ORANGE COUNTY

COMMUNITY
HEALTH NEEDS

JUNE 2019
ASSESSMENT

2019 COMMUNITY HEALTH ASSESSMENT

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CHA LEADERSHIP TEAM

DATA COLLABORATIVE GROUP
Advent Health
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Orange Blossom Family Health Center
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True Health
Florida Department of Health in Lake County
Florida Department of Health in Osceola County
Florida Department of Health in Seminole County

FOCUS GROUPS (9)
United Against Poverty (UP) Orlando Staff
United Against Poverty (UP) Orlando – Step Program Participants
Hunger Task Force
First Responders
Elder Adult Providers
Homelessness Providers
Mental Health Providers
Advent Care Center
Aspire Health Partners

KEY INFORMANT INTERVIEWS (18)
Central Florida YMCA
Aspire Health Partners
Health Council of East Central Florida
Metro Plan
Second Harvest Food Bank of Central Florida
Central Florida Commission on Homelessness
Florida Department of Children and Families - Regional Director
Florida Department of Children and Families- Substance Abuse
University of Central Florida Hospital
True Health
Seminole County EMS
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Boys and Girls Club of Central FL
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Florida Department of Children and Families - Human Trafficking
Florida Department of Children and Families - Adult Services
Florida Department of Children and Families - Foster Care
Mental Health Association of Central Florida

LETTER TO THE COMMUNITY

Raul Pino, MD, MPH

Interim Director
Florida Department of Health
in Orange County

I was recently appointed as the new Interim Director of the Florida Department of Health in Orange County, a very exciting, new opportunity. I am looking forward to working together with our community in our common goal: making Orange County a better place to live, work and play.

Having worked in the field of public health for many years, I know what an important role the Community Health Needs Assessment plays in identifying the health challenges facing our residents and in creating a better environment for our visitors. Besides showcasing the pressing issues, the assessment also affords us the opportunity to draw upon the strengths of our many partners and stakeholders, allowing us to collaboratively address these issues and improve health outcomes.

The Florida Department of Health in Orange County is focused on improving the overall conditions for all of our residents — with special emphasis in our most vulnerable populations — by eliminating health disparities through education, prevention and access to care. By focusing on such approaches, we will not only mitigate the issues identified in the assessment but also reduce healthcare costs and allow individuals to live a healthier life.

I would like to thank Advent Health, Aspire Health Partners, Orlando Health, Orange Blossom Family Health, True Health and the Health Departments of Osceola, Lake, and Seminole counties for their participation in this major undertaking.

Raul Pino, MD, MPH
Interim Director
Florida Department of Health in Orange County

INTRODUCTION

The Florida Department of Health in Orange County (DOH-Orange) produces a Community Health Assessment (CHA) every five years. The CHA **tells the story of public health in Orange County**. It shares the wonderful things about our community and the ways we can improve. We all have a role to play in making Orange County a **healthier place to live, learn, work and play!** As you read the CHA, think about how you can become involved.

METHODOLOGY

To develop the CHA, we used the Mobilizing for Action through Planning and Partnerships (MAPP) model. The MAPP model is made up of four assessments that help identify public health issues in our community:

Community Health Status Assessment | This explains the health standing of our community. Between September 2018 and June 2019, the assessment helped us identify our key community health problems by reviewing data about health conditions, quality of life and risk factors in the community.

Community Themes and Strengths Assessment | Information was collected between October 2018 and May 2019 from nine focus groups, 18 individual stakeholder interviews and 1,240 community survey participants, 86 intercept survey participants and 11 key informant survey participants. This data helped us learn what issues are important to our community, how the quality of life is seen in our community and what resources our community has that can be used to improve health.

Local Public Health System Assessment | Facts and figures were collected from four public health system scoring groups. This data helped us learn how well public health services are being provided to our community and the performance and abilities of our community health system.

Forces of Change Assessment | Information was collected from community leaders, which helped us learn what is happening or could happen that affects the health of our community and what dangers, or opportunities are exposed by these occurrences.

On April 4, the DOH-Orange Community Health Improvement team met with the consultant team from Strategy Solutions, Inc. to review the primary and secondary data collected, review and prioritize identified needs.

Using this CHA as a guide, we will create the Community Health Improvement Plan (CHIP). It will be used to improve health concerns reported in the CHA, in partnership with a group of dedicated leaders from community organizations.

ORANGE COUNTY OVERVIEW

COMMUNITY DEMOGRAPHICS AND HIGH RISK POPULATIONS

Over the next 5-year period, Orange County is expected to grow by about 8.3%, from 1,391,240 in 2019 to 1,506,947 in 2024, which is slightly above the state of Florida's expected growth rate (6.8%).The community has slightly more females (50.9%) than males (49.1%). The population is also predominantly White (60.3%) and has a sizable Hispanic population (32.0%) , higher than the state of Florida (25.9%) but is higher than the nation overall (18.3%). The median age in 2019 is 35.8, slightly lower than the state of Florida overall (42.5). The median age is expected to grow slightly older to 37.7 by 2024. The percentage of residents living in the community with an education beyond high school (62.6%) is higher than the state of Florida (49.3%), and nation (39.0%). The average household income is $ 81,125 with 12.9% of the families having incomes below the federal poverty level and 44.4% of households having incomes under $50,000.[1]

Health is influenced by conditions where we live and the ability and means to access healthy food, good schools, affordable housing, and jobs. Unfortunately, significant gaps in life expectancy persist across many United States cities, towns, ZIP codes and neighborhoods. In Orange County, there are numerous zip codes that have poverty rates above 20% including: 32805, 32807, 32808, 32809, 32822, and 32839 in Orlando, Union Park, and 32826 in Alafaya.[2]

The largest health disparities in the four county region are related to race, income and education. For example:

- Adults in Orange County age 18-44 (72.9%) are less likely to have insurance coverage than those age 45-64 (83%) and those 65 and older (94.7%)
- Adults with education less than high school (75.9%) are also less likely to have insurance than those with high school education (85.6%)
- Adults with incomes less than $25k (65.3%) are also less likely to have insurance compared to those with incomes $25k-$49k (82.7%) or $50k and over (96.3%)
- White residents of Orange County (89.2%) are more likely to have any type of health insurance compared to Black residents (82.2%) and Hispanics (67.9%)
- Those with annual incomes under $25k (32.4%) are more likely not to see a doctor due to cost compared to those with incomes between $25k-$49k (17.5%) and those with incomes $50k and higher (6.5%)
- Whites in Orange County have the highest rate of colorectal cancer incidence (36.8) compared to Blacks (32.3) and Hispanics (33.4)
- Whites have the highest rate of breast cancer incidence (114.9) compared to Blacks (96.7) and Hispanics (88.5)
- Whites (55.0) also have the highest rate of lung cancer in Orange County compared to Blacks (39.6) and Hispanics (27.1)
- Blacks have the highest rates of asthma (10.2%) compared to Whites (6.8%) and Hispanics (4.9%)
- Non-Hispanic Blacks (34.2) have the highest diabetes death rates compared to Whites (26.0), White Hispanics (20.8) and Black Hispanics (8.0)

- Infant mortality per 1,000 births in Orange County is highest among Blacks (15.5) compared to Whites (3.8) and Hispanics (5.5)
- Births to mothers with less than high school education is highest among Blacks (16.5%) compared to Hispanics (13.6%) and Whites (9.6%)
- Births to women who were obese during pregnancy is highest among Blacks (34.9%) compared to 23.9% for Hispanics and 22.0% for Whites.
- Adults with incomes less than $25k are more likely (21.8%) to have poor mental health compared to those with incomes between $25 and 49k (13.8%) and those with incomes 50k and above (7.1%).
- Infant mortality per 1,000 births in Orange County is highest among Blacks (15.5) compared to Whites (3.8) and Hispanics (5.5)
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- Adults with incomes less than $25k are more likely (21.8%) to have poor mental health compared to those with incomes between $25 and 49k (13.8%) and those with incomes 50k and above (7.1%).[3]

HEALTH ISSUES AMONG POPULATION GROUPS[4]

Focus Group participants identified the lack of quality childcare and the need for extended hours. According to Key Informants, community issues faced by youth includes obesity, lack of parental involvement, lack of quality food and the need for preventative care. Barriers include transportation, safe places to play, lack of family support and lack of preventative care. Needed services include dental are, affordable preventative care, quality housing, jobs with livable wages and quality education for all.

Focus group participants noted that there is an increase of STDs in the community as a result of substance use. The chlamydia rate per 100,000 population in Orange County in 2018 (724.2) was substantially higher than the rate in 2013 (565.3). The county rate is much higher than the 2018 state rate (501.3).

A focus group participant also mentioned that Orange County has the second highest rate of new HIV cases in the country. Key Informants talked about the fact that there are lots of diseases in the community that are first seen when people come to jail. They also noted that there is a stigma in the community around getting help for HIV/AIDS. Intercept Survey respondents identified HIV and Hep-C as top three community needs. The new HIV cases reported rate per 100,000 had been decreasing in Orange County over the past fifteen years from 40.3 in 2008 to 33.6 in 2016 but increased to 38.9 in 2017. The rate was higher than the 2017 state rate overall (24.1).

The percentage of adults age 65+ who have ever received the pneumonia vaccine in Orange County decreased in recent years from 68.5% in 2013 to 55.6% in 2016, which was lower than the 2016 state percentage (65.6%).

Almost all of the Key informants (96.8%) indicated that mental health issues affect the clients they serve.

More than half (61.9%) of stakeholders indicated that mental health is a top community issue, with lack of mental health providers and corresponding services as a priority to be addressed.

Focus group participants discussed the challenges associated with accessing mental health care. It is especially challenging when there is co-occurring substance use disorder. A number of focus group participants commented that they think substance use is a key community issue and that homelessness is related to substance use. Participants noted that there are not enough providers in the community and that there are long wait times to get an appointment.

Key informants commented on the isolation and depression that exists in the community because of high levels of stress that people experience. Mental health related issues are a big part of the problem for people who are homeless. According to the primary research participants, needed services included widespread education to help remove the stigma, more mental health services, supportive services to manage mental health, intergrade care, geriatric psychology, coordinated services and a patient navigator. There is also a need for more services to those people who are homeless. There is also a need for more resources for those who are LGBTQ as well as those who are victims of human trafficking. There is also a need for services for those who have experienced sexual assault.

SOCIAL DETERMINANTS OF HEALTH AFFECTING ORANGE COUNTY[4]

In 2017, 15.3% of the population of Orange County was living in poverty, the highest within the four-county Central Florida region. Slightly over a quarter of the community survey respondents in Orange County (26.3%) experienced the lack of affordable and adequate housing. Orange County had a higher percentage of respondents experiencing housing problems when compared to the four-county region (25.2%). In the four-county region overall, 9.1% of the community survey respondents indicated that they were worried about stable housing versus 10.4% in Orange County.

Respondents to the community survey from Orange County were:

- More likely (16.1%) to indicate that they are experiencing poverty than the four-county region overall (14.8%)
- More likely (28.2%) to experience difficulty with employment when compared to the four-county region overall (26.3%)
- Equally likely (6.3%) to have their utilities shut off in the past 12 months than the four-county region (6.3%)
- Slightly more likely (11.2%) to indicate that their food did not last before they had money to buy more, than the four-county regional overall (11.1%)

The percentage of households who are cost burdened in Orange County in 2016 was 22.9%, slightly higher than the state rate of 20.4%. An additional 23.7 percent were severely cost burdened. Stakeholders indicated that lack of affordable housing, lack of transportation and homelessness were important economic issues. Orange County has the largest homeless population in the four-county region (1,539 in 2018) that has been growing over the past three years.

Focus group participants commented that there are a lot of people who are currently not working and it is hard for them to get insurance. People are in debt because jobs are not paying enough. There is a sizable homeless population and the lack of permanent address makes it hard to get insurance. Only 65.2% of Orange County residents with incomes under $25k have health insurance.

Key informant survey participants cited poverty, poor working conditions and low income as top needs in the community that need to be addressed. Intercept survey participants identified lack of living wage jobs and lack of job training as key community issues. Several mentioned homelessness and lack of affordable housing as top issues.

Stakeholders commented that there is insufficient access to healthy and affordable food options and a lack of usable sidewalks in the area. Focus Group participants discussed that many residents do not have access to healthy unprocessed foods. They also commented that access to physical activity is more of a luxury for a lot of people. Key Informants cited poor infrastructure, including the lack of clean water and housing in the community. They identified population growth as a factor that is putting stress on the infrastructure. The Bithlo community is one that was called out by name as having issues with clean drinking water.

Intercept Survey participants talked about nutrition and access to healthy foods as a top three community need. Barriers included unaffordability of healthy food options, and primary research participants talked about how expensive it was to purchase high quality foods.

HEALTH BEGINS WHERE YOU
LIVE, LEARN, WORK AND PLAY

All Orange County residents should have the opportunity to make the choices that allow them to live a long, healthy life, regardless of their income, education, ethnic background or abilities.

It is important to work toward raising the bar for all Orange County residents so that everyone can have the opportunity to make healthy choices. A disparity is when different groups of people have very different levels of health for no obvious reason. For example, it is important to know if people in one part of our county are sicker than people in the rest of the county. We would want to figure out what is going on and identify opportunities for better health.[6]

WHAT
DETERMINES OUR HEALTH?

Economic Stability: employment, income, housing, affordability of food and other necessities

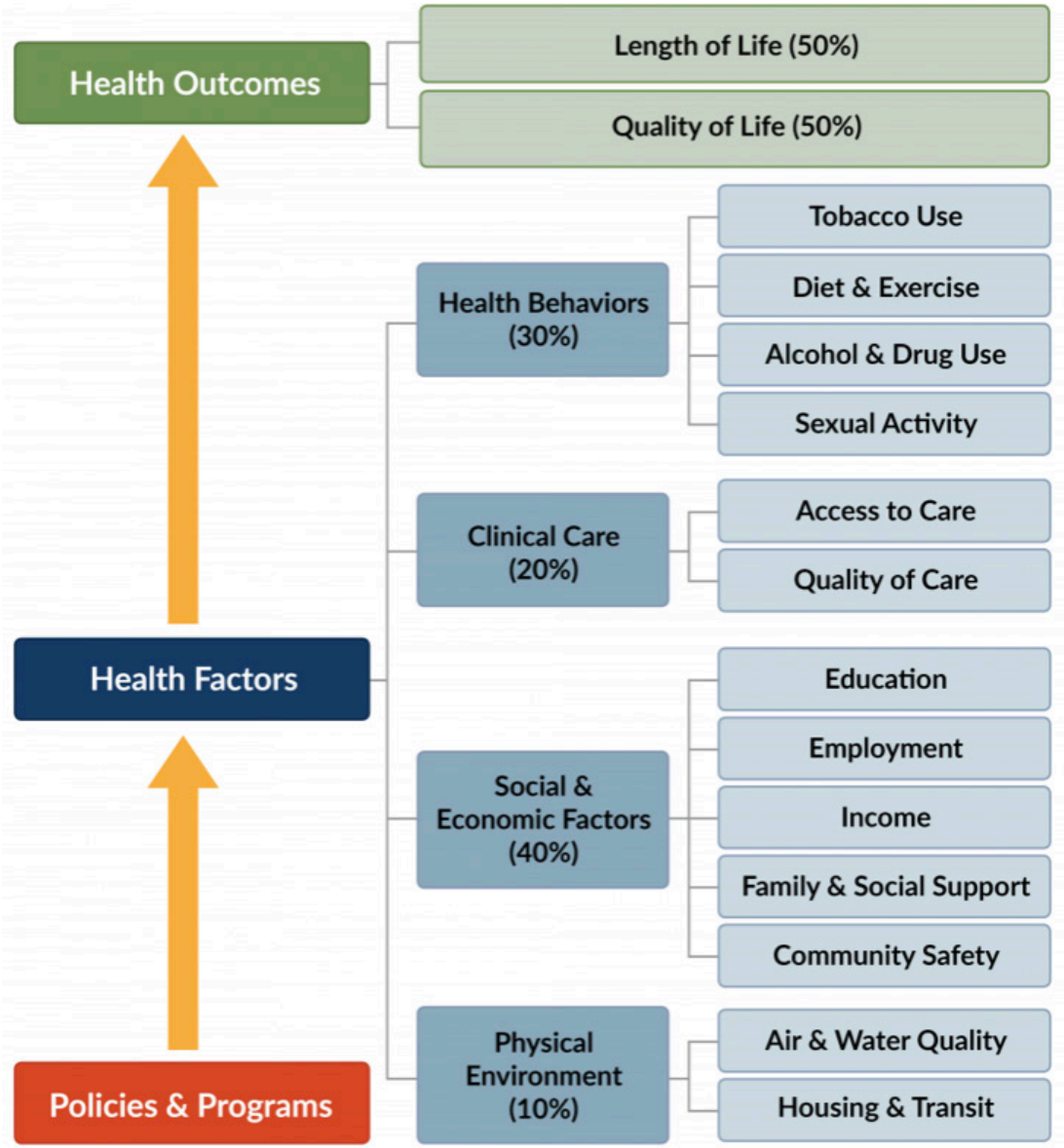
Education: high school graduation, language, literacy

Social & Community Context: social support, discrimination, civic participation, policies, culture

Health & Health Care: access to health care, access to interventions, health literacy (or ability to understand and interpret health information)

Neighborhood & Built Environment: public safety, access to healthy foods, quality of housing, access to sidewalks, air quality, water quality, street lighting, parks[7]

COUNTY HEALTH RANKINGS MODEL[6]



HEALTH IS MORE THAN HEALTH CARE

Health is more than what happens at the doctor's office. As illustrated in the model at left, a wide range of factors influence how long and how well we live, from education and income, to what we eat and how we move, to the quality of our housing and the safety of our neighborhoods. For some people, the essential elements for a healthy life are readily available; for others, the opportunities for healthy choices are significantly limited.

HEALTH IS FOR EVERYONE

Across the country there are significant differences in health outcomes, from one county to the next and among racial/ethnic groups. For example, Blacks, Native Americans and Hispanics have consistently faced barriers to opportunity and good health. Health disparities emerge when some individuals gain more than others—from consistently better access to opportunities and resources over the course of their lives. Increasing opportunities for everyone can reduce gaps in health. For example, providing better access to high-quality education and enrichment opportunities boosts workforce skills that are key to landing a good job and for upward economic mobility.

The Orange County 2019 Community Health Needs Assessment is organized according to the topics in the County Health Rankings Model. The data provides a snapshot of the Health Outcomes, Health Factors and Policies and Programs in Orange County.

WHY DOES THE CHA INCLUDE INFORMATION ON EDUCATION AND INCOME?

Higher education and incomes impact health in many ways. People with higher incomes have the opportunity to make healthy choices because they are more likely to live in safe homes and neighborhoods, have access to healthy foods and safe places to exercise, have health insurance and resources to deal with stressful life events. Those who are working and still struggling to pay the rent can't always make healthy choices because they don't have as many resources. Families who are struggling to get by are also more likely to face more overall stress and have less resources to deal with stressful events. Chronic stress creates higher levels of harmful hormones, which can increase the risk of many diseases such as cancer, diabetes, heart disease and stroke.[6]

So, it makes sense that groups of people with more education and higher incomes generally have better health and live longer than those with lower incomes. Middle-income Americans are healthier than those who struggle financially, but they are less healthy than those with high incomes. Groups of people with the lowest incomes tend to have the worst health and die younger.[6]

WHY ARE THE STATISTICS BROKEN DOWN BY POPULATION GROUPS?

By comparing, we can see where we are doing well and where we could improve. It is helpful to look at how healthy people in Orange are, as a group, compared to people in the rest of Florida or in the whole United States. These comparisons cannot be applied to individual people, only to groups of people. For example, men might be twice as likely to die of accidental poisoning than women, but that does not mean a specific man is twice as likely to die from poisoning than his sister.

The graphic on the left shows the group of men have a 25% chance of being orange, not that one man has a 25% chance of being orange.

WHAT ARE THE RATES? Rates are a way to compare between groups of different sizes. Let's say 1,000 ice cream cones were handed out at the county fair and 100 ice cream cones fell to the ground. 50 of the ice cream cones were strawberry ice cream and 50 were mint chocolate chip ice cream. These numbers would make us think that strawberry and mint chocolate chip ice cream cones fall to the ground at the same rate. But, what if 80% of the ice cream cones handed out were strawberry and 20% were mint chocolate chip? Then we would expect that if 100 cones had fallen, 80 would be strawberry and 20 would be mint chocolate chip. Rates help us see the number of ice cream cones that fell in relation to the number of ice cream cones handed out.

Ice Cream Cones Handed Out
800 Strawberry
200 Mint Chocolate Chip
1,000 Total Cones

▷

Ice Cream Cones that Fell
50 Strawberry
50 Mint Chocolate Chip
100 Total Cones

=

Fall Rate
50 of 800 = 6% (1 out of every 16)
50 of 200 = 25% (1 out of every 4)
100 of 1,000 = 10% (1 out of every 10)

This symbol is used throughout the CHA to highlight disparities, or areas that need improvement. We focus on the issues that need improvement so we can work together on solutions!

COMMUNITY PROFILE

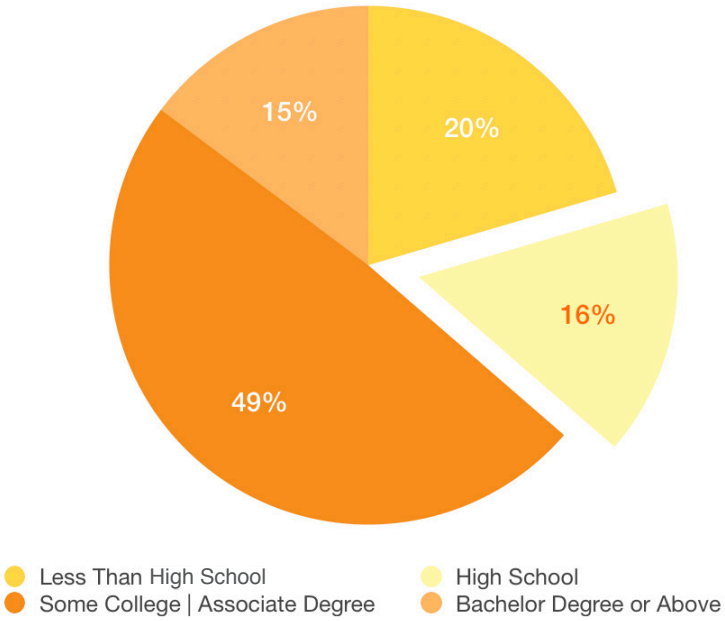
FACT

ORANGE COUNTY'S POPULATION HAS GROWN 50% BETWEEN 2000 AND 2019[1]

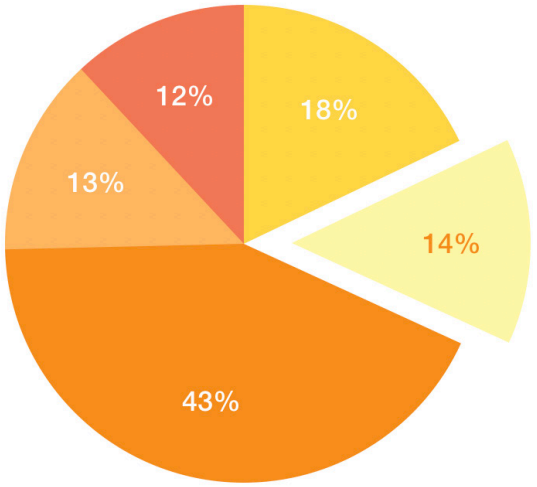
POPULATION[1]

2000	2010	2019	2024	GROWTH 2019-2024
896,281	1,145,956	1,391,240	1,506,947	8.3%

EDUCATIONAL ATTAINMENT[1]

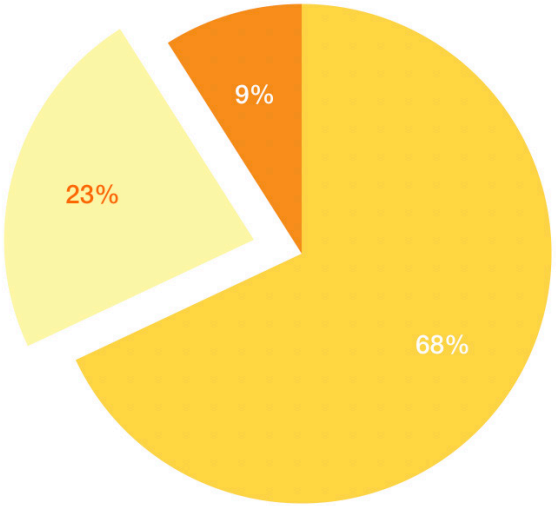


POPULATION BY AGE[1]



0-14 15-24 25-54 55-64 65+

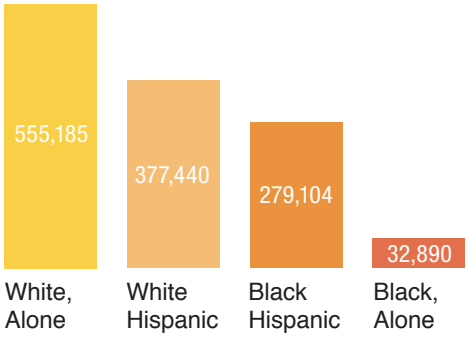
POPULATION BY RACE[1]



White Black Other

American Indian (0.6%)
Asian (5.7%)
Native Hawaiian (0.2%)
2 or More Races (2.7%)

POPULATION BY RACE / ETHNICITY IN 2018[1]



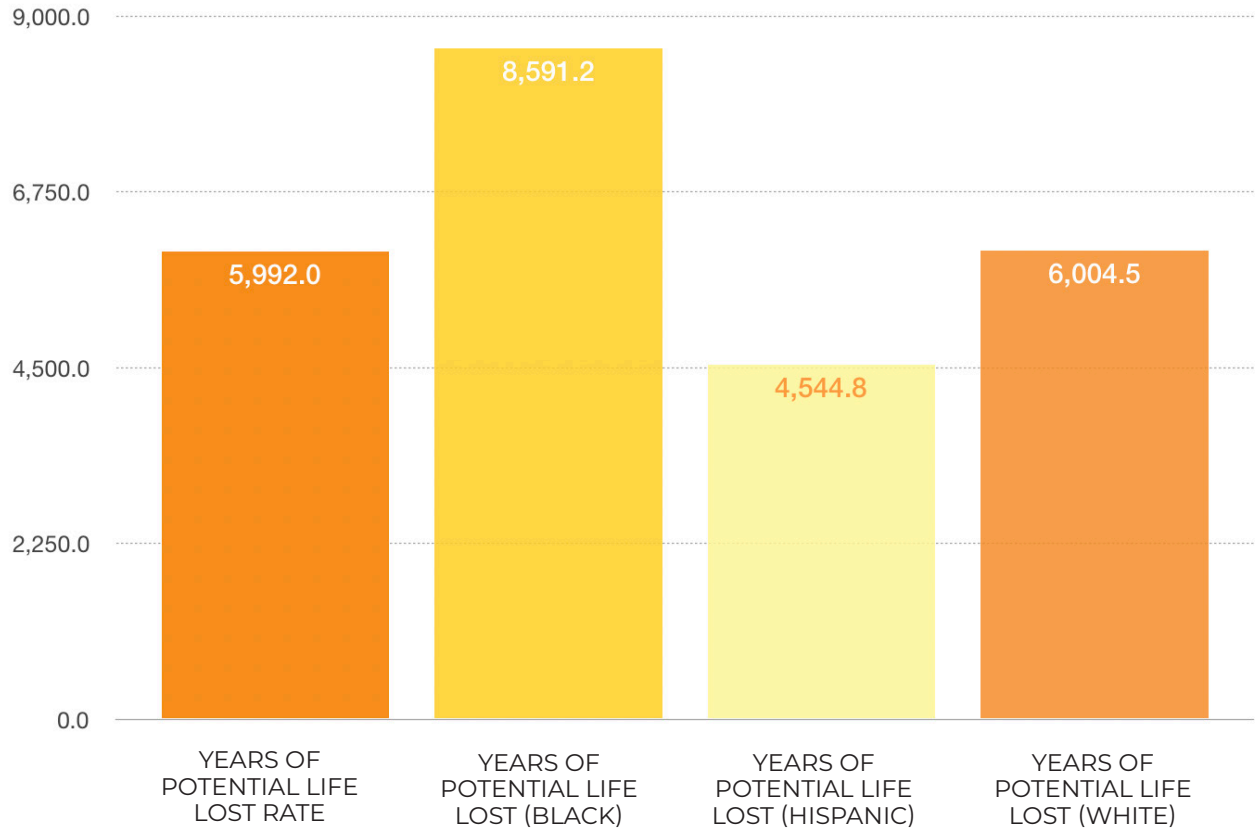
32.04% of the population in Orange County is also Hispanic or Latino.[1]

HEALTH OUTCOMES

Health Outcomes represent how healthy a county is right now. They reflect the physical and mental well-being of residents within a community through measures representing not only the length of life but quality of life as well. [8]

Years of potential life lost (YPLL) or potential years of life lost (PYLL)[6], is an estimate of the average years a person would have lived if he or she had not died prematurely. It is, therefore, a measure of premature mortality. As an alternative to death rates, it is a method that gives more weight to deaths that occur among younger people.

PREMATURE DEATH[8]



Hispanic residents of Orange County tend to live longer than Black or White residents.

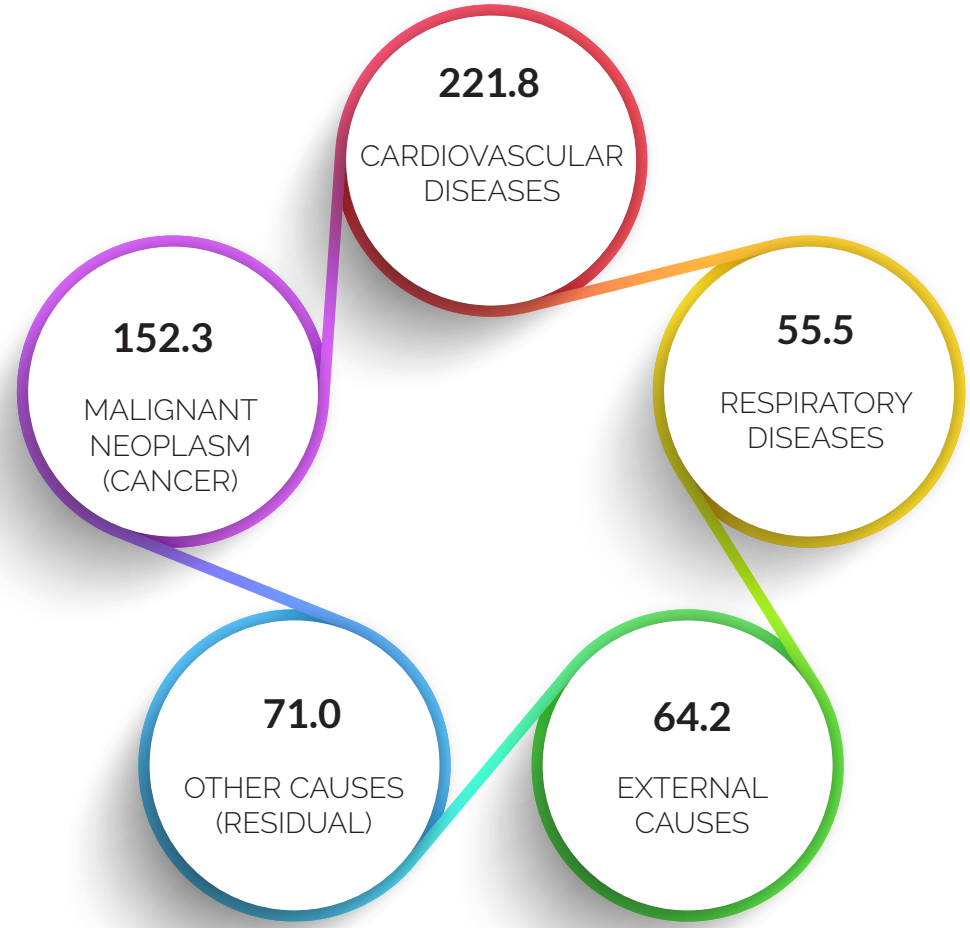
PREMATURE MORTALITY 2018*

11,423.0	Number of Deaths
297.6	Age Adjusted Mortality
390.2	Age Adjusted Mortality (Black)
209.7	Age Adjusted Mortality (Hispanic)
319.8	Age Adjusted Mortality (White)

* Rates are 2018 per 100,000 population[3]

Cardiovascular Diseases is the leading cause of death in Orange County. Risk factors including smoking, high cholesterol, high blood pressure, physical inactivity and diabetes.[3]

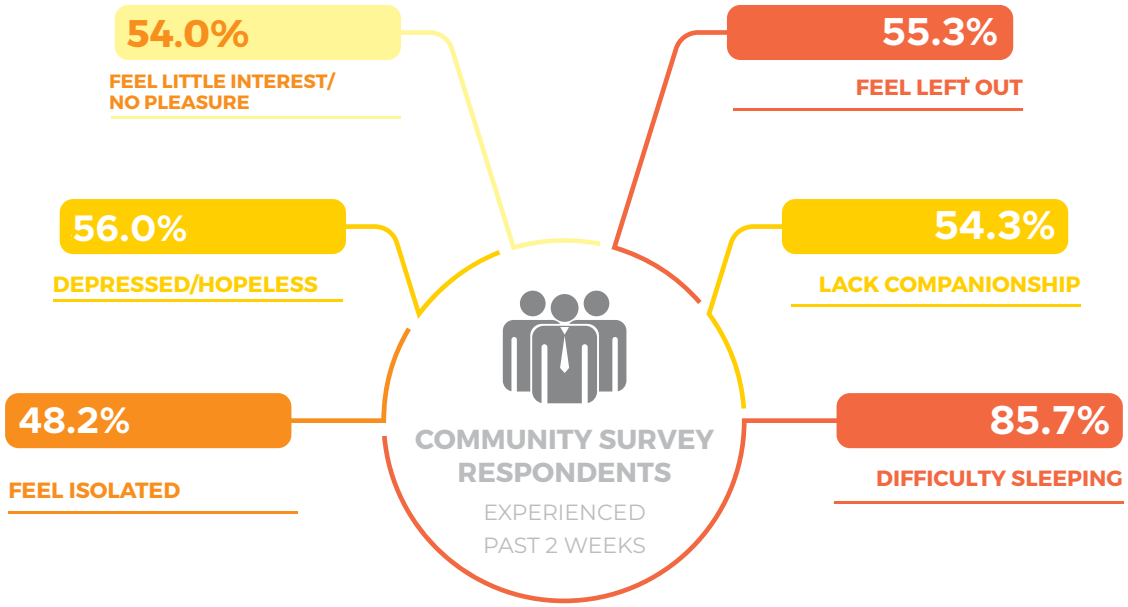
LEADING CAUSES OF DEATH*



HEALTH OUTCOMES

Black (44.6) residents are less likely to die of stroke compared to white (52.5) and Hispanic (51.5) residents.[3]

QUALITY OF LIFE[10]



CHRONIC DISEASE[3]

Preventable Hospitalizations Under 65 from Congestive Heart Failure has decreased from 2012 to 2017. (97.3 to 67.7)[3]

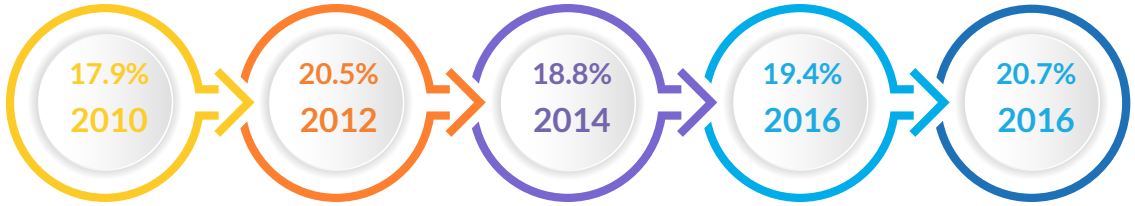
Age-Adjusted Colorectal Cancer Incidence has decreased from 2012 to 2016 (44.9 to 36.8)[3]

Age-Adjusted Female Breast Cancer Incidence has decreased from 2012 to 2016 (119.3 to 116)[3]

Age-Adjusted Lung Cancer Incidence has decreased from 2012 to 2016 (74.9 to 88.5)[3]

ADULTS DIAGNOSED WITH DIABETES[3]

STUDENTS DIAGNOSED WITH ASTHMA[3]



FACT

Heart Disease deaths have decreased in Orange County 2.6% between (157) and (152.9).[3]

Hispanics are less likely to die of heart disease, cancer, cardiovascular diseases and chronic lower respiratory disease than other races/ethnicity.[3]

FACT

Women are more likely than men to experience "silent" heart attacks, which have less recognizable symptoms like chest pain. This may explain why fewer women survive their first heart attack than men.[9]

HEALTH OUTCOMES

SOCIAL & MENTAL HEALTH

FACT

Over 40% of Orange County households are cost burdened or severely cost burdened.[3]

FACT

In Florida, mental illness is the number one disabling condition that leads to homelessness.[11]

Adults with household incomes under $50K are more likely to have depressive disorder than those with higher incomes.[3]

The suicide rate for young adults age 19-21 more than doubled between 2012 and 2017.[3]

Nationally, more than
1 in 10
homeless adults are veterans[11]

Adults age 45-64 are more likely to have depressive disorder than other age groups.[3]

"While the **"public face" of homelessness** is often that of people experiencing long-term chronic homelessness, the reality is that the experience of homelessness spans demographics and populations - young and old, employed and unemployed, healthy and ill, female and male."[11]

BETWEEN 2012 AND 2017,

The percentage of homeless students in Orange County decreased (25%)[3]

The percentage of homeless students in Lake County decreased (26%)[3]

The percentage of homeless students in Seminole County decreased (25%)[3]

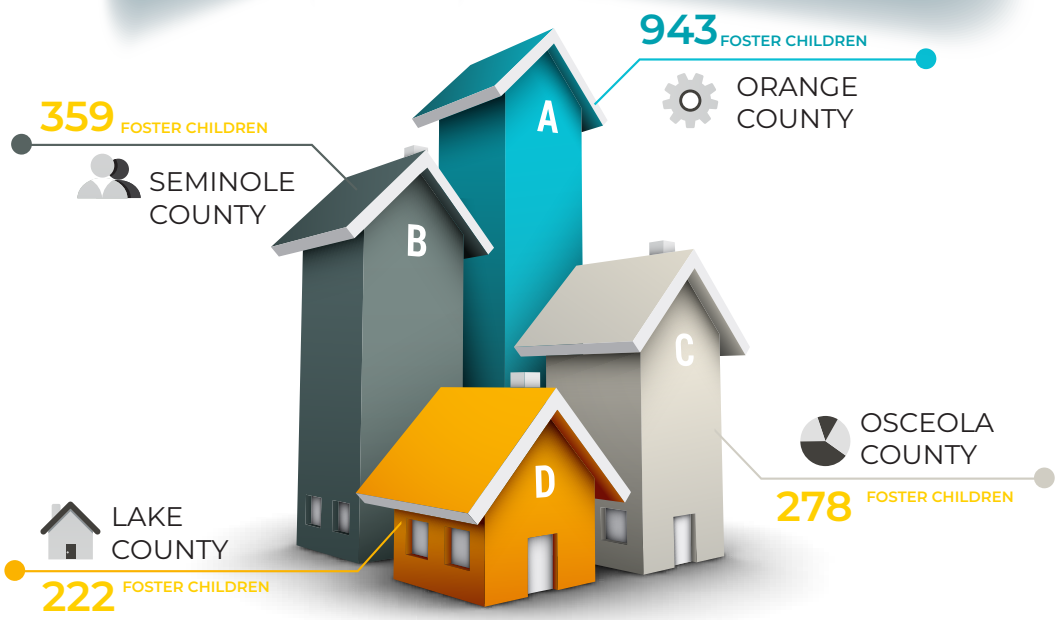
The percentage of homeless students in Osceola County increased (20%)[3]

FACT

Estimated number of people in each county that are homeless in 2018
Lake (312) | Seminole (288)
Orange (1,539) | Osceola (226)[3]

FACT

Home ownership rates in Orange County have decreased from 60.7% in 2000 to 54.5% in 2017.[3]



*Approximate foster children, each County (2017)[3]

"There needs to be widespread education to help remove stigma."

-Focus Group Participant

HEALTH OUTCOMES

COMMUNITY INPUT OF TOP COUNTY HEALTH ISSUES

COMMUNITY SURVEY
TOP ISSUES AFFECTING RESPONDENTS & FAMILIES[10]

01 HYPERTENSION/ HIGH BLOOD PRESSURE
02 OBESITY & OVERWEIGHT
03 HIGH CHOLESTEROL
04 DIABETES
05 EMPLOYMENT OPPORTUNITIES/ LACK OF JOBS
06 INFLUENZA & PNEUMONIA
07 ACCESS TO AFFORDABLE HEALTHCARE
08 ASTHMA/COPD
09 HEART DISEASE
10 CANCER

STAKEHOLDER INTERVIEWS
TOP 10 PRIORITIES[12]

01 MENTAL/BEHAVIORAL HEALTH
02 OPIOID/SUBSTANCE ABUSE
03 ACCESS TO CARE INCLUDING COORDINATION OF SERVICES & SERVICES FOR SENIORS
04 AFFORDABLE HOUSING
05 CHRONIC DISEASE
06 FOOD INSECURITY
07 TRAUMA INFORMED CARE
08 OBESITY
09 UNINSURED/INSURANCE COSTS
10 CHILD FATALITY INJURY PREVENTION

HEALTH OUTCOMES

COMMUNITY INPUT OF TOP COUNTY HEALTH ISSUES

KEY INFORMANT SURVEY TOP COMMUNITY ISSUES[13]

01 HEART DISEASE
02 LIVING WITH A DISABILITY
03 STDS AND HIV
04 HUMAN TRAFFICKING
05 AFFORDABILITY OF HEALTHCARE
06 MENTAL HEALTH/ILLNESS
07 ASTHMA
08 HOMELESSNESS
09 INAPPROPRIATE ER USE
10 POOR BIRTH OUTCOMES

FOCUS GROUP TOP COMMUNITY ISSUES[14]

01 HEALTHCARE COSTS
02 TRANSPORTATION
03 MENTAL HEALTH
04 HOUSING
05 SUBSTANCE USE
06 ACCESS TO HEALTHCARE
07 DENTAL CARE
08 FOOD INSECURITY/ACCESS TO HEALTHY FOOD/NUTRITION
09 SENIOR SERVICES
10 HEALTH EDUCATION/LITERACY

HEALTH OUTCOMES

KEY CHANGES SINCE 2016 COMMUNITY HEALTH ASSESSMENT[15]

COMMUNITY CHARACTERISTICS	SCHOOL & STUDENT CHARACTERISTICS	COMMUNICABLE DISEASES	PREVENTATIVE CARE
↑ Population Growth	↑ High School Graduation	↑ Childhood Immunizations 2 Year-olds	↑ 40+ Mammogram
↑ Median Household Income	↑ Student Absenteeism	↓ Kindergarten Immunizations	↑ 50+ Stool Blood Test
↓ Poverty	↓ Homeless Students	↓ 65+ Pneumonia Vaccine	↓ 50+ Men PSA Test
↓ Unemployment	↓ High School Gang Activity	↑ 65+ Influenza Vaccine	
↓ Home Ownership	↑ Free and Reduced Lunch	↑ New HIV Cases	
	↓ Juvenile Arrests	↑ New AIDS Cases	

* For data on all indicators see Central Florida Community Collaborative 2019 Community Health Needs Assessment.

KEY CHANGES SINCE 2016 COMMUNITY HEALTH ASSESSMENT[15]

OBESITY

- ↑ Adult Obesity
- ↑ Middle School BMI >95%
- ↑ High School BMI > 95%

DIABETES

- ↓ 5-11 y. old Children Hospitalization
- ↑ 12-18 y. old Children Hospitalization
- ↓ Adult Diabetes

CARDIOVASCULAR

- ↓ Adult
- ↓ Adults Taking BP Medication
- ↓ Adults High Cholesterol
- ↓ Hospitalizations Congestive Heart Failure

CANCER

- ↓ Colorectal Cancer Incidence
- ↓ Lung Cancer Incidence
- ↑ Breast Cancer Incidence

ASTHMA

- ↓ Adults with Asthma
- ↑ High School Children with Asthma
- ↓ 1-4 y. Old Asthma Hospitalizations
- ↓ 5-11 y. Old Asthma Hospitalizations
- ↑ 12-18 y. Old Asthma Hospitalizations

* For data on all indicators see Central Florida Community Collaborative 2019 Community Health Needs Assessment.

KEY CHANGES SINCE 2016 COMMUNITY HEALTH ASSESSMENT[15]

ALL CAUSES OF DEATH	INJURY	BIRTH CHARACTERISTICS	QUALITY OF LIFE
↓ Cancer	↑ Unintentional Poisoning	↑ Infant Death Rate	↓ Adults with Depressive Disorder
↑ Cardiovascular Diseases	↑ Motor Vehicle Crashes	↓ Births to Mothers < High School ED	↑ Children Receiving Mental Health Treatment
↑ Unintentional Injury Death	↑ Drug-Related Injuries	↓ Births to Mothers with 1st Trimester Care	↓ 5-11 y. Old Children Exp. Sexual Violence
↑ Cerebrovascular Diseases	↓ Unintentional Drowning Deaths	↑ Births Covered by Medicaid	↓ 5-11 y. Old Children Exp. Sexual Abuse
			↓ Suicide Rate 12-18 y. Old

* For data on all indicators see Central Florida Community Collaborative 2019 Community Health Needs Assessment.

KEY CHANGES SINCE 2016 COMMUNITY HEALTH ASSESSMENT[15]

** Note that the Built Environment indicators do not have arrows because the data is not compared to previous reporting periods and are not illustrating a positive or negative trend. Compared to the other counties in Florida, there is room for improvement.*

* For data on all indicators see Central Florida Community Collaborative 2019 Community Health Needs Assessment.

HEALTH BEHAVIORS

TOBACCO USE

SPOTLIGHT ON E-CIGARETTES[16]

Electronic cigarettes are devices that deliver vapor to the user by heating "e-liquids." Many e-liquids contain nicotine, a highly addictive chemical. Nicotine is the main reason people continue to use tobacco.

The vapor that e-cigarettes release may not be tobacco smoke, but it is still harmful. Studies have shown that probable cancer-causing chemicals are measurable in some e-cigarette vapor. Bystanders exposed to e-cigarette vapor can also absorb its nicotine.

It is common for people to use e-cigarettes to attempt to quit smoking. Most e-cigarette users - nearly 6 in 10 - do not quit smoking. They continue to smoke conventional cigarettes while also using e-cigarettes. There are still many unknowns regarding the health impacts of e-cigarettes. Regulations for e-cigarettes and vaping products are lagging.

Tobacco related deaths are preventable.[7]

FACT

Moms who smoke during pregnancy are at a greater risk for having a low birth weight and/or pre-term delivery compared to moms who do not smoke during pregnancy.[7]

25% of smokers in Florida are 44 years old or younger.[18]

A — The percentage of adults who are current smokers in Orange County has declined from 21.4% in 2002 to 12.4% in 2016.[18]

B — The percentage of middle school students who smoked cigarettes in the past 30 days has declined from 3.1% in 2012 to 0.4% in 2018.[3]

C — The percentage of high school students who smoked cigarettes in the past 30 days has declined from 8.6% in 2012 to 3.0% in 2018.[3]

Tobacco-Free Florida offers tools and free services via phone, in person and online.[18]

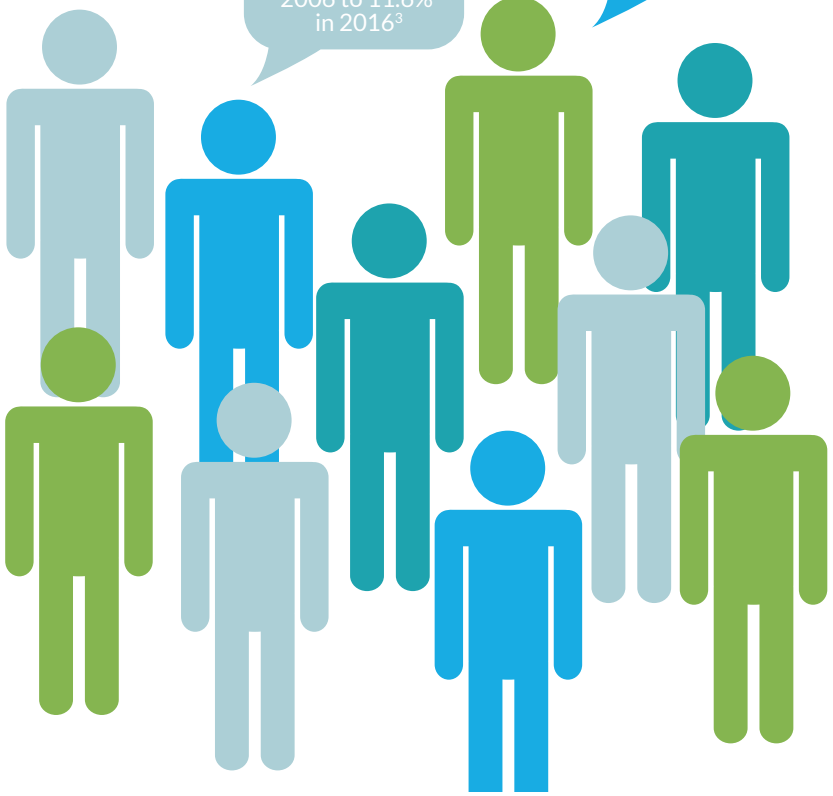
DIET & EXERCISE

77% of Middle School and 81% of High School students don't get enough physical activity.[3]

The percentage of high school students who are obese increased from 8.5% in 2006 to 11.6% in 2016[3]

The percentage of adults who are obese increased from 23.3% in 2002 to 27.5% in 2016[3]

Almost half (47.3%) of residents are overweight or obese.[10]



Black women have a 50% higher obesity rate (34.9%) during pregnancy than White (22.0%) or Hispanic (23.9%) women.[3]

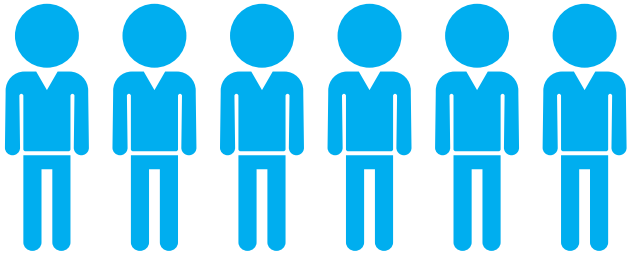
HEALTH BEHAVIORS

Health behaviors are actions individuals take that affect their health. They include actions that lead to improved health, such as eating well and being physically active, and actions that increase one's risk of disease, such as smoking, excessive alcohol intake, and risky sexual behavior.[8]

"There is a need for safe recreational and exercise spaces."

– Intercept Survey Participant

HEALTH
BEHAVIORS
DIET & EXERCISE



FACT

The average commute time (the time it takes to get to work is 30 minutes, leaving less time for physical activity.[1]

25.6%

Over a quarter of adults in Orange County have high cholesterol (25.6%).[3] People with high cholesterol have 2X the risk of heart disease as people with low cholesterol.[7]

44%

Almost ½ (44%) of Orange County residents travel more than 30 minutes to work, which leaves less time for physical activity and recreation.[1]

28%

28% of Orange County adults don't get enough physical activity.[3]

29.6%

Less than one in three (29.6%) Orange County residents live within a ½ mile from a park.[3]

93%

93% of residents have access to exercise.[3]

6 out of 10 children born in Florida will be obese by the time they graduate high school.[19]

FACT

Being overweight or obese is a risk factor for nearly every leading cause of death including: cancer, heart disease, stroke and chronic lower respiratory disease.[7]

FACT

Nationally, research estimates that **$117 billion** in health care costs per year can be linked to a lack of physical activity.[7]

FACT

Orange County has 25 census tracts that are designated food deserts.[20]

"There is a need for affordable, healthy food and nutritional education."

– Intercept Survey Participant

HEALTH BEHAVIORS

ALCOHOL & DRUG USE

FACT

The Heroin-related death rate increased in 2015 but decreased to 4.2 in 2017.[3]

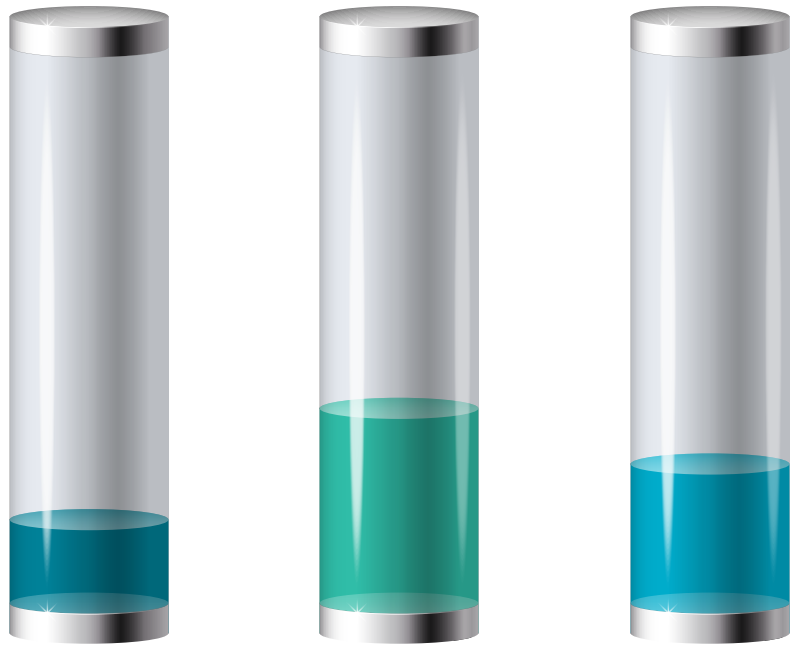
FACT

One in five adults binge drinks alcohol.[7] Binge drinking among Orange County adults increased from 14.2% in 2010 to 19.5% in 2016.[17]

FACT

The Fentanyl-related death rate in Orange County has risen over 400% from 1.4 in 2013 to 9.4 in 2017.[5]

HEROIN RELATED DEATHS[3]
RATE PER 100,000



2013	2015	2017
2.6	6.7	4.2

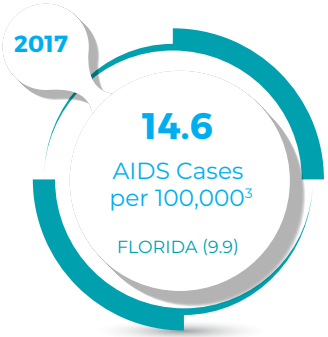
"There needs to be more services to help those who are experiencing substance use disorders to have a successful recovery"

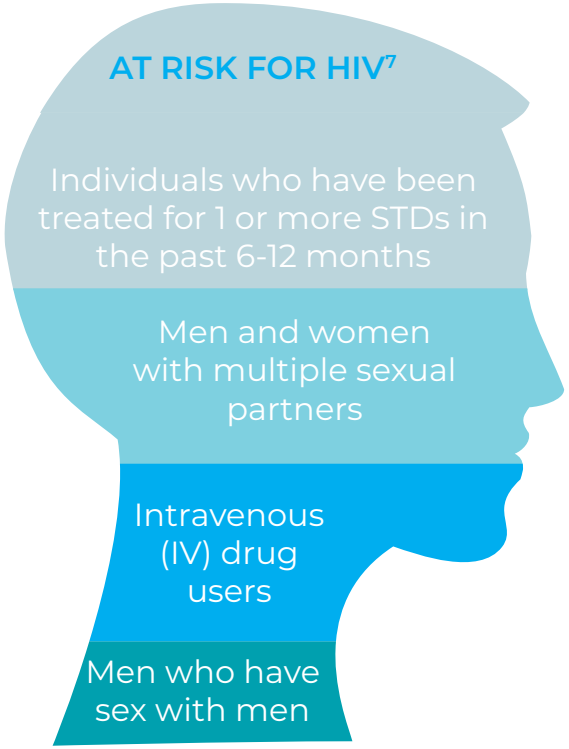
– Key Informant Survey Participant

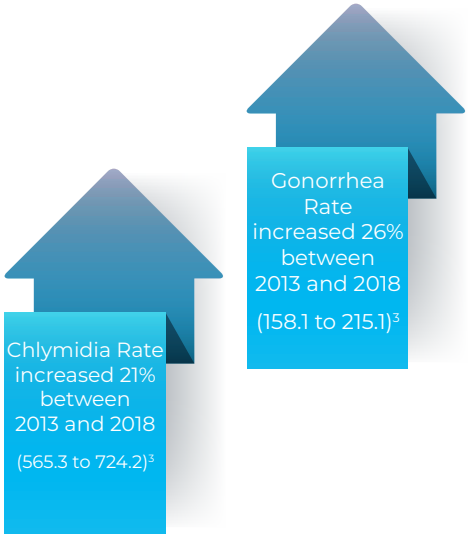
"There is an increase in STDs as a result of substance abuse."

– Focus Group Participant

SEXUAL ACTIVITY







FACT

The rate of new HIV cases in Orange County increased from 29.0 in 2013 to 38.9 in 2017.[3]

FACT

Every pregnant woman should be tested for HIV and STDs. Untreated STDs in pregnant women can have serious health consequences for newborns, including: premature birth, low birth weight, eye and lung infections, developmental problems and death.[7]

FACT

The rate of new AIDS cases reported has decreased from 19.9 in 2013 to 14.6 in 2017.[3]

Men are almost 2X more likely to have gonorrhea than women (283.8 versus 148.8).[3]

HIV/AIDS

Stopping the spread of HIV/AIDS is still a major public health concern. However, with new medications it is now possible for those who are HIV-positive to live a long and healthy life.[7]

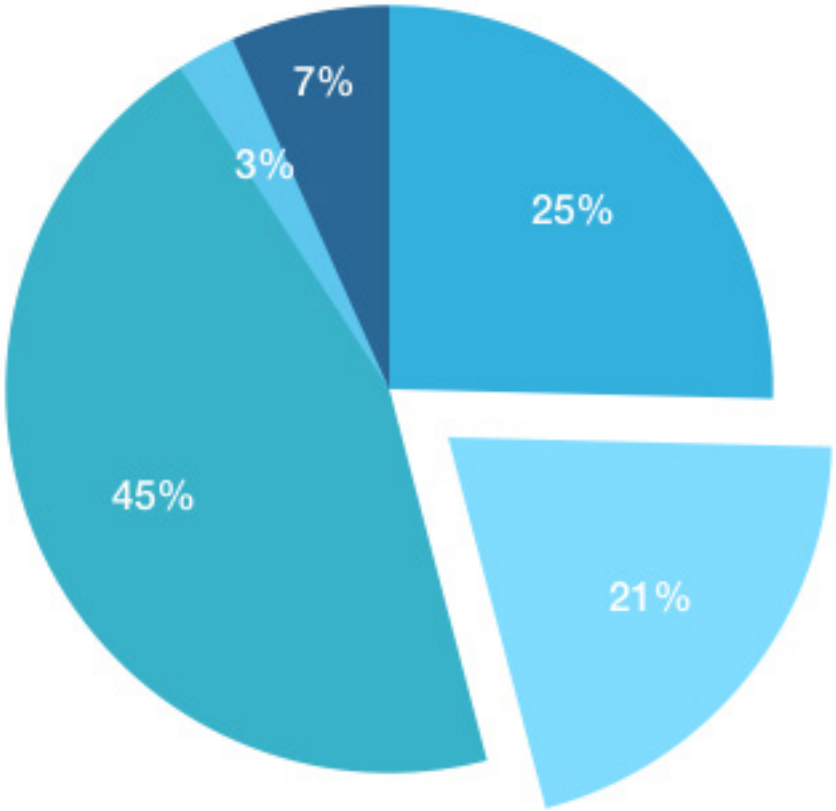
CLINICAL CARE

ACCESS TO CARE

FACT

Almost half (45%) of Community Survey respondents only see a doctor or other medical provider when they are sick.[10]

COMMUNITY SURVEY[10]
HOW OFTEN VISIT DOCTOR/HEALTH CARE PROVIDER



Once Per Year
Few Times Per Year
Only When Sick
Do Not Go to Doctor
Other

FACT

Orange County currently has one primary care physician for every 1,207 residents, much better than the state of Florida (1,376:1).[8]

FACT

Orange County has 1 dentist for every 2,100 residents compared to the state of Florida that has 1 for every 1,735 residents.[8]

FACT

Orange County has 1 mental health provider for every 507 residents compared to the state of Florida that has 1 for every 703 residents.[8]

PNEUMONIA VACCINE[3]

2007	2010	2013	2016
63.0%	61.6%	68.5%	55.6%

FACT

Since 2010, fewer Orange County adults are getting Pneumonia and Flu vaccines.[3]

ADULTS 65+ FLU VACCINE[3]

2007	2010	2013	2016
59.3%	61.7%	47.4%	53.0%

CLINICAL CARE

Access to affordable, quality, and timely health care can help prevent diseases and detect issues sooner, enabling individuals to live longer, healthier lives. While part of a larger context, looking at clinical care helps us understand why some communities can be healthier than others.[8]

CLINICAL CARE

INJURY & HOSPITALIZATION

FACT

A small percentage (3.4%) of Orange County Community Survey respondents have been impacted by motor vehicle crash deaths in their families.[10]

FACT

Almost one in four (24.2%) Community Survey respondents indicated that they have been affected by texting and driving.[10]

BIRTH CHARACTERISTICS[3]

The infant death rate in 2017 was 7.2, the highest in the four-county Central Florida region.

Births to mothers with less than high school education have decreased over the past 15 years from 17.1% in 2003 to 11.1% in 2017

Births to unwed mothers have decreased from 46.4% in 2013 to 44.6% in 2017

Births to uninsured mothers have more than doubled from 4.4% in 2004 to 9.8% in 2017

Repeat births to mothers age 15-19 have decreased from 19.2% in 2012 to 16.2% in 2017.

Fewer women received 1st trimester prenatal care in 2017 (78%) than in 2012 (84%).

Blacks are more likely to have:[3]

Higher infant mortality -3X the Hispanic rate and 4X the White rate.

Mothers who are obese during pregnancy – 37% higher than White mothers.

50%

Higher unwed mother rate – 50% higher than white

50%

Pre-term birth – 50% higher than White and 25% higher than Hispanic

Mothers with less than a high school education – almost twice the White rate and 27% higher than the Hispanic rate

FACT

The percentage of low birthweight babies born in Orange County has remained around 9% for the past 15 years.[3]

Orange County Hispanic women have the highest rate of uninsured births in the region (14.4%).[3]

"Fatal injury prevention to children, primarily infants, is a top community health need. In Florida, the greatest risk to children under 4 is drowning."

– Stakeholder Interview Participant

SOCIAL & ECONOMIC FACTORS

ECONOMIC CONDITIONS

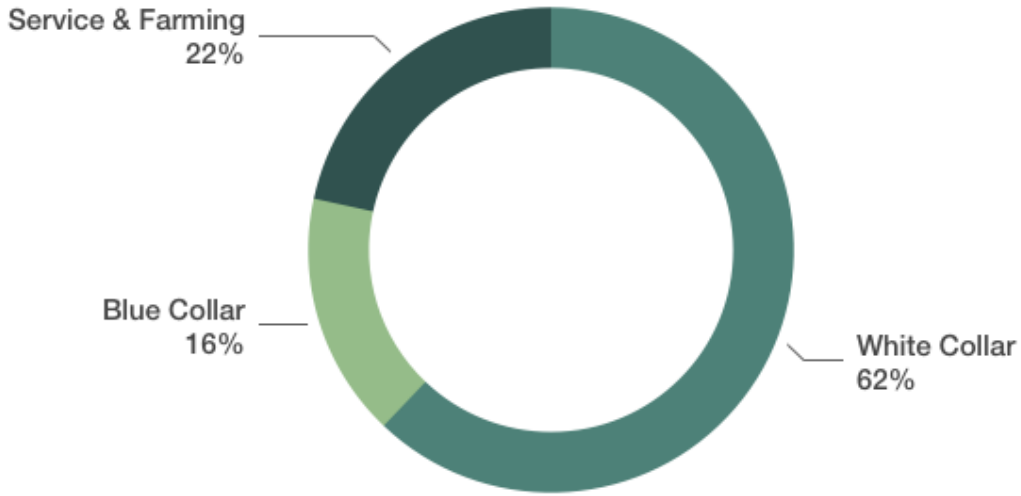
FACT

More than a quarter (26.3%) of Orange County respondents to the Community Survey indicated that they are experiencing challenges to finding affordable and adequate housing.[10]

FACT

The number of homeless people in Orange County has increased by 10% between 2015 and 2018.[3]

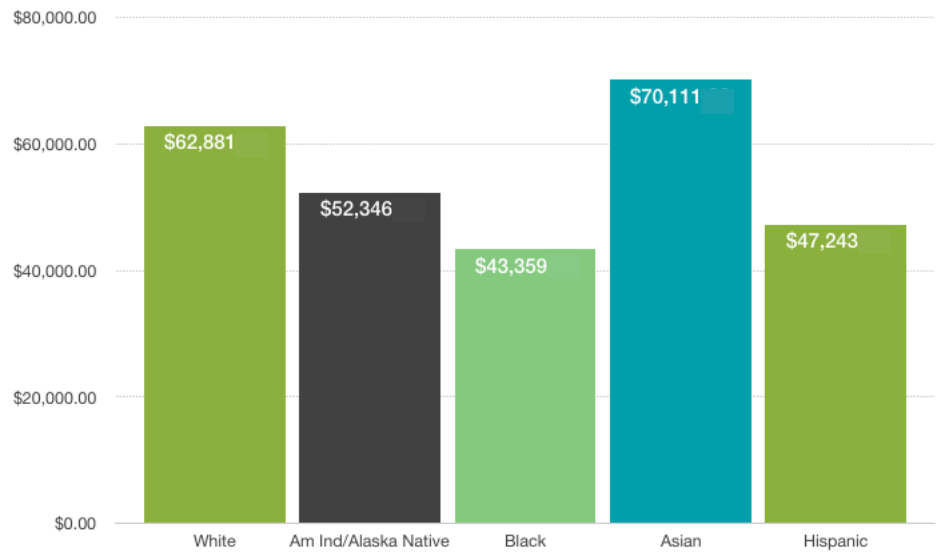
EMPLOYMENT[1]



22.2%

OF CHILDREN IN ORANGE COUNTY ARE LIVING IN POVERTY[8]

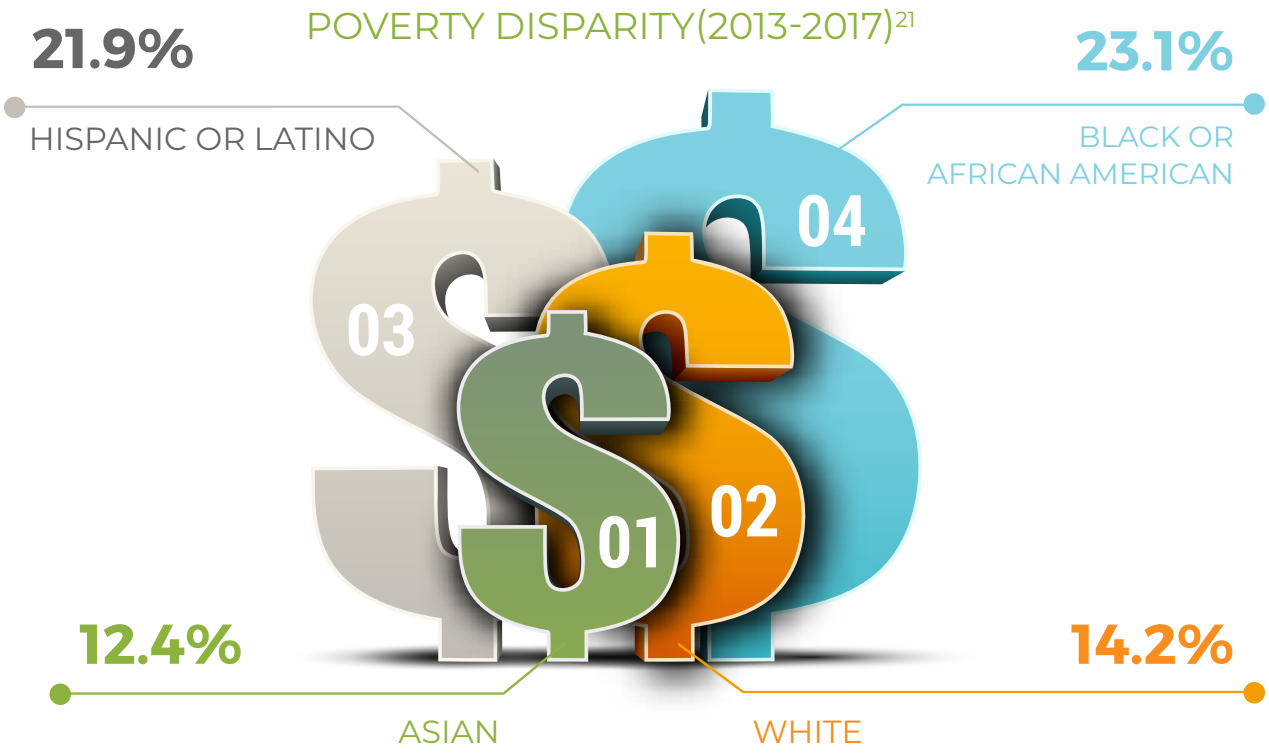
MEDIAN HOUSEHOLD INCOME[1]



Poverty Level: 12.9%

Poverty Level with Children: 9.7%[1]

POVERTY DISPARITY(2013-2017)[21]



FACT

5.5%of Community Survey respondents indicated that they have experienced homelessness.[10]

SOCIAL & ECONOMIC FACTORS

Social and economic factors, such as income, education, employment, community safety, and social supports can significantly affect how well and how long we live. These factors affect our ability to make healthy choices, afford medical care and housing, manage stress, and more.[8]

"There is a lack of livable wages in the community."

– Key Informant Survey Participant

SOCIAL & ECONOMIC FACTORS

SCHOOL & STUDENT CHARACTERISTICS[3]

FACT

In 2017, Orange County saw 489 juvenile arrests for simple assault and 473 for Larceny/Theft.

FACT

In 2018, 55.7% of students reported that they have taunted or teased other students.

SAFETY

FACT

10.7% of Orange County Community Survey Respondents experienced crime versus 9.9% in the region.[10]

55.7% OF ORANGE COUNTY STUDENTS INDICATE THAT THEY HAVE EXPERIENCED VERBAL BULLYING, WHILE 27.5% HAVE EXPERIENCED PHYSICAL BULLYING.[3]

24.8% OF STUDENTS INDICATED THEY HAVE BEEN VICTIMS OF CYBER-BULLYING.[3]

"More services are needed to help those who are victims of human trafficking."

– Key Informant Survey Participant

BUILT ENVIRONMENT

(PARK ACCESS, EXERCISE FACILITIES, FOOD DESERTS)

87.2% OF ORANGE COUNTY RESIDENTS HAVE ACCESS TO EXERCISE OPPORTUNITIES[8]

ORANGE COUNTY CURRENTLY HAS 247 FITNESS FACILITIES[22]

ONLY BETWEEN 16 AND 33% OF ORANGE COUNTY RESIDENTS HAVE PARK ACCESS[3]

FACT

Orange County has 6.5 days per month of particulate matter air pollution.[8]

Orange county currently has **26 census tracts** considered food deserts[20]

10.6% of Orange County Community Survey respondents indicated they had problems with access to fresh, available drinking water[10]

APPROXIMATELY 1.7% OF RESIDENTS RIDE A BICYCLE OR WALK TO WORK
5.4% WORK AT HOME[1]

PHYSICAL ENVIRONMENT

The physical environment is where individuals live, learn, work, and play. People interact with their physical environment through the air they breathe, water they drink, houses they live in, and the transportation they access to travel to work and school. Poor physical environment can affect our ability and that of our families and neighbors to live long and healthy lives.[8]

ORLANDO, THE LARGEST CITY IN ORANGE COUNTY, IS HOME TO SEVERAL THEME PARKS THAT ADD BOTH ECONOMIC AND CULTURAL BENEFITS TO ORANGE COUNTY

IT IS A WELL-TRAVELED AND HIGHLY PUBLICIZED DESTINATION WITH OVER 60 MILLION VISITORS EACH YEAR

POLICIES AND PROGRAMS

PRIORITY AREAS

Priority areas were selected based on input from the Community Health Assessment (CHA) Leadership Team and community feedback via town hall meetings, online surveys and in-person meetings. The following items were chosen as important public health concerns in Orange County: These priority areas will be addressed through policies and programs developed through the Orange Community Health Improvement Plan (CHIP) 2020-2023.

CHRONIC DISEASE SCREENINGS

- Mammograms
- PSA
- Colorectal Screenings

PROMOTING HEALTHY LIFESTYLES

- Poor nutrition
- Lack of physical activity
- Unhealthy weight
- Tobacco/nicotine use
- Access to healthy food
- Risk reduction and education

COMMUNICABLE DISEASES

- HIV/AIDS
- Hepatitis
- Child and Adult Immunizations

SUPPORTING MENTAL HEALTH

- Lack of services
- Suicide

DECREASING DRUG USE

- High opioid use
- Drug use among teens

OTHER PRIORITIES

- Protecting children & teens
- Preventing injuries
- Strengthening families

POLICIES AND PROGRAMS

The County Health Rankings model illustrates the many factors that, if improved, can help make communities healthier places to live, learn, work, and play. Policies and programs at the local, state, and federal levels play an important role in influencing these factors. By implementing strategies that target the specific health challenges of a community, there is an opportunity to influence how long and how well people live.[8]

TOGETHER WE CAN MAKE ORANGE COUNTY A HEALTHIER PLACE TO LIVE, LEARN, WORK AND PLAY.

JOIN THE HEALTHY ORANGE COLLABORATIVE BY CONTACTING US AT *WWW.ORANGE.FLORIDAHEALTH.GOV*

APPENDIX A

SOURCES AND REFERENCES

1 2019 Population Estimates, Claritas - Pop-Facts Premier 2018, Environics Analytics
2 Poverty Rate as of 11/15/18: US Census Bureau, 2012-2016 American Community Survey, retrieved from https://www.census.gov/topicsincomepoverty/poverty/data/tables/acs.html
3 FLHealthCHARTS, Florida Department of Health (2002-2018), retrieved from www.flhealthcharts.org
4 Central Florida Collaborative Community Health Needs Assessment, Strategy Solutions, 2019
5 Florida Drug-Related Outcomes Surveillance System (FROST), retrieved from https://frost.med.ufl.edu/frost/
6 Robert Wood Johnson Foundation (2016-2017), retrieved from www.countyhealthrankings.org
7 Centers for Disease Control and Prevention (2014-2017), Retrieved from www.cdc.gov
8 County Health Rankings and Roadmaps, retrieved from www.countyhealthrankings.com
9 FLHealthCHARTS, Florida Department of Health (2002-2018), retrieved from www.flhealthcharts.org
10 Central Florida Community Benefit Collaborative Community Survey, Strategy Solutions, 2019
11 American Heart Association (2017), retrieved from www.goredforwomen.org.
12 Florida Council on Homelessness (2016-2017), retrieved from www.myflfamilies.com.
13 Central Florida Community Collaborative Stakeholder Interviews, Strategy Solutions, 2019
14 Central Florida Community Collaborative Key Informant Survey, Strategy Solutions, 2019
15 Central Florida Community Collaborative Focus Groups, Strategy Solutions, 2019
16 Central Florida Community Collaborative Primary Research, Strategy Solutions, 2019
17 Florida Behavioral Risk Factor Surveillance System (BRFSS; 2000- 2016), FLHealthCHARTS, Florida Department of Health, retrieved from www.flhealthcharts.org
18 Tobacco Free Florida (2017), retrieved from www.tobaccofreeflorida.com
19 Healthiest Weight Florida (2017), retrieved from www.healthiestweightflorida.com
20 US Department of Agriculture Food Deserts, retrieved from https://www.ers.usda.gov/data-products/food-access-research-atlas/go-to-theatlas.aspx
21 American Community Survey (2017), retrieved from https://www.census.gov/programs-surveys/acs/
22 US Census Bureau, County Business Patterns, retrieved from https://www.census.gov/data/datasets/2016/econ/cbp/2016-cbp.html