services. Individual counseling was cited as the most important service for clients in all programs. Medicaid was the source of payment for treatment for 58.7 percent of clients in mental health program, 23.4 percent in substance abuse programs and 37.7 percent for clients in both programs.

A provider survey collected responses from 18 network providers and other stakeholders of service who identified needed services, barriers and solutions to improve health outcomes. Crisis intervention/crisis stabilization services were identified by 55.6 percent of providers as a needed service for child and adolescent clients. For adult clients, housing was cited by most providers as a needed service and limited housing options create a significant barrier to accessing treatment. The biggest barrier to care, according to 66.7 percent of providers, was limited funding/capacity for needed treatment services. Providers shared that increased
education, training and collaboration among the various support services have helped to improve the system of care. However, many issues remain to be resolved.

Coordinated community planning is needed to ensure all residents have access to appropriate services when care is needed. Surveyed providers indicated that this process is underway but needs to continue. Building strategic partnerships will leverage limited financial resources, improve program effectiveness, increase capacity, and strengthen the role of the provider as they work within the county to address community health needs. A strengthened health system can provide all residents with the opportunity to attain optimal health outcomes.

**Adults Who Are Satisfied or Very Satisfied With Their Lives**

Residents of Orange and Seminole Counties were less likely to report life satisfaction in 2010 than they were in 2007, but these decreases were small and in line with the state-level trend.

### Percent of Adults with Depressive Disorder

Regionally, approximately 16.6 percent of all adults have been told they had a depressive disorder, a percent in line with that of the state. Seminole County is slightly above the regional average at 17.2 percent, while Orange County is below at about 15 percent.
Percent of Adults with Depressive Disorder by Age
Age groups with the highest percent of adults who have been told they have a depressive disorder vary by county. Ages 18-44 in Seminole County have the highest percentage. In Orange County, those over age 65 have the highest percentage.

Percent of Adults with Depressive Disorder by Income
Regionally, those making below $25,000 annually have a higher percentage of individuals diagnosed with a depressive disorder. Seminole County has a large difference between those making below $25k and those in the $25k-$50k range (33.5 percent compared to 20.5 percent). In Orange County, the mid-range income has the largest percentage of adults who have been told they had a depressive disorder. Across the region, the $50k or more income range has the lowest percentage.
Rate of Children Ages 1-5 Receiving Mental Health Treatment
Seminole County children receiving mental health treatment services has consistently declined since 2004. After a decline in service needs from 2004-2008, Orange County experienced an upward trend from 2008-2011.

Percent of Children in Grades K-12 Who Are Emotionally Handicapped
Overall, the percent of children who are emotionally handicapped has declined in every county in the region and in the state as a whole.
Children Experiencing Sexual Violence Ages 5-11
Orange County’s lowest rate was recorded in 2013 after consistent year-to-year increases from 2009-2012. Seminole County has consistently had the lowest rate over the 11 years from 2003-2013. The lowest rate in the region was recorded in Seminole County in 2011. Since then, the rate has increased, but remains the lowest in the region and below the state average.

Children Experiencing Child Abuse Ages 5-11
Seminole County experienced a slight increase in children ages 5-11 experiencing child abuse from 2003-2013. Orange County’s trend closely followed the state level over the 11-year span, reporting slightly lower than the state average in 2013.
Suicide Rate of Children
In 2013, every county in the region reported rates at or below the state average for childhood suicide. Rates in Orange and Seminole Counties have decreased slightly from 2012-2014. Orange County had the lowest rate in the region in 2014.

Key Findings Based on Primary and Secondary Data Analysis
The CFCHS report and stakeholder interviews point to an inappropriate use of emergency departments (ED) and jails to receive mental health services, especially in Orange County. While all residents may not actively seek out the ED or jails specifically to receive mental health help, a large number of people are getting services this way. While it is a community asset to have multiple avenues for residents to access mental health services, jails and EDs are a less than ideal use of valuable resources. These same sources also point to a significant overlap between homelessness and mental health needs. It is unclear in which direction this relationship functions but it is likely bi-directional: mental health issues can make it hard to secure or keep steady
housing and homelessness can exacerbate mental health symptoms. The link between substance abuse and homelessness likely operates in a similar manner. Their connection is supported empirically by the behavioral health needs assessment and anecdotally by law enforcement interviewed for this CHNA. Providers in the CFCHS assessment and stakeholders from the CHNA discussed the importance of wrap-around services and coordinated care when addressing the intersectionality of poverty, homelessness and mental illness/substance abuse.

Access to mental health services was discussed as a concern in every county across nearly every data collection method of the CHNA. Substance abuse was also a common concern among residents, providers and stakeholders. Funding for mental health service providers in Central Florida likely limits the availability of services to residents. Of the seven managing entities in the state, CFCHS (serving Orange, Osceola and Seminole Counties) has an estimated funding amount per individual with mental illness or substance use disorders of $98.22. This is the lowest in the state and $15 per person lower than the statewide average. Lutheran Services Florida is the managing entity for 23 counties, including Lake. Lutheran receives the second lowest amount of funding per person. Overall, funding for mental health in Central Florida is lacking.

Mental health indicators have improved for children in the region on the whole. However, Lake County children might be left behind this trend. Lake County had the highest suicide rate among children, as well as the most children ages 5-11 in the region experiencing sexual violence and the highest rate of children who are emotionally handicapped.

**BEHAVIOR RISK FACTORS**

**Middle School Physical Inactivity**

Seminole County students have the lowest 2012 rate at 26.3 percent. Orange County peaked in 2008 and has since dropped just below the state level.
High School Physical Inactivity
The percent of high school students without sufficient physical activity has steadily decreased in Orange and Seminole Counties, as well as the state as a whole. While Seminole County’s 2012 rate was the lowest in the region, all three of the counties reporting data for that year were within two percent of each other and lower than the state level.

Adult Physical Inactivity
Across the region, the lowest rates of adult inactivity occurred in 2007. In Seminole County, the rate has not changed much from 2002-2013. Orange County has seen an overall decrease in sedentary adults over that time period.

Tobacco - Adult Smokers
Seminole County, previously the highest percentage in the region experienced a substantial drop of six percent form 2010 -2013 and is now below the state level. Orange County is below the state level as well.
Tobacco - Adult Smokers Who Tried to Quit
Orange and Seminole Counties experienced increases in this indicator. Orange County smokers tried to quit the least often, but still reported percentages above 50 percent. Orange County had rates below the state level.

Tobacco - Middle School Students Who Smoke
Middle school students smoking cigarettes in the past month has declined across the region and in the state of Florida. Orange County had the lowest percent of middle school-age smokers in 2014. While the percent of middle school children who smoke cigarettes is low, the numbers are still concerning.
Tobacco - High School Students Who Smoke
High school students are more likely to smoke cigarettes than middle school students, but have still seen a decrease since 2002. Students in Seminole County are the least likely in the region to smoke.

Binge Drinking - Adults
Binge drinking among the adult population varies by county. Orange County has seen a marginal increase from 2007-2013. Seminole County has experienced pronounced decreases. For 2013, only Orange County had seen drinking percentages above the state level.
Binge Drinking - Middle and High School Students
Among middle and high school students, binge drinking is declining across the board. The highest rate for high schoolers in 2014 was in Seminole County. None of the counties studied for this assessment had high school or middle school binge drinking percentages above the state level.

Heroin - Middle and High School Students
Heroin use among middle and high school students has decreased in Orange and Seminole Counties from 2012-2014. Seminole County experienced the most significant decrease over that time period.
Heroin Deaths – Orange County
According to the 2013 Florida Medical Examiner’s Annual Report, deaths caused by heroin increased 78.7 percent in the state when compared to 2012. A recent study released by the Centers for Disease Control (CDC) also shows the number of heroin users in the U.S. has grown by more than 300,000 in the last decade. Another study by the CDC issued earlier this year, showed a steady increase in the number of drug-poisoning deaths involving heroin. In Orange County, the number of heroin-related deaths has increased nearly six-fold since 2010.

Heroin-related Mortality – Orange County
The Florida District 9 Medical Examiner indicates how quickly heroin-related mortality is increasing in Orange County between 2010-2014. Deaths with heroin present in the blood stream at time of death is also on the rise. Most of the deaths are white males.
Perceived Risk of Drug Use

Regarding perceived risk of drug use in each county, high school students are less likely to perceive drug use as risky compared to their middle school counterparts. There is no data recorded for this indicator more recently than 2010.

<table>
<thead>
<tr>
<th>Low Perceived Risk of Drug Use</th>
<th>Middle School</th>
<th>High School</th>
</tr>
</thead>
<tbody>
<tr>
<td>Orange</td>
<td>41%</td>
<td>n/a</td>
</tr>
<tr>
<td></td>
<td></td>
<td>48%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>n/a</td>
</tr>
<tr>
<td>Seminole</td>
<td>46%</td>
<td>n/a</td>
</tr>
<tr>
<td></td>
<td></td>
<td>49%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>n/a</td>
</tr>
<tr>
<td>Florida</td>
<td>44%</td>
<td>n/a</td>
</tr>
<tr>
<td></td>
<td></td>
<td>49%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>n/a</td>
</tr>
</tbody>
</table>

Community: Perceived Availability of Drugs

Middle school students report decreased perceived availability of drugs in every county and the state as a whole. A similar trend exists among high school students in the region as well. Additionally, in 2014, high school students in each county perceived a more limited availability of drugs than their middle school counterparts.

<table>
<thead>
<tr>
<th>Perceived Availability of Drugs</th>
<th>Middle School</th>
<th>High School</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2010</td>
<td>2014</td>
</tr>
<tr>
<td>Orange</td>
<td>45%</td>
<td>36%</td>
</tr>
<tr>
<td></td>
<td>37%</td>
<td>31%</td>
</tr>
<tr>
<td>Seminole</td>
<td>52%</td>
<td>33%</td>
</tr>
<tr>
<td></td>
<td>35%</td>
<td>31%</td>
</tr>
<tr>
<td>Florida</td>
<td>48%</td>
<td>40%</td>
</tr>
<tr>
<td></td>
<td>37%</td>
<td>31%</td>
</tr>
</tbody>
</table>

Community: Perceived Availability of Handguns

In both Seminole and Orange Counties in 2014, middle and high school students perceived a lower availability of handguns than in 2010.
### Perceived Availability of Handguns

<table>
<thead>
<tr>
<th></th>
<th>Middle School</th>
<th>High School</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2010</td>
<td>2014</td>
</tr>
<tr>
<td>Orange</td>
<td>22%</td>
<td>21%</td>
</tr>
<tr>
<td>Seminole</td>
<td>22%</td>
<td>19%</td>
</tr>
<tr>
<td>Florida</td>
<td>25%</td>
<td>24%</td>
</tr>
</tbody>
</table>

### Poor Family Management

<table>
<thead>
<tr>
<th></th>
<th>Middle School</th>
<th>High School</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2010</td>
<td>2014</td>
</tr>
<tr>
<td>Orange</td>
<td>44%</td>
<td>34%</td>
</tr>
<tr>
<td>Seminole</td>
<td>47%</td>
<td>38%</td>
</tr>
<tr>
<td>Florida</td>
<td>48%</td>
<td>40%</td>
</tr>
</tbody>
</table>

**Family: Poor Management**

Across the region and the state of Florida, the percent of poor family management has decreased for both middle and high school students from 2010-2014. In 2014, none of the counties in the four-county region were at or above the state level.

### Family Conflict

<table>
<thead>
<tr>
<th></th>
<th>Middle School</th>
<th>High School</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2010</td>
<td>2014</td>
</tr>
<tr>
<td>Orange</td>
<td>42%</td>
<td>38%</td>
</tr>
<tr>
<td>Seminole</td>
<td>40%</td>
<td>37%</td>
</tr>
<tr>
<td>Florida</td>
<td>42%</td>
<td>38%</td>
</tr>
</tbody>
</table>

**Family: Conflict**

Regarding family conflict, percentages have dropped for middle schoolers across the region and in the state. This trend is also true for high school students in Orange County. There has been a slight increase for Seminole County high school students. Family conflict for Seminole County middle school students is the only percent in the region for 2014 below the state level. Orange County high school student percentage is the only in the region below the state level for that population.

### Violence

Orange County has consistently had the highest rate of violent acts among students in the region from 2010-2012 despite a significant decrease over that time span. Seminole County saw a slight increase, bucking the trend of the state as a whole and the other counties in the region.
**Gun Violence Deaths**

Orange County’s rate has remained around 9.0, with the exception of a spike in 2011. Seminole County has shown the least extreme fluctuations and a general marginal decrease from 2010. Every county in the region reported 2014 rates below the state average.

**Domestic Violence**

When comparing domestic violence rates from 2010-2014 rates, every county except Seminole has experienced a decrease. In 2014, only Orange County reported a rate per 100,000 higher than the state level.
Key Findings Based on Primary and Secondary Data Analysis
Middle school students are not getting enough vigorous activity, but high school students are getting more than in the past. Additionally, students are engaging in risky behaviors (heroin use, cigarettes, binge drinking) less often than in previous years. Smoking among adults has declined too. This might be due to the popularity of vapes and e-cigarettes as a supplement to traditional tobacco products. E-cigarette usage emerged as a concern among community stakeholders, especially because the consequences of their use is still unknown and because of their appeal to young residents. Additionally, heroin use and smoking emerged as a major theme in the Orange County collaborative themes and community conversations respectively.

BUILT ENVIRONMENT
Population with Park Access
In the central portion of Orange County, near the city of Orlando, there are both a number of people within one half mile of a park as well as a number of zip codes in which there are no parks or data.
The Eastern portion of the county provides little access to parks. In the Western portion of Seminole County, there are both a number of people within one half mile of a park as well as a number of zip codes in which there are no parks or data. The Eastern portion of the county provides low access to parks.

Recreation & Fitness Facilities
The most opportunities for recreation and fitness facilities exist in the zip codes in the Western portion of Orange County. These opportunities become more sparse or are not measured the further east one goes. The most opportunities for recreation and fitness facilities in Seminole County exist in the zip codes closest to the city of Orlando itself. These opportunities become sparser or are not measured the further away from the city one goes.

Food Deserts
In Orange County, there are a number of food deserts dispersed around the county, a number of which overlap with high levels of SNAP beneficiaries. Seminole County has the fewest food desert census tracts in the assessment region located near Sanford, Altamonte Springs, and Oviedo.
Modified Retail Food Environment Score
A lot of Orange county has a modified retail food environmental index score below 15 (low access, poor access, or no access to healthy retail food outlets). Additionally, only two census tracts on the Northern Central edge of the county (near Maitland) have a score over 30, indicating high access. Almost the entirety of Seminole County has a modified retail food environmental index score below 15 (low access, poor access, or no access to healthy retail food outlets). Additionally, the entire county is without a census tract with a score over 30, indicating high access.

Family Households Receiving SNAP
A number of the residents in Orange County receive SNAP benefits, mostly located in the center of the county. A number of the residents in the Sanford area receive SNAP benefits, the same area which is home to one of Seminole County’s three food deserts.
Low-Income Population Living Near a Farmers’ Market
There are a number of clusters of census tracts in both Seminole and Orange Counties where over 75 percent of the low-income population lives near a farmer’s market. The largest grouping of these census tracts are found near the city of Orlando.

Fruit & Vegetables Expenditure
The majority of the residents in both Seminole and Orange Counties report fruit and vegetable expenditures near the national average. However, there is a pocket around Sanford that reports expenditures in the lowest quintile.

HEALTH CARE ACCESS
Percent of Adults with Health Insurance
Across the region, while counties were typically increasing health insurance coverage since 2003, there was a sharp decline in coverage between 2010-2013. This, in part, may be due to the decision not to expand Medicaid under the Affordable Care Act in Florida and the recession.
Where data was available, there is a general downward trend of insurance coverage across the sectors identified between 2010-2013. A few select groups experienced increase in the percent of insurance coverage between 2010-2013. This included, those between the ages of 45-64 in Seminole County. Across the region, the trends are very similar, with those over the age of 65 experiencing the largest percent of insurance coverage and the smallest change, though downward. Additionally, those making more than $50k per year and the Non-Hispanic White population rank as the groups with the highest percentage of insurance coverage. Generally, those with less than a high school diploma and making less than $25k per year experience the lowest percentage of health insurance coverage. This is most likely due to low wage, part-time employment opportunities for this sector of the population, therefore health insurance may not be attainable through employers.

Orange County experienced a decline in insurance coverage across all sectors, with the exception of those making less than $25k annually, which increased in coverage by 2.5 percent. The largest decline of insurance coverage occurred in those with less than a high school diploma (28.6 percent decline), which also has the lowest percentage of coverage at only 53 percent. This is followed by those making less than $25k per year, then by the Hispanic population. As with the rest of the region, those over the age of 65, have the largest percentage of health insurance coverage at 96.2 percent. The population making more than $50k a year follows at nearly 88 percent, then the Non-Hispanic White population and those with greater than a high school diploma. In general, the population with low wages and education attainment has the lowest percentage of health insurance coverage.

In Seminole County, consistent with the other counties in the region, 98 percent of those over the age of 65 have health insurance, compared to only 54.5 percent of those making less than $25k per year. The population between the ages of 45-64 had the largest increase in insurance coverage (6.5 percent), followed by the Non-Hispanic White population at 4.7 percent. Those making more than $50k per year, follow the 65+ demographic with 95.4 percent insurance coverage rate, followed by Non-Hispanic White population. Seminole County’s Hispanic population has the largest percentage of insurance coverage in the four-county region (85.5 percent). No data was available for the population with less than college education. The greatest decline in insurance coverage occurred in the 18-44-year-old demographic (14.1 percent).
Percent Insured: Medicare
Seminole and Orange Counties are home to a notable cluster of high Medicare coverage scattered around Orlando and Altamonte Springs.

Percent Insured: Public-Funded Insurance
The same cluster found in the Medicare map around Orlando and Altamonte applies to this indicator as well.
Percent Insured: Private Insurance
The high-density areas of those covered by private insurance are complementary to the publicly funded map.
Much of the outer portions of Orange County and much of Seminole County is covered by private insurance.
Uninsured
Uninsured rates are highest in much of central Orange County and a handful of census tracts in central Seminole County.

![Uninsured Population by Tract, 2009-2013](image)

<table>
<thead>
<tr>
<th>Percent Change of Total Uninsured Adults</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td>Orange</td>
</tr>
<tr>
<td>Seminole</td>
</tr>
</tbody>
</table>

Poor Access Due to Cost
The percent of adults who could not see a doctor at least once in the past year due to cost has risen steadily in every county from 2007-2013. Seminole County residents are the least likely in the region to skip due to cost. In 2013 the Seminole County percentage was below the state average.

![Percent of Uninsured Adults by Age (2015)](image)
Subsidized Child Insurance
Each county’s count of children in subsidized programs is in line with its overall population size. As such, Orange County has the highest number of active children and families in the region.

<table>
<thead>
<tr>
<th></th>
<th>Healthy Kids Total Enrollment</th>
<th>Medikids Total Enrollment</th>
<th>CMS Total Enrollment</th>
<th>Active Children All Programs</th>
<th>Active Families All Programs</th>
<th>Participant Payment All Programs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Orange</td>
<td>9,652</td>
<td>1,654</td>
<td>541</td>
<td>11,847</td>
<td>8,205</td>
<td>$331,822</td>
</tr>
<tr>
<td>Seminole</td>
<td>3,649</td>
<td>673</td>
<td>190</td>
<td>4,512</td>
<td>3,114</td>
<td>$147,250</td>
</tr>
</tbody>
</table>

Key Findings Based on Primary and Secondary Data Analysis
Residents, providers and stakeholders discussed the impact of the cost of medical care and the cost of insurance. Because Florida did not expand Medicaid, members of the community believe that it is more difficult for middle- and some low-income residents to secure affordable insurance. Thus, many Central Florida residents remain uninsured or underinsured.

HEALTHCARE PROVIDERS & FACILITIES
There are 20 non-profit and for-profit hospitals in the four-county region, 14 of which are included in the partnership. These 14 hospitals provide 4,838 beds including acute care, NICU, rehabilitation, psychiatric and substance abuse. The two not-for-profit hospital systems that service the four-county region are Orlando Health and Adventist Health System. There are also three for-profit acute care hospitals, four mental health hospitals (one not-for-profit). Two of the hospitals offer long-term care with 75 beds.
Aspire Health Partners
Aspire is the largest provider of mental health and substance abuse services in the region, with 56 licensed hospital beds, 40 Detox beds, and 185 Community Mental Health Center beds. Aspire operates extensive residential treatment programs and a variety of outpatient treatment for clients with Mental Health and substance abuse issues.

An analysis of the zip codes provided to Aspire Health Partners from clients indicate that Aspire Health Partners services clients located throughout Central Florida. Client zip codes encompassed every zip code within Orange and Seminole Counties in addition to the majority of zip codes within Lake and Osceola Counties. While the preponderance of clients indicated a Central Florida location, data indicated services are provided to clients from the Northeast U.S., as well as states such as California, Texas, Wisconsin and Arizona, among others. Due to the nature of mental health, it is unknown whether these clients are actually transients or visitors. However, when possible, Aspire assigns a special “zip code” for known homeless clients in an effort to provide better service and accountability.

Orlando Health
Orlando Regional Medical Center (ORMC), located in Orlando, has 808 beds including acute care and comprehensive rehabilitation. ORMC specializes in orthopedics, neurosciences, cardiology, trauma and critical care. ORMC is also Central Florida’s only Level 1 Trauma Center and the region’s only Burn Unit. The hospital offers other specialty centers including memory disorders, epilepsy and the Orlando Health Rehabilitation Institute. It is also one of the state’s six major teaching hospitals. The primary service area extends from Orange County into Lake, Seminole and Osceola Counties. All jurisdictions in Seminole, except for Geneva, are considered in the primary service area. The cities of Kissimmee and St. Cloud (Osceola County), and Clermont and Minneola (Lake County) are included in the service area.

Orlando Health – Arnold Palmer Hospital for Children
Arnold Palmer Hospital for Children specializes in the health of children in the Central Florida area. Arnold Palmer offers numerous pediatric specialties including cardiology and cardiac surgery, emergency and trauma care, endocrinology and diabetes, gastroenterology, nephrology, neuroscience, oncology, hematology, orthopedics, rheumatology, pulmonology and sleep medicine. Arnold Palmer also has the only Level 1 pediatric trauma center in the region. The primary service area of this facility extends throughout the Central Florida region and into Polk County and southern Brevard County, and Volusia County (Deltona).

Orlando Health – Health Central
Orlando Health – Health Central, located in Orange County, has 171 acute care beds and has a primary service area of western Orange County including Winter Garden, Ocoee, Windermere, Pine Hills, South Apopka and western Orlando. It also extends into Lake County to include Clermont.
Health Central provides services in neurology and neurosurgery, pediatric and women’s health, cancer, orthopedics and cardiology.

Orlando Health – South Lake

Orlando Health South Lake Hospital has 122 acute care beds for the community of South Lake Hospital’s primary service area that includes Clermont, Minneola, Groveland, Mascotte and Montverde. This makes up the whole of southern Lake County. Services offered by South Lake hospital includes women’s health, rehabilitation services, an outpatient surgical center, diagnostic imaging, as well as cardiac and orthopedic services, and home health care.

Orlando Health – South Seminole

South Seminole Hospital, located in Longwood, is a full-service medical/surgical facility with 206 beds, including an 80-bed psychiatric hospital. Services offered through the hospital include endoscopy, women’s health, behavioral hospital, wound care and hyperbaric medicine center, and therapies (physical, occupational and speech). The facility also is home to one of Orlando Health’s three Air Care Team helicopter bases. South Seminole Hospital’s primary service area includes the majority of Seminole County, including all municipalities except for Geneva, which is located in eastern Seminole County. The service area extends into south western Volusia County to include the city of Deltona.

Orlando Health – Winnie Palmer Hospital for Women & Babies

Winnie Palmer Hospital for Women & Babies is dedicated to the health of women and babies in the Central Florida region. Services and specialties include neonatal services, obstetrics and gynecology, surgical and specialty women’s services. The extent of the primary service area of this facility extends to all jurisdictions in Seminole, except for Geneva, as well as the cities of Kissimmee and St. Cloud (Osceola County), and Clermont and Minneola (Lake County).

Orlando Health – Dr. Phillips Hospital

Orlando Health – Dr. Phillips Hospital is a 237-bed, full-service medical/surgery facility that offers services in diagnostic imaging, rehabilitation and surgical services including vascular, neurosurgery, orthopedics and the daVinci robotic surgical system. The hospital also includes a cardiovascular care through a fully-accredited Chest Pain Program and a designated Stroke Program. Home health care, wound care, therapies and multiple sclerosis comprehensive care is also offered through Dr. Phillips Hospital. The primary service area for Dr. Phillips is generally the southwestern portion of Orange County including the municipalities of Windermere, Winter Garden, Oakland, Ocoee, Belle Isle, Orlando and the community areas of Bay Hill, Dr. Phillips, Hunters Creek, Southchase, Bay Lake and others. The service area also includes the communities of Celebration and Poinciana in Osceola County.

UF Health Cancer Center – Orlando Health
The UF Health Cancer Center – Orlando Health is a statewide cancer treatment and research program with University of Florida Health specializing in cancer detection and treatment. Specific services include genetic counseling, home healthcare, integrative medicine, nutrition services, counseling and rehabilitation. It is also home to the Medical Center Radiology Group Patient & Family Learning Center. The UF Health Cancer Center serves all of Central Florida, however its primary service area is the entirety of Orange County.

Florida Hospital
The Florida Hospital Healthcare System is one of the largest not-for-profit, faith-based healthcare providers. The Florida Hospital system has nine hospital facilities with service areas encompassing parts of each county in the east central Florida region with 2,769 beds, including acute care, NICU II/III, comprehensive rehabilitation and adult psychiatric. While Florida Hospital has facilities in Orange, Lake, and Seminole Counties, the system’s primary service areas extend into Polk, Volusia, Osceola and Brevard Counties. Services provided by the Florida Hospital system covers a vast, comprehensive list available through various facilities. Below is a description of each of the hospitals and the services provided.

Florida Hospital – Apopka
Florida Hospital – Apopka has 50 acute care beds and offers services in 24-hour cardiology, critical care and advanced diagnostic imaging. The hospital also offers comprehensive aging assessments, diabetes care, gastroenterology, sleep studies, rehabilitation and sports medicine. Northwest Orange County makes up the primary service area for Florida Hospital – Apopka, with Apopka and Zellwood as the main servicing jurisdictions.

Florida Hospital – Altamonte
Florida Hospital – Altamonte is the largest and most comprehensive hospital in Seminole County. Located in southwest Seminole County, it has 362 acute care beds and is home to the Spine Health Institute, the Baby Place and the Breast Health Program. It also includes the county’s only comprehensive cancer institute and is part of a nationally recognized cardiac institute with a spectrum of diagnostic services and treatments. Other services include women’s health, orthopedics, urology, inpatient rehabilitation, sleep services, digestive health, sports medicine and rehab, as well as robotic and imaging services. The primary service area includes western Seminole County, including all jurisdictions within the county except for Geneva. Northwestern Orange County is also included in the service area and includes Zellwood, Apopka, Eatonville and Maitland.

Florida Hospital – Celebration Health
Florida Hospital – Celebration Health, located in Osceola County, has 174 beds and was built in 1997 to mainly service the Disney-planned community of Celebration. However, its primary service area extends into eastern Polk, and southern Orange and Lake Counties. Celebration Health has 203 acute care beds and is a leader in innovation. The hospital offers services in digestive health,
cancer, neuroscience, weight services, orthopedic health, spine health, thoracic surgery, women’s
and men's health, and imaging diagnostics.

Florida Hospital – East Orlando
Florida Hospital – East Orlando campus includes 265 acute care beds with a primary service area of
eastern Orlando along with the areas of Union Park and Wedgefield. Florida Hospital – East Orlando
includes a teaching hospital with residences in family medicine, podiatry and emergency medicine.
Other services include cardiovascular, pulmonary and digestive health, orthopedics and
rehabilitation, ear/nose/throat (ENT), cancer and urology.

Florida Hospital – Orlando
Florida Hospital – Orlando is the largest campus in the region with 1,217 beds including acute
care, NICU II/III, comprehensive rehabilitation and adult psychiatric. The hospital also serves as
a major tertiary facility for much of the Southeast and has a Gamma Knife Program and a
Digestive Health Center. Florida Hospital – Orlando is one of 16 hospitals throughout the state
that offer adult and pediatric kidney and bone marrow transplants. Other adult transplants include
heart, liver, lung and pancreas. Translife, is the area’s only federally designated organ
procurement program and is only one of five programs in the state. Other services include
diabetes and endocrinology, cancer services, cardiovascular and pulmonary, radiology,
neurology, orthopedics, rehabilitation and pain treatment. Pediatric and women’s services are
also provided along with plastic surgery and hyperbaric medicine. Florida Hospital – Orlando
also has a teaching hospital for family medicine, allopathic and osteopathic tracts, pediatrics,
emergency medicine, neuromusculoskeletal medicine, general surgery, podiatric medicine and
surgery, and internal medicine.

The primary service area of Florida Hospital – Orlando covers the entirety of Orange County with
some spillover into Seminole and Lake Counties.

Florida Hospital – Waterman
Located in central Lake County, Florida Hospital – Waterman Hospital has 269 acute care beds.
The hospital offers cancer, cardiovascular, orthopedics and rehabilitation, as well as pediatric and
women’s health, imaging, and wound care and hyperbaric medicine. Waterman’s primary service
area includes Leesburg, Tavares, Mt. Dora, Umatilla, Eustis, Sorrento and reaches into rural
Marion County and a rural section of Orange County.

Florida Hospital – Winter Park
Located in Orange County, Florida Hospital – Winter Park has 320 beds, including acute care, NICU
II and comprehensive rehabilitation. Services offered include cancer, cardiovascular, digestive
health, women’s health, neuroscience, ophthalmology, orthopedics and rehabilitation, urology, and
sports medicine. The primary service area includes northwestern and central Orange County and
extends into southern Seminole County. This includes the cities of Apopka, Eatonville, Orlando, Pine
Hills, Maitland and Winter Park, and the Seminole County communities of Casselberry, Oviedo, Winter Springs and Forest City.

Total Licensed Physicians
The number of total physicians has remained relatively stable from FY 2010-2011 to FY 2014-2015. The most notable change over that time took place in Orange County with a seven percent increase in licensed physicians. Orange County has the highest rate and is the only county in the region with a rate above the state level.

<table>
<thead>
<tr>
<th>Total Licensed Physicians - Rate per 100,000</th>
<th>Orange</th>
<th>Seminole</th>
<th>Florida</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY 2010/2011</td>
<td>273.00</td>
<td>191.30</td>
<td>255.60</td>
</tr>
<tr>
<td>FY 2014/2015</td>
<td>293.90</td>
<td>193.30</td>
<td>259.30</td>
</tr>
</tbody>
</table>

Total Licensed Dentists
Seminole and Orange Counties experienced increases in the rate of dentists per 100,000 residents from FY 2010-2011 to FY 2014-2015.

<table>
<thead>
<tr>
<th>Total Licensed Dentists - Rate per 100,000</th>
<th>Orange</th>
<th>Seminole</th>
<th>Florida</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY 2010/2011</td>
<td>49.70</td>
<td>54.80</td>
<td>53.40</td>
</tr>
<tr>
<td>FY 2014/2015</td>
<td>60.30</td>
<td>59.40</td>
<td>59.50</td>
</tr>
</tbody>
</table>

Mental Health Ratio
Orange County has the most mental health providers relative to the population. Across the region and at the state level, the ratio of providers to residents has improved. Orange and Seminole Counties have a ratio that is more positive than the state level.

<table>
<thead>
<tr>
<th>Ratio of Mental Health Providers to Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
</tr>
<tr>
<td>Orange</td>
</tr>
<tr>
<td>2016</td>
</tr>
<tr>
<td>Seminole</td>
</tr>
<tr>
<td>627:1</td>
</tr>
<tr>
<td>Florida</td>
</tr>
<tr>
<td>689:1</td>
</tr>
</tbody>
</table>

Emergency Room Services
The only burn unit in the region is included in the Collaboration conducting this CHNA and is one of six in the state. Nine of the 11 primary stroke centers and both of the comprehensive stroke centers in the region are also involved in the Collaboration. Two of the nine Level 1 Trauma Centers in the state are in the region and one is included in the Collaboration. The only hospital in the region for transplants is included in the Collaboration. Three of the four Level 1 and three of the six Level 2 cardiovascular service hospitals in the region are involved in the Collaboration.
<table>
<thead>
<tr>
<th>Emergency Room Services</th>
<th>Affiliation</th>
<th>4-County Region</th>
<th>Florida</th>
</tr>
</thead>
<tbody>
<tr>
<td>Burn Unit</td>
<td>1</td>
<td>1</td>
<td>6</td>
</tr>
<tr>
<td>Stroke Center</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Primary</td>
<td>9</td>
<td>11</td>
<td>121</td>
</tr>
<tr>
<td>Comprehensive</td>
<td>2</td>
<td>2</td>
<td>34</td>
</tr>
<tr>
<td>Level One Trauma</td>
<td>1</td>
<td>2</td>
<td>9</td>
</tr>
<tr>
<td>Transplant</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heart (A)</td>
<td>1</td>
<td>1</td>
<td>16</td>
</tr>
<tr>
<td>Kidney (A &amp; P)</td>
<td>1</td>
<td>1</td>
<td>16</td>
</tr>
<tr>
<td>Liver (A)</td>
<td>1</td>
<td>1</td>
<td>16</td>
</tr>
<tr>
<td>Lung (A)</td>
<td>1</td>
<td>1</td>
<td>16</td>
</tr>
<tr>
<td>Marrow (A &amp; P)</td>
<td>1</td>
<td>1</td>
<td>16</td>
</tr>
<tr>
<td>Pancreas/Islet (A)</td>
<td>1</td>
<td>1</td>
<td>16</td>
</tr>
<tr>
<td>Cardiovascular Services (A)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Level 1</td>
<td>3</td>
<td>4</td>
<td>31</td>
</tr>
<tr>
<td>Level 2</td>
<td>3</td>
<td>6</td>
<td>78</td>
</tr>
</tbody>
</table>

**Total Licensed Hospital Beds**

Expectedly, Orange County is home to the majority of the hospital beds in the region with over three-quarters of the total licensed hospital beds. Osceola County has the fewest beds.

**Total Licensed Acute Care Beds**

Three-quarters of the acute beds in the region are also in Orange County, while Osceola County has the smallest share of acute beds.
Total NICU II and III
In Orange County, there are 130 NICU II beds across two Florida Hospital campuses (Winter Park and Orlando) and one Orlando Health campus (Arnold Palmer). The 105 NICU III beds in Orange County are at Florida Hospital Orlando and Arnold Palmer.

<table>
<thead>
<tr>
<th>County</th>
<th>NICU II</th>
<th>NICU III</th>
</tr>
</thead>
<tbody>
<tr>
<td>Orange</td>
<td>130 Beds</td>
<td>105 Beds</td>
</tr>
<tr>
<td></td>
<td>- Winter Park Memorial</td>
<td>- Florida Hospital Orlando</td>
</tr>
<tr>
<td></td>
<td>- Florida Hospital Orlando</td>
<td>- Arnold Palmer Hospital for Children</td>
</tr>
</tbody>
</table>

Total Comprehensive Rehab
There are 103 beds for total comprehensive rehabilitation in Orange County spread across two Florida Hospital campuses (Winter Park and Orlando) and one Orlando Health campus (Orlando Regional Medical Center).

<table>
<thead>
<tr>
<th>County</th>
<th>Comprehensive Rehab</th>
</tr>
</thead>
<tbody>
<tr>
<td>Orange</td>
<td>83 Beds</td>
</tr>
<tr>
<td></td>
<td>- Winter Park Memorial</td>
</tr>
<tr>
<td></td>
<td>- Florida Hospital Orlando</td>
</tr>
<tr>
<td></td>
<td>- Orlando Regional Medical Center</td>
</tr>
</tbody>
</table>

Total Adult C/A Psych and IRTF
South Seminole Hospital has 24 total child/adult psychiatric and intensive residential treatment facility beds.
Total C/A Psych and IRTF

<table>
<thead>
<tr>
<th>County</th>
<th>C/A Psych and IRTF</th>
</tr>
</thead>
<tbody>
<tr>
<td>Seminole</td>
<td>24 Beds - South Seminole Hospital</td>
</tr>
</tbody>
</table>

Total Adult Substance Abuse
South Seminole Hospital also has 10 adult substance abuse beds. (See Figure 7.107)

<table>
<thead>
<tr>
<th>County</th>
<th>Adult Substance Abuse</th>
</tr>
</thead>
<tbody>
<tr>
<td>Seminole</td>
<td>10 Beds - South Seminole Hospital</td>
</tr>
</tbody>
</table>

Total Aspire Visits
Visits to Aspire Health Partners licensed hospital beds decreased from 2013 to 2015 regarding admissions, law enforcement admissions and walk-ins. (See Figure 7.108)

<table>
<thead>
<tr>
<th></th>
<th>Admissions</th>
<th>Law Enforcement Admissions</th>
<th>Walk-ins</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY2013</td>
<td>2,977</td>
<td>2,143</td>
<td>834</td>
</tr>
<tr>
<td>FY2014</td>
<td>2,974</td>
<td>2,141</td>
<td>833</td>
</tr>
<tr>
<td>FY2015</td>
<td>2,836</td>
<td>2,042</td>
<td>794</td>
</tr>
</tbody>
</table>

Key Findings Based on Primary and Secondary Data Analysis
Access to mental health services was noted often across all data collection sources as a community concern. The ratio of providers to potential clients may contribute to this access issue. Additionally, the region has a wide variety of specialty services including NICU, psychiatric beds and trauma centers. Overuse of the ED remains a concern, as well. Residents continue to utilize EDs for non-emergency issues, straining resources. Additionally, resources and services appear to be clustered in Orange and Seminole Counties. Lake and Osceola Counties’ residents may have to travel to access these services, especially if they are not offered closer to home.
HEALTH DISPARITIES

PREVENTATIVE CARE

Mammogram by Race

Only Orange County reports complete mammogram by race data. While the percentage of women receiving mammograms has decreased in general, Black women have seen a slight increase at the state level. Orange County has seen decreases for Black and Hispanic women. In Orange County in 2012, Hispanic women had the lowest percentage.

Pap Test by Race

The racial data for pap tests are similarly incomplete. There have been declines across racial groups from 2002-2013. In Orange County, Black and Hispanic women had percentages higher than White women.
Sigmoidoscopy/Colonoscopy by Race
The racial data for sigmoidoscopy/colonoscopy is similarly incomplete. Unlike the other preventive indicators, generally more adults are receiving the test than in the past. While the rate in Orange County has increased for White adults, it has slowly decreased for Black and Hispanic residents.

CHRONIC CONDITIONS
Adults with Diabetes by Race/Ethnicity
As has been seen in many indicators, racial groups experience differing levels of age-adjusted death rates for diabetes across Central Florida counties; however there is more consistency to the figure for White individuals for diabetes. Outside of the figure for Black/African-American persons — which is the highest in all counties studied by a wide margin — there is no clear consistency from county-to-county for rates from the Hispanic populations. White populations are somewhat similar across counties. Rates for two out of three races within all counties analyzed decreased from the 2012-2014 time period, and no race decreased or increased across all counties studied during the 2012-2014 time period. The Black population has a considerably increased risk for diabetes from a regional average perspective, while Hispanic and White rates are generally much lower at the county (and regional) level. The lowest rate recorded was for the Hispanic population in Orange County, while the four highest rates of the 12 analyzed were a part of the Black/African-American demographic. The increase in diabetes incidence for the Black demographic in Orange County from 2012-2014 is somewhat alarming compared to the disparities seen in other demographic groups.
High Blood Pressure by Race
Orange County Hispanic and Non-Hispanic White residents have seen a steady increase in high blood pressure from 2002-2013. Non-Hispanic Black adults peaked in 2010 then decreased significantly in 2013. In Seminole County, there is only data for Black residents for 2007 and 2013. In both years, the high blood pressure percent was very high and increased in 2013. Hispanic residents also saw an increase while Non-Hispanic White residents peaked in 2010 and decreased in 2013.

Stroke by Race
Different racial groups experience differing levels of age-adjusted death rates for cerebrovascular disease across Central Florida. However, outside of the figure for White persons, there is no clear consistency from county-to-county for rates from the Black and
Hispanic populations. Rates for all races within Orange County rose from the 2012-2014 time period, and rates in Seminole County rose for two of the three racial groups analyzed. White individuals seem to be the most susceptible to rising rates from this historical analysis, although the Black population has a considerably increased risk for cerebrovascular disease from a regional average perspective.

**Coronary Heart Disease by Race**

Different racial groups experience differing levels of age-adjusted death rates for coronary heart disease across Central Florida. However, outside of the figure for White persons, which is the highest in all counties studied, there is no clear consistency from county-to-county for rates from the Black and Hispanic populations. Rates in Seminole County decreased for two of the three racial groups analyzed. All rates in Orange County decreased during the time period studied. All recorded rates reduced for Black individuals over the time period outside of Lake County, while rates rose in two out of four counties for the Hispanic and White populations. The White population has a considerably increased risk for coronary heart disease from a regional average perspective and the Hispanic population is at the lowest risk regionally.
Rectal Cancer by Race
In Orange County, all racial and ethnic groups saw an increase between 2008-2012, with a very pronounced increase for Black residents in 2012. Rectal cancer rates for all groups were lower in 2010 than in 2008 or 2012. Hispanic residents saw the starkest increase between 2010-2012 of all the groups. In Seminole County, Black residents clearly had a higher rate than other groups in 2010 and 2012. White residents saw a decrease from 2008 to 2012.

Breast Cancer by Race
In Orange County, White and Non-Hispanic residents saw a decrease every year. Seminole County reported decreases across racial groups except for Black residents who peaked in 2010 then returned to a rate comparable to the 2008 rate in 2013.
Lung Cancer by Race
In Orange County, White residents decreased slightly. The rate for Black/African-American residents increased from 2010-2012 with a peak in 2011. The rate for Hispanic residents in Orange County dropped starkly from 2010 to 2011 and continued to decline to the lowest rate among all racial groups in the county. In Seminole County, rates for White residents declined, but remained highest among the racial groups. Despite the increase over time for Hispanic residents, the group continues to report the lowest rates among the groups.

Adults with Asthma by Race
Only Orange County has consistent data for Non-Hispanic Black residents. The rate for this group increased steadily and was the highest among racial groups in Orange County in 2013. Hispanic residents have fluctuated but most recent data suggest a decrease. White residents in Orange County declined generally with the lowest rate in 2007. The difference between the two data points for Black residents in Seminole County is stark: the rate in 2013 is 10 times higher.
than the 2007 rate. White residents have experienced a decrease while Hispanic residents dipped in 2007 and increased to their highest rate in 2013.

**LEADING CAUSES OF DEATH**

Different racial groups experience differing levels of age-adjusted death rates for cancer across Central Florida. However, outside of the figure for White persons, there is no consistency from county-to-county for rates from the Black and Hispanic populations. Rates for all races within Orange and Seminole Counties fell from the 2012-2014 time period. All recorded rates reduced for Black individuals over the time period outside of Lake County, while rates rose in three out of four counties for the Hispanic population and rates were reduced for White persons in three of the four counties studied. Of the 12 county-race groups analyzed with historic data present, eight were reduced and three rose. Hispanic individuals seem to be the most susceptible to rising rates from this historical analysis, although the white population has a considerably increased risk for cancer from a regional average perspective.

**BIRTH CHARACTERISTICS**

**Infant Mortality by Race**

Infant mortality rates are affecting the Black population at the highest rate within all four counties analyzed. Of the 12 indicators collected, the highest four rates are attributed to the Black population. The White and Hispanic populations have similar rates, but these rates vary somewhat from county to county. White populations are more susceptible to infant mortality in Seminole County, while Hispanic populations are more at risk, on average, in Orange County. As compared to 2012 indicators, rates within the 2012 data cycle showed moderate increases among most race-county pairings.
Births to Uninsured Women by Race
Hispanic mothers are also less likely to be insured compared to White and Black/African-American mothers. Hispanic mothers lead both Black and White mothers in this category across all four counties analyzed. The Black population is generally more than likely to have insurance as compared to the other racial demographics studied.

Births to Mothers with Less Than a High School Education by Race
Educational attainment at the time of birth is analyzed in this portion of the report by race and county of residence. While numbers varied among races on a county-by-county basis, the Hispanic population had the highest rates of this measure in three out of four counties studied. White mothers are the least likely to have less than a high school education, primarily in Seminole and Orange Counties, where rates are 6.3 percent and 9.6 percent, respectively.
Percent of Births to Unwed Mothers by Race
Unwed mothers, by race and county, are generally at or above the 40 percent level within all counties studied in this report. While numbers by select race differ when measured across counties, the Black population has the highest rate of unwed mothers in all four counties analyzed. White mothers, meanwhile, were much less likely overall to be unwed at the time of birth. However, when compared to the numbers collected for repeat births for mothers aged 15-19, there is no correlation.

Births to Mothers Who Are Obese by Race
The birth rate to mothers who are obese is also representative of the obesity by race figures in this report, which also show that the Black population is the most at-risk demographic group within all four counties. Often, these figures exceed 30 percent. White and Hispanic mothers in
Central Florida generally have numbers within the same range. However there is a slightly lower rate for White mothers.

**Percent of Repeat Births to Mothers Ages 15-19 by Race**

While it may seem common sense that there would be a correlation between births to unwed mothers and repeat births to mothers 15-19, repeat birth figures are somewhat sporadic and appear somewhat random across counties and racial demographics.

**Preterm Birth Rate <37 Weeks by Race**

Preterm births also affect the Black population disproportionately as compared to the White and Hispanic populations. Similar to infant mortality rates studied regionally, the Black population has the four highest figures of the 12 studied across each county and racial demographic. Thus, the
Black community is at the highest level of risk. White and Hispanic rates are nearly identical from county to county.

**Low Birth Weight by Race**

The low birth weight rates follow the same trend as preterm births and infant mortality rates, as the Black community has the highest rates, by a considerable margin, across all four counties studied. As was seen with preterm births, White and Hispanic rates for low birth weights are fairly consistent and nearly identical for the 2014 period.

**Births Covered by Medicaid by Race**

The Black community also has the highest percentage of births covered by Medicaid, with figures exceeding 63.2 percent or more in each county analyzed. The Hispanic population is also more susceptible than the average regional rates. Hispanic births covered by Medicaid within the region range from 56.5 percent in Seminole County to 65.7 percent in Osceola County. It is
important to note that Osceola County has the highest proportion of Hispanic individuals among the four counties studied, which considerably increases the overall risk in terms of the number of individuals with Medicaid care. This could put Osceola County at a higher financial burden to the medical community as a whole in terms of Medicaid cost per resident (for births only).

![Percent of Births Covered by Medicaid by Race/Ethnicity (2014)](chart)

**QUALITY OF LIFE/MENTAL HEALTH**

**Poor Mental Health Days**

In Orange County, there has been a sharp rise in the percentage of Non-Hispanic Blacks experiencing poor mental health on 14 or more days in the past 30 days, rising 75 percent between 2010-2013. The Hispanic population experienced a decline of 50 percent between 2010-2013. The population with less than a high school education has experienced an upward trend and no characteristic shows a downward trend in Orange County. Generally, those making more than $50,000 annually have the lowest percentage of poor mental health on 14 or more of the past 30 days than any other characteristic indicated. This is followed by Non-Hispanic Whites and those with higher educational levels. Generally, 2010 had the highest percentage in most of the categories, outside of the Non-Hispanic Black population and those with less than high school education levels.

In Seminole County, many of the categories in this indicator are relatively similar in terms of percentage, except for those making less than $25,000 annually, which has experienced the fastest growth in percentage (100% growth, with higher percentages than the other characteristics). The percentage of adults with poor mental health on 14 or more days of the past 30 days has shown an upward trend in the Non-Hispanic White population, those making more than $50,000 annually, and those with educational levels above high school, as well as those making less than $25,000 per year. The other characteristics have fluctuated between 2007-2013.
Adults Who Always or Usually Receive Social and Emotional Support by Race

In Orange County, each group saw a marginal increase over time, with White residents reporting social and emotional support most frequently. In Seminole County, there is only one data point for Black residents, and in 2007 they had the highest rate. The percentage of adults receiving support decreased for both White and Hispanic residents in Seminole County.
HEALTH CARE ACCESS

Insurance Coverage by Race

In Orange County, Hispanic residents were least likely to be insured while White residents had the highest insured rates. In Seminole County in 2013, Black residents were least likely to be insured while White residents had the highest coverage rates.

Key Findings

General decrease in preventive screenings applies even more so to minority residents where data is reported by race. Diabetes is a major concern for the region, and Black residents specifically. Black residents are also overrepresented in maternal and child indicators, especially infant mortality. Insurance coverage is an issue for racial minorities, especially Hispanic residents. This may be the result of issues involving undocumented status, an issue reported in Orange County. There is also a foundational issue in underreporting data for minority populations; it is difficult to address racial disparities if there is no way of knowing where they exist.
HOTSPOTTING SUMMARY

Aspire Health - Orlando Hot Spot

This hot spot is located to the west of downtown Orlando within some of the poorest neighborhoods in the region. A number of hospitals, homeless centers and other health care facilities are located in close proximity to this hot spot, including two Orlando Union Rescue Mission centers, the Arnold and Winnie Palmer Hospitals, and the Women’s Residential and Counseling Center. With the exception of the census block group to the east of the hot spot, poverty is extremely high and consistently reaches levels up to 50%. Household income follows this trend and varies within the $20 to 50,000's.
### Comparison: Hotspot Visits to All Visits

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Hot Spot</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Uninsured</td>
<td>1,321</td>
</tr>
<tr>
<td>Total Uninsured Cost</td>
<td>$5,159,400</td>
</tr>
<tr>
<td>Homeless-Shelter Visits (%)*</td>
<td>21%</td>
</tr>
<tr>
<td>Homeless-Shelter Visits Cost*</td>
<td>$2,665,200</td>
</tr>
</tbody>
</table>

*includes those listed as homeless, unknown, or address of homeless shelter/service facility

### Top 5 Primary Diagnoses and Costs

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>Total Cost</th>
<th>% of All Visits in Hotspot</th>
<th>Avg. Cost Per Visit</th>
</tr>
</thead>
<tbody>
<tr>
<td>296.34 - Major depressive affective disorder, recurrent episode, severe, specified as with psychotic behavior</td>
<td>$867,000</td>
<td>15%</td>
<td>$4,516</td>
</tr>
<tr>
<td>295.7 - Schizoaffective disorder</td>
<td>$512,400</td>
<td>11%</td>
<td>$3,462</td>
</tr>
<tr>
<td>311 - Depressive disorder, not elsewhere classified</td>
<td>$430,800</td>
<td>11%</td>
<td>$2,951</td>
</tr>
<tr>
<td>296.33 - Major depressive affective disorder, recurrent episode, severe, without mention of psychotic behavior</td>
<td>$398,400</td>
<td>9%</td>
<td>$3,320</td>
</tr>
<tr>
<td>296.9 - Other and unspecified episodic mood disorder</td>
<td>$159,000</td>
<td>6%</td>
<td>$2,178</td>
</tr>
</tbody>
</table>

### Top 5 Secondary Diagnoses and Costs*

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>Total Cost</th>
<th>% of All Visits In Hotspot</th>
<th>Avg. Cost Per Visit</th>
</tr>
</thead>
<tbody>
<tr>
<td>G0010 - Administration Of Hepatitis B Vaccine</td>
<td>$1,489,200</td>
<td>30%</td>
<td>$4,267</td>
</tr>
<tr>
<td>G0060</td>
<td>$476,400</td>
<td>13%</td>
<td>$2,870</td>
</tr>
<tr>
<td>303.9 - Other and unspecified alcohol dependence</td>
<td>$931,800</td>
<td>12%</td>
<td>$6,090</td>
</tr>
<tr>
<td>305.6 - Nondependent cocaine abuse</td>
<td>$762,600</td>
<td>11%</td>
<td>$5,188</td>
</tr>
<tr>
<td>G0040</td>
<td>$345,600</td>
<td>10%</td>
<td>$2,541</td>
</tr>
</tbody>
</table>

*Costs determined by total cost of visit with associated diagnosis code.
<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>Total Cost</th>
<th>% of All Visits in Hotspot</th>
<th>Avg. Cost Per Visit</th>
</tr>
</thead>
<tbody>
<tr>
<td>296.34 - Major depressive affective disorder, recurrent episode, severe, specified as with psychotic behavior</td>
<td>$867,000</td>
<td>15%</td>
<td>$4,516</td>
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<tr>
<td>295.7 - Schizoaffective disorder</td>
<td>$512,400</td>
<td>11%</td>
<td>$3,462</td>
</tr>
<tr>
<td>311 - Depressive disorder, not elsewhere classified</td>
<td>$430,800</td>
<td>11%</td>
<td>$2,951</td>
</tr>
<tr>
<td>298.9 - Unspecified psychosis</td>
<td>$403,800</td>
<td>5%</td>
<td>$5,852</td>
</tr>
<tr>
<td>298.9 - Major depressive affective disorder, recurrent episode, severe, without mention of psychotic behavior</td>
<td>$398,400</td>
<td>9%</td>
<td>$3,320</td>
</tr>
<tr>
<td>295.9 - Unspecified schizophrenia</td>
<td>$398,400</td>
<td>2%</td>
<td>$14,229</td>
</tr>
</tbody>
</table>

### Hospital Visitors by Race

<table>
<thead>
<tr>
<th>Race</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>African Americans</td>
<td>51.6%</td>
</tr>
<tr>
<td>Caucasian</td>
<td>39.9%</td>
</tr>
<tr>
<td>Mixed Race</td>
<td>6.9%</td>
</tr>
<tr>
<td>Other</td>
<td>1.3%</td>
</tr>
<tr>
<td>Asian</td>
<td>0.2%</td>
</tr>
</tbody>
</table>

### Hospital Visitors by Age

<table>
<thead>
<tr>
<th>Age</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-18</td>
<td>1.5%</td>
</tr>
<tr>
<td>19-29</td>
<td>8.2%</td>
</tr>
<tr>
<td>30-39</td>
<td>25.2%</td>
</tr>
<tr>
<td>40-49</td>
<td>23.9%</td>
</tr>
<tr>
<td>50-59</td>
<td>35.3%</td>
</tr>
<tr>
<td>60-69</td>
<td>5.5%</td>
</tr>
<tr>
<td>70-79</td>
<td>0.2%</td>
</tr>
<tr>
<td>Over 80</td>
<td>0.2%</td>
</tr>
</tbody>
</table>

### Census Tract Summaries

<table>
<thead>
<tr>
<th>Census Tract</th>
<th>% Unemployed</th>
<th>Med. HH Income</th>
<th>% Below Poverty</th>
</tr>
</thead>
<tbody>
<tr>
<td>12-117-020500</td>
<td>18.9%</td>
<td>$20,420</td>
<td>50.7%</td>
</tr>
<tr>
<td>12-117-020301</td>
<td>16.2%</td>
<td>$43,810</td>
<td>25.2%</td>
</tr>
<tr>
<td>12-117-020202</td>
<td>18.3%</td>
<td>$45,230</td>
<td>15.9%</td>
</tr>
<tr>
<td>12-117-021000</td>
<td>7.8%</td>
<td>$63,910</td>
<td>11.9%</td>
</tr>
<tr>
<td>12-117-020902</td>
<td>14.7%</td>
<td>$33,990</td>
<td>18.1%</td>
</tr>
<tr>
<td>12-117-020901</td>
<td>8.6%</td>
<td>$30,710</td>
<td>30.0%</td>
</tr>
<tr>
<td>12-117-020401</td>
<td>22.1%</td>
<td>$40,570</td>
<td>26.8%</td>
</tr>
<tr>
<td>12-117-020102</td>
<td>31.0%</td>
<td>$38,010</td>
<td>22.0%</td>
</tr>
<tr>
<td>Median</td>
<td>17.3%</td>
<td>$39,290</td>
<td>23.6%</td>
</tr>
</tbody>
</table>
Approximately 15% of admitting codes for the hotspot area are for major depressive affective disorder, recurrent episode, severe specified as with psychotic behavior. This was also the most costly diagnosis for Aspire to treat in this area between 2012-2015 at a cost of over $860,000. 30% of visits within the hotspot were administered the Hepatitis B Vaccine. Over 50% of visits were those of African Americans and over 20% were identified as either homeless or provided a shelter address. The census tracts associated with this hotspot have unemployment and poverty percentages above 17% and 23% respectively.
Aspire Health - Sanford Hot Spot

This hot spot is located within a low income area within the city of Sanford, Florida. Median household incomes within this area are low compared to state and national averages, ranging from $20,420 to $33,910, although most of the households fall below the $45,000 range. High poverty rates are also present in this area and are generally between 15 to 30%. However, poverty levels reach 50.7% within one of the census tracts represented within this hot spot. The Rescue Mission Outreach Center is located within this hot spot, while the Recovery House Men's Treatment Program is located to the south. This hot spot is a clear regional outlier.
## Comparison: Hotspot Visits to All Visits

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Hot Spot</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Uninsured</td>
<td>644</td>
</tr>
<tr>
<td>Total Uninsured Cost</td>
<td>$1,391,827</td>
</tr>
<tr>
<td>Homeless Visits (%)</td>
<td>0</td>
</tr>
<tr>
<td>Homeless-Shelter Visits Cost*</td>
<td>0</td>
</tr>
</tbody>
</table>

*Includes those listed as homeless, unknown, or address of homeless shelter/service facility

## Top 5 Primary Diagnoses and Costs

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>Total Cost</th>
<th>% of All Visits in Hotspot</th>
<th>Avg. Cost Per Visit</th>
</tr>
</thead>
<tbody>
<tr>
<td>F25.9 - Schizoaffective disorder, unspecified</td>
<td>$108,401</td>
<td>9%</td>
<td>$1,970.93</td>
</tr>
<tr>
<td>F20.9 - Schizophrenia</td>
<td>$113,003</td>
<td>7%</td>
<td>$2,354.23</td>
</tr>
<tr>
<td>311 - Depressive Disorder</td>
<td>$94,561</td>
<td>7%</td>
<td>$2,012</td>
</tr>
<tr>
<td>F20.0 - Paranoid schizophrenia</td>
<td>$87,586</td>
<td>7%</td>
<td>$2,085.37</td>
</tr>
<tr>
<td>309.4 - Adjustment disorder with mixed disturbance of emotions and conduct</td>
<td>$20,160</td>
<td>5%</td>
<td>$593</td>
</tr>
</tbody>
</table>

## Top 5 Secondary Diagnoses and Costs

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>Total Cost</th>
<th>% of All Visits In Hotspot</th>
<th>Avg. Cost Per Visit</th>
</tr>
</thead>
<tbody>
<tr>
<td>F14.20 - Cocaine dependence, uncomplicated</td>
<td>$41,294</td>
<td>4%</td>
<td>$1,031.81</td>
</tr>
<tr>
<td>305 - Nondependent abuse of drugs</td>
<td>$59,621</td>
<td>4%</td>
<td>$2,208.19</td>
</tr>
<tr>
<td>305.20 - Cannabis abuse</td>
<td>$25,805</td>
<td>4%</td>
<td>$1,032.18</td>
</tr>
<tr>
<td>305.00 - Alcohol abuse, unspecified</td>
<td>$86,285</td>
<td>3%</td>
<td>$4,108.79</td>
</tr>
<tr>
<td>F10.20- Alcohol dependence, uncomplicated</td>
<td>$28,891</td>
<td>3%</td>
<td>$1,520.56</td>
</tr>
</tbody>
</table>

*Costs determined by total cost of visit with associated diagnosis code.
### Top 5 Highest Cost Primary Diagnoses

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>Total Cost</th>
<th>% of All Visits in Hotspot</th>
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</tr>
</thead>
<tbody>
<tr>
<td>296.34 - Major depressive affective disorder, recurrent episode, severe, specified as with psychotic behavior</td>
<td>$195,046</td>
<td>3%</td>
<td>$10,266</td>
</tr>
<tr>
<td>F20.9 - Schizophrenia</td>
<td>$113,003</td>
<td>7%</td>
<td>$2,377</td>
</tr>
<tr>
<td>F25.9 - Schizoaffective disorder, unspecified</td>
<td>$108,401</td>
<td>9%</td>
<td>$1,971</td>
</tr>
<tr>
<td>311 - Depressive disorder, not elsewhere classified</td>
<td>$94,561</td>
<td>7%</td>
<td>$2,012</td>
</tr>
<tr>
<td>F20.0 - Paranoid schizophrenia</td>
<td>$87,586</td>
<td>7%</td>
<td>$2,085.37</td>
</tr>
</tbody>
</table>

### Hospital Visitors by Race

<table>
<thead>
<tr>
<th>Race</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caucasian</td>
<td>46.5%</td>
</tr>
<tr>
<td>African American</td>
<td>43.4%</td>
</tr>
<tr>
<td>Mixed Race</td>
<td>9.5%</td>
</tr>
<tr>
<td>American Indian</td>
<td>0.5%</td>
</tr>
<tr>
<td>Asian</td>
<td>0.2%</td>
</tr>
</tbody>
</table>

### Hospital Visitors by Age

<table>
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<tbody>
<tr>
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</tr>
<tr>
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<td>23.3%</td>
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<td>40-49</td>
<td>23.1%</td>
</tr>
<tr>
<td>50-59</td>
<td>20.2%</td>
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<td>8.4%</td>
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<td>70-79</td>
<td>1.6%</td>
</tr>
<tr>
<td>Over 80</td>
<td>0.2%</td>
</tr>
</tbody>
</table>

### Census Tract Summaries

<table>
<thead>
<tr>
<th>Census Tract</th>
<th>% Unemployed</th>
<th>Med. HH Income</th>
<th>% Below Poverty</th>
</tr>
</thead>
<tbody>
<tr>
<td>12-095-011702</td>
<td>26.2%</td>
<td>$20,630</td>
<td>38.2%</td>
</tr>
<tr>
<td>12-095-011600</td>
<td>13.7%</td>
<td>$26,910</td>
<td>37.5%</td>
</tr>
<tr>
<td>12-095-010400</td>
<td>27.5%</td>
<td>$15,930</td>
<td>52.6%</td>
</tr>
<tr>
<td>12-095-010500</td>
<td>33.8%</td>
<td>$14,090</td>
<td>52.5%</td>
</tr>
<tr>
<td>12-095-010300</td>
<td>6.3%</td>
<td>$39,430</td>
<td>17.7%</td>
</tr>
<tr>
<td>12-095-018900</td>
<td>11.4%</td>
<td>$38,710</td>
<td>31.0%</td>
</tr>
<tr>
<td>12-095-011701</td>
<td>21.3%</td>
<td>$26,870</td>
<td>40.3%</td>
</tr>
<tr>
<td>12-095-012600</td>
<td>4.9%</td>
<td>$75,190</td>
<td>11.6%</td>
</tr>
<tr>
<td>12-095-018300</td>
<td>23.9%</td>
<td>$29,630</td>
<td>27.4%</td>
</tr>
<tr>
<td>12-095-018500</td>
<td>16.8%</td>
<td>$28,080</td>
<td>33.4%</td>
</tr>
<tr>
<td>12-095-018700</td>
<td>20.8%</td>
<td>$24,350</td>
<td>37.4%</td>
</tr>
<tr>
<td>Median</td>
<td>21%</td>
<td>$26,910</td>
<td>37.4%</td>
</tr>
</tbody>
</table>
Approximately 644 visits within this hotspot cost almost $1.2 million over 4 years. Schizoaffective Disorder was the admit diagnosis of approximately 9% of visits to Aspire originating from this hotspot. Major depressive affective disorder was the most costly admitting diagnosis to treat for this area at an average cost of over $10,000 per visit, though only 3% of visits had this primary code. Secondary codes associated with drugs and alcohol made up all top 5 secondary diagnosis codes. Of patients within this hotspot, the majority of the patients were Caucasian and African Americans, with an even distribution with also similar distribution of ages between ages 19-49 (23% in each age breakdown). The economic profile of the census tracts that make up the hotspot account for a median unemployment rate of 21%, a median income of less than $27k, and over 37% percent living in poverty. There were no associated shelter addresses or visits noted as homeless in this hotspot.
In general, the health and overall well-being of residents in the region varies by county. Residents of Seminole County appear to have the best overall outcomes, with the most encouraging county health rankings, positive student indicators including graduation rates and low violence, improvements in communicable diseases and vaccinations, among other indicators. Seminole County also has the highest median household income. Orange County presents an interesting mix of encouraging indicators and room for improvement. Lake and Osceola Counties are lagging on a number of indicators and have the fewest resources in the region. The following areas of concern have emerged for the region as a whole. More county-specific assessment themes can be found in the following chapter.

**Affordability of care** is a common theme across counties and nearly all data collection methods. This includes the affordability of doctor visits, prescriptions, hospital visits and insurance. Many residents have skipped doctor visits due to cost. The cost of care may also contribute to the **decreasing levels of preventive care** or early intervention of health issues. When preventive care and early action are not priorities, people wait to seek medical care until they are in an emergency situation. This is one contributing factor for the **overuse of emergency departments (ED)**. Another factor is the **limited access to mental health services**. Providers and stakeholders agree that too many residents are utilizing the ED to address under- and untreated mental illness. Finally, there is continued evidence that the uninsured over-utilize the ED. If insurance is unaffordable, people go uninsured, leaving the burden of care heavily on the shoulders of hospitals.

The need for mental health services is another theme that was consistent across the region and with nearly all data collection sources. There is some evidence based on the CFCHS Behavioral Health Needs Assessment and secondary demographic data that a racial disparity exists between those who need mental health services and those who actually receive it. **Substance abuse** is also a concern separate from the general umbrella of mental health. Providers and some residents are concerned about heroin in the community, a concern that is gaining prominence on the national stage. Both of these issues are closely tied to **homelessness** which is a major concern across the region. The relationship between these variables is unclear, but is likely bi-directional. Untreated mental illness and substance abuse make it difficult to maintain gainful employment and stable housing. Additionally, the stresses of homelessness can exacerbate mental health symptoms and substance abuse. Another major contributor to the issue of homelessness is a **lack of affordable housing**. There are high levels of cost burden among renters and primary data sources lament the cost of housing.

**Poverty** is a powerful latent variable across the region. It is no accident that the county with the highest median income has residents with the best outcomes. Poverty increases stress and limits options for care. Residents and community stakeholders alike have concerns about **access to quality and nutritious foods**. There are numerous food deserts in the region, and many of them overlap with census tracts where a high proportion of residents receive public food assistance. In these areas, there either isn’t a supermarket or they are too far away. In the absence of nearby supermarkets and other fresh food providers, residents turn to fast food and convenience stores. These establishments often offer calorie-dense, low-nutrient foods. A diet primary composed of these foods contributes to the three chronic diseases most often mentioned in all data collection sources:
obesity, diabetes and heart disease. When paired with limited recreation/fitness and park opportunities, as well as built environment issues with walkability and bike-friendly infrastructure, residents are more likely to have poor diet and a sedentary lifestyle. These chronic diseases appear to consistently disproportionately affect minority populations. Specifically, diabetes is clearly an issue in the Black community.

Finally, there are serious concerns about infant mortality among Black residents. While the region and state are near the Healthy People 2020 target, Black residents have significantly higher infant mortality rates.