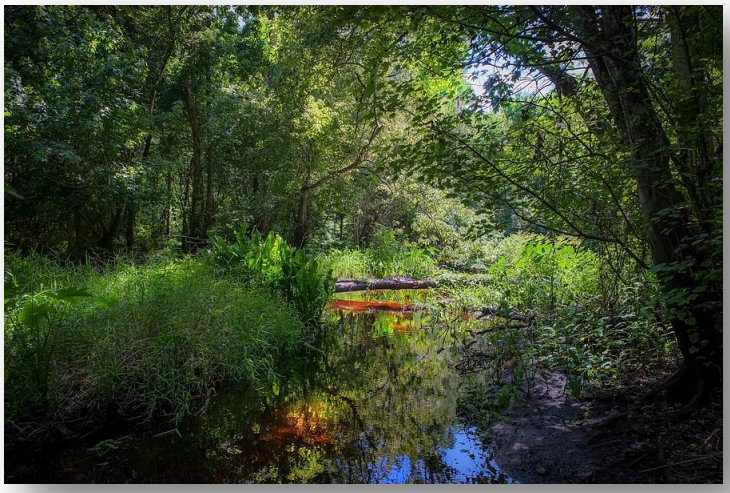
SEMINOLE COUNTY COMMUNITY HEALTH IMPROVEMENT PLAN



March 2017

Community Health Improvement Plan Report 2017-2020

Contributors

The Seminole County Health Profile team was led by Crystal Wagner and Donna Walsh.

PREPARED BY

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Disclaimer

While statistics and data for the indicators were, to the best of the author's knowledge, current as the Community Health Improvement Plan Report 2017 was drafted, there may be subsequent data and developments, including recent legislative actions, that could alter the information provided herein.

This report does not include statistical tests for significance and does not constitute medical advice. Individuals with health problems should consult an appropriate health care provider. This report does not constitute legal advice.

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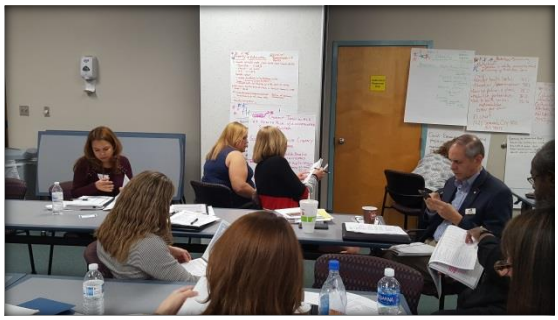

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Insert Letter from Donna Walsh

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INTRODUCTION

Seminole County Community Health Improvement Plan

EXECUTIVE SUMMARY

Building a healthier Seminole County began as a community-wide initiative with the goal of establishing an ongoing process for identifying and addressing health needs. The intent of this project was to foster successful partnerships within the community in order to improve the health of Seminole County residents. The *Public Health Accreditation Board* defines a Community Health Improvement Plan (CHIP) as "a long-term, systematic effort to address health problems on the basis of the results of assessment activities and the community health improvement process." A CHIP can be used by health departments, as well as other government, education, or human service agencies, to coordinate efforts and target resources that promote health.

A CHIP serves to address health issues, roles, and common goals and objectives throughout the community. The plan can be used to guide action and monitor and measure progress toward achievement of goals and objectives. The plan, along with a Community Health Assessment (CHA), can be utilized as justification for support of certain public health initiatives, as part of funding proposals, and for attracting other resources toward building programs that improve the overall quality of life of the community.

Health Priorities and Recommendations

The Seminole County Community Health Committee identified four key issues – *Chronic Disease Prevention, Healthcare Access, Maternal & Child Health,* and *Mental (Behavioral) Health* - and developed recommendations and action steps. The Task

Force recommends the Community Health Action Plans should be incorporated into the work of the Florida Department of Health in Seminole County, existing community groups, and health care partners.

Health Priority: Chronic Disease Prevention

Goal:

Objective:

Health Priority: Healthcare Access

Goal:

Objective:

Health Priority: Maternal & Child Health

Goal:
Objective:

Health Priority: Mental (Behavioral) Health

Goal:

Objective:

INTRODUCTION

The health status of a community plays a large role in social and economic prosperity, hence it is important that a community strives to continually improve and maintain its health. Government agencies (city, county, state) may provide health services; however, successful health programs require an active partnership between all community agencies.

Community health improvement planning is a long-term, systematic effort that addresses health problems on the basis of the results of community health assessment activities, local public health system assessment, and the community health improvement process. The resulting Community Health Improvement Plan is used by health and other government, educational and human service agencies, in collaboration with community partners, to set priorities and coordinate and target resources. A CHIP is critical for developing policies and defining actions to target efforts that promote health. It defines the vision for the health of the community through a collaborative process and addresses the strengths, weaknesses, challenges, and opportunities that exist in the community in order to improve the health status of that community.

The Florida Department of Health in Seminole County, working with community health partners, initiated community-wide strategic planning for improving community health utilizing the *Mobilizing for Action through Planning and Partnerships* (MAPP) model. MAPP was developed by the *National Association of County and City Health Officials* (NACCHO), in collaboration with the *Centers for Disease Control and Prevention* (CDC). MAPP provides a framework to create and implement a community health improvement plan that focuses on long-term strategies that address multiple factors that affect health in a community. The resulting community health improvement

plan is designed to use existing resources wisely, consider unique local conditions and needs, and form effective partnerships for action.

METHODOLOGY

The Florida Department of Health in Seminole County and community health partners met together for the purpose of evaluating the health status of the citizens of the Seminole County area in order to develop health improvement interventions. The goal of these partners was to develop and implement comprehensive, community-based health promotion and wellness programs in the Seminole County area and provide a forum where members could join together to plan, share resources, and implement strategies and programs to address the health care needs of citizens.

The NACCHO MAPP model for community health planning was used, which provides a strategic approach to community health improvement. This model utilizes six distinct phases:

1. Partnership development and organizing for success
2. Visioning
3. The Four MAPP assessments
    - Community Health Needs Assessment
    - Local Public Health System Assessment
    - Forces of Change Assessment
    - Community Strength and Themes Assessment
4. Identifying strategic issues
5. Formulating goals and strategies
6. Action (program planning, implementation, and evaluation)

Community Health Needs Assessment

The ***Community Health Needs Assessment*** provided a "snapshot in time" of the demographics, employment, health status, health risk factors, health resource availability, and quality of life perceptions. Seminole County Health Department conducted a Community Health Assessment (CHNA) in collaboration with FDOH-Lake, Orange and Osceola Counties in 2016. Data from the U.S. Census Bureau, including the American Community Survey; Florida CHARTS; the Centers for Disease Control and Prevention BRFSS Data; County Health Rankings; and hospital utilization data was employed in the *Community Health Needs Asses*sment. Major findings from the ***Community Health Needs Assessment*** for Seminole County included:

- The population of 449,144 residents had a median household income of $57,875 in 2014.
- Nearly 13% of the population was living in poverty in 2014.
- Slightly under a quarter (23%) of the population is 18 years or younger, with 80.6% of the population White and 12.2% Black/African American.
- From 2008-2014, the leading causes of death were: 1) Cancer, 2) Heart Diseases, 3) Chronic Lower Respiratory Disease (CLRD), 4) Unintentional Injuries, and 5) Diabetes.
- Seminole County had an upward trend of adults who were obese which followed that of the state of Florida from 2002-2013. Nearly 27% of adults were obese.
- Poisoning, falls and motor vehicle (unspecified) comprised the top three causes of unintentional deaths, though the top two (falls and poisoning) accounted for more than 59 percent of all unintentional fatal injuries in Seminole County in 2013.
- Where data were available, there was a general downward trend of insurance coverage for Non-Hispanic Whites and those between the ages of 45-64 in Seminole County between 2010-2013.
- The percentage of adults with poor mental health days for 14 or more days of the past 30 days showed an upward trend in the Non-Hispanic White population, along

with residents making more than $50k annually, those with educational levels above high school, and those making less than $25k per year

Community perceptions of the health care system are a critical part of the MAPP process. ***Community Themes and Strengths*** were compiled in the 2016 CHNA using data from the Community Conversations, Consumer Surveys and Stakeholder Interviews. The following themes emerged:

- Affordability of healthcare
- Need for/access to mental health services
- Inactivity
- Due to physical pain or poor emotional health
- Need more/better bike- and pedestrian-friendly infrastructure
- Concerns about substance abuse
- Food insecurity
- Access to quality/nutritious foods
- Chronic conditions of concern: diabetes, obesity
- Need more affordable housing
- Inappropriate use of ER

The following key findings for the ***Forces of Changes*** were compiled in the 2016 CHNA using data from the Stakeholder Interviews and Provider Surveys:

- Rise in use of vapes and e-cigarettes
- Lack of Medicaid expansion
- Increased heroin use
- Population growth
- Affordability of healthcare
- Human trafficking

COUNTY LEVEL COLLABORATION THEMES

- Diabetes
- Heart disease
- Mental health
- Cancer
- Homelessness/affordable housing
- Poverty
- Food security
- Access to care
- Prematurity/infant mortality
- Asthma
- Senior safety and mobility
- Poor transportation

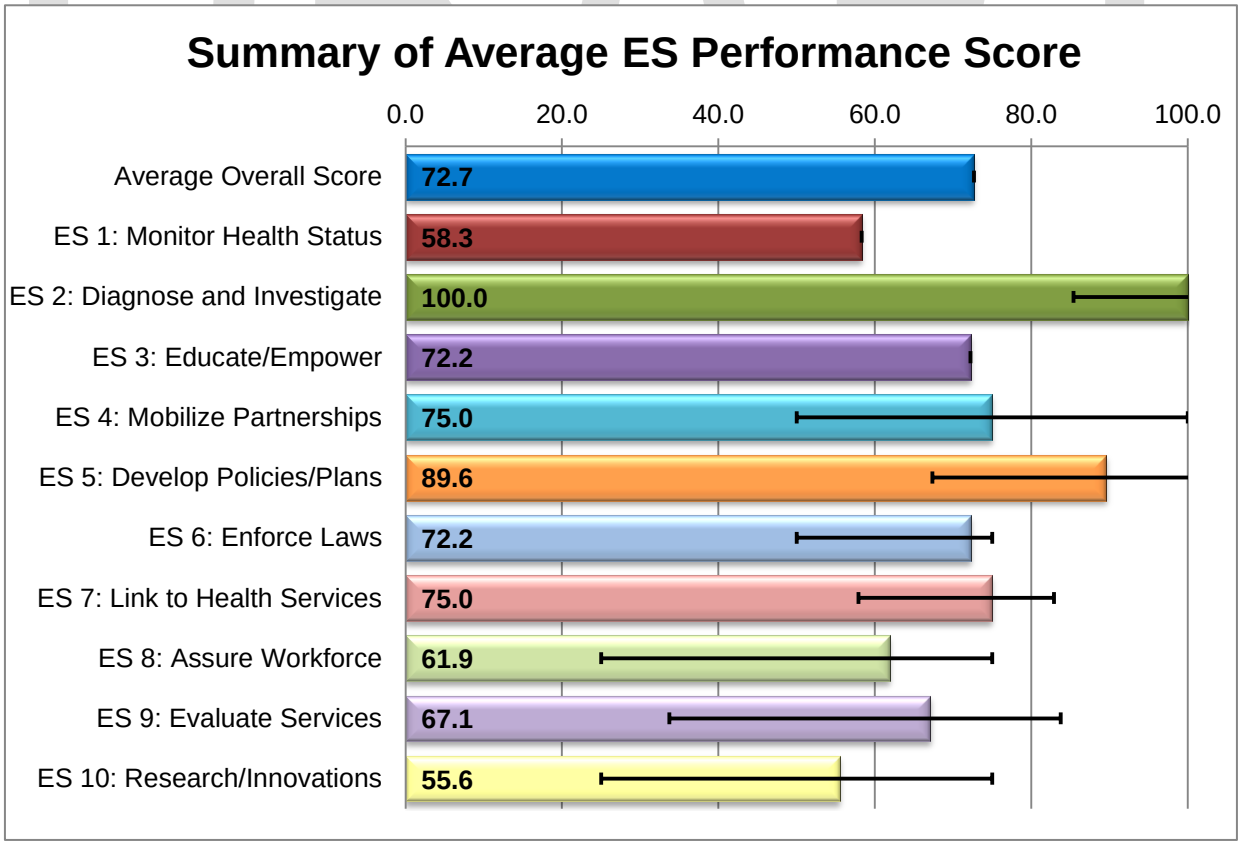
Local Public Health System Assessment

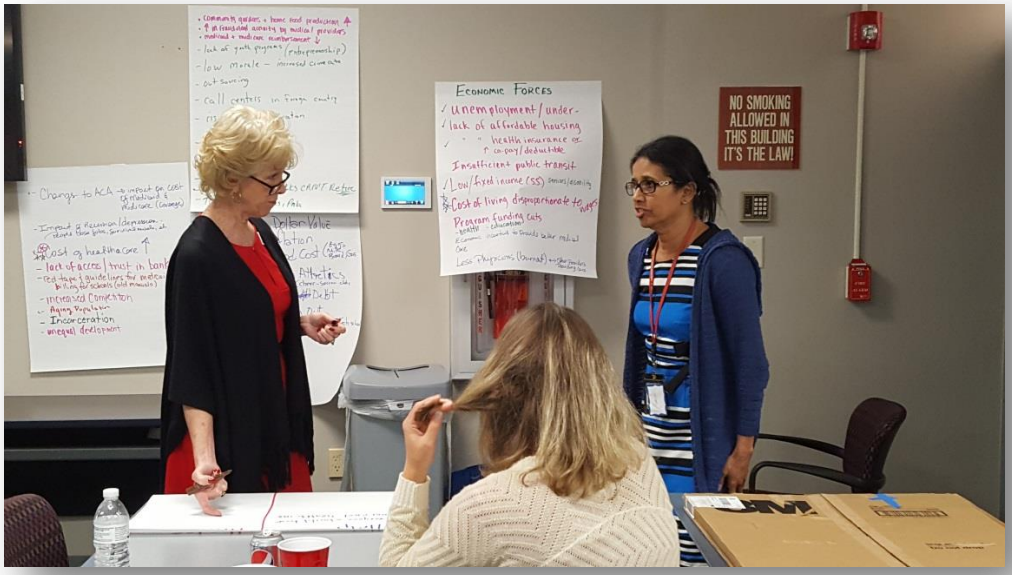
The National Public Health Performance Standards (NPHPS) Local Public Health System Assessment (LPHSA) Report is designed to create a snapshot of where the health department is relative to the National Public Health Performance Standards. The information from the (LPHSA) serves as a foundation from which the health department and community health partners can progressively move toward refining and improving outcomes for performance across the public health system.

The LPHSA is used as a component of Community Health Improvement Planning (CHIP) processes. The self-assessment by community health partners is structured around the Model Standards for each of the ten Essential Public Health Services, (EPHS). The Seminole County LPHSA was conducted on December 13, 2016. Community health partners were invited to attend via email and phone calls. Quad R, LLC was contracted to facilitate the LPHSA. The assessment session was held at the local food bank, Harvest Time International, with 33 participants from a variety of health agencies, including the local health department, behavioral health agencies, local

city government departments, community representatives, hospitals, health services, and other agencies participating.

The overall scores for each Public Health Essential Service are presented in the chart below. The LPHSA rates the local public health system's performance from *Optimal Activity* (76-100%) to *No Activity* (0%). Based on the discussion and ratings, the Seminole County local public health system received high scores in the areas of *Educate/Empower* (100) and *Develop Policies/Plans* (89.6). These ratings indicate the Seminole County local public health system has optimal activity or performance in these specific areas. The areas of *Monitor Health Status* (58.3) and *Research/Innovations* (55.6) received the lowest performance scores. However the rating levels fall within the significant activity level. It is important to note there were no Essential Service performance areas on the LPHSA rated less than 50% or as having moderate, minimal, or no activity.





February 2017

Forces of Change

As part of the Seminole County Community Health Improvement Project, the "Mobilizing for Action through Planning and Partnerships" (MAPP) a Forces of Change workshop was conducted on February 3, 2017. Thirty-six (36) community health partners participated in the workshop and identified six (6) Forces Change for Seminole County.

Background

As part of the “Mobilizing for Action through Planning and Partnerships” (MAPP) project in Seminole County, Quad R, LLC was contracted by the Seminole County Health Department to facilitate the Forces of Change Assessment workshop on February 3, 2017. The purpose of the Forces of Change workshop was to identify what is occurring or might occur that impacts the health of the community and local public health system.

A total of 36 individuals attended. Individuals were representative of various social service agencies, city/county government, community residents/businesses, not-for-profit organizations, and other public health system agencies. Participants represented a cross-section of the community and input provided was based on their knowledge, awareness and perceptions of related health concerns with Seminole County. The list of participants can be found in Appendix 1.

Methods

Nearly two weeks prior to the scheduled Forces of Change workshop, potential workshop participants were contacted by e-mail from the Seminole County Health Department regarding the date, time, purpose of the workshops. An online reservation link was included on the email. The email invitation, agenda, and worksheet are located in Appendix 1.

The participants were welcomed to the workshop by the Seminole County Health Department Administrator, Ms. Donna Walsh. After reviewing the agenda, the facilitator then asked participants to complete the Forces of Change Brainstorm Worksheet. Participants introduced themselves and their agency to the larger group. The Forces of Change was explained to participants by the facilitator as an attempt to answer the following questions for Seminole County: "What is occurring or might occur that affects the health of our community or the local public health system?" and "What specific threats or opportunities are generated by these occurrences?"

The six force categories - *Economic, Environmental, Health, Social, Political*, and *Technological* – were placed on flipchart paper around the room. The facilitator had participants number off and go to a designed Forces of Change category. Using the Forces of Change worksheet, participants engaged in brainstorming aimed at identifying forces—such as trends, patterns, or events—that are or will be influencing the health and quality of life of the community and the local public health system. The forces identified through this process, together with the results of the other three MAPP Assessments, would serve as the foundation for the next MAPP phase—Identify Strategic Issues. Workshop participants were reminded to identify local, regional, state and national forces that may affect the context in which the community and its public health system operate within Seminole County.

Each group of participants worked collaboratively to identify health issues and/or community needs related to their specific category or "Force." Participants then moved to each of the flipcharts or "Forces" and added additional trends, patterns, or events for that specific Force. The facilitator then instructed the workgroups to prioritize the "Force" items based on those items most impacting the health of the Seminole County community. A nominal group technique was used giving each workgroup a total of six votes for the top items across all six Forces. The Forces of Change work can be found in Appendix 2. The top "Force items," their respective category, and the number of votes (indicated by *) are on the following page:

Economic Forces	**Environmental Forces**	**Health Forces**
*** Cost of health care ↑ ** Cost of living disproportionate to wages * Low/fixed income (s.s.), seniors/disability * Aging population * Foreclosures * Social security – folks can't retire	*** Clean water ** Increase in traffic * Housing/County-wide * Food availability * Zika (Diseases)	**** Access to care ** Shift from sick care system to preventive-based system * Overweight & obesity * Lack of resources for behavioral health
Political Forces	**Social Forces**	**Technological Forces**
*** Access/jobs, education *** Elected officials * Trust in Politics & Government * Board regulatory function * Cut from Public Health & Prevention fund	*** Health literacy * Prevention vs Treatment * Family support	*** Impact of technology *** Education ** Telemedicine ** Distracted use of devices * Confidentiality

Workgroups then were instructed to review their top or priority Forces for their area, and identify any resources that could "Help" or "Hinder" efforts to impact those specific items. The workgroups then reviewed the work of all the groups and added additional "Help" or "Hinder" items.

After a break, participants were asked to re-number and placed into five workgroups. This was done so as to enhance the sharing of information, prevent Group Think, and allow for networking across agencies and organizations. During this phase of the workshop, a *Strengths*, *Weaknesses*, *Opportunities*, and *Threats* (SWOT) and a *Resource* assessment were conduct. Four of the workgroups were assigned to a specific SWOT, and the fifth workgroup was directed to the *Resource* area. The workgroups were instructed to identify the *Strengths*, *Weaknesses*, *Opportunities*, or *Threats* within the Seminole County community which could be used to impact each of the six Forces. The facilitator asked the participants to identify people and/or community

groups, policies, laws, and/or regulations, and physical resources and assets which could be mobilized to impact the specific Force. In addition, workgroups were asked to include regional, state, and national SWOTs.

The *Resources* workgroup was tasked with identifying the available people, processes, and products that could assist with addressing the Forces, build on the "Help" factors for each Force, and overcome the "Hinder" factors. This workgroup was reminded to include county, regional, state, and national people, organizations, policies, physical assets and resources.

The facilitator then instructed the workgroups to review the work of the other participants. Participants were reminded that items identified as *Strengths* could also be a *Weakness*, *Opportunity*, or *Threat*. The workgroups reviewed each SWOT and Resource flipchart and added items. The *Resources* assessment is located in Appendix 3. The SWOT is presented on the following pages:

STRENGTHS	

• Diversity
  ○ Religions, ethnicities
  ○ Celebrate different cultures (festivals, etc.)
  ○ Historic black communities
• Partnerships
  ○ Wide range of ethnic restaurants, hospitals, schools, municipalities, community resources, non-profits, CBOs, mental health, ELCs
• Size of county
  ○ Medium/large/metro
  ○ Size of gover't more manageable & visible
• Opportunities & resources
  ○ Close proximity to major university
  ○ Cultural events
• Less bureaucracy
  ○ More cooperation among municipalities
• Park system strong: city & county
  ○ Sense of community
  ○ Strong collaboration
  ○ Diverse programs for all age groups
• Good ratio of PCPS to population
• Large numbers of clinics, hospital systems
• High rate of college educated individuals
• Industries that relate to development of health care technology
• Strong public school program (rated #2 in state)
• Easy access to WIC, nutrition & breastfeeding education
• Health Dept. & school system is strong ♥
• Schools & parks & recreation facilities work well together
• Community leaders & officials are open to being educated in health
	• Good emergency alert system (Alert Seminole)
	• Free fitness classes through Health Dept. & Westside Community Center
	• Flexible resources
	• Expanding airport
	• Increase Business opportunity (i.e. Triple A, Verizon)
	• Quality of life longer
	• Strong partnership among all entities (private/public/CBO/Faith-based/government/CCT)
	• Seminole County is top 5 – RWJF health rankings
	• Technology – need education
	• Lack of nurses in the schools
	  ○ SPNs kids
	  ○ Ratio – student nurse/students
	• Infant mortality → Seminole (Black rates ↑)
	• Homelessness → Pockets throughout – but on decline
	• Affordable housing → Safe neighborhoods
	• Seminole County's bureaucracy
	• School zoning spilt some community – 3 elementary schools in Winwood
	• Emergency response times are quick
	• County emergency management have good networks, drills, exercises & are well –prepared

WEAKNESSES	

• Gaps in access to care
• Volunteers experiencing service fatigue”
• Tapping same resources (volunteers)
• Shortage of all healthcare professional (private practices)
• Cost of medical malpractice limiting healthcare workforce
• Grant writing skill sets & organizational capacity formula grants to competitive
• Lack of resources - $, transportation, facilities, time/staff.
• Community engagement/volunteers (lack of)
• Health ed/literacy – added to curriculum SCPS
• Lack of care coordinators assisting with patients released from ER/hospitals
	• Increasing interdisciplinary involvement – creating & building relationships
	  ○ Goldsboro, Geneva, Chuluota, Winwood
	• Work with Brighthouse/Spectrum to provide internet to families in need (FIN program – lack of technology
	• Lack of sidewalks (Sanford, Winter Springs, Edgemon, Goldsboro, Winwood, Geneva, Chuloota)
	• Food desert (Goldsboro)
	• Insurance → affordable
	  ○ Medication cost
	  ○ Dental
	  ○ Insured employees

THREATS	
• Funding (Competing priorities, use of funds) • Political climate (social profiling) • Drug abuse • Lack of insurance/underinsured • Natural disasters • Lack of resources (funds, people) • Lack of health education/literacy • Cost of policy changes • Lack of accessibility • Personal agenda (hidden) • Terrorism (including cyber, bio, agri) • Federal policy • Emerging infectious diseases	• Stress & mental illness • Technology/economy • Lack of community (personal, school, etc.) • Isolation • Guns • Trust in authority figures and each other • Decrease in medical providers/staff • Homelessness • Aging population • Understanding risk factors of homelessness • Sedentary lifestyles • Lack of change in transportation increases traffic. • Vaccine preventable diseases

OPPORTUNITIES	

• Annual Live, Work, Move Seminole 5K (Pedestrian trails-Connectivity)
• Partnerships (private, public, stakeholders, etc.)
  ○ Multi-sectors
  ○ Join Health Seminole Collaboration
• Shared-use agreements with schools/recreation/adult ed
• Lemours-Health facility → fund school health services
• 1% sales tax used on transportation
• Development of complete streets policies
• Data-share (aggregated) between health providers, public entities and policy makers
	• Use of Polycom technology (i.e., texts, social media) for contact and data sharing
	• Use of technology for real-time for interviews of ST1 info, telehealth & telemedicine
	• Information sharing across counties/cities
	• Hiring of community health workers in specific populations
	• DOH-Seminole facilitate corporate wellness initiatives through state H.W.
	• Increase tobacco & marijuana sales tax to fund school nurses in all schools.
	• Farmer's market/community events.

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At the conclusion of the workshop, the facilitator reminded the participants of the next phase of the CHIP process, which will be to identify strategic issues. The *Forces of Change*, SWOT, and Resource assessment will aid in identifying critical health issues impacting the Seminole County community. In addition, data representing each of the *Forces of Change* would be reviewed to identify strategic issues. The Seminole County Health Department Administrator, Ms. Donna Walsh, thanked participants for their time and efforts.

Summary/Key Findings

The information gathered during the Forces of Change workshop is an important component of the MAPP comprehensive community assessment process. These findings can be used in conjunction with the other three MAPP assessments to identify key strategic priorities and goals for action within the Seminole County public health system.

Nationally, the current economic climate will continue to affect the local public health system and overall community throughout Seminole County and the state of Florida. Budget cuts and limited grant opportunities have led to a decrease in funding for various services, from social services to charity care, mental illness and Medicaid. With local, state, and federal budget cuts, public health systems are challenged to find creative ways of continuing services and leveraging resources through collaboration and partnership with more non-traditional partners. In addition, current political discussion surrounding the Affordable Care Act (ACA), cuts to the Medicare program, immigration policy, and other issues strains the provision of services to residents. The Economic and Technological Forces will continue to be impacted in Seminole County by these conditions.

Population growth and changing demographics also contribute to an increase in the need for services and programs. Seminole County is an urban community, and sits to the north of a larger urban county. As such, challenges to both access to healthcare and the transportation infrastructure result. Changing demographics within Seminole County and the state of Florida also present the need to address language and cultural barriers.

There were other forces of change noted that are reflective of many issues on the national agenda. For example, health care reform, immigration reform, regulation of medical malpractice, use and overuse of technology, and need for sustainable energy resources are

issues being considered on the national level, but they would also have an impact on local and state health care and social service delivery systems

In summary, the results of this Forces of Change workshop will be reviewed in the next phase of the MAPP process when strategic priorities and goals are identified. Additionally, the relationships between Forces will also be considered during strategic planning. Integration of the forces into the Community Health Improvement Plan (CHIP) is critical as these Forces will impact the community's ability to implement action plans and impact (positively) the health of the Seminole County community.

February 2017

Strategic Issues

As part of the Seminole County Community Health Improvement Project, the "Mobilizing for Action through Planning and Partnerships" (MAPP) a Strategic Issues workshop was conducted on February 10, 2017. Thirty-six (36) community health partners participated in the workshop and identified eight (8) strategic health issues for Seminole County.

Background

The Strategic Issues workshop was conducted on February 10, 2017, and built on the work completed in the *Forces of Change* workshop. The purpose of this workshop was to identify health priorities which were impacting Seminole County residents based on county, state, and national data, indicators, and statistics covering each of the six *Forces of Change* areas.

A total of 36 individuals attended. Individuals were representative of various social service agencies, not-for-profit organizations, and other public health system agencies. Participants represented a cross-section of the community and input provided was based on their knowledge, awareness and perceptions of related health concerns with Seminole County.

Methods

Approximately one week prior, community health partners were contacted by e-mail from the Seminole County Health Department regarding the date, time, and purpose of the workshop, along with an online survey link to confirm attendance. Community health partners were provided the agenda. The email invitation, agenda, and participants are in Appendix 4.

The participants were welcomed to the workshop by the Seminole County Health Administrator, Donna Walsh. Workshop participants introduced themselves and identified their organization. After reviewing the agenda, the workshop facilitator provided participants with the *Forces of Change*, *SWOT*, and *Resource Assessment* from the previous session. Participants were reminded that this work serves as a foundation for the *Community Health Improvement Plan.* Participants were given a booklet containing key health statistics for Seminole County representing each of the *Forces of* Change areas - *Economic, Environmental, Health, Social, Political,* and *Technological*. A complete listing of the data sources can be found in Appendix 5. Some of the sources included:

- U.S. Census Bureau: State and County QuickFacts – Seminole County, Florida. Accessed November 8, 2016

- Florida Legislature's Office of Economic and Demographic Research - Seminole County Profile. Accessed November 8, 2016.
- Seminole County Crime Statistics. January – December 2015.Florida Department of Law Enforcement. Accessed November 8, 2016.
- Florida Department of Education – 2014-2015 and 2015-2016 Seminole County School District Graduation Rates, School Enrollment, Lunch Program. Accessed November 8, 2016.
- Health Information Seminole County FDOH CHARTS County Profile 2015. Accessed November 8, 2016.
- Florida Youth Tobacco Survey 2014 – Seminole County. Accessed November 8, 2016.
- Infant Mortality Counts and Rates by Census Tract, 2010-2014.

Participants reviewed the data individually and identified key health issues and/or needs for Seminole County residents. Individual health concerns were written on sticky notes by each participant. Workshop participants were reminded to identify local, state and national health issues that may affect the context in which the community and its public health system operate within Seminole County.

After reviewing the set of data associated with Seminole County demographics, participants were asked to place their issues on one of the 10 flipcharts that were posted around the room. Each flipchart represented a general health issue area, and included:

- Maternal & Child Health
- Chronic Disease
- Communicable Disease
- Healthcare Access
- Injury and Safety
- Mental Health
- Poverty and Education
- Prevention and Screening Awareness
- Alcohol, Tobacco & Substance Abuse
- Other

Participants then individually reviewed the next section of data which focused on health indicators and disparity issues for Seminole County residents. Health issues which represented areas of concern were placed on sticky notes. Once participants had reviewed the data, they placed their issues under the heading which best represented the health issue.

After a short break, participants were asked to review the last section of data for health issues. This section included the LPHSA and maternal and child health indicators. Critical issues were written on sticky notes, and placed under the appropriate heading. Participants were instructed to walk around the room and review the critical issues under each major health heading. The facilitator then asked the participants to self-select into one of the major headings with no more than 5 people per heading.

Each group was assigned the task of organizing the critical issues under their selected heading into themes. Any issues which did not seem to "fit" the theme or heading were to be placed under the heading which provided better "fit." Each group sorted the critical issues. Each group worked collaboratively to cluster their issues and identify a label for the theme or category. After discussion, the participants combined the Alcohol, Tobacco & Substance Abuse area with the Mental Health area due to over-lap in issues and perceived root causes. Appendix 6 (Strategic Issues - Step 1) contains the issue identification and thematic sort for each of the major headings.

Each group was next tasked with identifying the top 5 themes within their heading area. The criteria for selection included "Could it realistically be impacted in the next 3 years?" "Were there community health resources available now?," and "What was the data indicator and source associated with this theme/issue?" Each group spent time sorting through the data and the work from the first session - *Forces of Change*, SWOT, "Help or Hinder," and Resources. The facilitator asked each group to review the work of the other groups and vote for the top most "Do-able" and "Realistic" issue for each heading. Groups had considerable

discussion as they reviewed the corresponding data and the work from the February 3 *Forces of Change* session. Appendix 6 (Strategic Issues – Step 2) contains the results of workgroups efforts and votes.

The workgroups returned to their top 5 themes/issues and were instructed to pull out the themes/issues which received the most votes by all workgroups and place on a new flipchart sheet. They made a grid on the flipchart with the issues in the left column and Barriers in the right column. The workgroups next task was to further refine the data indicators and sources for each issue, and identify the *Barriers/Challenges* for that issue area. Workgroups were reminded to include people/agencies, process/laws, and place/location/events, as well as attitudes, behaviors, and cultural items for the *Barriers/Challenges*. Work from the February 3 *Forces of Change* session was used to aid the workgroups, in addition to their data packets.

Nine health issues were identified:

- Birth Outcomes
- Chronic Disease
- Communicable Disease
- Healthcare Access
- Injury and Safety
- Maternal & Child Health
- Mental Health
- Poverty and Education
- Prevention & Screenings

The workgroups reviewed the efforts of each group, placed sticky notes with questions and concerns, and added additional Barriers/Challenges or data information. The results of the workgroups can be found on the following pages.

Issues	Barriers
Chronic Disease	
Obesity – Increase in obesity for adults Data source: BRFSS 2015	Cost, insurance, health education, food availability, walkable community, access to care, overweight, mental health, preventative care, health as a priority, sedentary lifestyle, health monitoring, nutrition education, access to resources, poverty, screening, healthy lifestyle choices, food deserts, income, portion control (restaurants no help), exercise/nutrition
Increase the percentage of adults who are at a healthy weight. Data source: FL CHARTS, BRFSS 2015	
Communicable Disease	
Rates of HIV/STD increased: • Black population (HI V) • 13 – 19 years STD – what type? Chlamydia? Gonorrhea? Data source: Florida CHARTS	Health education, behavior modification, access to prophylaxis (Financial) Intoxicants, complacency, social stigma, substance abuse
Lower vaccine rate for influenza & pneumonia (which population?) Data source: Florida CHARTS	Lack of health education, lack of insurance coverage, complacency
Decrease in 11-17 year olds who have completed the first HPV immunization Data source: FL CHARTS	Lack of health education, lack of insurance coverage, complacency, social stigma, feeling of invincibility
Healthcare Access	
People without health insurance (under 65 years old) Data source:	Cost, pre-existing conditions, unemployment, underemployed, underinsured, age impacting gap in coverage, feeling of invincibility, health literacy, transportation
Increase access to healthcare for all Seminole County residents. Data source: FL CHARTS, BRFSS 2015	

Issues	Barriers
Injury & Safety	
Pedestrian deaths higher than Florida % public roads (age?) Data source:	Funding, increase in traffic and population, lack of sidewalks & lighting, complete streets, education
Sexual assaults increase 42% 2014 to 2015 (ages? M vs F? gender?) Data source: FDLE	Lack of education, funding, mental health, substance abuse, family structure
Other	
Health Literacy – Increase in population where English is not primary language Data source:	Understanding physician, language (spoken, written), understanding medication instructions, cultural variables (different words for chronic disease, i.e., diabetes = sugar), discrimination, funding, staffing, space, lack of bilingual school staff
Poverty & Education	
Income disparity – Unemployment low compared to state; Income growth rate down Data source:	Transportation, motivation, skills/education, discrimination, economy down, job availability, skewed data
Prevention & Screening	
Nutrition – Decrease in adults consuming at least 5 servings of fruits & vegetables a day Data source: FL CHARTS 17.2% Seminole County 2013, 18.3% State 2013	Cultural beliefs, attitude & practices, access & availability, transportation, affordability, food desert, education, mindless eating

Issues	Barriers
Maternal & Child Health	
Increase in percentage of infant mortality among black mothers. Data source: FL Health CHARTS p. 15 12% (root causes?)	Lack of prenatal care, lack of health care, lack of education about contraception, lack of family structure & respective parental roles, lack of transportation, political climate can have a direct effect on health care services provided an/or made available, dropout rate, low breast feeding rates, lack of health education, economic forces, lactation rooms, cultural barriers
Asthma attacks in the past year among 11-17 year olds increased to from 25.2% Data source: FL CHARTS, FL Youth Tobacco Survey	Cost, insurance, health education, food availability, walkable community, access to care, overweight, mental health, preventative care, health as a priority, sedentary lifestyle, health monitoring, nutrition education, access to resources, poverty, screening, healthy lifestyle choices, food deserts, income, portion control (restaurants no help), exercise/nutrition
Increase the percentage of children in grade 1 who are at a healthy weight. Data source: FL CHARTS	
Mental Health	
Depression – Mental Health – Higher rates in adults than state average (Age groups? Types?) 17.2 Seminole County, 16.8 State Data source: Behavioral Risk Factor pg. 22 Seminole County 2015 Health Profile	Lack of money, stigma, lack of resources, insurance, policy changes, lack of education, unemployment, access to care
Increase in substance abuse/usage in High School student (which types?)	Increase in high & middle school anti-smoke education, money, politics, access to treatment/uninsured

NEXT STEPS

The information gathered during the Strategic Priorities & Goals workshop is an important component of the MAPP comprehensive community assessment process. These findings can be used in conjunction with the other three MAPP assessments to develop the Community Health Improvement Plan (CHIP) for implementation and evaluation within the Seminole County public health system.

Community health improvement planning is a long-term, systematic effort that addresses health problems on the basis of the results of community health assessment activities. The next step in the Seminole County process is to conduct the *Community Health Improvement Planning (CHIP)* phase of the MAPP process, wherein the results from this report will be reviewed in conjunction with Community Health Status Assessment, the Forces of Changes Assessment, and the Local Public Health System Assessment.

The resulting Community Health Improvement Plan (CHIP) is designed to use existing resources wisely, consider unique local conditions and needs, and form effective partnerships for action, and is used by health and other government, educational and human service agencies, in collaboration with community partners, to set priorities and coordinate and target resources.

February 2017

Community Health Improvement Action Plans

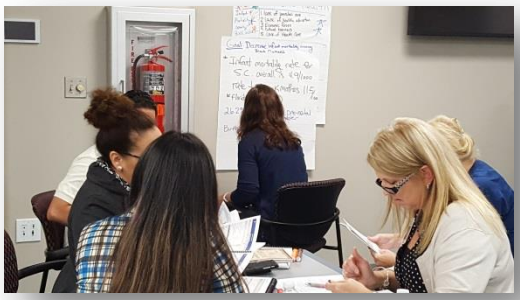
As part of the Seminole County Community Health Improvement Project, the "Mobilizing for Action through Planning and Partnerships" (MAPP) two CHIP workshops were conducted on February 17 and 24, 2017. Thirty-six (36) community health partners participated in these workshops and developed the Action Plans for community health improvement.

BACKGROUND

Community Health Improvement Team members met to develop the ***Community Health Improvement Plan,*** which involved creating an action plan that focused on program planning, implementation, and evaluation. Two four-hour workshops were held at the Florida Department of Health in Seminole County on February 17 and 24, 2017.

METHODS – CHIP Session 1

There were thirty-four community health partners who attended the February 17th workshop. The workshop participants were welcomed by the Seminole County Health Department Administrator, Donna Walsh. After participants introduced themselves and the organization they represented, the facilitator reviewed the workshop agenda, and instructed participants to open their data folders. The agenda and workshop participants can be found in Appendix 7. Participants had been reminded to bring the data folders provided at the February 10th ***Strategic Issues*** workshop (data folders were provided to those participants who did not bring the folder or did not attend the workshop). The facilitator reminded workshop members that the data was to serve as the foundation of the Action Plan efforts.



In addition, workshop participants were provided the results of the ***Strategic Issues*** workshop (see Appendix 6 – Workshop Summary Notes). The nine (9) health issues identified at that workshop were:

- Birth Outcomes
- Chronic Disease
- Communicable Disease
- Healthcare Access
- Injury and Safety
- Maternal & Child Health
- Mental Health
- Poverty and Education
- Prevention & Screenings

Using this data, each participant self-selected into one of the nine health priorities. Each team was instructed to review the information from all sources related to their Strategic Issue area. After discussion within each team, the top issue(s) was selected from the previous session's work, and the participants reviewed the LPHSA to ensure their top issue(s) addressed "gap" areas. Next, participants identified the top five common barriers for their issue(s) and wrote the barriers on a flipchart next to the issue(s). Finally, participants ensured the data source and baseline measures were identified on the flipchart. This work can be found in Appendix 8.

Using this information, each team advocated for their top issue(s) to the workshop participants. Their presentation focused on why the issue was critical to the health of the Seminole County community, identified the baseline data available, and discussed whether the barriers could be overcome. Once all the teams had advocated for their strategic issue, a nominal group technique was used to prioritize the issues. Each team was asked to review the flipcharts from all the teams and vote for the "Top" five issues to be included in the 20217-2020 CHIP based on the following criteria:

1. Will efforts result in change for this issue? (Is it Do-able?)
2. Does this issue represent a LPHSA "gap" area?
3. Do we have the resources to tackle/change this issue?
4. By addressing this issue, will a Healthier Seminole County result?

After discussion and voting, four issues emerged for inclusion in the CHIP. These were:

- Access to Care
- Chronic Disease
- Maternal & Child Health
- Mental Health

Participants then self-selected into one of the four key health issue teams to develop action plans. The teams were instructed to identify the goal and all available data sources, including baseline measures, for the strategic issue goal. The data provided in the ***Strategic Issues*** workshop was used to identify the appropriate and measurable baseline data, as well as, data from online sources accessed during the workshop. Workshop participants reviewed each other's work, and provided improvements and feedback. The results from this first CHIP workshop can be found in Appendix 8.

METHODS – CHIP Session 2

The second workshop was held on February 24, 2017. There were 32 community health partners representing a diverse collection of public and private agencies in Seminole County. The workshop participants were welcomed by the Seminole County Health Department Administrator, Donna Walsh. After participants introduced themselves and the organization they represented, the facilitator reviewed the workshop agenda and provided the information developed in the February 10th CHIP Workshop 1. Appendix 9 contains the email invitation, agenda, and list of workshop participants for this workshop.

Participants reviewed the four Strategic Issue areas developed in the previous workshop. The workshop members self-selected into one of the four Strategic Issues. Action Plan templates were provided to each team. Goals were refined and SMART objectives were developed based on the baseline data. After reviewing each other's SMART Objectives, the participants focused their efforts on refining and completing the Action plan template. Activities were delineated for each SMART objective, with corresponding process indicators. Evaluation measures (outcome indicator) were identified for each activity and the final evaluation was linked back to the baseline measure for the SMART objective. In addition, the participants identified person or group

responsible for each activity and target date(s) for completion for each activity contained in the Action Plan.

Each Action Plan contained the following components:

- Goals and Objectives for improving Seminole County Health Issues
- Performance measures with measurable and time-framed targets
- Policy changes needed to accomplish health objectives
- Designation of accountable persons and organizations for implementing strategies
- Measurable health outcomes or indicators to monitor progress

It should be noted that each team discussed whether there were policy changes required in order to accomplish the specific Objective associated with their Action Plan. The teams decided either there were no policy changes required or needed policy changes would emerge through the activities within the Action Plan and would be addressed and added to the Action Plan. The work from CHIP Session 2 can be found in Appendix 10.

The Action Plans were distributed via email to the workshop participants for final comment and revision. The final product is presented on the following pages.

SEMINOLE COMMUNITY HEALTH IMPROVEMENT PLAN

Health Priority: Chronic Disease Prevention

Goal:

Objective:

Health Priority: Healthcare Access

Goal:

Objective:

Health Priority: Maternal & Child Health

Goal:
Objective:

Health Priority: Mental (Behavioral) Health

Goal:

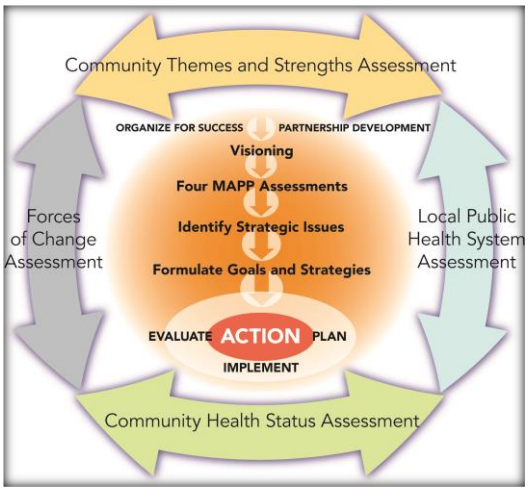
Objective:

Insert ACTION PLANs here

ACTION PLAN LINKAGES

The Community Health Improvement Project planning is a long-term, systematic effort that addresses health problems on the basis of the results of community health assessment activities. This process follows the guidelines of the Mobilizing for Action through Planning and Partnerships (MAPP) model. MAPP was developed by the National Association of County and City Health Officials (NACCHO), in collaboration with the Centers for Disease Control and Prevention (CDC). MAPP provides a framework to create and implement a community health improvement plan that focuses on long-term strategies that address multiple factors that affect health in a community.

The Seminole County CHIP identifies the priorities, goals, objectives, and strategies for the public health system within Seminole County. Through the integrated efforts of the health department and community partners, the desired health outcomes can be addressed in a systematic and accountable manner.



This CHIP plan provides a framework to promote greater collaboration across the organization and with external community partners, supports a comprehensive approach to public health service delivery within the 10 Essential Services of Public Health, and provides leverage to address the needs of Seminole County residents and the larger Florida Department of Health community.

Using the NACCHO model for strategic planning, this CHIP plan can be integrated with the Florida Department of Health in Seminole County Strategic Plan, and is informed by the Community Health Assessment. The CHIP plan can serve as the guiding force for the health department's activities and direction for the next five years, as well as coordinate community health partners' efforts within the three health issue areas. The strategies and activities identified in this plan are specific standards for achievement designed to evaluate and measure success and impact.

The CHIP plan is aligned with the following:

- **Florida Department of Health's State Health Improvement Plan 2017-2021**
  Representing the plan for the Florida public health system, this document enables the network of state and local health partners to target and integrate health improvement efforts. http://www.floridahealth.gov/about-the-department-of-health/about-us/state-and-community-health-assessment/ship-process/index.html
- **Healthy People 2020**
  This U.S. Department of Health and Human Services program provides 10-year objectives for improving the health of all U.S. residents. http://www.healthypeople.gov/2020/Consortium/HP2020Framework.pdf

The tables on the following pages identify the linkages between the Seminole County CHIP and each of the above referenced plans.

Alignment				
Seminole County CHIP	Florida State Health Improvement Plan		Healthy People 2020	
Goal:				

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Community Health Improvement Plan: Next Steps

Community Health Improvement Plans (CHIPs) are detailed work plans that guide communities through their action steps in order to address priorities that have been defined in the community health profile through community input and review of local health data.

The Seminole County Community Health Improvement Task Force developed four action plans for the key health issues of *Access to Healthcare, Chronic Disease, Maternal & Child Health*, and *Mental Health.* These action plans:

- Provide a framework for planning the work needed to achieve the objectives;
- Provide justification as to why funds are needed and how they will be used, imparting credibility to the organization or agency;
- Provide a guide for accomplishing the work within the giving time period; and
- Communicate specific action-oriented approaches and measures for impact which can be shared with all interested parties.

The Seminole County Community Health Improvement Committee will work with other community health partners to implement and evaluate each action plan activity for success and impact. Implementation of the action plans will ultimately strengthen the public health infrastructure, enhance the planning, research and development of community health partnerships, and promote and support the health, well-being, and quality of life of Seminole County residents. It is recommended that the Community Health Improvement Committee review the implementation on an annual basis to update the information and to continually, and collaboratively, improve the health of Seminole County.

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Appendices

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Appendix 1: Forces of Change Workshop

February 3, 2017

AGENDA

Seminole Health Department
Community Health Improvement Plan

400 West Airport Blvd.

Sanford, FL 32773

CHIP Session 1 - February 3, 2017 Agenda

1:00 pm – 1:15 pm	**Introductions** **Workshop Logistics Review**
1:15 pm - 1:30 pm	**Forces of Change Brainstorming Worksheet** Participants will complete the Brainstorming Worksheet.
1:30 pm – 2:30 pm	**Forces of Change Process** Participants will be assigned to one of the *Forces of* Change categories. The teams will share their ideas from their *Brainstorming Worksheet* to: • Identify Forces • Identify Trends, Events, and/or Factors
2:30 pm – 2:45 pm	**Workgroup Round-Robin Review** Working in teams, participants will review results of other workgroups for Forces, Trends, Events, and/or Factors.
2:45 pm – 3:00 pm	**Break & Networking**
3:00 pm – 3:15 pm	**Forces of Change – Strengths** Participants will be assigned to a team, and will create a list of *Strengths* for their assigned *Force of Change.*
3:15 pm – 3:30 pm	**Workgroup Round-Robin Review** Working in teams, participants will review results of other teams & provide feedback.
3:30 pm – 3:45 pm	**Forces of Change – Threats** In their team, participants will create a list of *Threats* for their

	assigned *Force of Change.*
4:00 pm – 4:15 pm	**Workgroup Round-Robin Review** Working in teams, participants will review results of other teams & provide feedback.
4:15 pm – 4:30 pm	**Forces of Change – Opportunities** Participants will create a list of *Opportunities* for each *Force of Change.*
4:30 pm - 4:45 pm	**Workgroup Round-Robin Review** Working in groups, participants will review results of other workgroups & provide feedback.
4:45 pm - 5:00 pm	**Workshop Summary & Next Steps**

Forces of Change – Key Terms

What are Forces of Change?

Forces are a broad all-encompassing category that includes trends, events, and factors.

- Trends are patterns over time, such as migration in and out of a community, increases in specific health concerns such as obesity or health care access by specific segments of the population.
- Factors are discrete elements, such as a community's large ethnic population, an urban setting, or a jurisdiction's proximity to a major waterway.
- Events are one-time occurrences, such as a hospital closure, a natural disaster, or the passage of new legislation.

What Kind of Areas or Categories Are Included in Forces of Change?

Economic Forces may include:
- Decreasing state and federal funding
- Lack of large industries
- Unstable economic indicators – foreclosures, bankruptcies, high taxes, etc.

Environmental Forces can include:
- Air/water pollution
- Global warming
- Land use or urbanization
- Recreational issues such as parks or bike lanes
- Public transportation or transportation for the elderly

Political Forces which impact the Seminole County community may include:

- Leadership issues such as a change in governor and state department heads
- Jurisdictional issues such as annexation possibilities, re-districting, etc.
- Community attitudes related to lack of trust in government, lack of respect for law & enforcement

Health (Community & Individual) Forces can be community-wide, such as access to dental care or can be individual, such as lack of education about preparing healthy meals. Health Forces can include:

- Dietary issues - Need healthier food & snacks in schools
- Risk issues - Smoking, Alcohol, Drug use, Exposure to toxic chemicals, Teenage Pregnancy
- Access issues - Lack of private psychiatrists in county or elder care facilities

Social Forces include attitudes, culture, beliefs, and perceptions which ultimately influence behavior. Some of these Social Forces may be community-specific, while others may have a long history within an individual location or culture.

Technological Forces may include the use of technology such as the internet, cell phones, or social networks. It may include technology in education, industry, or healthcare. It may also involve the lack of technological training or education of community residents.

Forces of Change Brainstorming Worksheet

Thank you for agreeing to participate in the Florida Department of Health in Seminole County Community Health Improvement Initiative.

What has occurred recently that may affect Seminole County's local public health system or community? (Social, economic, political, technological, environmental, legal – all aspects of health)

What may occur in the future to impact Seminole County's public health systems or community health?

What trends (patterns over time such as aging population, tourism or increases in specific populations) **may impact the local public health systems or community health?**

What characteristics or elements may post a threat or challenge to achieving a *Healthy Seminole County* for all residents?

What strengths (or resources) **can Seminole County's health partners use to impact the health of all residents of our community?**

What opportunities may exist that Seminole County's health partners can access or use to impact the health of community residents (think 1 to 3 years from now)**?**

Workshop Participants

Name	Organization/Agency	Name	Organization/Agency
Johnnie Andrews		Vernon McQueen	
Mike Bareley	Winter Springs Recreation	John Meyers	FDOH - Seminole
Page Barningham	FDOH - Lake	Dhanu Mistry	FDOH - Seminole
Diane Bery		Susan Mulligan	FDOH - Seminole
Preston Boyce	FDOH - Seminole	Debra Pierre	City of Oviedo
Mirna Chamono	FDOH - Seminole	Zeenat Rahman	FDOH - Seminole
Rufus Boykin	Seminole Extension	Angie Ramajosc	
Debbie Caudill	Seminole County Public Schools	Gigi Rivadeneyra	FDOH - Seminole
Patty Caulfield	Seminole County Public Schools	Donna Walsh	FDOH - Seminole
Juley Cetoute	FDOH - Seminole	Christine Watkins	SCAFP
Cheryl Cicotti		Elizabeth Whitton	MetroPlan Orlando
Andrew Derry	FDOH - Seminole	Venise White	FDOH - Seminole
Meena Joseph	FDOH - Seminole	Kelsi Williams	FDOH - Seminole
Rosana Flores	Orlando Health	Sarah Wright	FDOH - Seminole
Scott Fryberger	FDOH - Seminole		
Tom Kellis	FDOH - Seminole		
Emily Haller	FDOH - Seminole		
Sierra Helfrich	FDOH – Central Office		
Todd Husty			
Leslie Sue Lieberman			
Bill Litton			

APPENDIX 2: Forces of Change

<table>
<tr><th colspan="2">ECONOMIC FORCES</th></tr>
<tr><td>*** Cost of health care ↑

** Cost of living disproportionate to wages

* Low/fixed income (s.s.), seniors/disability

* Aging population

* Foreclosures

* Social security – folks can't retire

• Un/under employment
• Lack of affordable housing
• Lack of health insurance or ↑ co-pay/deductible
• Insufficient public transit
• Program funding cuts
• Health – education
• Economic incentives to provide better medical care
• Less physicians (burnout) – other provides providing care
• Changes to ACA – impact on cost of Medicaid & Medicare (coverage)
• Impact on recession/depression – people lose jobs, survival, mode, et.c
• Lack of access/trust in banks
• Red tape & guidelines for Medicaid billing for schools (old manuals)</td><td>• Increased competition
• Incarceration
• Unequal development So Airport
• Dollar value
• Inflation
• Foot cost (eggs, milk, break, gas)
• Youth Athletics (cheer, soccer clubs)
• Nat'l debt
• Dining out
• Education (College, Tech school)
• Personal hygiene
• Community gardens & home food production ↑
• ↑ in fraudulent activity by medical provides
• Medicaid & Medicare reimbursement ↓
• Lack of your programs (entrepreneurship)
• Low morale – increased crime rate
• Outsourcing
• Call centers in foreign country
• Rising cost of education
• Manufacturing
• Taxes/grants
• Infrastructure
• Tourism – beaches, parks</td></tr>
<tr><th>HELP</th><th>HINDER</th></tr>
<tr><td>• Everyone should have low cost health insurance
• Invest in teens by supporting education
• More vocational training
• Stop outsourcing jobs
• Ties wages to COL</td><td>• Politicians
• Insurance companies
• Insurance lobbies
• Lawyers
• Lack of family support
• Employers
• Available dollars</td></tr>
</table>

<table>
<tr><th colspan="4">ENVIRONMENTAL FORCES</th></tr>
<tr><td colspan="2">*** Clean water supply
○ Aquifer
○ Saltwater intrusion
** Increase in traffic → Impact health safety, pedestrians, walkability, complete streets
* Housing/County-wide, neighborhood Infrastructure/Road improvements, sidewalks, trails, bike lanes
* Food avail. – Goldsboro improvement Goldsboro area – 17-92
* Zika (Diseases)

• Lack of public transportation County Wide ↑ HIV/STD
• Population Density (crowding)
• Pollution (noise, air, H20, land)
○ Airport vicinity
○ I$-417 areas
○ Lakes (Monroe)
○ Geneva – No Fluo.
• Overdevelopment – Winter Springs/empty buildings, Altamonte Springs/Casselberry
• Recycle, Littering – county wide
• Friday 5 Alive
• Complete Street Policy
• Walking communities
• Politics related to environmental forces
• Land dumps (low income comm)
• Cars → Abandon</td><td colspan="2">• Sidewalks
• Built Env.
• Mosquito Control
• Carbon emissions
• Shared-use agreements
• Mixed income housing
• Gentrification
• Lightning
• Indoor air quality
• Food insecurities
• Farmer’s Market
• Tornado/flooding/hurricane
• Lead poison
• Walk-over major hwys
• Wildlife (bear, alligator, etc.) – Lake Jessop
• New rec center/trails
• Global warming
• Home crowding
• Terrorism
• Clogged drains
• Accessibility to Community Center
• Not enough affordable housing in urban areas
• Where you can live, work, play
• Food deserts
• Waste water management
• Increased freight
○ Airport (planes)
○ Trucks
• Overcoming poor land use decisions</td></tr>
<tr><th colspan="2">HELP</th><th colspan="2">HINDER</th></tr>
<tr><td>• People
• Money
• Elected officials
• Location
• Media
• Gov. policies
• Partners
• Take responsibility</td><td>• Education
• Advocates
• Comm. events
• Comm. pride
• Planting/gardening
• Engagement& participation</td><td>• Lack of transportation
• No insurance
• Lack of education
• Lack of trust
• Ownership</td><td>• HOA
• Lack of community involvement
• Gov. policies
• Discrimination
• Disagreement</td></tr>
</table>

HEALTH FORCES	
**** Access to care ** Shift from sick care system to preventive-based system * Overweight & obesity is increasing/complications * Lack of resources for behavioral health (mental health, substance, drug, domestic violence) • Nurse to student ratio is lower than state average • Diabetes is increasing • Substance & drug use increasing • Increase the number of students w/chronic diseases • Prices in Epi increased which decreased affordability • Barriers to access to care for homeless population • Food deserts • Health in all policies/health impact assessments • Asthma • Infant mortality • Teenage pregnancy • Tobacco – smokeless tobacco/vaping • Increase in STIs • Cancer rates increasing • Mental health – limited resources • Insurance • Aging population • Men's health – Prostate cancer in Seminole • Emerging infectious diseases	• Breastfeeding policies • Complete Streets policies • Increase of student enrollment with major health issues (LPHs needed) • Long term care more affordable • Poor transportation connectivity between people & care • Shortage of RN predicted • New hospitals/ED • Stand-alone ERs • Central FL became level 2 trauma center • PTSD • Homelessness • Gun violence • Trend toward preventive care • Internet (+) (-) • Telemedicine/Alternative delivery methods • Home nursing & Home medical care • Funding • Respiratory diseases • Fitness is trending (positive force) • Health literacy • Decrease Phy. activities (school, ret'd) • Medical cost • Drug addiction • Suicide • Domestic violence • Murder-Abuse • Women's health • LGBTQ • Video games • Social media • Low self-esteem • Peer pressure

HEALTH FORCES (continued)	
HELP	**HINDER**
<u>Access to care</u> • Collaboration between community organizations • Cultural beliefs, attitudes & practices • Streamlining eligibility process • Health navigators/care coordination • ↑ health literacy to shift to preventative based care	• Transportation (lack of public transportation • Lack of insurance • Unemployment • Cultural beliefs, attitudes & practices • Lack of capacity for mental or behavioral health • Fear of unknown • Lack of resources • Need for caregiver health awareness & resources

POLITICAL FORCES

*** Access/jobs, education
*** Elected officials
- New federal govt., Supreme Court Justice
- ↓ Policy priority for Health for $$ i.e. Refugee
- Local elected officials & School Board
- State Gov/Judicial (county & city)

* Trust in Politics/Gov & trust in law enforcement by community (President, elected officials)
* Board regulatory function
* Cut from Public Health & Prevention fund

- Redistricting – Voting
- Zoning (school) & Policies
- Distribution of funds (LIHEPA, HUD-CDBG)
- Transparency of Legislative sessions
- Community activist/advocacy (DemSem, NAACP, Congress, Senate)
- School Board members & Superintendent of schools
- Future elections
- Guns – accidental deaths
- ALL LIVES MATTER

- Medical Marijuana – local moratorium
- Medicare/Aid
- ACA – Access to care
- Refugees – DOH services
- Agency mandates
- Planned Parenthood (Choices) – Family planning, teen pregnancy, prescriptions
- Personal agenda
- Gov't waste
- More diversity (qualified)
- Recovery after disaster (speed of) – Hurricane Matthew
- Executive Directors (Dept) making decisions (SCPS)
- Tax reform
- Move to user fees
- Immigration/Undoc
- Political party priority (shift)
- Government transition to value-based reimbursement (Population health)
- Move from formula funds to competitive funding
- Increased attention to evidence-based policy making
- Geopolitical forces (famine/poor governance in other countries)

HELP

1. Voter registration
2. Education
3. Awareness
4. Early voting
5. Transportation
6. Media
7. Research & advocacy
8. Good collaboration relationships

<u>Jobs/Education/Access</u>

1. Training
2. Qualified people
3. Resources for job training
4. Economic development
5. Location – convenient
6. Equal opportunity
7. Well trained teachers
8. Vo-Tech Centers
9. Funding
10. Generational changes

HINDER

1. Voter suppression
2. Access, location, hours (availability)
3. Media
4. Misinformation
5. Lack of trust
6. Bullying/Threats
7. Voter fraud
8. Personal Agendas

<u>Jobs/Education/Access</u>

1. Cost
2. Transportation
3. Pay inequity
4. Regulations
5. Criminal background
6. Declining economy
7. Location – challenging, inconvenient
8. Discrimination
9. ↑ cost of education
10. Lack of sufficient Early Childhood Centers
11. Lack of adequate Vo-Tech Centers
12. Lack of funding
13. Aging population/ youth –skill sets
14. Social profiling

SOCIAL FORCES	
*** Health literacy * Prevention vs Treatment * Family – Support, relationships, overcoming isolation • Hospital(s) in walking distance – Perception vs reality • Neighborhood isolation – social isolation – no need to leave house • # of religious exemptions for immunizations are on the rise • Increase of language barrier & cultural differences • Increase of social issues faced by the LGBTQ community & religious minority • Need more healthcare providers that are more culturally diverse • Use of social media for good or bad • Interpersonal relationships • All Lives Matter • Community activist • Refugees • Discrimination • Insurance • Trust • Healthy lunches/food • Health vs wellness	• Texting midnite • Age groups • Gender differences • Education differences • Personal income • Zip code • Fears (internal, government, ?) • Ethnic groups • Political affiliations • Shifting populations (retirees, travelers) • Social Media – bullying, isolation • Fear/Trust • Social justice • Education/cultural differences • Lack of nuclear family structure • Bullying (cyber/physical/emotion) • No voice for majority unless a part of a group or religion • Terrorism • Sense of entitlement & I want it now! • Breastfeeding cultures • Transportation • Communication • Health as a priority • Accepting authority • Accepting boundaries
HELP	**HINDER**
• Health ED in schools, reinforced in home • “Community of health” • Advocate for school policy to officials (elected) • Change (mis)understandings surrounding health • Community outreach events • Partnering with medical providers (outreach, resources, staff, equipment) • Workforce skills & training • Updated & current info • Shared languages/terminology • Pilot projects • $$ • Wages	• No health ED in schools • English-only services/health literature (language barriers) • Funding & staff shortages • Overhead cost of implementation • Little to no training (gaps) • People to update info (technological workforce/skills) • Sources of info vary • Silos • Shared language (no)

TECHNOLOGICAL FORCES	
*** Impact of technology o Sedentary lifestyle o ↓ face-to-face communication *** Education o Cost & not knowing about technology o Amount of information & accuracy o Rate of change ** Telemedicine – Telehealth ** Distracted use of devices * Confidentiality • Not all families have internet or technology • Getting the correct information • Cyber security • Computer knowledge • Cost to school district to add/update clinic documentation • Change in organ donations • Home kits for testing • Instant gratification • Self-diagnosis • Personal fitness monitoring (FitBit) • Design technology • Cyber bullying • Info sharing – Electronic Health Records • Health literacy • Incorrect info on websites (i.e. self-diagnosis)	• Technology that enhances health access (i.e. Health Records) • ↑ Connectivity with partners Health monitoring (with devices) • Transportation technology making it safer to drive, walk, bike • 3D printing • Hackers • Lighting/ Signaling • Ergonomic injuries • Increase use of fit wearables • GIS & GPS mapping – way finding • Phone apps • Driving w/texting/sexting • Skype • Self-driving cars & Electric cars • Tweets/All-Amer • Censorship • Video games & Fantasy games • Media marketing • Cloud storage • Online banking • Artificial intelligence • Robotics • Identify theft • Information load • All Alert system & Blast fax
HELP	**HINDER**
• Sedentary lifestyle o FitBits/Apps that promote activity o Work/life balance, social support (Employer's support) • Education o Ease of access o Info overload • Telemedicine o Streamline access o Convenience • Distraction use of devices o Policies, laws & enforcement o Parental involvement • Confidentiality o Patient privacy protection from hackers	• Sedentary lifestyle (Video games, TV, screen time, cell phones • Education o Costing, funding o Access/Availability o Lack of Compatibility o Info overload • Telemedicine o System, not user-friendly o Cost, EHR's don't communicate • Distraction use of devises o Culture norm for use of devises o ↓ productivity, accidents, injuries o Poor customer service o Physiological impact

APPENDIX 3: Resources

SEMINOLE COUNTY COMMUNITY HEALTH RESOURCES	
• County Commissioners, leaders, employees (workforce of agency), students, diverse population • Civic groups: Rotary, Lions Club, Chambers of Commerce • Central Florida Partnerships (public, private, indepent. Businesses) • Libraries: Seminole County, computers, books, presentations, workshops, College Libraries – research • Money: banks, affordable housing, subsidized breakfast/lunch @ schools, service fees • Gov. agencies: Seminole County, 7 municipalities/cities, DOH-Seminole • Areas Agency pm Aging -→ East Central FL. Regional Council, MetroPlan Orlando, Law Enforcement, ACA/Medicare/Medicaid • Grants/donations: foundation, state/federal gov., NOAA (weather), CDC, DEO (Dept Economic Opportunity), Economic Development Adm.) • Churches/faith-based: Catholic Charities, Methodist, Lutheran, etc., Health ministries of local churches • Technology: cell phone, computer, apps, fitbits, GPS • Non-gov agencies/CBO programs:	• Healthcare providers/primary care/hospitals • Public transportation: Lynx, Sunrail, taxi, Uber, investment in future self-driven cars Food Bank: Senior Resource Alliance, 2nd Harvest, Feed the Need, Harvest Time, The Sharing Center • SCPS – School System • Comm parks & trails Healthy Schools, LLC • Meals on Wheels • School-based sealant program • Boys & Girls Club/Boys Town • Leadership Seminole • Homeless Coalition, taskforce • Families in Need program • Seminole State College/UCF • Food Trucks • Famer's market (Fresh Stop, mobile farmer's market) • Emergency Management (EMS), EOPS • UF Extension Services • YMCA • Silver Sneakers/Senior Group • Nemours, Orange Blossom Family Health Center, Epilepsy Assoc. • Head Start • Vision Quest, Hankins • BJs, Publix, Walgreens, etc. Businesses • Hebro Nutrition Fresh Stop bus • Domestic Violence Shelters (Safe House) • LINC – Suicide Prevention

HHI, Shepard's Hope, CMWP, True Health, Meals on Wheels, Kids House • Federally funded programs: WIC, Healthy Start, Tobacco, School Health, Head Start, County Mobile Health Unit	• Human Trafficking (Sherriff's Office) • Seminole Prevention Coalition • Autism screening (Nemours) → 5-2-1-0 • MRC/Redcross • Salvation Army • Healthy Seminole Collaboration

Appendix 4: Strategic Issues Workshop

February 10, 2017

AGENDA

Seminole Health Department
Community Health Improvement Plan

400 West Airport Blvd.

Sanford, FL 32773

February 10, 2017 Agenda

1:00pm – 1:15pm **Introductions**
Workshop Logistics Review

1:15pm - 2:00pm **Individual Assignment**
Participants will identify issues impacting Seminole CHD based on a review of a variety of data sources, including, but limited to:

- Florida CHARTS data and profiles
- Communicable Disease Surveillance
- STD rates/trends
- County Health Rankings Summary
- Census data
- Crime Statistics
- Florida Youth Tobacco Survey

2:00pm – 2:30pm **Workgroup Assignments**
Participants will be assigned to one of the following groups in order to categorize the issues:

- Maternal & Child Health
- Chronic Disease
- Communicable Disease
- Healthcare Access
- Injury and Safety
- Mental Health
- Poverty and Education
- Prevention and Screening Awareness
- Alcohol, Tobacco & Substance Abuse
- Other

2:30pm – 2:45pm **BREAK**

2:45pm – 3:15pm **Group Review & Prioritization**
Each workgroup will review each of the Issue Categories, and:

- Revise, re-arrange, re-categorize as needed.
- Identify the TOP 3 issues for each Category.
  - Identify *Do-able* issues – Which Issues/Goals can be realistically impacted in the next 3 years?
  - Identify *Barriers to Action* – What barriers must be addressed in order to impact the issue? (Use the SWOT developed in February 3, 2017 CHIP Session 1).

3:15pm – 3:45pm **Workgroup Re-Assignments**

Participants will self-select into one of the Issue Categories (no more than 8 participants per category) to:

- Identify the TOP 5 issues based on all ratings.
- Identify the base-line data source for each issue.
- Identify a GOAL for each issue.
- Identify *Barriers to Action* for each GOAL.

3:45pm – 4:15pm **Workgroup Review**

Each workgroup will review and:

- "Make better" the Issue GOALS – Are they *Do-able* in the next 3 years?
- Ensure all potential *Barriers to Action* are identified.

4:15pm – 4:30pm **Final Goal Revisions**

Each workgroup will finalize their Issue Category to ensure:

- Each Issue has the associated base-line data source.
- A GOAL is identified for each issue.
- Each GOAL is *Do-able* – The issue can be realistically impact in the next **3** years.
- The *Barriers to Action* are identified for each GOAL.

4:30pm – 4:45pm **Community Health Improvement Plan Workshop Summary Next Steps**

A Community Health Improvement Plan (CHIP) has been defined as "a long-term, systematic effort to address health problems on the basis of the results of assessment activities and the community health improvement process."

CHIP:

- ✓ Serves to address issues, roles, and common goals and objectives throughout the community.
- ✓ Is used to coordinate efforts and target resources that promote health.
- ✓ Guides action and monitors and measures progress toward achievement of

goals and objectives.

- ✓ Often used as justification for support of certain public health initiatives, as part of funding proposals, and for attracting other resources toward building programs that improve the overall quality of life of the community.

GOAL:

- Broad, long-term aims that define the desired result associated with identified strategic issues.
- Set a common direction and understanding of the anticipated end result.

Example:
Strategic issue: Access to population-based and personal health care services

Goal: All persons living in our community will have access to affordable quality health care.

Workshop Participants

Name	Organization/Agency	Name	Organization/Agency
Mike Bareley	Winter Springs Recreation Department	Steven Lerner	Seminole OEM
Page Barningham	FDOH - Lake	Robert McGraw	Seminole State College
Jennifer Beristo	FDOH - Seminole	Dhanu Mistry	FDOH - Seminole
Preston Boyce	FDOH - Seminole	Zeenat Rahman	FDOH - Seminole
Rufus Boykin	Seminole Extension	Gigi Rivadeneyra	FDOH - Seminole
Tara Bradley	City of Oveido	Rebecca Sharp	
Willie Brown	FDOH - Seminole	Tania Slade	FDOH - Seminole
Ray Bruin	Sanford PD	Nancy Smith	FDOH - Seminole
Mirna Chamono	FDOH - Seminole	Mirade Taylor	HSCSC
Debbie Caudill	Seminole County Public Schools	Crystal Wagner	FDOH - Seminole
Patty Caulfield	Seminole County Public Schools	Donna Walsh	FDOH - Seminole
Juley Cetoute	FDOH - Seminole	Christine Watkins	SSCAFP
Maureen Denizard	FDOH - Seminole	Venise White	FDOH - Seminole
Andrew Derry	FDOH - Seminole	Ben Williams	City of Oveido
Meena Joseph	FDOH - Seminole	Kelsi Williams	FDOH - Seminole
Rosana Flores	Orlando Health	Jean Zambrano	Shephard's Hope
Scott Fryberger	FDOH - Seminole		
Emily Haller	FDOH - Seminole		
Wilbur Hawkins	Goldsboro Front Porch		
Sierra Helfrich	FDOH Central Office		

Appendix 5: Strategic Issues Data Sources

Community Health Improvement Plan 2017 Data Sources

Demographics

- U.S. Census Bureau: State and County QuickFacts – Seminole County, Florida. Accessed November 8, 2016
- USA County Information – Seminole County, Florida. http://www.usa.com/seminole-county-fl.htm. Accessed November 8, 2016.
- Florida Legislature's Office of Economic and Demographic Research - Seminole County Profile. Accessed November 8, 2016.
- Seminole County Crime Statistics. January – December 2015.Florida Department of Law Enforcement. Accessed November 8, 2016.
- Florida Department of Education – 2014-2015 and 2015-2016 Seminole County School District Graduation Rates, School Enrollment, Lunch Program. Accessed November 8, 2016.
- Seminole County Household Budget 2012. United Way ALICE report (new release on February 22, 2017) http://spaa.newark.rutgers.edu/sites/default/files/files/Seminole.pdf

Health Information

- Seminole County FDOH CHARTS County Profile 2015. Accessed November 8, 2016.
- Seminole County FDOH CHARTS Chronic Disease Profile 2015. Accessed November 8, 2016.
- County Health Rankings & Roadmaps 2016. http://www.countyhealthrankings.org/app/florida/2016/rankings/seminole/county/outcomes/overall/snapshot. Accessed February 7, 2017.
- Seminole County FDOH CHARTS Pregnancy & Young Child Profile. Accessed November 8, 2016.

- Seminole County FDOH CHARTS School-aged Child & Adolescent Profile. Accessed November 8, 2016.
- FDOH Communicable Disease Frequency Report. 01/01/2014 – 12/31/2015. Accessed November 8, 2016.
- FDOH CHARTS - Transmittable Disease Cases & Morbidity. August 2016, August 2016. Accessed November 8, 2016.
- Florida Youth Tobacco Survey 2014 – Seminole County. Accessed November 8, 2016.
- Community Environmental Health Profile Report, Seminole County. Florida Department of Health, Environmental Health Tracking Tool - http://www.floridatracking.com/HealthTrackFL/default.aspx

Additional Health Information

- Florida Department of Health in Seminole County. Demographic Report by Site. Date Range: 7/1/2015 - 6/30/2016
- Florida Department of Health in Seminole County. Annual Health Report 2015.
- Infant Mortality in Seminole County, FL. by Census Tract, 2010-2014
- Seminole County Census Tracts with Greatest Number of Infant Deaths 2010-2014
- Infant Mortality Counts and Rates by Census Tract, 2010-2014.

Appendix 6: Strategic Issues
Workshop Notes – Strategic Issues (Step 1)

Chronic Disease		
Diabetes	**General**	**Cancer - Blacks**
• 3 year age adjusted resident death rate – Diabetes: Black 2x higher than White (48.4 vs 19.9) (3) • Diabetes rates higher in Black population in Seminole County compared to State • Diabetes and eye exam lower than state (60 vs 69.7) • Cause of death – Diabetes rates Blacks • ↑ rates of diabetes, stroke & HIV Aids among our Black population • Diabetes in African American, 48.4 • Age adjusted death rate with diabetes in Blacks 48.4 (Sem.) vs 38.5 (FL) • Diabetes death highest in Black population • Higher rate of diabetes in Blacks	• Diabetes (major cause of death) higher rate in Seminole County (22.4) than the State (19.5) (2) • 3 year age death rate major cause among Whites – Diabetes & stroke • Diabetes is 48.4, State is 38.5 • Death rate – Diabetes ↑ county, CLRD ↑ county • CLRD higher than state average • ↑ Death rate among Whites 2013-2015 compared to state – Cancer, CLRD, Stroke • DSME ↓ 49.6% • Diabetes (11.2) and Prediabetes (7.1) increasing • Increase in adults who have ever been told they have diabetes • Diabetes – death rate & hospitalizations	• Cancer rate among African Americans 166.9 (2) • ↑ Death rates among Blacks 2013-2015 compared to state – Cancer, CLRD, HIV, Stroke, Diabetes, Flu • Death rate Black – Cancer ↑, Diabetes ↑ • Cancer in African American higher than state at 166.9 vs 154.0 • Higher rate of cancer in Blacks • High rates of cancer death (Black highest) • Higher rate of cancer deaths among Blacks than other races • Cause of death – Cancer – Black ↑, Stroke • Racial disparities in major causes of death: cancer, stroke, diabetes • Major cause of death by race – Blacks ↑ cancer • Major causes of death – Cancer and health disease (much higher rates for all races) • Cancer rates higher in Black population in Seminole compared to state • 3 year age adjusted rate for Black deaths – cancer • Cancer rate higher for Blacks in county than state

Chronic Disease (continued)		
↓ Activity	**Cholesterol**	**Kidney Disease**
• Adults who are inactive 54% • 53.7% adults who are inactive or insufficiently active • Adults who are overweight or obese decreased from 2010 to 2013	• High rate of adults with high blood cholesterol (37.4%) • High cholesterol in Seminole County higher than State • Adults – high cholesterol • Adults who have ever been told they had high blood cholesterol – Sem. 27.4%, FL 33.4%, 2020 goal 13.5%	• High # of adults with kidney disease • Adults with kidney disease – Sem. 4.3, State 3.5
Obesity	**Asthma**	**Stroke**
• Obese & overweight ↑ (26.4 & 36.4) • Higher % od adults have a healthy weight than FL (39.6%) • Adults who are obese 26.4% • Obesity or overweight in adults – Sem. 58.4 State 62.8 • Adults at a healthy weight ↓ from 42.5% 2002 to 35.0% 2013 • Less healthy food sources within ½ mile • Adults who consumed at least 5 servings of fruits & veggies is low in Seminole county compared to state average	• 2012-2014 asthma hospitalization 12-18 ↑ (158) • Asthma attack in past year (higher than state) • Current asthma – county higher than state • Increase in adults who currently have asthma • Air pollution – particulate matter only slightly below state average • High rate of asthma hospitalizations ages 12-18 • Adults who have asthma is greater than state average • Asthma – youth 11-17	• Stroke – death rate • Higher rate of stroke in Blacks • Strokes for Blacks are 50.5, State 49.7 • Major causes of death – Stroke 50.5 Black, Diabetes 48.4 Black, HIV Aids 10.1 • ↑ BP medication (79.4%) • Death age adjusted rate for stroke higher compared to state • Adults who have been told they had a stroke has increase from 2002 (1.8%) to 2013 (3.5%) • ↑ Stroke in White men 37.6 than state 32.4 • ↓ Stroke in Black men 50.5 than state 49.7 • Stroke death highest in Black population • Death rate – Stroke – higher county than state

Chronic Disease (continued)		
Cancer - Females	**Heart Disease**	**Cancer**
• Breast cancer age-adjusted death rate 22.6 (Sem) vs 19.8 (FL) • Breast cancer – death rate, incidence • Death rate for breast cancer higher than state • High incidence of breast cancer (88.4) • Cervical cancer • Women (40-74) with 2 year mammogram (97.5%) • Breast cancer death rate higher than state rate – Seminole 22.6, State 19.8	• Heart disease, diabetes, Hepatitis B Chronic, Salmonellosis • 3 year age adjusted death rate – Heart disease rate : White 143.8, Black 120.6 • Heart disease among whites 143.8 • Major causes of death – Cancer, Heart disease • High rate of heart disease death (White) • Hypertension ↑ (34.6%) • CHF & heart failure deaths	• Major cause of death in Seminole – Cancer: 155.5 all races vs State 156.1, Health disease: 140.5 vs State 153.6 • Death rate for prostate cancer higher than state

Maternal & Child Health		
Infant Mortality	**Low Birth Weight**	**Prenatal Care**
• Infant deaths per 1000 births rates for blacks (3) • ↑ in Black population in post-neonatal deaths (2) • Infant mortality higher in Black population compared to White (2) • ↑ Black infant deaths than state (2) • ↑ Black neonatal deaths than state • ↑ infant mortality in Northwest region and Oviedo/SE • Child mortality & Infant mortality flat to state numbers – could show improvement • Infant mortality ↓ birth weight • Infant death per 1000 live births, Blacks 12.0 • Black post neonatal infant Neonatal deaths • Infant deaths post neonatal 2.9 Blacks • Infant deaths for Black/African American is significantly up from states #s • Infant death 4.8 • Highest infant mortality in Seminole is in city of Sanford area • Infant deaths, 1 year ↑ in Black @ 12 • Neonatal death Blacks, infant deaths • Neonatal death per 1000, Black >2x state average • High rate of infant deaths & neonatal deaths among Black women (12%, 9.1%) • Infant deaths ↑ Black	• Higher % of live births under 2500 grams in Blacks @ 12.8, White 6.6, State 8.6 • Infant mortality higher in Black population compared to White (2) • In < BW babies in Black population than state average • Low birth rate – higher in black population • Black – low birth rate ↑ county & state • Low birth weight almost double for Blacks (12.8%) vs Whites (6.6%) • Low birth weight high across all populations but particularly Black • % of low birth weight in Blacks/African American is . state (2.7 vs 1.6) • > 2500 gm Black higher than state (12.8 vs 8.6)	• Prenatal care – none – Black – higher than state 6.8 vs 5.2 (2) • Black mothers are about 7 times more likely to have late or nor prenatal care among other races • Prenatal care begun in first trimester lower in black population • Prenatal care – Black – lower than state – 74.1 vs 79.5 • White & Hispanic prenatal care 3 trimester ↑ median • Prenatal care late or none higher in black population • Less prenatal care among Black mothers • Prenatal care low in black population • Late or no prenatal care – 2.9 White, 6.8 Black • Low % of women with adequate prenatal care • Less % of Black females getting prenatal • Higher % of births with prenatal care begun late or non in Blacks @ 6.8, White 2.9, State 5.2 • ↑ in % of birth with prenatal care in 1st trimester Whites • ↓ in % of Blacks with prenatal care in 1st trimester

Maternal & Child Health (continued)		
Other	**Age/Marital Status of Mother**	
• Multiple birthds (twins, triplets, etc.) • Poor outcomes with multiple births • High rate of births to underweight mothers (11.4%) • C-sections • Multiple births – 3.8% County, 3.3% State	• Teen pregnancy higher in Black females (2) • Large # of births to Black mothers ages 15-19 (2) • Births to mother over age 35 higher than state (4.7), Seminole County (5.0) (2) • ↑ Teen births among Black & Hispanic population • Births to unwed mothers 15-19 • Births to mothers 15-19 per 1,000 female population is higher in Blacks 24.3, White 9.9, Hispanic 14.3, State 22 • Percentage repeat births to teenage moms • Large # of infant deaths, particularly among blacks • Large # of low birth weight among Blacks • ↑ # of late or no prenatal care • Unwed pregnancies surpasses state 68.5 Black • ↑ in % of births to unwed mothers in Blacks • ↑in % of live births under 2500g in Black population	• High rate of Black births to moms ages 15-19 (24.3%) in County • Births to mothers ages 15-19, 2013 15, 90.9% • Births to mothers ages 15-19 ↑ Black than White, Hispanic, all races • County 5.0 vs State 4.7, Births to mothers ages 15-19 • High rate of repeat births to mothers ages 15-19 – 15.5% • Percent of births to unwed mothers Black ↑ than White, Hispanic, all races • Percent of births to unwed mothers, Blacks almost double in the county • unwed mother – Black • Neonatal Black ↑ • Births under 2500g Black • Prenatal care ↑ Blacks •

Communicable Disease		
STD	**HIV/AIDS**	**Food/Water**
• ↑ role of STDs • STDs - County 3 year rate 429.6, State 555.0 • STD – Gonorrhea, Chlamydia • Reported STDs in county < state • STI rate 3x greater than county • STD (Gonorrhea, Chlamydia) higher in Seminole County and state • ↑ sexually transmitted infection compared to national rate • Chlamydia – highest of STD @ 1511 • Chlamydia cases make up 80% of total Gonorrhea, Chlamydia, & infectious syphilis cases (can be addressed)	• HIV/AIDs is 10.8, state 16.4 • HIV (2015) 49%, (2016) 15% • HIV testing lower in Seminole County versus state • Aids rate 7x higher than state • Only 38.6% of adults have ever been tested for HIV • H/L Chlamydia Blacks 24.6, County ↑ 41 • HIV/AIDs Chlamydia ↑ Black • HIV infection cases age 13-19, only slightly below state average • 3 year age-adjusted death rate – HIV/AIDs – Black significantly higher rate (10.8 Black vs 1.1 White)	• Salmonellosis # of cases are higher than other enteric, food & waterborne disease • Salmonellosis 122 • Salmonellosis is elevated • Higher rate locally compared to state of – Legionellosis, STEC infection (enteric, foot & waterborne disease) • ↑ in Legionellosis than state
Viral	**Vaccine**	
• Pneumonia/Influenza as a major cause of death (something that can be addressed by the CHIP) • Flu & pneumonia vaccines – lower rise in Seminole county versus state	• Kindergarten children fully immunized 93% • Pertussis • Vaccine preventables need ↑ both for county & state • Chickenpox case rate county & state close to 3.5/100,000 • ↑ in Pertussis • ↑ in Varicella • Reported vaccine preventable disease rate same as state – Pertussis & Varicella • Hepatitis 75% • High rate of Hepatitis C, Chronic 45.9% • Hep. C, Chronic • Vaccine Preventable disease, Hepatitius B ↓ county	

Healthcare Access		
Health Insurance	**Licensed Physicians**	**Hospital Beds**
• Person without health insurance under age 65 – Seminole 15.5%, State 10.5% (5) • Without insurance 15.5% (2) • Larger # of persons without health insurance under age 65 • Persons without health insurance is higher (35%) in Seminole County than US (29.3%) • Uninsured under age of 65 • Persons without health insurance 15.5% in Seminole County which is great than national average of 10.5% (5% above) • Uninsured adults 23% • # of adults with health insurance has decreased but is above state average at 79% • Higher % of uninsured < 65 years – 15.5% vs 10.5%	• Low # of licensed physicians • Total licensed physicians 192.3 vs 249.0 State • Total # of licensed physicians is low compared to state average • ↓ in # of licensed physicians in Seminole County • Dental – 13 & under ↓ , 13-19 ↑ • High rate of family practice physicians than FL	• Total hospital beds – Seminole 188.9, State 314.5 • Total hospital, acute care, specialty & nursing home beds are low compared to state average • Preventable hospital stays ↑ • Hospital beds & nursing home beds lower rate than state
CHD Expenditures	**Services for dental/immunization**	
• County public health department expenditures are low • # of local Health department employees is ↓ than state average • County health department expenditures ↓ than state	• Seminole CHD serves the most dental clients & immunizations in Central Florida	

Prevention & Screening Awareness		
Adult Screenings	**Women's Health Screenings**	**Shots**
• Medical checkup in last year decreasing (70.3%) • Adults who have ever been told they had high blood cholesterol – 37.4% Seminole vs 33.4% Florida • 41% of adults have been told they have ↑ cholesterol • ↓ in colon cancer screening through stool specimen but ↑ in colonoscopies • Increase in adults who received a colonoscopy in the past 5 years	• Women 18 years of age and older who received a pap test in the past year – 47.5% in 2013, 2020 goal is 93% • ↓ in # of women 18 & up getting pap test • Women with pap smear in preceding year only 47.5% vs state average 51.4%	• Flu shots > 65 flu shot in past year 47.0 vs state 54.6 • All adults flu shot in past year 27.9 versus state 30.7 • 93.8% of children fully immunized (needs improvement) • Hep B rate at 58 • Adults who received a flu shot in the past year is lower than state; 27.9 to 30.7
Nutrition	**Obesity**	**Environmental Exposure**
• Adults who consume at least 5 servings fruits & vegs only 18% • Adults with 5 more servings produce only 17% • Low % of population living within ½ mile of healthy food source – 21.5%	• Adults obese 27% • Adult obesity increasing • Obese over 17 43%, 26% • Asthma emergency visits • Sedentary behavior ↑ (27.7) • Adults who are inactive or insufficient active 53.7% vs 52.9% (FL)	• Pesticide exposure 32% • Radon testing ↓
Modes of Transportation	**Natural Environment**	
• ↑ pedestrian deaths on public roads – 3.76 compared to state 1.29 • Driving alone to work 84% vs state average 80% • ↓ low rate of use of public transportation • Less carpooling & more drive alone to work • Workers who use public transportation – 0.88 vs FL 2.3 • Public transportation use low (0.98%) • Workers who drive alone to work – Seminole 84.34, State 79.48	• Rank 50/67 in physical environment (2) • Seminole rate has a higher rate of population that live within a 10 minute walk (1.2 mile) of an off-street trail system • ↑ # without access to trail system within ½ mile • People in Seminole County live within a 10 minute walk of a park • People in Seminole County live closer to parks and trails • High rate of population that lives within 10 minutes of a park 47.3%	

Injury & Safety		
General Crimes	**Unintentional Deaths**	**Assaults**
• Lower crime rate (2) • Increase in crime count from 2014 to 2015 un rape, fondling, robbery, aggravated assault, burglary, larceny, and motor vehicle theft. • Crime rate for Seminole lower than state (116.2 vs 158.8) • Violent crime close to peak high back in 2011 in county • Most crimes committed with firearms	• High rate of unintentional injury deaths ages 1-5 (14.6%) (2) • Unintentional injury deaths ages 1-5 Seminole County (14.6) compared to state (10.4) • Near drownings	• Aggravated assault with firearms offenses + 41.8% • Domestic violence simpat assault 1,814 • Aggravated assault with firearm up 42% • Need to decrease # of domestic violence offenses
Sexual Assaults	**Motor Vehicles/Pedestrians**	**Theft**
• Rate + 41.8% with "other" means +69.3% what does this mean? • Other forms of rape significantly increased • Aggravated stalking & threat ↑ • Rape 41.8% increase from 2014 (134) to 2015 (190) • Rape up 42% • ↑ Rape offense 134 in 2014 to 190 in 2015 • Need to decrease # of rapes • Rape ↑ 2014 to 2015 41.8% • Aggravated stalking, threat, intimidation • ↑ in rape crime • Increase in rape • Rape increase by 41.8% from 2014-2015 • Forcible sex offences is high • ↑ violent crimes – rape and robbery	• Use of seat belts % ↓ • Higher rate of MV accidents in Black population • Pedestrian deaths on public roads ↑ in Seminole County that state • Motor vehicle crashes higher in Black population in Seminole County compared to state • Motor vehicle accidents ages 19-21 • Motor vehicle crashes top cause of death • ↑ Blacks die from motor vehicle crashes 13.6 compared to White 10.6 • Pedestrian deaths on public roads Seminole 3.6% vs FL 1.29% • Motor vehicle deaths • Pedestrian deaths Seminole 3.7% vs FL 1.29% • Higher pedestrian deaths on public roads	• Coin oper. Larceny +118.2% • Purse Snatching +23.5% • Bicycle theft +25.2% • Larceny, purse snatching & bicycle thefts ↑ • Increase in robbery/burglary • Increase in Aggravated assault, theft, and larceny (firearm)

Injury & Safety (continued)		
Chemical/Pollution		
• High rate of unintentional carbon monoxide exposures 4.49 (2) • Unintentional CO 4.49 vs 0.83 • Carbon monoxide exposure ↑, CM detection in home ↓ • Higher carbon monoxide exposures & health effects • Unintentional CO exposure health effect 3.85 – 0.35 • Unintentional carbon monoxide poisonings county rate much higher than state • Unintentional CO exposure treatment at hopsitals 3.85 – 0.31 • Carbon monoxide exposures overall	• Drinking water violations • Exposed to secondhand 37.9 aged 11-17 • Higher pesticide exposure • Pesticide exposure 32 – 24 • Pesticide exposure with health effect 6 - 5	• Housing units tests for radon 40 vs 80 • ↓ rate of housing units tested for radon

Mental Health		
Eating Disorders	**Depression**	**Suicide**
• High rate of eating disorder hospitalizations in 12-18 year olds 63.3% • ↑ eating disorders non-fatal hospitalizations 12 -18 for 2012-2014 (26 cases) • Non-fatal hospitalizations anorexia extremely high vs state 63.3 – 28.7 • Non-fatal hospitalizations eating disorders • Eating disorders 12-18 year olds	• High # of adults with depressive disorder • Adults with depressive disorders Seminole 17.2, State 16.8 • Depression – higher in Seminole County vs state • Adults with a depressive disorder 17% county	• ↑ suicide rate • Total deaths from suicide – Seminole 13.0, State 15.3 • Suicide rate lower than state level – Seminole 13, State 15.3
Substance Abuse & Crime, etc.		
• Robbery, aggravated assault, burglary, larceny, & motor vehicle theft all ↑ - ?? Relationship to MH issues • Social mental health – larceny, alcohol crash		

Alcohol, Tobacco & Substance Abuse		
E-Cig	**Tobacco**	**Alcohol**
• Thought using e-cigs is less harmful (11-17 year old) 77.9% (2) • E-cigarette • Use of electronic cigarettes ↑ in youth • High % of people who think e-cigs are less harmful than regular cigs • Thoughts on smoking i.e., hookah & elec. Cig as less harmful high • Electronic cigarettes (thought less harmful than cig) + higher than state • E-cigarettes, hookah •	• Current smokers ↓ • Tobacco education low compared to state • Current smoker 14.6% • Teaching students about tobacco is much lower than the state level – Seminole 28.6, FL 38 • # of youth exposed to second hand smoking ↑ • Student taught about tobacco use – state significantly higher than county • Never smoked a cigarette – will not in future & less higher than state • Tobacco education is ↓ than state average in youth	• Steady decrease in adults engaged in heavy binge drinking • ↓ binge drinking among adults • Alcohol suspected motor vehicle crashes – County 71.8, State 84.9 per 100,000 • ↑ alcohol related traffic crashes • Excessive drinking > state average – Seminole 191, FL 171 • Adults who engage in heavy binge drinking ↑ over the last 10 years • ↑ rate of death of Cirrhosis in White at 10 compared to Black 6.4 • Binge drinking higher in Seminole vs State
Substance Abuse		
• Marijuana use in high school students is high 19.5% • Substance abuse high school		

Poverty & Education		
School		**Income**
• Licensed child care centers (3) • Licensed Child care centers & homes 1.4 vs 2.9 (3) • 28,860 on free lunch in Seminole County Schools (2) • HS graduation rate higher • ↑ average education level rate • Early learning – children in school readiness programs, licensed child care centers, children with disabilities • Nursery school, preschool, kindergarten – Seminole Public 63.02, Private 36.98, FL Public 67.86, Private 32.14, US Public 71.30, Private 28.70 • BS degree 35%, HS Dip. 92.2% • Children in school readiness programs ↓ • Education - ↑ than state HS, ↑ than state College • Children eligible for free lunch 51% • Children participating in VPK 22.1% • School enrollment • View health as good or excellent decreasing • ↓ # of licensed child care centers & home compared to state (1.4 vs 2.9) • Good thing – college enrollment is relatively high both in the state and county – 84.2% vs 78.3% • Out of school suspensions 2x (approx.) as high for African Americans vs White	• elementary 44,034, High School 34,326 (are high schools ready?) • High School graduate or higher is higher (92.2%) than US (86.3%) • Education – decrease in education age 28+ • ↑ HS grad rate • ↑ Education rate • Children in school readiness programs (early learning) low in Seminole County (50.8%) compared to 77.7% state • Language other than English 19.2% • % of non-English speakers households ↑ • Education – high level of people seeing a higher degree like Bachelors and above • High % of people with a Bachelor's degree compared to US (35%) • Children age 3-5 with disabilities receiving Pre-K services 29.2% vs 34.0% • ↑ 20% speak other language • ↓ rate in children in school readiness programs • ↓ in licensed child care centers & homes • Children in school readiness program 50.8 County, 77.7 State • Population 5+ that speaks English less than very well Seminole 6.3%, FL 11.7% • Only 78% of middle school children feel safe at school	• Unemployment slightly below state, but 10.3% is still high • 15.5% uninsured • Income growth rate ↓ than state & national average • ↑ bankruptcy filings • 50K poverty • 12% poverty • ↓ families in poverty • Racial income – Black, Hispanics ↓, American Indian, Native ↓, One race, other ↓, 2 race, Asian, Haw., White ↑ • Widowed – Women 8.9%, Men 2.58% • Persons without health insurance 15.5% vs national at 10.5% • Poverty family lowest 12.16 state ↑ US • Unemployment rate down from 2010 (10.6%) – 2015 (4.88%) lower than state in 2015 (Seminole 4.8% vs FL 5.4%) • Big employers in Seminole - Trade, Transport & Utilities 22.4%, Business, Professional 17.5%, Education & Health 12.5% • Population rates poverty – Seminole County 11.6, FL 16.7

Poverty & Education (continued)		
Household		
• Median household income growth since 2000 – Seminole 17.33%, FL 21.62%, US 27.36% (3) • Persons per household exceeds national average • Median household income – White 61,000, Black 39,000 • Incomes – 31,536 ↑ US30 FL 27 • Household ↑ state, US • Black lowest 39,023 • Household income for Blacks in median 39,023 lowest • In Seminole County, median gross rent $1,059 vs nat'l average of $920 - ? about affordable housing available • Lots of housing units vacant (17.98%) • Higher owner occupied housing rate • Owner occupied housing unite is 69.6% (higher) than the national #s	• Median household income -> than FL & Nat'l but income growth % is slower than state & Nat'l average • Median household income – racial disparities – Black & Hispanic earn less • Median gross rent is higher ($1,059) in Seminole County than US ($920) • Median household income $10,990 higher than state • Median gross rent rate exceeds national average • Limited access to healthy foods just even with state • 48% students on free or reduced lunch • Median household income by races – Black $39,023, Hispanic $44,809, White $60,912 • Physical environment – severe housing problems 80%	• Median female income $10,00 less than median male • Family size larger than state and national level • Higher population density • Higher rents • Median & mean income are higher than state and national average • Median income is greater than state and national average • Housing • ↑ housing problems (84%) • Owner occupied housing decreased • Increase of housing unite4s by 5,000 • Family households less than state or nation • ↓ household income per national % • More homeowners

Other		
Population Demographics		
• Population density 1251.5/sq mile • Born in a different state 198, 41.43% • Highest divorced in Seminole County (15.08%), FL 14.45%, US 12.16% • White alone percentage in Seminole County is higher than the US data • Hispanic population ↑ 2.7% above national average • Black/African American only ↑ 1.21%& below national average • Population growth of 18.33% • High population density •	• Overall population growth in 5 years shows ↑ 6.3% in Seminole County vs National average 4.1% growth – Are services meeting demand? • Aging population ↑ • Median age 38 • Born in PR, US Island areas, born abroad to American parents – Seminole 5.08%, FL 3.30%, US 1.42% • % of population speak English very well (6.3%) • 45 to 54 year olds are the largest population in Seminole county • Diverse population • High number without access to park within ½ mile	• ↑ Population density • Quality of life – high % of individuals work outside of county of residence • ↓ population within ½ mile of healthy food source • Veterans 30,220 • Population of 65-74 year olds is 7.5% • ↑ veterans • Growing population faster than W • Higher % of population between 25-44 & 45-64 than in FL • Born in a different state – Seminole 45.97%, FL 41.43%, US 26.78% • Seminole county has more females than males

Workshop Notes – Strategic Issues (Step 2)

Chronic Disease	
Issues	**Barriers**
**** Obesity – Increase in obesity for adults Data source: BRFSS 2015 Increase the percentage of adults who are at a healthy weight. Data source: FL CHARTS, BRFSS 2015	Cost, insurance, health education, food availability, walkable community, access to care, overweight, mental health, preventative care, health as a priority, sedentary lifestyle, health monitoring, nutrition education, access to resources, poverty, screening, healthy lifestyle choices, food deserts, income, portion control (restaurants no help), exercise/nutrition
* Diabetes in black population. Increasing diabetes in adult black population.	Cost, insurance, health education, food availability, walkable community, access to care, overweight, mental health, preventative care, health as a priority, sedentary lifestyle, health monitoring, nutrition education, access to resources, poverty
Cancer in black population. Increase in cancer death rate in adult black population.	Screening, cost, insurance, access to care, obesity, sedentary life style, health monitoring, health education, healthy lifestyle choices
Heart disease. Increase in heart disease among white population.	Co-morbidities (hypertension, obesity), genetics, smoking, Cost, insurance, health education, food availability, walkable community, access to care, overweight, mental health, preventative care, health as a priority, sedentary lifestyle, health monitoring, nutrition education, access to resources, poverty, screening, healthy lifestyle choices, food deserts, income, portion control (restaurants no help), exercise/nutrition

Communicable Disease	
Issues	**Barriers**
*** Rates of HIV/STD increased: • Black population (HI V) • 13 – 19 years STD – what type? Chlamydia? Gonorrhea? Data source: Florida CHARTS	Health education, behavior modification, access to prophylaxis (Financial) Intoxicants, complacency, social stigma, substance abuse
*** Lower vaccine rate for influenza & pneumonia (which population?) Data source: Florida CHARTS	Lack of health education, lack of insurance coverage, complacency
Decrease in 11-17 year olds who have completed the first HPV immunization Data source: FL CHARTS	Lack of health education, lack of insurance coverage, complacency, social stigma, feeling of invincibility
Increased rate of vaccine preventable diseases (which diseases? Which population? Children? Recommended vaccinations?)	Lack of health education, travel (re-introduction), political climate, religious exemptions
Increase food/water borne diseases (which food/water borne diseases? Legionellosis? Salmonella? Which population? Where?)	Increase population, education (food prep), cultural/ethnic, whole foods phenomenon, feeling of invincibility

Healthcare Access	
Issues	**Barriers**
****** People without health insurance (under 65 years old) Data source:	Cost, pre-existing conditions, unemployment, underemployed, underinsured, age impacting gap in coverage, feeling of invincibility, health literacy, transportation
Increase access to healthcare for all Seminole County residents. Data source: FL CHARTS, BRFSS 2015	Cost, pre-existing conditions, unemployment, underemployed, underinsured, age impacting gap in coverage, feeling of invincibility, health literacy, transportation
* Low number of licensed physicians	Location – not a hub for medical, regulations, insurance companies, competition – residency programs, quality of service
* Low number of hospital beds	Population growth, politicians, hospital policies, staffing at hospitals, patients using ED as primary care, space, funding
Health screenings	Lack of insurance, transportation, lack of referral system for care

Injury & Safety	
Issues	**Barriers**
** Pedestrian deaths higher than Florida % public roads (age?) Data source:	Funding, increase in traffic and population, lack of sidewalks & lighting, complete streets, education
*** Sexual assaults increase 42% 2014 to 2015 (ages? M vs F? gender?) Data source:FDLE	Lack of education, funding, mental health, substance abuse, family structure
* Firearms – Use of firearms during the commission of a crime increased	Substance abuse, mental health issues, illegal purchases, lack of trust with authority, cultural/social variables
* Near drownings/unintentional injuries (what age group? Ages 1-5?) 9.4 Seminole, 13.1 State 14.6 Seminole, 10.4 State	Substance abuse, mental health issues, illegal purchases, lack of trust with authority, cultural/social variables

Maternal & Child Health	
Issues	**Barriers**
****** Increase in percentage of infant mortality among black mothers. Data source: FL Health CHARTS p. 15 12% (root causes?)	Lack of prenatal care, lack of health care, lack of education about contraception, lack of family structure & respective parental roles, lack of transportation, political climate can have a direct effect on health care services provided an/or made available, dropout rate, low breast feeding rates, lack of health education, economic forces, lactation rooms, cultural barriers
Asthma attacks in the past year among 11-17 year olds increased to from 25.2% Data source: FL CHARTS, FL Youth Tobacco Survey	Cost, insurance, health education, food availability, walkable community, access to care, overweight, mental health, preventative care, health as a priority, sedentary lifestyle, health monitoring, nutrition education, access to resources, poverty, screening, healthy lifestyle choices, food deserts, income, portion control (restaurants no help), exercise/nutrition
Increase the percentage of children in grade 1 who are at a healthy weight. Data source: FL CHARTS	Cost, insurance, health education, food availability, walkable community, access to care, overweight, mental health, preventative care, health as a priority, sedentary lifestyle, health monitoring, nutrition education, access to resources, poverty, screening, healthy lifestyle choices, food deserts, income, portion control (restaurants no help), exercise/nutrition
Teen pregnancy Increase % of birth to black mothers ages 15-19	Lack of prenatal care, lack of health care, lack of education about contraception, lack of family structure & respective parental roles, lack of transportation, political climate can have a direct effect on health care services provided an/or made available, dropout rate

Maternal & Child Health (continued)	
Increased rate among African-American mothers to late or no prenatal care	Education, transportation, access, no insurance, health literacy, stress/mental health, too many children
Repeat births ages 15 -19 increased	Education (lack of), family support (lack of), poverty, lack of resources

Mental Health	
Issues	**Barriers**
***Depression – Mental Health – Higher rates in adults than state average (Age groups? Types?) 17.2 Seminole County, 16.8 State Data source: Behavioral Risk Factor pg. 22 Seminole County 2015 Health Profile	Lack of money, stigma, lack of resources, insurance, policy changes, lack of education, unemployment, access to care
**Increase in substance abuse/usage in High School student (which types?)	Increase in high & middle school anti-smoke education, money, politics, access to treatment/uninsured
* E-cigs use in youth	Knowledge of products, legislation, education-less harmful trend, marketing to youth “cool”, no policies to regulate, peer pressure, availability, glamorized
* Eating disorder (33% Seminole, 29.7% State)	
Alcohol – correlation to motor vehicle crashes	Legal, binge drinking still high, underage drinking, no access to treatment (alcoholism)
Suicide (13% Seminole, 15.3% State)	

Other	
Issues	**Barriers**
****** Health Literacy – Increase in population where English is not primary language Data source:	Understanding physician, language (spoken, written), understanding medication instructions, cultural variables (different words for chronic disease, i.e., diabetes = sugar), discrimination, funding, staffing, space, lack of bilingual school staff
Crowding (?) – Housing, transportation, workforce, Senior (Rapid population expansion)	Exhausted resources, limited space and services
Cultural beliefs differ – Increase in diverse population	World views, religious practices
Prioritize population-specific needs – Foreign born (10.5% compared to 5.99% US)	Identifying needs (age, gender, religion), 13.5% less than high school diploma

Poverty & Education	
Issues	**Barriers**
****Income disparity – Unemployment low compared to state; Income growth rate down Data source:	Transportation, motivation, skills/education, discrimination, economy down, job availability, skewed data
* Decrease in number of licensed child care facilities	Change in laws/regulations, cost, training/skills, time, lack of resources
* Continue to decrease language barrier compared to state	Discrimination, perception, poverty, cultural role changes, motivation
* Access to higher education	
Uninsured (?)	Cost, overwhelming, unemployment, politics, lack of access, lack of resources

Prevention & Screening	
Issues	**Barriers**
*** Nutrition – Decrease in adults consuming at least 5 servings of fruits & vegetables a day Data source: FL CHARTS 17.2% Seminole County 2013, 18.3% State 2013	Cultural beliefs, attitude & practices, access & availability, transportation, affordability, food desert, education, mindless eating
* Women's health screenings Pap smears testing in women ages 18+ decreased	Insurance, affordability, transportation, unemployment, health education/literacy, access, privacy concerns, poor customer service, lack of customer awareness, lack of motivation
* Immunizations Flu shots decrease as population ages Children's immunization is not at optimal level	Cultural beliefs, attitude & practices, education, transportation, insurance, fear of unknown
Adult health screenings % of adults with HBP is increased	Insurance, affordability, transportation, unemployment, health education/literacy, access, privacy concerns, poor customer service, lack of customer awareness, lack of motivation, lack of culturally competent medical staff

Appendix 7: Community Health Improvement Plan

February 17, 2017

Agenda

Seminole Health Department
Community Health Improvement Plan

400 West Airport Blvd.

Sanford, FL 32773

February 17, 2017 Agenda

1:00pm – 1:15pm **Introductions**
Workshop Logistics Review

1:15pm - 1:45pm **Workgroup Assignments**

Participants will be assigned to one of the following groups in order to review the issue(s) identified at the February 10th session:

- Maternal & Child Health
- Chronic Disease
- Communicable Disease
- Healthcare Access
- Injury and Safety
- Mental Health
- Poverty and Education
- Prevention and Screening Awareness
- Alcohol, Tobacco & Substance Abuse
- Other

Each workgroup will:

1. Write their top issue(s) on separate flipchart sheet.
2. Review the LPHSA to ensure their top issue(s) address “gap” areas.
2. Identify the top 5 common barriers for their issue(s) & write on flipchart next to issue(s).
3. Ensure the data source and baseline measures are identified on the flipchart.

1:45pm – 2:30pm **Group Review & Prioritization**

Each workgroup will have 3 minutes to advocate for their top issue(s).

At the end of the advocacy period, each workgroup will walk around the room and vote for the TOP 5 issues to include in the 2017-2010 CHIP based on:

1. Will efforts result in change for this issue? (Is it Do-able?)
2. Does this issue represent a LPHSA "gap" area?
3. Do we have the resources to tackle/change this issue?
4. By addressing this issue, will a Healthier Seminole County result?

2:30pm – 2:45pm **BREAK**

2:45pm – 3:15pm **Workgroup Re-Assignments – Action Planning**

Participants will self-select into one of the Top 5 Issue Categories (no more than 8 participants per category) to:
1. Identify a STRATEGY for the issue.
2. Identify a GOAL for the issue.
3. Identify a SMART OBJECTIVE for the issue.
4. Identify their DATA SOURCE(S) for the issue.

3:15pm – 3:30pm **Action Plan Review**

Workgroups will review and "Make Better" the STRATEGY, GOAL, and SMART OBJECTIVE for each issue.

3:30pm – 4:15pm **Action Planning (continued)**

Workgroups will return to their Action Plan Issue, and:
1. Review the "Make Better" efforts of the other workgroups.
2. Revise as needed.
3. Write the BIG PICTURE ACTIVITIES on their Action Plan;
   A. Form the workgroup.
   B. Research
   C. Review/Revise Action Plan
   D. Implement Action Plan
   E. Evaluate Action Plan
4. Determine PERSON OR GROUP RESPONSIBLE, TARGET DATE FOR COMPLETION, and OUTCOME INDICATOR for each Activity.

4:15pm – 4:30pm **Action Plan Review**

Workgroups will review and "Make Better" the Action Plan for each issue.

4:30pm – 4:45pm **Action Planning (continued)**

Workgroups will return to their Action Plan and review the "Make Better" efforts of the other workgroups.

4:45pm – 5:00pm **Community Health Improvement Plan Workshop Summary Next Steps**

A Community Health Improvement Plan (CHIP) has been defined as “a long-term, systematic effort to address health problems on the basis of the results of assessment activities and the community health improvement process.”

GOAL:

- Broad, long-term aims that define the desired result associated with identified strategic issues.
- Set a common direction and understanding of the anticipated end result.

Example:

Strategic issue: Access to population-based and personal health care services
Goal: All persons living in our community will have access to affordable quality health care.

S-M-A-R-T Objectives

Specific means that the outcome is concrete, detailed, focused and well defined.
Measurable outcomes include units for counting, which determines quantity and comparison.
Achievable outcomes are feasible, reasonable and actionable.
Realistic outcomes add value or contribute to the accomplishment of the goal.
Time limited means there is a deadline(s) for completion.

Example:

Strategic issue: Improve diabetes rates.
Goal: African American males will have decreased diabetes rates.
Objective:

1. Implement a Men’s Health program in targeted communities to screen for diabetes, cardiovascular disease, and cancer by June 30, 2018.
2. Decrease diabetes in African American males ages 24-64 by 10% from 26.7% to 24% by June 30, 2020.

Workshop Participants

Name	Organization/Agency	Name	Organization/Agency
Mike Bareley	Winter Springs Recreation Department	Debra Pierre	City of Oviedo
Page Barningham	FDOH - Lake	Alex Quintero	MetroPlan Orlando
Jennifer Beristo	FDOH - Seminole	Zeenat Rahman	FDOH - Seminole
Preston Boyce	FDOH - Seminole	Angie Ritten	UCF Nursing
Rufus Boykin	Seminole Extension	Gigi Rivadeneyra	FDOH - Seminole
Willie Brown	FDOH - Seminole	Debra Kater-Vracer	FDOH - Seminole
Mirna Chamono	FDOH - Seminole	Crystal Wagner	FDOH - Seminole
Debbie Caudill	Seminole County Public Schools	Donna Walsh	FDOH - Seminole
Patty Caulfield	Seminole County Public Schools	Sara Warren	FDOH - Seminole
Peggy Cooke	FDOH - Seminole	Christine Watkins	SSCAFP
Andrew Derry	FDOH - Seminole	Venise White	FDOH - Seminole
Rosana Flores	Orlando Health	Elizabeth Whitton	MetroPlan Orlando
Scott Fryberger	FDOH - Seminole	Kelsi Williams	FDOH - Seminole
Hugh Harling	ECFRPC	Sara Wright	FDOH - Seminole
Wilbur Hawkins	Goldsboro Front Porch	Jean Zambrano	Shephard's Hope
Doug Henry	Walgreens		
Donna King	FDOH - Seminole		
John Meyer	FDOH - Seminole		
Ken Peach	Health Council		
Henry Pena	Walgreens		

Appendix 8: Community Health Improvement Plan Workshop Notes

Priority Issue: Access to Care

Strategy: Connect individuals at health risk with a coordinated support system.

Goal (Aim): Improve health literacy and access to care for Seminole County residents. Health Literacy defined as the ability to obtain, read, understand & use healthcare info to make appropriate health decisions & follow instruction for treatment.

Data Sources:

- Need to establish baseline data for health literacy.
- 9 out of 10 lack the skills to manage their health & prevent disease (Nat'l Assessment of Adult Literacy)
- Income growth rate 17.33% Seminole County vs 21.62% FL vs 27.36% USA
- Seminole County ↓ vs FL students taught on tobacco use (2014 Youth Tobacco Survey)
- Prenatal late or no prenatal – 6.3 Black, 3.6 Seminole County, 5.2 FL
- Adult with DSME – 51.7% (BRFSS)
- Adult not seeing doctor due to cost 18.5 Seminole County vs 20.8 FL (BFRSS)
- Adult < 65 years old had HIV test in last 12 months 0.2 Seminole County vs 15.6 FL (BFRSS)
- Adults with medical checkup in last 12 months 71.2% Seminole County (BFRSS)
- ↓ licensed physicians & pediatricians
- Healthcare providers per 100,000 Seminole County 192.3 State 249.0
- Total nursing home beds per 10,.000 Seminole County 277.4 State 421.0
- Mammo screens 64% Seminole County vs 71% FL
- 2010-2015 median price of a house in Seminole county is 175K state 156.2K

Barriers:

- Social determinants of health
- Unable to afford rising healthcare costs
- Unable to afford housing (place matters)
- Income growth rate not keeping up with cost of living
- Resources (space, personnel, funds) Transportation
- Skills, education
- Cost burden
- Motivation – unemployment
- Job availability
- Primary language in household (cultural definitions)
- Level of education
- Individuals with compromised health status
- Delivery & communication skills of both lay persons & professionals

Possible Resources:

- Health navigators
- Work retraining (Christian Help, Career Service, Goodwill)
- Wrap around services - One Stop
- Community Center (space)
- Collaboration

Priority Issue: Chronic Disease

Strategy: Improve at-risk health conditions.

Goal (Aim): Encourage nutrition and physical activity.

Data Sources:

- Child school age (Florida CHARTS)
  - Middle School 26.3% without sufficient PE / 10.2% obese
  - High School 33.3% without sufficient PE/ 11.0% obese
- Community Environmental Health Report
  - Middle/High (10-20) who are obese 8.76%
- 2014 Youth Tobacco Survey
  - Obese > 95 percentile – 7.5
  - Overweight 85-95 percentile – 15.9
  - PE at least 60 minutes/day – 22.9
  - Exercised ↓ weight – 40.6
  - Describe themselves overweight – 26.7

- Community Environmental Health Prof. Report
  - Adults who classify their health as fair or poor 15.6%
  - Health attack hospitalizations 2014 13.41%
  - Asthma hospitalizations 2014 14.34%
  - Adults who are obese 26.4%
  - Population that lives within ½ mile healthy food 21.54%, 10 minute walk park 47.33%

- Health Factors
  - Insufficient sleep 34%
  - Physical inactivity 21%
  - Adult obesity 25%
  - Food insecurity 14%

- FL CHARTS
  - Births to obese mothers 21.5%
  - Major causes of death: Heart disease 15.36, Diabetes 19.5

Barriers:

- Nutritious foods availability
  - 17% 5 servings a day, 18.3% state
- Physical activity
  - 34% met recommendations, 53% inactive (FL CHARTS)
- Health literacy (communication, High School or less, income)
- Income inequality
  - 4.2 Seminole County, 3.7 US (County Health Rankings)
- Education
- Affordability
- Cultural beliefs
- Attitudes/practices
- Walkability
- Strategies

Priority Issue: Maternal & Child Health
Strategy: Improve infant mortality rates.
Goal (Aim): Decrease infant mortality among black mothers.
Data Sources: • Infant mortality rate for Seminole County overall is 4.9/1,000.Rate to Black mothers is 11.5/1,000 4.1/1,000 White mothers 1/1,000 Hispanic mothers(Florida CHARTS) • 26.2% do not receive pre-natal care in 1st trimester. • Births to 15-19 – 22 • Births to unwed mothers 68% • Mortality in 0-27 days – 9 • Infant mortality by census track shows pockets of higher rates
Barriers: • Lack of prenatal care • Lack of health education • Economic forces • Cultural barriers • Lack of health care

Priority Issue: Mental Health
Strategy: Understand Mental Health needs for Seminole County adult residents.
Goal (Aim): Establish a Seminole County Mental Health Profile for adult residents.
Data Sources: • Sexual assaults increase 42% 2014 to 2015 (FDLE) • BFRSS/CHARTS (Depression rates Increased a county level when compared to state) – Seminole 17.2, FL 16.8 • RWJF County Health Rankings (Quality of Life “Poor Mental Health Days”) Seminole 3.8 days, US 2.8 days • Unemployment rate/employment status (USA County Profile/ACS) • PTSD (VA) • DCF database (potential source)
Gap: Partner more with DCF to aid in linkage to care (Currently no partnership)
Barriers: • Access to care • Transportation • Unemployment • Family stability • Stigma • Insurance • No relationship with DCF • Lack of data (reliable)

Issues not included in final CHIP plan (Session 3)

Injury & Safety

- Sexual assault cases increased by 42% from 2014 to 2015.
- Performance score is 58.3 Classified as significant 3.1 Health education.

Barriers

- Lack of education
- Behavioral health
- Living conditions
- Social stigma
- Funding

Data Sources:

- 41.8% increase in sexual assaults cases 2014 – 2015 (134, 190)
- Forcible sex offenses average 226 annually (FDOH CHARTS)

Communicable Disease – STDS

- Reduce HIV rates per 100,000 from 18.0 in 2015 to 15.5 in 2020.
- Reduce the bacterial STD cases from 1876 in 2015 to 1500 by 2018.
- Reduce the 3 year age-adjusted death rate in the Black population from 10.8 in2013-15 to ____ in 2020.

Barriers

- Access to care
- Data reporting
- Lack of health education in public schools
- Social stigma

Maternal & Child Health

Asthma in 11- 17 year olds – Barriers

- Health education
- Access to care
- Health monitoring
- Poverty
- Screenings

Data Sources:

- Lifetime – SC 21.5, State 20.8
- Current – SC 15.2, State 11.5
- Attack in last year – SC 25.2, State 17.7

Increase % children at health weight – Barriers

- Health education
- Nutrition education
- Poverty
- Health Lifestyle choices
- Exercise/nutrition

Data Sources:

- Lower than state 10.2%, 11%
- Elementary 51.2%, 48.1%
- Middle School 29%
- High School 37%

Appendix 9: Community Health Improvement Plan

February 24, 2017

Seminole Health Department
Community Health Improvement Plan
400 West Airport Blvd.
Sanford, FL 32773

February 24, 2017 Agenda

1:00pm – 1:15pm **Introductions**
Workshop Logistics Review

1:15pm - 1:45pm **Workgroup Assignments**
Based on the issue area from Session 3, workgroups will assemble to:
1. Identify a STRATEGY for the issue.
2. Identify a GOAL for the issue.
3. Identify a SMART OBJECTIVE for the issue.
4. Identify their DATA SOURCE(S) for the issue.

1:45pm – 2:15pm **Action Plan Review**
Workgroups will review and "Make Better" the STRATEGY, GOAL, and SMART OBJECTIVE for each issue for the other areas.

2:15pm – 2:30pm **BREAK**

2:30pm – 3:15pm **Action Planning (continued)**
Workgroups will return to their Action Plan Issue, and:
1. Review the "Make Better" efforts of the other workgroups.
2. Revise as needed.
3. Write the BIG PICTURE ACTIVITIES on their Action Plan to include:
   A. Form the workgroup.
   B. Research
   C. Review/Revise Action Plan
   D. Implement Action Plan
   E. Evaluate Action Plan
4. Determine PERSON OR GROUP RESPONSIBLE, TARGET DATE FOR COMPLETION, and OUTCOME INDICATOR for each Activity.

3:15pm – 3:45pm **Action Plan Review**
Workgroups will review and "Make Better" the Action Plan of the other workgroups.

3:45pm – 4:30pm **Action Planning (continued)**
Workgroups will return to their Action Plan, review the "Make Better" efforts of the other workgroups, and finalize their Action Plan.

4:30pm – 5:00pm **Community Health Improvement Plan Workshop Summary**
Next Steps

A Community Health Improvement Plan (CHIP) has been defined as "a long-term, systematic effort to address health problems on the basis of the results of assessment activities and the community health improvement process."

GOAL:

- Broad, long-term aims that define the desired result associated with identified strategic issues.
- Set a common direction and understanding of the anticipated end result.

Example:
Strategic issue: Access to population-based and personal health care services
Goal: All persons living in our community will have access to affordable quality health care.

S-M-A-R-T Objectives
Specific means that the outcome is concrete, detailed, focused and well defined.
Measurable outcomes include units for counting, which determines quantity and comparison.
Achievable outcomes are feasible, reasonable and actionable.
Realistic outcomes add value or contribute to the accomplishment of the goal.
Time limited means there is a deadline(s) for completion.

Examples:

Strategic Issue: Improve diabetes rates.
Goal: African American males will have decreased diabetes rates.

Objective:

1. Implement a Men's Health program in 3 targeted communities to screen for diabetes,
   cardiovascular disease, and cancer by June 30, 2018.
2. Decrease diabetes in African American males ages 24-64 by 10% from 26.7% to 24% by June 30, 2020.

Strategic Issue: Teen Pregnancy (Maternal Health)/Birth Outcomes (Infant Health)
Goal: Improve infant and maternal health outcomes in XXXX County.

Objective: Decrease the number of births to teens aged 15-19 from 43.9 per 1000 (63
cases) to 32.9 per 1000 (51cases) by October 15, 2020.

Strategy 1: Implement Sex Education program in XXX County.

Strategy 2: Implement Community Awareness program in XXX County.

Strategic Issue: Healthcare Access
Goal: Increase availability of healthcare services/access in Jackson County.

Objective: Increase the percentage of adults who have had a medical check-up within the last year from 67.7% to 75% by December 30, 2018.

Workshop Participants

Name	Organization/Agency	Name	Organization/Agency
Page Barningham	FDOH - Lake	Dhanu Misty	FDOH - Seminole
Rufus Boykin	Seminole Extension	Zeenat Rahman	FDOH - Seminole
Willie Brown	FDOH - Seminole	Angie Ritten	UCF Nursing
Patty Caulfield	Seminole County Public Schools	Gigi Rivadeneyra	FDOH - Seminole
Juley Cetoute	FDOH - Seminole	Ashley Robertson	Aspire Health
Mirna Chamono	FDOH - Seminole	Tania Slade	FDOH - Seminole
Andrew Derry	FDOH - Seminole	Nancy Smith	FDOH - Seminole
Todd Dixon	Aspire Health	Crystal Wagner	FDOH - Seminole
Marie Frances	CMWP	Donna Walsh	FDOH - Seminole
Emily Haller	FDOH - Seminole	Christine Watkins	SSCAFP
Hugh Harling	ECFRPC	Venise White	FDOH - Seminole
Sierra Helfrich	FDOH – Central Office	Kelsi Williams	FDOH - Seminole
Tom Kellis	FDOH - Seminole	Gloria Wright	BIA
Donna King	FDOH - Seminole	Sara Wright	FDOH - Seminole
Alfredo Maldonado	FDOH - Seminole	Jean Zambrano	Shephard's Hope
Melissa McRory	FDOH - Seminole		
Vernon McQueen			

Appendix 10: Community Health Improvement Plan - Workshop Notes

Priority Issue: Access to Care

Goal: Improve health literacy & access to care for Seminole County residents.

Strategy: Connect individuals at health risk with a coordinate support system.

Objective:

1. **Establish baseline health literacy data in Goldsborough, Winwood, and Johnson Hill (populations with health disparity) by December 31, 2017.**

Baseline/Data Source:
No baseline data exists on health literacy for these target populations.

Activities	Person or Group Responsible	Target Date for Completion	Process Indicator	Status of Progress	Outcome Indicator
Establish workgroup.	• DOH • Healthy Seminole Collaboration	May 1, 2017	1. Identify potential members (e.g., University students, neighborhood representatives, hospital partners, etc.) 2. Invite members. 3. Select meeting date. 4. Identify & secure location. 5. Create & distribute agenda. 6. Conduct meeting.		Workgroup established.
Review & revise Action Plan.	• Workgroup	May 1, 2017	1. Action plan reviewed & revised.		Action plan revised.

Activities	Person or Group Responsible	Target Date for Completion	Process Indicator	Status of Progress	Outcome Indicator
Research health literacy tools & projects.	• Workgroup	June 1, 2017	1. Identify "sister" counties that have implemented Health Literacy tools. 2. Identify needs based on target populations. 3. Establish selection criteria based on "known" needs of target population. 4. Research best practices. 5. Contact Universities for tools & projects. 6. Identify data collection tools for health literacy evaluation. 7. Identify tool/project needs (e.g., costs, technology, etc.)		Health literacy tools & projects researched.

Activities	Person or Group Responsible	Target Date for Completion	Process Indicator	Status of Progress	Outcome Indicator
Select health literacy tool(s)/project(s) to establish baseline data to include, but not limited to, obesity, diabetes, heart disease, access to care.	• Workgroup	July 1, 2017	1. Review research conducted on health literacy tools & projects. 2. Use selection criteria to determine tool(s)/project(s) with best fit (e.g., face-to-face survey, online survey, etc.). 3. Determine budget. 4. Secure funding if needed. 5. Secure technology & other requirements as needed.		Health literacy tool(s)/project(s) selected.
Develop implementation plan for baseline data tool(s)/project(s).	• Workgroup	July 31, 2017	1. Identify implementation needs. 2. Identify community health partners to assist in implementation. 3. Identify resource needs (people, products). 4. Identify timeline. 5. Develop evaluation tool(s).		Implementation plan developed.

Activities	Person or Group Responsible	Target Date for Completion	Process Indicator	Status of Progress	Outcome Indicator
Implement plan.	• Workgroup • Identified community health partners (e.g., University students, outside consultants, epidemiology team, QI team)	October 30, 2017	1. Coordinate logistics to include, but not limited to, equipment, scheduling, partner coordination, materials, locations, etc. 2. Collect baseline data.		Plan implemented.
Evaluate results.	• Workgroup • DOH evaluator	November 30, 2017	1. Compile data. 2. Analyze data. 3. Determine results 4. Finalize report. 5. Disseminate report.		• Results evaluated. • Baseline health literacy data established for Goldsborough, Winwood, and Johnson Hill.
Determine next steps.	• Workgroup	December 31, 2017	1. Review final report. 2. Establish best practice. 3. Present findings via conferences, meetings, webinars, journals, etc. 4. Determine next steps.		• Next steps determined.

Priority Issue: Access to Care					
Goal: Improve health literacy & access to care for Seminole County residents.					
Strategy: Connect individuals at health risk with a coordinate support system.					
Objective: 2. **Improve health literacy in Goldsborough, Winwood, and Johnson Hill (populations with health disparity) by December 31, 2019.**					
Baseline/Data Source: Baseline data will be established with Objective 1 by December 31, 2017.					
Activities	**Person or Group Responsible**	**Target Date for Completion**	**Process Indicator**	**Status of Progress**	**Outcome Indicator**
Review Baseline data.	• Workgroup	January 31, 2018	1. Review performance indicators. 2. Determine gaps. 3. Determine areas for improvement. 4. Establish SMART objective (i.e., re-write objective based on data).		• Data reviewed. • SMART objective established.

Activities	Person or Group Responsible	Target Date for Completion	Process Indicator	Status of Progress	Outcome Indicator
Research Health Literacy Interventions.	• Workgroup	March 31, 2018	1. Review target population needs, health data, demographics, etc. 2. Identify barriers for health literacy with target population. 3. Identify resources (people, products). 4. Establish criteria based on items 1-3 for potential Health Literacy intervention. 5. Research best practices. 6. Identify evaluation measure(s).		Health literacy interventions researched.
Select Health literacy intervention(s).	• Workgroup	April 30, 2018	1. Select health literacy intervention(s) based on criteria. 2. Select evaluation measure(s). 3. Identify feasibility of intervention(s) (e.g., barriers, cost, resources, timeline, etc.). 4. Determine needs for implementation. 5. Determine key stakeholders.		Health literacy intervention(s) selected.

Activities	Person or Group Responsible	Target Date for Completion	Process Indicator	Status of Progress	Outcome Indicator
Develop implementation plan.	• Workgroup • Key stakeholders	June 30, 2018	1. Identify logistics, to include, but not limited to, timeline, resources, budget, schedules, materials, evaluation, locations, etc. 2. Develop plan. 3. Recruit resources. 4. Secure budget if needed. 5. Obtain materials, locations, evaluation tools, etc.		Implementation plan develop.
Implement plan.	• Workgroup • TBD	June 30, 2019	1. Implement plan (Go, Go, Go!!!). 2. Revise as needed. 3. Collect evaluation data.		Plan implemented
Evaluate results.	• Workgroup	November 30, 2019	1. Use baseline data evaluation tool to collect data to evaluate impact. 2. Analyze data. 3. Summarize data. 4. Write report. 5. Evaluate implementation plan. 6. Evaluate.		• Results evaluate. • Change from baseline data identified.

Activities	Person or Group Responsible	Target Date for Completion	Process Indicator	Status of Progress	Outcome Indicator
Determine next steps.	• Workgroup	December 31, 2019	1. Review final report. 2. Establish best practice. 3. Present findings via conferences, meetings, webinars, journals, etc. 4. Determine next steps.		Next steps determined.

CHIP workgroup members:

Parry Caulfield – Seminole County Schools

Jean - Shepard's Hope

Donna Walsh – Florida Department of Health in Seminole County

Mirna Chamarro - Florida Department of Health in Seminole County

Gloria Rivadeneyra - Florida Department of Health in Seminole County

Priority Issue: Chronic Disease (Hypertension, Heart Disease, Diabetes, Obesity)

Goal: Decrease adult obesity.

Strategy: Encourage nutrition and physical activity.

Objective:

3. **By December 31, 2020, decrease the percent of adults who self-report inactivity or insufficient activity from 53% to 47%.**
4. **By December 31, 2020, decrease the percent of adults who self-report being obese from 26% to 24%.**

Baseline/Data Source:

2013 Florida BRFSS Data — Seminole

Physical Activity & Nutrition

Percentage of adults who are inactive or insufficiently active

		2013 County Measure	2013 County 95% CI	2013 State Measure	2013 State 95% CI
ALL	Overall	53.7	46.8 - 60.6	52.9	51.6 - 54.3
SEX	Men	53.3	42.3 - 64.2	51.1	49.0 - 53.1
	Women	54.1	45.3 - 62.9	54.5	52.8 - 56.3
RACE/ETHNICITY	Non-Hisp. White	46.2	38.4 - 54.1	48.8	47.5 - 50.1
	Non-Hisp. Black	65.0	43.9 - 86.2	56.9	52.6 - 61.3
	Hispanic	67.7	48.5 - 86.9	59.3	55.2 - 63.4
SEX BY RACE/ETHNICITY	Non-Hisp. White Men	44.9	32.7 - 57.2	46.3	44.2 - 48.3
	Non-Hisp. White Women	47.4	37.4 - 57.4	51.0	49.3 - 52.7
	Non-Hisp. Black Men	NA		54.2	47.1 - 61.2
	Non-Hisp. Black Women	NA		59.4	54.0 - 64.7
	Hispanic Men	NA		59.3	53.3 - 65.4
	Hispanic Women	NA		59.3	53.7 - 64.9
AGE GROUP	18-44	58.3	45.2 - 71.4	54.3	51.7 - 56.8
	45-64	45.1	35.6 - 54.5	55.2	53.0 - 57.3
	65 & Older	58.4	48.8 - 68.1	47.5	45.5 - 49.4
EDUCATION LEVEL	<High School	NA		64.2	59.9 - 68.6
	High School / GED	57.9	42.8 - 73.0	55.6	53.0 - 58.1
	>High School	49.3	41.7 - 57.0	48.4	46.8 - 50.0
ANNUAL INCOME	<$25,000	73.6	60.9 - 86.3	61.0	58.4 - 63.6
	$25,000-$49,999	57.6	42.7 - 72.4	56.2	53.5 - 58.9
	$50,000 or More	48.7	38.8 - 58.6	43.5	41.3 - 45.7
MARITAL STATUS	Married/Couple	52.0	43.4 - 60.7	50.5	48.7 - 52.2
	Not Married/Couple	55.5	44.0 - 67.1	55.8	53.7 - 57.9

Percentage of adults who are obese

		2013 County		2013 State	
		Measure	95% CI	Measure	95% CI
ALL	Overall	26.8	20.9 - 32.7	26.4	25.3 - 27.4
SEX	Men	30.7	21.1 - 40.4	27.5	25.9 - 29.0
	Women	22.8	16.4 - 29.2	25.3	23.9 - 26.7
RACE/ETHNICITY	Non-Hisp. White	25.2	18.6 - 31.8	25.1	24.1 - 26.2
	Non-Hisp. Black	43.5	21.5 - 65.5	34.2	30.6 - 37.8
	Hispanic	25.9	9.7 - 42.0	26.4	23.4 - 29.4
SEX BY RACE/ETHNICITY	Non-Hisp. White Men	32.6	21.5 - 43.7	27.5	25.8 - 29.2
	Non-Hisp. White Women	18.2	11.8 - 24.6	22.8	21.5 - 24.1
	Non-Hisp. Black Men	NA		29.6	24.3 - 34.9
	Non-Hisp. Black Women	NA		38.6	33.7 - 43.4
	Hispanic Men	NA		27.9	23.5 - 32.4
	Hispanic Women	NA		24.9	20.8 - 29.0
AGE GROUP	18-44	24.7	14.5 - 35.0	24.2	22.4 - 26.0
	45-64	30.5	21.7 - 39.3	30.3	28.5 - 32.2
	65 & Older	25.2	16.7 - 33.6	24.8	23.3 - 26.4
EDUCATION LEVEL	<High School	NA		29.4	25.7 - 33.0
	High School / GED	34.8	20.5 - 49.2	28.4	26.4 - 30.5
	>High School	24.4	18.4 - 30.4	24.5	23.3 - 25.7
ANNUAL INCOME	<$25,000	32.9	19.9 - 45.8	29.9	27.7 - 32.1
	$25,000-$49,999	30.8	16.6 - 45.0	27.7	25.5 - 29.8
	$50,000 or More	22.6	14.5 - 30.8	24.6	22.9 - 26.3
MARITAL STATUS	Married/Couple	27.6	19.8 - 35.4	27.9	26.4 - 29.3
	Not Married/Couple	25.5	16.5 - 34.5	24.7	23.1 - 26.2

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Activities	Person or Group Responsible	Target Date for Completion	Process Indicator	Status of Progress	Outcome Indicator
Chronic disease workgroup to be established within Healthy Seminole Collaboration	• DOH/OHS	July 31, 2017	1. Identify workgroup members (healthcare providers with knowledge of diagnoses, wellness group, YMCA, community members, academia) to include 6-8 members. 2. Establish quarterly meeting dates. 3. Send out meeting invites with agenda. 4. Conduct meetings. 5. Record meeting outcomes.		Workgroup established.
Review and revise Chronic Disease Action Plan.	• Workgroup	August 31, 2017	1. Review Action Plan. 2. Revise as needed.		Action Plan revised as needed.

Activities	Person or Group Responsible	Target Date for Completion	Process Indicator	Status of Progress	Outcome Indicator
Resource identification to include, but not limited to, identification of existing services, programs, nutrition, and physical activities.	• Workgroup • DOH • UCF/USF • H.S. Collaboration • CFL Wellness Council • YMCA	October 31, 2017	1. Identify resource collectors. 2. Define tasks with criteria. 3. Develop recording template. 4. Research services, programs, nutrition, and physical activities in Seminole County. 5. Record all resources in template. 6. Verify resources are current & available.		Resources identified.

Activities	Person or Group Responsible	Target Date for Completion	Process Indicator	Status of Progress	Outcome Indicator
Develop catalogue of resources in Seminole County based on resource identification.	• Workgroup	April 30, 2018	1. Research formats and media for catalogue to include, but not limited to, hard copy (pamphlets, brochures, flyers), web-based, Public Service Announcements. 2. Develop action plan with timelines, budget, deliverables, etc. 3. Implement action plan. 4. Evaluate action plan.		Catalogue of resources developed.
Research best practices for marketing campaign for catalogue of resources.	• Workgroup	February 28, 2018	1. Determine target population(s) campaign requirements. 2. Establish criteria for evaluating best practices. 3. Research best practices based on items 1 & 2. 4. Select marketing campaign (or components) for use.		Marketing campaign best practices researched.

Activities	Person or Group Responsible	Target Date for Completion	Process Indicator	Status of Progress	Outcome Indicator
Develop Action Plan for marketing campaign for Resource Catalogue.	• Workgroup	June 30, 2018	1. Develop Action Plan for marketing campaign. 2. Identify community partners for implementation. 3. Identify funding sources. 4. Secure funding sources. 5. Identify measurable outcome(s) such as 100% distribution at FDOH outreach events, 100% distribution at FDOH Mobile clinic, etc. 6. Develop evaluation template to capture data for measurable outcomes. 7. Develop distribution template to capture data for distribution points, dates, numbers, etc.		Action Plan developed.
Implement Action Plan for marketing campaign for Resource Catalogue	• Workgroup	July 30, 2018	1. Implement Action Plan. 2. Collect data. 3. Track distribution.		Action Plan implemented.

Activities	Person or Group Responsible	Target Date for Completion	Process Indicator	Status of Progress	Outcome Indicator
Evaluate Action Plan for marketing campaign for Resource Catalogue	• Workgroup	October 31, 2020	1. Analyze data. 2. Summarize data. 3. Evaluate against measurable outcomes established in action plan.		Action Plan for marketing campaign evaluated.
Evaluate against baseline data.	• Workgroup	October 31, 2020	1. Access the most current BFRSS survey results for Seminole County. 2. Compare 2013 BFRSS survey results against current survey.		• Decreased the percent of adults who self-report inactivity or insufficient activity from 53% to 47%. • Decreased the percent of adults who self-report being obese from 26% to 24%.
Report findings.	• Workgroup	December 31, 2020	1. Determine audience(s) for report. 2. Determine format for report. 3. Write report. 4. Present report as best practice to appropriate audience(s).		Findings reported.

Activities	Person or Group Responsible	Target Date for Completion	Process Indicator	Status of Progress	Outcome Indicator
Determine next steps.	• Workgroup	December 31, 2020	1. Review findings. 2. Determine next steps.		Next steps determined.

CHIP workgroup members:

Rufus Boykin – UF/IFAS/ Seminole Extension

Tom Kellis – FDOH - Seminole

Melissa McRory – FDOH - Seminole

Zeenat Rahman – FDOH - Seminole

Angie Ritten – UCF Nursing

Venise White – FDOH - Seminole

Gloria Wright - BIA

Priority Issue: Maternal & Child Health

Goal: Decrease infant mortality among Black babies.

Strategy: Decrease infant mortality rates in Seminole County.

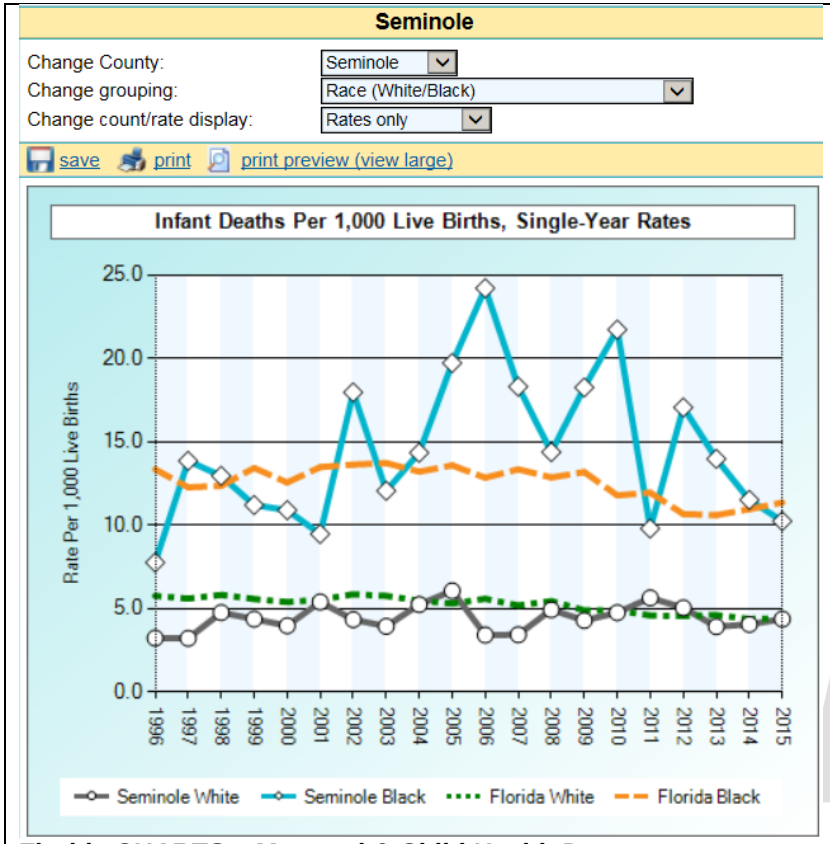
Objective:

Reduce Black infant mortality rate from 11.5 to 10 per 1,000 live births by December 31, 2019.

Baseline/Data Source:

Infant Deaths Per 1,000 Live Births, Single-Year Rates								
	Seminole				Florida			
	White		Black		White		Black	
Years	Rate	MOV	Rate	MOV	Rate	MOV	Rate	MOV
2014	4.1	2.1	11.5	7.9	4.4	0.3	11	0.9
2015	4.4	2.2	10.2	7.6	4.4	0.3	11.4	0.9

Florida CHARTS – Maternal & Child Health Data
http://www.flhealthcharts.com/charts/MaternalAndChildHealth/default.aspx



Florida CHARTS – Maternal & Child Health Data
http://www.flhealthcharts.com/charts/MaternalAndChildHealth/default.aspx

Activities	Person or Group Responsible	Target Date for Completion	Process Indicator	Status of Progress	Outcome Indicator
Establish workgroup.	• Seminole County Healthy Start	August 1, 2017	1. Identify members (e.g., community stakeholders, faith-based organizations, and government agencies. 2. Identify site, data/time for meeting(s). 3. Invite potential members. 4. Develop agenda and other materials. 5. Coordinate logistics (site, materials, etc.).		Workgroup established.
Review & revise Action Plan.	• Workgroup	August 1, 2017	1. Action plan reviewed & revised. 2. Agree on next steps, meeting dates/times. 3. Identify other partners to add/invite to workgroup. 4. Identify meeting dates, times, & locations.		Action plan revised.

Activities	Person or Group Responsible	Target Date for Completion	Process Indicator	Status of Progress	Outcome Indicator
Research evidence-based program and best practices.	• Workgroup	December 1, 2017	1. Review data & identify best practices. 2. Identify target population demographics and health indicators. 3. Use target population information to establish selection criteria for best fit program(s) (e.g., age, zip code, income, tobacco use, obesity, transportation, marital status, chronic conditions, etc.). 4. Identify evaluation tool(s).		Evidence-based program and best practices researched.
Select best program(s).	• Workgroup	March 1, 2018	1. Identify criteria for target population. 2. Identify program(s) with best fit for target population. 3. Select program(s) based on target population and selection criteria. 4. Select evaluation tool(s).		Best program(s) selected.

Activities	Person or Group Responsible	Target Date for Completion	Process Indicator	Status of Progress	Outcome Indicator
Develop Action Plan for implementation.	• Workgroup	April 1, 2018	1. Identify elements for implementation action plan to include, but not limited to, Lead, timelines, resources (people & products), evaluation tool(s), budget, etc. 2. Include target start date of June 1, 2018.		Implementation Action Plan developed.
Conduct Implementation action plan.	• Workgroup • Lead (TBD)	October 1, 2019.	1. Launch Implementation June 1, 2018. 2. Conduct quarterly review/reporting on progress, to include, but limited to, timelines met, program metrics achieved, data collected, program costs, etc. 3. Collect data. 4. Revise implementation action plan as needed.	August 2018 November 2018 February 2019 May 2019 August 2019 October 2019	Implementation action plan conducted.

Activities	Person or Group Responsible	Target Date for Completion	Process Indicator	Status of Progress	Outcome Indicator
Evaluate project.	• Workgroup	November 1, 2019	1. Analyze data. 2. Summarize data. 3. Write report. 4. Communicate findings via presentation, conferences, webinars, etc.		Black infant mortality rate reduced from 11.5 to 10 per 1,000 live births.
Determine next steps.	• Workgroup • Healthy Seminole Collaboration	June 30, 2019	1. Determine next steps.		Next steps determined.

CHIP workgroup members:

Donna King – Seminole County

Crystal Wagner - Florida Department of Health in Seminole County

Sara Wright - Florida Department of Health in Seminole County

Priority Issue: Mental Health					
Goal: Understand mental health needs for Seminole County adult residents.					
Strategy: Establish baseline of mental health for Seminole County adult residents.					
Objective: **5. Establish mental health profile of Seminole County residents by June 30, 2019.**					
Baseline/Data Source: No baseline data exists.					
Activities	**Person or Group Responsible**	**Target Date for Completion**	**Process Indicator**	**Status of Progress**	**Outcome Indicator**
Establish workgroup.	• Andrew Derry	September 30, 2017	1. Identify partner points of contact (e.g., NAMI, Aspire, Grove, Central Florida Cares, Health Council, Florida Hospital, other hospitals, etc.). 2. Call to engage partners in plan. 3. Survey monkey to estimate best date for meeting. 4. Set meeting date/time and location. 5. Send invitations. 6. Prepare meeting materials (e.g., agenda, resources, etc.). 7. Present Action Plan to workgroup.		Workgroup established.

Activities	Person or Group Responsible	Target Date for Completion	Process Indicator	Status of Progress	Outcome Indicator
Review & revise Action Plan.	• Workgroup	September 30, 2017	5. Action plan reviewed & revised. 6. Agree on next steps, meeting dates/times. 7. Identify other partners to add/invite to workgroup. 8. Identify meeting dates, times, & locations.		Action plan revised.
Identify existing indicators and data.	• Workgroup	February 1, 2018	8. Identify existing data points/sources from partners. 9. Review existing data. 10. Categorize data. 11. Assign champion to review data sets. 12. Identify gaps in data. 13. Identify additional resources to fill gaps in data.		Existing indicators and data identified.

Activities	Person or Group Responsible	Target Date for Completion	Process Indicator	Status of Progress	Outcome Indicator
Analyze data.	• Workgroup	August 1, 2018	6. Champions present data set reviews. 7. Gaps in data are presented. 8. Develop template for consolidating data into one catalogue or database. 9. Assign champions to acquire data for gap area(s).		Data analyzed.
Consolidate data into one catalogue or database.	• Workgroup	December 31, 2018	6. Compile all data using template. 7. Review data in template. 8. Develop data catalogue or database template. 9. Assign champions for final catalogue or database. 10. Develop template for report on project. 11. Assign champions for completion of report.		Data consolidated into catalogue or database.

Activities	Person or Group Responsible	Target Date for Completion	Process Indicator	Status of Progress	Outcome Indicator
Finalize catalogue/database and report.	• Workgroup	April 30, 2019	3. Review final catalogue or database. 4. Review report. 5. Finalize report. 6. Identify potential audiences for presentation of report (e.g., Healthy Seminole Collaboration, Hospitals, conferences, journals, FDOH, etc.).		Catalogue/database and report finalized.
Present catalogue/database.	• Workgroup	June 30, 2019.	6. Present report to relevant audiences. 7. Include mental health indicators from catalogue/database on Seminole Community Health Assessment.		Catalogue/database presented.
Evaluate project.	• Workgroup	June 30, 2019.	5. Evaluate effectiveness of process. 6. Evaluate that baseline for mental health is established.		Mental health profile of Seminole County adults is established.

Activities	Person or Group Responsible	Target Date for Completion	Process Indicator	Status of Progress	Outcome Indicator
Determine next steps.	• Workgroup	June 30, 2019	2. Determine next steps.		Next steps determined.

CHIP workgroup members:

Page Barningham - Florida Department of Health in Seminole County

Willie Brown - Florida Department of Health in Seminole County

Juley Cetoute - Florida Department of Health in Seminole County

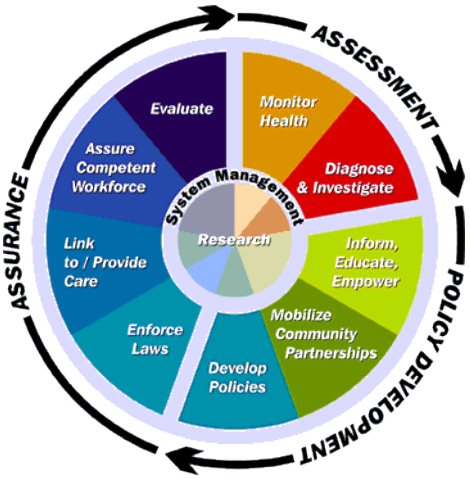
Andrew Derry - Florida Department of Health in Seminole County

Todd Dixon – Aspire Health Partners

Tonia Slade - Florida Department of Health in Seminole County

Nancy Smith - Florida Department of Health in Seminole County

Chris Watkins – Community Representative



From:
http://www.naccho.org/topics/infrastructure/CHAIP/index.cfm

The fundamental purpose of public health is defined by three core functions: assessment, policy development and assurance. Community Health Improvement Plans (CHIPs) provide information for problem and asset identification and policy formulation, implementation, and evaluation. CHIPs also help measure how well a public health system is fulfilling its assurance function.

A CHIP is part of an ongoing broad community health improvement process. A community health improvement process uses CHA data to identify priority issues, develop and implement strategies for action, and establish accountability to ensure measurable health improvement, which are often outlined in the form of a Community Health Improvement Plan (CHIP).

The Public Health Accreditation Board's (PHAB's) voluntary, national public health department accreditation program is designed to document the capacity of a public health department to deliver the three core functions of public health and the Ten Essential Public Health Services. PHAB requires completion of a CHA and a CHIP as two of three prerequisites to accreditation program application.