



Florida Department of Health in Orange County has one document for their Community Health Assessment and their Community Health Improvement Plan. Please see below for the page number for each.

Community health assessment.....	1-22 and 33-131
Community Health Improvement Plan	23-32



2012-2015 Orange County Community Health Improvement Plan (CHIP)

Sponsored by the
Orange County Health Department

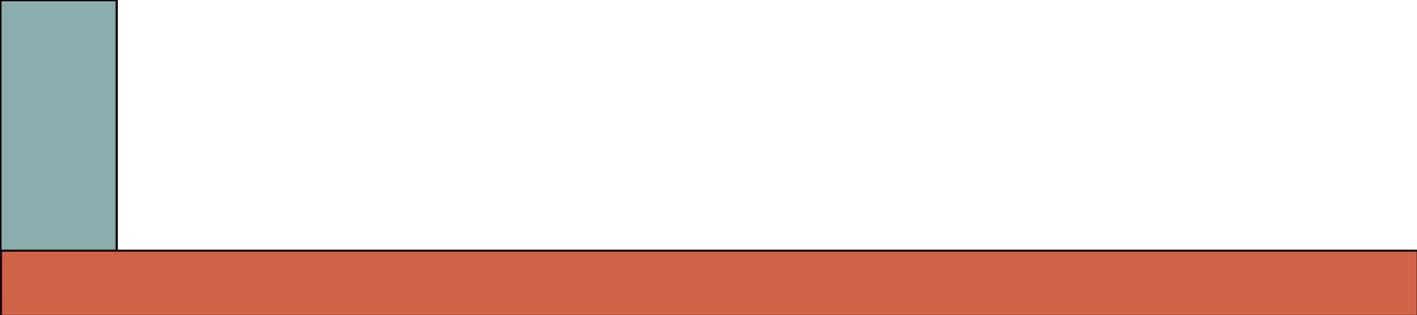
Facilitated by the
Health Council of East Central Florida, Inc.

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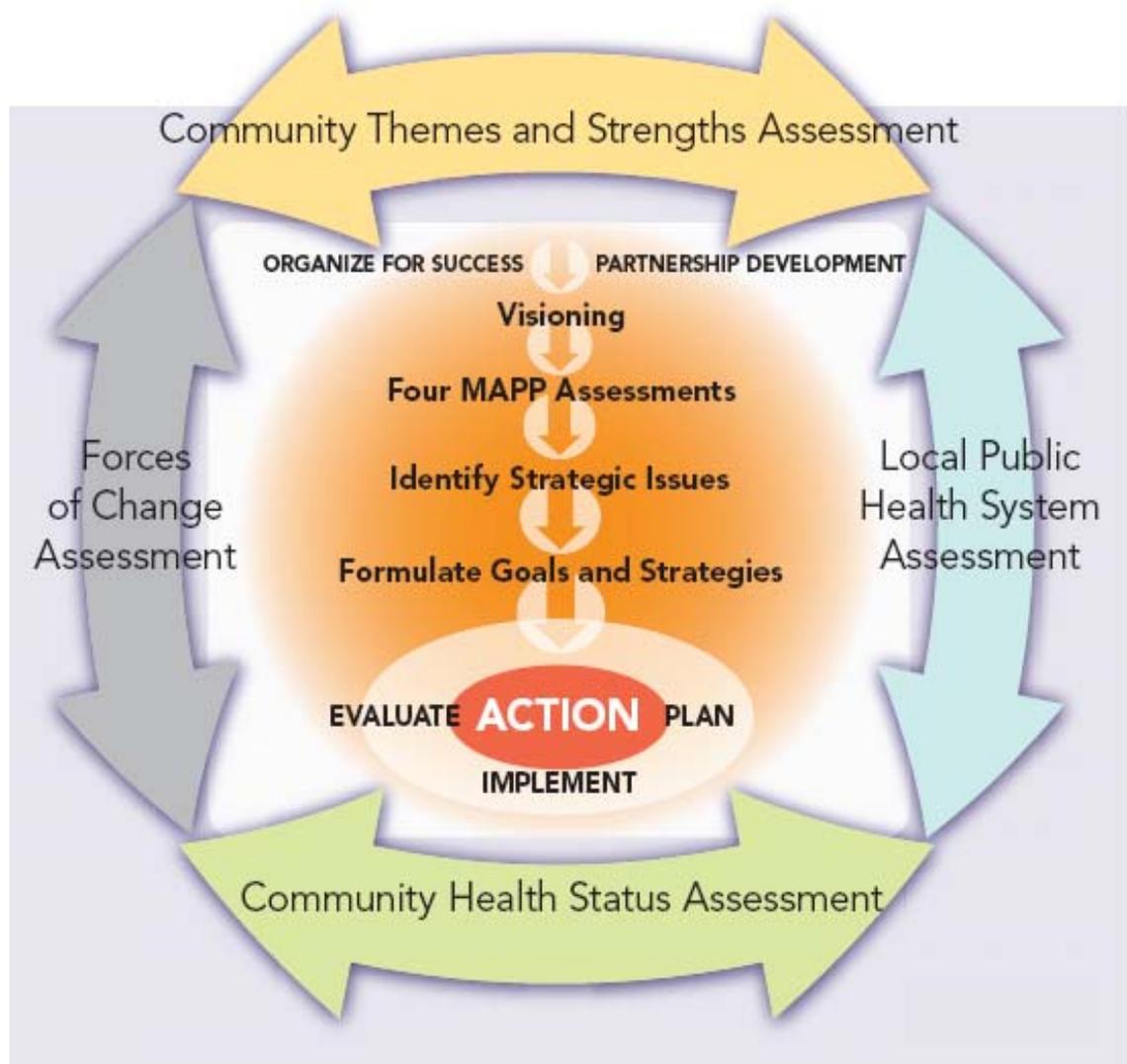
INTRODUCTION

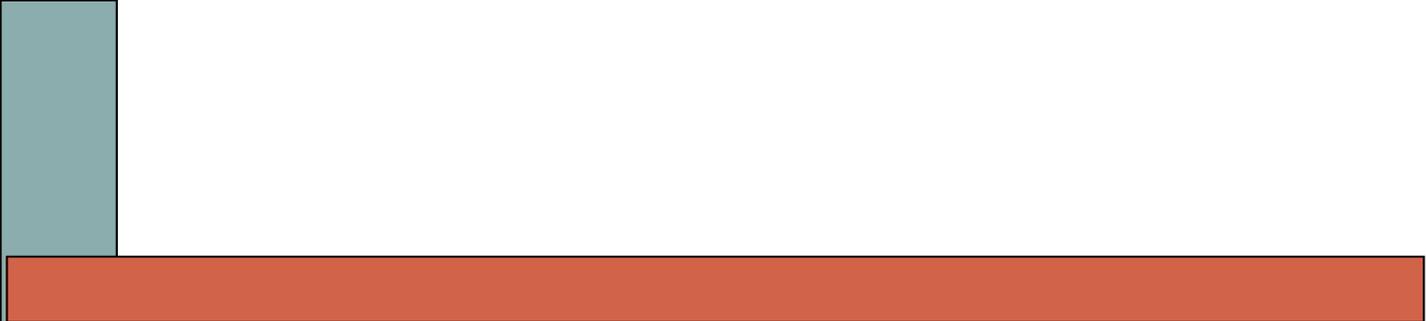
The Orange County Health Department (OCHD), sponsored a comprehensive health assessment process through a grant from the Florida Department of Health. Using the Mobilizing for Action through Planning and Partnership (MAPP) strategic planning model, community partners came together to develop the 2012 Orange County Community Health Improvement Plan (CHIP). Under contract with the OCHD, the Health Council of East Central Florida, Inc. facilitated the MAPP Visioning, MAPP Assessments (Local Public Health System, Forces of Change, Community Themes and Strengths, and Community Health Assessment), Strategy and Goal development, and the Action Cycle. This CHIP is the culmination of data gleaned from the MAPP Assessments and efforts of participating community partners.

A comprehensive health assessment serves as the foundation for improving and promoting healthier communities. The assessment is a process of collecting and analyzing data to educate and mobilize communities in developing priorities, gathering resources and planning actions that impact the public's health. Based on assessment results, the identification of strategies and goals are supported by the development of SMART (Specific, Measurable, Achievable, Relevant and Timed) objectives used to measure progress and success. The Action Cycle is a continuous process of planning, implementing and evaluating that provides a sustainable method for the community to build upon accomplishments and attain even greater achievements.

THE MAPP PROCESS

Mobilizing for Action through Planning and Partnership (MAPP) is a strategic approach to community health improvement. Using MAPP, communities strive to achieve optimal health by identifying and maximizing their resources, taking into account their unique circumstances and needs, and forming effective partnerships for strategic action.





MAPP COMPONENTS:

- **Organize for Success** –Lead organizations in the community begin organizing themselves and preparing to implement MAPP
- **Visioning** - A shared vision is developed to provide a framework for pursuing long-range community goals
- **The Four MAPP Assessments**
 - The *Community Themes and Strengths Assessment* - provides a deep understanding of the issues residents feel are important
 - The *Local Public Health System Assessment* - a comprehensive assessment of all the organizations and entities that contribute to the public's health
 - The *Community Health Status Assessment* - identifies priority issues related to community health and quality of life
 - The *Forces of Change Assessment* - identifies forces and other issues that affect the context in which the community and its public health system operates
- **Identify Strategic Issues** - Participants identify linkages between the four assessments to determine the most critical issues that must be addressed for the community to achieve its vision
- **Formulate Goals and Strategies** - Developed to address each issue
- **The Action Cycle** - Participants plan, implement and evaluate activities in a continuous manner to ensure success

OVERVIEW OF ORANGE COUNTY

Orange County is located in central [Florida](#) and is part of the [Orlando-Kissimmee-Sanford Metropolitan Statistical Area \(MSA\)](#). In 1845 it was renamed from Mosquito County for the [fruit](#) that constituted the county's main product. At its peak in the early 1970s, over 80,000 acres of Orange trees were planted in Orange County. Today, far fewer commercial orange groves remain. The vast majority of Orange groves were destroyed by several severe winters in the early 1980s. Limited avenues for agricultural utilization combined with Florida's strong population growth lead to unchecked growth in housing developments. The City of Orlando, known as The City Beautiful, is one of the top five tourist destinations in America. In recent years Orlando has become a center for digital media and bio-medicine. The medical city at Lake Nona is home to the Sanford-Burnham Research Institute, the University of Central Florida's Medical Education Building, and Burnett Biomedical Research Building. The Nemours Children's Hospital and the planned Veterans Administration hospital are currently under construction.

Demographics

In 2010, the population in Orange County grew to 1,112,526 residents. The county's population, like many populations across the nation, is becoming older and more diverse. The percentage of the population ages 55-85+ grew by almost 2% from 2005-2010. The White population accounts for 46.5% of the total population, down from 51.5% in 2005. Among minority groups, 27.7% are Hispanic and 25.8% are Black/African American.

Trends show that the population growth in Orange County has decreased over the past four years by 2,643 people. Birth rates across all racial and ethnic groups have also declined in the same time period.

ORGANIZE FOR SUCCESS

Staff from the Health Council of East Central Florida, Inc. and the Orange County Health Department began as the Core Support Team to prepare for the MAPP process and recruit participants. The team updated the list of community stakeholders from the previous MAPP initiative and prepared an announcement for the impending MAPP 2012 process. Over 70 partners, representing more than 30 organizations were invited to attend the MAPP Visioning session that outlined the activities, responsibilities and timeline for the process.

VISIONING

A vision is a compelling and inspiring image of a desired and possible future that a community seeks to achieve. Health visions state the ideal, establish a 'stretch', link to strategies, inspire commitment, and draw out community values. A vision expresses goals that are worth striving for and appeals to ideals and values that are shared throughout the local public health system. Through the visioning process, the community develops a shared vision and common values.

The Orange County Visioning retreat was held on August 22, 2011 with community partners representing a broad cross-section of organizations. Facilitated visioning exercises were conducted to identify value statements that provided the focus, purpose and direction for the MAPP process. The shared community vision helped to establish an overarching goal for Orange County's local public health system that guided the community-driven planning process.

VISIONING Results

Visioning exercises focused on defining a *Healthy Orange County* and the important characteristics of a healthy community where residents live, work and play. The tables below summarize the group's work accomplished through the visioning exercises. The shared common vision serves as the inspiration to mobilize assets and resources across community sectors toward a shared vision for the future.

The MAPP Workgroup identified **Access** and **Safety** as the two overarching themes for creating a Healthy Orange County.

What does a Healthy Orange County mean to you?	
<u>Access</u> Health Information Primary care Medications	<u>Safety</u> Community Infrastructure Housing Recreation

Affordability, **Employment** and **Enforcement** were defined by the MAPP Workgroup as important characteristics for a healthy community.

Important Characteristics for a Healthy Community		
<u>Affordable</u> Food Education (literacy) Preventive care	<u>Employment</u> Job skills	<u>Enforcement</u> Health Safe environment

The Orange County MAPP Visioning process defined the direction for the local public health system through the identification of three key values,

1. **Aligned Resources,**
2. **Prevention**
3. **Informatics.**

How do you envision the local public health system in 2015?			
<u>Aligned Resources</u>	<u>Prevention</u>	<u>Informatics</u>	<u>Policy</u>
<ul style="list-style-type: none"> • Care coordination • Collaboration • Comprehensive • Reduce duplication 	<p>Communication</p> <p>Government Involvement</p>	<p>Self-care</p> <p>Education</p> <p>Consumer Empowerment</p>	<p>Policy Development</p>

The key values apply to multiple components within the current healthcare system. Developing goals that support the key values outlined by the MAPP workgroup will foster the needed collaboration among community partners to attain the CHIP vision.

At the Strategic Planning MAPP Retreat, the MAPP workgroup developed sixteen goals to address the health issues that were identified through the four MAPP Assessments

1. **Community Themes and Strengths**
2. **Local Public Health Assessment**
3. **Community Health Status Assessment**
4. **Forces of Change Assessment**

Five of the sixteen goals addressed policy development and law improvement. For this reason a fourth value, **Policy**, was been added to the MAPP vision.

MAPP ASSESSMENTS

The results of the four MAPP assessments were presented to a broad community group at the strategic planning retreat. The assessment highlights have been summarized to provide an overview for the reader.

COMMUNITY THEMES AND STRENGTHS

The assessment gathered information on three broad topic areas to provide insight into the issues of importance for the Orange County community. Detailed information can be found in Appendix A.

Topic Areas:

1. “What is important to our community?”
2. “How is the quality of life perceived in our community?”
3. “What assets do we have that can be used to improve community health?”

Important to the Community	Quality of Life	Community Assets
<ul style="list-style-type: none"> • To be healthy • To be safe • Access to affordable, comprehensive and coordinated healthcare • Low unemployment • Culturally competent healthcare communication and education • Support from elected officials/government • Need policy changes to maximize resources 	<ul style="list-style-type: none"> • 83% of residents rated available healthcare services as good to excellent • 85% of residents were able to find a doctor when needed • 96% of residents were able to get mental health services when needed • 93% of women were able to get prenatal care when pregnant • 88% of residents were able to get healthcare for their child when needed • Prescription costs were cited as barriers to healthcare 	<ul style="list-style-type: none"> • 2 hospital systems • The Primary Care Access Network (PCAN) and Shepherd’s Hope-system of care for low-income/underinsured/uninsured • System of care for children’s mental health services • 4 behavioral health hospitals • Developing medical city • The University of Central Florida (UCF) School of Medicine • Dental Care Access Foundation • Healthcare Center for the Homeless/Pathways to Care • The Orange County Health Department’s -Academic Health Department

MAPP ASSESSMENTS

Opportunities and threats were identified for each force of change in preparation for the strategic planning retreat. The list below contains the opportunities and threats that the MAPP Workgroup identified as those most likely to effect the health care system within the next three years. As the DOH reorganization was not defined at the time the MAPP process was conducted, potential opportunities and threats were identified.

Overarching Opportunities:

- Greater integration of healthcare delivery systems
- Maximize resources
- DOH reorganization - develop new partnerships to maximize resources, expanded community outreach, redefined focus on community health
- Medicaid Expansion
- Policy changes to expand role of nurse practitioners - (added after Strategic Planning Retreat)
- Sharing patient data to cut cost and increase efficiency
- Focus on the built environment to support population health
- Focus on chronic disease prevention
- Organizations need to maintain cultures of integrity

Overarching Threats:

- Smaller workforce to support retirees
- Poor economy impacts individual health and success for future generations
- Maximize resources
- DOH reorganization - reduced revenue, reduce community health department services to core public health issues, loss of personnel
- Expansion of safety net programs are unsustainable
- Provider shortages
- Trust issues for electronic health records
- High rates of chronic disease
- Cut in government spending will limit scientific research
- Greater accountability to gain consumer trust

MAPP ASSESSMENTS

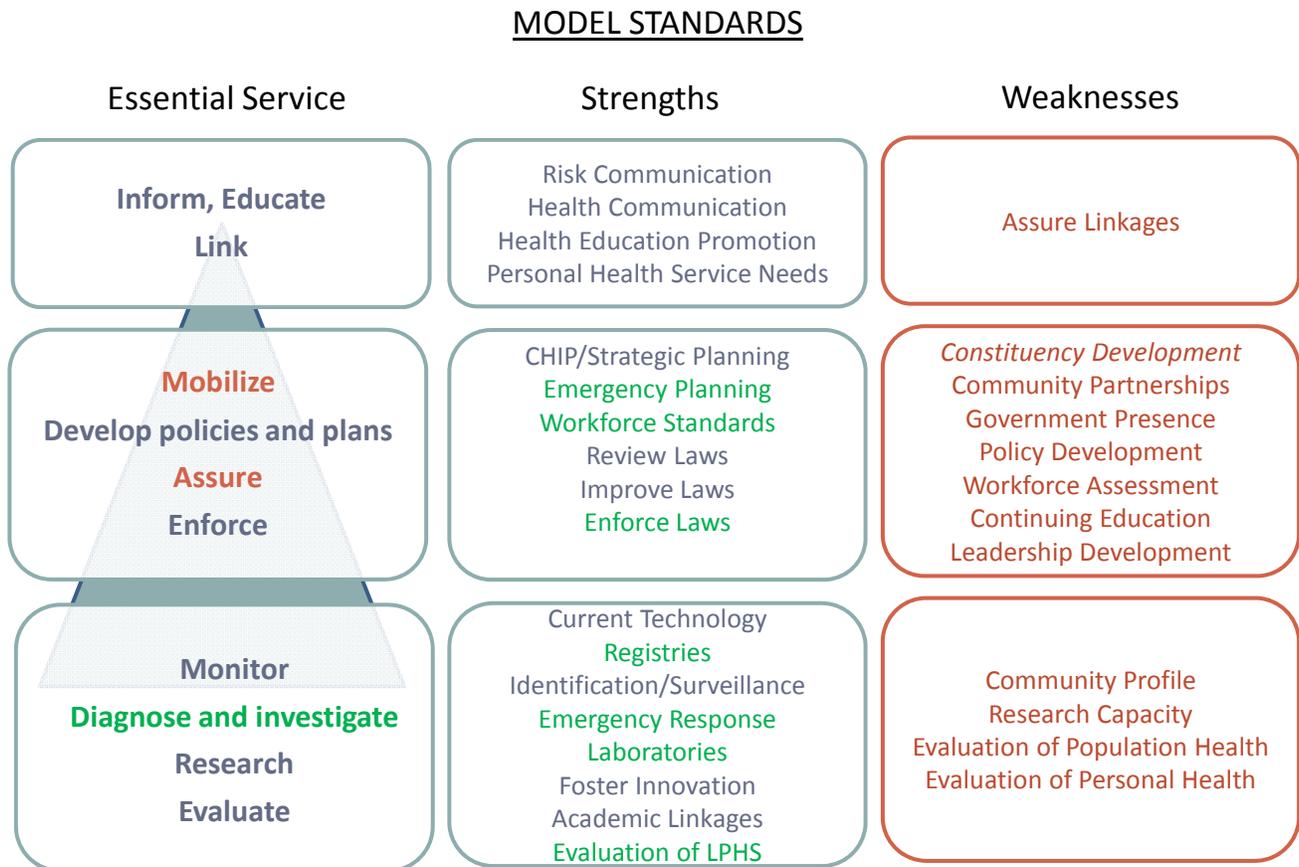
Local Public Health System Assessment

The local public health system assessment focuses on all the organizations and entities within the community that contribute to the public's health. The assessment provided information on the components, activities, competencies and capacities of the public health system in Orange County, Florida, as well as how the Ten Essential Public Health Services are being provided in the community. These services developed by the Core Public Health Functions Steering Committee in 1994 established a framework that to describe the activities that should be undertaken in all communities. The Ten Essential Public Health Services are as follows:

- 1 - Monitor health status to identify community health problems
- 2 - Diagnose and investigate health problems and health hazards in the community
- 3 - Inform, educate and empower people about health issues
- 4 - Mobilize community partnerships to identify and solve health problems
- 5 - Develop policies and plans that support individual and community health efforts
- 6 - Enforce laws and regulations that protect health and ensure safety
- 7 - Link people to needed personal health services and assure the provision of health care when otherwise unavailable
- 8 - Assure a competent public health and personal health care workforce
- 9 - Evaluate the effectiveness, accessibility, and quality of personal and population-based health services
- 10 - Research for new insights and innovative solutions to health problems

The assessment was conducted using the Local Public Health System Performance Assessment Instrument developed by the National Public Health Performance Standards Program (NPHPSP). The results of the assessment are used to strengthen and improve the public health system by addressing weaknesses while maintaining areas in which the public health system is strong. The final report can be found in Appendix B.

The tool measures the performance of 30 model standards within the Ten Essential Public Health Services using a rating scale to assess the activity in the local public health system. Levels of performance are defined as: no, minimal, moderate, significant and optimal. Once the tool was completed, the results were entered into an online portal and analyzed. Below is a summary of the results that were presented at the strategic planning retreat.



KEY: Levels of activity in the Local Public Health System

Green – Optimal Performance

Blue – Significant Performance

Orange - Moderate Performance

The graphic above illustrates the level of performance for the 30 model standards with the Ten Essential Public Health Services based on the analysis from the NPHPSP. The color-coded services and model standards clearly show the strengths and weakness of the local public health system.

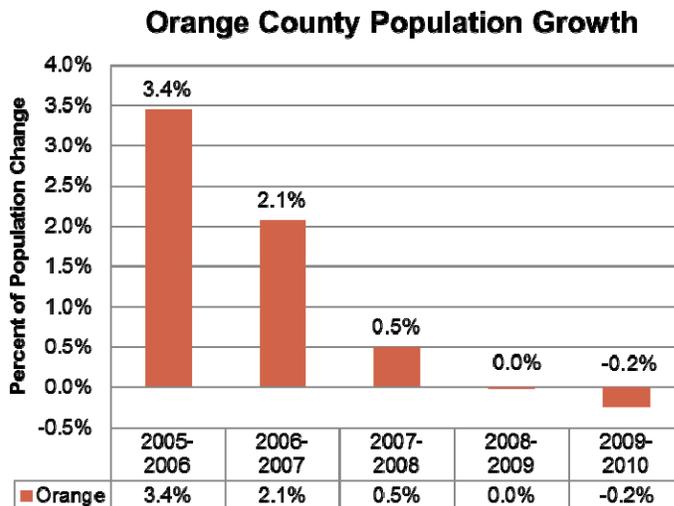
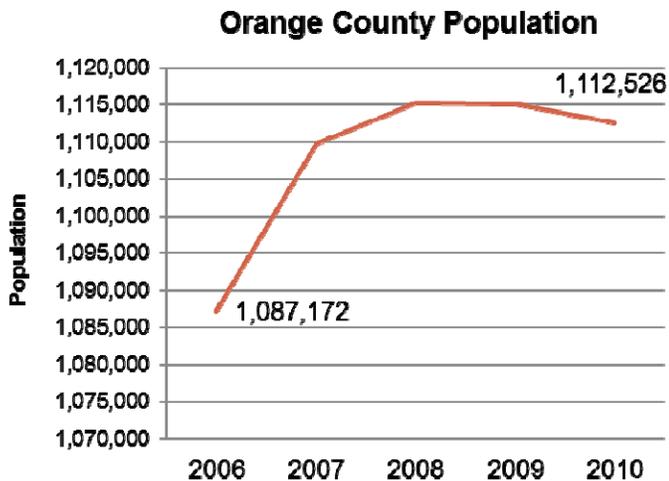
MAPP ASSESSMENTS

Community Health Status Assessment

The results of the assessment provide an understanding of the community’s health status and ensure the community’s priorities are aligned to address specific health issues. To provide a comprehensive assessment, seven topic areas were included in the assessment:

1. demographics
2. leading causes of death
3. sexually transmitted diseases
4. modifiable risk factors
5. maternal and child health
6. social determinants of health
7. health care access. |

Highlights from the assessment are included below. Detailed information can be found in Appendix C.



The trending of demographic data illustrates the leveling of population growth from 2008-2009. Population growth has been steadily declining in Orange County, Florida over the past five years. In 2010, the population decreased by more than 2,600 residents. Similar trends were observed in the birth rate. Over the past three years, the birth rate in Orange County has decreased in the White, Black and Hispanic populations.

The population in Orange County continues to become more diverse. The White population experienced a 5 percent decrease over the past five years while Black and Hispanic populations grew by nearly 3 percent.

Along with most other communities across the nation, the population in Orange County is aging. This trend, coupled with decreasing population growth, could present numerous service delivery challenges for our elderly population.

MAPP ASSESSMENTS

Leading Causes of Death

Cancer and heart disease continue to be the top two causes of death for all population groups in Orange County. Ranking the causes of death reveal the health disparity that exists among races and ethnicities as shown in the table below.

Cause of Death	White	Black	Hispanic*
Cancer	1	1	2
Heart Disease	2	2	1
Stroke	5	3	3
Diabetes Mellitus	6	4	4
Unintentional Injuries	4	5	5
Kidney Disease	8	6	8
Chronic Lower Respiratory Disease	3	7	7
HIV/AIDS	13	8	13
Alzheimer's Disease	7	9	6
Septicemia	9	10	9
Pneumonia/Influenza	10	11	10

Source: www.floridacharts.com

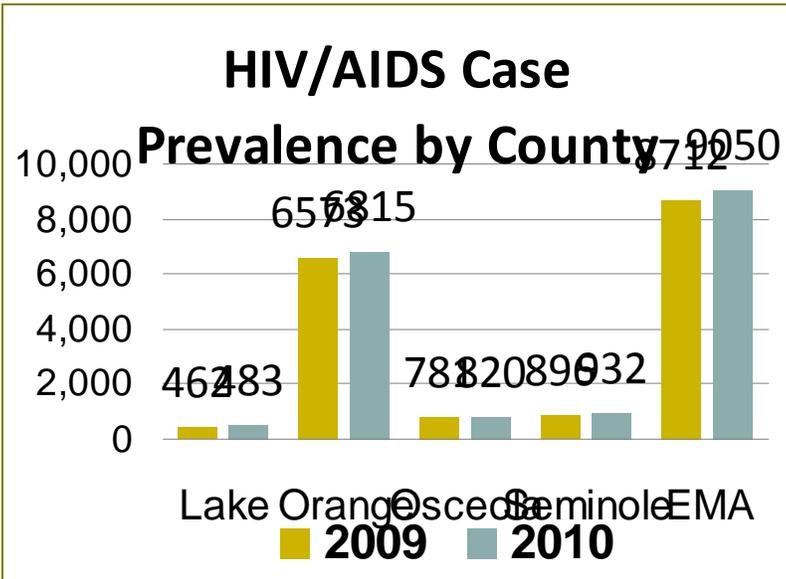
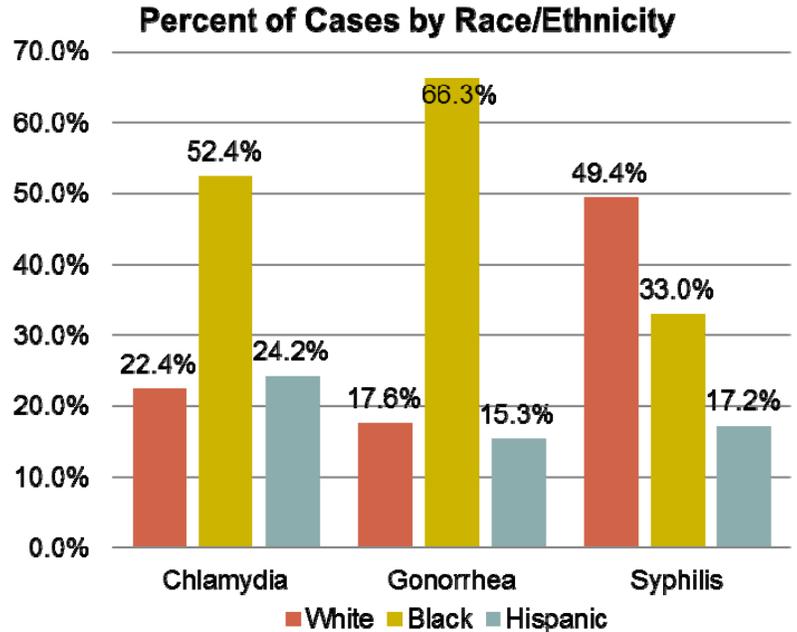
The assessment also looked at the overall health and mental health status as reported by residents through a community-wide health survey. Over 87 percent of residents reported their health status as *good to excellent*. Regarding mental health, over 90 percent of residents reported *good to excellent* status.

Immunizations are an important factor in maintaining reductions in infectious disease mortality. More than 97 percent of Orange County, Florida children were fully immunized by the time they started kindergarten. Immunization for influenza and pneumonia have decreased slightly over the past four years.

MAPP ASSESSMENTS

Sexually Transmitted Disease

Untreated sexually transmitted diseases (STDs) can lead to serious long-term health consequences, especially for adolescent girls and young women. The rates for Chlamydia and HIV/AIDS have increased over the past four years. The Black population is disproportionately affected by all STDs. Epidemiological data from the Department of Health revealed that 73 percent of pediatric HIV/AIDS cases are in the Black population. Males are also over represented when looking at HIV/AIDS rates by gender.



The Orlando Eligible Metropolitan Area (EMA) encompasses Lake, Orange, Osceola and Seminole Counties. The chart to the left depicts the distribution of HIV/AIDS cases among the counties. Seventy-five percent of all HIV/AIDS cases in the EMA are in Orange County.

According to the Centers for Disease Control and Prevention, Tuberculosis (TB) is the leading cause of death for those with HIV/AIDS. Data collected for the health assessment show that the number and percent of TB cases in Orange County has steadily decreased over the past four years.

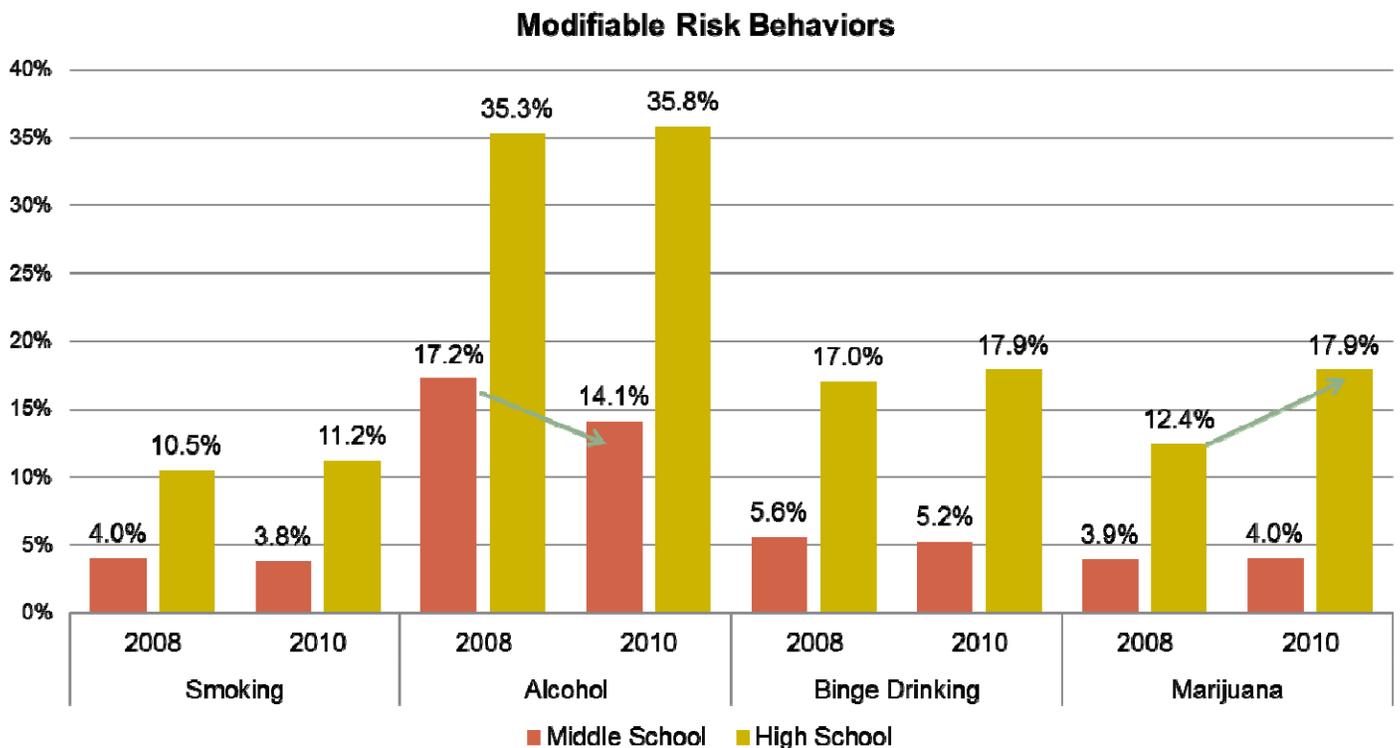
MAPP ASSESSMENTS

Modifiable Risk Factors

Individual determinants of health such as diet, physical activity, alcohol consumption, and tobacco and drug use all play a role in health outcomes. Poor health behaviors have been cited as the reason for increased overweight, obesity, diabetes, and hypertension.

An assessment of health behaviors among Orange County residents indicate some positive changes may be taking place while other trends are raising a red flag. The percentage of overweight among Hispanics decreased from 44.6 percent in 2007 to 37.3 percent in 2010. Obesity among those children who attend middle school has also decreased slightly within the same time period. The daily consumption of fruits and vegetables has increased in all population groups. The prevalence of hypertension and high blood cholesterol levels continues to increase.

Cigarette smoking and binge drinking decreased among Whites and Hispanics but increased in the Black population. Alcohol consumption among middle school students decreased from 17.2 percent in 2008 to 14.1 percent in 2010. Most alarming was the increased use of marijuana among high school students as depicted in the chart below.

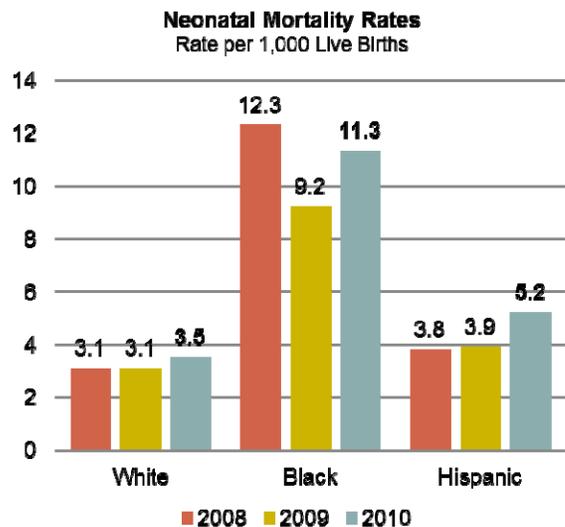
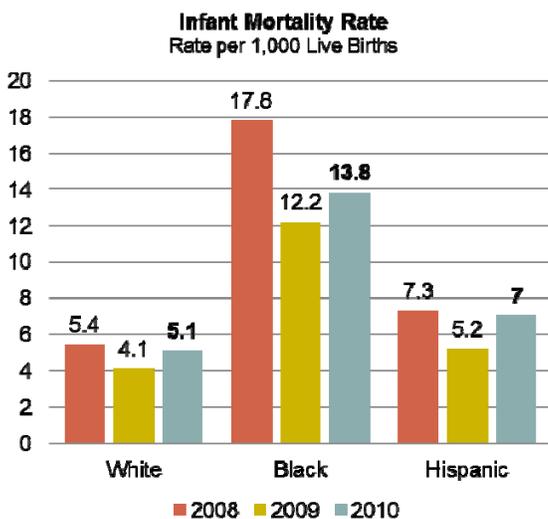
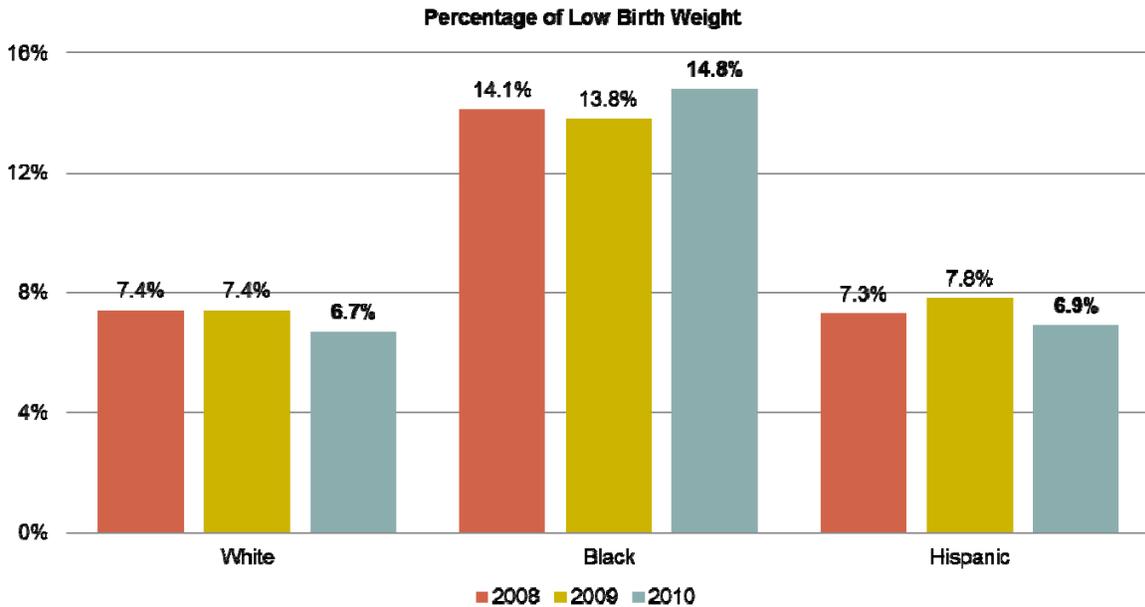


MAPP ASSESSMENTS

Maternal and Child Health

According to the CDC, the well-being of mothers, infants and children determines the health of the next generation and can help predict future public health challenges for families, communities, and the health care system. Healthy birth outcomes and early identification and treatment of health conditions among infants can prevent death or disability and enable children to reach their full potential.

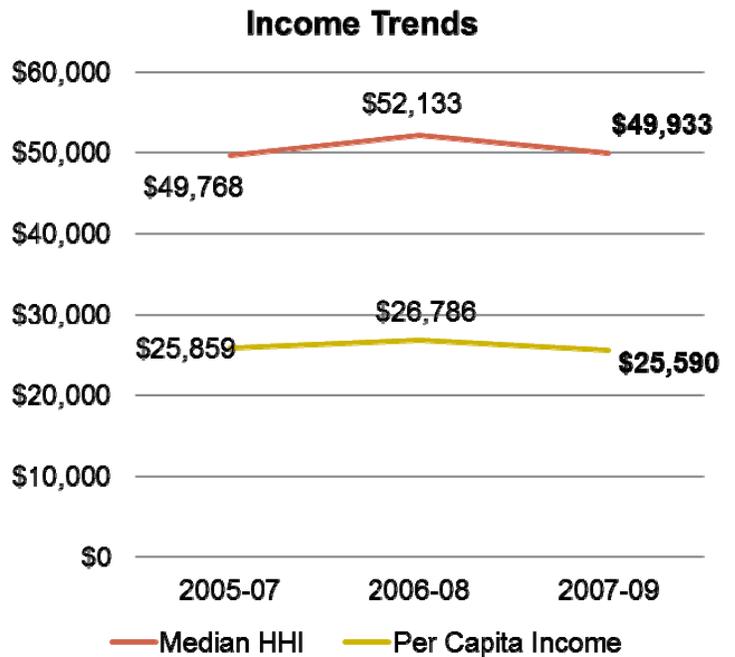
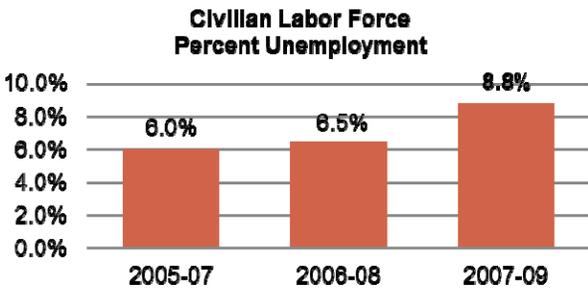
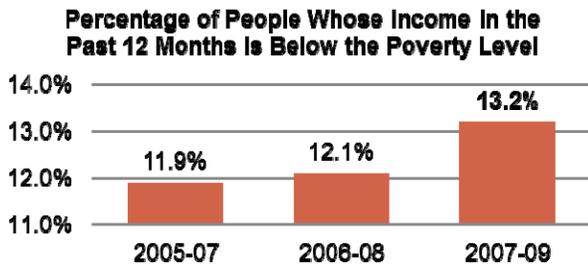
Data from 2009 and 2010 indicate that low birth weight, infant and neonatal mortality increased in all population groups. Low-birth weight babies, as newborns, are at increased risk for serious health problems resulting in long-term disabilities and even death.



MAPP ASSESSMENTS

Social Determinants of Health

The conditions in which we live in our community explain in part why some residents are healthier than others and why people generally are not as healthy as they could be. The social determinants of health such as domestic violence, child abuse, poverty, housing, and perceived neighborhood safety are barriers to attaining and maintaining good health.



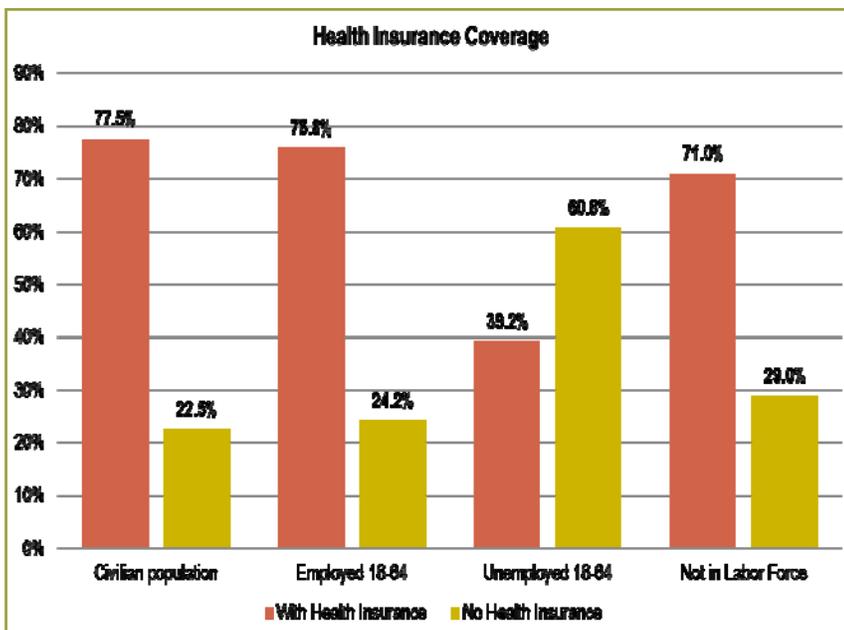
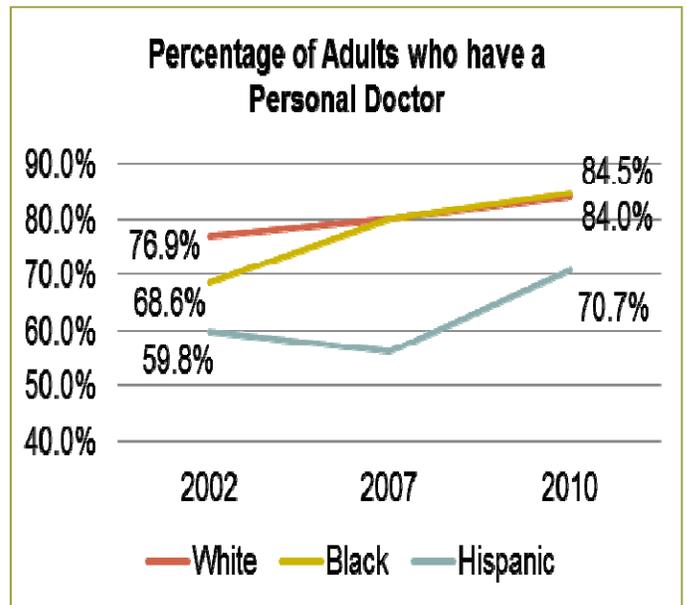
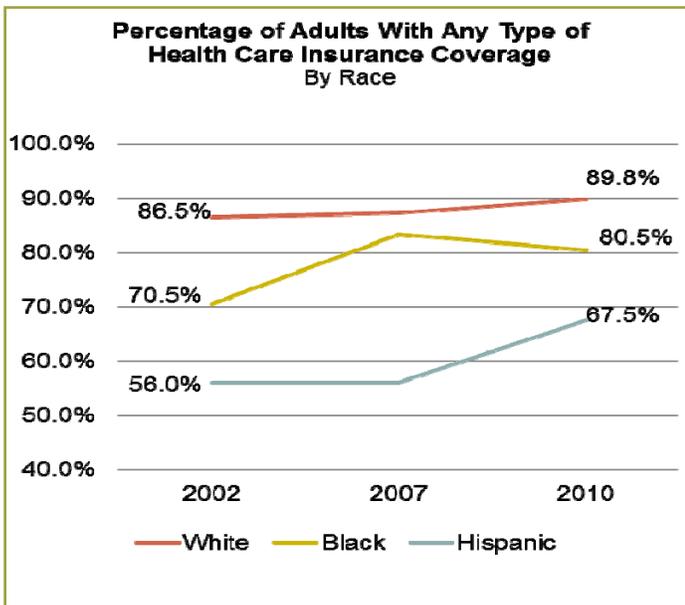
Data collected from Florida CHARTS show increasing percentages of residents living in poverty and /or experiencing unemployment over the past four years. Median household income and per capita income have also decreased. The percentage of foreclosed units in Orange County, on the rise again in December 2011, was higher than the percentage observed at the state and nation levels.

In Orange County, domestic violence increased from 786.6/100,000 in 2006-08 to 814.6/100,000 in 2008-10. The rate of child abuse has increased each year since 2007. Rates for murder and forcible sex have consistently decreased since 2006.

MAPP ASSESSMENTS

Health Care Access

Barriers to accessing healthcare can lead to unmet needs, delays in receiving appropriate care, inability to get preventive services, and hospitalizations that could have been avoided. The Behavioral Risk Factor Surveillance System (BRFSS), a statewide telephone survey, reports that the percentage of Orange County adults with health care insurance increased from 79.7 percent in 2007 to 84.8 percent in 2010. However, when assessing access by race/ethnicity, the percentage of Black adults with health care insurance decreased slightly from 2007-2010.



According to the CDC, uninsured people are less likely to receive medical care, more likely to die early, and more likely to have poor health status. The US Census Bureau, American Community Survey, results reveal that 22.5 percent of the population in Orange County does not have health insurance. Among those who are unemployed, the uninsured rate increases to 60.8 percent.

MAPP ASSESSMENTS

Forces of Change Assessment

The Forces of Change assessment resulted in the development of a comprehensive list of the trends, factors and events that can or will impact the population health of Orange County, Florida. These forces have been categorized into nine areas which include: social, economic, political, healthcare, technological, environmental, scientific, legal and ethical. The table below summarizes the forces that are outside the control of the Orange County local public health system. The complete assessment can be found in Appendix D.

<p style="text-align: center;">Social</p> <ul style="list-style-type: none"> • Aging population • Increasing population diversity • Decreasing birth rates 	<p style="text-align: center;">Ethical</p> <ul style="list-style-type: none"> • Public will demand accountability and transparency across all community sectors 	<p style="text-align: center;">Political</p> <ul style="list-style-type: none"> • Affordable Care Act • Medicaid Expansion • Florida Department of Health reorganization 	<p style="text-align: center;">Environmental</p> <ul style="list-style-type: none"> • Focus on best practices • Evidence-based initiatives, strategies and programs 	<p style="text-align: center;">Legal</p> <ul style="list-style-type: none"> • Information Technology to lead the way in the collection of personal health information • Need consumer trust to be successful
<p style="text-align: center;">Technological</p> <ul style="list-style-type: none"> • Age of the empowered consumer 	<p style="text-align: center;">Healthcare</p> <ul style="list-style-type: none"> • Aging physician population • Predicted provider shortages 	<p style="text-align: center;">Economic</p> <ul style="list-style-type: none"> • Poor economy • High unemployment 	<p style="text-align: center;">Scientific</p> <ul style="list-style-type: none"> • Global focus on chronic diseases 	

The Florida Department of Health reorganization presents an unknown future for County Health Departments (CHD's). Pending legislation aims to reduce CHD services to core public health issues of communicable diseases, epidemiology, and environmental health. Community planning efforts should include strategies to address a reduction of CHD services with an emphasis on the identification of other agencies that should be prepared to fill service gaps.

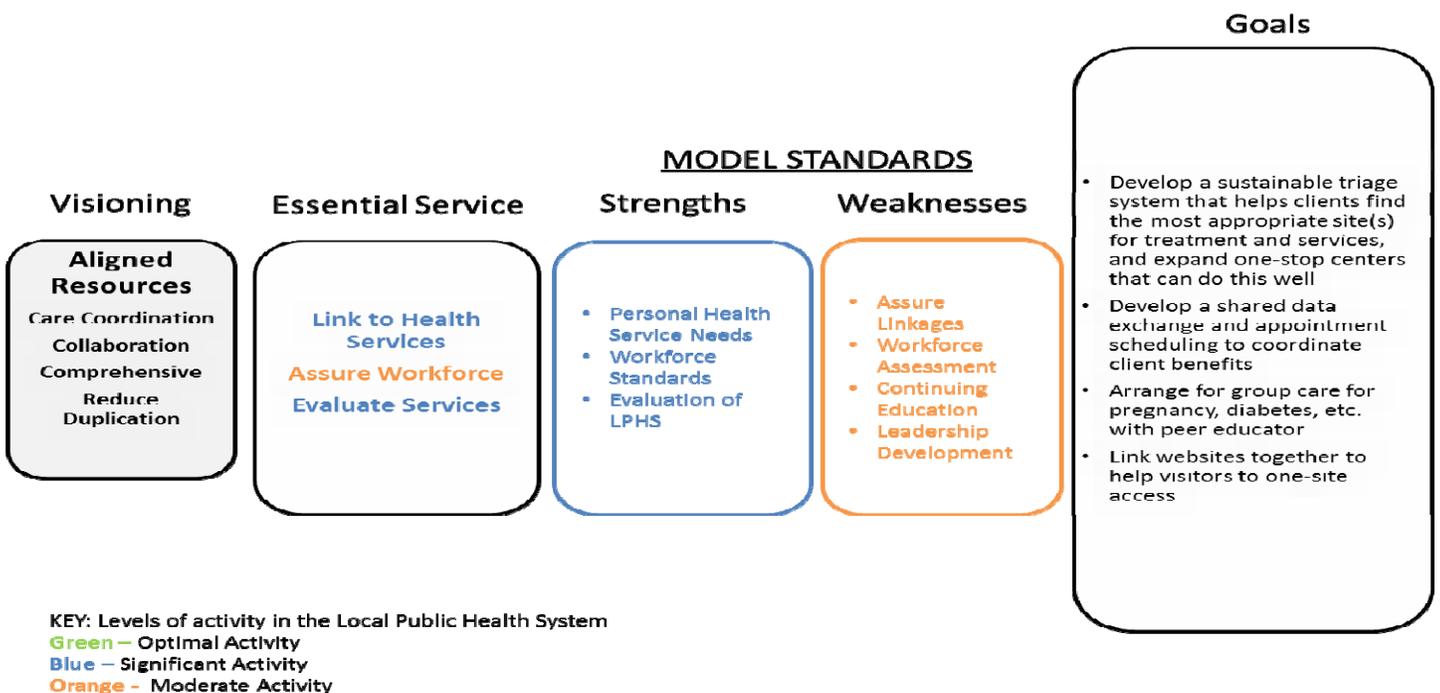
STRATEGIC PLANNING RETREAT

Strategic Planning Results

The Visioning results and four MAPP assessments were reviewed at the Strategic Planning Retreat in an effort to identify strategic issues that were critical to support the local public health system while attaining the vision for improved population health in Orange County. The diagrams that follow depict the relationship between the Vision, the Ten Essential Public Health Services, and the identified goals.

How do you envision the local public health system in 2015?

<u>Aligned Resources</u>	<u>Prevention</u>	<u>Informatics</u>	<u>Policy</u>
<ul style="list-style-type: none"> Care Coordination Collaborative Comprehensive Reduce Duplication 	<ul style="list-style-type: none"> Communication Government Involvement 	<ul style="list-style-type: none"> Self-Care Education Consumer Empowerment 	<ul style="list-style-type: none"> Policy Development

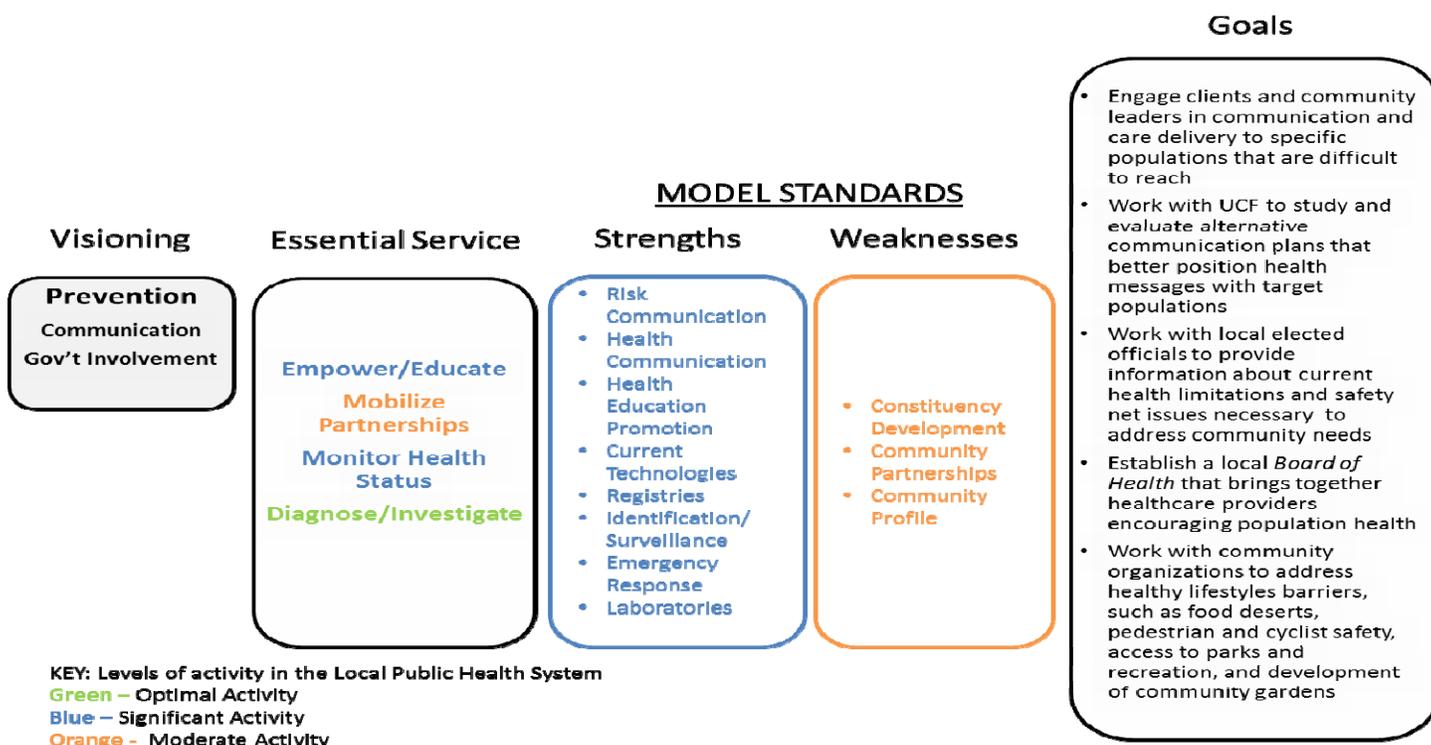


STRATEGIC PLANNING RETREAT

The diagram below depicts the relationship between the Vision (focus on **Prevention**), the Ten Essential Public Health Services and identified goals.

How do you envision the local public health system in 2015?

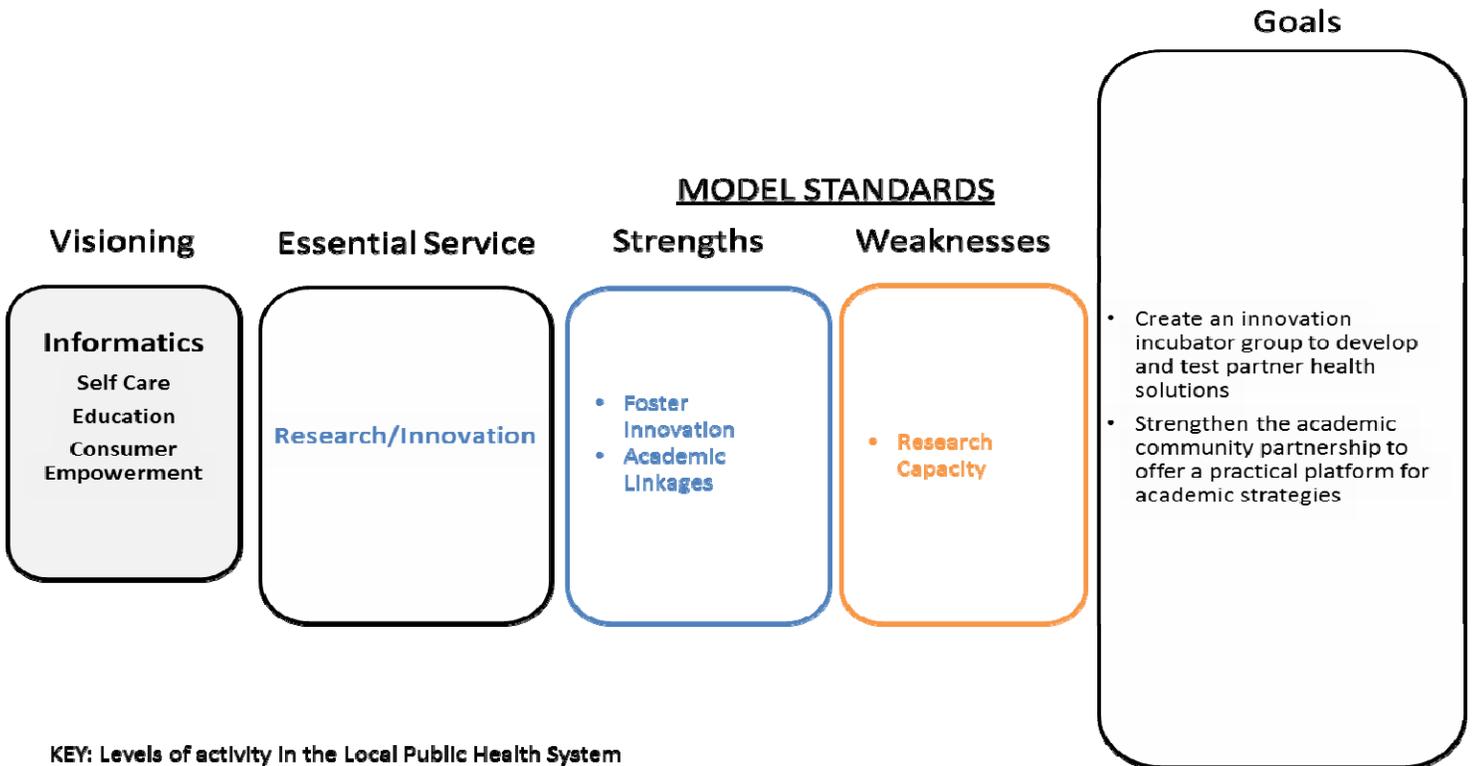
<u>Aligned Resources</u>	<u>Prevention</u>	<u>Informatics</u>	<u>Policy</u>
<ul style="list-style-type: none"> Care Coordination Collaborative Comprehensive Reduce Duplication 	<ul style="list-style-type: none"> Communication Government Involvement 	<ul style="list-style-type: none"> Self-Care Education Consumer Empowerment 	<ul style="list-style-type: none"> Policy Development



STRATEGIC PLANNING RETREAT

The diagram below depicts the relationship between the Vision (focus on **Informatics**), the Ten Essential Public Health Services and identified goals.

How do you envision the local public health system in 2015?			
<p><u>Aligned Resources</u></p> <ul style="list-style-type: none"> Care Coordination Collaborative Comprehensive Reduce Duplication 	<p><u>Prevention</u></p> <ul style="list-style-type: none"> Communication Government Involvement 	<p><u>Informatics</u></p> <ul style="list-style-type: none"> Self-Care Education Consumer Empowerment 	<p><u>Policy</u></p> <ul style="list-style-type: none"> Policy Development

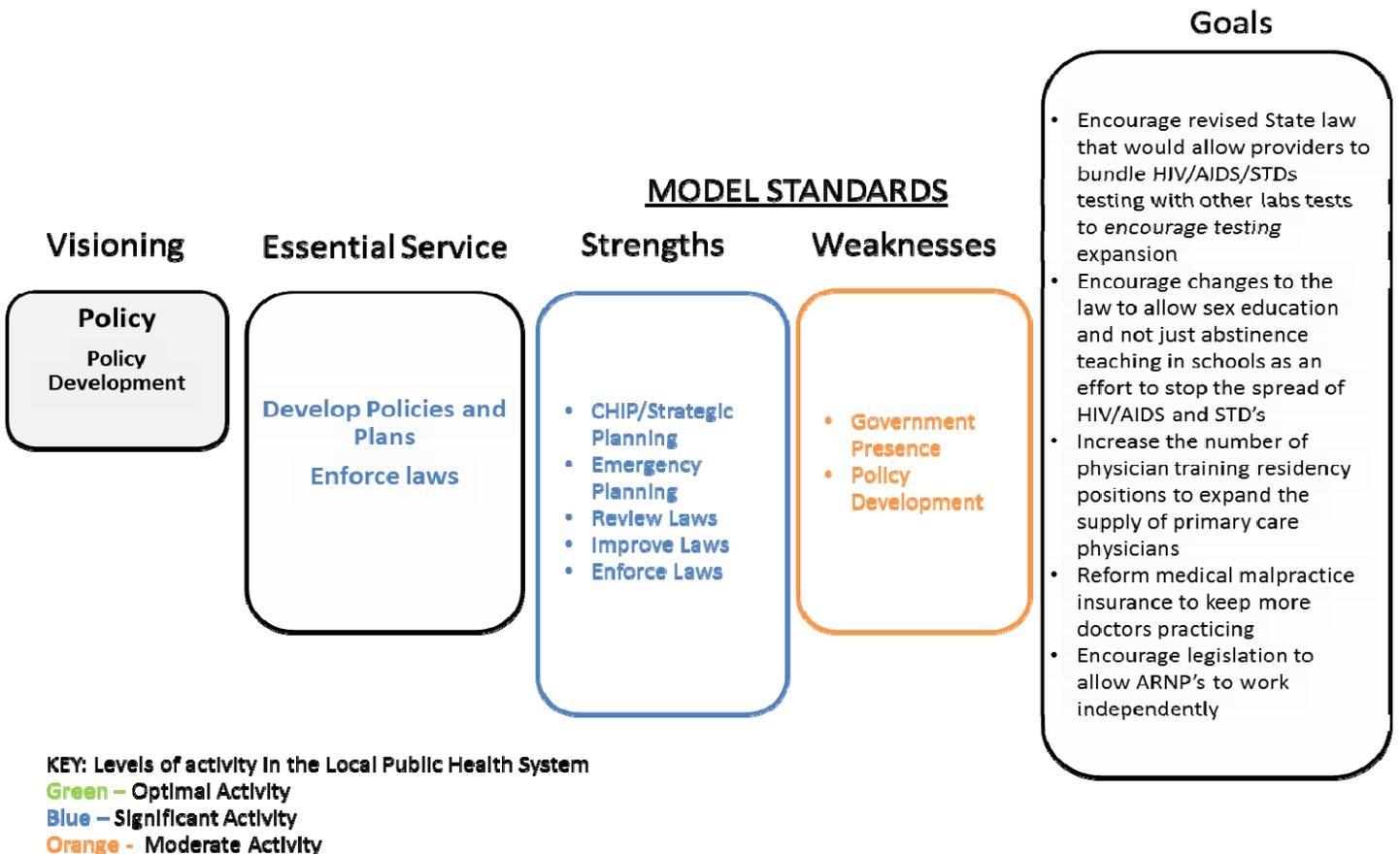


KEY: Levels of activity in the Local Public Health System
Green – Optimal Activity
Blue – Significant Activity
Orange – Moderate Activity

STRATEGIC PLANNING RETREAT

The diagram below depicts the relationship between the Vision (focus on **Policy**), the Ten Essential Public Health Services and identified goals.

How do you envision the local public health system in 2015?			
<p><u>Aligned Resources</u></p> <ul style="list-style-type: none"> •Care Coordination •Collaborative •Comprehensive •Reduce Duplication 	<p><u>Prevention</u></p> <ul style="list-style-type: none"> •Communication •Government Involvement 	<p><u>Informatics</u></p> <ul style="list-style-type: none"> •Self-Care •Education •Consumer Empowerment 	<p><u>Policy</u></p> <ul style="list-style-type: none"> •Policy Development



STRATEGIC GOALS AND OBJECTIVES MATRIX

Diabetes and coronary heart disease are the leading causes of morbidity and mortality for Orange County residents. The high rate of preterm births is the leading cause of infant mortality. The Orange County MAPP partners, known as the *Healthy Orange Collaborative*, will focus their efforts to address the health factors closely associated with the incidence and prevalence of diabetes, heart disease, and preterm births.

Goals	Overall Objectives	Barriers	Implementation
<p>Decrease chronic disease morbidity and mortality for diabetes and heart disease</p>	<ul style="list-style-type: none"> Increase access to healthy foods Increase knowledge of nutrition Increase overall health literacy Increase opportunities for physical activity Promote smoking cessation initiatives Support behavioral health initiatives to reduce stress Launch aggressive CPR training 	<ul style="list-style-type: none"> Personal choices/mind set are not always optimum for supporting a healthy lifestyle Lack of transportation Need navigation to get patients to the next point Cost and lack of funding Compliance challenges with diet, physical activity, and medications 	<p>Healthy Orange Collaborative</p>
<p>Prevent and reduce the rate of preterm births</p>	<ul style="list-style-type: none"> Increase access to early prenatal care Support policy change to expand insurance coverage for early prenatal care Address the social determinants of health related to poor birth outcomes Support campaigns to decrease voluntary cesarean sections 	<ul style="list-style-type: none"> Insurance companies-current policies are not supportive for improving community health outcomes 	

STRATEGIC GOALS AND OBJECTIVES

The findings from the four MAPP assessments lead to the development of three overarching goals to decrease morbidity and mortality as it relates to diabetes, heart disease and preterm births. Increasing the adoption of healthy lifestyle behaviors within the community will also improve overall health outcomes for other chronic diseases and conditions.

The goals and objectives of the Orange County CHIP have been aligned with measures from the Florida State Healthy Improvement Plan 2012-2015, Healthy People 2020, the Ten Essential Public Health Services as defined by the National Public Health Performance Standards Program, and the strategic goals developed at the MAPP Strategic Planning Retreat.

SP—Florida State Health Improvement Plan 2012-2015

20—Healthy People 2020

ES— Ten Essential Services

SG— Strategic Goal

GOAL 1: Decrease morbidity and mortality related to diabetes and heart disease

Objective 1.1: By December 31, 2015, decrease morbidity and mortality related to diabetes and heart disease by 3% through educational outreach on nutrition. (SP, 20, SG, ES)

Strategy 1.1.1: Partner with organizations to promote educational outreach on nutrition

Objective 1.2: By December 31, 2015, decrease morbidity and mortality related to diabetes and heart disease by 3% through increasing access to healthy food. (SP, 20, SG, ES)

Strategy 1.2.1: Work with community partners to expand the development of community gardens at local park facilities

Strategy 1.2.2: Build partnerships with transportation providers to increase access to grocery stores, farmers markets, and community gardens

Objective 1.3: By December 31, 2015, decrease morbidity and mortality related to diabetes and heart disease by 3% by promoting the benefits of physical activity. (SP, 20, SG, ES)

Strategy 1.3.1: Partner with organizations to promote educational outreach to increase participation in physical activity

Strategy 1.3.2: Support the distribution of physical activity education messages through social media

Strategy 1.3.3: Conduct a safety assessment to determine the barriers for participating in physical activities within the community

Objective 1.4: By December 31, 2015 decrease morbidity and mortality related to diabetes and heart disease by 3%, and promoting smoking cessation initiatives. (SP, 20, SG, ES)

Strategy 1.4.1: Support smoking cessation efforts throughout the community

Strategy 1.4.2: Assure all distributed health materials reflect the principles and practices of cultural and linguistic competence

Strategy 1.4.3: Support education for middle and high school students on the harmful effects of tobacco use

Strategy 1.4.4: Raise awareness on the dangers of Hookah bars

Strategy 1.4.5: Develop a centralized source for smoking cessation resources

Objective 1.5: By December 31, 2015, decrease by 3% morbidity and mortality of stress related diabetes and heart disease. (SG, ES)

Strategy 1.5.1: Partner with behavioral health providers to support culturally and linguistically appropriate education to decrease stress

Strategy 1.5.2: Support the promotion of culturally and linguistically appropriate stress reducing initiatives through social media

Strategy 1.5.3: Promote the use of culturally and linguistically appropriate motivational tools to increase behavioral compliance to reduce stress

Objective 1.6: By December 31, 2015, reduce the severity of cardiac events through aggressive CPR training. (ES)

Strategy 1.6.1: Develop a community-wide CPR training campaign

GOAL 2: Reduce the rate of preterm births

Objective 2.1: By December 31, 2015, prevent and reduce preterm births by 3% through culturally and linguistically sensitive education on the importance of early prenatal care. (SP, 20, SG, ES)

Strategy 2.1.1: Support education on the benefits of early prenatal care through social media outlets

Strategy 2.1.2: Educate local employers on the benefits of early prenatal care

Strategy 2.1.3: Engage local employers to promote the benefits of early prenatal care for employees

Strategy 2.1.4: Support education on the inappropriate use of pain medications during pregnancy

Strategy 2.1.5: Promote the importance of women's health prior to pregnancy

Strategy 2.1.6: Support family planning education

Objective 2.2: By December 31, 2015, prevent and reduce preterm births by 3% through increasing access to care for women of childbearing age. (SP, 20, SG, ES)

Strategy 2.2.1: Conduct an assessment to determine availability of community providers for early prenatal care

Objective 2.3: By December 31, 2015, prevent and reduce by 3% preterm births related to the social determinants of health. (SP, SG, ES)

Strategy 2.3.1: Work with community organizations to address the impact of poverty, domestic violence, and racial injustice related to preterm births

Objective 2.4: By December 31, 2015, prevent and reduce by 3% preterm births through policy change that supports early prenatal care. (20)

Strategy 2.4.1: Work with health insurance providers to expand maternity coverage for early prenatal care

Strategy 2.4.2: Educate local employers on the health and financial benefits of early prenatal care

Objective 2.5: By December 31, 2015, prevent and reduce by 3% preterm births by decreasing the number of voluntary Cesarean Sections. (20)

Strategy 2.5.1: Support campaigns for hospitals to adopt “hard stops” for voluntary C-sections

Strategy 2.5.2: Support the reduction of non-medically necessary inductions and C-sections before 39 weeks gestation

GOAL 3: Prevent disease, disability and death through public health interventions.

Objective 3.1: By December 31, 2015, increase to 90% the number of two-year-olds who are fully immunized. (SP, 20, SG, ES)

Strategy 3.1.1: Partner with local organizations, day-cares, and providers to educate the community on the importance of vaccinations for children under two years of age

Strategy 3.1.2: Create community awareness through education using social media, local media, internet, and outreach

Objective 3.2: By December 31, 2015, increase to 75% the number of adults aged 65 and older who have had a flu shot in the previous year. (20, SG)

Strategy 3.2.1: Partner with local organizations, senior centers, community centers, and providers to educate the community on the importance of adult vaccinations

Strategy 3.2.2: Create community awareness through education using social media, local media, internet, and outreach

Objective 3.3: By December 31, 2015, reduce to 2620 per 100,000 the rate of bacterial STD cases among females 15-34 years of age. (SP, 20, SG)

Strategy 3.3.1: Promote the *Stop the Denial* campaign targeting teens to get tested

Strategy 3.3.1: Develop a texting campaign to increase awareness of test results and compliance with treatment

Objective 3.4: By December 31, 2015, reduce the TB case rate to 3.5 per 100,000. (SP, 20, SG)

Strategy 3.4.1: Partner with local providers to increase accurate reporting of positive cases to the state

Strategy 3.4.2: Partner with local providers to refer suspected positive cases to DOH

Strategy 3.4.3: Develop a texting campaign to increase awareness of test results and compliance with treatment

Objective 3.5: By December 31, 2015, increase to 93% the number of TB patients completing therapy within 12 months of initiation of treatment. (SP, 20, SG)

Strategy 3.5.1: Increase client education on the importance of therapy completion

Strategy 3.5.2: Implement Video Directly Observed Therapy to help patients comply and adhere with TB treatment

Objective 3.6: By December 31, 2015, reduce the enteric disease case rate to 51.7 per 100,000. (20, SG)

Strategy 3.6.1: Provide outbreak assistance and oversee outbreak investigations

Strategy 3.6.2: Develop, evaluate, and supply outbreak investigation tools and training materials

Strategy 3.4.3: Develop, implement, and evaluate strategies for the prevention and control of disease outbreaks

Objective 3.7: By December 31, 2015, reduce the AIDS case rate to 20.5 per 100,000. (SP, 20, SG)

Strategy 3.7.1: Provide education on disease transmission and medical adherence

Strategy 3.7.2: Partner with local providers to refer suspected positive cases to DOH

Objective 3.8: By December 31, 2015, increase to 95% the number of HIV-infected people in Orange County who know they are infected. (SP, 20, SG, ES)

Strategy 3.8.1: Provide education on disease transmission and medical adherence

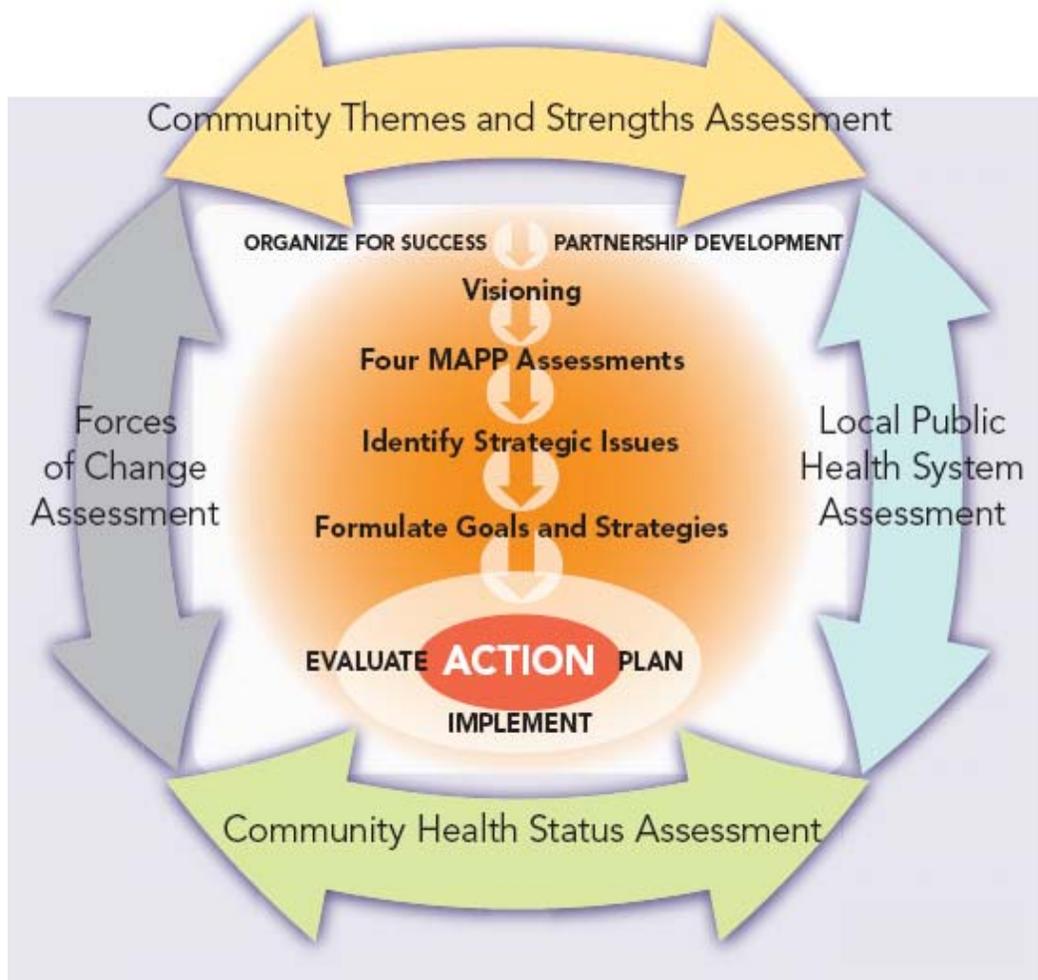
Note: For measurable outcomes and designated accountable agencies see **Appendix F**.

ACTION CYCLE

The *Healthy Orange Collaborative* (HOC) will meet monthly, starting in October 2012, to begin the action cycle of implementation and evaluation of the defined MAPP goals and objectives. The meetings will be chaired by Dr. George Ralls, Orange County Health Services Director, and facilitated by Ken Peach, Health Council of East Central Florida Executive Director. The *Healthy Orange Collaborative* will be the entity responsible for ensuring that the MAPP process is sustained.

Using the Action Cycle template (Appendix E), HOC will begin the process of translating objectives into specific action plans that will define the activities, timelines, and needed resources. Identifying opportunities for coordination will be an ongoing function to ensure the right people are included and community efforts are not duplicated.

Throughout the three-year implementation process, the Collaborative will evaluate the MAPP process as well as the strategies to document successes and lessons learned. The evaluation will document the level of community engagement and participation, and the results achieved from the activities tied to the MAPP goals and objectives.



APPENDIX A
COMMUNITY THEMES AND STRENGTHS

SUMMARY

The Orange County Health Department (OCHD) serves approximately one million residents and several million visitors annually. The mission is to “To protect, promote & improve the health of all people in Florida through integrated state, county, & community efforts”. Our vision is “To Be the Healthiest State in the Nation”. Orange County Florida populations suffer from high rates of preventable diseases such as obesity, diabetes, and cardiovascular diseases. Also, there is a great push to reduce preterm births and prevent and control infectious disease. There are pockets of increased disease burden whereby racial, ethnic and lower socioeconomic groups experience higher levels of disease than they should based on the size of their population; a phenomenon known as “health disparity”. In many areas, the physical environment does not support good health with numerous underserved communities identified as “food deserts” with little to no access to fresh fruits and vegetables.

The OCHD community health assessment is a tool used to collect, analyze and use data to educate and mobilize communities, develop priorities, garner resources, and plan actions to improve the public's health. In 2012, the Orange County Health Department engaged the Health Council of East Central Florida to facilitate a comprehensive, county-wide assessment for Orange County.

This community health assessment provided the opportunity to:

- Assess the population health status
- Highlight the areas of unmet needs
- Present the community perspective
- Provide suggestions for interventions

This report includes secondary data from national, state and county-level databases. It also includes primary data that encompasses the community's perspective.

We protect and promote the health of all residents and visitors in Orange County by offering the following public health services: Community health education, maternal and family planning, epidemiology, environmental health, school health, dental immunization, TB, STD and HIV services.

87.2% of the residents of Orange County rate their physical health status somewhere between good and excellent

Mental Health Status

36.5% of residents rate their mental health status as excellent

34.7 % of residents rate their mental health status as very good

19.8 % of the residents rate their mental health status as good

7.2% of the residents rate their mental health status as fair

3.4% of the residents rate their mental health status as poor

Source: 2009 PRC Community Health Assessment

Healthcare

83% of the residents rated available healthcare services as good to excellent

85% of the residents did not have difficulty finding a doctor when they needed care

96% of the residents were able to get mental health services when they needed services

93% of women were able to get prenatal care when they were pregnant

88% of residents were able to get their child health care service

Some of the barriers associated with securing health care needs: language barriers, inconvenient office hours, lack of transportation, stretching of medication because the cost of prescription or the cost for services.

Healthcare is accessed via military/VA healthcare, hospital emergency room, traditional doctors office, urgent care/walk-in clinic, hospital based clinic or stand alone clinic.

Education

87% of the Orange County resident are high school graduate or higher with 30% of these residents have a bachelor degree or higher.

The State of Florida graduation rate rose from 56.5 percent in 2002-03 to 74.5 percent in 2011-12.

Source: <http://www.fldoe.org/default.asp>

Healthy Eating and Physical Activity

Only 26.5% of residents knew that 5 or more fruits and vegetables are recommended daily to prevent unhealthy weight gain.

Almost 80% of residents knew that 30 or more minutes of physical exercise is recommended daily to prevent unhealthy weight gain

Source: Behavioral Risk Factor Surveillance Study

Physical Activity

In 2002 only 51% of the entire Orange population participated in moderate physical activity. By 2007 the physical activity rate dropped to 49.6%

Source: Behavioral Risk Factor Surveillance Study

Cigarette Smoking

In 2002, 56.6% of the population were current cigarette smokers, by 2010 the smokers decreased to 38.9%

Source: Behavioral Risk Factor Surveillance Study

Alcohol Consumption

In 2002, 52.0% of adults engaged in heavy or binge drinking by 2010 the rates decreased to 37.7%

Source: Behavioral Risk Factor Surveillance Study

Diabetes

5.2% of Orange County residents are not doing anything to control their diabetes condition.

94.8% of residents diagnosed with diabetes are doing something to control their condition by:

- Take medication
- Improving their diet
- Participating in exercise

Methods needed to manage diabetes

Support	3.9 %
Equipment	6.6%
Personal Knowledge	7.6%
Diet, Nutrition, Exercise	7.6%
Exercise	12.6%
Medicine	18.1%
Nothing	20.2%
Diet or Nutrition	23.4%

High Blood Pressure and Cholesterol

84.5% of the Orange County residents have been diagnosed with high blood pressure (HBP) and working to control their condition through the following methods

- Taking medication
- Improving their diet
- Participating in exercise

15% of those diagnosed with high blood pressure are not taking any action to control this condition.

Community Perception of Childhood Obesity

Factors that contribute "A Lot" to Childhood Obesity

Lack of Self Control	56.5%
Eating out of boredom	67.5%
Not enough exercise	83.8%
Too much junk food	82.1%
Too much TV/Screen time	80.5%

Healthcare Resources

- 2 Hospital Systems (Adventist Health and Orlando Health)-8 hospitals and including 2 children's hospital with a third opening in 2012
- 1 Academic Health Department-641 professional and paraprofessional staff with 11 primary service centers
- 10 PCAN Medical Homes
- 9 Shepherds Hope Health Centers
- Pathway to Care
- Correction Health Services
- Grace Medical Home
- Center for Drug Free Living
- Healthcare for the Homeless
- Florida Hospital After-Hours Clinic
- Orange County Medical Clinic
- Special Care, Inc
- Healing the Children
- Dental Care Access Foundation
- Wraparound Orange-System of care for children's mental health services
- 4Behavioral Health Hospitals

Primary Care Physicians

Orange County

There are 105.4 physicians per 100,000 Orange County residents

In the State of Florida, there are 109.7 physicians per 100,000 residents

The state of Massachusetts has 191.9 physicians per 100,000 residents.

The number of new physicians entering the field will be less than the number of retiring physicians. The aging baby-boomer demand will exceed the physician supply!

Information Technology

The University of Central Florida-College of Medicine Regional Extension Center (REC) is assisting providers across Central Florida in the use of electronic health records (EHR's) to improve patient care.

Central Florida RHIO (Regional Health Information Exchange)

The Lake Nona Medical City consists of the following:

University of Central Florida-College of Medicine Health Science Campus
Sanford Burnham Medical Research Institute
Nemours Pediatric Healthcare Campus
University of Florida Academic Research Center
Veterans Administration Medical Center
MD Anderson Orlando Cancer Research Institute

The biggest businesses and properties in the Central Florida area

- Walt Disney World
- Universal Studios
- Marriott
- Hilton
- Progress Energy
- Rosen Hotels
- Sea World
- Wyndham Resorts
- Westgate Resorts
- Lockheed Martin
- Vistana
- AT&T/Bellsouth
- MSR Grande Lakes Resort
- FDG Maitland/South Park
- Bluegreen Vacation Liberty Property
- Bright House Networks
- Florida Mall Associates
- HIW-KC Orlando LLC
- Island One Inc.
- Embarq
- Darden Corporation
- Grand Cypress Resort
- Wal-Mart/ Sam's Club

Orange County Public Schools

There are 198 public schools in Orange County. This consists of 124 elementary schools, 39 middle schools, 19 high schools and 21 charter schools.

The school grades are broken down by the following:

55.2% received an "A"

23% received a "B"

18.4% received a "C"

2.9% received a "D"

0.6% received a "F"

**Does not include charter schools*

Early Learning Support

There is 151 Day Care Centers in Orange County. Most elementary schools offer extended day enrichment programs. There are before and after school programs offered at middle schools. Parramore Kidz Zone

Parks and Recreation Facilities

There are 96 parks and recreation facilities in Orange County.

Resources for Seniors

Senior Resource Alliance is a local resource for accessing services and programs through state and federal government

Seniors First is a non-profit social service organization

There are:

6 senior centers

5 Adult day care

7 Local senior citizen organizations

More community assets

- Faith based organization
- Non-profit entities
- Local government support
- Emergency preparedness
- Police and Fire safety
- Community building and planning department
- Housing and shelter authorities
- Food pantries
- Health and wellness centers

2012 Overarching Community Themes

- Maximizing resources
- Information technology will play a greater role
- Focus on awareness and prevention
- Plan for the Affordable Care Act

Community Themes and Strengths

1

MOBILIZING FOR ACTION THROUGH PLANNING AND PARTNERSHIPS (MAPP)

SPONSORED BY:

*THE ORANGE COUNTY
HEALTH DEPARTMENT*

Community Themes and Strengths

2

- What's important to our community?
- How is the quality of life perceived in our community?
- What assets do we have that can be used to improve community health?

What's important to our community?

To become the healthiest and safest community in Central Florida



Orange County Health Department Mission

- **Protect and promote the health of all residents and visitors in Orange County**
 - Community Health education
 - Maternal and Family Planning
 - Epidemiology
 - Environmental health
 - School health
 - Dental
 - Immunizations, TB, STD's, HIV

5

Quality of Life

“The quality of life is determined by it’s activities”.

Aristotle



Health Status

6

Overall Health Status



Mental Health Status



Source: 2009 PRC Community Health Assessment

Access to Needed Care

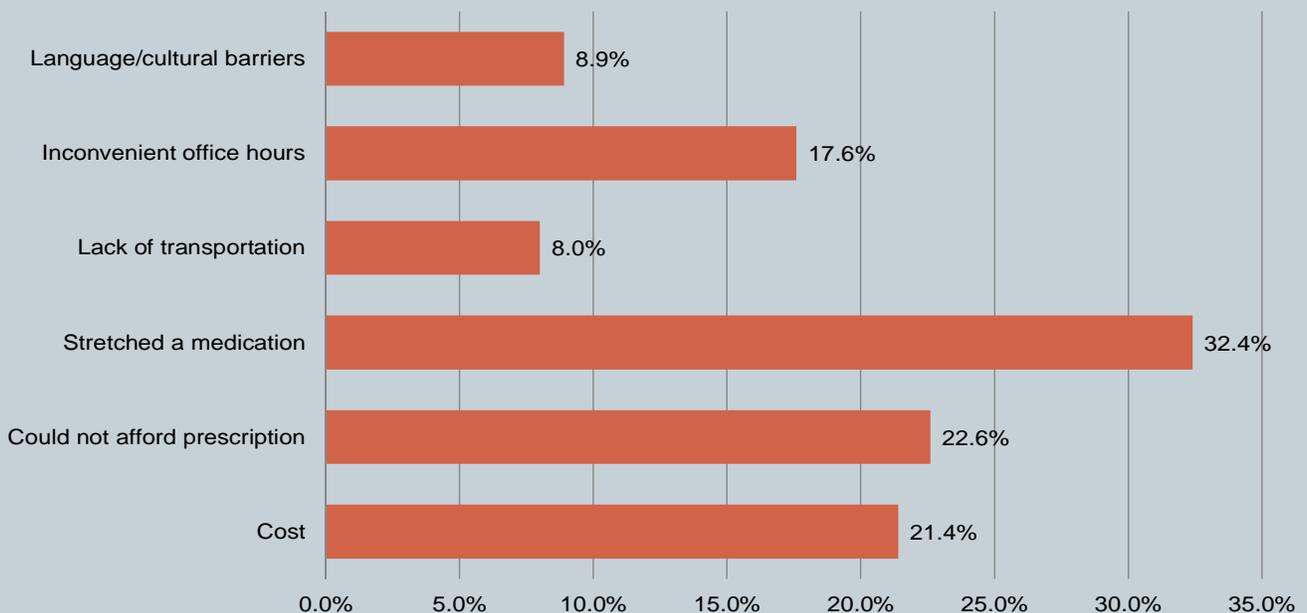
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Healthcare

- 83% of residents rated available healthcare services as good to excellent
- 85% of residents did not have difficulty finding a doctor when they needed care
- 96% of residents were able to get mental health services when they needed services
- 93% of women were able to get prenatal when they were pregnant
- 88% of residents were able to get healthcare for their child when the child needed medical care

Barriers to Healthcare

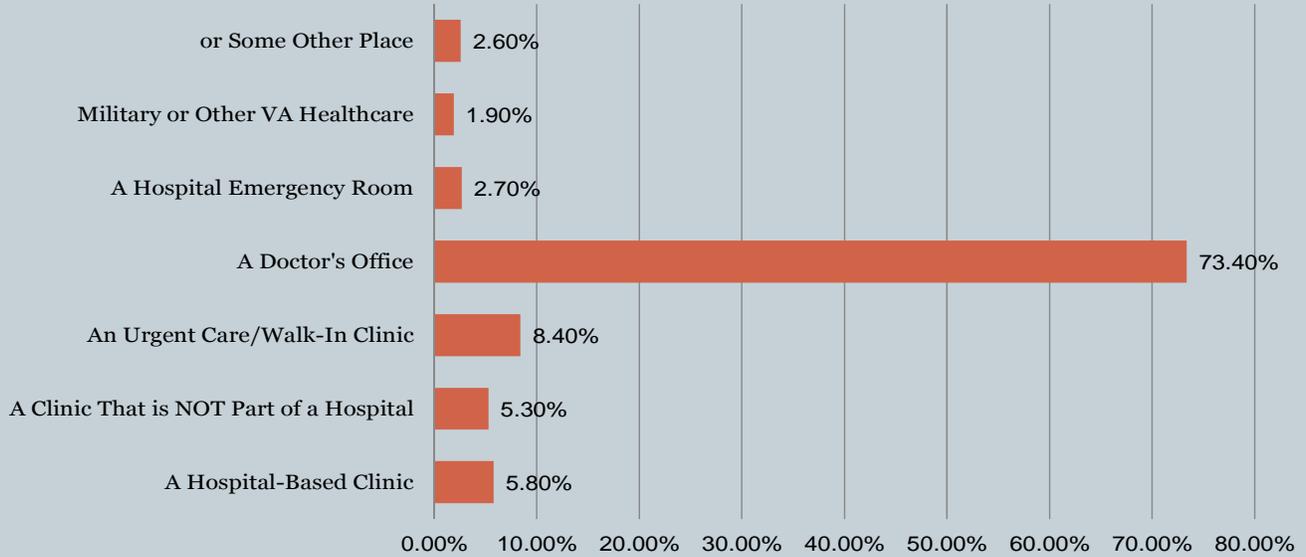
8



Where Healthcare is Accessed?

9

Particular place for health care or health advice



Education

10

Education Indicator	Percent of Population
Less than 9th grade	4.4%
9th to 12th grade, no diploma	8.6%
High school graduate (includes equivalency)	27.0%
Some college, no degree	20.4%
Associate's degree	9.6%
Bachelor's degree	20.3%
Graduate or professional degree	9.8%
Percent high school graduate or higher	87.0%
Percent bachelor's degree or higher	30.1%

The 2010-2011 high school graduation rate for Orange County was 80.1%. This is up from 75.6% in 2007-08.



Healthy Eating and Physical Activity

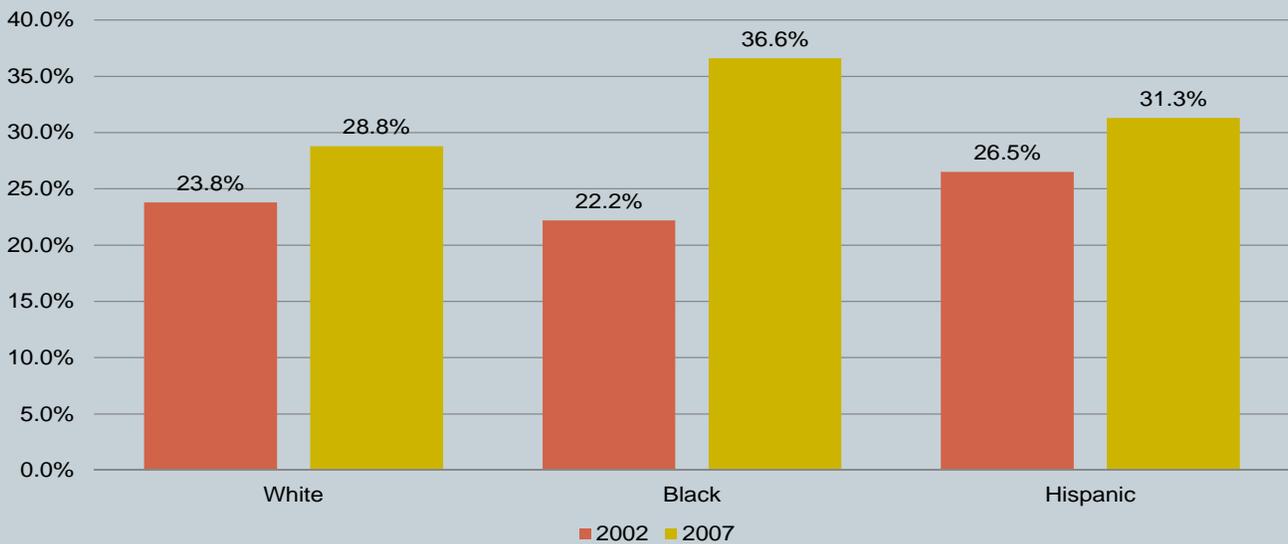
11

- ONLY **26.5%** of residents knew that the consumption of 5 or more of fruits and vegetable is recommended daily to prevent unhealthy weight gain
- Almost **80%** of residents knew that 30 or more minutes of physical exercise is recommended daily to prevent unhealthy weight gain

Healthy Eating

12

Adults Who Consume Five Fruits and Vegetables Daily

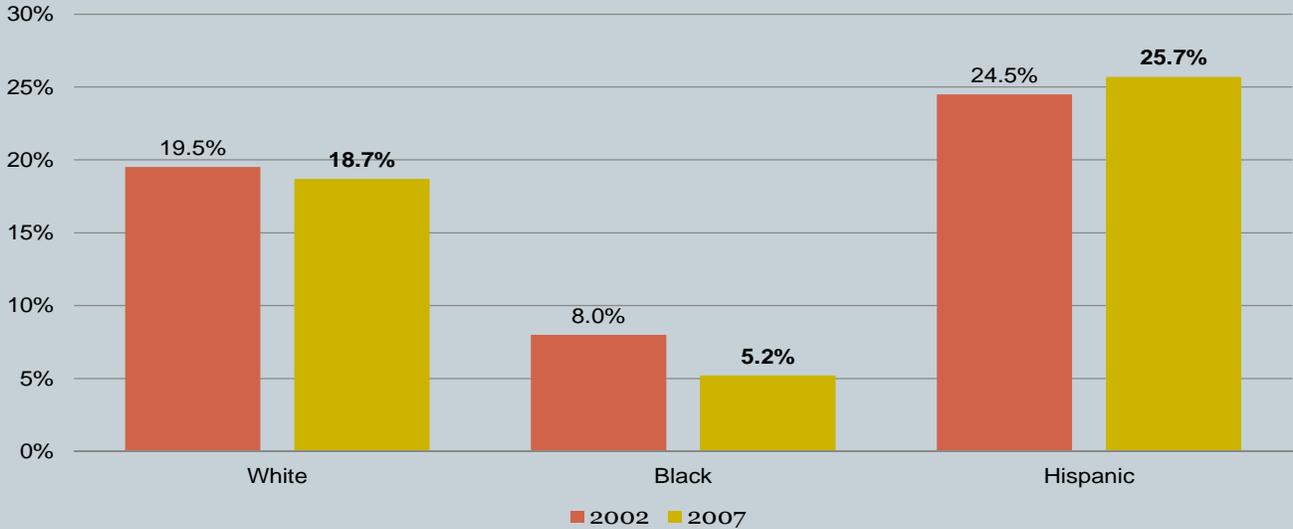


Source: Behavioral Risk Factor Surveillance Study (BRFSS)

Physical Activity

13

Percentage of Adults Who Meet Moderate Physical Activity Recommendations

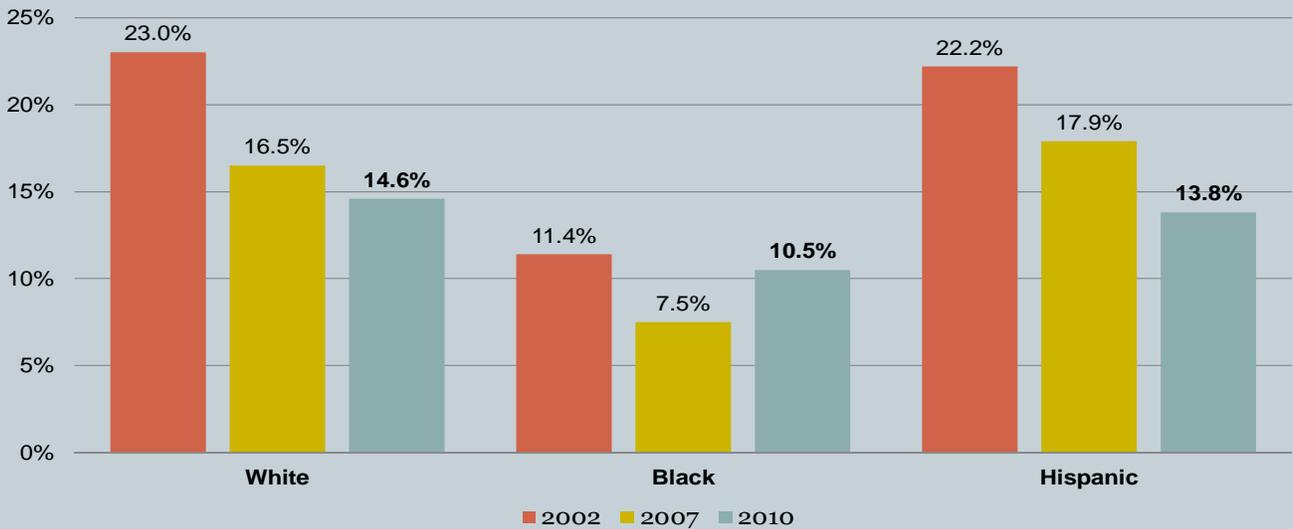


Source: Behavioral Risk Factor Surveillance Study (BRFSS)

Cigarette Smoking

14

Adults Who are Current Smokers

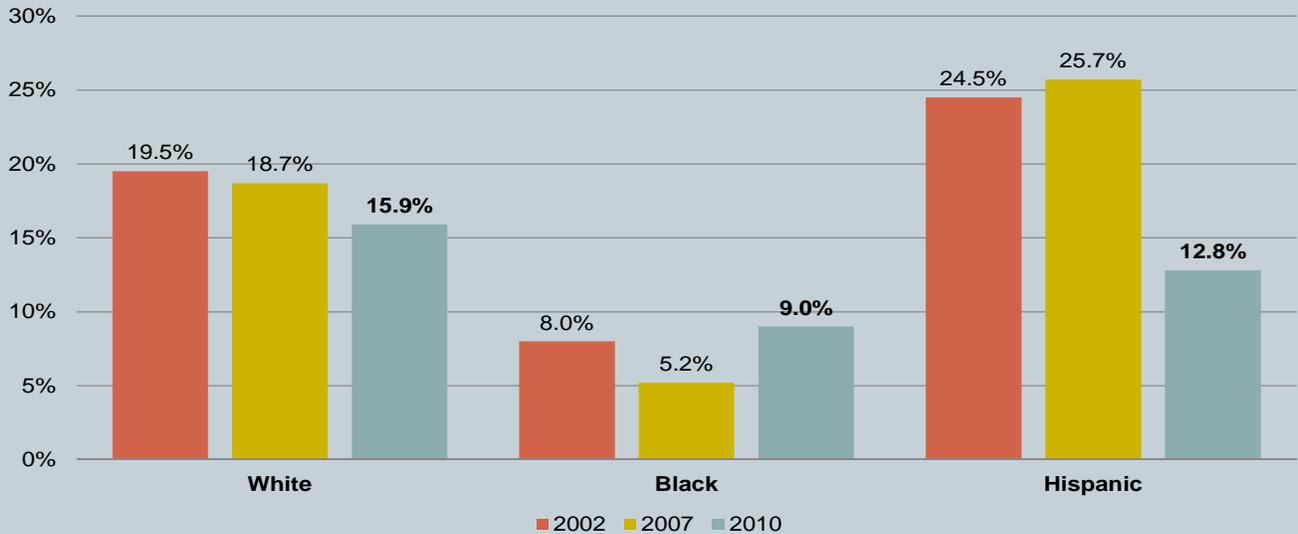


Source: Behavioral Risk Factor Surveillance Study (BRFSS)

Alcohol Consumption

15

Percentage of Adults Who Engage in Heavy or Binge Drinking



Source: Behavioral Risk Factor Surveillance Study (BRFSS)

Diabetes

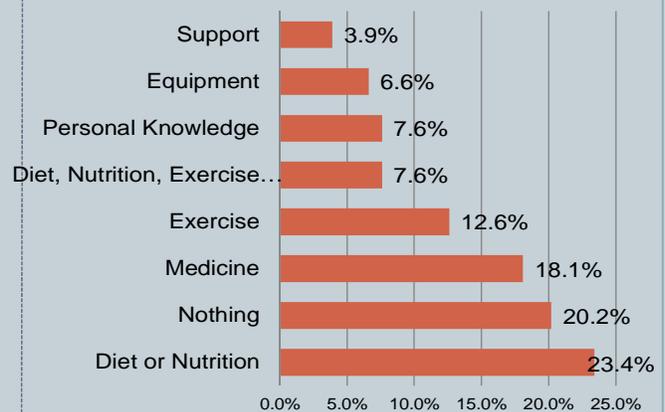
16

○ 5.2% are not doing anything to control their condition

● 94.8% of residents diagnosed with diabetes are doing something to control their condition

- Taking medication
- Improving their diet
- Participating in exercise

● Help is needed to manage diabetes



High Blood Pressure and Cholesterol

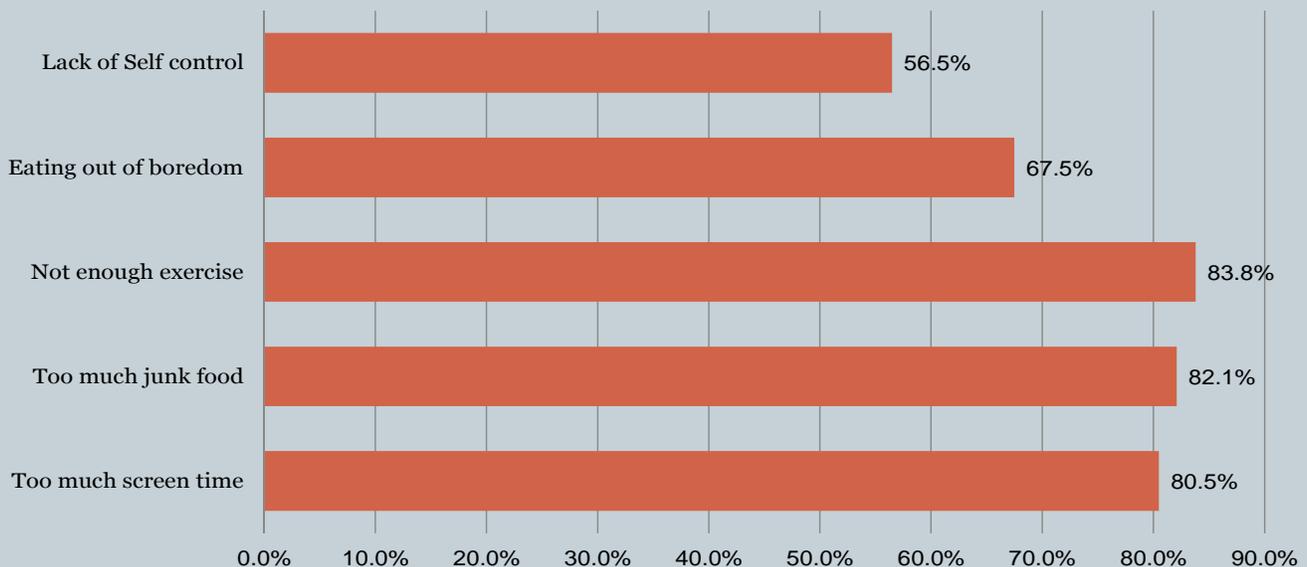
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- 84.5% of residents diagnosed with high blood pressure (HBP) are doing something to control their condition
 - Taking medication
 - Improving their diet
 - Participating in exercise
 - 15% of those diagnosed with HBP are not taking any action to control their condition
- 78.9% of residents diagnosed with high blood cholesterol are taking some measure to control their condition
 - Taking medication
 - Improving their diet
 - Participating in exercise
 - 21% of those diagnosed with high blood cholesterol are not taking any action to control their condition

Community Perceptions on Childhood Obesity

18

Factors that Contribute "A Lot" to Childhood Obesity



Community Assets

“Your most precious possession is the people you have working there, and what they carry around in their heads, and their ability to work together.”

Robert Reich



Healthcare Resources

Healthcare Resources

- 2 Hospital Systems -8 Hospitals including 2 children's hospitals with a third hospital opening in 2012.
- 1 Academic Health Department -641 professional and paraprofessional staff with 11 primary service centers
- 10 PCAN Medical Homes
- 9 Shepherd's Hope Health Centers
- Pathways to Care
- Corrections Health Services
- Grace Medical Home
- Center for Drug Free Living
- Healthcare Center for the Homeless
- Florida Hospital After-Hours Clinic
- Orange County Medical Clinic
- Special Care, Inc.
- Healing the Children
- Dental Care Access Foundation
- Wraparound Orange- System of care for children's mental health services
- 4 Behavioral Health Hospitals

Primary Care Physicians

- Orange County
105.4 per 100,000
- Florida
109.7 per 100,000
- No. 1 Ranked State
191.9 per 100,000

The number of new physicians entering the field will be less than the number of retiring physicians. The aging baby-boomer demand will exceed the physician supply!

Information Technology

21

- The UCF College of Medicine Regional Extension Center (REC) is assisting providers across Central Florida in the use of electronic health records (EHR's) to improve patient care
- Central Florida RHIO (Regional Health Information Exchange)

Lake Nona Medical City

22

- UCF College of Medicine Health Sciences Campus
- Sanford-Burnham Medical Research Institute
- Nemours Pediatric Healthcare Campus
- University of Florida Academic Research Center
- Veterans Administration Medical Center
- MD Anderson Orlando Cancer Research Institute

Biggest Businesses and Properties

23

- Walt Disney
- Universal
- Marriott
- Hilton
- Progress Energy
- Rosen Hotels
- Sea World
- Windham Resorts
- Westgate Resorts
- Lockheed Martin
- Vistana
- AT&T/BellSouth
- MSR Grande Lakes Resort
- FDG Maitland/SouthPark
- Bluegreen Vacations Liberty Property
- Bright House Networks
- Florida Mall Associates
- HIW-KC Orlando LLC
- Island One Inc.
- Embarq
- Darden Corporation.
- Grand Cypress Resort
- Wal-Mart/Sam's Club

Orange County Public Schools

24

198 Schools

- 124 Elementary Schools
- 39 Middle Schools
- 19 High Schools
- 21 Charter Schools

School Grades*

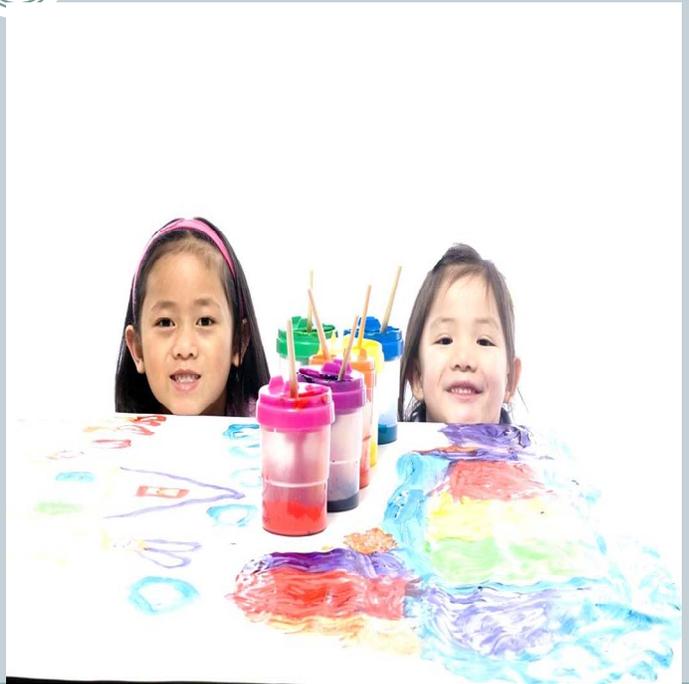
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- 0.6% received "F"

*Does not include charter schools

Early Learning Support

25

- 151 Day Care Centers
- Most elementary schools offer extended day enrichment programs
- Before and after school programs offered at middle schools
- Parramore Kidz Zone

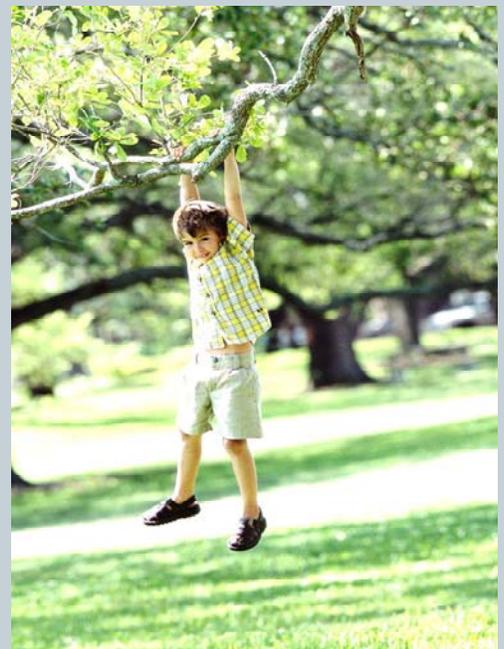


Parks and Recreation Facilities

26

96

In Orange County!



Resources for Seniors

27

- **Senior Resource Alliance**
 - Local resource for accessing services and programs through state and federal government
 - **Seniors First**
 - A non-profit social service organization
- 6 senior centers
 - 5 adult day care centers
 - 7 local senior citizen organizations



More Community Assets

28

Faith-based Organizations
Non-profit Entities
Local Government Support
Emergency Preparedness
Police and Fire Safety
Community Building and Planning Departments
Housing and Shelter Authorities
Food Pantries
Health and Wellness Centers

**What
really
matters
is what
you do
with
what you
have.”**

-Shirley Lord, writer



2012 Overarching Community Themes

- Maximize resources
- Information Technology will play greater role
- Focus on awareness and prevention
- Plan for the Affordable Care Act

APPENDIX B
LOCAL PUBLIC HEALTH ASSESSMENT



Local Public Health System
Performance Assessment

Report of Results

Orange County Health Department

9/22/2011

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Appendix

Resources for Next Steps

The National Public Health Performance Standards Program

Local Public Health System Performance Assessment Report of Results

A. The NPHPSP Report of Results

I. INTRODUCTION

The National Public Health Performance Standards Program (NPHPSP) assessments are intended to help users answer questions such as "What are the activities and capacities of our public health system?" and "How well are we providing the Essential Public Health Services in our jurisdiction?" The dialogue that occurs in answering these questions can help to identify strengths and weaknesses and determine opportunities for improvement.

The NPHPSP is a partnership effort to improve the practice of public health and the performance of public health systems. The NPHPSP assessment instruments guide state and local jurisdictions in evaluating their current performance against a set of optimal standards. Through these assessments, responding sites consider the activities of all public health system partners, thus addressing the activities of all public, private and voluntary entities that contribute to public health within the community.

Three assessment instruments have been designed to assist state and local partners in assessing and improving their public health systems or boards of health. These instruments are the:

- State Public Health System Performance Assessment Instrument,
- Local Public Health System Performance Assessment Instrument, and
- Local Public Health Governance Performance Assessment Instrument.

This report provides a summary of results from the NPHPSP Local Public Health System Assessment (OMB Control number 0920-0555, expiration date: August 31, 2013). The report, including the charts, graphs, and scores, are intended to help sites gain a good understanding of their performance and move on to the next step in strengthening their public system.

II. ABOUT THE REPORT

Calculating the scores

The NPHPSP assessment instruments are constructed using the Essential Public Health Services (EPHS) as a framework. Within the Local Instrument, each EPHS includes between 2-4 model standards that describe the key aspects of an optimally performing public health system. Each model standard is followed by assessment questions that serve as measures of performance. Each site's responses to these questions should indicate how well the model standard - which portrays the highest level of performance or "gold standard" - is being met.

Sites responded to assessment questions using the following response options below. These same categories are used in this report to characterize levels of activity for Essential Services and model standards.

The NPHPSP is a collaborative effort of seven national partners:

- Centers for Disease Control and Prevention, Office of Chief of Public Health Practice (CDC/OCPHP)
- American Public Health Association (APHA)
- Association of State and Territorial Health Officials (ASTHO)
- National Association of County and City Health Officials (NACCHO)
- National Association of Local Boards of Health (NALBOH)
- National Network of Public Health Institutes (NNPHI)
- Public Health Foundation (PHF)

NO ACTIVITY	0% or absolutely no activity.
MINIMAL ACTIVITY	Greater than zero, but no more than 25% of the activity described within the question is met.
MODERATE ACTIVITY	Greater than 25%, but no more than 50% of the activity described within the question is met.
SIGNIFICANT ACTIVITY	Greater than 50%, but no more than 75% of the activity described within the question is met.
OPTIMAL ACTIVITY	Greater than 75% of the activity described within the question is met.

Using the responses to all of the assessment questions, a scoring process generates scores for each first-tier or "stem" question, model standard, Essential Service, and one overall score. The scoring methodology is available from CDC or can be accessed on-line at <http://www.cdc.gov/nphpsp/conducting.html>.

Understanding data limitations

Respondents to the self-assessment should understand what the performance scores represent and potential data limitations. All performance scores are a composite; stem question scores represent a composite of the stem question and subquestion responses; model standard scores are a composite of the question scores within that area, and so on. The responses to the questions within the assessment are based upon processes that utilize input from diverse system participants with different experiences and perspectives. The gathering of these inputs and the development of a response for each question incorporates an element of subjectivity, which can be minimized through the use of particular assessment methods. Additionally, while certain assessment methods are recommended, processes can differ among sites. The assessment methods are not fully standardized and these differences in administration of the self-assessment may introduce an element of measurement error. In addition, there are differences in knowledge about the public health system among assessment participants. This may lead to some interpretation differences and issues for some questions, potentially introducing a degree of random non-sampling error.

Because of the limitations noted, the results and recommendations associated with these reported data should be used for quality improvement purposes. More specifically, results should be utilized for guiding an overall public health infrastructure and performance improvement process for the public health system. These data represent the collective performance of all organizational participants in the assessment of the local public health system. The data and results should not be interpreted to reflect the capacity or performance of any single agency or organization.

Presentation of results

The NPHPSP has attempted to present results - through a variety of figures and tables - in a user-friendly and clear manner. Results are presented in a Microsoft Word document, which allows users to easily copy and paste or edit the report for their own customized purposes. Original responses to all questions are also available.

For ease of use, many figures in tables use short titles to refer to Essential Services, model standards, and questions. If in doubt of the meaning, please refer to the full text in the assessment instruments.

Sites may choose to complete two optional questionnaires - one which asks about priority of each model standard and the second which assesses the local health department's contribution to achieving the model standard. Sites that submit responses for these questionnaires will see the results included as an additional component of their reports. Recipients of the priority results section may find that the scatter plot figures include data points that overlap. This is unavoidable when presenting results that represent similar data; in these cases, sites may find that the table listing of results will more clearly show the results found in each quadrant.

III. TIPS FOR INTERPRETING AND USING NPHPSP ASSESSMENT RESULTS

The use of these results by respondents to strengthen the public health system is the most important part of the performance improvement process that the NPHPSP is intended to promote. Report data may be used to identify strengths and weaknesses within the local public health system and pinpoint areas of performance that need improvement. The NPHPSP User Guide describes steps for using these results to develop and implement public health system performance improvement plans. Implementation of these plans is critical to achieving a higher performing public health system. Suggested steps in developing such improvement plans are:

1. Organize Participation for Performance Improvement
2. Prioritize Areas for Action
3. Explore "Root Causes" of Performance Problems
4. Develop and Implement Improvement Plans
5. Regularly Monitor and Report Progress

Refer to the User Guide section, "After We Complete the Assessment, What Next?" for details on the above steps.

Assessment results represent the collective performance of all entities in the local public health system and not any one organization. Therefore, system partners should be involved in the discussion of results and improvement strategies to assure that this information is appropriately used. The assessment results can drive improvement planning within each organization as well as system-wide. In addition, coordinated use of the Local Instrument with the Governance Instrument or state-wide use of the Local Instrument can lead to more successful and comprehensive improvement plans to address more systemic statewide issues.

Although respondents will ultimately want to review these results with stakeholders in the context of their overall performance improvement process, they may initially find it helpful to review the results either individually or in a small group. The following tips may be helpful when initially reviewing the results, or preparing to present the results to performance improvement stakeholders.

Examine performance scores

First, sites should take a look at the overall or composite performance scores for Essential Services and model standards. These scores are presented visually in order by Essential Service (Figure 1) and in ascending order (Figure 2). Additionally, Figure 3 uses color designations to indicate performance level categories. Examination of these scores can immediately give a sense of the local public health system's greatest strengths and weaknesses.

Review the range of scores within each Essential Service and model standard

The Essential Service score is an average of the model standard scores within that service, and, in turn, the model standard scores represent the average of stem question scores for that standard. If there is great range or difference in scores, focusing attention on the model standard(s) or questions with the lower scores will help to identify where performance inconsistency or weakness may be. Some figures, such as the bar charts in Figure 4, provide "range bars" which indicate the variation in scores. Looking for long range bars will help to easily identify these opportunities.

Also, refer back to the original question responses to determine where weaknesses or inconsistencies in performance may be occurring. By examining the assessment questions, including the subquestions and discussion toolbox items, participants will be reminded of particular areas of concern that may most need attention.

Consider the context

The NPHPSP User Guide and other technical assistance resources strongly encourage responding jurisdictions to gather and record qualitative input from participants throughout the assessment process. Such information can include insights that shaped group responses, gaps that were uncovered, solutions to identified problems, and impressions or early ideas for improving system performance. This information should have emerged from the general discussion of the model standards and assessment questions, as well as the responses to discussion toolbox topics.

The results viewed in this report should be considered within the context of this qualitative information, as well as with other information. The assessment report, by itself, is not intended to be the sole "roadmap" to answer the question of what a local public health system's performance improvement priorities should be. The original purpose of the assessment, current issues being addressed by the community, and the needs and interests for all stakeholders should be considered.

Some sites have used a process such as Mobilizing for Action through Planning and Partnerships (MAPP) to address their NPHPSP data within the context of other community issues. In the MAPP process, local users consider the NPHPSP results in addition to three other assessments - community health status, community themes and strengths, and forces of change - before determining strategic issues, setting priorities, and developing action plans. See "Resources for Next Steps" for more about MAPP.

Use the optional priority rating and agency contribution questionnaire results

Sites may choose to complete two optional questionnaires - one which asks about priority of each model standard and the second which assesses the local health department's contribution to achieving of the model standard. The supplemental priority questionnaire, which asks about the priority of each model standard to the public health system, should guide sites in considering their performance scores in relationship to their own system's priorities. The use of this questionnaire can guide sites in targeting their limited attention and resources to areas of high priority but low performance. This information should serve to catalyze or strengthen the performance improvement activities resulting from the assessment process.

The second questionnaire, which asks about the contribution of the public health agency to each model standard, can assist sites in considering the role of the agency in performance improvement efforts. Sites that use this component will see a list of questions to consider regarding the agency role and as it relates to the results for each model standard. These results may assist the local health department in its own strategic planning and quality improvement activities.

IV. FINAL REMARKS

The challenge of preventing illness and improving health is ongoing and complex. The ability to meet this challenge rests on the capacity and performance of public health systems. Through well equipped, high-performing public health systems, this challenge can be addressed. Public health performance standards are intended to guide the development of stronger public health systems capable of improving the health of populations. The development of high-performing public health systems will increase the likelihood that all citizens have access to a defined optimal level of public health services. Through periodic assessment guided by model performance standards, public health leaders can improve collaboration and integration among the many components of a public health system, and more effectively and efficiently use resources while improving health intervention services.

B. Performance Assessment Instrument Results

I. How well did the system perform the ten Essential Public Health Services (EPHS)?

Table 1: Summary of performance scores by Essential Public Health Service (EPHS)

EPHS		Score
1	Monitor Health Status To Identify Community Health Problems	56
2	Diagnose And Investigate Health Problems and Health Hazards	76
3	Inform, Educate, And Empower People about Health Issues	65
4	Mobilize Community Partnerships to Identify and Solve Health Problems	28
5	Develop Policies and Plans that Support Individual and Community Health Efforts	64
6	Enforce Laws and Regulations that Protect Health and Ensure Safety	66
7	Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable	52
8	Assure a Competent Public and Personal Health Care Workforce	48
9	Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services	53
10	Research for New Insights and Innovative Solutions to Health Problems	53
Overall Performance Score		56

Figure 1: Summary of EPHS performance scores and overall score (with range)

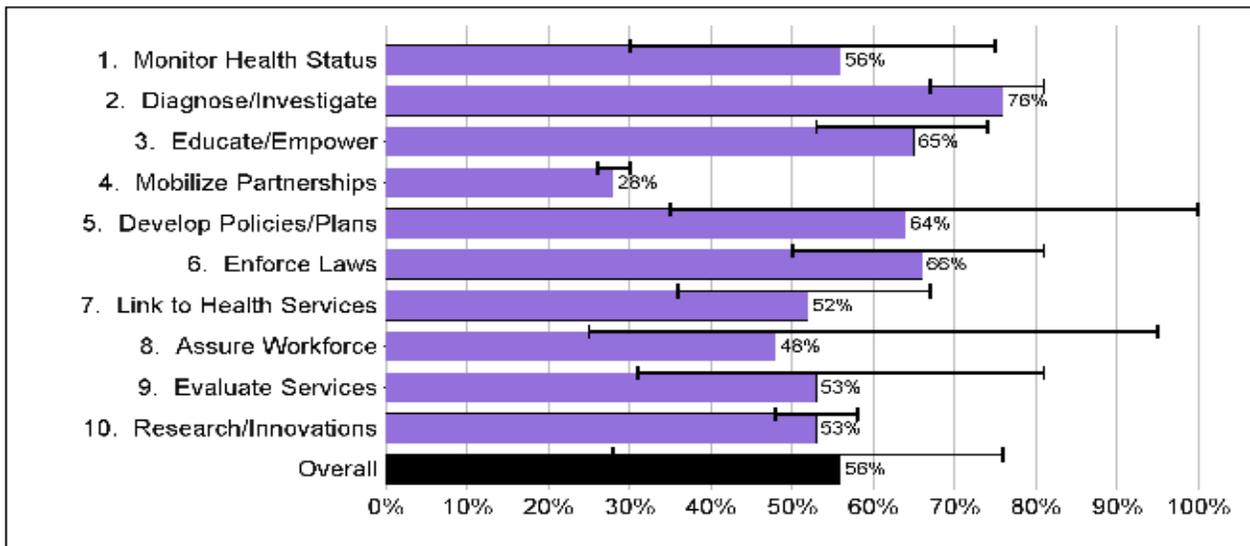


Table 1 (above) provides a quick overview of the system's performance in each of the 10 Essential Public Health Services (EPHS). Each EPHS score is a composite value determined by the scores given to those activities that contribute to each Essential Service. These scores range from a minimum value of 0% (no activity is performed pursuant to the standards) to a maximum of 100% (all activities associated with the standards are performed at optimal levels).

Figure 1 (above) displays performance scores for each Essential Service along with an overall score that indicates the average performance level across all 10 Essential Services. The range bars show the minimum and maximum values of responses within the Essential Service and an overall score. Areas of wide range may warrant a closer look in **Figure 4** or the raw data.

Figure 2: Rank ordered performance scores for each Essential Service

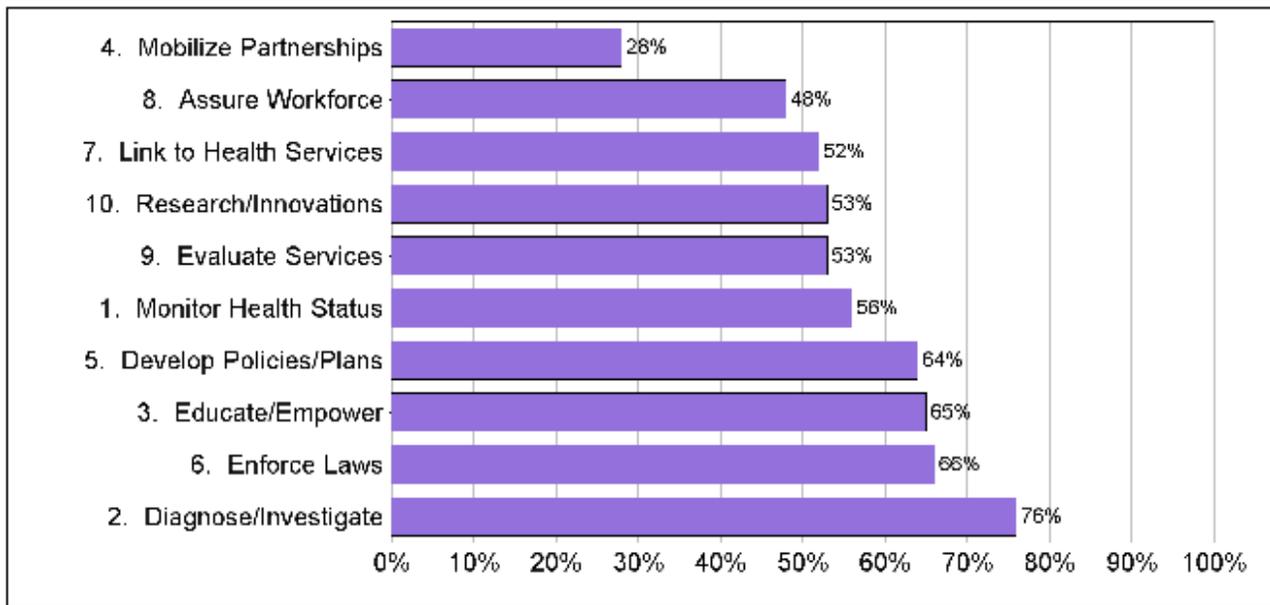


Figure 3: Rank ordered performance scores for each Essential Service, by level of activity

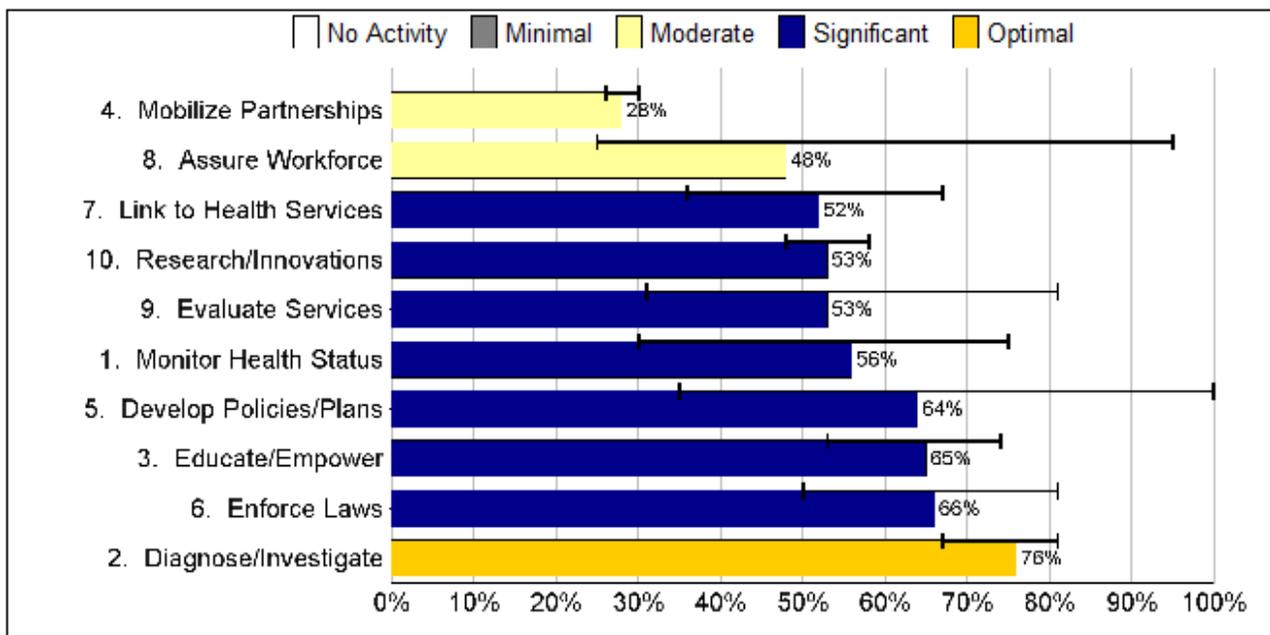


Figure 2 (above) displays each composite score from low to high, allowing easy identification of service domains where performance is relatively strong or weak.

Figure 3 (above) provides a composite picture of the previous two graphs. The range lines show the range of responses within an Essential Service. The color coded bars make it easier to identify which of the Essential Services fall in the five categories of performance activity.

Figure 4 (next page) shows scores for each model standard. Sites can use these graphs to pinpoint specific activities within the Essential Service that may need a closer look. Note these scores also have range bars, showing sub-areas that comprise the model standard.

II. How well did the system perform on specific model standards?

Figure 4: Performance scores for each model standard, by Essential Service

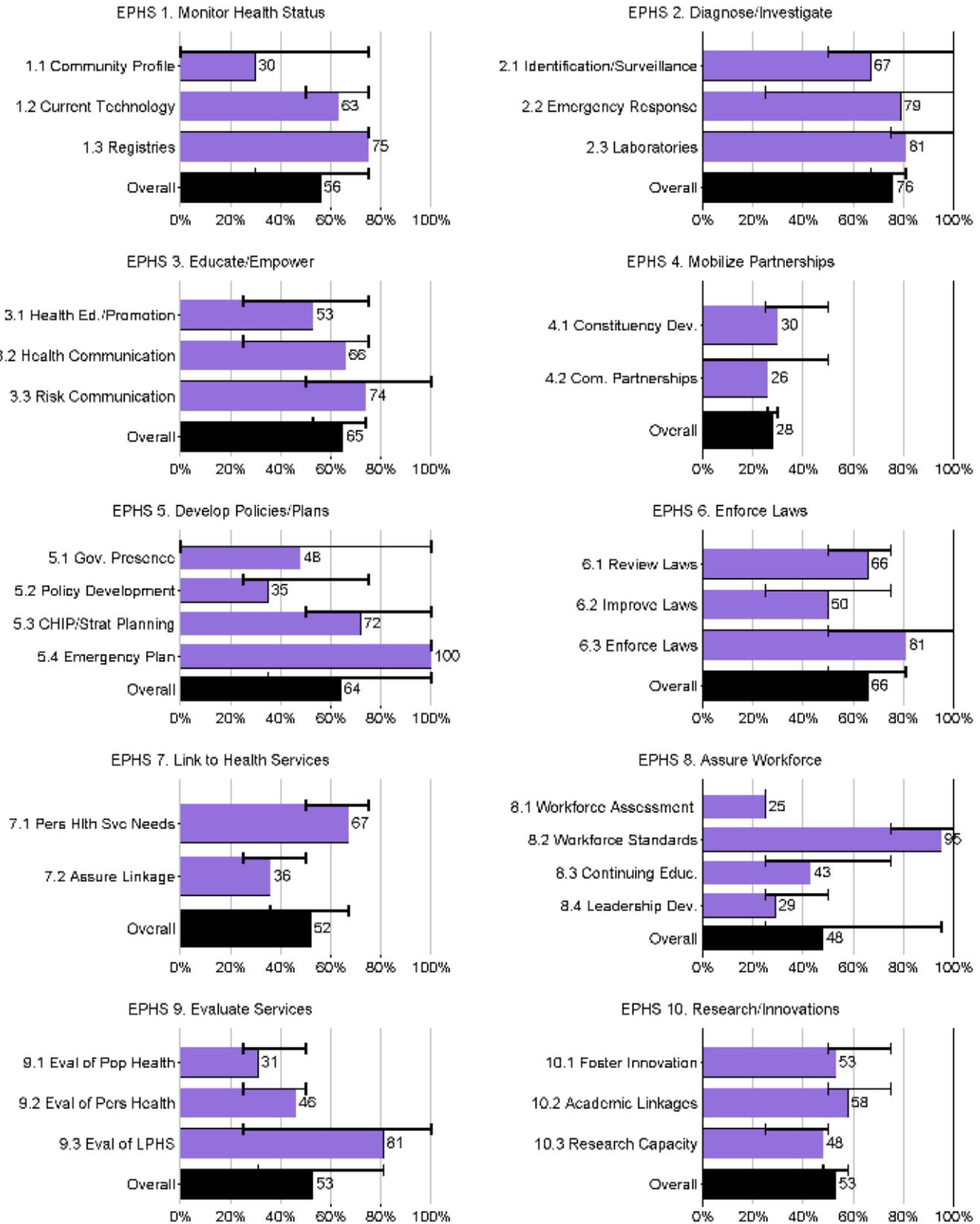


Table 2: Summary of performance scores by Essential Public Health Service (EPHS) and model standard

Essential Public Health Service	Score
EPHS 1. Monitor Health Status To Identify Community Health Problems	56
1.1 Population-Based Community Health Profile (CHP)	30
1.1.1 Community health assessment	31
1.1.2 Community health profile (CHP)	38
1.1.3 Community-wide use of community health assessment or CHP data	21
1.2 Access to and Utilization of Current Technology to Manage, Display, Analyze and Communicate Population Health Data	63
1.2.1 State-of-the-art technology to support health profile databases	50
1.2.2 Access to geocoded health data	63
1.2.3 Use of computer-generated graphics	75
1.3 Maintenance of Population Health Registries	75
1.3.1 Maintenance of and/or contribution to population health registries	75
1.3.2 Use of information from population health registries	75
EPHS 2. Diagnose And Investigate Health Problems and Health Hazards	76
2.1 Identification and Surveillance of Health Threats	67
2.1.1 Surveillance system(s) to monitor health problems and identify health threats	88
2.1.2 Submission of reportable disease information in a timely manner	50
2.1.3 Resources to support surveillance and investigation activities	63
2.2 Investigation and Response to Public Health Threats and Emergencies	79
2.2.1 Written protocols for case finding, contact tracing, source identification, and containment	72
2.2.2 Current epidemiological case investigation protocols	77
2.2.3 Designated Emergency Response Coordinator	100
2.2.4 Rapid response of personnel in emergency / disasters	72
2.2.5 Evaluation of public health emergency response	75
2.3 Laboratory Support for Investigation of Health Threats	81
2.3.1 Ready access to laboratories for routine diagnostic and surveillance needs	75
2.3.2 Ready access to laboratories for public health threats, hazards, and emergencies	75
2.3.3 Licenses and/or credentialed laboratories	100
2.3.4 Maintenance of guidelines or protocols for handling laboratory samples	75
EPHS 3. Inform, Educate, And Empower People about Health Issues	65
3.1 Health Education and Promotion	53
3.1.1 Provision of community health information	69
3.1.2 Health education and/or health promotion campaigns	67
3.1.3 Collaboration on health communication plans	25
3.2 Health Communication	66
3.2.1 Development of health communication plans	48
3.2.2 Relationships with media	75
3.2.3 Designation of public information officers	75
3.3 Risk Communication	74
3.3.1 Emergency communications plan(s)	78
3.3.2 Resources for rapid communications response	75
3.3.3 Crisis and emergency communications training	75
3.3.4 Policies and procedures for public information officer response	69

Essential Public Health Service	Score
EPHS 4. Mobilize Community Partnerships to Identify and Solve Health Problems	28
4.1 Constituency Development	30
4.1.1 Identification of key constituents or stakeholders	31
4.1.2 Participation of constituents in improving community health	38
4.1.3 Directory of organizations that comprise the LPHS	25
4.1.4 Communications strategies to build awareness of public health	25
4.2 Community Partnerships	26
4.2.1 Partnerships for public health improvement activities	40
4.2.2 Community health improvement committee	25
4.2.3 Review of community partnerships and strategic alliances	13
EPHS 5. Develop Policies and Plans that Support Individual and Community Health Efforts	64
5.1 Government Presence at the Local Level	48
5.1.1 Governmental local public health presence	83
5.1.2 Resources for the local health department	23
5.1.3 Local board of health or other governing entity (not scored)	0
5.1.4 LHD work with the state public health agency and other state partners	38
5.2 Public Health Policy Development	35
5.2.1 Contribution to development of public health policies	54
5.2.2 Alert policymakers/public of public health impacts from policies	25
5.2.3 Review of public health policies	25
5.3 Community Health Improvement Process	72
5.3.1 Community health improvement process	78
5.3.2 Strategies to address community health objectives	63
5.3.3 Local health department (LHD) strategic planning process	75
5.4 Plan for Public Health Emergencies	100
5.4.1 Community task force or coalition for emergency preparedness and response plans	100
5.4.2 All-hazards emergency preparedness and response plan	100
5.4.3 Review and revision of the all-hazards plan	100
EPHS 6. Enforce Laws and Regulations that Protect Health and Ensure Safety	66
6.1 Review and Evaluate Laws, Regulations, and Ordinances	66
6.1.1 Identification of public health issues to be addressed through laws, regulations, and ordinances	50
6.1.2 Knowledge of laws, regulations, and ordinances	75
6.1.3 Review of laws, regulations, and ordinances	66
6.1.4 Access to legal counsel	75
6.2 Involvement in the Improvement of Laws, Regulations, and Ordinances	50
6.2.1 Identification of public health issues not addressed through existing laws	75
6.2.2 Development or modification of laws for public health issues	50
6.2.3 Technical assistance for drafting proposed legislation, regulations, or ordinances	25
6.3 Enforce Laws, Regulations and Ordinances	81
6.3.1 Authority to enforce laws, regulation, ordinances	81
6.3.2 Public health emergency powers	100
6.3.3 Enforcement in accordance with applicable laws, regulations, and ordinances	88
6.3.4 Provision of information about compliance	75
6.3.5 Assessment of compliance	63

Essential Public Health Service	Score
EPHS 7. Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable	52
7.1 Identification of Populations with Barriers to Personal Health Services	67
7.1.1 Identification of populations who experience barriers to care	75
7.1.2 Identification of personal health service needs of populations	75
7.1.3 Assessment of personal health services available to populations who experience barriers to care	50
7.2 Assuring the Linkage of People to Personal Health Services	36
7.2.1 Link populations to needed personal health services	50
7.2.2 Assistance to vulnerable populations in accessing needed health services	46
7.2.3 Initiatives for enrolling eligible individuals in public benefit programs	25
7.2.4 Coordination of personal health and social services	25
EPHS 8. Assure a Competent Public and Personal Health Care Workforce	48
8.1 Workforce Assessment Planning, and Development	25
8.1.1 Assessment of the LPHS workforce	25
8.1.2 Identification of shortfalls and/or gaps within the LPHS workforce	25
8.1.3 Dissemination of results of the workforce assessment / gap analysis	25
8.2 Public Health Workforce Standards	95
8.2.1 Awareness of guidelines and/or licensure/certification requirements	100
8.2.2 Written job standards and/or position descriptions	75
8.2.3 Annual performance evaluations	100
8.2.4 LHD written job standards and/or position descriptions	100
8.2.5 LHD performance evaluations	100
8.3 Life-Long Learning Through Continuing Education, Training, and Mentoring	43
8.3.1 Identification of education and training needs for workforce development	52
8.3.2 Opportunities for developing core public health competencies	46
8.3.3 Educational and training incentives	25
8.3.4 Interaction between personnel from LPHS and academic organizations	50
8.4 Public Health Leadership Development	29
8.4.1 Development of leadership skills	41
8.4.2 Collaborative leadership	25
8.4.3 Leadership opportunities for individuals and/or organizations	25
8.4.4 Recruitment and retention of new and diverse leaders	25

Essential Public Health Service	Score
EPHS 9. Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services	53
9.1 Evaluation of Population-based Health Services	31
9.1.1 Evaluation of population-based health services	50
9.1.2 Assessment of community satisfaction with population-based health services	25
9.1.3 Identification of gaps in the provision of population-based health services	25
9.1.4 Use of population-based health services evaluation	25
9.2 Evaluation of Personal Health Care Services	46
9.2.1. In Personal health services evaluation	29
9.2.2 Evaluation of personal health services against established standards	50
9.2.3 Assessment of client satisfaction with personal health services	50
9.2.4 Information technology to assure quality of personal health services	50
9.2.5 Use of personal health services evaluation	50
9.3 Evaluation of the Local Public Health System	81
9.3.1 Identification of community organizations or entities that contribute to the EPHS	100
9.3.2 Periodic evaluation of LPHS	63
9.3.3 Evaluation of partnership within the LPHS	88
9.3.4 Use of LPHS evaluation to guide community health improvements	75
EPHS 10. Research for New Insights and Innovative Solutions to Health Problems	53
10.1 Fostering Innovation	53
10.1.1 Encouragement of new solutions to health problems	63
10.1.2 Proposal of public health issues for inclusion in research agenda	50
10.1.3 Identification and monitoring of best practices	50
10.1.4 Encouragement of community participation in research	50
10.2 Linkage with Institutions of Higher Learning and/or Research	58
10.2.1 Relationships with institutions of higher learning and/or research organizations	50
10.2.2 Partnerships to conduct research	75
10.2.3 Collaboration between the academic and practice communities	50
10.3 Capacity to Initiate or Participate in Research	48
10.3.1 Access to researchers	50
10.3.2 Access to resources to facilitate research	50
10.3.3 Dissemination of research findings	50
10.3.4 Evaluation of research activities	41

III. Overall, how well is the system achieving optimal activity levels?

Figure 5: Percentage of Essential Services scored in each level of activity

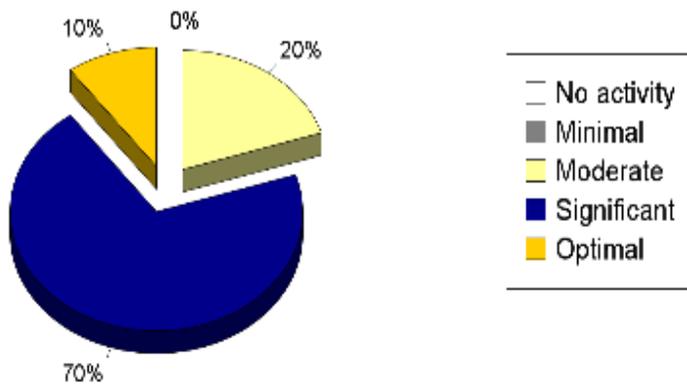


Figure 5 displays the percentage of the system's Essential Services scores that fall within the five activity categories. This chart provides the site with a high level snapshot of the information found in Figure 3.

Figure 6: Percentage of model standards scored in each level of activity

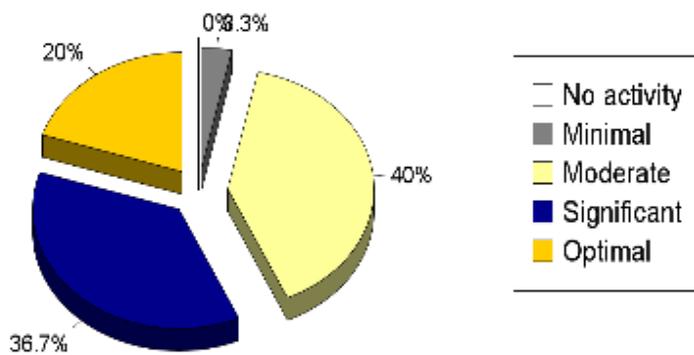


Figure 6 displays the percentage of the system's model standard scores that fall within the five activity categories.

Figure 7: Percentage of all questions scored in each level of activity

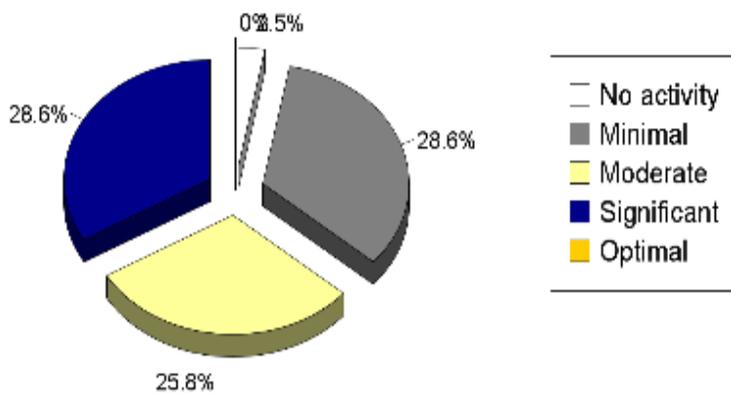


Figure 7 displays the percentage of all scored questions that fall within the five activity categories. This breakdown provides a closer snapshot of the system's performance, showing variation that may be masked by the scores in Figures 5 and 6.

C. Optional Priority Rating Results

What are potential areas for attention, based on the priority ratings and performance scores?

Tables 3 and 4 show priority ratings (as rated by participants on a 1-10 scale, with 10 being the highest) and performance scores for Essential Services and model standards, arranged under the four quadrants in Figures 8 and 9, which follow the tables. The four quadrants, which are based on how the performance of each Essential Service and/or model standard compares with the priority rating, should provide guidance in considering areas for attention and next steps for performance improvement.

Table 3: Essential Service by priority rating and performance score, with areas for attention

Essential Service	Priority Rating	Performance Score (level of activity)
Quadrant I (High Priority/Low Performance) - These important activities may need increased attention.		
4. Mobilize Community Partnerships to Identify and Solve Health Problems	6	28 (Moderate)
8. Assure a Competent Public and Personal Health Care Workforce	5	48 (Moderate)
9. Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services	6	53 (Significant)
10. Research for New Insights and Innovative Solutions to Health Problems	5	53 (Significant)
Quadrant II (High Priority/High Performance) - These activities are being done well, and it is important to maintain efforts.		
1. Monitor Health Status To Identify Community Health Problems	7	56 (Significant)
2. Diagnose And Investigate Health Problems and Health Hazards	8	76 (Optimal)
3. Inform, Educate, And Empower People about Health Issues	5	65 (Significant)
Quadrant III (Low Priority/High Performance) - These activities are being done well, but the system can shift or reduce some resources or attention to focus on higher priority activities.		
5. Develop Policies and Plans that Support Individual and Community Health Efforts	4	64 (Significant)
6. Enforce Laws and Regulations that Protect Health and Ensure Safety	2	66 (Significant)
Quadrant IV (Low Priority/Low Performance) - These activities could be improved, but are of low priority. They may need little or no attention at this time.		
7. Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable	4	52 (Significant)

Table 4: Model standards by priority and performance score, with areas for attention

Model Standard	Priority Rating	Performance Score (level of activity)
Quadrant I (High Priority/Low Performance) - These important activities may need increased attention.		
1.1 Population-Based Community Health Profile (CHP)	9	30 (Moderate)
4.1 Constituency Development	6	30 (Moderate)
4.2 Community Partnerships	5	26 (Moderate)
8.1 Workforce Assessment Planning, and Development	5	25 (Minimal)
9.1 Evaluation of Population-based Health Services	7	31 (Moderate)
9.2 Evaluation of Personal Health Care Services	6	46 (Moderate)
10.3 Capacity to Initiate or Participate in Research	5	48 (Moderate)
Quadrant II (High Priority/High Performance) - These activities are being done well, and it is important to maintain efforts.		
1.2 Access to and Utilization of Current Technology to Manage, Display, Analyze and Communicate Population Health Data	7	63 (Significant)
1.3 Maintenance of Population Health Registries	6	75 (Significant)
2.1 Identification and Surveillance of Health Threats	8	67 (Significant)
2.2 Investigation and Response to Public Health Threats and Emergencies	10	79 (Optimal)
2.3 Laboratory Support for Investigation of Health Threats	5	81 (Optimal)
3.2 Health Communication	5	66 (Significant)
3.3 Risk Communication	5	74 (Significant)
5.4 Plan for Public Health Emergencies	6	100 (Optimal)
8.2 Public Health Workforce Standards	5	95 (Optimal)
9.3 Evaluation of the Local Public Health System	6	81 (Optimal)
10.2 Linkage with Institutions of Higher Learning and/or Research	5	58 (Significant)
Quadrant III (Low Priority/High Performance) - These activities are being done well, but the system can shift or reduce some resources or attention to focus on higher priority activities.		
5.3 Community Health Improvement Process	4	72 (Significant)
6.1 Review and Evaluate Laws, Regulations, and Ordinances	2	66 (Significant)
6.3 Enforce Laws, Regulations and Ordinances	3	81 (Optimal)
7.1 Identification of Populations with Barriers to Personal Health Services	3	67 (Significant)
Quadrant IV (Low Priority/Low Performance) - These activities could be improved, but are of low priority. They may need little or no attention at this time.		
3.1 Health Education and Promotion	4	53 (Significant)
5.1 Government Presence at the Local Level	3	48 (Moderate)
5.2 Public Health Policy Development	3	35 (Moderate)
6.2 Involvement in the Improvement of Laws, Regulations, and Ordinances	2	50 (Significant)
7.2 Assuring the Linkage of People to Personal Health Services	4	36 (Moderate)
8.3 Life-Long Learning Through Continuing Education, Training, and Mentoring	4	43 (Moderate)
8.4 Public Health Leadership Development	4	29 (Moderate)
10.1 Fostering Innovation	4	53 (Significant)

Figures 8 and 9 (below) display Essential Services and model standards data within the following four categories using adjusted priority rating data:

- Quadrant I** (High Priority/Low Performance) - These important activities may need increased attention.
- Quadrant II** (High Priority/High Performance) - These activities are being done well, and it is important to maintain efforts.
- Quadrant III** (Low Priority/High Performance) - These activities are being done well, but the system can shift or reduce some resources or attention to focus on higher priority activities.
- Quadrant IV** (Low Priority/Low Performance) - These activities could be improved, but are of low priority. They may need little or no attention at this time.

The priority data are calculated based on the percentage standard deviation from the mean. Performance scores above the median value are displayed in the "high" performance quadrants. All other levels are displayed in the "low" performance quadrants. Essential Service data are calculated as a mean of model standard ratings within each Essential Service. In cases where performance scores and priority ratings are identical or very close, the numbers in these figures may overlap. To distinguish any overlapping numbers, please refer to the raw data or Table 4.

Figure 8: Scatter plot of Essential Service scores and priority ratings

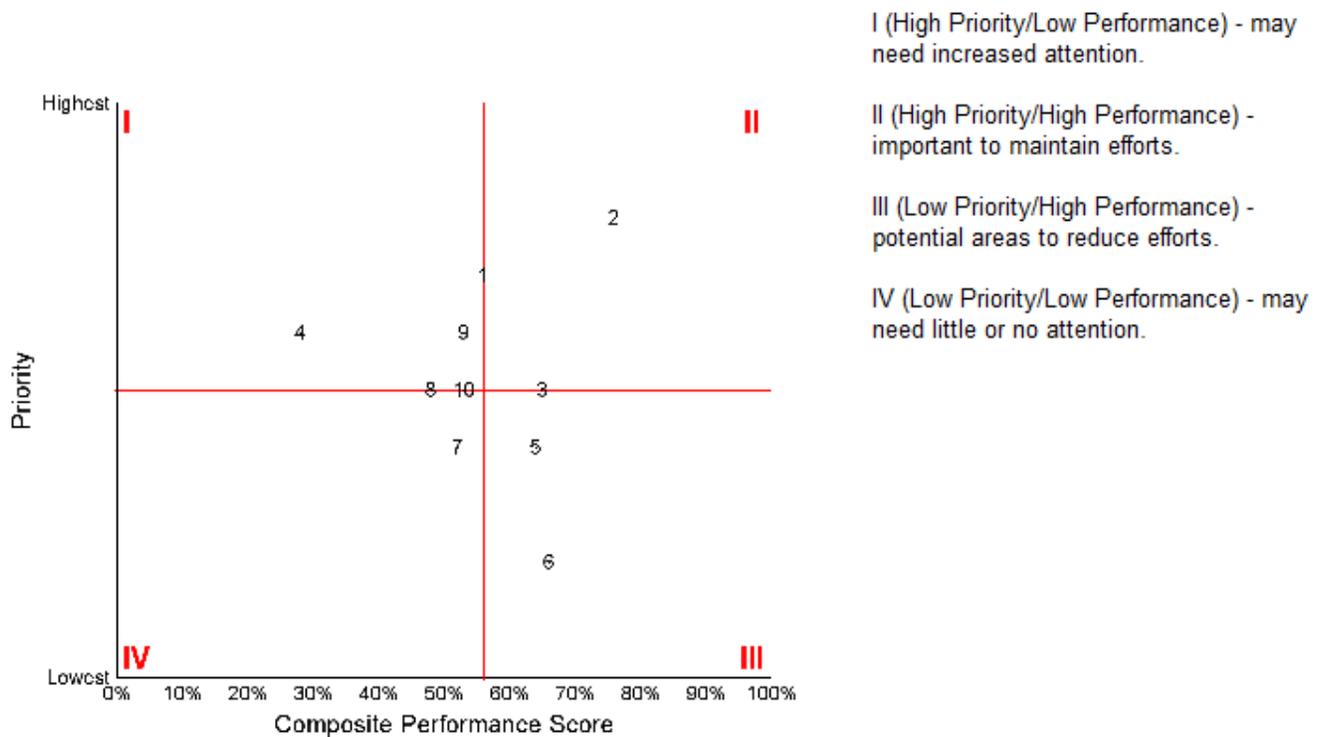
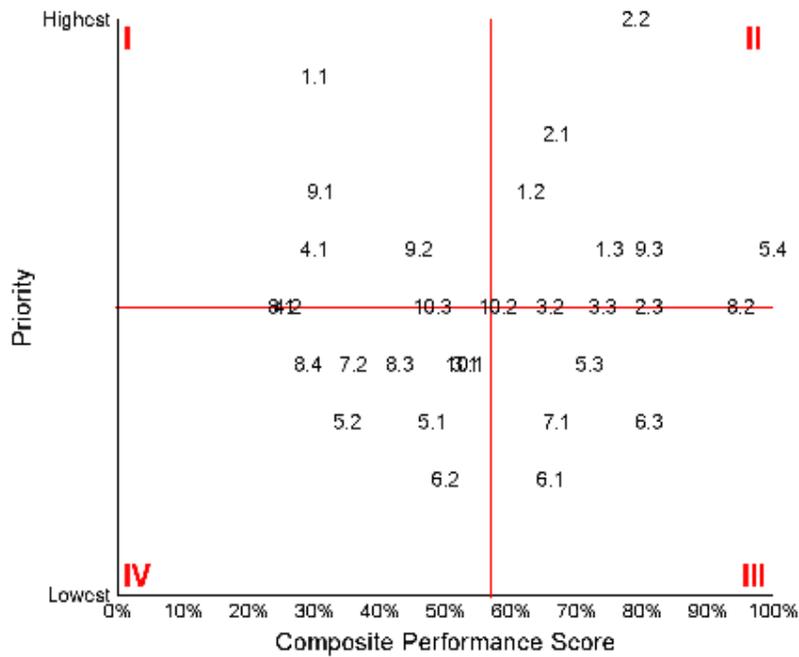


Figure 9: Scatter plot of model standards scores and priority ratings



I (High Priority/Low Performance) - may need increased attention.

II (High Priority/High Performance) - important to maintain efforts.

III (Low Priority/High Performance) - potential areas to reduce efforts.

IV (Low Priority/Low Performance) - may need little or no attention.



D. Optional agency contribution results

How much does the Local Health Department contribute to the system's performance, as perceived by assessment participants?

Tables 5 and 6 (below) display Essential Services and model standards arranged by Local Health Department (LHD) contribution (Highest to Lowest) and performance score. Sites may want to consider the questions listed before these tables to further examine the relationship between the system and Department in achieving Essential Services and model standards. Questions to consider are suggested based on the four categories or "quadrants" displayed in Figures 10 and 11.

Quadrant		Questions to Consider
I.	Low Performance/High Department Contribution	<ul style="list-style-type: none"> • Is the Department's level of effort truly high, or do they just do more than anyone else? • Is the Department effective at what it does, and does it focus on the right things? • Is the level of Department effort sufficient for the jurisdiction's needs? • Should partners be doing more, or doing different things? • What else within or outside of the Department might be causing low performance?
II.	High Performance/High Department Contribution	<ul style="list-style-type: none"> • What does the Department do that may contribute to high performance in this area? Could any of these strategies be applied to other areas? • Is the high Department contribution appropriate, or is the Department taking on what should be partner responsibilities? • Could the Department do less and maintain satisfactory performance?
III.	High Performance/Low Department Contribution	<ul style="list-style-type: none"> • Who are the key partners that contribute to this area? What do they do that may contribute to high performance? Could any of these strategies be applied to other areas? • Does the low Department contribution seem right for this area, or are partners picking up slack for Department responsibilities? • Does the Department provide needed support for partner efforts? • Could the key partners do less and maintain satisfactory performance?
IV.	Low Performance/Low Department Contribution	<ul style="list-style-type: none"> • Who are the key partners that contribute to this area? Are their contributions truly high, or do they just do more than the Department? • Is the total level of effort sufficient for the jurisdiction's needs? • Are partners effective at what they do, and do they focus on the right things? • Does the low Department contribution seem right for this area, or is it likely to be contributing to low performance? • Does the Department provide needed support for partner efforts? • What else might be causing low performance?

Table 5: Essential Service by perceived LHD contribution and score

Essential Service	LHD Contribution	Performance Score	Consider Questions for:
1. Monitor Health Status To Identify Community Health Problems	33%	Significant (56)	Quadrant IV
2. Diagnose And Investigate Health Problems and Health Hazards	83%	Optimal (76)	Quadrant II
3. Inform, Educate, And Empower People about Health Issues	75%	Significant (65)	Quadrant II
4. Mobilize Community Partnerships to Identify and Solve Health Problems	50%	Moderate (28)	Quadrant I
5. Develop Policies and Plans that Support Individual and Community Health Efforts	56%	Significant (64)	Quadrant II
6. Enforce Laws and Regulations that Protect Health and Ensure Safety	25%	Significant (66)	Quadrant III
7. Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable	63%	Significant (52)	Quadrant I
8. Assure a Competent Public and Personal Health Care Workforce	50%	Moderate (48)	Quadrant I
9. Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services	67%	Significant (53)	Quadrant I
10. Research for New Insights and Innovative Solutions to Health Problems	25%	Significant (53)	Quadrant IV



Table 6: Model standards by perceived LHD contribution and score

Model Standard	LHD Contribution	Performance Score	Consider Questions for:
1.1 Population-Based Community Health Profile (CHP)	50%	Moderate (30)	Quadrant I
1.2 Access to and Utilization of Current Technology to Manage, Display, Analyze and Communicate Population Health Data	25%	Significant (63)	Quadrant III
1.3 Maintenance of Population Health Registries	25%	Significant (75)	Quadrant III
2.1 Identification and Surveillance of Health Threats	100%	Significant (67)	Quadrant II
2.2 Investigation and Response to Public Health Threats and Emergencies	100%	Optimal (79)	Quadrant II
2.3 Laboratory Support for Investigation of Health Threats	50%	Optimal (81)	Quadrant II
3.1 Health Education and Promotion	75%	Significant (53)	Quadrant I
3.2 Health Communication	75%	Significant (66)	Quadrant II
3.3 Risk Communication	75%	Significant (74)	Quadrant II
4.1 Constituency Development	50%	Moderate (30)	Quadrant I
4.2 Community Partnerships	50%	Moderate (26)	Quadrant I
5.1 Government Presence at the Local Level	50%	Moderate (48)	Quadrant I
5.2 Public Health Policy Development	25%	Moderate (35)	Quadrant IV
5.3 Community Health Improvement Process	50%	Significant (72)	Quadrant II
5.4 Plan for Public Health Emergencies	100%	Optimal (100)	Quadrant II
6.1 Review and Evaluate Laws, Regulations, and Ordinances	25%	Significant (66)	Quadrant III
6.2 Involvement in the Improvement of Laws, Regulations, and Ordinances	25%	Significant (50)	Quadrant IV
6.3 Enforce Laws, Regulations and Ordinances	25%	Optimal (81)	Quadrant III
7.1 Identification of Populations with Barriers to Personal Health Services	75%	Significant (67)	Quadrant II
7.2 Assuring the Linkage of People to Personal Health Services	50%	Moderate (36)	Quadrant I
8.1 Workforce Assessment Planning, and Development	50%	Minimal (25)	Quadrant I
8.2 Public Health Workforce Standards	50%	Optimal (95)	Quadrant II
8.3 Life-Long Learning Through Continuing Education, Training, and Mentoring	50%	Moderate (43)	Quadrant I
8.4 Public Health Leadership Development	50%	Moderate (29)	Quadrant I
9.1 Evaluation of Population-based Health Services	75%	Moderate (31)	Quadrant I
9.2 Evaluation of Personal Health Care Services	75%	Moderate (46)	Quadrant I
9.3 Evaluation of the Local Public Health System	50%	Optimal (81)	Quadrant II
10.1 Fostering Innovation	25%	Significant (53)	Quadrant IV
10.2 Linkage with Institutions of Higher Learning and/or Research	25%	Significant (58)	Quadrant III
10.3 Capacity to Initiate or Participate in Research	25%	Moderate (48)	Quadrant IV

Figure 10: Scatter plot of Essential Service scores and LHD contribution scores

Essential Service data are calculated as a mean of model standard ratings within each Essential Service.

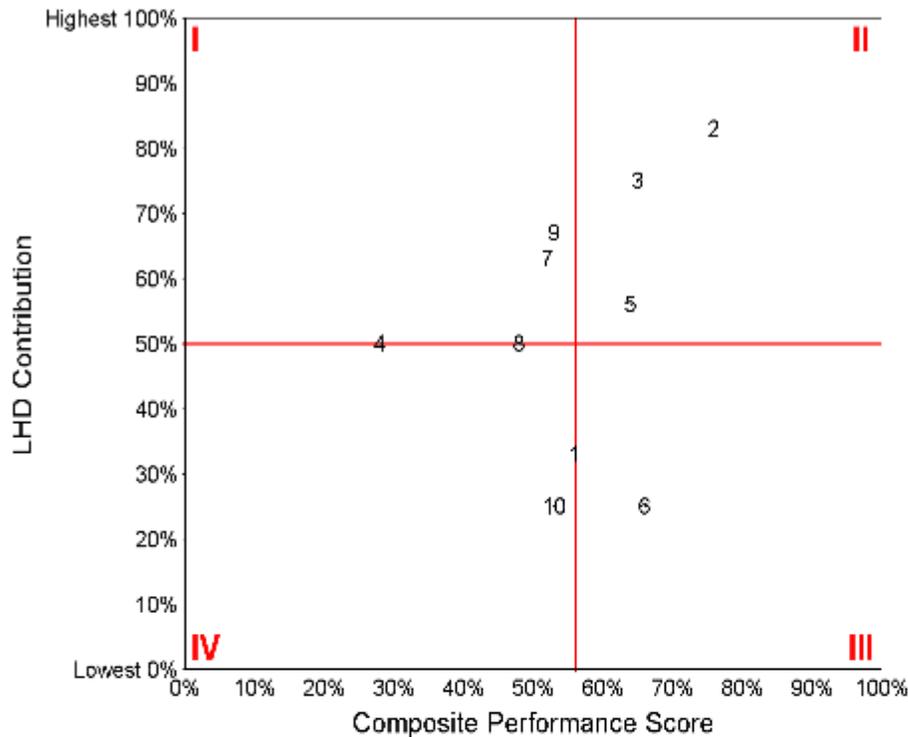
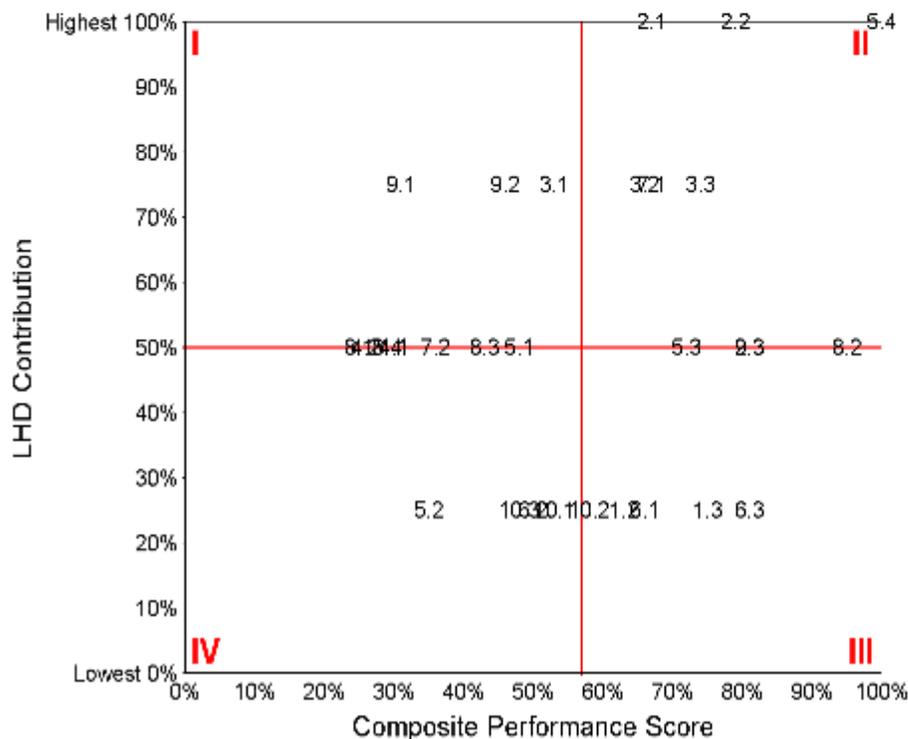


Figure 11: Scatter plot of model standard scores and LHD contribution scores



APPENDIX: RESOURCES FOR NEXT STEPS

The NPHPSP offers a variety of information, technical assistance, and training resources to assist in quality improvement activities. Descriptions of these resources are provided below. Other resources and websites that may be of particular interest to NPHPSP users are also noted below.

- **Technical Assistance and Consultation** - NPHPSP partners are available for phone and email consultation to state and localities as they plan for and conduct NPHPSP assessment and performance improvement activities. Contact 1-800-747-7649 or phpsp@cdc.gov.
- **NPHPSP User Guide** - The NPHPSP User Guide section, "After We Complete the Assessment, What Next?" describes five essential steps in a performance improvement process following the use of the NPHPSP assessment instruments. The NPHPSP User Guide may be found on the NPHPSP website (<http://www.cdc.gov/NPHPSP/PDF/UserGuide.pdf>).
- **NPHPSP Online Tool Kit** - Additional resources that may be found on, or are linked to, the NPHPSP website (<http://www.cdc.gov/NPHPSP/generalResources.html>) under the "Post Assessment/ Performance Improvement" link include sample performance improvement plans, quality improvement and priority-setting tools, and other technical assistance documents and links.
- **NPHPSP Online Resource Center** - Designed specifically for NPHPSP users, the Public Health Foundation's online resource center (www.phf.org/nphpsp) for public health systems performance improvement allows users to search for State, Local, and Governance resources by model standards, essential public health service, and keyword.;
- **NPHPSP Monthly User Calls** - These calls feature speakers and dialogue on topic of interest to users. They also provide an opportunity for people from around the country to learn from each other about various approaches to the NPHPSP assessment and performance improvement process. Calls occur on the third Tuesday of each month, 2:00 - 3:00 ET. Contact phpsp@cdc.gov to be added to the email notification list for the call.
- **Annual Training Workshop** - Individuals responsible for coordinating performance assessment and improvement activities may attend an annual two-day workshop held in the spring of each year. Visit the NPHPSP website (<http://www.cdc.gov/nphpsp/annualTrainingWorkshop.html>) for more information.
- **Public Health Improvement Resource Center at the Public Health Foundation** - This website (www.phf.org/improvement) provides resources and tools for evaluating and building the capacity of public health systems. More than 100 accessible resources organized here support the initiation and continuation of quality improvement efforts. These resources promote performance management and quality improvement, community health information and data systems, accreditation preparation, and workforce development.
- **Mobilizing for Action through Planning and Partnerships (MAPP)** - MAPP has proven to be a particularly helpful tool for sites engaged in community-based health improvement planning. Systems that have just completed the NPHPSP may consider using the MAPP process as a way to launch their performance improvement efforts. Go to www.naccho.org/topics/infrastructure/MAPP to link directly to the MAPP website.

APPENDIX C
COMMUNITY HEALTH STATUS

SUMMARY

The Community Health Assessment for MAPP is sponsored by OCHD to provide a complete view of Orange County in regards to demographics, health status, environment, behaviors, and healthcare related accessibility.

Demographics

According to Florida CHARTS, the population in Orange County decreased by 79 residents in 2008-2009 and decreased again in 2009-2010 by 2,643 residents. The population has been increasing by smaller amounts yearly until 2008.

The Hispanic population in Orange County was the only race/ ethnicity to steadily increase in the past five years. The White population is on a slow, but steady decline, and the Black (and other) population has stayed pretty consistent.

The 35-34 year old age range has continually been the largest age demographic in Orange County over the past five years with 16.1% of the population fall in that age range. The 35-44 year old age range is slightly lower at 14.3% and the 55-64 range follows closely behind that at 13.7%. Each age range under 24 years old and over 55 years old make up less than 10% of the population.

The birth rate for the White, Black, and Hispanic populations has continued to drop slightly in recent years. The Black population in Orange County continually produces the most (15.9), Hispanic population is second (14.9), and the White population follows more than two points behind (12.2).

Source: Florida Charts

Causes of Death

According to Healthy People 2020, measuring the causes of death is one component used to assess the multi-dimensional concept of health-related quality of life.

Orange County is slightly higher than the national target rate for cancer deaths and over 60 points higher than the national target rate for heart disease deaths. In all other causes of death, Orange County was at or below the national target rates (where information was available). The state target for chronic lower respiratory disease is below (34.8) what Orange County has reported (42).

Cancer and heart disease are the top two leading causes of death in the White, Black, and Hispanic populations in Orange County. Heart disease ranks above cancer only in the Hispanic population. Stroke, Diabetes Mellitus, and unintentional injuries rank 3rd, 4th, and 5th for the Black and Hispanic populations in Orange County, while chronic lower respiratory disease, unintentional injuries, and stroke are the next three (respectively) for the White population. Kidney disease, HIV/ AIDS, Alzheimer's disease, septicemia, and pneumonia/ influenza vary in their rankings (from 6-13) among all three races/ ethnic groups in Orange County.

The Influenza and pneumonia deaths for Orange County's White and Black population have risen slightly in 2008-10 after going down in 2007-09. The Hispanic population saw a slight increase in 2007-09, but data was not available for 2008-10.

Source: Florida Charts

Health Status

The majority of the overall health status of Orange County is ranked good, very good, or excellent. Only 12.9% of the population is ranked fair or poor. The mental health status of Orange County is also ranked mostly good, very good, or excellent; with only 9.1% of the population ranked fair or poor.

Source: PRC Community Health Assessment, 2009

Immunization

In Orange County, 66.9% of the White population over the age of 65 received the flu shot in the past year, while only 42.2% of the Black population did (Hispanic data unavailable). Over a third of the White and Black populations over the age of 18 received the flu shot in the past year and 16.8% of the Hispanic population did.

Almost ¼ of the White and Black population of adults age 18 and older in Orange County received a pneumonia shot in the past year. 18.2% of the Hispanic population age 18 and over also received this shot. The White population age 65 and over in Orange County had 64.7% of that demographic received the pneumonia shot, while 58.7% of the Black population age 65 and over did (Hispanic data not available).

The percent of fully immunized children (two years of age) dropped in 2009, down to 66.3% from 75.7% in 2008; but then rose again to 76.1% in 2010. Immunization levels of children in kindergarten in Orange County have consistently been just over 93% from 2006-10.

Source: Florida Charts

Sexually Transmitted Diseases

Sexually transmitted disease (STD) rates in Orange County have continually risen since 2006. Gonorrhea and Syphilis rates are consistently going down, but Chlamydia rates are still rising steadily.

The percent of cases of Chlamydia and Gonorrhea are significantly higher (52.4% and 66.3%) in the Black population in Orange County than any other race/ ethnicity.

Chlamydia cases are between 20-25% of each the White and Hispanic population, while Gonorrhea cases are between 15-18% of each of the other populations. The majority of Syphilis cases in Orange County are encountered by the White population (49.4%), followed by the Black population (33.0%), and then the Hispanic population (17.2%).

Males contribute to just over ¼ of the Chlamydia cases in Orange County, while Gonorrhea cases are almost equally split between sexes. Syphilis cases in Orange County are overwhelming male (93.5%).

Source: Florida Charts

HIV/ AIDS

Orange County had a significantly higher rate of HIV/ AIDS cases than its surrounding counties in 2009; and this number rose slightly in 2010. HIV/ AIDS cases in the Orlando PMA are mostly male (73%), but for the general population HIV/ AIDS cases are split almost equally between males and females.

Orange County has a higher HIV/ AIDS case prevalence in the Black population than any other race/ ethnicity. The Black population in Orange County is also more than double the percentage of the general population HIV/ AIDS cases. The general White population for HIV/ AIDS cases is almost twice as high as the Orange County data shows; while the Hispanic population data is pretty consistent between Orange County and the general population.

PLWHA in Orange County seem to be located closer to the city of Orlando and become less prevalent as you move away from the city center in every direction.

The majority of pediatric HIV/ AIDS cases in Orlando EMA is overwhelming within the Black population (73%). The Hispanic population contributes almost a ¼ of the pediatric HIV/ AIDS cases to Orlando EMA, while the White population is only 3% of the cases.

Both the number of TB cases and the disease rate are decreasing in Orange County. According to the CDC, tuberculosis is the leading cause of death for persons diagnosed with HIV

Source: Florida Department of Health, Bureau of HIV/AIDS, Florida CHARTS

Modifiable Risk Behaviors

According to Healthy People 2020, individual behavior also plays a role in health outcomes. Examples of individual determinants of health include: diet, physical activity, and alcohol, cigarette, and other drug use.

Cigarette smoking in Orange County has been on the decline for the White and Hispanic populations. Although the Black population has a lower amount of adult smokers (10.5%) than the White or Hispanic populations, the data shows that the amount of smokers has increased since 2007.

The percentage of White population adults in Orange County that engage in heavy or binge drinking has been declining slightly since 2002. The Hispanic population of heavy or binge drinkers has dropped significantly since rising in 2007 (25.7%) to 12.8% in 2010. The percentage of adults in the Black population that engage in this type of behavior was higher (9%) than it had been in previous years, but it is still the lowest between these three races/ ethnicities.

Modifiable risk behaviors for middle school children in Orange County has dropped in all categories, except marijuana (which only saw a 0.1% increase), since 2008. High school students in Orange County have increased all of the modifiable risk behaviors since 2008, but they have stayed below the state target for high school students smoking (state target – 16%, Orange County – 11.2%).

Approximately ¼ of the Hispanic population in Orange County meets the moderate physical activity recommendations, showing a slight increase between 2002-07. The Black population in Orange County has dropped from 8% to 5.2% of adults meeting this recommendation, while the White population has shown just under a 1% drop (19.5% or 18.7%) from 2002-07.

Adults who consume five fruits and vegetables a day is increasing in Orange County among the White, Black, and Hispanic populations. The Black population has the most people who follow this recommendation (36.6%), followed by the Hispanic population (31.3%), and then the White population (28.8%).

The percentage of the White adult population in Orange County that is overweight has been increasing slowly since 2002 (from 31% to 37.9%). The Black adult population has seen a slight increase in 2010, since a large jump between 2002-07. Although the Hispanic adult population made a large jump up from 2002-07, it has seen a decrease in 2010 (37.3%). Obesity among the White and Hispanic adult populations in Orange County is consistently rising, while the Black population had declined in obesity from 2002-07, but is now rising again. The Black adult population in Orange County has the highest percentage (40.1%) of obese adults among these races/ ethnicities. Obesity among middle and high school age children has gone down slightly, but asthma and insufficient physical activity are both rising.

Health Screening trends for Adults in Orange County have gone down for Mammography and Pap Tests, but have gone up for Prostate-Specific Antigen Tests and Colonoscopy. Blood Stool Testing trends are generally the same since 2007 after taking a 10% decrease from 2002.

The Black population in Orange County has consistently had the highest percentage of adults diagnosed with hypertension. The White and Hispanic populations of adults in Orange County who have been diagnosed with hypertension have consistently risen.

This data states that over 34% of the white population and almost 25% of the Hispanic population has been diagnosed.

Almost 40% of the White and Black adult populations in Orange County have been diagnosed with high blood cholesterol. Both of these populations show an increase from recent years; with the Black population having a significant jump (19.4% to 38.6%) since 2007. The adult Hispanic population has seen a slight drop in high blood cholesterol diagnosis in 2010 after an 8% increase in 2007.

Sources: BRFSS, Florida CHARTS, 2009 PRC Child and Adolescent Health Survey.

Maternal and Child Health

Healthy People 2020 states, "Improving the well-being of mothers, infants, and children is an important public health goal for the United States. Their well-being determines the health of the next generation and can help predict future public health challenges for families, communities, and the health care system. Pregnancy can provide an opportunity to identify existing health risks in women and to prevent future health problems for women and their children."

The Black population has the highest percentage of low birth weight babies in Orange County; holding steady around 14% since 2008. Consistently since 2008, the White and Hispanic populations in Orange County have between 6.5-8% of low birth weight babies.

Infant mortality rates in Orange County are up for the Black, White, and Hispanic populations since 2009. The Black population continues to have the highest rate at 13.8 per 1,000 live births, followed by the Hispanic population at 7 per 1,000 live births, and then the White population at 5.1 per 1,000 live births. Neonatal mortality rates are also up in Orange County since 2009 for all three demographics. The Black population is again the highest, followed by the Hispanic, and then the White population.

The percentage of births to mothers with 1st trimester prenatal care is over 75% for the Black, White, and Hispanic populations. The White population currently is the highest at 86.7%, followed by the Hispanic population at 83.4%.

The teen birth rate in Orange County is steadily declining in all demographics. The White population has the least amount of teen births (24.4/ 1,000 live births), followed by the Hispanic population (38/ 1,000 live births), and then the Black population (50.7/ 1,000 live births). Each of these rates is down at least five births from 2009.

The percentage of births to unwed mothers in Orange County is down slightly since 2009. The White population is the lowest at just under 40%, the Hispanic population is at 52.4%, and the Black population is the highest at 68.1%.

The percentage of mothers who initiated breastfeeding in Orange County is on the rise. Since 2006, it has gone up 3% (82% to 85%).

Source: Florida CHARTS

Social Determinants of Health

Healthy People 2020 states “Our health is also determined in part by access to social and economic opportunities. The conditions in which we live explain in part why some Americans are healthier than others and why Americans more generally are not as healthy as they could be.”

Two violent crimes in Orange County are on a steady decline: aggravated assault and robbery, but domestic violence is making a small upward climb. Both violent crimes of rape and murder are on a consistent decline in Orange County since 2006.

The rate of children ages 5-11 in Orange County who are experiencing child abuse is going up slightly (12/ 1,000 population) after a decline in 2007 (9.3/ 1,000 population).

The percentage of people in Orange County whose income level in the past year is below the poverty level is consistently rising since 2005. Currently, 13.2% of the population of Orange County is earning income below the poverty level. Civilian labor force in Orange County is also increasing. The most recent data shows that 8.8% of the population in Orange County is unemployed. The trends for income show that both the median household income and per capita income have gone down slightly since 2008, but the latest data shows that they are back to numbers similar to 2005.

Over 92% of Orange County has street lights and over 87% have sidewalks. Heavy traffic only accounts for 27% of the built environment, while over 46% of the area has walking, biking, or jogging trails.

Almost half (48.7%) of Orange County feels “quite safe” in their neighborhood environment, while over 7% say they are “not safe at all.” A “slightly safe” neighborhood accounts for over 25% of residents and 18.5% say they feel “extremely safe.”

Orange County has a majority of its homeless population considered unsheltered (5,724 sheltered versus 2,609 unsheltered). 149 of the total homeless population in Orange County are unaccompanied youth, 650 are victims of domestic violence, 75 have HIV/AIDS, and over 3,000 are chronic substance abusers. Veterans make up almost 1,300 of the homeless population and the severely mentally ill make up almost 2,400. 3,783 people in Orange County are considered chronically homeless.

The percentage of housing units in foreclosure are higher in Orange County when compared to the state and nation. Housing unit foreclosures decreased substantially from 2,517 in October 2011 to 1,387 in November. Foreclosures were on the rise again in December 2011.

Sources: Realty Trac, Florida CHARTS, 2009 PRC Community Health Survey, Orange County Government Five-Year Strategic Plan 2010-2015.

Health Care Access

Disparities in access to health services affect individuals and society. Barriers to accessing health services lead to: Unmet health needs, delays in receiving appropriate care, inability to get preventive services, and hospitalizations that could have been prevented.

In Orange County, the percentage of adults with any type of health care insurance coverage went up over 5% in 2010 since staying pretty consistently around 79% from 2002 on. Since 2002, Orange County has consistently had over 85% of the White adult population with some type of health care insurance coverage. This number continues to rise. The Black adult population, over 80% in 2010 have health care insurance coverage, down from 2007, but still above the 70.5% in 2002. The Hispanic adult population in Orange County has experienced over 10% increase in 2010, after staying consistently at 56% since 2002.

The percentage of adults who have a personal doctor is on the rise for the Black, White, and Hispanic populations in Orange County. The percentage of White and Hispanic adults in Orange County who have had a medical check-up in the past year is up slightly since last reported in 2007, while the Black population has declined almost 10%.

Over 77% of the civilian population in Orange County has health insurance coverage. 75.8% of the employed population ages 18-64 and 39.2% of the unemployed are insured, while 71% of people who are not in the labor force are as well.

The median monthly Medicaid enrollment is up in 2010 over 2,300 per 100,000 population from 2009 reports. This number is a huge jump as compared to an increase of just under 400 between 2008 and 2009.

Dental visits for adults within the past year are down for the overall population in Orange County between 2002 and 2010; although, the Black population has seen an increase of almost 10% of adults seeing a dentist within the last year. The percentage of all adults in Orange County who have had their teeth cleaned in the past year is also down between 2002 and 2010, but the Black population has seen an increase of teeth cleaning in the past year of 6.7%.

Dental health emergency room visits have stayed pretty consistent from 2008-2010 at Arnold Palmer Hospital, Florida Hospital Apopka, Health Central, and Winter Park, while Dr. Phillips Hospital has seen a decrease in these visits. Florida Hospital East Orlando and Orlando Regional has seen a continuous increase in dental health emergency room visits.

In both 2008 and 2010, self-pay was the most prominent funding of ER dental charges by payor, with an increase from 2008 to 2010. Medicaid as the payor also increased from 2008 to 2010, while commercial and all other payor options decreased. Self-Pay dental visits by payor were also the most prominent with an increase between 2008-2010. Medicaid payors visits also went up, while commercial and all other payors went down in this time period.

The number of ER visits for oral health has stayed pretty consistent within each age group from 2008 to 2010. 15-19 years has the highest amount of visits, followed by 0-4 years, then 5-9 years, and lastly, 10-14 years.

The health rankings for Orange County are all below the rankings for the state of Florida except in the determinants of early prenatal care and obesity (which is only by 0.6%). As for the Healthy People 2020 Target, Orange County is already below the target rates in binge drinking, obesity, and child immunization. Orange County is within ten points of reaching the 2020 target in the determinants of Cancer deaths, Cardiovascular deaths, infant mortality, diabetes diagnosis, early prenatal care, and smoking. Lack of health insurance in Orange County is at 15.6%, but the Healthy People 2020 Target is at 0%.

Sources: Florida CHARTS, BRFSS.

**Community Health Assessment
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Partnerships
(MAPP)**

1

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2

Demographics

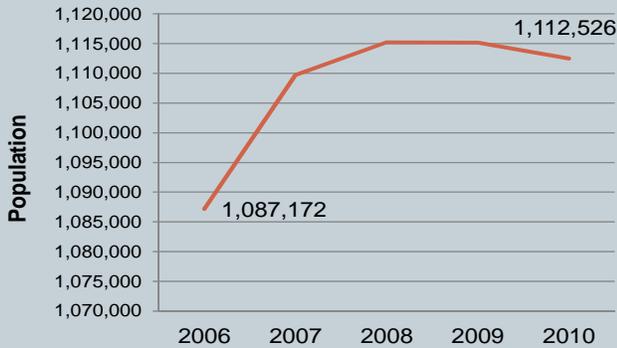
Characteristics
about a
population of
people



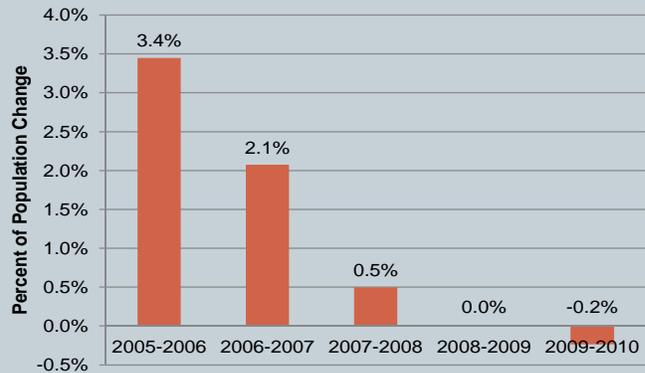
Demographics-Population

3

Orange County Population



Orange County Population Growth



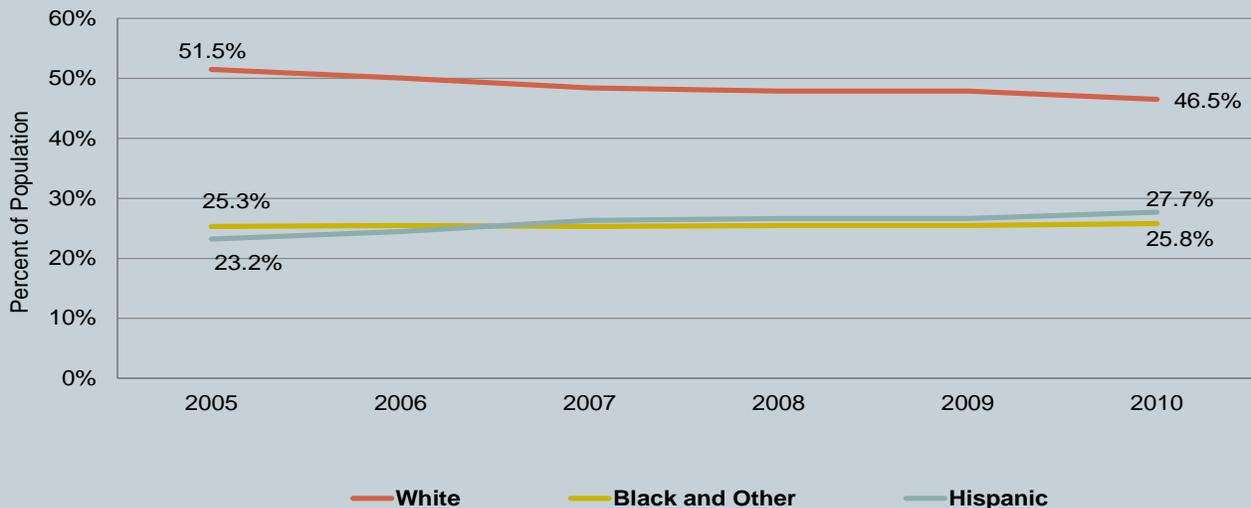
The population in Orange County decreased by 79 residents in 2008-2009 and decreased again in 2009-2010 by 2,643 residents.

Source: Florida CHARTS

Demographics-Race/Ethnicity

4

Orange County Race/Ethnicity

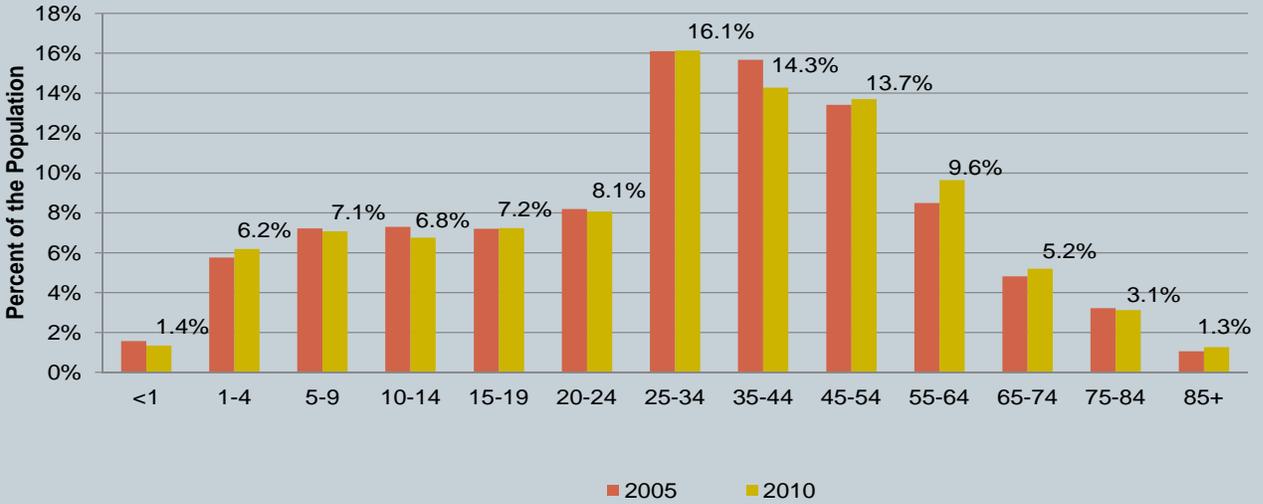


Source: Florida CHARTS

Demographics-Age

5

Orange County Age Distribution



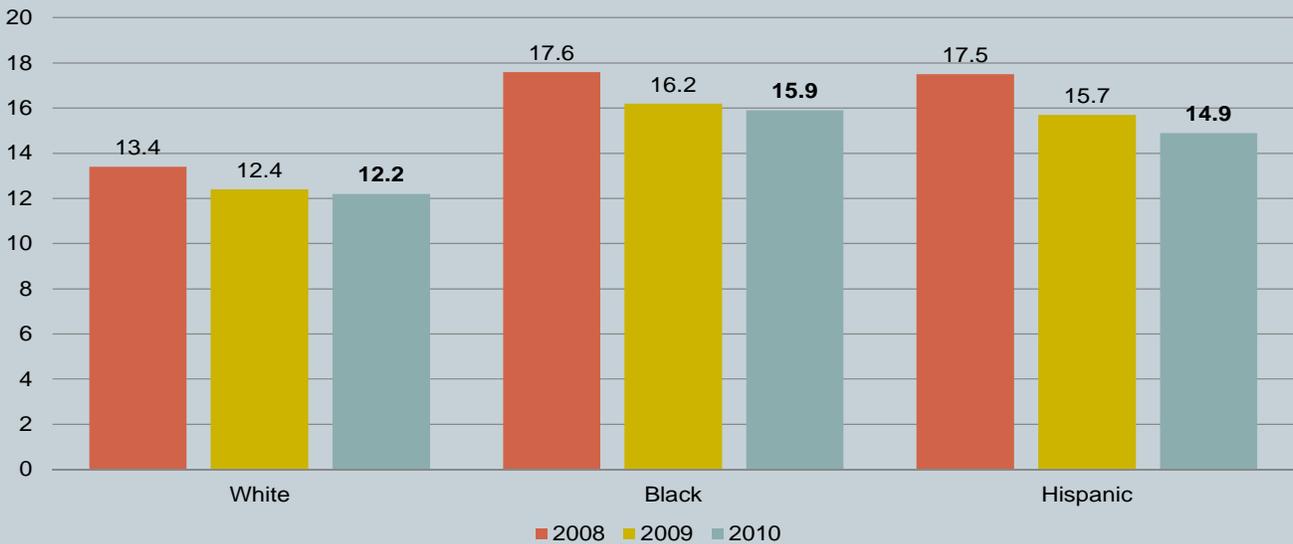
Source: Florida CHARTS

Birth Rate

6

Birth Rate

Per 1,000 Live Births



Source: Florida CHARTS

Top 10 Leading Causes of Death

According to **Healthy People 2020**, measuring the causes of death is one component used to assess the multi-dimensional concept of health-related quality of life.



Top Causes of Death

Cause of Death	AADR* Per 100,000	State Target	National Target
Cancer	170.2	N/A	160.6
Heart Disease	162.5	N/A	100.8
Chronic Lower Respiratory Disease	42.0	34.8	98.5
Unintentional Injuries	36.1	≤45	36.0
Stroke	32.1	N/A	33.8
Diabetes Mellitus	24.7	N/A	65.8
Alzheimer's Disease	20.5	N/A	N/A
Kidney Disease	15.0	N/A	N/A
Septicemia	11.9	N/A	N/A
Pneumonia/Influenza	11.4	N/A	N/A

* AADR- Age Adjusted Death Rate

2010 Ranked Causes of Death

9

Cause of Death	White	Black	Hispanic*
Cancer	1	1	2
Heart Disease	2	2	1
Stroke	5	3	3
Diabetes Mellitus	6	4	4
Unintentional Injuries	4	5	5
Kidney Disease	8	6	8
Chronic Lower Respiratory Disease	3	7	7
HIV/AIDS	13	8	13
Alzheimer's Disease	7	9	6
Septicemia	9	10	9
Pneumonia/Influenza	10	11	10

Source: Florida CHARTS

* Hispanic causes of death 2009

Health Status

10

Overall Health Status



Mental Health Status

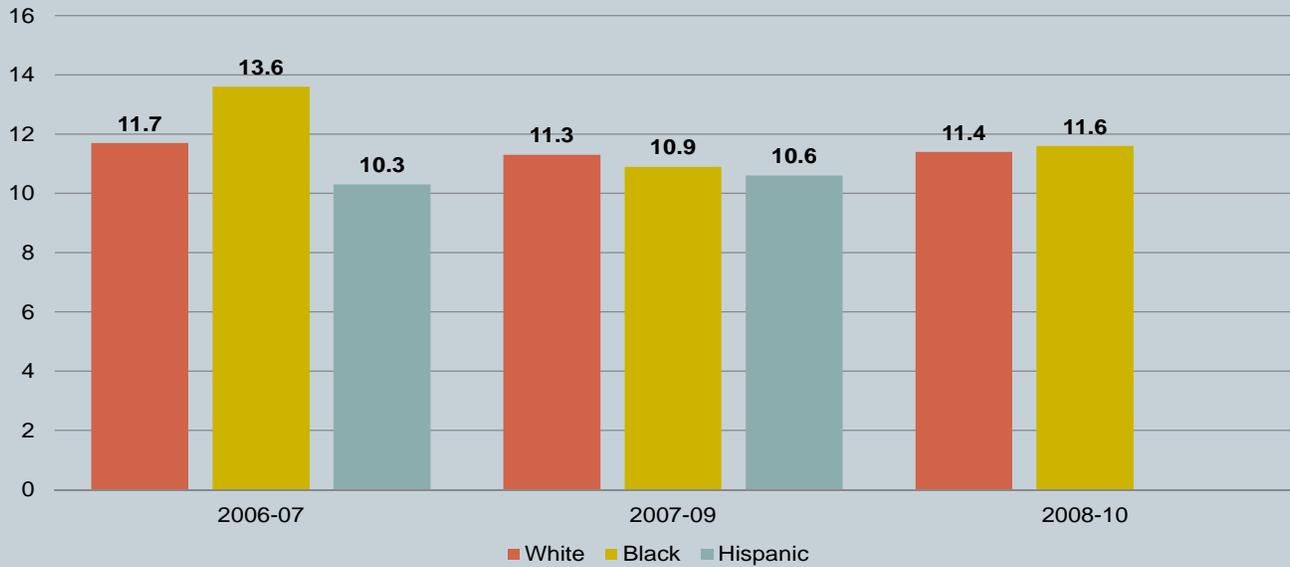


Source: 2009 PRC Community Health Assessment

AADR Influenza & Pneumonia

11

Deaths From Influenza and Pneumonia



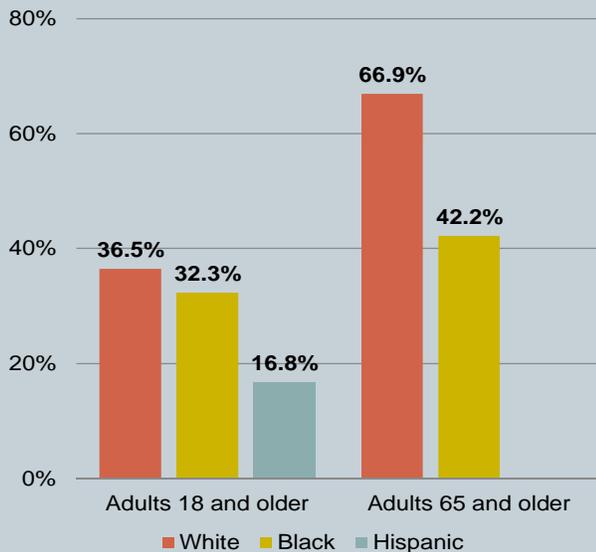
AADR- Age Adjusted Death Rate per 100,000 population

Source: Florida CHARTS, Hispanic data not available for 2008-10

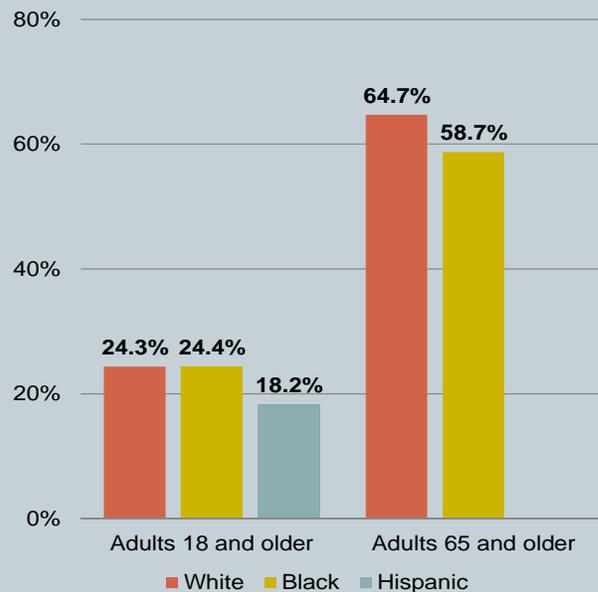
2010 Immunization- Adults

12

Received Flu Shot in the Past Year



Received Pneumonia Shot in the Past Year

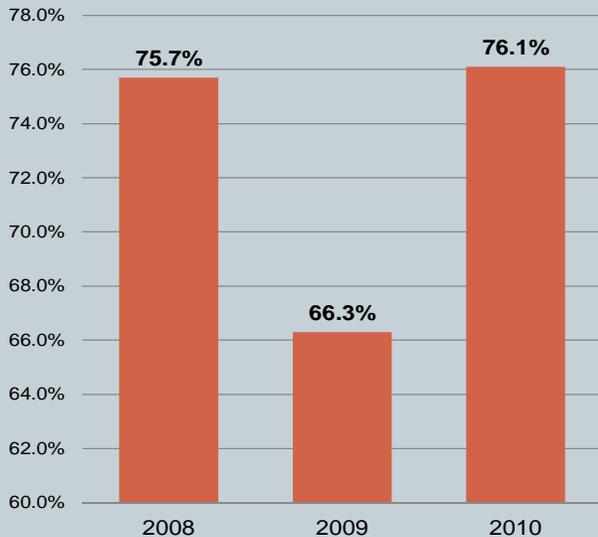


Source: Florida CHARTS; Healthy People 2020 target for flu shot for adults 65+ is 90%.

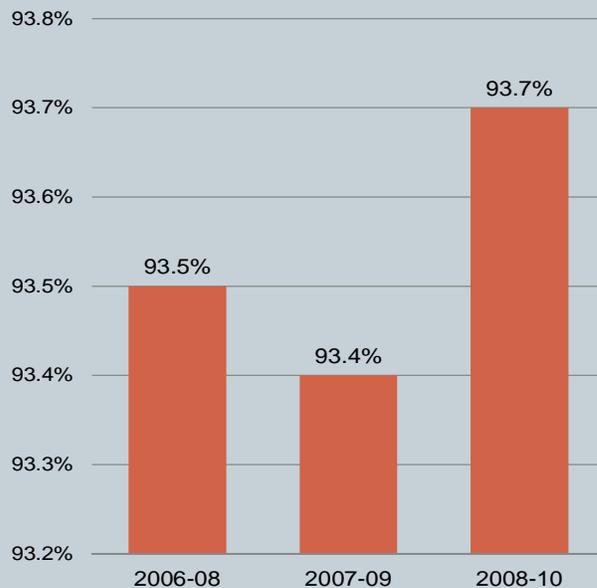
2010 Immunization - Children

13

Percent of Fully Immunized Children
2 years of age



Immunization Levels in Kindergarten



Source: Florida CHARTS

14

According to **Healthy People 2020**, STD prevention is an essential primary care strategy for improving reproductive health.

Although largely preventable, STDs remain a significant public health problem in the United States. STDs cause many harmful, often irreversible, and costly clinical complications.

Why Is Sexually Transmitted Disease Prevention Important?

The Centers for Disease Control and Prevention (CDC) estimates that there are approximately 19 million new STD infections each year—almost half of them among young people ages 15 to 24. Because many cases of STDs go undiagnosed—and some common viral infections, such as human papillomavirus (HPV) and genital herpes, are not reported to CDC at all—the reported cases of chlamydia, gonorrhea, and syphilis represent only a fraction of the true burden of STDs in the United States.

Untreated STDs can lead to serious long-term health consequences, especially for adolescent girls and young women.

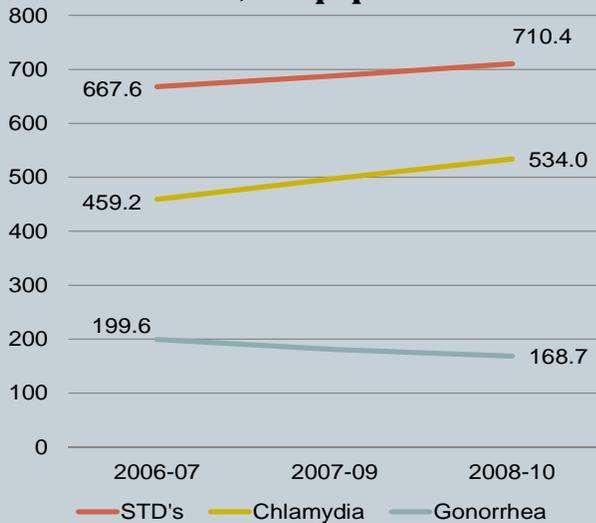


Infectious/Communicable Diseases

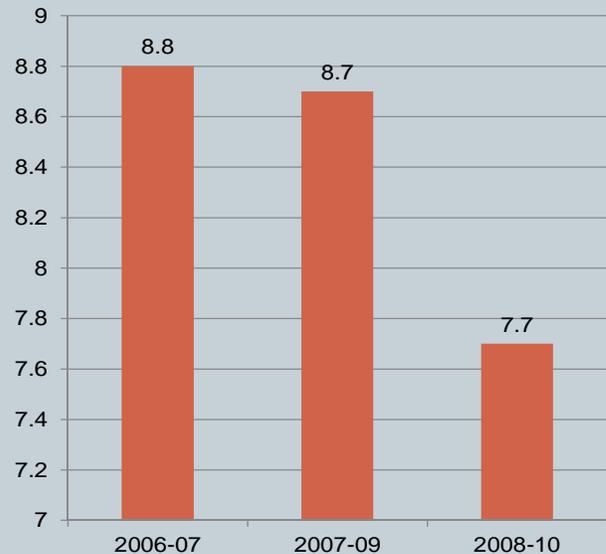
Sexually Transmitted Disease Trends

15

Sexually Transmitted Disease Rates Per 100,000 population



Syphilis Rates Per 100,000 population

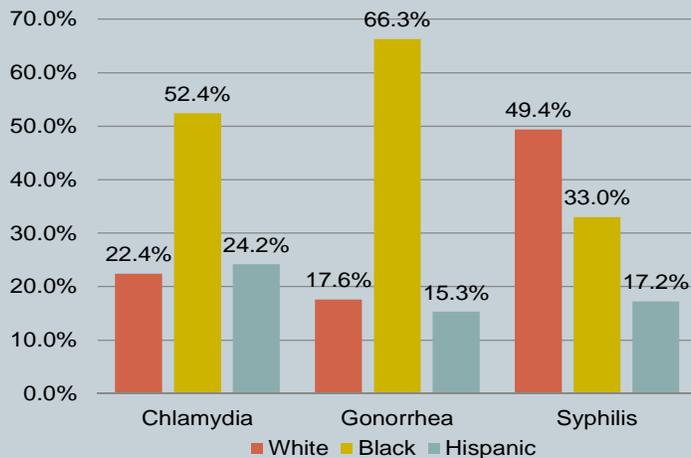


Source: Florida CHARTS

Sexually Transmitted Diseases

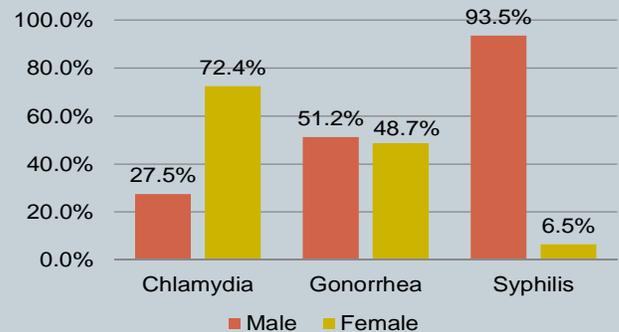
16

Percent of Cases by Race/Ethnicity



The Black population is disproportionately affected by chlamydia, gonorrhea and syphilis.

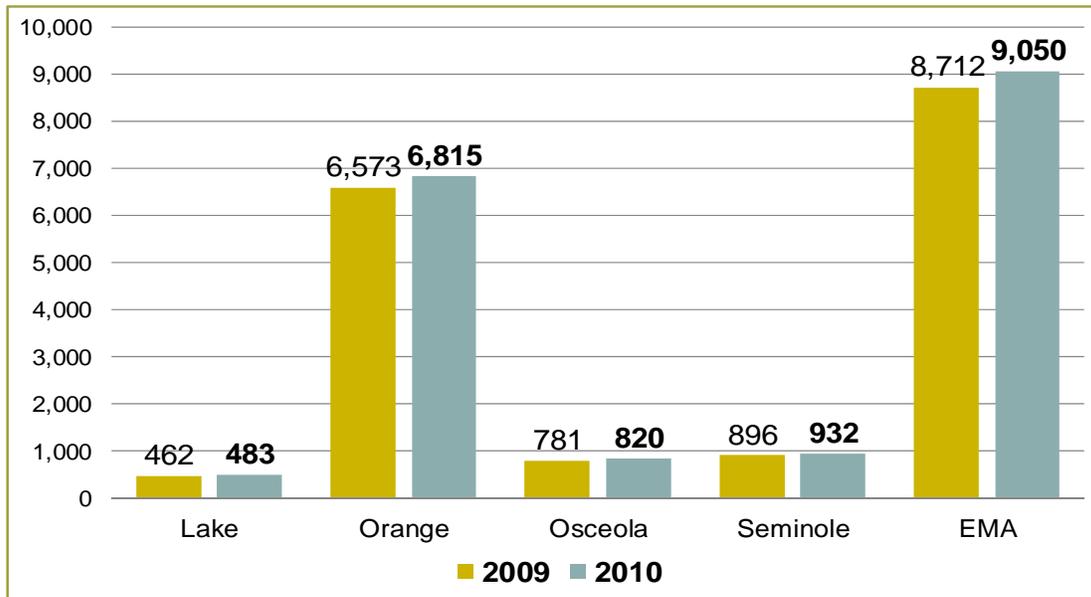
Percent of Cases by Gender



Source: Florida CHARTS

HIV/AIDS Case Prevalence by County

17



Source: Florida Department of Health, Bureau of HIV/AIDS

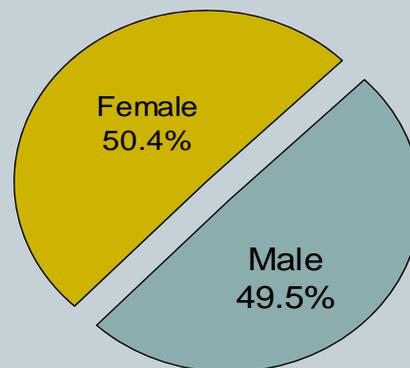
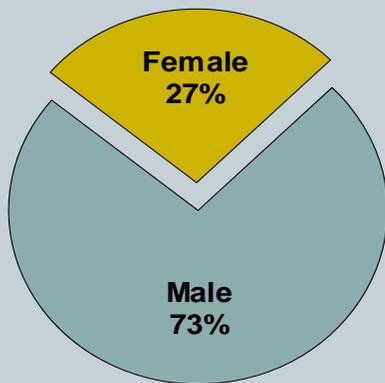
HIV/AIDS Case Prevalence by Gender

Orlando EMA

18

PLWHA by Gender, 2010

General Population, 2010

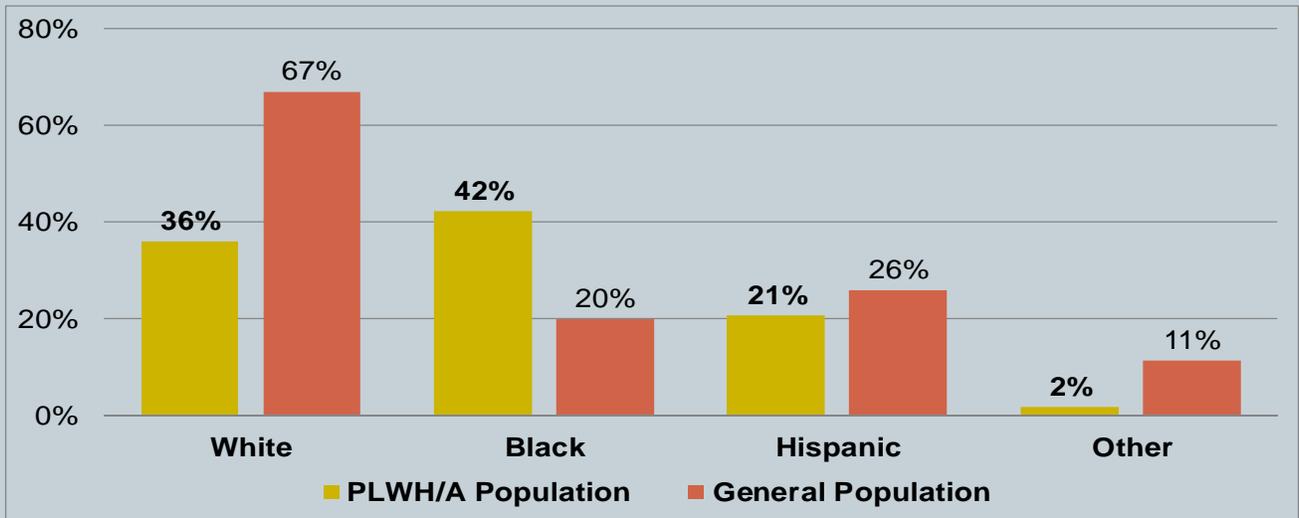


Source: Florida Department of Health, Bureau of HIV/AIDS

Orlando EMA- Lake, Orange, Osceola and Seminole counties

HIV/AIDS Case Prevalence by Race/Ethnicity

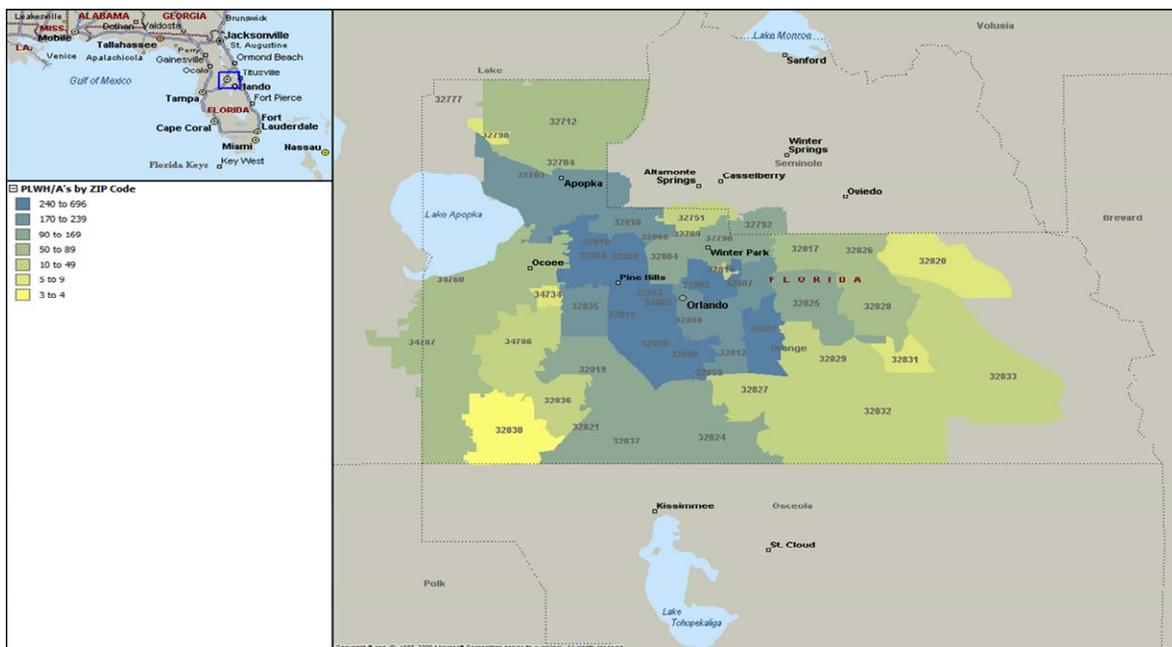
19



Source: Florida Department of Health, Bureau of HIV/AIDS; Percentages will not total to 100% due to race and ethnicity counts

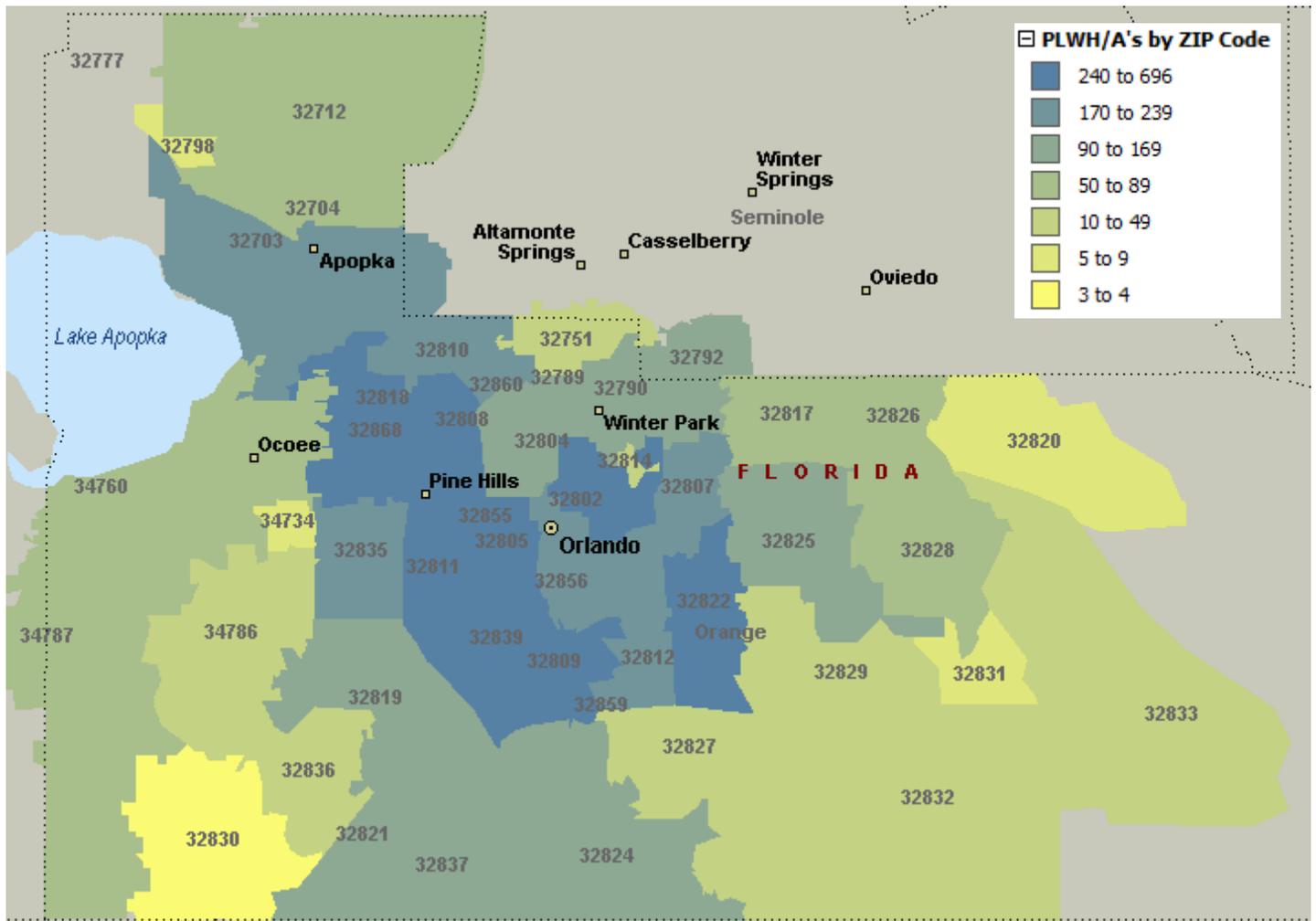
Persons Living with HIV/AIDS (PLWHA) by Zip Code - Orange County

20



Source: Florida Department of Health, Bureau of HIV/AIDS

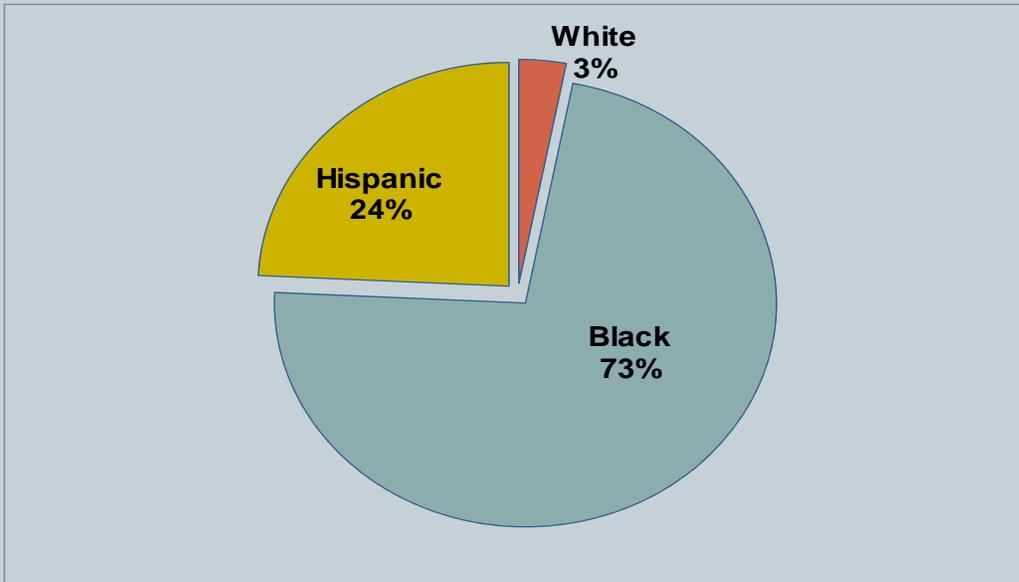
Persons Living with HIV/AIDS (PLWHA) by Zip Code - Orange County



Pediatric HIV/AIDS Case Prevalence

Orlando EMA

21

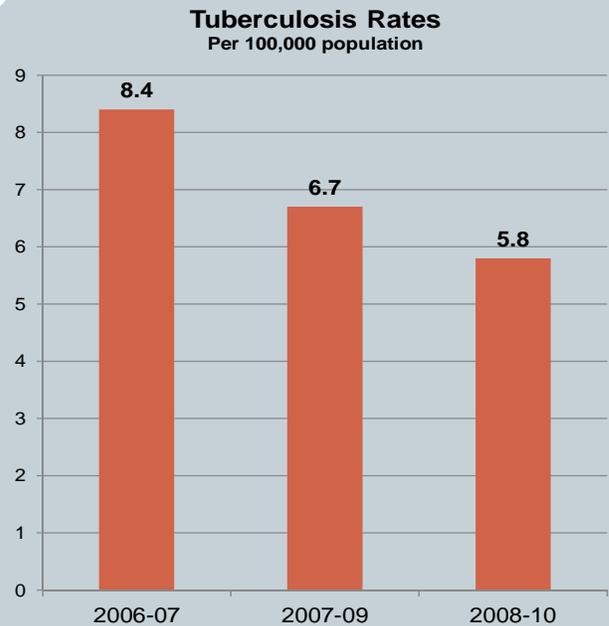


Source: Florida Department of Health, Bureau of HIV/AIDS; Due to small actual numbers for some categories, percentages are shown.

Tuberculosis

22

Both the number of TB cases and the disease rate are decreasing. According to the CDC, tuberculosis is the leading cause of death for persons diagnosed with HIV.



Source: Florida CHARTS; State target for TB is 3.5 per 100,000.

According to Healthy People 2020, individual behavior also plays a role in health outcomes.

Examples of individual determinants of health include:

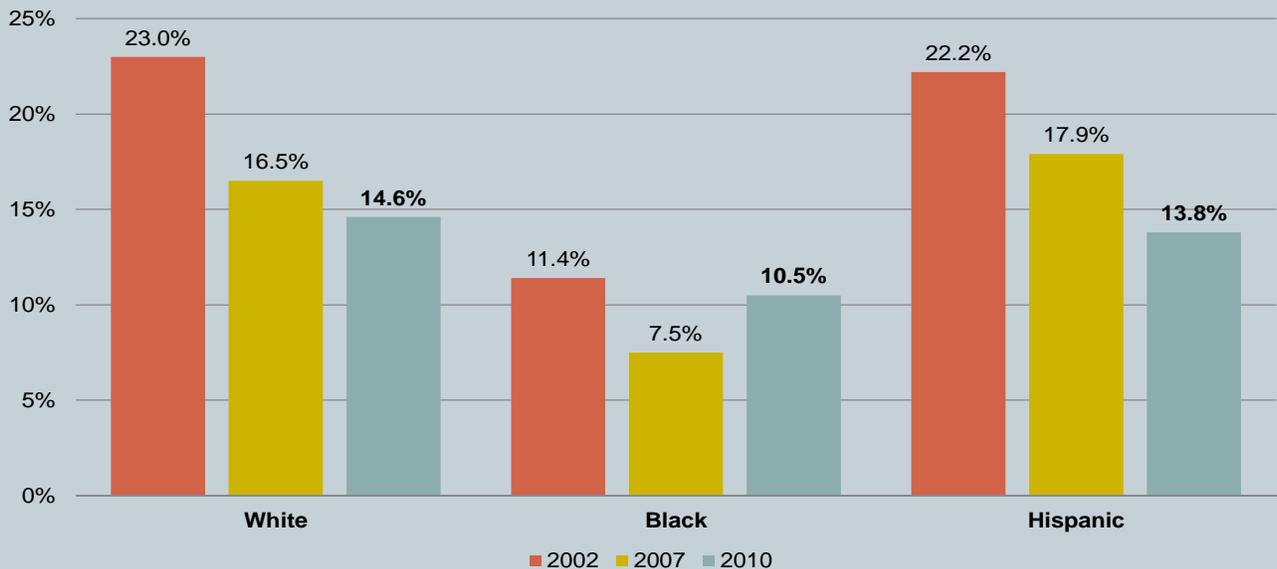
- Diet
- Physical Activity
- Alcohol, cigarette and other drug use



Modifiable Risk Behaviors

Cigarette Smoking

Adults Who are Current Smokers

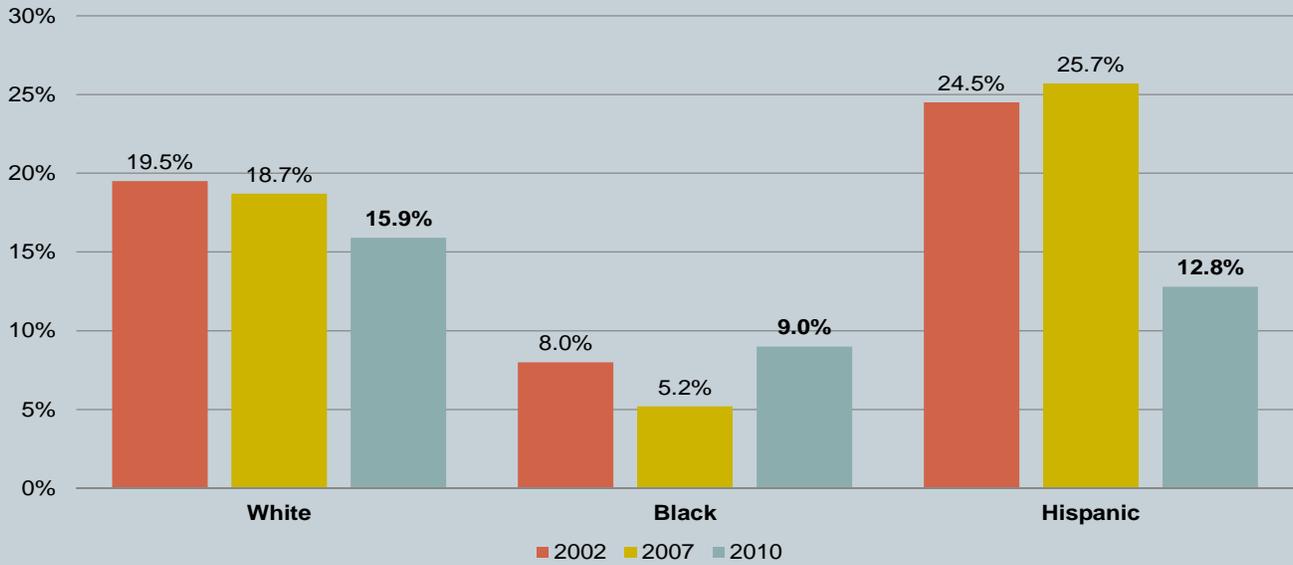


Source: Behavioral Risk Factor Surveillance Study (BRFSS)

Alcohol Consumption

25

Percentage of Adults Who Engage in Heavy or Binge Drinking

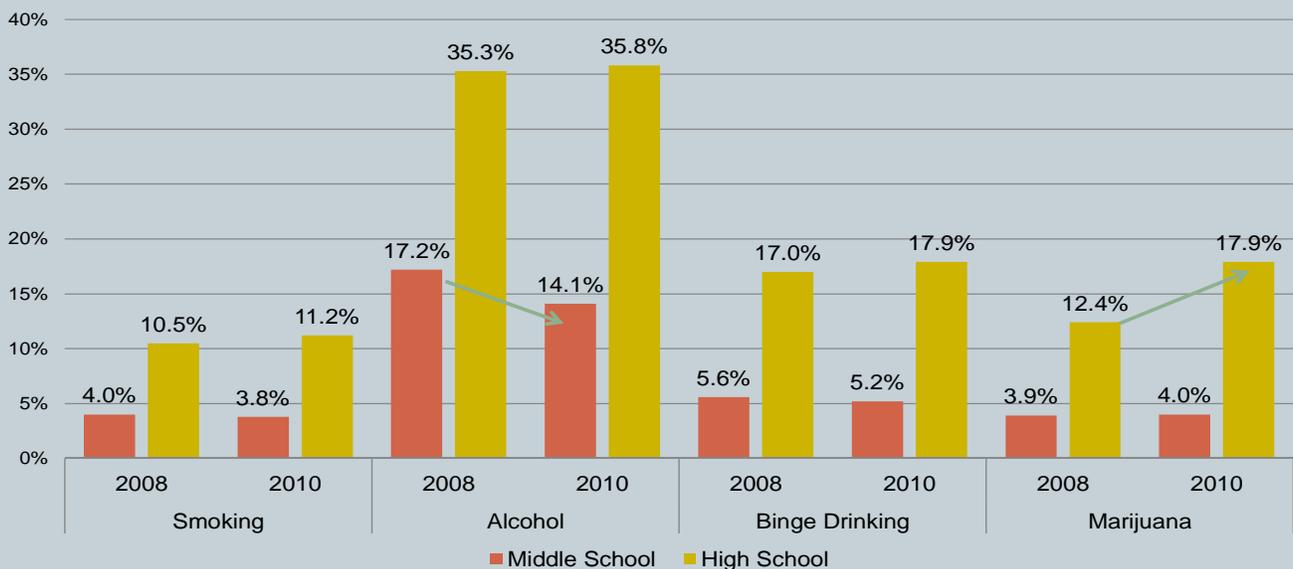


Source: Behavioral Risk Factor Surveillance Study (BRFSS)

Child and Adolescent Health

26

Modifiable Risk Behaviors

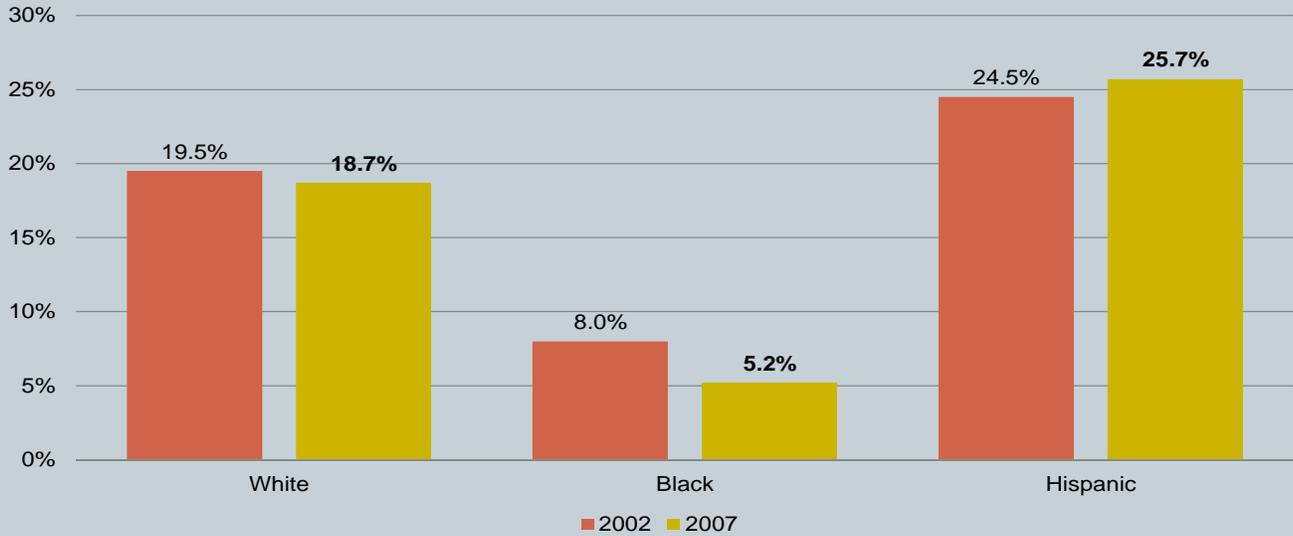


Source: 2006 PRC Child and Adolescent Health Survey; State target for smoking is 16% for High School students.

Physical Activity

27

Percentage of Adults Who Meet Moderate Physical Activity Recommendations

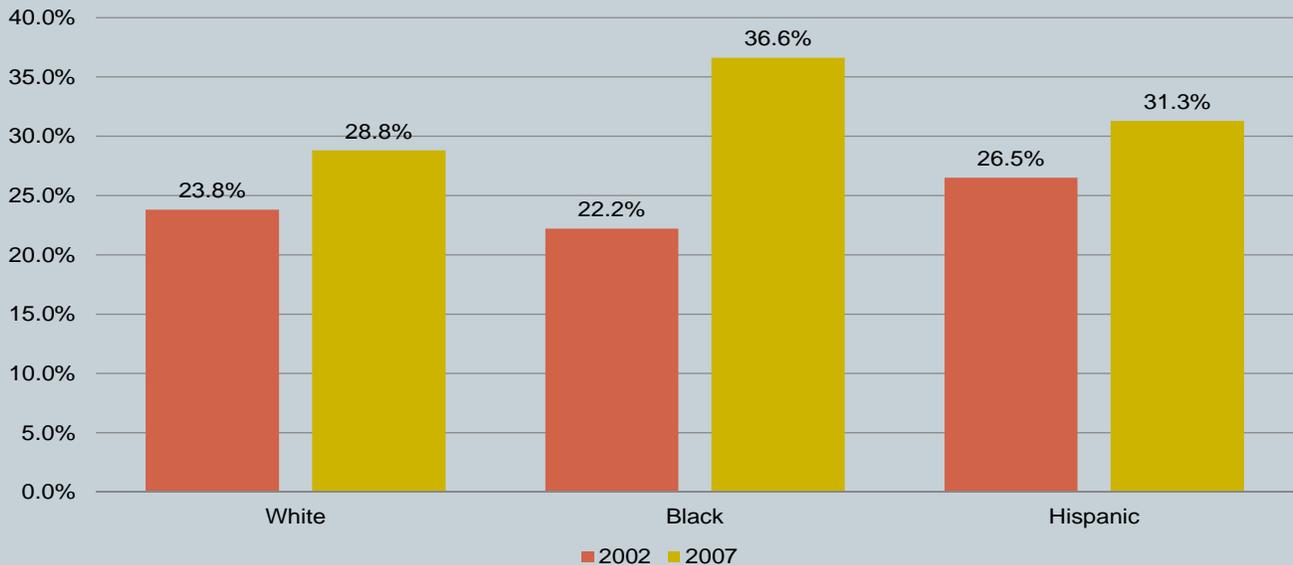


Source: Behavioral Risk Factor Surveillance Study (BRFSS)

Healthy Eating

28

Adults Who Consume Five Fruits and Vegetables a Day

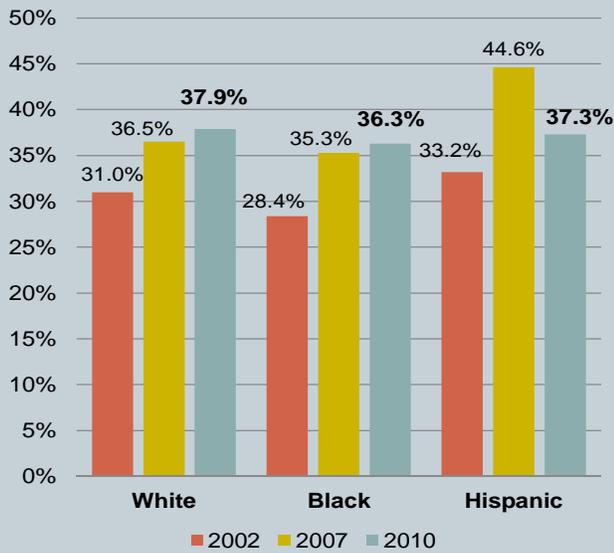


Source: Behavioral Risk Factor Surveillance Study (BRFSS)

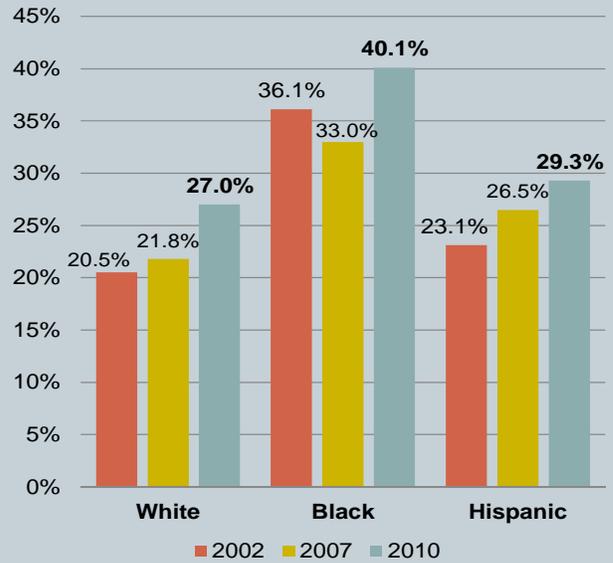
Weight Status

29

Percentage of Adults Who are Overweight



Percentage of Adults Who are Obese

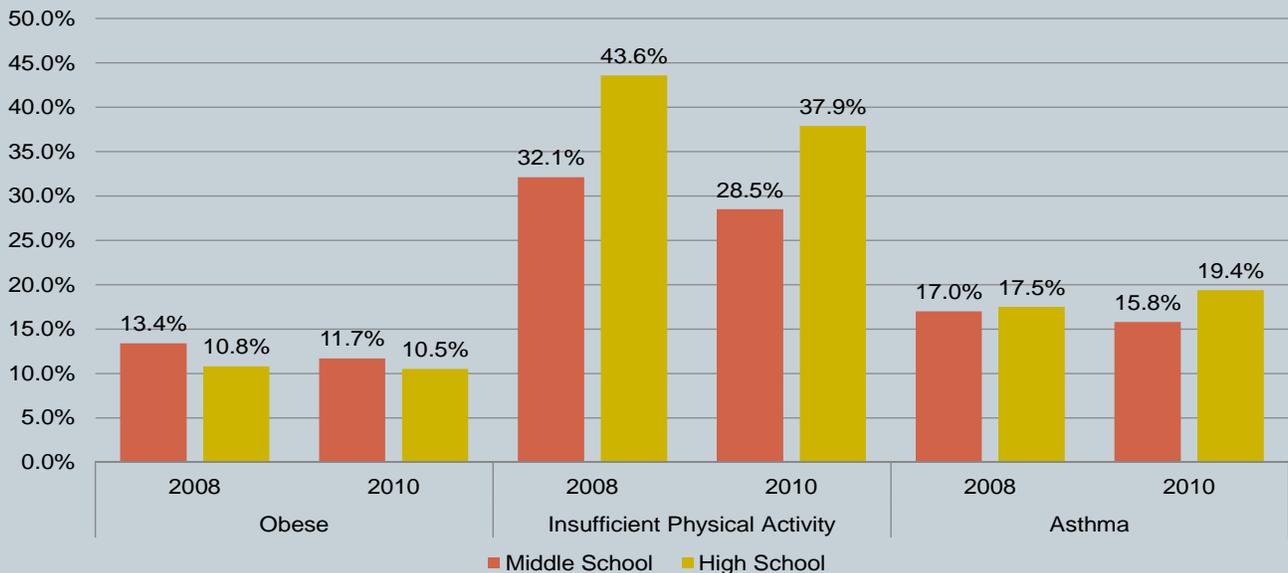


Source: Behavioral Risk Factor Surveillance Study (BRFSS); Overweight = BMI 25-29.9; Obese = BMI >30; 35.5% are overweight; 27.8% are obese; 63.3% are overweight/obese. State target is 37%.

Child and Adolescent Health Status

30

Child and Adolescent Health Status

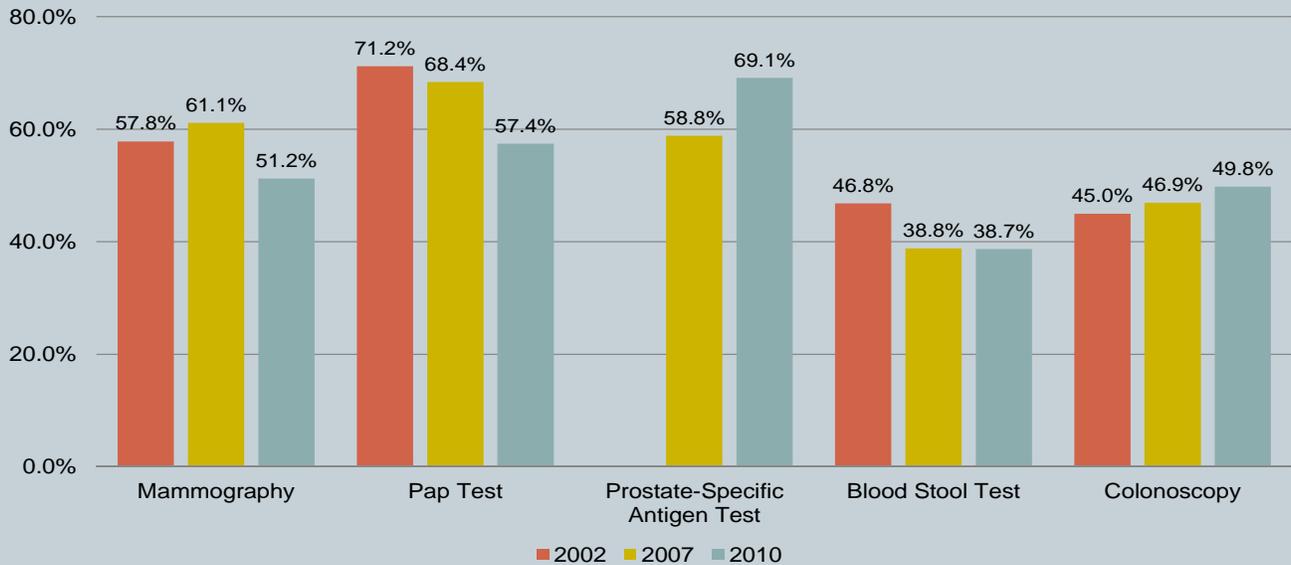


Source: Florida CHARTS (Florida Youth Tobacco Survey (FYTS)).

Health Screening Trends

31

Adult Health Screening Trends

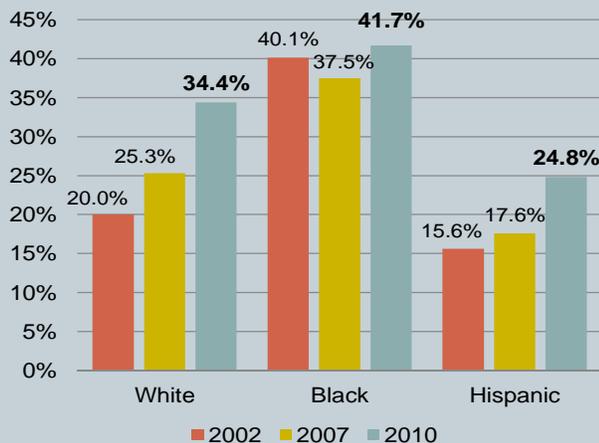


Source: Behavioral Risk Factor Surveillance Study (BRFSS)

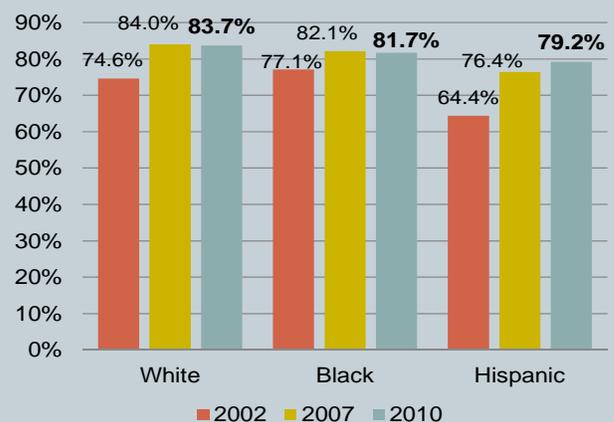
Risk Factors

32

Percentage of Adults with Diagnosed Hypertension



Adults with Hypertension Who Currently Take High Blood Pressure Medicine

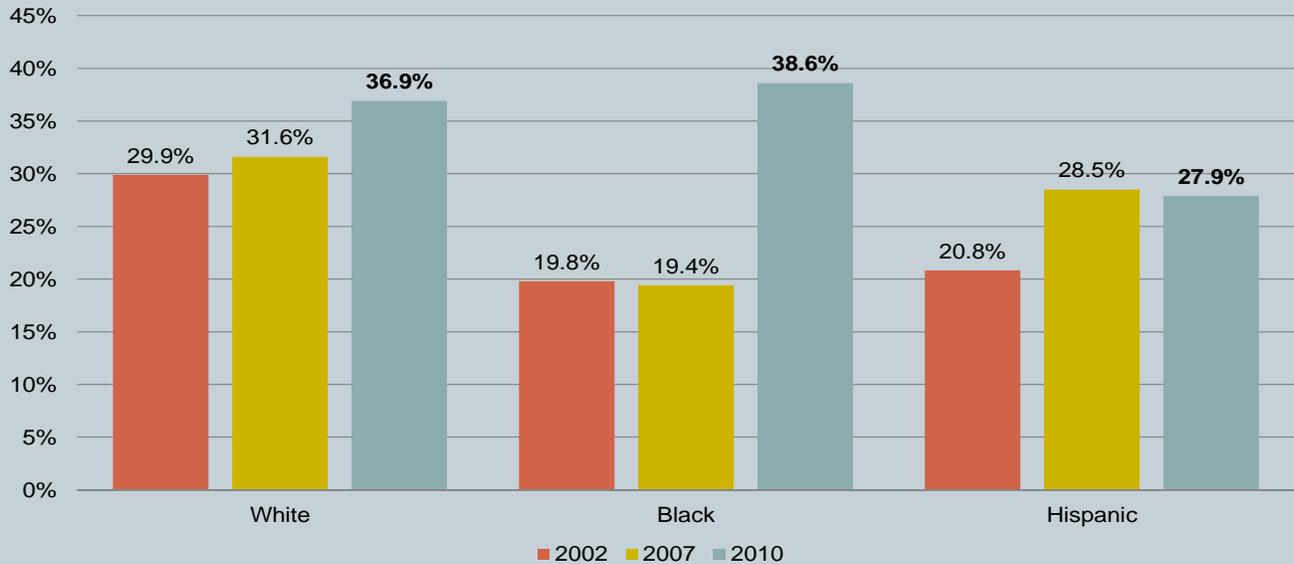


Source: Behavioral Risk Factor Surveillance Study (BRFSS)

Risk Factor

33

Percentage of Adults with Diagnosed High Blood Cholesterol



Source: Behavioral Risk Factor Surveillance Study (BRFSS)

34

Healthy People 2020 states, “Improving the well-being of mothers, infants, and children is an important public health goal for the United States. Their well-being determines the health of the next generation and can help predict future public health challenges for families, communities, and the health care system. Pregnancy can provide an opportunity to identify existing health risks in women and to prevent future health problems for women and their children.”

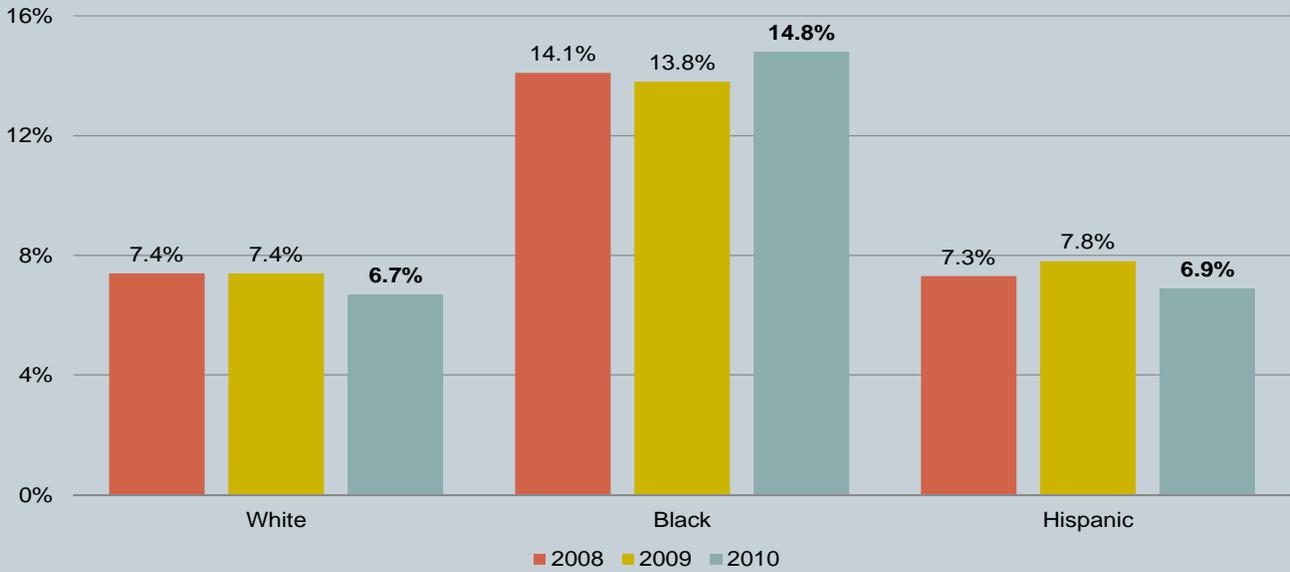


Maternal and Child Health

Low Birth Weight

35

Percentage of Low Birth Weight

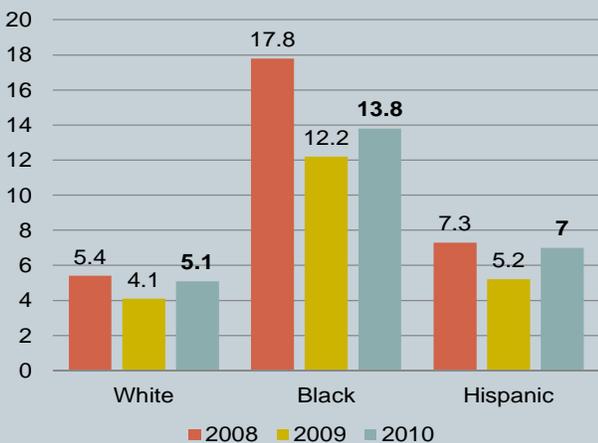


Source: Florida CHARTS

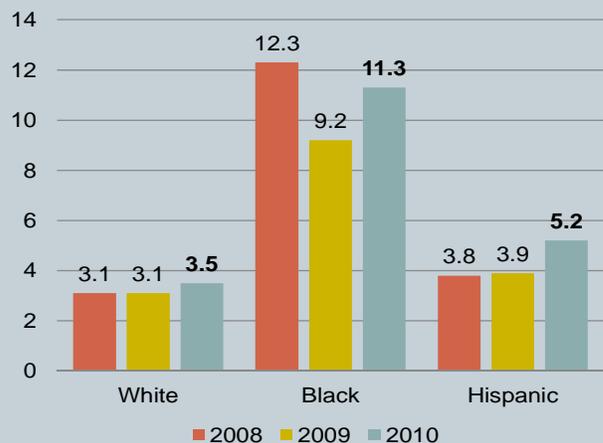
Mortality Rates

36

Infant Mortality Rate
Rate per 1,000 Live Births



Neonatal Mortality Rates
Rate per 1,000 Live Births

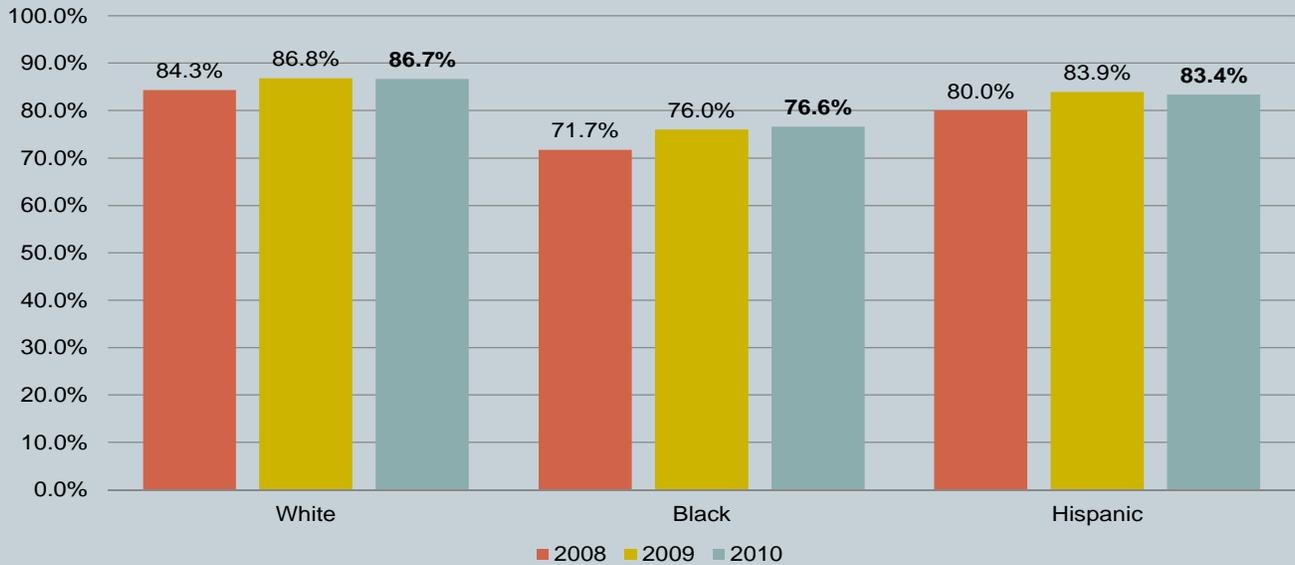


Source: Florida CHARTS

Prenatal Care

37

Percentage of Births to Mothers with 1st Trimester Prenatal Care

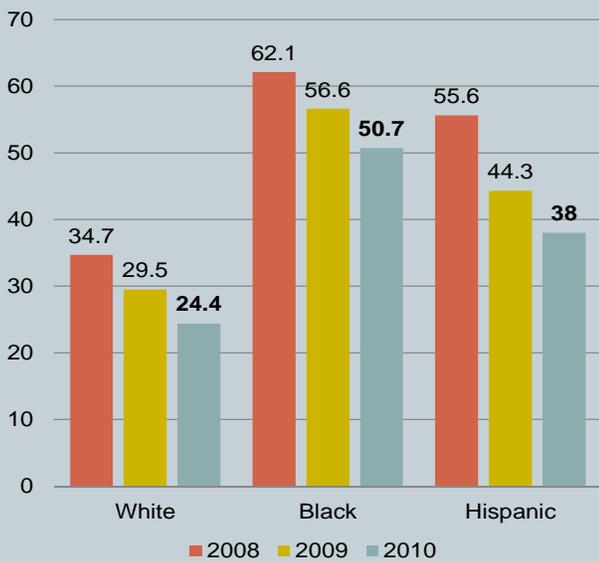


Source: Florida CHARTS

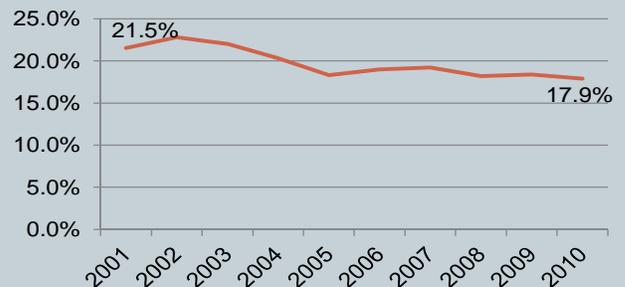
Teen Births

38

Teen Birth Rates
Rate per 1,000 Live Births



Percentage of Repeat Births to Mothers Ages 15-19

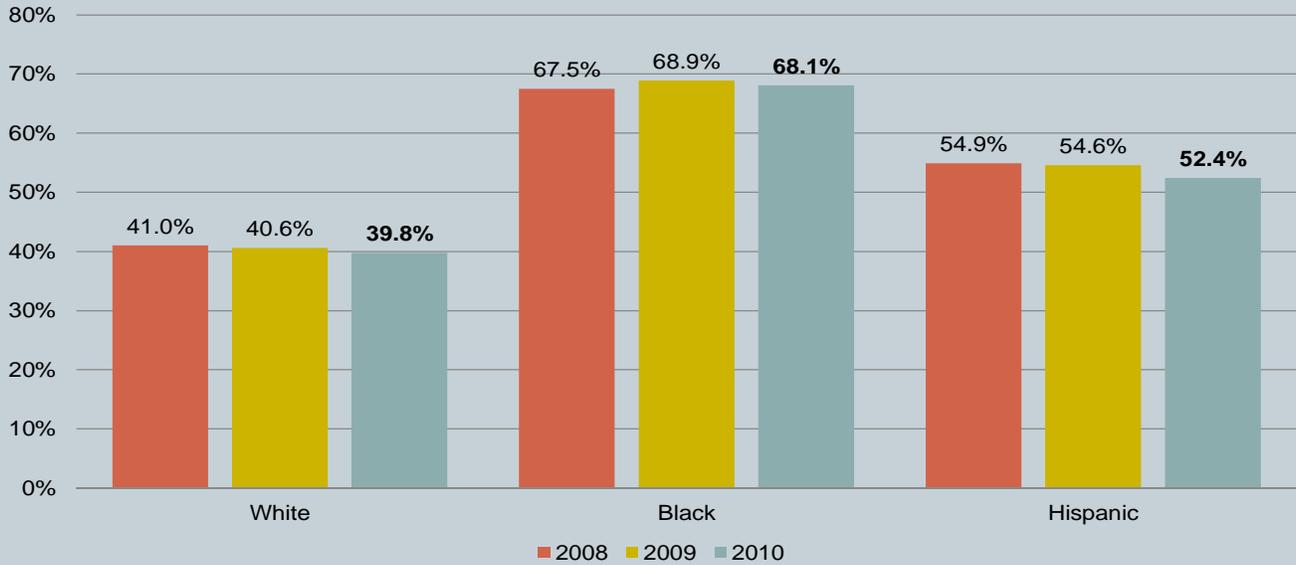


Source: Florida CHARTS; State target for repeat births to teens 15-19 is 16.5%

Births to Unwed Mothers

39

Percentages of Births to Unwed Mothers (All Ages)

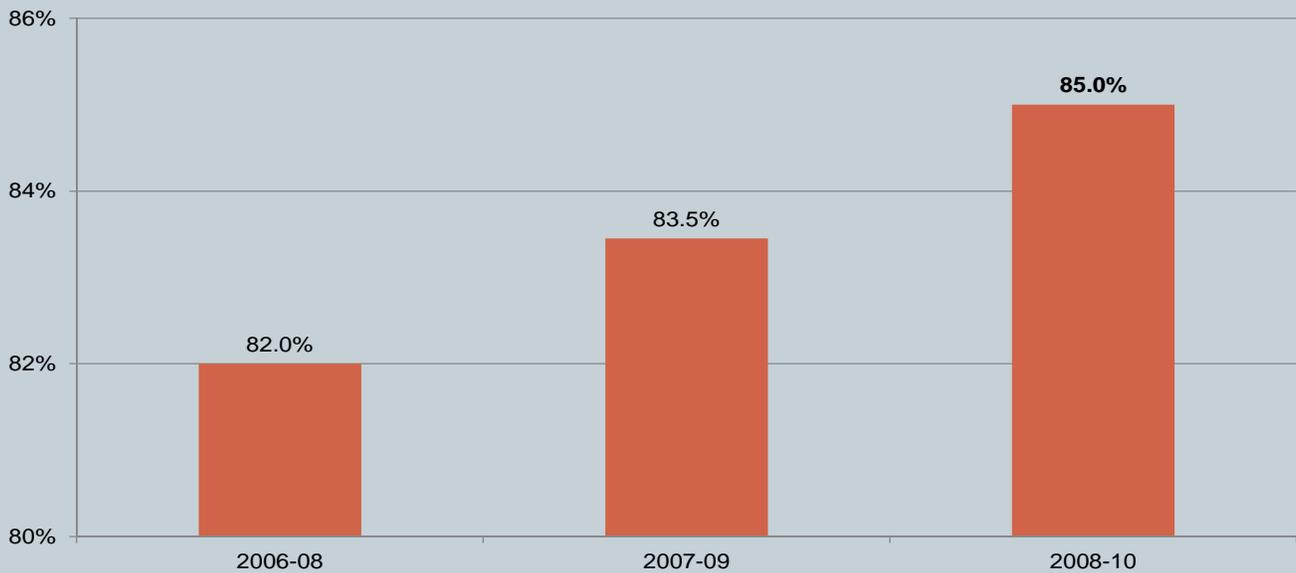


Source: Florida CHARTS

Breastfeeding

40

Percent of Mothers Who Initiated Breastfeeding



Source: Florida CHARTS

Healthy People 2020 states...

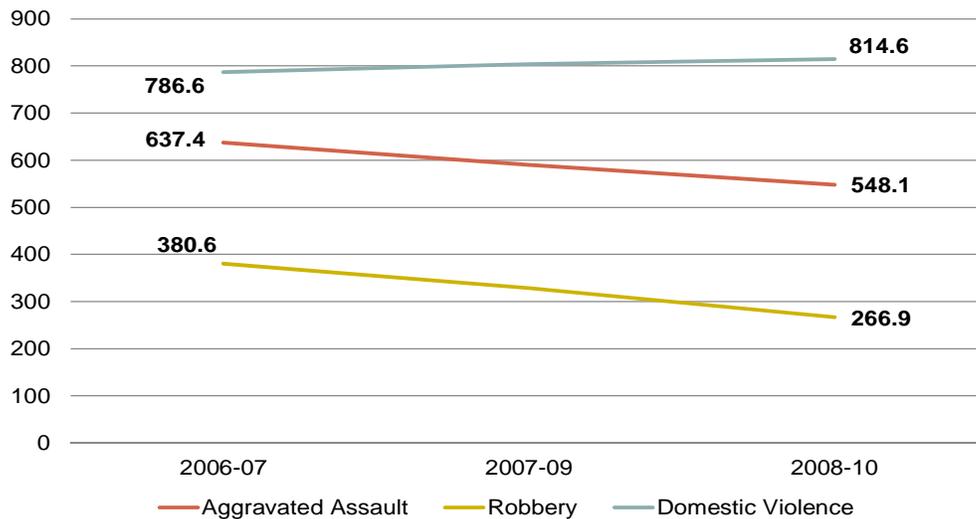
“Our health is also determined in part by access to social and economic opportunities. The conditions in which we live explain in part why some Americans are healthier than others and why Americans more generally are not as healthy as they could be.”



Social Determinants of Health

Violent Crimes

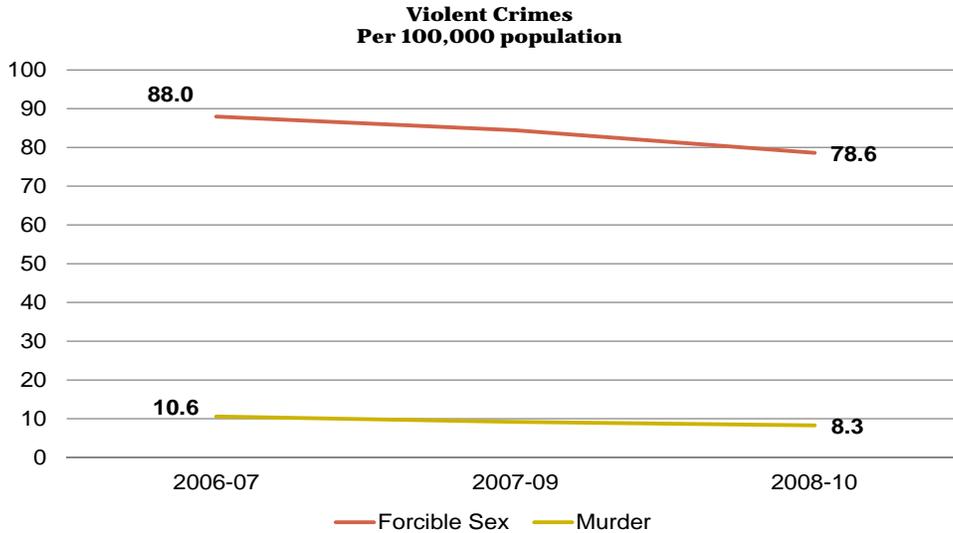
Violent Crimes
Per 100,000 population



Source: Florida CHARTS

Violent Crimes

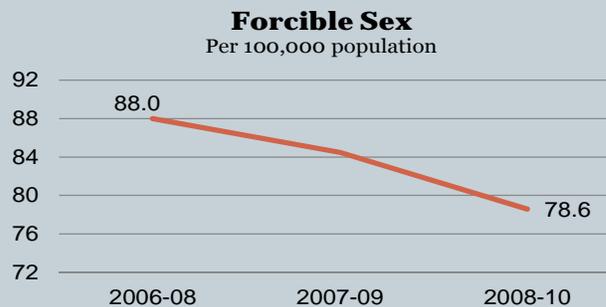
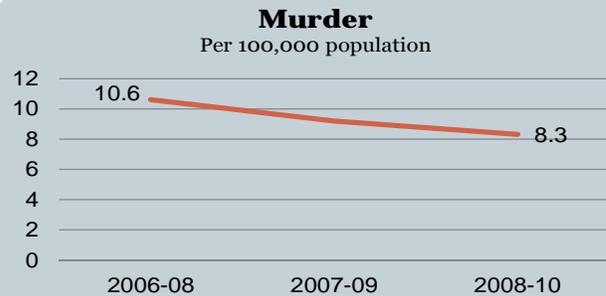
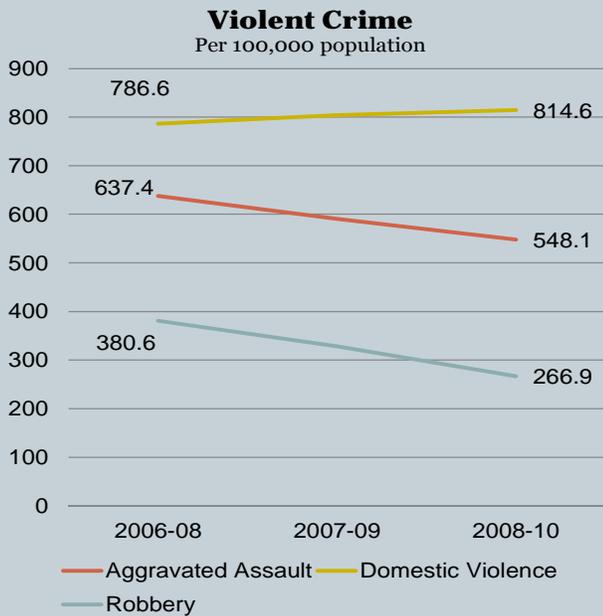
43



Source: Florida CHARTS

Crime

44

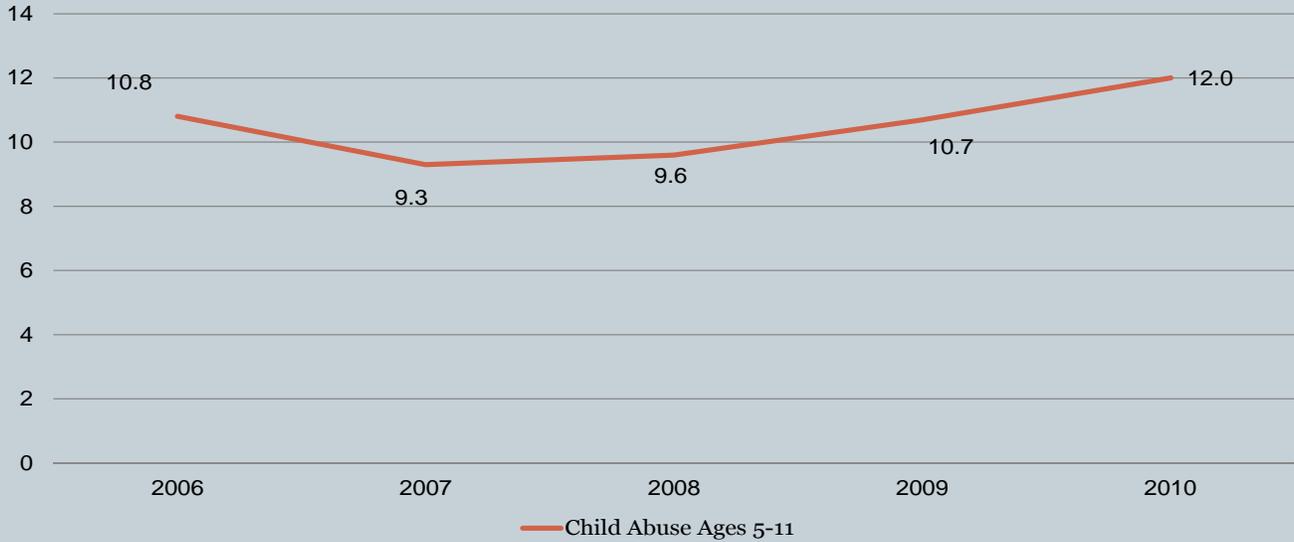


Source: Florida CHARTS

Child Abuse

45

Children Experiencing Child Abuse
Per 1,000 population

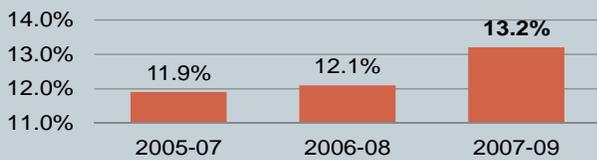


Source: Florida CHARTS

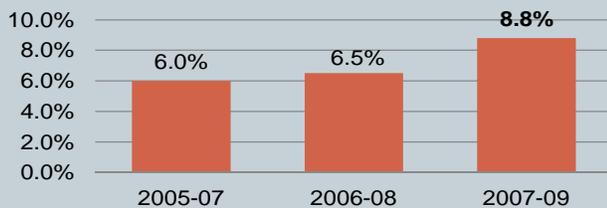
Income and Employment

46

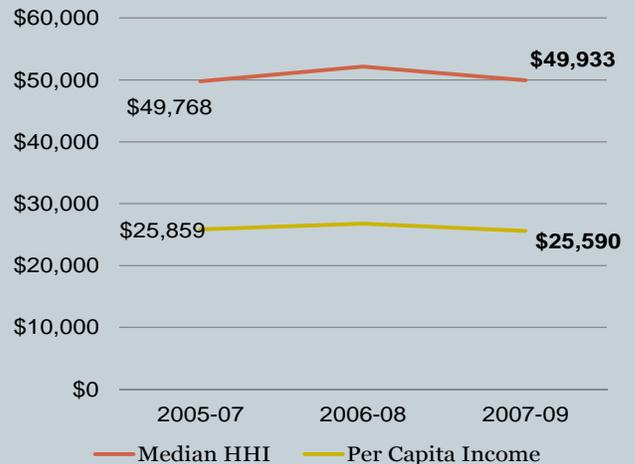
Percentage of People Whose Income in the Past 12 Months is Below the Poverty Level



Civilian Labor Force Percent Unemployment



Income Trends

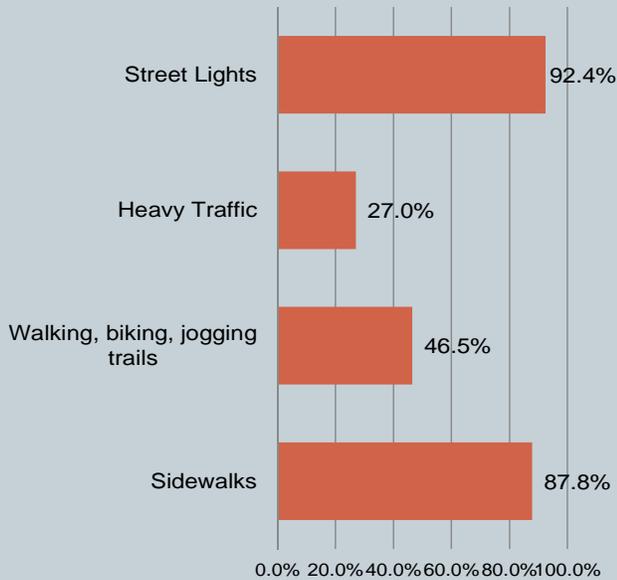


Source: Florida CHARTS

Built Environment

47

Built Environment



Neighborhood Safety



The four top MAIN reasons respondents gave for not being more active in their communities:

- No time
- Not interested
- Nothing available
- Don't know

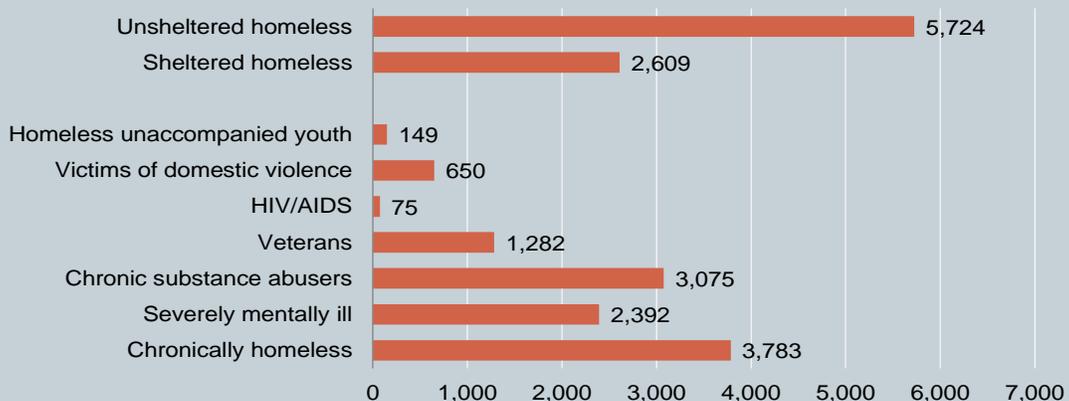
Source: 2009 PRC Community Health Survey

Homelessness

48

The January 2009 "Point-in-time counted 8,333 homeless individuals in Orange County, including 6,596 individuals and 1,377 persons in homeless families with children.

Homelessness in Orange County



Chronically homeless is defined as unaccompanied homeless individuals with a disabling condition who have either been continuously homeless for a year or more or have had at least four episodes of homelessness in the past three years.

Source: Orange County Government Five-Year Strategic Plan 2010-2015

Housing Unit Foreclosures

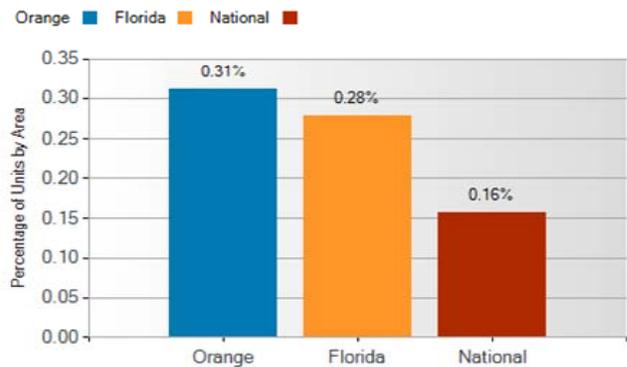
49



Housing unit foreclosures decreased substantially from 2,517 in October 2011 to 1,387 in November.

Foreclosures were on the rise again in December 2011.

The percentage of housing units in foreclosure are higher in Orange County when compared to the state and nation.



Source: Realty Trac

50

Disparities in access to health services affect individuals and society. Barriers to accessing health services lead to:

- Unmet health needs
- Delays in receiving appropriate care
- Inability to get preventive services
- Hospitalizations that could have been prevented



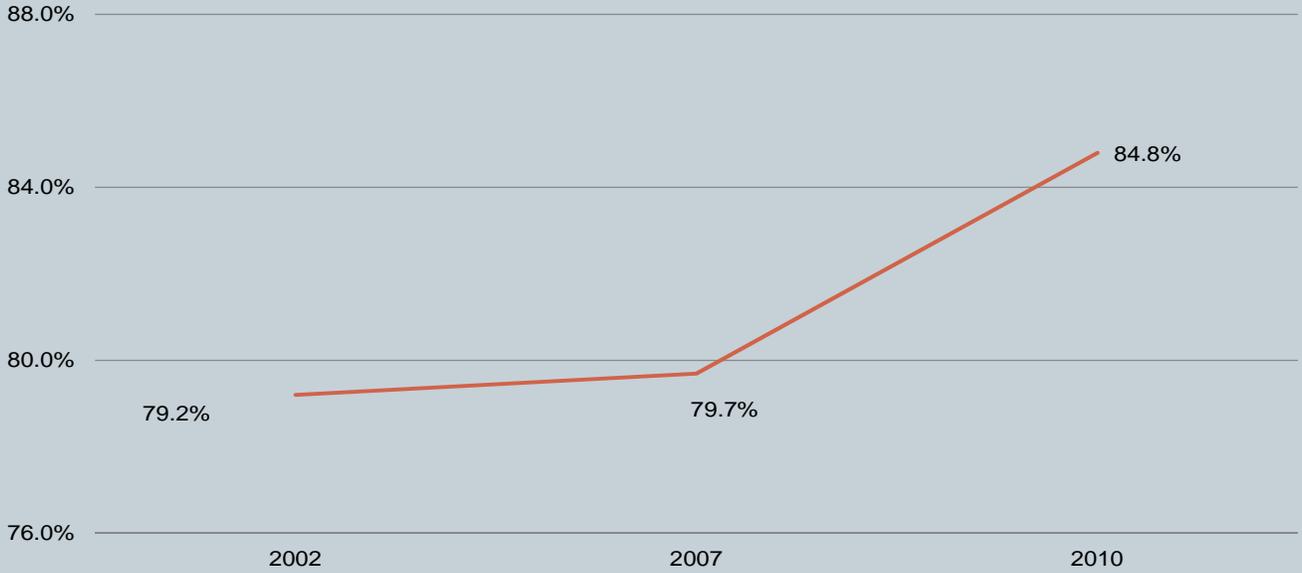
Health Care Access

Source: Healthy People 2020

Health Care Access

51

Percentage of Adults With Any Type of Health Care Insurance Coverage

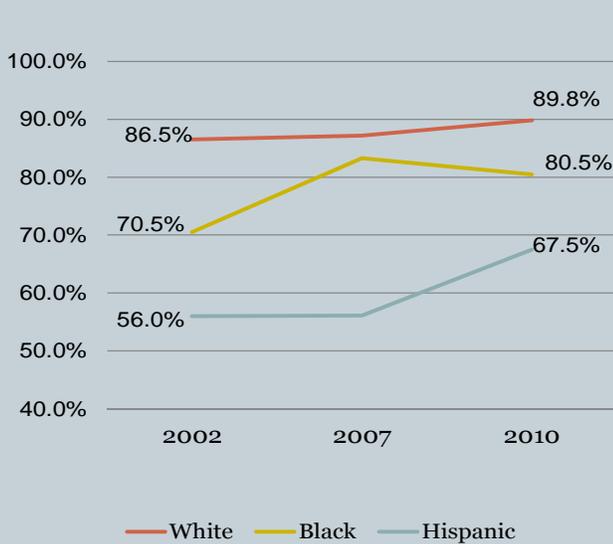


Source: BRFSS

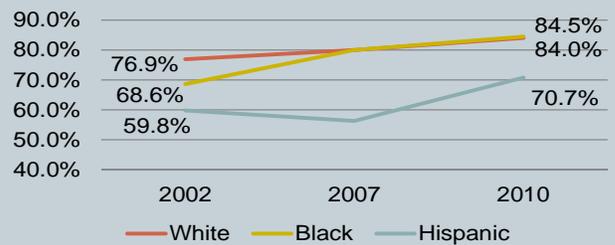
Health Care Access

52

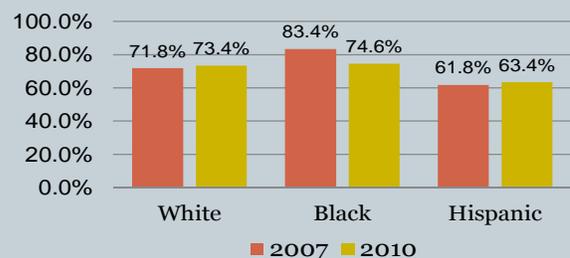
Percentage of Adults With Any Type of Health Care Insurance Coverage By Race



Percentage of Adults who have a Personal Doctor



Percentage of Adults who have had a medical check-up in the past year

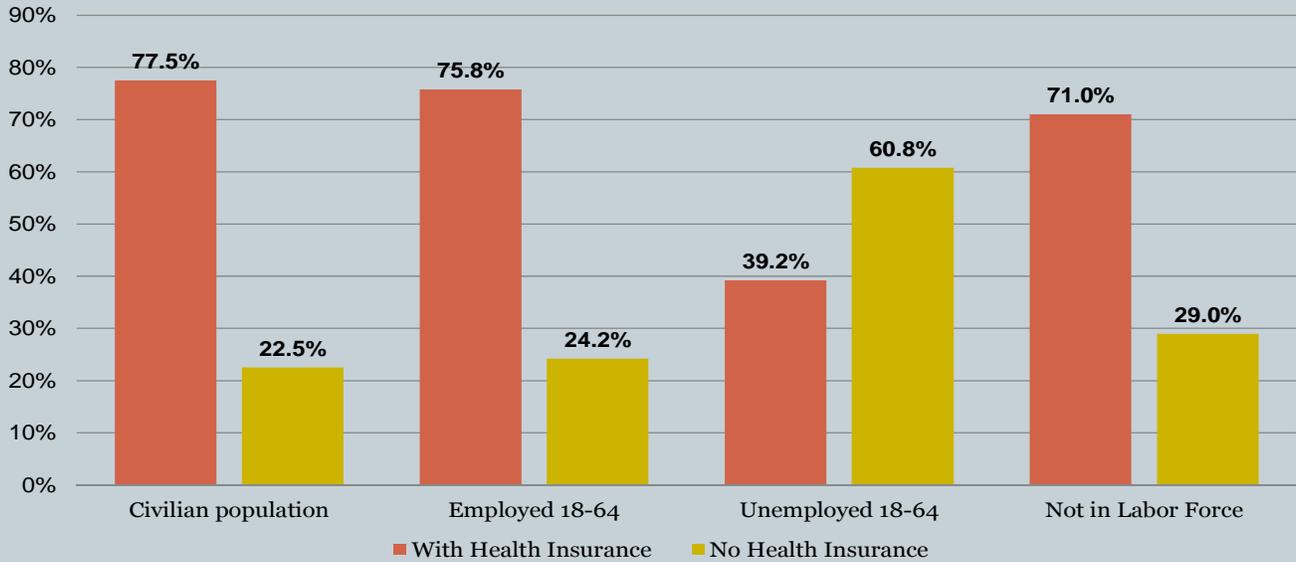


Source: BRFSS

Health Insurance Coverage

53

Health Insurance Coverage

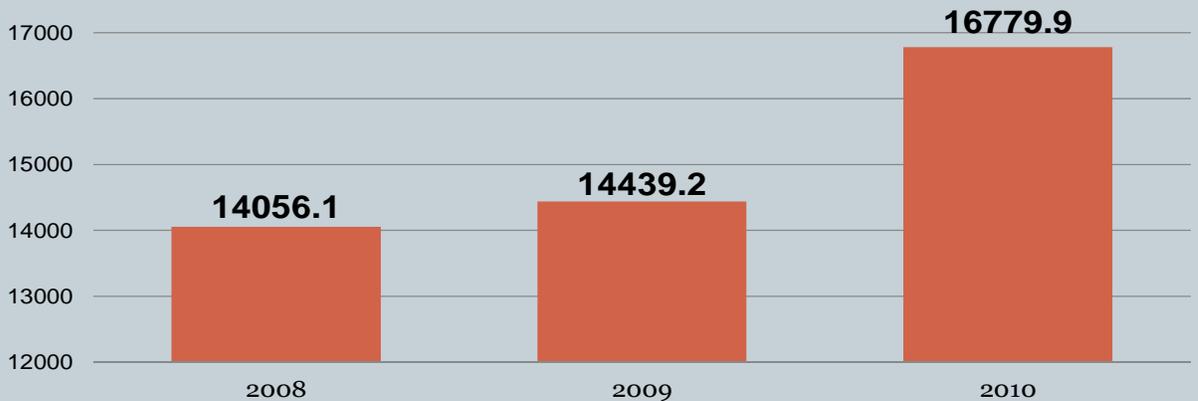


Source: U.S. Census, American Community Survey 2010

Medicaid

54

Median Monthly Medicaid Enrollment Rate per 100,000 population

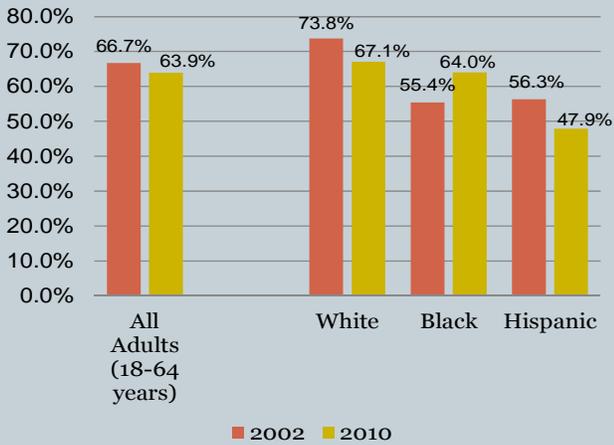


Source: Florida CHARTS

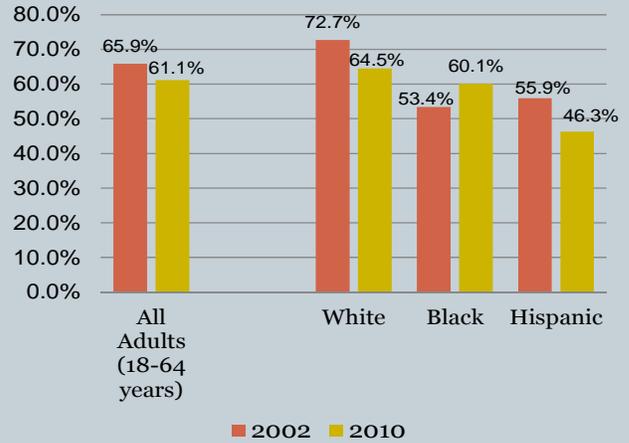
Dental Care Access

55

Percentage of Adults who have visited the dentist within the past year



Percentage of Adults who have had their teeth cleaned within the past year

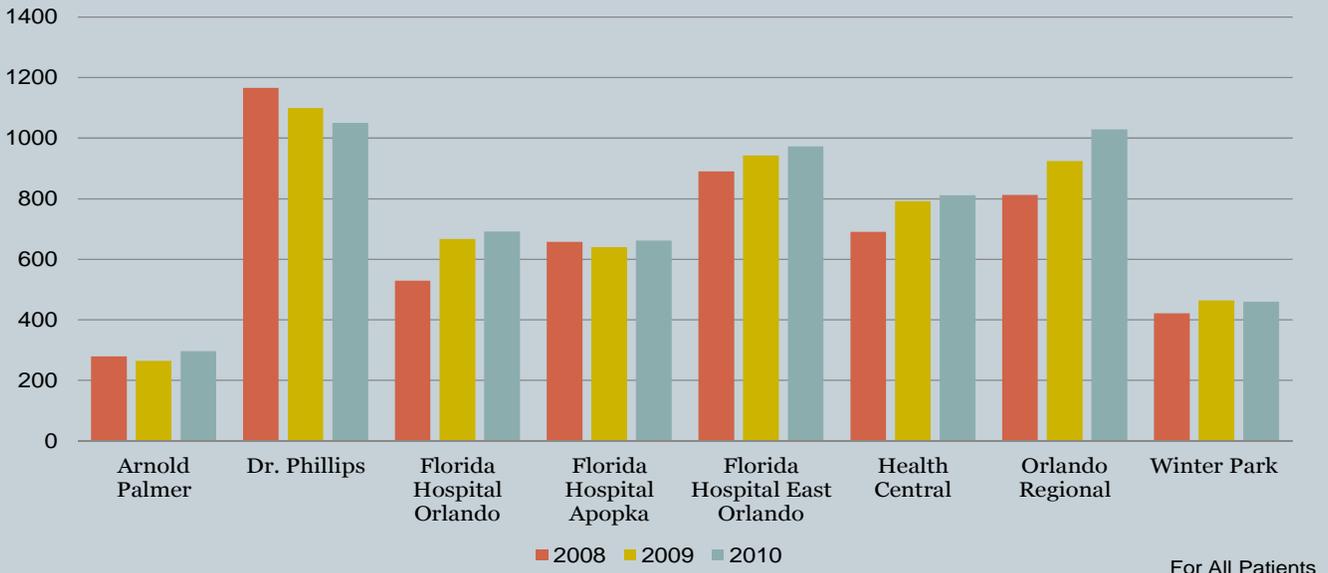


Source: BRFSS

ER Visits for Dental Health

56

Dental Health Emergency Room Visits

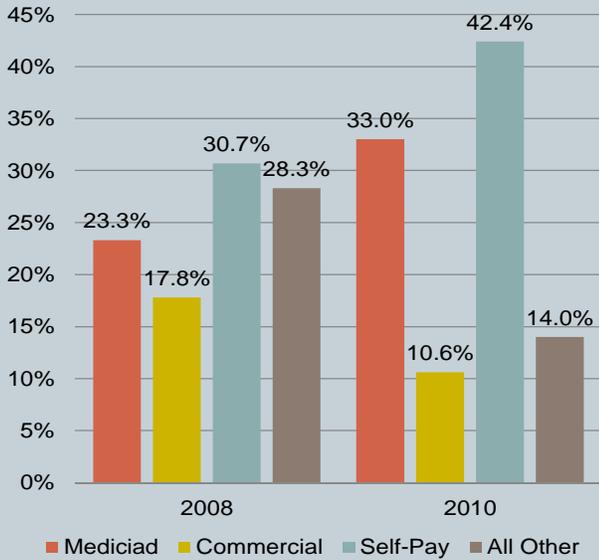


Source: Florida Public Health Institute

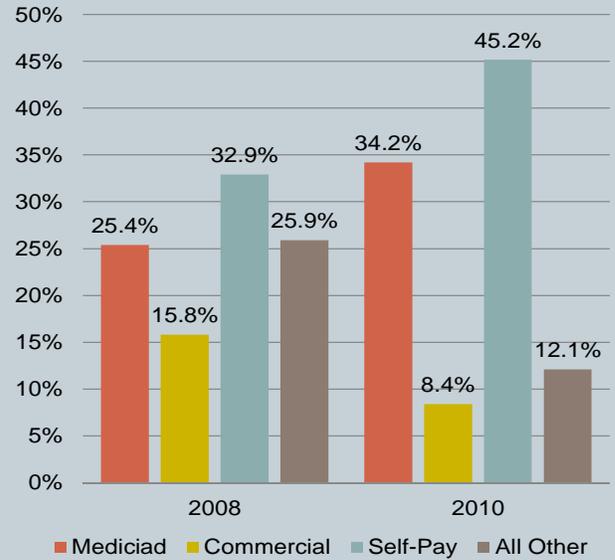
ER Dental Visits

57

ER Dental Charges by Payor
As a percentage of the total costs



ER Dental Visits by Payor
As a percentage of total visits

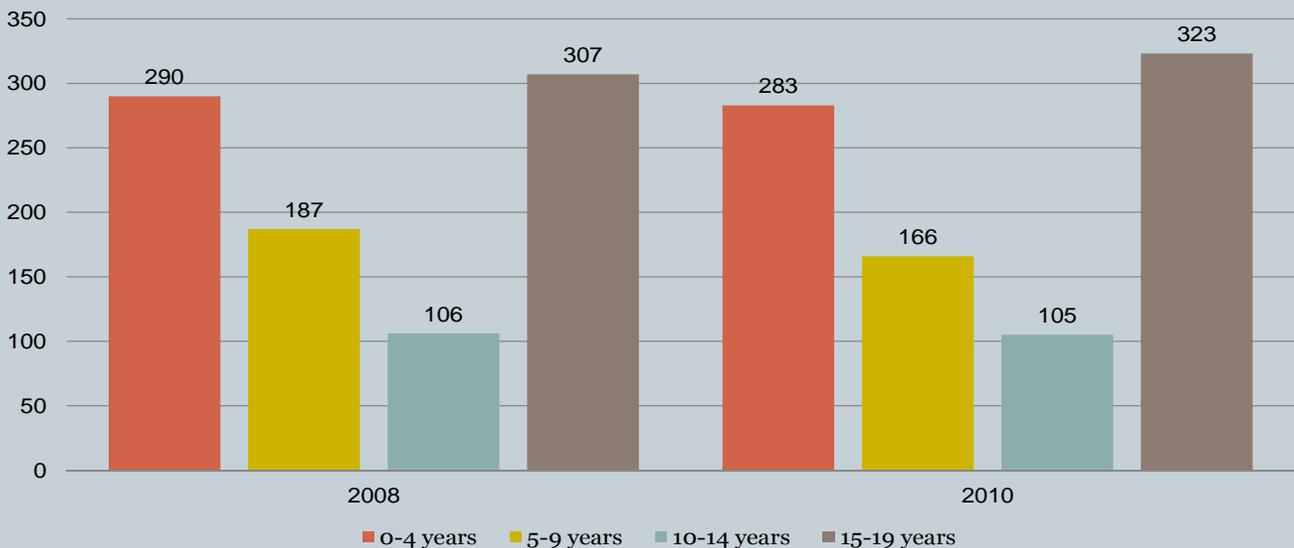


Source: Florida Public Health Institute

ER Oral Health Visits

58

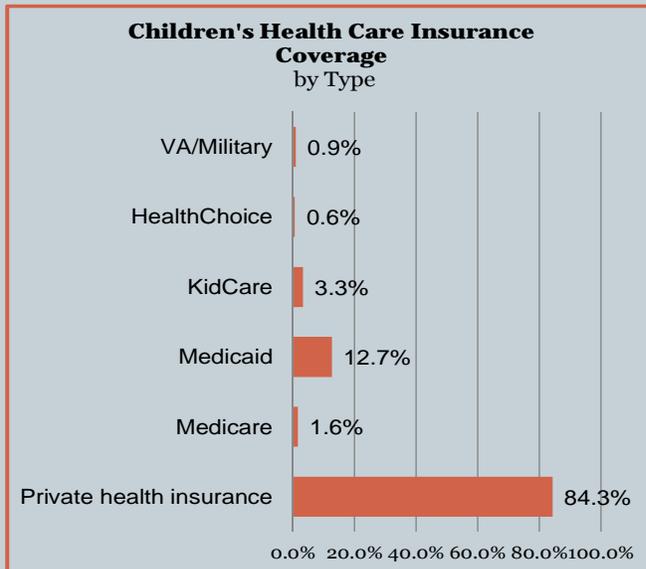
Number of ER Visits for Oral Health
By Age Group



Source: Florida Public Health Institute

Health Care Insurance Coverage for Children

59



92.2% of respondents reported that they have a particular place to take the child when he/she is sick or if they need advice regarding the child's health.

Source: 2006 PRC Child and Adolescent Health Survey

Dental Coverage for Children

60

- **63.3%** of respondents reported that their child had private dental insurance
- **75.8%** of respondents reported that they had a particular place where their child receives dental care
- **95.2%** of respondents reported that their child receives dental care services in a dental office
- **72.3%** of respondents reported their child had been to a dentist within the past year

Source: 2006 PRC Child and Adolescent Health Survey

Health Rankings

61

Determinants	Orange County	Florida	No.1 State	Healthy People 2020 Target
Smoking	13.3%	17.1%	9.1%	12.0%
Binge Drinking	14.2%	13.6%	6.7%	24.3%
Obesity	27.8%	27.2%	21.4%	30.6%
Lack of Health Insurance	15.6%	21.3%	5.0%	0%
Child Immunization	76.1%*/93.7%**	94.7%	96%	80%
Early Prenatal Care	84.1%	69.7%	N/A	77.9%
Diabetes Diagnosis	9.9%	10.4%	5.3%	7.2%
Infant Mortality (per 1,000)	6.5	7.1	4.7	6.0
Cardiovascular Deaths (per 100,000)	162.5	231.4	197.2	100.8
Cancer Deaths (per 100,000)	170.2	182.3	137.4	160.6

Source: Florida CHARTS, America's Health Rankings, Healthy People 2020 *rate at 2yrs, **rate at Kindergarten

Sources

62

- Florida CHARTS, www.floridacharts.com
- Behavioral Risk Factor Surveillance Study, http://www.doh.state.fl.us/Disease_ctrl/epi/brfss/index.htm
- Professional Research Consultants, Inc. www.prceasyview.com
- America's Health Rankings, www.americashealthranking.org
- Florida Public Health Institute, www.flphi.org
- Healthy People 2020, www.healthpeople.gov

APPENDIX D
FORCES OF CHANGE

Forces of Change

1

MOBILIZING FOR ACTION THROUGH PLANNING AND PARTNERSHIP (MAPP)

*SPONSORED BY THE ORANGE
COUNTY HEALTH DEPARTMENT*

What Are Forces of Change?

2

Broad, all-encompassing trends, factors, and events

- Trends are patterns over time
- Factors are discrete elements
- Events are one-time occurrences

*Think about the things that our community **can't** control!*

What Sectors of the Community Do We Look At?

3

All of them!

- Social
- Economic
- Political
- Healthcare
- Technological
- Environmental
- Scientific
- Legal
- Ethical

What Are We Looking For To Define Forces of Change?

4

- What has occurred recently that may affect our community?
- What may occur in the future?
- Are there any trends occurring that will have an impact?
- What forces are occurring locally? Regionally? Nationally? Globally?
- What characteristics of our community may pose an opportunity or threat?

Social Sector

5

Trends/Factors/Events	Opportunities/Threats
Aging population	Will consume more services
Population is becoming more diverse	Requires culturally-competent providers
Overall population is decreasing	Smaller workforce available to support retirees
Birth rates are decreasing	Economic growth will focus on productivity verses number of workers
Increase in single-parent households	Predictor for poverty
“Sandwich” caregivers and caregiver grandparents	Additional support is needed
Families living together to avoid homelessness	Additional support is needed

Social Sector

6

Trends/Factors/Events	Opportunities/Threats
STD's Increasing for chlamydia; decreasing for gonorrhea and syphilis Black population disproportionately affected	Long-term health consequences for those infected
Mental Health Percentage of adults reporting good mental health has decreased from 2007-2010	Essential for personal well-being, relationships, and ability to contribute to society
Teen Births Rates currently decreasing among race and ethnicity groups	Opportunity to coordinate prevention efforts with health care delivery system
Domestic Violence Rates increasing over the past four years	Leading cause of injury to women, ages 15-44

Economic Sector

7

Trends/Factors/Events	Opportunities/Threats
Household income	Impacts individual health, local economy, success for future generations
Unemployment	Impacts individual health, local economy, success for future generations
Poverty	Impacts individual health, local economy, success for future generations
Lack of health insurance	Impacts individual health, those disproportionately burdened with health issues
County budget	Decreasing property taxes, shrinking the size of government, doing more with less
Expansion of safety-net programs	Decreases poverty, Sustainability challenges
State budget	Budget gaps predicted

Political Sector

8

Under the Affordable Care Act...

- Community Health Centers
 - \$11 billion in new funding starting 2011 (over 5 years)
 - \$9.5 billion to expand services and add new staff at existing sites
 - \$1.5 billion to expand/improve existing facilities and construct new sites
- Establishes new programs to support school-based health centers and nurse-managed health clinics.
- \$1.5 billion over five years for the National Health Service Corps, which will place an estimated 15,000 primary care providers in provider-shortage communities.
- Provides funds to train new community health center providers for health care career training, including federal funding of \$230 million over five years to community-based entities.

Political Sector

9

Under the Affordable Care Act...

- Expands mandatory Medicaid coverage as of January 1, 2014, to individuals under 65 years of age (including children, pregnant women, parents, and adults without dependent children)
 - Not entitled to or enrolled in Medicare Part A
 - Below 133% of Federal Poverty Guidelines for the applicable family size.
- This will provide Medicaid coverage to an additional 16 million individuals.
- Establishes Teaching Health Centers such as community-based, ambulatory patient care centers, including Federally Qualified Health Center's (FQHC) and other federally funded health centers with operating primary care residency programs.

Political Sector

10

Florida Department of Health Reorganization

- Unknown future for County Health Departments (CHD'S)
- Current Florida House legislation (pending) to shift CHDs to individual counties
- Current Senate legislation (pending) to reduce CHD services to core public health issues of communicable disease, epidemiology, and environmental health
- At a minimum, CHD services will be reduced in the future and other agencies should be prepared to fill the gaps

HealthCare Sector

11

- Physician shortages- current supply will not meet future demand
- Greater integration of physicians and hospitals, physicians and health plans
- Hospitals may endure additional payment cuts
- Hospitals will be vying against other hospitals for market share and against other community segments for gov't dollars
- Medicare's long-term financing challenge
- Social Security long-term financing challenge
- Safety-Net Programs sustainability

Technology Sector

12

It's all about Information Technology!

- Improve health care system
- Sharing data will cut costs and increase efficiency
- Encourage consumers to be more engaged and interactive in their own care
- Age of the “empowered consumer”
- Health care costs will become more transparent
- Connectivity through social media channels

Environmental Sector

13

- Greater focus on the built environment to promote and support healthy living
- Focus on best practices and evidence-based initiatives, strategies and programs
- Greater coordination among environmental health practitioners and public health professionals to improve individual and community health
- Strategic partnerships will be needed to address local and regional public health issues

Scientific Sector

14

- Cuts in government funding will limit scientific research
- Championing science is not on the radar for elected officials
- Funding cuts now limit our ability to train new scientists for the future
- Pharmaceutical industry may struggle, many drug patents expire, will focus on more targeted, patient-specific approach over the next ten years
- Mergers and acquisitions in the biotech industry will continue
- Aging population and environmental concerns will play a role in the scientific community
- Global spotlight on chronic disease

Legal Sector

15

- Legal implications regarding the collection, organization, preservation and retrieval of health information with new technology
- Patients becoming more trustworthy of health information sharing
- Costs to comply with new business regulations will place additional labor and financial burdens on for-profit and non-profit agencies
- Many pharmaceutical companies will lose patent protection for some of their popular drugs.....

Singular, Plavix, Lipitor and Seroquel lost patent protection in 2012, representing \$22 million in yearly sales
Lexapro (March 2012); Actos (August 2012; and Zyprexa (October 2012)

Ethical Sector

16

- Public distrust of large corporations, large government, and elected officials
- Increase in ethics and compliance demands based on events in the past few years
- Public will demand greater accountability across all industries
- All organizations will need to develop and maintain cultures of integrity
- Pressure for public and private entities to “*do the right thing*”

APPENDIX E
ACTION CYCLE TEMPLATE

Action Cycle Template

Strategic Priority:			
Goal:			
Strategies:			
Outcome Objective(s):			
Impact Objective(s):			
Process Objective(s):			
Tasks/Action Steps <i>What will be done?</i>	Responsibilities <i>Who will do it?</i>	Resources <i>Funding/time/people/ materials</i>	Timeline <i>By when? Month/ day/year</i>
1.	1.	1.	1.
2.	2.	2.	2.
3.	3.	3.	3.
Evidence of Success <i>(How will you know that you are making progress? What are your benchmarks?)</i>			
Evaluation Process <i>(How will you determine that the goal has been reached? What are your measures?)</i>			

APPENDIX F
MEASURABLE HEALTH OUTCOMES

**DOH- ORANGE
MEASURABLE HEALTH OUTCOMES**

Goal: 1	Decrease morbidity and mortality related to diabetes and heart disease				
G1-Objective 1	By December 31, 2015, decrease morbidity and mortality related to diabetes and heart disease by 3% through educational outreach on nutrition.				
<u>Activities</u> <i>(What are we doing to reach the objective?)</i>	<u>Data</u> ¹	<u>Timeline</u> <i>(When will activity be completed?)</i>	<u>Measures</u> <i>(How will we know that we have completed the activity?)</i>	<u>Data Source</u> <i>(Where can we find the data to support the measure?)</i>	<u>Agency Responsible</u> <i>(Who is taking the lead to complete objective?)</i>
Partner with organizations to promote educational outreach on nutrition	Heart Disease age-adjusted death rate = 151.5.7 per 100,000 (2011) Stroke age-adjusted death rate = 31.9 per 100,000 (2011) Heart Failure age-adjusted death rate = 11.0 per 100,000 (2009-11) Diabetes age-adjusted death rate = 23.8 per 100,000 (2011) Adults diagnoses with diabetes = 9.9% (2010)	12/31/2013	# of partners engaged in the process	SG, ES, 20, SP	DOH-ORANGE/WIC (Nutrition Educator)
Support the distribution of healthy eating education through social media		12/31/2013	# of social media outlets that promote healthy eating	SG, ES, 20, SP	
Promote the use of motivational tools to increase healthy eating compliance		12/31/2013	# of promotional activities	ES	YMCA DOH-ORANGE
Assure all distributed health materials reflect the principles and practices of cultural and linguistic competence		12/31/2014	# materials produced to meet the cultural and linguistic needs	ES, SG, SP	DOH-ORANGE-Marketing
Support education to increase the likelihood of SNAP recipients and low income population make healthy food choices		12/31/2014	Disseminate educational materials that promote healthy food choices in SNAP recipients and the low income population	SG, ES, 20, SP	DOH-ORANGE WIC Food Bank
Support financial management education to increase the likelihood of SNAP recipients and low income populations purchasing healthy foods on a limited budget		06/30/2015	Provide incentives to SNAP recipients and the low income population that will increase the likelihood that	SG, ES, 20, SP	Orange County Government
G1-Objective 2	By December 31, 2015, decrease morbidity and mortality related to diabetes and heart disease by 3% through increasing access to healthy food.				
Work with the community partners to expand the development of community gardens at local park facilities	According to the USDA, "food deserts are defined as urban neighborhoods and rural towns without ready access to fresh, healthy and affordable food" ² There are many neighborhoods in Orange County that are located in food deserts including areas in the following zip codes: 32805, 32808, 34761, 32703, 32807, 32833, and 32809.	12/31/2013	# of partners engaged in the process	SG, 20	Orange County Government DOH-ORANGE
Build partnerships with transportation providers to increase access to grocery stores, farmers markets and community gardens		12/31/2014	# of partners engaged in the process	SG, 20	Healthy Orange Collaborative

SP-Florida State Health Improvement Plan... **20**-Healthy People 2020... **ES**-Ten Essential Public Health Services... **SG**-Strategic Goal

¹ Statistics taken from Florida CHARTS for Orange County, FL

² <http://apps.ams.usda.gov/fooddeserts/foodDeserts.aspx>

**DOH- ORANGE
MEASURABLE HEALTH OUTCOMES**

G1-Objective 3					
By December 31, 2015, decrease morbidity and mortality related to diabetes and heart disease by 3% by promoting the benefits of physical activity.					
Activities <i>(What are we doing to reach the objective?)</i>	Data³	Timeline <i>(When will activity be completed?)</i>	Measures <i>(How will we know that we have completed the activity?)</i>	Data Source <i>(Where can we find the data to support the measure?)</i>	Agency Responsible <i>(Who is taking the lead to complete objective?)</i>
Partner with organizations to promote educational outreach to increase participation in physical activity	Adults who meet moderate physical activity recommendations = 30.5% (2007) Adults who meet vigorous physical activity recommendations = 27.5% (2007) Adults who engage in no leisure-time physical activity = 30.6% (2007)	12/31/2013	# of partners engaged in the process	SG, ES	Healthy Orange Collaborative YMCA DOH-ORANGE
Support the distribution of physical activity education through social media		06/30/2014	# of social media outlets that promote healthy eating	SG, ES, 20, SP	
Promote the use of motivational tools to increase physical activity compliance		12/31/2014	# of motivational tools distributed	ES	YMCA
Ensure all distributed physical activity materials reflects the principles and practices of cultural and linguistic competence		12/31/2014	# materials produced to meet the cultural and linguistic needs	SG, ES, 20, SP	Healthy Orange Collaborative DOH-ORANGE
Work with local businesses to promote workplace wellness initiative that aim to increase employee participation in physical activities		12/31/2014	# of local businesses that promote workplace wellness	SG, ES, 20, SP	Healthy Orange Collaborative DOH-ORANGE
Work with local schools to develop joint use agreements to increase access to recreational facilities		06/30/2015	# of participant participate at facility # of schools that participate in joint use agreement	SG, ES, 20, SP	Orange County Public Schools
Continuously work to build collaboration among partners to address physical activity needs within the community		12/31/2015	# of partners that address physical activity needs	SG, ES, SP	Healthy Orange Collaborative DOH-ORANGE

SP-Florida State Health Improvement Plan... **20**-Healthy People 2020... **ES**-Ten Essential Public Health Services... **SG**-Strategic Goal

³ Statistics taken from Florida CHARTS for Orange County, FL

**DOH- ORANGE
MEASURABLE HEALTH OUTCOMES**

G1-Objective 4					
By December 31, 2015 decrease by 3% morbidity and mortality related to diabetes and heart disease by promoting smoking cessation initiatives.					
Activities <i>(What are we doing to reach the objective?)</i>	Data	Timeline <i>(When will activity be completed?)</i>	Measures <i>(How will we know that we have completed the activity?)</i>	Data Source <i>(Where can we find the data to support the measure?)</i>	Agency Responsible <i>(Who is taking the lead to complete objective?)</i>
Support smoking cessation efforts throughout the community <ul style="list-style-type: none"> Support the promotion of cessation initiatives through social media Promote the use of motivational tools to increase smoking cessation compliance 	Adults who are current smokers = 13.3% (2010)⁴	12/31/2013	# of participants that smoke # of tobacco/smoking cessation classes offered in the community # of participants that use the Quit line resources	SG, ES, 20, SP	DOH-ORANGE American Lung Association
Assure all distributed health materials reflect the principles and practices of cultural and linguistic competence		06/30/2014	# materials produced to meet the cultural and linguistic needs	SG, ES, SP	DOH-ORANGE
Support education for middle and high school students on the harmful effects of tobacco use		06/30/2014	# of schools offering tobacco/smoking cessation classes # of middle schools participants # of high schools participants		Orange County Public Schools
Raise awareness on the dangers of Hookah bars		12/31/2014	# of messages developed and distributed		DOH-ORANGE
Develop a centralized source of smoking cessation resources		12/31/2013	Evidence of centralized site		
G1-Objective 5					
December 31, 2015, decrease by 3% morbidity and mortality of stress related diabetes and heart disease.					
Partner with behavioral health providers to address the impact of stress related heart disease-possible delete these heart related objectives	Research in relation to chronic diseases has shown a symbiotic relationship whereby stress can lead to heart disease and diabetes and that having a chronic disease like heart disease or diabetes, the person can suffer from stress. These combinations are compounded by a myriad of what are referred to as "social determinants of health."	12/31/2013	# of partners supporting efforts	ES, SG	DOH-ORANGE Lakeside Behavioral Healthcare
Support education to reduce stress-related to heart disease <ul style="list-style-type: none"> Support the promotion of stress reducing initiatives through social media Promote the use of motivational tools to increase behavioral compliance Assure all distributed health materials reflect the principles and practices of cultural and linguistic competence 		12/31/2014	# and types of educational efforts	SG, ES	DOH-ORANGE Lakeside Behavioral Healthcare
G1-Objective 6					
By December 31, 2015, reduce the severity of cardiac events through aggressive CPR training.					
Develop a community-wide CPR training campaign	No baseline data.	12/31/2014	3 trainings per year developed	ES	American Heart Association DOH-ORANGE

SP-Florida State Health Improvement Plan... **20**-Healthy People 2020... **ES**-Ten Essential Public Health Services... **SG**-Strategic Goal

⁴ Statistics taken from Florida CHARTS for Orange County, FL

**DOH- ORANGE
MEASURABLE HEALTH OUTCOMES**

Goal: 2		Reduce the rate of preterm birth			
G2-Objective 1		By December 31, 2015, prevent and reduce preterm births by 3% through culturally and linguistically sensitive education on the importance of early prenatal care.			
Activities <i>(What are we doing to reach the objective?)</i>	Data ⁵	Timeline <i>(When will activity be completed?)</i>	Measures <i>(How will we know that we have completed the activity?)</i>	Data Source <i>(Where can we find the data to support the measure?)</i>	Agency Responsible <i>(Who is taking the lead to complete objective?)</i>
Support education on the benefits of early prenatal care through social media outlets	Infant Mortality All Races = 7.7 O per 1,000 (2010)	12/31/2014	Develop coordinated campaign that provides education to the community, not just women, highlighting the important of pre-conceptual care for women of childbearing age who plan to have children in the future.	SG, ES, 20, SP	Healthy Orange Collaborative DOH-ORANGE
Assure all distributed health materials reflect the principles and practices of cultural and linguistic competence	Black Infant Mortality = 13.8 per 1,000 (2010)	12/31/2013		SG, ES, SP	DOH-ORANGE
Educate local employers on the benefits of early prenatal care	Hispanic Infant Mortality = 7 per 1,000 (2010) White Infant Mortality = 5.1 per 1,000 (2010)	12/31/2014	Campaign focus on: Women, men, employers, faith based health ministries, etc.	ES	Orange County Healthy Start Coalition Healthy Orange Collaborative DOH-ORANGE
Engage local employers to promote the benefits of early prenatal care for employees	Early Prenatal Care 79.3% (2009-11) Premature Births (< 37 weeks gestation) = 14.7%	12/31/2014	Development and distribution of: Flyers, posters, media messages, press releases, web sites, etc.		Orange County Healthy Start Coalition Healthy Orange Collaborative DOH-ORANGE
Support education on the inappropriate use of pain medications during pregnancy		12/31/2013			Orange County Healthy Start Coalition Healthy Orange Collaborative DOH-ORANGE
Promote the importance of women's health prior to pregnancy		12/31/2015		SG	Orange County Healthy Start Coalition Healthy Orange Collaborative DOH-ORANGE
Support family planning education		12/31/2014		SG	Orange County Healthy Start Coalition Healthy Orange Collaborative DOH-ORANGE

SP-Florida State Health Improvement Plan... **20**-Healthy People 2020... **ES**-Ten Essential Public Health Services... **SG**-Strategic Goal

⁵ Statistics taken from Florida CHARTS for Orange County, FL

**DOH- ORANGE
MEASURABLE HEALTH OUTCOMES**

G2-Objective 2		By December 31, 2015, prevent and reduce preterm births by 3% through increasing access to care for women of childbearing age.			
Activities <i>(What are we doing to reach the objective?)</i>	Data ⁶	Timeline <i>(When will activity be completed?)</i>	Measures <i>(How will we know that we have completed the activity?)</i>	Data Source <i>(Where can we find the data to support the measure?)</i>	Agency Responsible <i>(Who is taking the lead to complete objective?)</i>
Increasing access to care of women of childbearing years	Adults with health insurance coverage = 84.55 (2010)	12/31/2013	Distribute information regarding availability of services	SG, ES, SP, 20	DOH-ORANGE Orange County Healthy Start Coalition Healthy Orange Collaborative
Conduct assessment to determine availability of community providers for early pre-natal care i.e., Insurers, Midwifery, Physicians, ARNP's		06/30/2014	Completed assessment	ES	Orange County Healthy Start Coalition Healthy Orange Collaborative
G2-Objective 3		By December 31, 2015, prevent and reduce by 3% preterm births related to the social determinants of health.			
Determine pre-term births related to social determinants	Premature Births (< 37 weeks gestation) = 14.7%	12/31/2013	Executive Summary/White Paper	SG, ES, SP	DOH-ORANGE
Work with community organizations to address the impact of poverty, domestic violence and racial injustice related to preterm births		06/30/2014	# of community partners and initiatives focusing on this women's health and social determinants	ES	DOH-ORANGE Orange County Healthy Start Coalition Healthy Orange Collaborative

SP-Florida State Health Improvement Plan... **20**-Healthy People 2020... **ES**-Ten Essential Public Health Services... **SG**-Strategic Goal

⁶ Statistics taken from Florida CHARTS for Orange County, FL

**DOH- ORANGE
MEASURABLE HEALTH OUTCOMES**

G2-Objective 4					
By December 31, 2015, prevent and reduce by 3% preterm births through policy change that supports early prenatal care.					
Activities <i>(What are we doing to reach the objective?)</i>	Data ⁷	Timeline <i>(When will activity be completed?)</i>	Measures <i>(How will we know that we have completed the activity?)</i>	Data Source <i>(Where can we find the data to support the measure?)</i>	Agency Responsible <i>(Who is taking the lead to complete objective?)</i>
Determine preterm births related to policy change that supports prenatal care	Early Prenatal Care 79.3% (2009-11) Premature Births (< 37 weeks gestation) = 14.7%	12/31/2013	Policy, systems or environmental changes developed	20	DOH-ORANGE Orange County Healthy Start Coalition Healthy Orange Collaborative
Work with health insurance providers to expand maternity coverage for early prenatal care		06/30/2014	# of health insurance providers contacted and/or receptive to discussing idea Summary of meeting findings Policies developed	ES	Orange County Healthy Start Coalition Healthy Orange Collaborative
Educate local employers on the health and financial benefits of early prenatal care		12/31/2014	# of employers contacted	ES	DOH-ORANGE Orange County Healthy Start Coalition Healthy Orange Collaborative
G2-Objective 5					
By December 31, 2015, prevent and reduce by 3% preterm births by decreasing the number of voluntary Cesarean Sections.					
Determine preterm birth by the number of voluntary Cesarean Section	Cesarean Section Deliveries reported = 6,043 (2012)	12/31/2013	Executive Summary/White paper	SG, ES, SP, 20	DOH-ORANGE Orange County Healthy Start Coalition Healthy Orange Collaborative Infant Mortality Task Force
Support campaigns for hospitals to adopt "hard stops" for voluntary C-sections		06/30/2014	# of campaigns and types of campaigns	ES	DOH-ORANGE Orange County Healthy Start Coalition Healthy Orange Collaborative
Support the reduction of non-medically necessary inductions and C-sections before 39 weeks gestation		12/31/2014	Flyers, posters, White Papers, web based messages	SP, ES	DOH-ORANGE Orange County Healthy Start Coalition Healthy Orange Collaborative

SP-Florida State Health Improvement Plan... **20**-Healthy People 2020... **ES**-Ten Essential Public Health Services... **SG**-Strategic Goal

⁷ Statistics taken from Florida CHARTS for Orange County, FL

**DOH- ORANGE
MEASURABLE HEALTH OUTCOMES**

Goal 3:		Prevent disease, disability and death through public health interventions.			
G3-Objective 1		By December 31, 2015, increase to 90% the number of two-year-olds who are fully immunized.			
Activities <i>(What are we doing to reach the objective?)</i>	Data ⁸	Timeline <i>(When will activity be completed?)</i>	Measures <i>(How will we know that we have completed the activity?)</i>	Data Source <i>(Where can we find the data to support the measure?)</i>	Agency Responsible <i>(Who is taking the lead to complete objective?)</i>
Determine the percentage of two year olds who are fully immunized	Children < 2 years of age fully immunized = 87% (2011)	12/31/2013	Executive Summary/White Paper	SG, ES, SP, 20	DOH-ORANGE Healthy Orange Collaborative
Partner with local organizations, day-cares, and providers to educate the community on the importance of vaccinations for children under two years of age.		12/31/2013	# of partners collaborating	SP, ES	DOH-ORANGE Healthy Orange Collaborative
Create community awareness through education using social media, local media, internet, and outreach.		06/30/2014	# of messages and/or outreach activities	SP, ES	DOH-ORANGE Healthy Orange Collaborative
G3-Objective 2		By December 31, 2015, increase to 75% the number of adults aged 65 and older who have had a flu shot in the previous year.			
Partner with local organizations, senior centers, community centers, and providers to educate the community on the importance of adult vaccinations.	Adults > 65 years of age who received the flu shot = 61.7% (2010)	12/31/2013	# of partners collaborating	ES, SP, SG	Healthy Orange Collaborative DOH-ORANGE
Create community awareness through education using social media, local media, internet, and outreach.		06/30/2014	# of messages and/or outreach activities	ES, SP, SG	Healthy Orange Collaborative DOH-ORANGE

SP-Florida State Health Improvement Plan... **20**-Healthy People 2020... **ES**-Ten Essential Public Health Services... **SG**-Strategic Goal

⁸ Statistics taken from Florida CHARTS for Orange County, FL

**DOH- ORANGE
MEASURABLE HEALTH OUTCOMES**

G3-Objective 3					
By December 31, 2015, reduce to 2620 per 100,000 the rate of bacterial STD cases among females 15-34 years of age.					
Activities <i>(What are we doing to reach the objective?)</i>	Data ⁹	Timeline <i>(When will activity be completed?)</i>	Measures <i>(How will we know that we have completed the activity?)</i>	Data Source <i>(Where can we find the data to support the measure?)</i>	Agency Responsible <i>(Who is taking the lead to complete objective?)</i>
Promote the <i>Stop the Denial</i> campaign targeting teens to get tested	Chlamydia cases reported = 527.6 per 100,000 (2009-11)	12/31/13	Campaign reach	ES, SP, SG	Healthy Orange Collaborative DOH-ORANGE
Develop campaigns to increase awareness of need for testing, seeking test results and compliance with treatment	Gonorrhea cases reported ¹ = 152 per 100,000 (2009-11)	12/31/14	Campaign reach	ES, SP, SG	Healthy Orange Collaborative DOH-ORANGE
G3-Objective 4					
By December 31, 2015, reduce the TB case rate to 3.5 per 100,000.					
Partner with local providers to increase accurate reporting of positive cases to the state	TB cases reported = 4.7 per 100,000	12/31/13	# of local partners	ES, SP, SG	Healthy Orange Collaborative DOH-ORANGE
Partner with local providers to refer suspected positive cases to DOH		12/31/13	# of local partners	ES, SP, SG	Healthy Orange Collaborative DOH-ORANGE
Develop a texting campaign to increase awareness of test results and compliance with treatment		12/31/14	Campaign reach	ES, SP	Healthy Orange Collaborative DOH-ORANGE
G3-Objective 5					
By December 31, 2015, increase to 93% the number of TB patients completing therapy within 12 months of initiation of treatment.					
Increase client education on the importance of therapy completion	Patients completing 12 month TB therapy = 86.8% (2010)	12/31/13	Educational messages developed and distributed	ES, SP, SG	DOH-ORANGE
Implement Video Directly Observed Therapy to help patients comply and adhere with TB treatment.		12/31/13	Application developed, tested and distributed	ES, SP, SG	DOH-ORANGE

SP-Florida State Health Improvement Plan... **20**-Healthy People 2020... **ES**-Ten Essential Public Health Services... **SG**-Strategic Goal

⁹ Statistics taken from Florida CHARTS for Orange County, FL

**DOH- ORANGE
MEASURABLE HEALTH OUTCOMES**

G3-Objective 6					
By December 31, 2015, reduce the enteric disease case rate to 51.7 per 100,000.					
Activities <i>(What are we doing to reach the objective?)</i>	Data ¹⁰	Timeline <i>(When will activity be completed?)</i>	Measures <i>(How will we know that we have completed the activity?)</i>	Data Source <i>(Where can we find the data to support the measure?)</i>	Agency Responsible <i>(Who is taking the lead to complete objective?)</i>
Provide outbreak assistance and oversee outbreak investigations	All Enteric Diseases = 62.8 per 100,000 (2011)	12/31/13	# of cases reported	ES, SP, SG	DOH-ORANGE/EPI
Develop, evaluate, and supply outbreak investigation tools and training materials		12/31/13	Samples of tools and/or training materials	ES, SP, SG	DOH-ORANGE/EPI
Develop, implement, and evaluate strategies for the prevention and control of disease outbreaks		06/30/15	Strategies developed and evaluated	ES, SP, SG	DOH-ORANGE/EPI
G3-Objective 7					
By December 31, 2015, reduce the AIDS case rate to 20.5 per 100,000.					
Provide education on disease transmission and medical adherence	AIDS cases reported = 25.9 per 100,000 (2009-11)	12/31/13	# of education/outreach activities to educate on transmission and medical adherence	ES, SP, SG	DOH-ORANGE
Partner with local providers to refer suspected positive cases to DOH	HIV/AIDS age-adjusted death rate = 5.4 per 100,000 (2009-11)	12/31/13	# of local providers	ES	DOH-ORANGE Healthy Orange Collaborative
G3-Objective 8					
By December 31, 2015, increase to 95% the number of HIV-infected people in Orange County who know they are infected.					
Provide education on disease transmission and medical adherence	HIV cases reported = 41.4 per 100,000 (2009-11)	12/31/13	# of education/outreach activities to educate on testing	ES, SG	DOH-ORANGE
Develop campaigns to increase awareness of need for testing, seeking test results and compliance with treatment	Adults less than 65 years of age who had an HIV test in the past 12 months = 7.2% (2010) All HIV cases = 39.9 per 100,000 (2012)	12/31/14	# of education/outreach activities to educate on testing	ES, SG	DOH-ORANGE

SP-Florida State Health Improvement Plan... **20**-Healthy People 2020... **ES**-Ten Essential Public Health Services... **SG**-Strategic Goal

¹⁰ Statistics taken from Florida CHARTS for Orange County, FL