Florida Department of Health – Seminole County
Measure 1.1.2 - Community Health Assessment

Measure 1.1 – The Community health assessment is continually updated to broaden and deepen the community's understanding of public health issues and resources.

- Required Documentation 1.1.2 – Provide the health department's most recent community health assessment.

Documents: 2019 Collaborative CHNA and 2019 Seminole County CHNA

Description of Evidence:

The Seminole County Community Health Needs Assessment was created through information gathered from a variety of sources and community sectors including focus groups, surveys and interviews. Statistics were broken down by population groups to capture information on where efforts could be focused to make the most meaningful impact. The CHNA identified that the largest health disparities related to race, income and education, including, but not limited to: Blacks in Seminole County have the highest rates of infant mortality per 1,000 births, colorectal cancer and asthma incidences, compared to Whites and Hispanics. Whites have the highest rates of breast and lung cancer incidence compared to Blacks and Hispanics. Social determinants of health, defined as conditions in which people are born, grow, live, work and their age, and other community factors or contributors were identified in the CHNA.

Opportunities for improvement related to social determinants of health in areas such as economic stability, education, social and community context, health and health care and neighborhood & the built environments. Social determinants of health affecting Seminole County residents include: Lack of affordable and adequate housing & homelessness, lack of access to affordable food, lack of good paying jobs, jobs with advancement options, job training and living wages, lack of transportation, adverse childhood experiences (ACEs) and increased need of behavioral and mental health services and lack of knowledge on where to go for help. Seminole county is a resource rich community with active private and public sector leadership and involvement. County commissioners, civic groups, private businesses, not-for-profit agencies and government agencies work collaboratively to improve the lives, health and well-being of Seminole County residents.

a) 2019 Seminole County CHNA Pages 5-12 (PDF pages 717- 724) - Data and information from a variety of sources and community sectors, including consideration of the context of the populations

b) 2019 Seminole County CHNA Pages 7 – 8, 37 (PDF pages 719- 720, 732) - Descriptions of health issues and specific population groups with greater or particular health issues and inequities

c) 2019 Seminole County CHNA Pages 8 and 9 (PDF pages 720- 721) - Description of factors that contribute to specific population's health issues, including social determinants of health and community factors or contributors; considering how contributing factors overlap in populations

d) 2019 Collaborative CHNA Appendix H Page 132 - 200 (PDF page 622-690) - Description of community resources or assets that may be employed to improve the community's health

2019 Community Health Needs Assessment

CENTRAL FLORIDA COMMUNITY COLLABORATIVE:

Lake County
Orange County
Osceola County
Seminole County

AdventHealth Altamonte
AdventHealth Apopka
AdventHealth Celebration
AdventHealth East Orlando
AdventHealth Kissimmee
AdventHealth Orlando
AdventHealth Waterman
AdventHealth Winter Park

Orlando Health Arnold Palmer Hospital for Children
Orlando Health Winnie Palmer Hospital for Women & Babies
Orlando Health Dr. P. Phillips Hospital
Orlando Health - Health Central Hospital
Orlando Health Orlando Regional Medical Center
Orlando Health South Lake Hospital
Orlando Health South Seminole Hospital

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Appendix
See accompanying document*

*Community Asset Resource Listing can be found innaccompanying appendix document. (CLICK HERE)

'There are a great number of health care agencies doing incredible work.'

-Key Informant Survey Respondent

CHAPTER ONE

Introduction

Hickory Point Recreation Park
Tavares, FL

Lake County

MESSAGE FROM THE LEADERS

AdventHealth

80,000 Minds

One Purpose

No matter what brings you in, no matter which of our providers, facilities or medical services you need, we're all connected by more than just our name. We're connected by our commitment to your whole-person health.

At AdventHealth, we have a sacred mission of Extending the Healing Ministry of Christ. That mission extends far beyond our walls and into the communities we serve. Our commitment is to address the needs of our community with a wholistic focus. That wellness isn't just about the physical, but also includes mental, spiritual, environmental and social health. We want to help our neighbors get well and stay well.

As a not-for-profit health care system, we are proud to support and partner with other organizations that share our vision of a healthier, more whole Central Florida.

We have once again worked with Orlando Health, Aspire Health Partners and the Departments of Health to produce this Community Health Needs Assessment (CHNA). Our partnership has expanded to include the local Federally Qualified Health Centers (FQHCs), which will further help us identify where we can have the most impact on the health of Central Florida.

We're committed to helping address Central Florida's greatest health challenges. From expanding mental health services to fighting food insecurity to reducing chronic diseases, we're working to bring change and empower our neighbors to live their healthiest lives.

Daryl Tol

President & CEO
AdventHealth Central Florida Division

AdventHealth

AdventHealth - Orlando

MESSAGE FROM THE LEADERS

Aspire Health

Aspire Health Partners is committed to providing individuals and families of Central Florida with compassionate, comprehensive and cost effective behavioral health care services that lead to successful living and healthy, responsible lifestyles.

At Aspire Health, we are committed to providing the highest quality of services, as well as ensuring that our efforts are Saving Lives, Transforming Communities and Changing the World, one patient at a time. One way that we are able to achieve optimal care is to coordinate with our collaborative partners to improve the quality of life of individuals and expand health services offered in the communities that we serve.

Aspire Health is fully committed to addressing the health needs, specifically the behavioral health needs, of the Central Florida community. Through participating in the Community Health Needs Assessment (CHNA), we are able to ensure we focus on expanding high priority services, as well as fill gaps with behavioral health services that are of greatest need in our community. In partnership with AdventHealth, Orlando Health and the Florida Department of Health, we will strive to improve the quality of life for thousands of Central Florida residents. Together, we will achieve a healthier tomorrow, today.

Babette Hankey

President & CEO
Aspire Health Partners, Inc.

Aspire Health Partners - Princeton Plaza

MESSAGE FROM THE LEADERS

Orlando Health

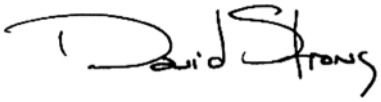
Orlando Health is one of Florida's most comprehensive private, not-for-profit healthcare networks, and is based in Orlando, FL. Our facilities, advanced medical treatments and procedures, and highly qualified staff have distinguished Orlando Health as a healthcare leader for nearly two million Central Florida residents and 10,000 international visitors annually.

At Orlando Health, we are dedicated to providing innovative, high-quality and compassionate care to millions of Central Florida residents and thousands of visitors from around the globe. We not only care for individuals, but about them.

As we enter our next 100 years of service, our priority remains the health of the community. As part of our commitment, we are continuously identifying ways to best serve Central Florida-- from lifesaving care, to life-changing technologies to life-enhancing support.

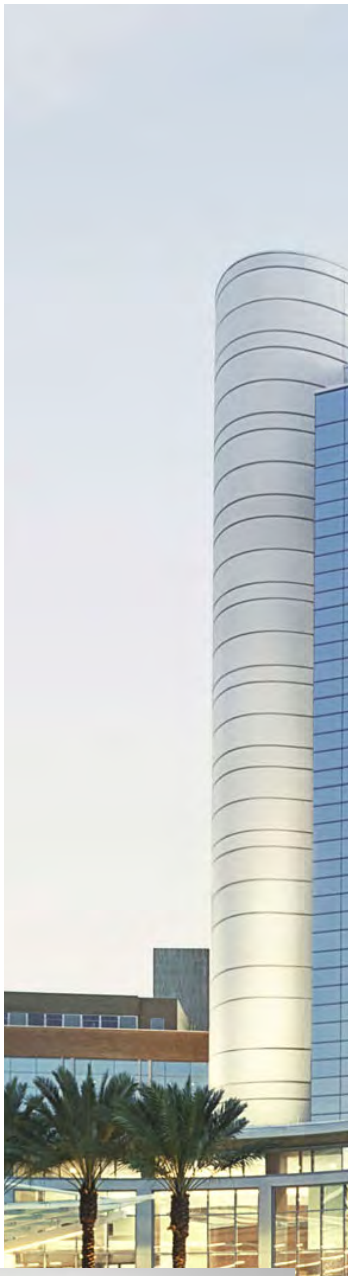
To fully serve our communities, we align with other organizations that support our vision. We have once again teamed up with AdventHealth, Aspire Health Partners and the Florida Department of Health for the Community Health Needs Assessment (CHNA). We also welcome the participation of our local federally qualified health centers to this edition of the CHNA.

With the CHNA, we continue to connect with our community and provide care to those who need it most and where it's needed most. We look forward to continuing our collaborative efforts to improve the health and quality of life across Central Florida.



David Strong

President & CEO
Orlando Health



ORLANDO HEALTH®

Orlando Health - Orlando Regional Medical Center

MESSAGE FROM THE LEADERS

Lake County Health Department

It's a new day in public health.

The Florida Department of Health works to protect, promote and improve the health of all people in Florida through integrated state, county, and community efforts.

I have had the pleasure of leading the Department of Health, in Lake County for the past 5 years, and I always look forward to the results of the Community Health Needs Assessment (CHNA). This particular CHNA, was especially exciting because of the collaboration with our neighboring counties and area hospitals. I continue to be impressed with the partnerships and their commitment to improving our communities' health in Lake County and Central Florida.

The Community Health Needs Assessment gives us a great opportunity to align our goals with our partners and focus on what will be the most important health challenges our communities will face. The Florida Department of Health in Lake County is determined to discover the most impactful health issues that we will strive to overcome in the upcoming years.

We appreciate our partners' willingness to address these issues in unison. Thank you for your continued interest in our CHNA and welcome, to what we hope will be integral in addressing a path to better health outcomes!

Aaron Kissler, MPH

Health Officer
Florida Department of Health in Lake County

Lake County Health Department - Umatilla

MESSAGE FROM THE LEADERS

Orange County Health Department

It's a new day in public health.

The Florida Department of Health works to protect, promote and improve the health of all people in Florida through integrated state, county, and community efforts.

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

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

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

Raul Pino, MD, MPH

Interim Director
Florida Department of Health in Orange County

Lake Eola - Orlando

MESSAGE FROM THE LEADERS

Osceola County Health Department

It's a new day in public health.

The Florida Department of Health works to protect, promote and improve the health of all people in Florida through integrated state, county, and community efforts.

Since my appointment in October of 2018, I've had the privilege to meet and work alongside partners who are committed to meeting the diverse needs of our community. Within a short period of time, it was evident that one of Osceola County's greatest assets was the willingness for organizations to work collaboratively for the sake of our residents. One such example is the Community Health Needs Assessment (CHNA) in which partners and agencies came together to determine the needs of our community.

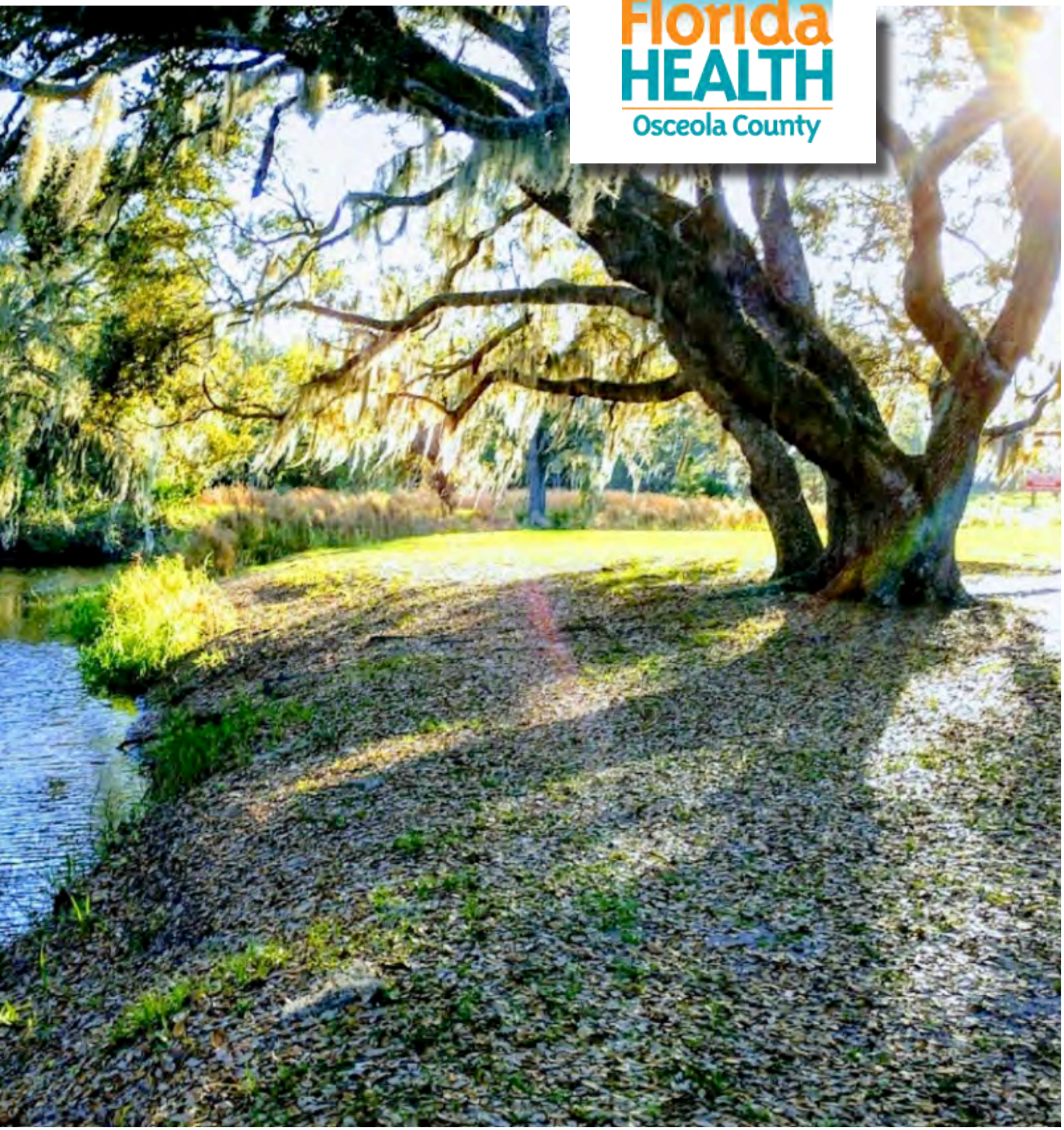
As a result, we have this foundational document that will guide planning efforts to address the barriers and gaps that impact the wellness of Osceola County. Moving forward, partners will reference this data to focus efforts and develop a Community Health Improvement Plan.

The data presents many challenges but also the opportunity for community partners to work collaboratively toward solutions that result in lasting and meaningful change. The Florida Department of Health in Osceola is committed to working alongside our partners, governments and residents to improve the wellness of our county.

Vianca McCluskey

Vianca McCluskey, MCPH

Health Officer/Administrator
Florida Department of Health in Osceola County



Lake Kissimmee State Park - Lake Wales

MESSAGE FROM THE LEADERS

Seminole County Health Department

It's a new day in public health.

The Florida Department of Health works to protect, promote and improve the health of all people in Florida through integrated state, county, and community efforts.

The health of a community is determined by various social, economic and environmental factors. As such, routine assessment of key community health indicators is core to public health and remains a critical component to identify significant health issues affecting a community. The Seminole County Health Department is pleased to once again be part of a collaborative effort with hospitals, surrounding county health departments and other stakeholders and community partners to develop a comprehensive Community Health Needs Assessment.

The CHNA is a process that collects and analyzes health data to identify current trends and opportunities for improvement. Health data utilized for the CHNA includes factors addressing health risks, quality of life, social determinants, inequity, mortality, morbidity, community assets, forces of change and the public health system's 10 essential services. This report will allow us to focus on the social determinants of health and address needs through collective impact to improve the health of the communities we serve.

Donna J. Walsh, MPA, BSN, RN

Health Officer
Florida Department of Health in Seminole County

Seminole County Health Department - Sanford

MESSAGE FROM THE LEADERS

Community Health Centers

We are a community-driven healthcare organization dedicated to serving our patients and their families locally, in the neighborhoods that they live and trust. We provide quality and compassionate healthcare services to many diverse communities and do so in a way that consistently overcomes economic, cultural and geographic barriers.

Community Health Centers' mission is to provide quality and compassionate primary healthcare services to Central Florida's diverse communities. One of the ways we carry out this mission is by collaborating with community partners to improve access for our most vulnerable population.

The CHNA identifies "hot spots" which indicate barriers to care, critical health care gaps, and the social determinants that contribute to poor health. As a Federally Qualified Health Center (FQHC) it has been a privilege to be an integral contributing partner. This needs assessment acts as a road map for our present and future call to action.

Margaret Brennan

Margaret Brennan

CEO
Community Health Centers, Inc.

community health centers

Community Health Centers, Inc. - Winter Garden

MESSAGE FROM THE LEADERS

Orange Blossom Family Health

Our mission is to ensure that you and your family receive the highest quality health care services to achieve optimal wellness. We are committed to providing you an exceptional health care experience that surpasses your expectation every time. Our healthcare is personalized for each unique patient, delivered by highly skilled health care professionals, in a warm and friendly environment.

Ensuring access to quality affordable healthcare services is at the core of the mission of Health Care Center for the Homeless, dba Orange Blossom Family Health. For 26 years, we have accepted the challenge of caring for some of our most vulnerable community members and have created a system of care that is designed to meet their unique healthcare needs.

We applaud our hospital partners for the inclusiveness of the CHNA process and look forward to working collaboratively to close identified gaps in care and improve the health status of our Central Florida Region.

Bakari F. Burns, MPH, MBA

President & CEO
Orange Blossom Family Health

ORANGE BLOSSOM FAMILY HEALTH

"...here to care for you."

Orange Blossom Family Health - Ivey Lane

MESSAGE FROM THE LEADERS

Osceola Community Health Services

Your primary care medical home.

A team of health care professionals working together to meet your physical and mental health care needs, including prevention and wellness, acute care, and chronic care.

The CHNA represents a collaborative, community-based approach to identify, assess and prioritize the most important health issues affecting a community.

The CHNA looks at health status, barriers to care and other social determinants of health that can have an impact on individuals, families and the community as a whole.

Osceola Community Health Services will continue to work with community partners and stakeholders to utilize the data within the CHNA to identify community needs and health care gaps. The results of this community assessment will be used to develop a system of care that will further advance the health of our community.

Belinda Johnson-Cornett, MS, RN-BC, MBA

CEO
Osceola Community Health Services

Osceola Community Health Services

Osceola Community Health Services - Kissimmee

MESSAGE FROM THE LEADERS

True Health

We provide high quality, comprehensive healthcare at a reasonable cost to everyone.

True Health has committed to serve the healthcare needs of Central Florida residents since 1977. We are a private, not-for-profit, Federally Qualified Health Center certified as a level 3 patient-centered medical home through the Accreditation Association for Ambulatory Health Care (AAAHC). Our mission at True Health is to provide high quality, comprehensive healthcare at a reasonable cost to everyone.

We are proud to partner with health systems across Central Florida to produce this Community Health Needs Assessment (CHNA). Our collective efforts seek to increase access to care, continuity of care, and ensure health services meet the needs of the community.

True Health continually evaluates areas of need to expand services so that all residents have quality options and can live long, healthy lives. From transportation assistance to affordability, True Health is dedicated to reducing the barriers Central Floridians face when seeking healthcare.

Latrice Stewart, MBA, CMPE

CEO
True Health

True Health - Sanford

'Chronic diseases are prevalent in the community. They are affected by social determinants like food and housing.'

-Stakeholder Interview Respondent

CHAPTER TWO

About The Central Florida Community Collaborative

Wekiwa Springs State Park
Apopka, FL

Seminole County

The Central Florida Community Collaborative's Vision:

To promote and inspire a culture of health by collaborating with traditional and non-traditional partners, ensuring access to healthcare resources, developing evidence-based programs and advancing health equity throughout the Central Florida region.

Hospital community benefit activities promote health and well-being by collaboratively addressing community health needs. In Central Florida, there is a well-established tradition of healthcare organizations, providers, community partners and individuals committed to working together to meet our local health needs. The region is home to several respected hospitals that are ranked in the nation's top 100, a Level One Trauma Center, the busiest heart transplant program in the Southeast, nine designated teaching hospitals and the University of Central Florida College of Medicine.

The Collaborative's membership includes:

AdventHealth

More than 80,000 skilled and compassionate caregivers nationwide in physician practices, hospitals, outpatient clinics, skilled nursing facilities, home health agencies and hospice centers provide individualized, wholistic care.

Aspire Health Partners

Committed to providing individuals and families of Central Florida with compassionate, comprehensive and cost-effective behavioral health care services that lead to successful living and healthly, responsible lifestyles.

Orlando Health

Based in Orlando, FL, Orlando Health is a $3.8 billion not-for-profit healthcare organization and a community-based network of hospitals, physician practices and outpatient care centers across Central Florida. The organization is home to the area's only Level One Trauma Centers for adults and pediatrics, and is a statutory teaching hospital system that offers both specialty and community hospitals.

Florida Department Of Health In Lake, Orange, Osceola and Seminole Counties

For over 125 years, the Florida Department of Health has been serving all residents in the four-county region through their ICARE vision: Innovation, Collaboration, Accountability, Responsiveness and Excellence.

Community Health Centers, Inc.

A Federally Qualified Health Center (FQHC), Community Health Centers, is a private, non-profit organization that provides healthcare services to insured, uninsured, underinsured and underserved children and adults within Central Florida.

Orange Blossom Family Health

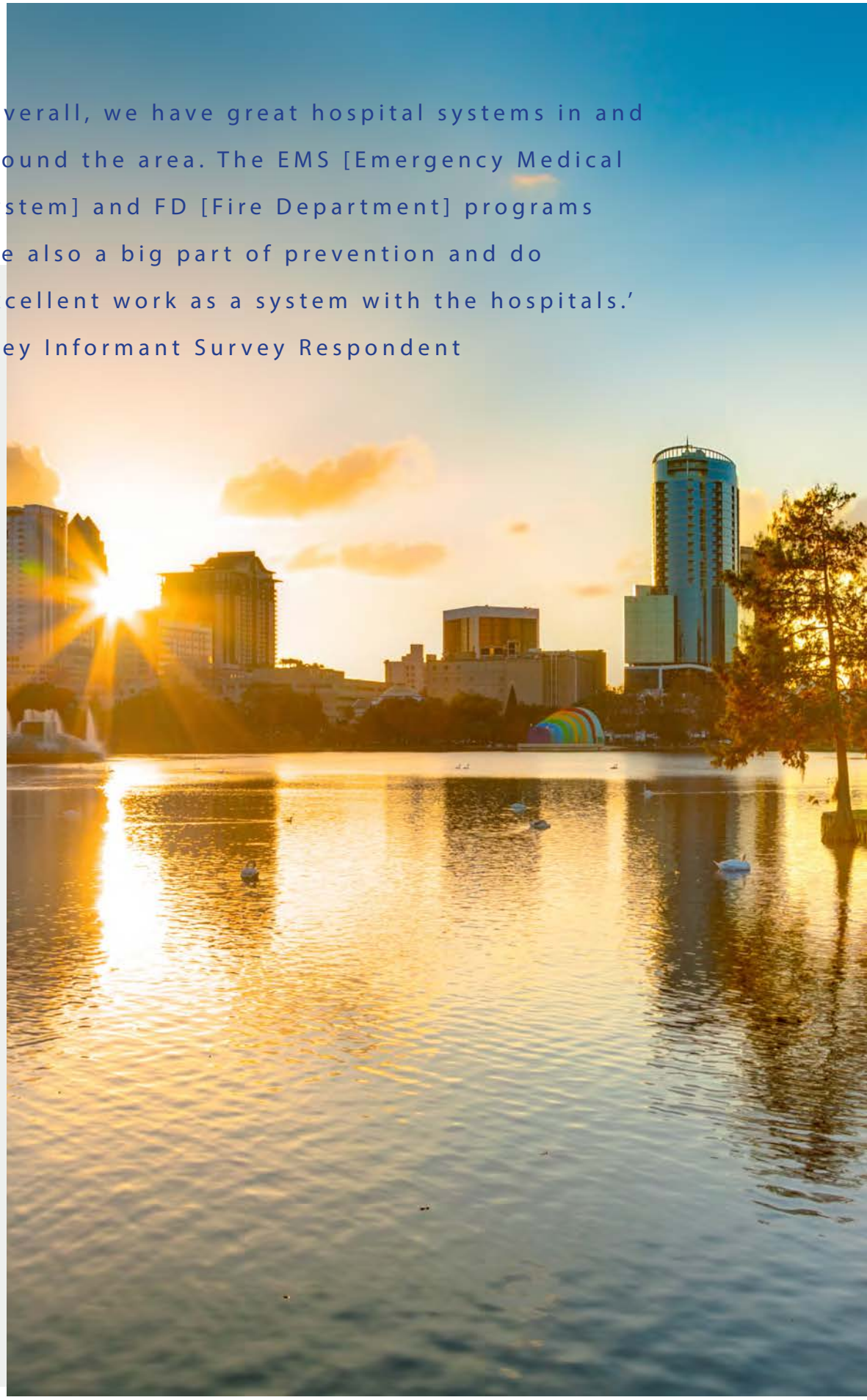
A FQHC, Orange Blossom Family Health, provides quality health care services that improve the lives of the homeless and medically indigent people of our community.

Osceola Community Health Services

A FQHC, Osceola Community Health, offers affordable health services for the entire family including family medicine, pediatrics, maternity care, women's health, dental, optometry, pharmacy and men's health.

True Health

A FQHC, True Health is a private, non-profit 501 (c)(3) that has been serving low-income, uninsured, underinsured and underserved population in Central Florida since 1977, operating eight service delivery locations within Orange and Seminole counties.



'Overall, we have great hospital systems in and around the area. The EMS [Emergency Medical System] and FD [Fire Department] programs are also a big part of prevention and do excellent work as a system with the hospitals.'
-Key Informant Survey Respondent

The Affordable Care Act, passed in 2010, established a regulatory requirement that all non-profit hospitals conduct a Community Health Needs Assessment (CHNA) at least every three years. This work provides a detailed look into the health needs of the communities served by these hospitals. In parallel with the not-for-profit hospitals, all 67 county health departments in Florida are required to conduct a CHNA in order to determine public health priorities for the next three to five years.

Due to the overlap in requirements for non-profit hospitals and the Departments of Health, as well as the positive synergies for our community, in 2012 the Central Florida Community Collaborative (the Collaborative) was created. The partners included AdventHealth (formerly Florida Hospital), Aspire Heath Partners, Orlando Health and the Florida Department of Health in Orange County. This collaborative worked together to complete a single, comprehensive CHNA.

This collaboration continued for the 2016 CHNA, and the Collaborative was expanded to include the Florida Departments of Health that serve the population of the individual counties of Lake, Osceola and Seminole. For the 2019 CHNA, the Collaborative expanded once again to include four local Federally Qualified Health Centers (FQHC): Community Health Centers, Inc., Orange Blossom Family Health, Osceola Community Health Services and True Health, as these partners are also required to conduct a CHNA. The leadership from the partner organizations form the Steering Committee for this study.

In 2017, 12.9 percent of the state's population lacked health insurance, putting Florida well above the national average of 8.8 percent. As public health servants and non-profit community healthcare providers, the Collaborative sees the struggles of the uninsured and underinsured populations in our communities and are committed to continuing to serve these populations, propelled and guided by this CHNA.

The members of the Collaborative are interested in community comments and feedback on this report as well as the individual member hospital and health department reports that were developed using the data collected through this CHNA. Each of the individual hospital and health department reports can be found on each member's website. Each member organization's website offers the opportunity to provide written comments on their individual CHNA report as well as on this collaborative regional report.

The purpose of a Community Health Needs Assessment (CHNA) is to identify and prioritize community health needs so that the hospital and partners can develop strategies and implementation plans that benefit the public as well as satisfy the requirements of the Affordable Care Act.

CHAPTER THREE

Executive Summary

Kraft Azalea Park
Winter Park, FL

Orange County

The health of a community is determined by the physical, mental, environmental, spiritual and social well-being of all community residents. Creating a healthier community requires an understanding of the complex social, environmental and behavioral aspects that determine health. A CHNA — driven by community input — is a systematic approach to collecting, analyzing and using complex data and information to identify priority areas for health improvement. This CHNA report continues the measurement of the health status of the four-county region encompassed by the Central Florida Community Collaborative (the Collaborative). Outlined in Figure 3.1 is the geography that the Collaborative identified as their collective primary service area: Lake, Orange, Osceola and Seminole counties in Central Florida.

FIGURE 3.1: CENTRAL FLORIDA COMMUNITY COLLABORATIVE PRIMARY SERVICE AREA

Source: Central Florida Community Collaborative

Using national best practices from the Association for Community Health Improvement (ACHI, a division of the American Hospital Association), the Mobilizing for Action Through Planning and Partnership (MAPP) developed by the National Association for City and County Health Officials (NACCHO), Healthy People 2020 (HP2020), and the Robert Wood Johnson Foundation's County Heath Rankings and Roadmaps as a framework for the CHNA, data were compiled from the most up-to-date, publicly available resources along with input gathered from community residents, providers and stakeholders. Figure 3.2 identifies the components of the CHNA that rose to the top.

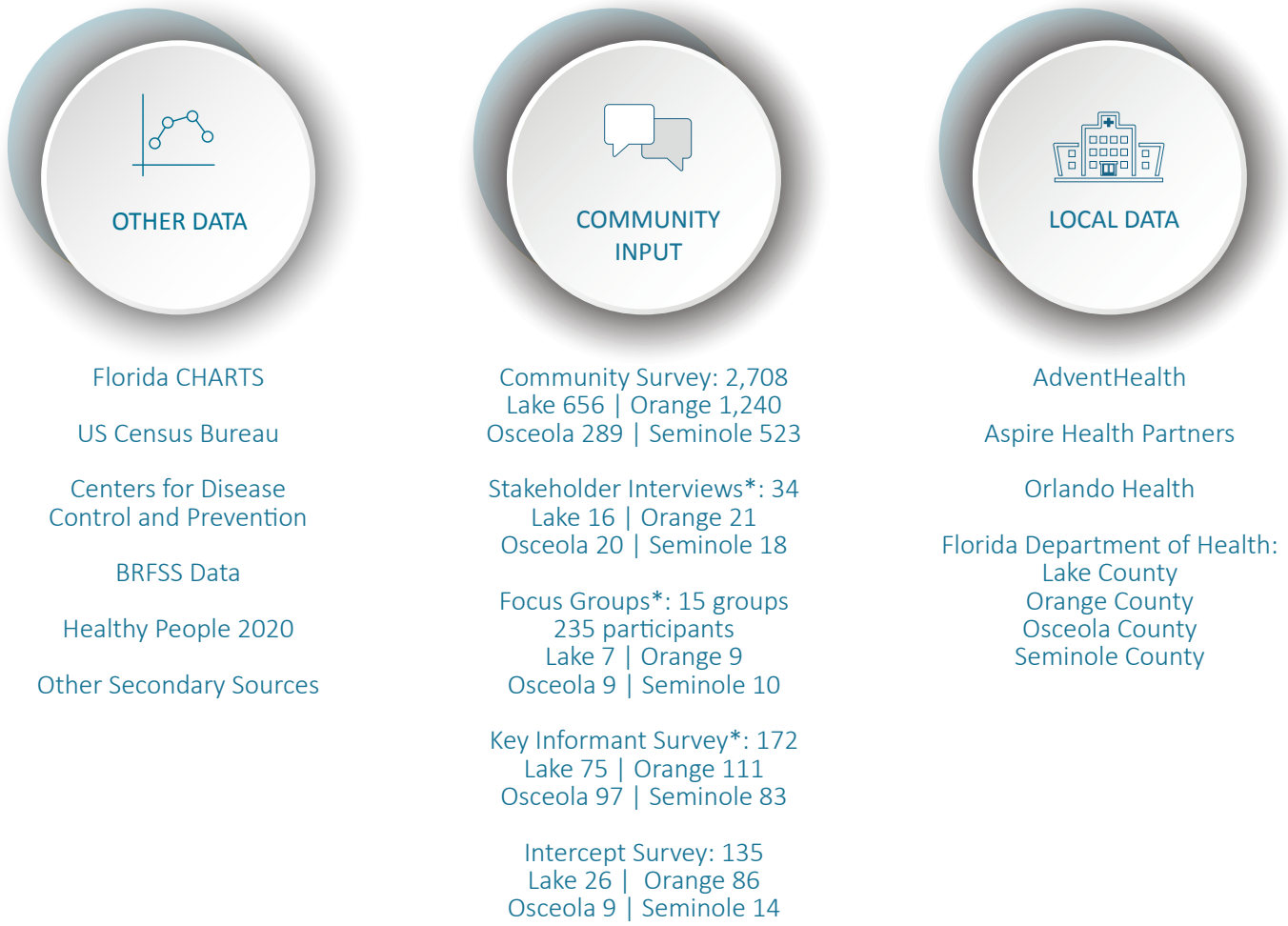
FIGURE 3.2: CHNA COMPONENTS THAT ROSE TO THE TOP

Asset Inventory	Built Environment	Economic Conditions	Preventative Care
Availability of Access	Chronic Conditions	Injury	Quality of Life
Behavioral Risk Factors	Communicable Diseases	Leading Causes of Death	School and Student Characteristics
Birth Characteristics	Disparities	Mental Health Concerns	Substance Use

Source: Strategy Solutions, Inc. Primary Data

To support this assessment, numerous qualitative and quantitative data sources were used to validate findings using the data triangulation method. The data triangulation method looks at data from available secondary data, primary data and relevant local data looking for common themes and trends accross all three sources. The data sources used in this method are outlined in Figure 3.3.

FIGURE 3.3: DATA TRIANGULATION



* Note: The total number of key informant surveys, stakeholder interviews and focus groups conducted do not match the sum of the individual county numbers as participants could represent more than one county if their agency or organization serves multiple counties.

Source: Strategy Solutions, Inc.

Secondary data was compiled from the most up-to-date, publicly available resources including FLHealthCHARTS (FLCharts), an interactive website from the Florida Department of Health, that provides longitudinal information on public health and other indicators of community health. This information was augmented with secondary data from other sources, as well as primary data collected from community residents, providers and stakeholders. Demographic and socio-economic data for the Collaborative's combined service area were collected from the U.S. Census Bureau (obtained through Environics Analytics and IBM Market Expert, a demographic subscription service that provides population estimates in between the decennial census reports), the American Fact Finder, Florida Office of Economic and Demographic Research, County Health Rankings and Roadmaps and the Bureau of Labor Statistics. In compliance with patient privacy laws, hospital utilization data was included to complete maps that identify targeted geographic areas where high volumes of uninsured inpatient and outpatient activity originated.

The Collaborative met on April 2, 2019 to review and discuss primary data, secondary data and health needs and issues present across the four-county region. During this meeting, 52 needs and issues were identified based on health, social, economic and other disparities found in the data. The needs and issues were added to the list based on disparities identified in different racial and ethnic groups, comparison to state, national or HP2020 goals, negative trends or increasing incidence.

The group completed a prioritization exercise using OptionFinder, an audience response polling system, to rate identified needs. Using four criteria (accountability, magnitude of the problem, impact on other health outcomes and capacity to implement evidence-based solutions), each need or issue was rated on a 10-point scale. The scores for each criterion were added together to get an overall priority score.

The overall priorities of the Collaborative are as follows:

1. Communicable disease: childhood immunizations
2. Chronic disease: obesity
3. Chronic disease: diabetes
4. Chronic disease: childhood obesity
5. Chronic disease: cardiovascular disease
6. Communicable disease: Human Immunodeficiency Virus (HIV)/Accquired Immunodeficiency Syndrome (AIDS)
7. Behavioral risks: substance use (drugs, alcohol, nicotine)
8. Birth characteristics: infant mortality
9. Birth characteristics: low birth weight babies
10. Chronic disease: hypertension

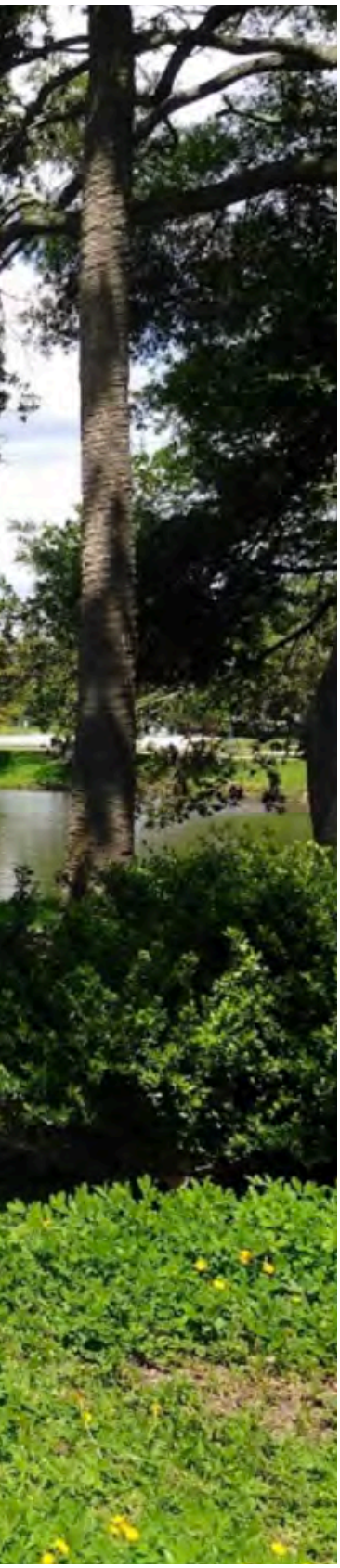
The findings from the Collaborative's CHNA demonstrate the continued need for improvement in addressing social determinants of health, health status, access to care, preventative care and built environment elements across the four counties. For more information on the overall priorities, see Chapter 5: Methodology.

The four-county region falls short of HP2020 goals in several areas and is below the state average in many others. Health disparities (differences in health outcomes between groups that reflect social inequalities) related to access, preventative care and food access exist within and across all four counties in the region. Income, race and education affect lifestyle as well as access to care, rates of preventative testing, chronic diseases, births, infant mortality and mental health, as well as risk behaviors. These disparities demonstrate the need for concerted action to achieve health equity and overall health improvement for the entire population.

Each member of the Collaborative will develop implementation strategies to address their unique service area's top priority needs based on the findings of this CHNA.

'The majority of citizens have a fairly good lifestyle and access to health/community resources.'

-Key Informant Survey Respondent



CHAPTER FOUR

Defining The Community

Kissimmee Lakefront Park
Kissimmee, FL

Osceola County

Each of the participating hospitals, Departments of Health and FQHCs participating in the Collaborative discussed and agreed upon their respective targeted communities that comprise each organization's service area. The combined service areas of all the partners in the Collaborative comprise the four counties that are included in this study: Lake, Orange, Osceola and Seminole counties in Central Florida. The Departments of Health, which are members of the Collaborative, serve the populations of the individual counties of Lake, Orange, Osceola and Seminole. These populations include all of the residents in each of the four counties, including the vulnerable populations. Vulnerable populations are groups and communities at a higher risk for poor health as a result of the barriers they experience to social, economic, political and environmental resources, as well as limitations due to illness or disability. Figure 4.1 illustrates the four-county region that is the primary service area of the Collaborative for purposes of this CHNA.

FIGURE 4.1: CENTRAL FLORIDA COMMUNITY COLLABORATIVE PRIMARY SERVICE AREA

Source: Central Florida Community Collaborative

Hospital, Department of Health and FQHC leaders used their current patient census, knowledge of community needs from community outreach programs, as well as other available information to determine which specific audiences would be engaged through the primary data collection. The targeted community leaders and groups that were invited to participate in the primary data collection represented various organizations and underrepresented populations.

Underrepresented populations involved in this study included but were not limited to: adults and children living below the poverty level, homeless/transient individuals, unwed mothers, individuals in prison (both male and female), individuals living with disabilities, children and adolescents, senior citizens, caregivers, adults and children with a variety of education levels, adults and children with diverse racial identifications, undocumented individuals and healthcare professionals. Additional stakeholders were selected because of their direct understanding of community needs and issues including but not limited to: human trafficking, violence, substance use and mental health.

'Overall, I believe the community is taking better care of themselves from previous years.'

-Key Informant Survey Respondent

CHAPTER FIVE

Methodology

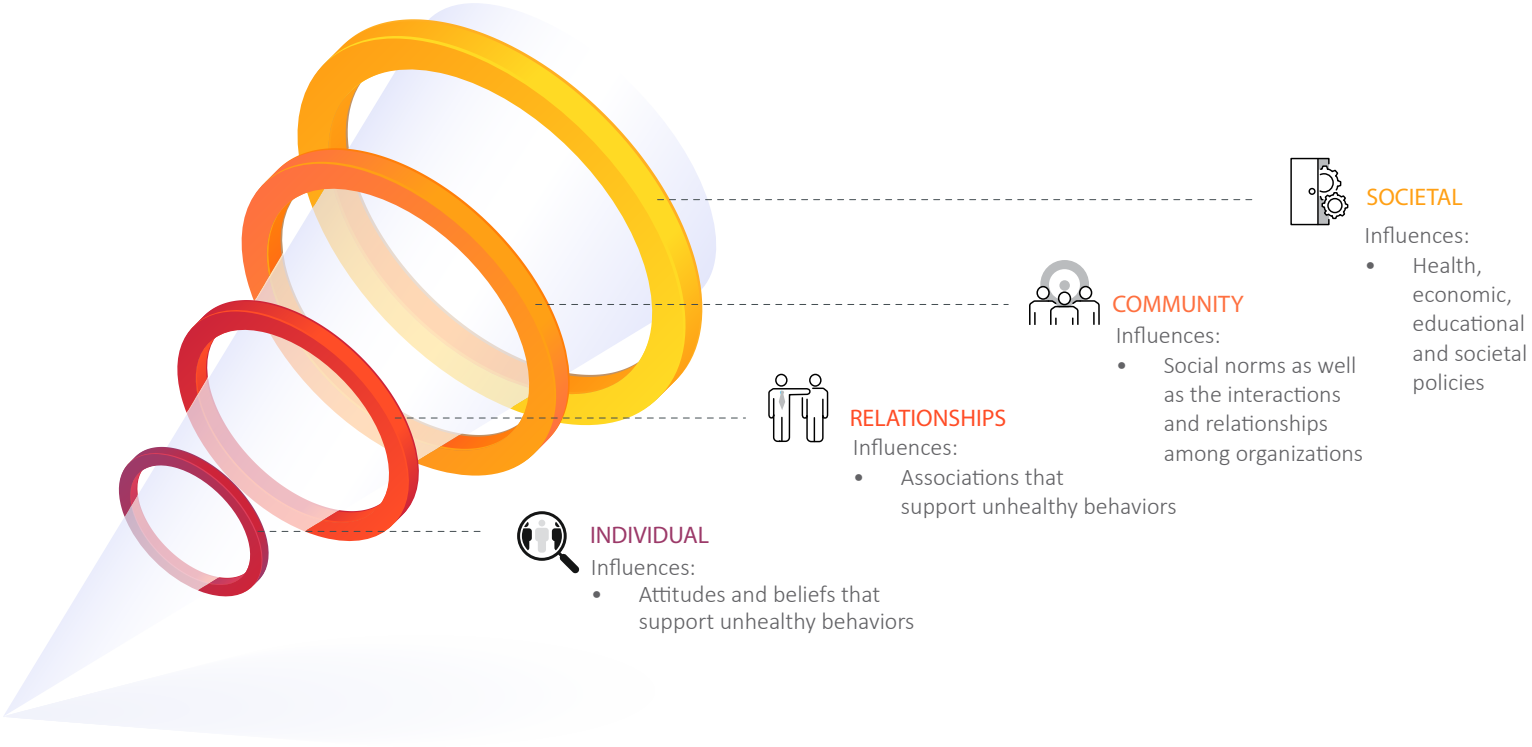
Seminole Wekiva Trail
Altamonte Springs, FL

Seminole County

Community Health Needs Assessment: Social-Ecological Model Of Health

Social-ecological models were developed to help people understand the interrelationships among various personal and environmental factors that exist in communities. The Social-Ecological Model of Health (SEM) is a public health framework used to holistically describe four levels of influence that explain the complex inter-relationships between individuals and the social context within which they live, learn, work and play. Figure 5.1 outlines the Social-Ecological Model of Health.

FIGURE 5.1: SOCIAL-ECOLOGICAL MODEL OF HEALTH



Source: Centers for Disease Control and Prevention

This Community Health Needs Assessment (CHNA) provides information to improve the health, wellness and quality of life in Central Florida. In order for the Collaborative and their community partners to identify communities in need of services and support and to develop implementation strategies to address those needs, it is important to understand the context within which residents live. Health and well-being are not only shaped by individual choices and behaviors, they are influenced by the environment that often drives those choices. The SEM provides a framework to help understand the various factors and behaviors that affect health and wellness. With this model, the Collaborative can closely look at the social determinants that influence choices and outcomes.

It is challenging to attempt to change individual human behavior without understanding the context and environment within which people live. In order to better support health and wellness, intervention strategies are best focused on behavior choices and factors that influence those choices. The SEM helps identify factors that influence behavior by considering the complex interplay among individual, interpersonal, community and public policy factors. It shows how the changes and interactions between these four levels over the course of one's life greatly affect health and wellness. By utilizing the SEM, the likelihood of developing sustainable interventions with the broadest impact on health and wellness is increased.

Approach

Using the lens of the SEM, the CHNA collected and analyzed secondary and primary data that generated common themes for the four-county region, individual counties in the four-county region and select neighborhood census tracts.

To assist the Collaborative in facilitating this CHNA, Strategy Solutions, Inc. (SSI) was contracted to provide support for the data collection and identification of priorities. SSI is a planning and research firm with the mission to create healthy communities. National best practices were used for the framework of the CHNA including: the Association for Community Health Improvement (ACHI, a division of the American Hospital Association), the Mobilizing for Action Through Planning and Partnership (MAPP) developed by the National Association for City and County Health Officials (NACCHO), Healthy People 2020 (HP2020) and the Robert Wood Johnson Foundation's County Health Rankings and Roadmaps. Data was compiled from the most up-to-date information available. This was augmented with primary research conducted with community residents, providers and stakeholders. Hospital utilization for the uninsured patient population was also utilized in this CHNA.

About This Report

The information sections of this report, where the primary and secondary data findings are available, are structured to provide insight into the social determinants of health (SDOH) and how they impact the residents of the four-county region. Each section outlined in Chapters 6 and 7 follow the same structure with four distinct sections for each major topic:

1. What the community is saying: includes the primary data collected through the focus groups, community surveys, intercept surveys, key informant surveys and stakeholder interviews.
2. At a glance: includes a graphic summary of the indicators in this section with a color-coded snapshot. In this section, red means that the indicator has worsened in at least three of the regional counties, yellow means that some counties are increasing and some are decreasing or rates have remained roughly equivalent, and green means that rates have improved in at least three of the regional counties since the last CHNA or compared to the state.

   Where indicators are grouped by county, red means that the indicator has worsened and green means that rates have improved since the last year data was reported in the previous CHNA. Each narrative describes which comparison is used.
3. Summary of indicators: includes a narrative description of the secondary data indicators included in the section.
4. Key findings: includes a short summary of the takeaways from the review of the data in the section.

The charts within the report are designed to provide longitudinal data where possible, to highlight the trends and changes that have occurred over time in the data. Some of the charts, especially those that highlight disparities among different racial and ethnic groups, contain "line breaks" where the data is not available for that population for one or more years. An asterisk (*) on a chart indicates the rate for one specific year.

The secondary data contained in this report is the most up-to-date information available from each source at the time the data was collected for this assessment. The primary and secondary data collected for this assessment includes several limitations that are mentioned in the data trend narratives.

Much of the secondary data is from the county-level and is not specific to individual communities within counties due to geographic limitations of currently available data, which many are two or more years old. Finally, all primary data is qualitative and, although the Collaborative sought the most representative samples of the service area, a representative sample cannot be guaranteed since it was collected through convenience sampling.

FLCharts periodically updates data compiled and reported on through their website as new data is available and/or methods of reporting indicators change. The data in this report from FLCharts is the data publicly available on their website at the time it was pulled between January and May 2019. FLCharts may have updated or modified data on their website after data was pulled for inclusion in this report.

Secondary Data

Existing data collected by other entities were utilized in the assessment. These data sources included the U.S. Census Bureau (including population estimates from Pop-Facts Premier, Environics Analytics, 2019), as well as The American Fact Finder, FLHealthCHARTS, The Centers For Disease Control and Prevention, the Behavioral Risk Factor Surveillance Survey (BRFSS), the County Health Rankings and Roadmaps, Florida Housing Data, The Shimberg Center, ESRI (an international supplier of geographic information system software, web GIS and geodatabase management applications), Florida Council on Homelessness, Florida Department Of Law Enforcement, Uniform Crime Reporting Data, Florida Department Of Children And Families, Florida Bureau of Economics and Business Research, and Florida Department of Education, as well as individual hospital utilization data. These resources provide data related to specific health indicators, behavioral risk factors, built environment, healthcare access and utilization, homelessness and health insurance coverage. Secondary data was collected and compiled during the months of January through May 2019 and data reported is the data available during that timeframe.

Data collected from these sources report incidence, prevalence and/or age-adjusted death rates (AADR) for each indicator. Incidence refers to the rate of new cases of a disease, reflecting the risk of contracting said disease, while prevalence indicates how widespread a condition is at a given point in time. AADRs are computed after considering the relationship between a given disease and how commonly it occurs in different age groups. These numerical rates are reported per 1,000 or 100,000 residents, depending on the indicator.

HP2020 objectives are used as benchmarks for a number of indicators in this report. Healthy People is an initiative of the U.S. Department of Health and Human Services that provides empirically based national objectives for improving the health of all Americans. HP2020 is the 10-year agenda for improving the nation's health, launched in December 2010.

Following patient privacy guidelines, inpatient and outpatient hospital utilization statistics were collected for uninsured patients within each hospital's primary service area for fiscal years 2016 through 2018. This information was utilized to support the GIS hot spotting analysis. Figure 5.2 outlines the secondary data used in this CHNA.

FIGURE 5.2: 2019 CHNA SECONDARY DATA

Source: Strategy Solutions, Inc.

Primary Data

The primary data collection for this study included five different qualitative methods: a community survey, stakeholder interviews, focus groups, a key informant survey and an intercept survey. These are outlined in Figure 5.3.

FIGURE 5.3: 2019 CHNA PRIMARY DATA COLLECTION METHODS

* Note: The total number of key informant surveys and focus groups conducted do not match the sum of the individual county numbers as participants could represent more than one county if their agency or organization serves multiple counties.

Source: Strategy Solutions, Inc.

Community Survey

The purpose of conducting a community survey is to learn more about what the needs and issues are from the point of view of the general community. The survey enables the Collaborative partners to receive detailed information from a larger and more representative group of people. It also enables the Collaborative to learn about needs and issues that are important in the general community and/or to an underrepresented population. The survey results inform implementation strategies and help align them with the needs that are expressed by the community. The survey provides an ability to quantify the qualitative data and potentially garner more group and community support for interventions that will improve the health of the community.

The audience for the community survey included community residents, concentrating on underserved populations within the service areas of the member organizations. The survey was conducted through an online tool and by distribution of paper copies throughout the community. The distribution methods attempted to engage a representative sample of the population demographics. The community survey was created in SurveyMonkey (an online survey development, cloud-based software service company) and was made available online and accessed through a link or QR code (a machine-readable code consisting of an array of black and white squares, typically used for storing URLs or other information for reading by the camera on a smartphone). Paper surveys were placed strategically throughout the four-county region so those not able to access electronically could complete the survey. Staff from AdventHealth collected the paper surveys and completed the data entry into SurveyMonkey. An incentive was included to encourage community residents to complete the survey. All employees of the Collaborative partner organizations were ineligible to participate in the incentive drawing and all incentive logistics were handled by SSI.

Surveys were made available in English, Latin American Spanish, Brazilian Portuguese and Haitian Creole. The survey was launched January 7, 2019 and closed on March 4, 2019. A total of 2,708 surveys were completed and usable, 656 from Lake County, 1,240 from Orange County, 289 from Osceola County and 523 from Seminole County. Some surveys were not usable because respondents lived outside of the four-county region. The majority of surveys (2,539) were completed in English, while 135 were Latin American Spanish, 10 were Brazilian Portuguese and 24 were Haitian Creole. A summary of the full results of the community survey are included in Appendix A.

Stakeholder Interviews

The purpose of conducting stakeholder interviews is to gather information to explore complex issues, allow follow up questions for better understanding and to provide immediate feedback. It also enables the research team to pilot test ideas and reach underrepresented populations. The audience for the stakeholder interview collection tool included those community members who represent the underserved population through programs and services offered. A total of 34 stakeholder interviews were conducted by the consulting team via telephone between January 7, 2019 and May 7, 2019. A full list of all participants is included in Appendix B.

Focus Groups

The purpose of conducting focus groups is to gather community input and feedback on community health status and health needs, identify issues related to access to services and gather potential solutions. Focus groups target individuals that represent underserved or underrepresented populations, people representing certain areas of interest such as mental health, food insecurity, homelessness, incarcerated populations and seniors, as well as geographic areas of interest within the four-county region.

The focus group facilitation method included both in-person and virtual (online/telephone) groups. In-person meetings were facilitated by SSI staff, using a combination of open discussion, list generation and prioritization using the OptionFinder anonymous audience response polling system. Virtual focus groups were also conducted and facilitated by SSI staff to obtain community information using the ReadyTalk conference software application.

A total of 15 focus groups were conducted with a total of 235 participants between October 11, 2018 and April 4, 2019: seven focus groups with representation from Lake County, nine focus groups with representation from Orange County, nine focus groups with representation from Osceola County and 10 focus groups with representation from Seminole County. Note that the total number of focus groups conducted do not match the sum of the individual county numbers as focus group participants could represent more than one county if their agency or organization serves multiple counties. A full list of the dates and target audiences involved in the focus groups are listed in Appendix C.

Key Informant Survey

The purpose of conducting a key informant survey is to obtain vital information about the community from individuals who have expertise in a particular area or discipline. It is used to gather information for a needs assessment and utilize the findings for effective prevention planning. The survey tool can be used to assess whether the needs in the community have changed over time and to identify the top needs and priorities from a diverse point of view.

The audience for the key informant survey collection tool included professionals within various disciplines related to social determinants of health and underrepresented populations. It also targeted individuals who were not included in the stakeholder interview list or focus group list from whom the Collaborative partners wanted to receive feedback. The key informant survey was developed and distributed as an online survey through SurveyMonkey. The survey was launched on December 17, 2018 and closed on January 11, 2019.

A total of 172 individuals completed the key informant survey: 75 with representation from Lake County, 111 with representation from Orange County, 97 with representation from Osceola County and 83 with representation from Seminole County. Note that the total number of surveys completed do not match the sum of the individual county numbers as key informant survey respondents could represent more than one county if their agency or organization serves multiple counties. A summary of the results of the key informant survey are included in Appendix D.

Intercept Survey

An intercept survey is a research method used to gather onsite feedback from an identified population in a location where they are a "captive audience." The audience for the intercept survey collection tool included individuals who were members of underserved populations. Intercept surveys were conducted as in-person interviews by SSI consultants in FQHC clinic waiting rooms, food banks and a community gathering. Orange Blossom Family Health staff also conducted interviews with their patients.

For the intercept surveys completed by the consultant team, the collection tool was available in English, Latin American Spanish, Brazilian Portuguese and Haitian Creole. AdventHealth supplied interpreters to assist with talking to community members. Surveys were conducted at Community Health Centers, Inc. (multiple locations), Orange Blossom Family Health (multiple locations), United Against Poverty Orlando, True Health, The Christian Service Center and AdventHealth Community Medicine Clinic. A total of 135 intercept surveys were completed: 26 representing Lake County, 86 representing Orange County, nine representing Osceola County and 14 representing Seminole County. Of the 85 surveys completed in Orange County, 27 surveys were completed by Orange Blossom Family Health staff and scanned and emailed to SSI for data entry and analysis. A list of intercept survey dates, locations and number of residents who completed the survey is included in Appendix E.

Hospital Hot Spotting

Patients who frequently over-utilize healthcare services typically suffer from multiple chronic conditions, requiring frequent care provided by a number of different providers. Many also have complicated, adverse social situations that directly impact their ability to get and stay well. Too often high-utilizer patients experience inefficient, poorly coordinated care that results in multiple trips to emergency rooms and costly hospital admissions. Patient data from hospitals in the Collaborative allow the geographical analysis and mapping of local hot spots with high numbers of uninsured visits.

In addition to the standard hospital patient data in most hot spotting projects, this hot spotting includes economic variables and conditions of the area in order to analyze the correlation between healthcare utilizations and the socioeconomic conditions in which people live.

The hot spotting process included several steps:

Step 1: Converting hospital Excel data to GIS data. The hospitals sent data from uninsured visits for fiscal years 2016, 2017 and 2018 to the consulting team. The data had no identifying information, with the exception of address data and visit IDs. All HIPAA regulations were followed and necessary legal agreements were in place for hospitals to share data. The visit data was separated into inpatient and outpatient (emergency department/ triage) data. All data outside of the four-county region were taken out of the data file. The consulting team then imported the Excel tables into ESRI (an online geocoding software) to geocode the addresses into census tracts.

Step 2: Developing hot spots from point data. After the data were geocoded, it was imported into ArcGIS software to create maps. After the data were imported, the consulting team ran the point density function to calculate a weighted proximity average for each square area of land, known as a raster. The radius around each raster was calculated along with the point density within each raster. The parameters of this analysis were customized until neighborhood level detail was available.

Step 3: Identifying hot spots. The data were then numbered and classified to create the color codes on a map. The boundaries of the hot spot maps were customized to show the areas with the highest patient density. To analyze the data for uninsured visits the consulting team then selected all of the records for the five census tracts with the highest uninsured patient utilization and exported the associated data table into SPSS (a statistical software) for analysis and calculation of the summary results included in this report.

The detailed methodology for completing the mapping and hot spotting analysis is included in Appendix F. It is important to note that all HIPAA regulations were followed to ensure patient confidentiality. All necessary legal agreements were in place between the hospitals and Strategy Solutions, Inc. (SSI) prior to any data being shared. All data received by SSI will be destroyed after this Community Health Needs Assessment is presented.

Data Summary and Presentation

All qualitative and quantitative data were analyzed and summarized by SSI and presented to the Collaborative on April 2, 2019. Data were shared collectively in that initial group meeting, then with each member organization through a series of “data walk” meetings. These meetings with partner organizations were held both in person during the week of April 2, 2019, as well as virtually using the ReadyTalk conferencing software in the weeks that followed. The data used in the data walk presentation for the four-county region included all four counties as it related to the Collaborative overall. All members of the Collaborative were provided with presentations that were customized to reflect the data sources from their individual service area(s). A listing of all of the meetings is included in Appendix G.

Prioritization

During the data review meetings, the Collaborative members prioritized community needs and issues identified in the assessment first collectively, then individually. During the meeting of the Collaborative partners, a total of 52 distinct needs and issues were identified based on health, social, economic and other disparities found in the data. This included differences in different racial and ethnic groups, comparison to state, national or HP2020 goals, negative trends or increasing incidence. The group completed a prioritization exercise using OptionFinder, an audience response polling system, to rate identified needs on a one to 10 scale utilizing four criteria:

1. Accountability: the extent to which the hospitals/public health organizations would be accountable to address the issue/problem or if community leadership were more suited to lead intervention efforts.
2. Magnitude of the problem: the degree to which the problem leads to death, disability or impaired quality of life and/or could be an epidemic based on the rate or percentage of the population that is impacted by the issue.
3. Impact on other health outcomes: the extent to which the issue impacts health outcomes and/or is a driver of other conditions.
4. Capacity: the extent to which systems and resources are in place or available to implement evidence-based solutions.

In addition, based on the data collected that related to their specific service area, each member organization of the Collaborative conducted a prioritization exercise and selected priority areas based on individually selected criteria. These priorities will become the basis for each member's individual implementation strategies to address the needs identified in this 2019 CHNA. The list of "data walk" meeting dates, participating organizations, prioritization approach and criteria used, and top 10 priority listings by organization and county are listed in Appendix G.

It is each organization's intention that when developing individual implementation strategies, that members of this 2019 CHNA Collaborative may partner together to work on the goals and objectives to benefit the communities served.

The top 10 priorities of the Collaborative are outlined in Table 5.1.

TABLE 5.1: 2019 TOP 10 IDENTIFIED NEEDS, CENTRAL FLORIDA COMMUNITY COLLABORATIVE

Identified needs	Accountability	Magnitude	Impact	Capacity	Total M+I+C	Ranking
1. Communicable disease: childhood immunizations	7.6	7.8	8.4	8.3	24.5	1
2. Chronic disease: obesity	6.9	8.6	9.3	6.6	24.5	2
3. Chronic disease: diabetes	7.3	8.3	9.1	6.7	24.1	3
4. Chronic disease: childhood obesity	7.4	8.6	9.1	5.9	23.6	4
5. Chronic disease: cardiovascular disease	8.2	8.0	8.1	7.1	23.2	5
6. Communicable disease: HIV/AIDS	7.3	7.8	7.8	7.6	23.2	6
7. Behavioral risks: substance use (drugs, alcohol, nicotine)	5.2	8.6	8.9	5.5	23.0	7
8. Birth characteristics: infant mortality	6.8	8.0	7.4	6.9	22.3	8
9. Birth characteristics: low birth weight babies	6.9	7.4	7.9	6.7	22.0	9
10. Chronic disease: hypertension	7.4	7.1	7.7	7.1	21.9	10

Source: Strategy Solutions, Inc.

Community Resource Listing

Appendix H of this report is a listing of assets and resources available in the four-county region to meet the needs of the community.

Retrospective Data Evaluation

Every organization in the Collaborative conducted a retrospective evaluation of their implementation strategies by looking backward and examining the priorities selected during the 2016 CHNA. These evaluation activities can be found in Appendix I.

Refer to Appendix J for how to access each hospital's and health departments CHNA reports.

IRS Form 990, Schedule H Compliance Listing

For not-for-profit hospitals, a CHNA serves to meet certain requirements of the Internal Revenue Service (IRS), pursuant to provisions of the Patient Protection & Affordable Care Act of 2010. Table 5.2 lists the sections, along with corresponding page numbers, that the IRS requires a CHNA to have in order to be compliant.

TABLE 5.2: IRS FORM 990, SCHEDULE H COMPLIANCE LISTING

IRS Requirement	See Report Page
A definition of the community served by the hospital facility and a description of how the community was determined	37
A description of the process and methods used to conduct the CHNA, including identification of information gaps that limit the hospital facility's ability to assess the community's health needs	41
A description of how the hospital facility solicited and took into account input received from persons who represent the broad interests of the community it serves	46
A prioritized description of the significant health needs of the community identified through the CHNA, along with a description of the process and criteria used in identifying certain health needs as significant and prioritizing those significant health needs	Appendix G
A description of the resources potentially available to address the significant health needs identified through the CHNA	Appendix H
An evaluation of the impact of any actions that were taken, since the hospital facility finished conducting its immediately preceding CHNA, to address the significant health needs identified in the hospital facility's prior CHNA(s)	Appendix I
Board approval or equivalent	09.23.2019

'One big victory we've had is that we brought in health partners to provide direct mental health services to those in the community. It is very much a counseling model. People who are trained in social work, safe spaces for people to talk and get them to the services they need.'-Stakeholder Interview Respondent

CHAPTER SIX

Community Profile of the Four-County Region

Cross Seminole Trail - Big Tree Park
Longwood, FL

Seminole County

Summary of Needs And Issues Identified

Tables 6.1 through 6.5 outline the top needs identified through the various methods of the needs assessment process related to access to care, behavior risk factors, birth characteristics, built environment, chronic disease, communicable disease, econimic conditions, injury and quality of life/mental health.

Table 6.1 highlights access and behavior risk factor-related needs.

TABLE 6.1: 2019 CHNA ACCESS TO CARE AND BEHAVIOR RISK FACTORS-RELATED NEEDS AND ISSUES IDENTIFIED

Identified Need	Secondary Data	Community Survey	Stakeholder Interviews	Focus Groups	Intercept Surveys	Key Informant Surveys	Added During Data Walk
ACCESS TO CARE							
Awareness of available services				X		X	
Cost of care/ insurance/ medications		X	X	X	X	X	
General wellness for seniors (screenings, vaccinations, prevention)							X
General wellness for younger adults (screenings, vaccinations, prevention)							X
Health literacy			X	X	X	X	
Immigrant/ undocumented individuals				X		X	
Transportation		X	X	X	X	X	
BEHAVIOR RISK FACTORS							
Co-occurring mental health and substance abuse							X
Lack of substance abuse providers		X		X		X	
Substance abuse (drugs, alcohol, tobacco, vaping/ e-cigarettes)		X	X	X	X	X	

Source: Strategy Solutions, Inc.

Table 6.2 identifies needs and issues related to birth characteristics and built environment.

TABLE 6.2: 2019 CHNA BIRTH CHARACTERISTICS AND BUILT ENVIRONMENT-RELATED NEEDS AND ISSUES

Identified Need	Secondary Data	Community Survey	Stakeholder Interviews	Focus Groups	Intercept Surveys	Key Informant Surveys	Added During Data Walk
BIRTH CHARACTERISTICS							
Infant mortality	X			X		X	
Low birth weight babies	X			X		X	
Maternal mortality							X
Medicaid births	X						
Mothers not receiving prenatal care first 3 months	X			X		X	
Neonatal abstinence							X
BUILT ENVIRONMENT							
Access to affordable foods/food desert		X	X	X	X	X	
Access to safe places for recreation			X	X		X	
Air/water quality			X	X		X	

Source: Strategy Solutions, Inc.

Table 6.3 outlines the needs and issues related to chronic diseases that were identified through the CHNA process.

TABLE 6.3: 2019 CHNA CHRONIC DISEASES- RELATED NEEDS AND ISSUES

Identified Need	Secondary Data	Community Survey	Stakeholder Interviews	Focus Groups	Intercept Surveys	Key Informant Surveys	Added During Data Walk
CHRONIC DISEASE							
Asthma							X
Breast cancer	X						
Cancer		X		X	X	X	
Cardiovascular disease (heart disease)	X			X	X	X	
Childhood obesity	X					X	
Diabetes	X		X	X	X	X	
Hypertension	X		X	X		X	
Lung cancer							X
Obesity	X	X	X	X	X	X	
Skin cancer							X

Source: Strategy Solutions, Inc.

Table 6.4 highlights the needs and issues related to communicable diseases, economic conditions, health care providers and facilities, injury and quality of life/mental health.

TABLE 6.4: 2019 CHNA COMMUNICABLE DISEASES, ECONOMIC CONDITIONS, HEALTH CARE PROVIDERS AND FACILITIES, INJURY AND QUALITY OF LIFE/MENTAL HEALTH-RELATED NEEDS AND ISSUES

Identified Need	Secondary Data	Community Survey	Stakeholder Interviews	Focus Groups	Intercept Surveys	Key Informant Surveys	Added During Data Walk
COMMUNICABLE DISEASES							
Childhood immunizations	X	X					
Hepatitis C			X	X	X		
HIV/AIDS	X		X	X	X	X	
ECONOMIC CONDITIONS							
Employment/livable wages		X	X	X	X	X	
Housing/homeless		X	X	X	X	X	
HEALTH CARE PROVIDERS AND FACILITIES							
Availability of primary care physicians (accessible hours and wait times)							X
Bilingual providers/ cultural competency			X	X		X	X
Dental care				X	X	X	
Specialists				X		X	
INJURY							
Adult safety and violence – intentional injuries							X
Adult safety and violence – preventable injuries							X
Drowning							X
Falls	X					X	
Infant safety (car seats, SIDS, shaken baby, hot car)							X
Motor vehicle crash deaths	X						
Unintentional poisoning	X						
QUALITY OF LIFE/MENTAL HEALTH							
Lack of services and providers		X	X	X	X	X	
Mental health prevalence		X	X	X	X	X	
Social isolation				X		X	
Stigma		X		X		X	
Suicide							X

Source: Strategy Solutions, Inc.

Table 6.5 highlights the needs and issues related to school and student demographics.

TABLE 6.5: 2019 CHNA SCHOOL AND STUDENT-RELATED NEEDS AND ISSUES

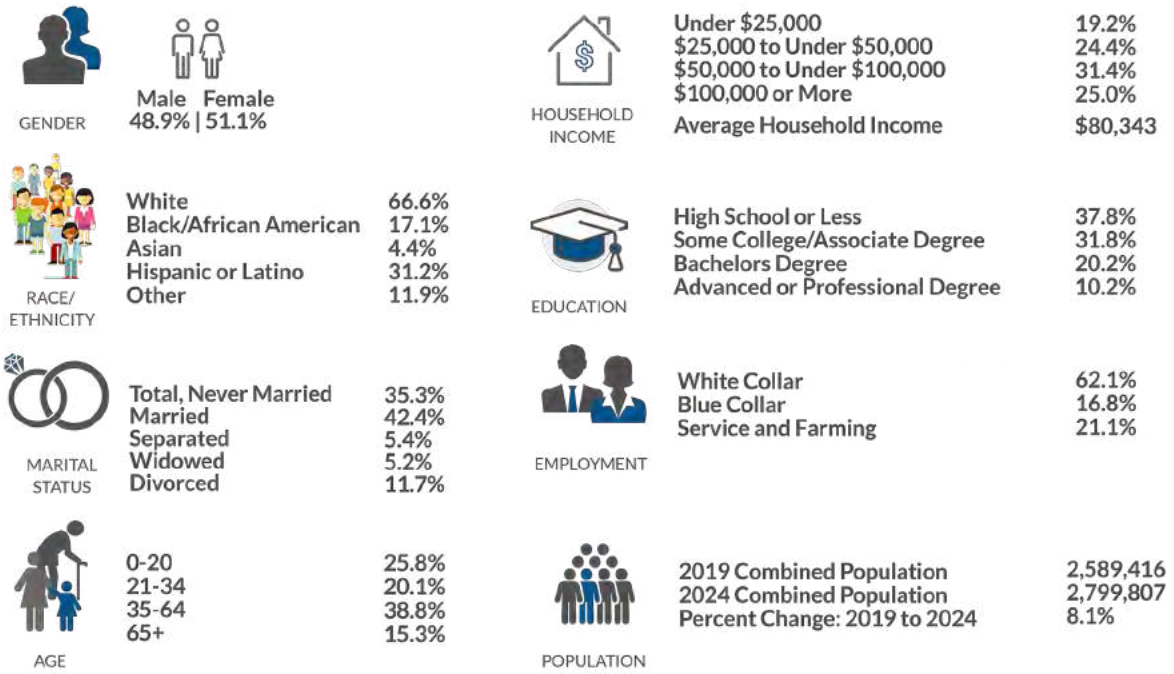
Identified Need	Secondary Data	Community Survey	Stakeholder Interviews	Focus Groups	Intercept Surveys	Key Informant Surveys	Added During Data Walk
SCHOOL AND STUDENT DEMOGRAPHICS							
Homeless youth				X		X	
Youth violence/safety			X	X	X	X	

Source: Strategy Solutions, Inc.

Demographics at a Glance

Figure 6.1 identifies the demographic characteristics of the four-county region. It is important to note that race/ethnicity equals more than 100 percent because those that identify as Hispanic or Latino ethnicity may also identify with a race group, such as White or Black/African American. Occupations (white collar, blue collar and service and farming) are assigned by the US Census Bureau based on the Standard Occupational Classification (SOC) system used in census reporting. White collar occupations are professional and technical in nature such as engineers, scientists, health diagnosing occupations, librarians, planners and lawyers. Blue collar occupations include precision production and repair occupations such as mechanics and repairers, construction trades, metalworking, woodworking and extractive, as well as testers and plant and system operators. Service and farming occupations cover protective services occupations including firefighting, police and corrections as well as food service occupations such as servers, cooks and bartenders. This occupation category also includes health care services occupations such as dental assistants and nurse aids, cleaning and building service occupations, as well as personal service occupations such as hairdressers, daycare workers and transportation attendants.

FIGURE 6.1: FOUR-COUNTY REGION DEMOGRAPHIC



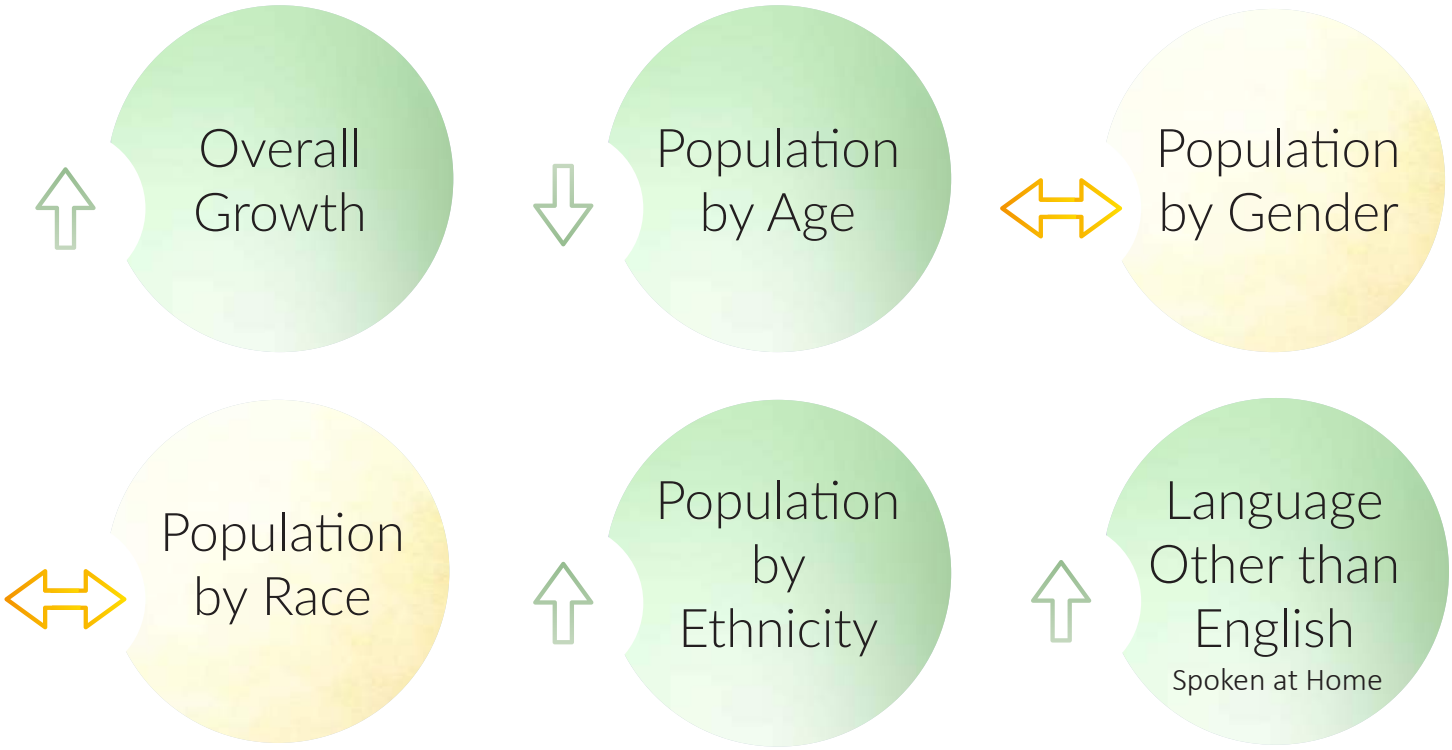
*Race/Ethnicity percentages add up to more than 100 percent because Hispanic or Latino individuals can also be White, Black or some other race.

Source: Strategy Solutions, Inc.

Demographics at a Glance

Figure 6.2 identifies individual demographic indicators and how they are changing. Red means that the indicator has worsened in at least three of the regional counties, yellow means that some counties are increasing and some are decreasing or rates have remained roughly equivalent, and green means that rates have improved in at least three of the regional counties since the most recent CHNA that data is available.

FIGURE 6.2: DEMOGRAPHIC INDICATORS



Source: US Census Bureau

Demographics: Summary Of Indicators

The following includes both a narrative as well as a visual (chart or table) summary of indicators reported on in this section. While above colored icons illustrate observed trends from the data reported in the 2016 CHNA, this section is designed to highlight relevant information on each indicator and provide a narrative of the data included in the charts/tables that follow.

POPULATION GROWTH (2000-2018)

According to the U.S. Census Bureau, the population has grown in every county in the four-county region from 2010 to 2018. As of 2018, Orange County (1,380,645) has the largest population within the four-county region which has increased from 1,148,593 in 2010. In 2018, Osceola County (367,990) had the smallest population in the four-county region increasing from 269,841 in 2010. Seminole County has had the lowest population growth in the four-county region increasing from 423,057 in 2010 to 467,832 in 2018. The population in Osceola County has increased from 269,841 in 2010 to 367,990 in 2018. (See Chart 6.1)

POPULATION BY AGE (2019 ESTIMATED)

When looking at population by age, residents between the ages of 0-14 are the largest age group in the state (17.5 percent) and four-county region (Lake: 15.8 percent, Orange: 18.5 percent, Osceola: 19.7 percent and Seminole: 16.6 percent). Orange, Osceola and Seminole counties skew younger, while Lake County has a noticeably higher percentage of residents ages 65-74 (15.5 percent) than the other three counties. (See Chart 6.2)

POPULATION GROWTH BY AGE (2010-2040 ESTIMATED)

In the year 2040, when looking at population growth by age, residents ages 20-39 are still expected to make up the largest segment of the population. The year 2020 is expected to be the first since 2010 that there will be more youth residents than middle-aged residents: people ages 0-19 will outnumber those of ages 40-59. Across the four-county region, each age group is expected to experience an increase from 2010 to 2040, with the largest increases among those ages 0-19 (55 percent) and ages 75 and older (221 percent). (See Chart 6.3)

POPULATION BY GENDER (2019 ESTIMATED)

Across the four-county region there is a gender distribution that is nearly equal, with slightly more women than men. Orange (50.9 percent, 49.1 percent) and Osceola (50.9 percent, 49.1 percent) counties have less variation in gender distribution. Lake (51.6 percent, 48.4 percent) and Seminole (51.8 percent, 48.2 percent) counties most closely mirror the state (51.2 percent, 48.8 percent). (See Chart 6.4)

POPULATION BY RACE (2017)

When looking at population by race, the four-county region (Lake: 83.7 percent, Orange: 68.1 percent, Osceola: 79.5 percent, Seminole: 79.4 percent) and state (77.4 percent) were predominantly White. Orange County had the largest percentage of Black residents (22.8 percent). The largest percentage of Asian residents was in Orange County (5.7 percent). American Indian and Native Hawaiian each made up less than one percent in every county of the four-county region and the state as a whole. (See Chart 6.5)

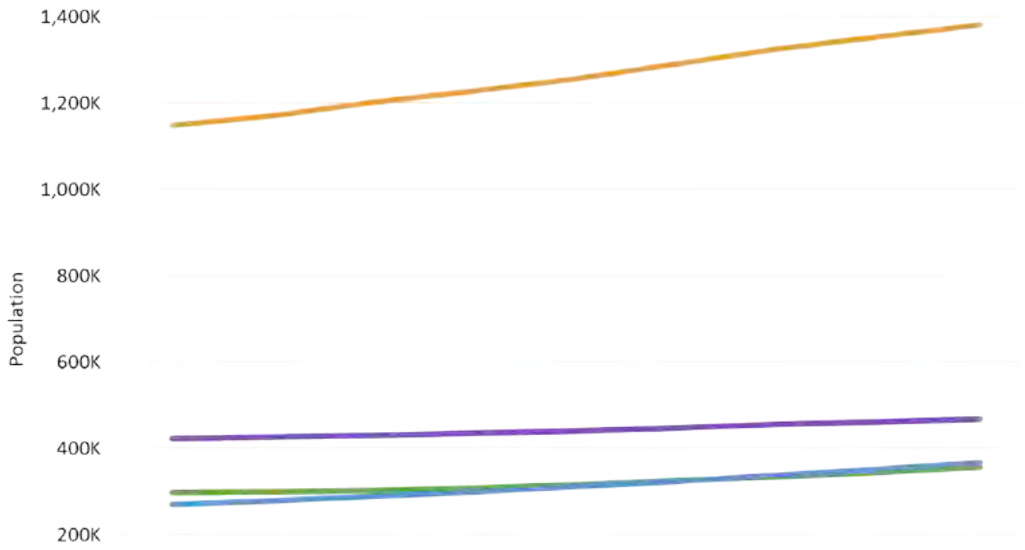
POPULATION BY ETHNICITY (2017)

Just over a quarter of Florida residents are Hispanic or Latino (25.6 percent). Over half (53.7 percent) of Osceola residents and almost one third (31.4 percent) of Orange County residents are Hispanic or Latino. Seminole (21.4 percent) and Lake (15.4 percent) counties are below the state rate of Hispanic or Latino residents. (See Chart 6.6)

LANGUAGE OTHER THAN ENGLISH SPOKEN AT HOME (2017)

Nearly half of those who live in Osceola County (49.6 percent) speak a language other than English at home. Orange County (35.3 percent) also has a higher proportion of residents speaking a language other than English at home compared to the state level of 28.7 percent. Lake County (13.7 percent) has the lowest percentage of residents who speak another language at home followed by Seminole County (21.1 percent). (See Chart 6.7)

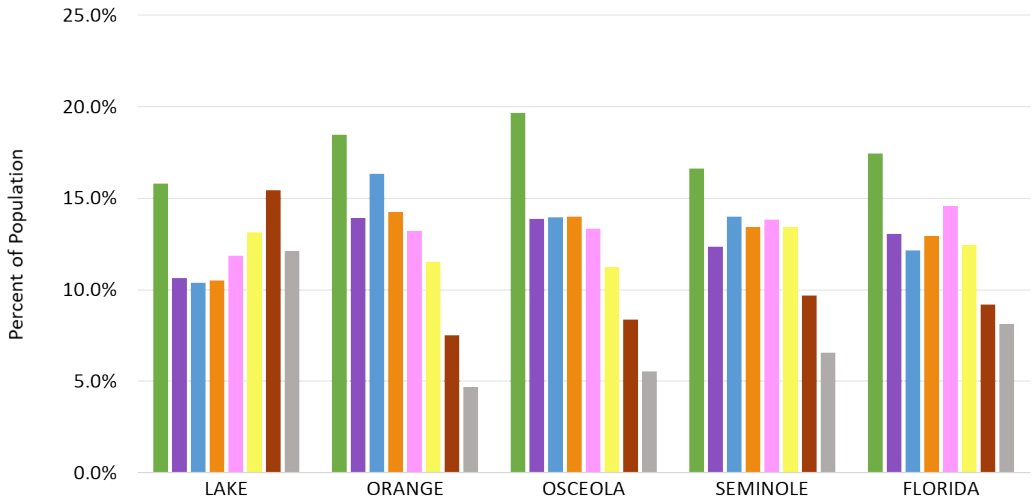
CHART 6.1: POPULATION GROWTH (2000–2018)



	2010	2011	2012	2013	2014	2015	2016	2017	2018
Lake	297,708	300,488	303,738	308,002	315,388	325,091	334,748	345,087	356,495
Orange	1,148,593	1,170,526	1,202,594	1,227,642	1,256,908	1,290,639	1,324,843	1,352,933	1,380,645
Osceola	269,841	278,637	288,908	299,304	311,137	323,578	337,730	352,661	367,990
Seminole	423,057	426,307	430,539	435,531	441,453	448,246	455,665	462,236	467,832

Source: U.S. Census Bureau, American Fact Finder

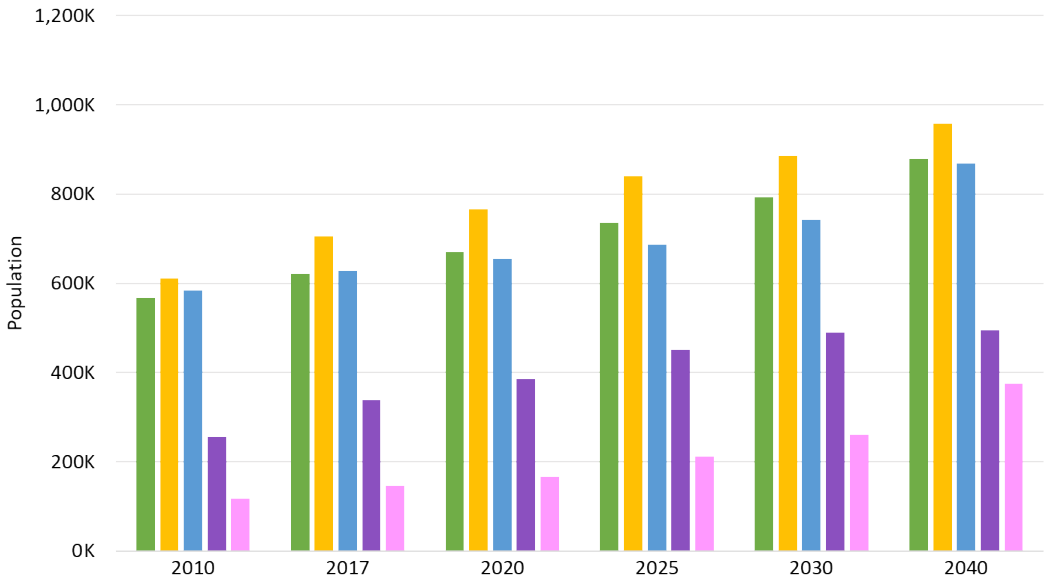
CHART 6.2: POPULATION BY AGE (2019 ESTIMATED)



	LAKE	ORANGE	OSCEOLA	SEMINOLE	FLORIDA
Age 0-14	15.8%	18.5%	19.7%	16.6%	17.5%
Age 15-24	10.7%	13.9%	13.9%	12.4%	13.1%
Age 25 - 34	10.4%	16.4%	14.0%	14.0%	12.2%
Age 35 - 44	10.5%	14.2%	14.0%	13.5%	12.9%
Age 45 - 54	11.9%	13.2%	13.3%	13.9%	14.6%
Age 55 - 64	13.1%	11.6%	11.3%	13.5%	12.4%
Age 65 - 74	15.5%	7.5%	8.4%	9.7%	9.2%
75+ Years	12.1%	4.7%	5.5%	6.6%	8.2%

Source: Claritas- Pop-Facts Premier 2019, Environics Analytics

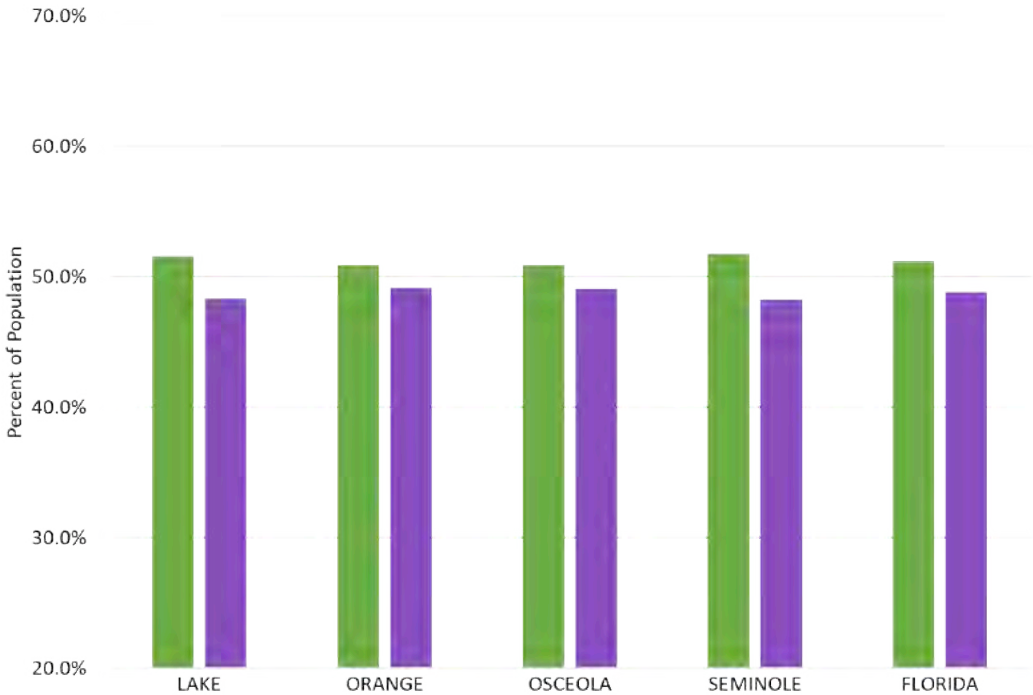
CHART 6.3: POPULATION GROWTH BY AGE (2010-2040 ESTIMATED)



	2010	2017	2020	2025	2030	2040
0-19	567,012	621,738	669,335	736,072	792,364	878,145
20-39	610,801	704,856	766,253	839,940	885,195	958,198
40-59	584,297	627,601	655,004	687,035	742,207	867,999
60-74	255,588	338,540	384,971	450,671	488,997	494,800
75+	116,708	145,240	165,483	211,201	259,947	374,345

Source: Florida Bureau of Economic and Business Research

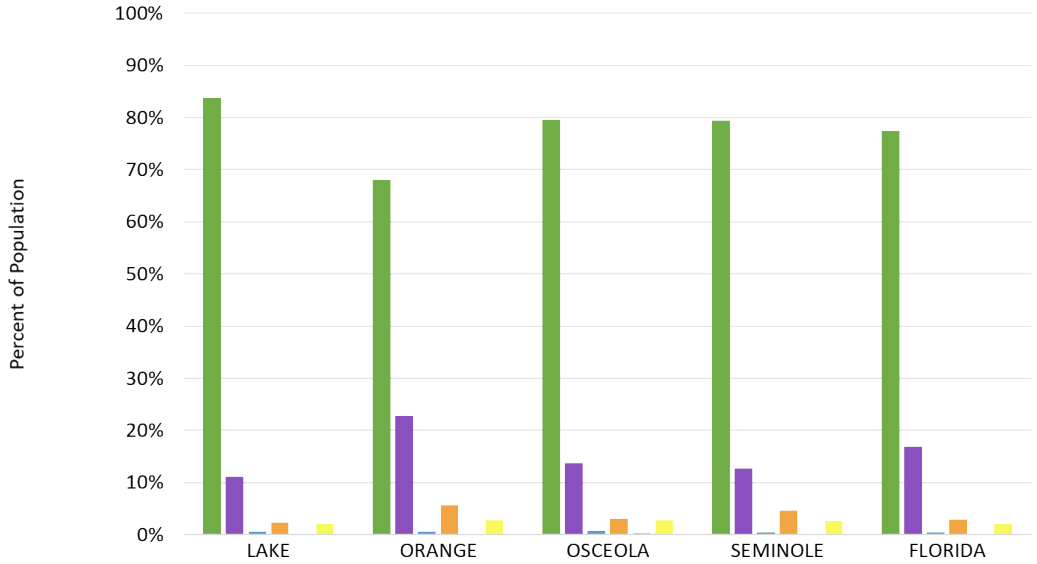
CHART 6.4: POPULATION BY GENDER (2019 ESTIMATED)



	LAKE	ORANGE	OSCEOLA	SEMINOLE	FLORIDA
Female	51.6%	50.9%	50.9%	51.8%	51.2%
Male	48.4%	49.1%	49.1%	48.2%	48.8%

Source: Claritas- Pop-Facts Premier 2019, Environics Analytics

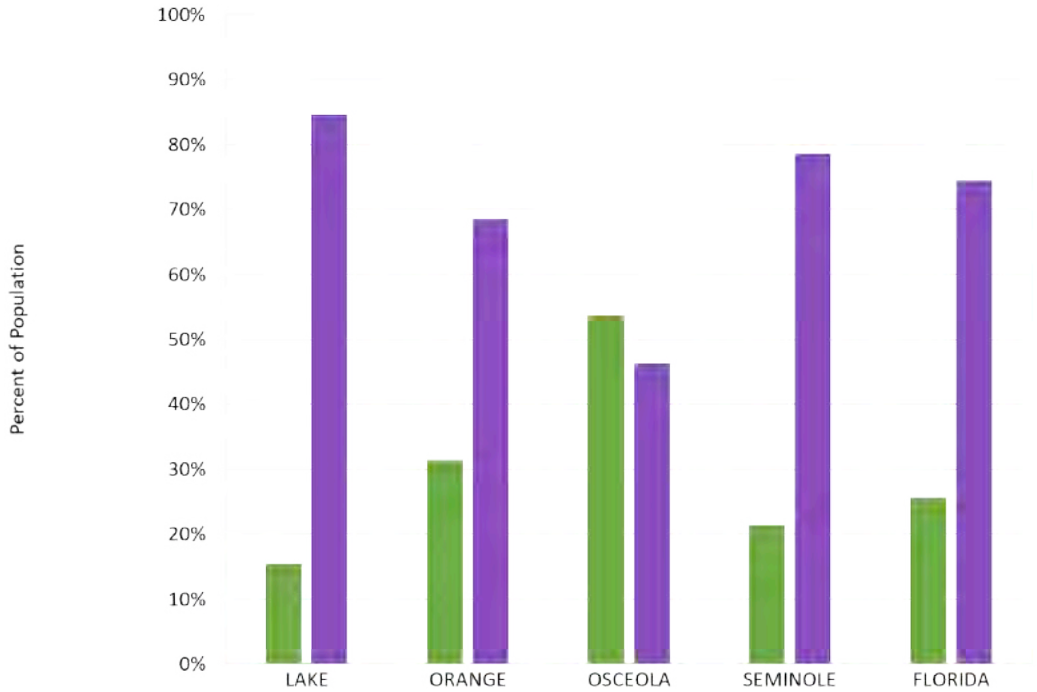
CHART 6.5: POPULATION BY RACE (2017)



	LAKE	ORANGE	OSCEOLA	SEMINOLE	FLORIDA
White	83.7%	68.1%	79.5%	79.4%	77.4%
Black	11.1%	22.8%	13.7%	12.7%	16.9%
American Indian	0.6%	0.6%	0.8%	0.4%	0.5%
Asian	2.3%	5.7%	3.0%	4.7%	2.9%
Native Hawaiian	0.2%	0.2%	0.3%	0.1%	0.1%
2+ Races	2.0%	2.7%	2.7%	2.6%	2.1%

Source: Census Quick Facts

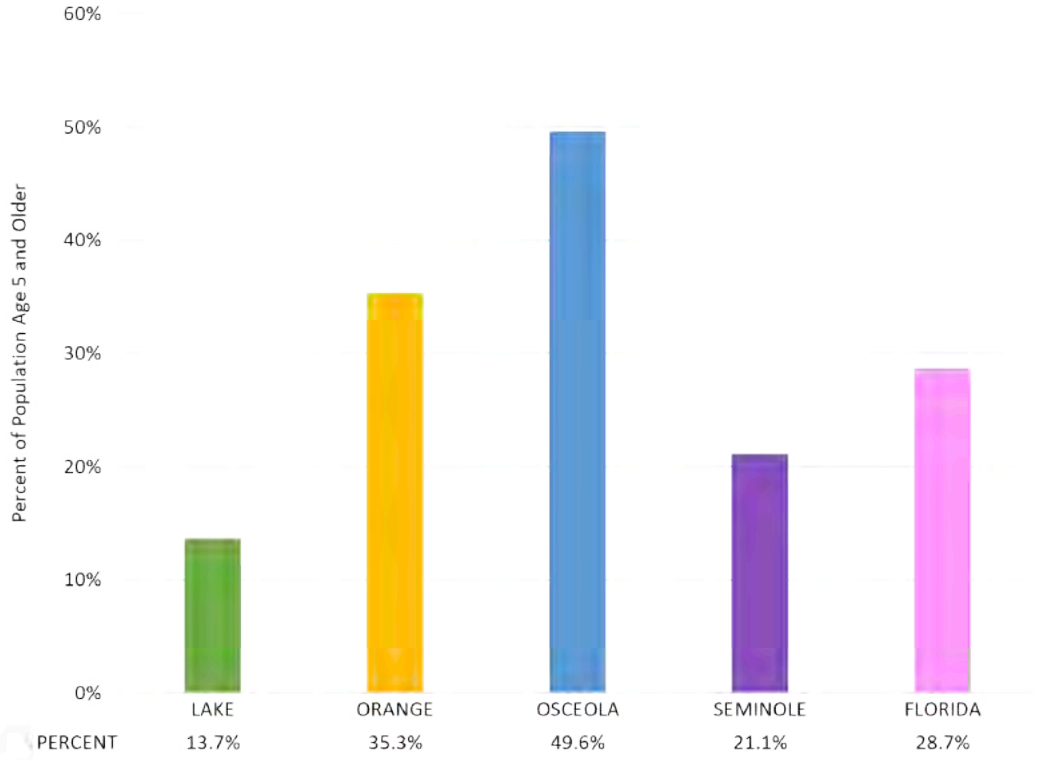
CHART 6.6: POPULATION BY ETHNICITY (2017)



	LAKE	ORANGE	OSCEOLA	SEMINOLE	FLORIDA
HISPANIC OR LATINO	15.4%	31.4%	53.7%	21.4%	25.6%
NON-HISPANIC	84.6%	68.6%	46.3%	78.6%	74.4%

Source: Census Quick Facts

CHART 6.7: LANGUAGE OTHER THAN ENGLISH SPOKEN AT HOME (2017)

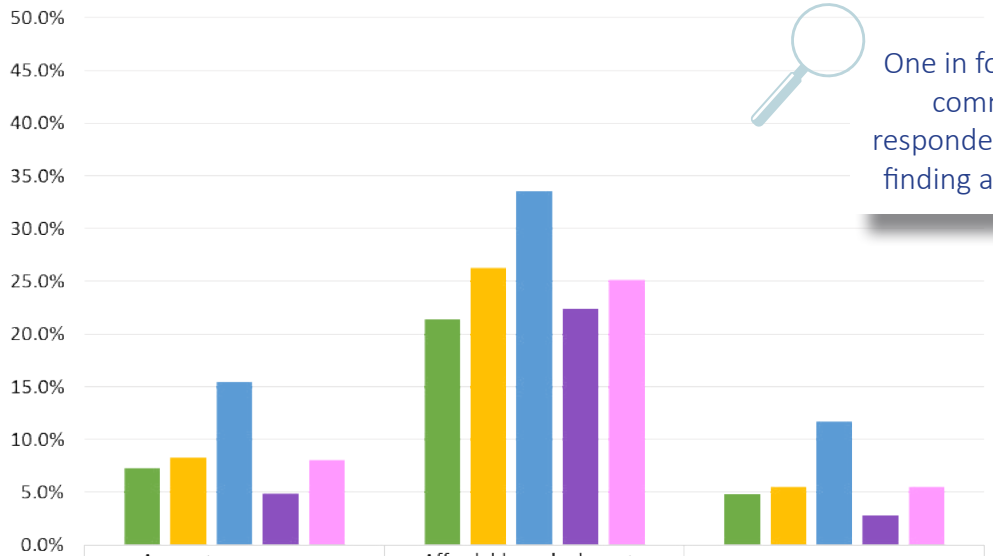


Source: Florida Office of Economic and Demographic Research

Economic Conditions: What the Community is Saying

Figure 6.3 illustrates the experiences of community survey respondents related to housing. While the percentages of residents experiencing challenges related to housing are greatest in Osceola County, between 4.9 and 15.5 percent of all respondents indicated that they have experienced challenges with access to an emergency shelter. Individuals struggling with homelessness is lowest in Seminole County (2.8 percent), but in the other counties, almost one in 20 survey respondents indicated that they have struggled with homelessness. Over one in five respondents across all counties have experienced the need for adequate and affordable housing.

FIGURE 6.3: HOUSING NEEDS, COMMUNITY SURVEY 2019



One in four (25.2 percent) community survey respondents have problems finding affordable housing

	Access to emergency shelter in the area	Affordable and adequate housing	Homelessness
LAKE	7.3%	21.4%	4.8%
ORANGE	8.3%	26.3%	5.5%
OSCEOLA	15.5%	33.6%	11.7%
SEMINOLE	4.9%	22.4%	2.8%
OVERALL	8.1%	25.2%	5.5%

Source: Central Florida Community Collaborative Community Survey, Strategy Solutions, Inc.

Housing has been a major issue for every county in the four-county region. Participants in the primary data collection identified the following as community needs and issues related to housing:

- Homelessness
- Lack of affordable housing
- Lack of a single definition of homelessness
- Those homeless do not have access to resources to meet basic needs
- Homeless individuals rarely utilize or have access to preventative care
- Homeless individuals use emergency departments as their primary source of healthcare
- Low wages and high housing costs in the four-county region contribute to the likelihood of experiencing homelessness
- Untreated substance use and mental health conditions both contribute to the loss of wages that can lead to homelessness and make it difficult to secure housing

Figure 6.4 outlines some of the impacts of economic conditions identified by community survey respondents.

FIGURE 6.4: IMPACTS OF ECONOMIC CONDITIONS, COMMUNITY SURVEY 2019

Respondents from Osceola County are more likely to be impacted by economic conditions than those from other counties.

Food Did Not Last		Utilities Shut Off		Worried About Stable Housing	
Lake	8.3%	Lake	4.9%	Lake	6.3%
Orange	11.2%	Orange	6.3%	Orange	10.4%
Osceola	22.6%	Osceola	9.0%	Osceola	18.1%
Seminole	7.8%	Seminole	6.4%	Seminole	4.5%
Overall	11.1%	Overall	6.3%	Overall	9.1%

Source: Central Florida Community Collaborative Community Survey, Strategy Solutions, Inc.

Figure 6.5 outlines the percentages of community survey respondents that are struggling with employment-related needs and issues.

FIGURE 6.5: EMPLOYMENT-RELATED NEEDS, COMMUNITY SURVEY 2019

% Affected by Employment-Related Needs	
Lake	11.1%
Orange	8.3%
Osceola	11.2%
Seminole	22.6%
Overall	7.8%

Over one in four community survey respondents have difficulty finding employment. Respondents from Osceola County struggle the most with employment opportunities.

Source: Central Florida Community Collaborative Community Survey, Strategy Solutions, Inc.

Other community needs and issues related to economic conditions identified by the participants in the primary research included:

- Poverty
  - There are many jobs that don't offer insurance
  - Many people are living in poverty
  - People are living in debt
  - People have to work multiple jobs to survive; there is a lack of living wage jobs
  - Lack of insurance
- Financial literacy
  - Lack of financial literacy leads to lack of economic mobility and income inequality
- Health inequity
  - Health is not a focus for those living in poverty
- Transportation

Barriers to accessing needed services identified by primary research participants included:

- Lack of awareness of available services and resources
- Financial literacy
- Difficulty in navigating government programs
- Fear
- Restrictions on programs
- Low self-esteem/motivation

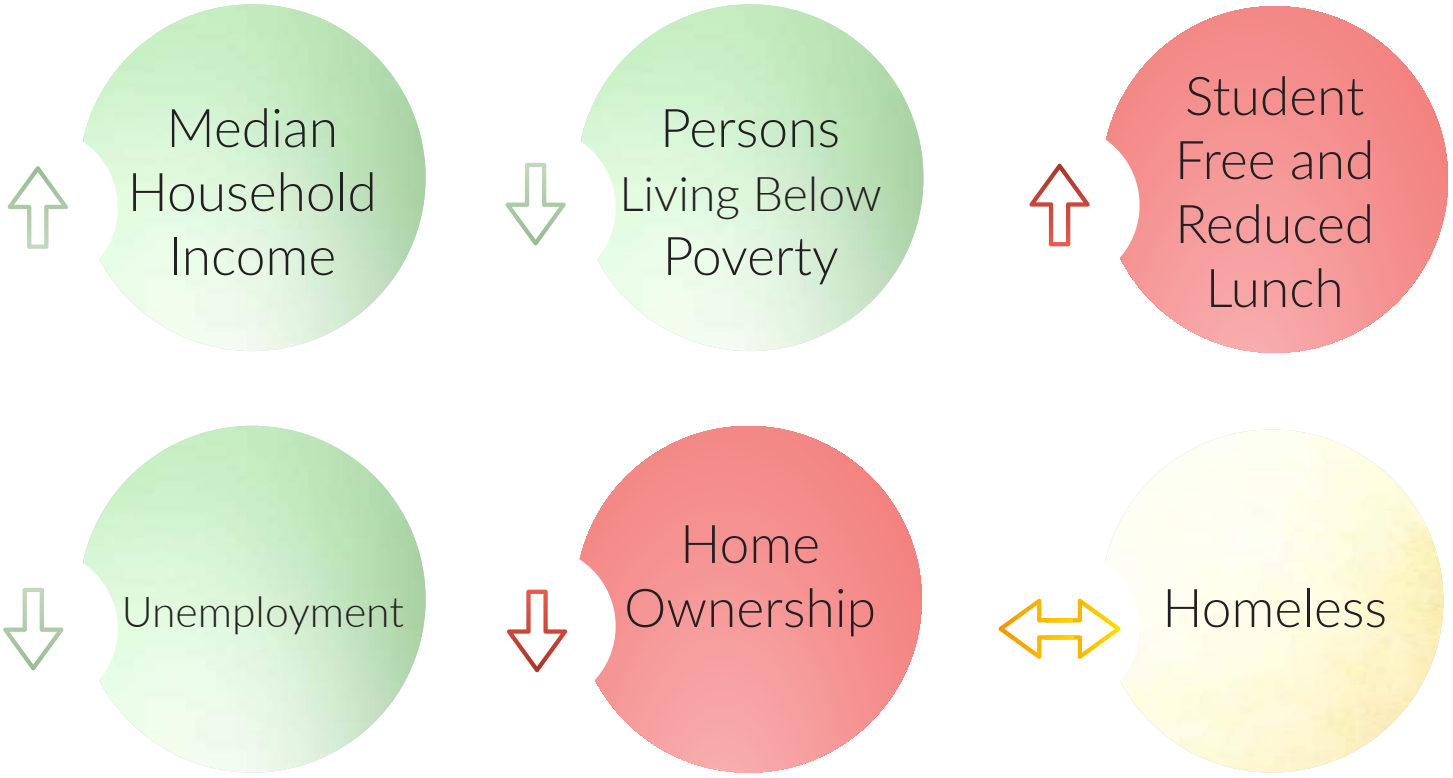
Needed services that were identified in the primary research included:

- Better collaboration among community agencies
- Housing
  - Quality, safe and affordable housing
  - A better plan to address homelessness
- Access to living wage jobs
  - Skills and job training
- Transportation
- Family reunification
- Access to legal documents
- Education
- Health navigator for the homeless

Economic Conditions At A Glance

The key indicators related to economic conditions that have changed since the last assessment are identified in Figure 6.6. Red means that the indicator has worsened in at least three of the regional counties, yellow means that some counties are increasing and some are decreasing or rates have remained roughly equivalent, and green means that rates have improved in at least three of the regional counties since the last CHNA.

FIGURE 6.6: ECONOMIC INDICATORS



Source: Strategy Solutions, Inc.

Economic Conditions: Summary Of Indicators

The following includes both a narrative as well as a visual (chart or table) summary of indicators reported on in this section. While above colored icons illustrate observed trends from the data reported in the 2016 CHNA, this section is designed to highlight relevant information on each indicator and provide a narrative of the data included in the charts/tables that follow.

MEDIAN HOUSEHOLD INCOME (2000-2017)

Seminole County consistently has a higher median household income than the other three counties in the four-county region and the state ($38,819 in 2000, $50,883 in 2017). Lake County has experienced consistent increases in median income since 2000 from $36,903 to $49,734 in 2017. The other three counties peaked in 2010 then slightly dropped in 2013, similar to the trend at the state level. Orange County's median household income grew from $50,138 in 2010 to $51,586 in 2017. Osceola County increased from $46,328 in 2010 to $47,343 in 2017 and Seminole County increased from $58,971 in 2010 to $60,739 in 2017. (See Chart 6.8)

PERSONS LIVING BELOW POVERTY LEVEL (2000-2017)

Every county in the four-county region has experienced an increase in the percentage of people living under the poverty line from 2000 to 2014. However, the rate decreased in all counties from 2014 to 2017. Orange County (15.3 percent) had the highest percentage in the four-county region in 2017 and is also higher than the state (14 percent). Lake (12.6 percent in 2017) and Seminole (11.2 percent in 2017) have consistently seen percentages below the state level. In 2017, Osceola County (14 percent) was equal to the state (14 percent). (See Chart 6.9)

STUDENTS RECEIVING FREE & REDUCED LUNCH (2014-2018)

The National School Lunch Program, School Breakfast Program, Special Milk Program, Child And Adult Care Food Program, and Summer Food Service Program provide income-eligible students with free and reduced-price meals. According to County Health Rankings and Roadmaps in 2018, Lake County (68.2 percent) had the highest percentage of free and reduced lunch in the four-county region and was higher than the state (58.8 percent). It is important to note that Lake County designated free lunch for all students of public schools in 2018. Seminole County (48 percent) had the lowest. In 2018, Orange (63.9 percent) and Osceola (63.3 percent) counties were also higher than the state. All counties in the four-county region have seen a net increase in the percentage of eligible students since 2014. (See Chart 6.10)

UNEMPLOYMENT RATE (2008-2018)

Every county in the four-county region has seen a consistent decrease in average unemployment from the high in 2010. Osceola County went from 12.5 percent in 2010 to a low of 3.6 percent in 2018. Orange and Seminole counties both had rates of 3.1 percent in 2018, which was below the state rate of 3.6 percent. Seminole County has consistently had the lowest average unemployment rate in recent years, while Osceola has had the highest. Lake County's rate peaked at 11.8 percent in 2010, then decreased to 3.4 percent in 2018. Orange County's rate peaked at 10.8 percent in 2010 then decreased to 3.1 percent in 2018. Seminole County's rate peaked at 10.6 percent in 2010 then declined to 3.1 percent in 2018. The 2018 rates for all counties in the four-county region were the lowest they have been in the past 10 years and were equal to or lower than the state rate. (See Chart 6.11)

HOMEOWNERSHIP RATES (2000-2017)

Lake County has consistently had the highest homeownership rates, but also experienced the largest decrease from 2000 to 2017, from 81.5 percent in 2000 to 73.5 percent in 2017. Seminole County also had homeownership rates higher than the state level for years 2010 to 2017, even though the Seminole County rate decreased from 69.5 percent in 2000 to 65.8 percent in 2017. Osceola County's rate decreased from 65.7 percent in 2000 to 60.4 percent in 2017. Orange County has consistently had the lowest homeownership rates in the four-county region, decreasing from 60.7 percent in 2000 to 54.5 percent in 2017. All counties have seen decreasing homeownership rates over the past 17 years. (See Chart 6.12)

COST BURDEN OF HOUSEHOLDS (2016)

According to the Department of Housing and Urban Development (HUD), households who pay more than 30 percent of their income for housing are considered cost burdened. Those who pay more than 50 percent are severely cost burdened. Osceola County had the highest percentage in the four-county region of residents who are cost burdened (24.4 percent) or severely cost burdened (25.1 percent). Lake County had the lowest percentage of cost burdened (18.6 percent) and severely cost burdened (16.7 percent). In Orange County. 22.9 percent of residents were cost burdened and 23.7 percent were severely cost burdened. In Seminole County, 20.7 percent were cost burdened and 19.2 percent were severely cost burdened. (See Chart 6.13 and Figure 6.7)

HOMEOWNER COST BURDEN (2016)

Homeowners are less likely to be burdened by the cost of their home than renters. Seminole County homeowners, with 65.7 percent not cost burdened, nearly mirror the state level (65.1 percent). In 2016, Lake County homeowners were the least cost burdened at 71 percent of the population. Osceola County experiences the most cost burden with only 56.5 percent not cost burdened. In Orange County 62.2 percent of residents were not cost burdened. (See Chart 6.14)

GROSS RENT AS A PERCENT OF INCOME- 5-YEAR ESTIMATES (2016)

Osceola (32.5 percent) and Orange (28.7 percent) counties have high percentages of residents who spend more than 50 percent of their household income on rent. In every county within the four-county region and at the state level, more than half of the residents spend more than 30 percent of their income on rent. Residents in Seminole County spend the least with 48.5 percent paying less than 30 percent of their income on rent. Lake County has the highest percentage paying between 30-49.9 percent of their income on rent (29.4 percent). (See Chart 6.15)

COST BURDEN EXPERIENCED BY RENTER HOUSEHOLDS (2016)

Seminole County residents are the least cost burdened in the four-county region, with almost half of their residents (48.6 percent) not cost burdened followed by Lake County (43.9 percent). Osceola County had the highest levels of cost burden among its renters with only 39.4 percent not cost burdened. Approximately one-third of residents in Orange County are severely cost burdened (32.7 percent). (See Chart 6.16 and Figure 6.8)

HOMELESS INDIVIDUALS BY COUNTY (2010-2018)

The number of homeless individuals has fluctuated in the four-county region. In 2018, Orange County still had the highest number of homeless individuals in the four-county region, reporting 1,539 homeless in 2018. Lake County reported 312 homeless in 2018, while Osceola County reported 226, and Seminole County reported 288 during that year. (See Table 6.5)

INCOME INEQUALITY (2018)

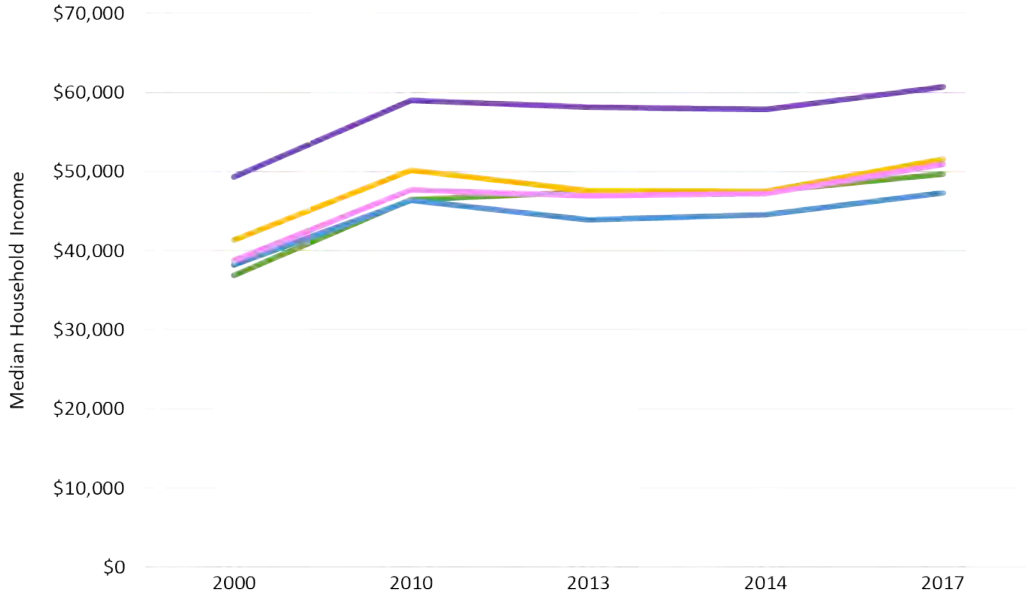
Income inequality refers to the uneven distribution of income across a population. One measure of income inequality involves generating percentiles for household income. Then, the income (in dollars) at the 20th and 80th percentiles are used to generate a ratio; the higher the ratio, the higher the income inequality. The ratio in the four-county region is lower than the state (4.7), indicating a more equal distribution of income. Lake and Osceola counties have the lowest level of income inequality in the four-county region with a ratio of 4.1; Orange County had the highest level of income inequality (4.6) followed by Seminole County (4.4). (See Chart 6.17)

Economic Conditions: Key Findings

There are many positive aspects of the economic conditions in the four-county region, including numerous demographic and economic indicators that have improved over the past few years. However, in spite of the regional economic growth, there are concentrated areas of poverty that remain in every county that limits access to care and other beneficial services to vulnerable populations. These vulnerable populations include, but are not limited to, households and families in poverty, those who must work multiple jobs to make ends meet and those who do not have health insurance. Even those considered “middle class” may struggle, including those with access to care and resources, because their incomes preclude them from qualifying for supportive services that others with slightly lower incomes may be able to access.

These groups need education, job training, navigation and coordination assistance, as well as access to other resources to help them address the SDOH that are impacting their lives.

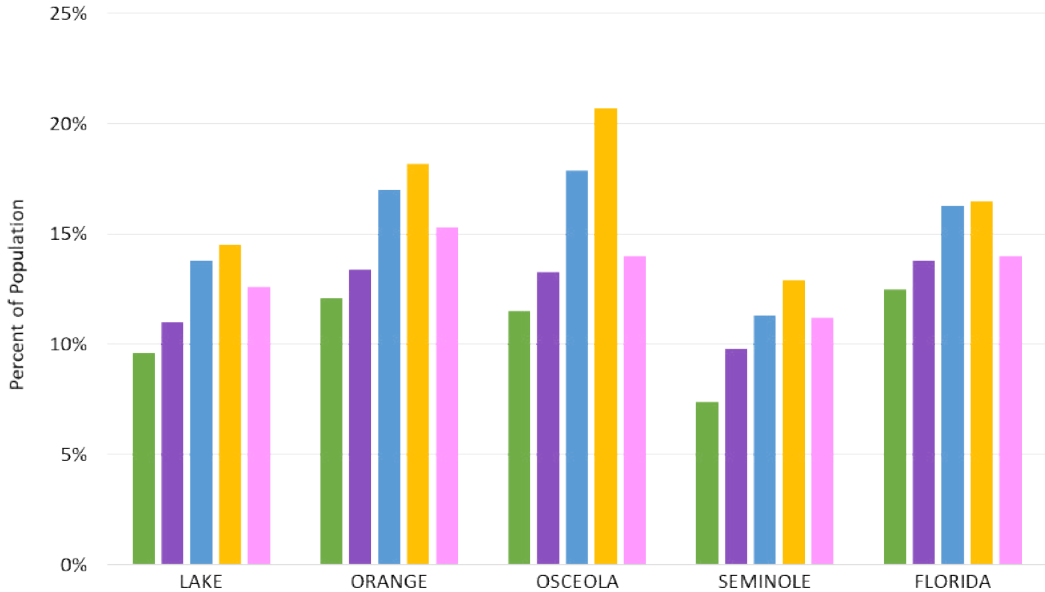
CHART 6.8: MEDIAN HOUSEHOLD INCOME (2000-2017)



	2000	2010	2013	2014	2017
LAKE	$36,903	$46,477	$47,439	$47,465	$49,734
ORANGE	$41,311	$50,138	$47,581	$47,556	$51,586
OSCEOLA	$38,214	$46,328	$43,891	$44,551	$47,343
SEMINOLE	$49,326	$58,971	$58,175	$57,875	$60,739
FLORIDA	$38,819	$47,661	$46,956	$47,212	$50,883

Source: U.S. Census Bureau, American Fact Finder

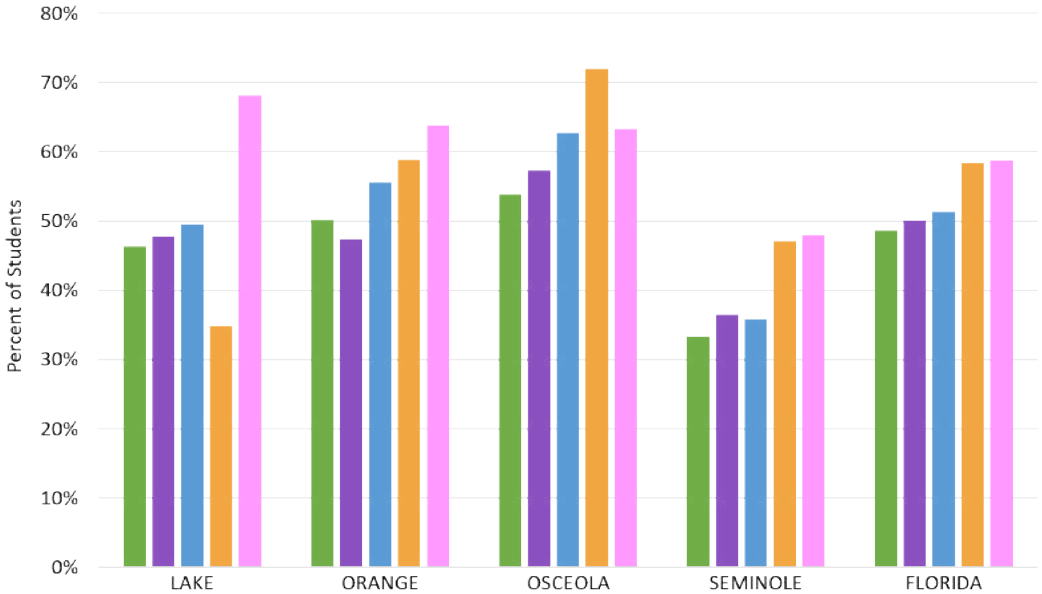
CHART 6.9: PERSONS LIVING BELOW POVERTY LEVEL (2000-2017)



	LAKE	ORANGE	OSCEOLA	SEMINOLE	FLORIDA
2000	9.6%	12.1%	11.5%	7.4%	12.5%
2010	11.0%	13.4%	13.3%	9.8%	13.8%
2013	13.8%	17.0%	17.9%	11.3%	16.3%
2014	14.5%	18.2%	20.7%	12.9%	16.5%
2017	12.6%	15.3%	14.0%	11.2%	14.0%

Source: U.S. Census Bureau, American Fact Finder

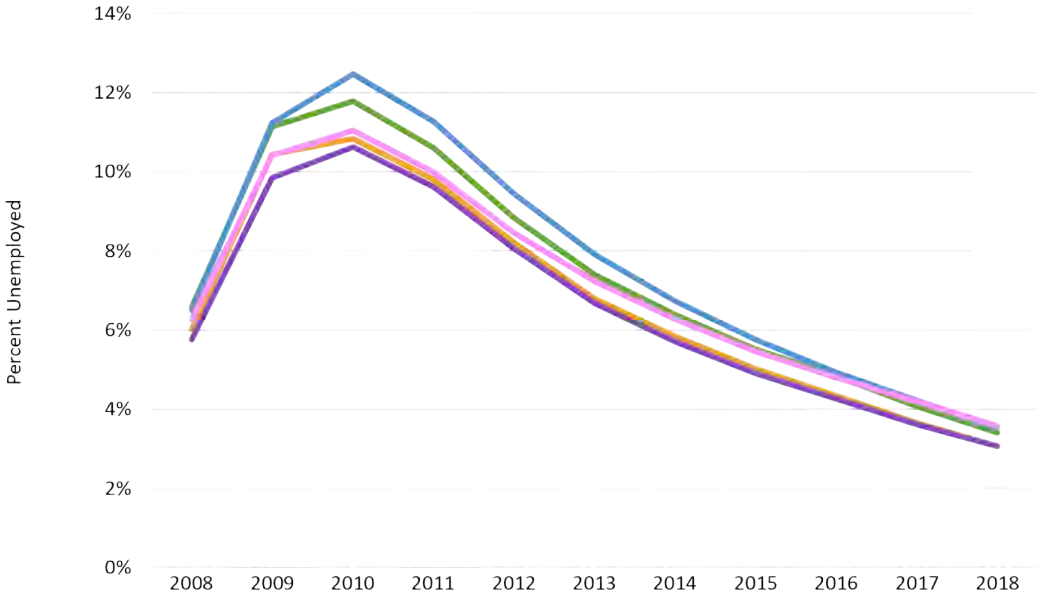
CHART 6.10: STUDENTS RECEIVING FREE & REDUCED LUNCH (2014-2018)



	LAKE	ORANGE	OSCEOLA	SEMINOLE	FLORIDA
2014	46.4%	50.2%	53.9%	33.4%	48.7%
2015	47.8%	47.3%	57.3%	36.5%	50.1%
2016	49.5%	55.6%	62.8%	35.8%	51.4%
2017	34.9%	58.9%	72.0%	47.1%	58.4%
2018	68.2%	63.9%	63.3%	48.0%	58.8%

Source: County Health Rankings and Roadmaps

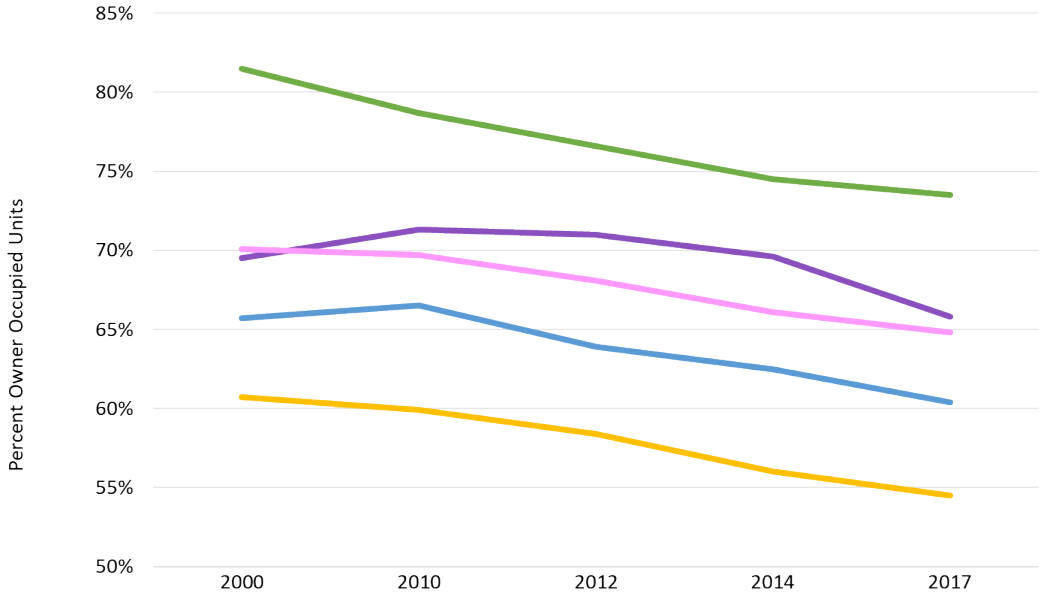
CHART 6.11: UNEMPLOYMENT RATE (2008–2018)



	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
LAKE	6.6%	11.1%	11.8%	10.6%	8.8%	7.4%	6.4%	5.5%	4.8%	4.1%	3.4%
ORANGE	6.0%	10.4%	10.8%	9.8%	8.2%	6.8%	5.8%	5.0%	4.3%	3.7%	3.1%
OSCEOLA	6.5%	11.2%	12.5%	11.3%	9.5%	7.9%	6.7%	5.8%	4.9%	4.2%	3.6%
SEMINOLE	5.8%	9.8%	10.6%	9.6%	8.1%	6.7%	5.7%	4.9%	4.3%	3.6%	3.1%
FLORIDA	6.3%	10.4%	11.0%	10.0%	8.5%	7.2%	6.3%	5.5%	4.8%	4.2%	3.6%

Source: US Department of Labor, Bureau of Labor Statistics

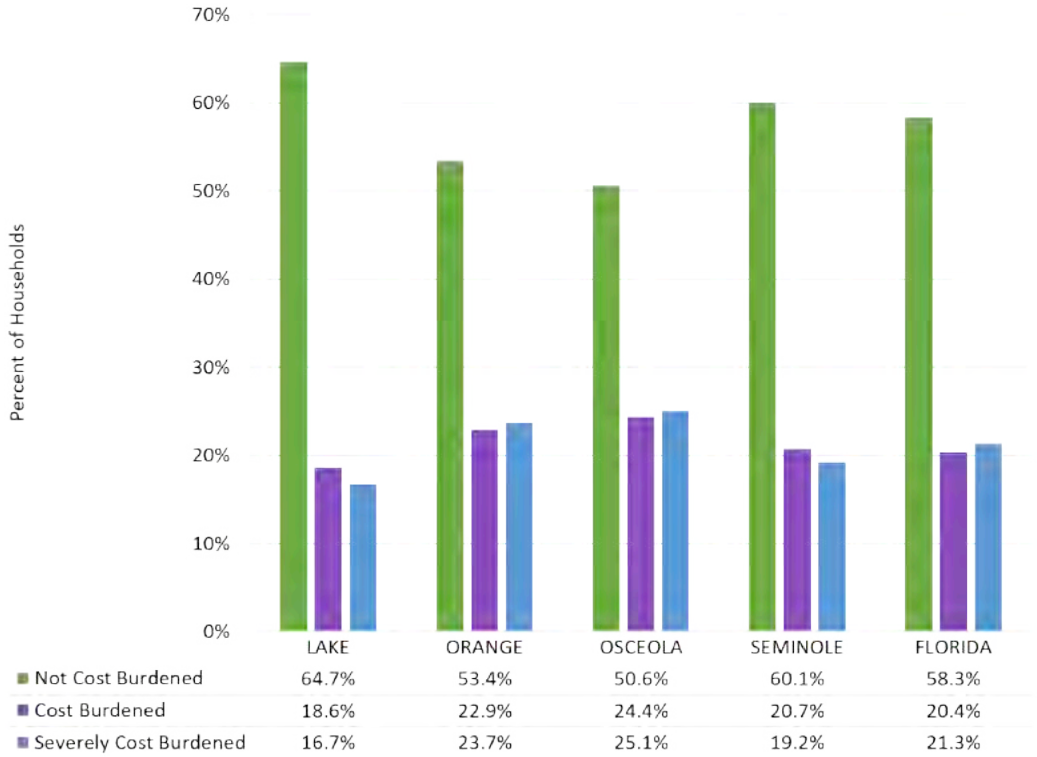
CHART 6.12: HOMEOWNERSHIP RATES (2000–2017)



	2000	2010	2012	2014	2017
LAKE	81.5%	78.7%	76.6%	74.5%	73.5%
ORANGE	60.7%	59.9%	58.4%	56.0%	54.5%
OSCEOLA	65.7%	66.5%	63.9%	62.5%	60.4%
SEMINOLE	69.5%	71.3%	71.0%	69.6%	65.8%
FLORIDA	70.1%	69.7%	68.1%	66.1%	64.8%

Source: Florida Housing Data, Shimberg Center

CHART 6.13: COST BURDEN OF HOUSEHOLDS (2016)



	LAKE	ORANGE	OSCEOLA	SEMINOLE	FLORIDA
Not Cost Burdened	64.7%	53.4%	50.6%	60.1%	58.3%
Cost Burdened	18.6%	22.9%	24.4%	20.7%	20.4%
Severely Cost Burdened	16.7%	23.7%	25.1%	19.2%	21.3%

Source: Florida Housing Data, Shimberg Center

FIGURE 6.7: HOMEOWNER COST BURDEN MAP (2013-2017)

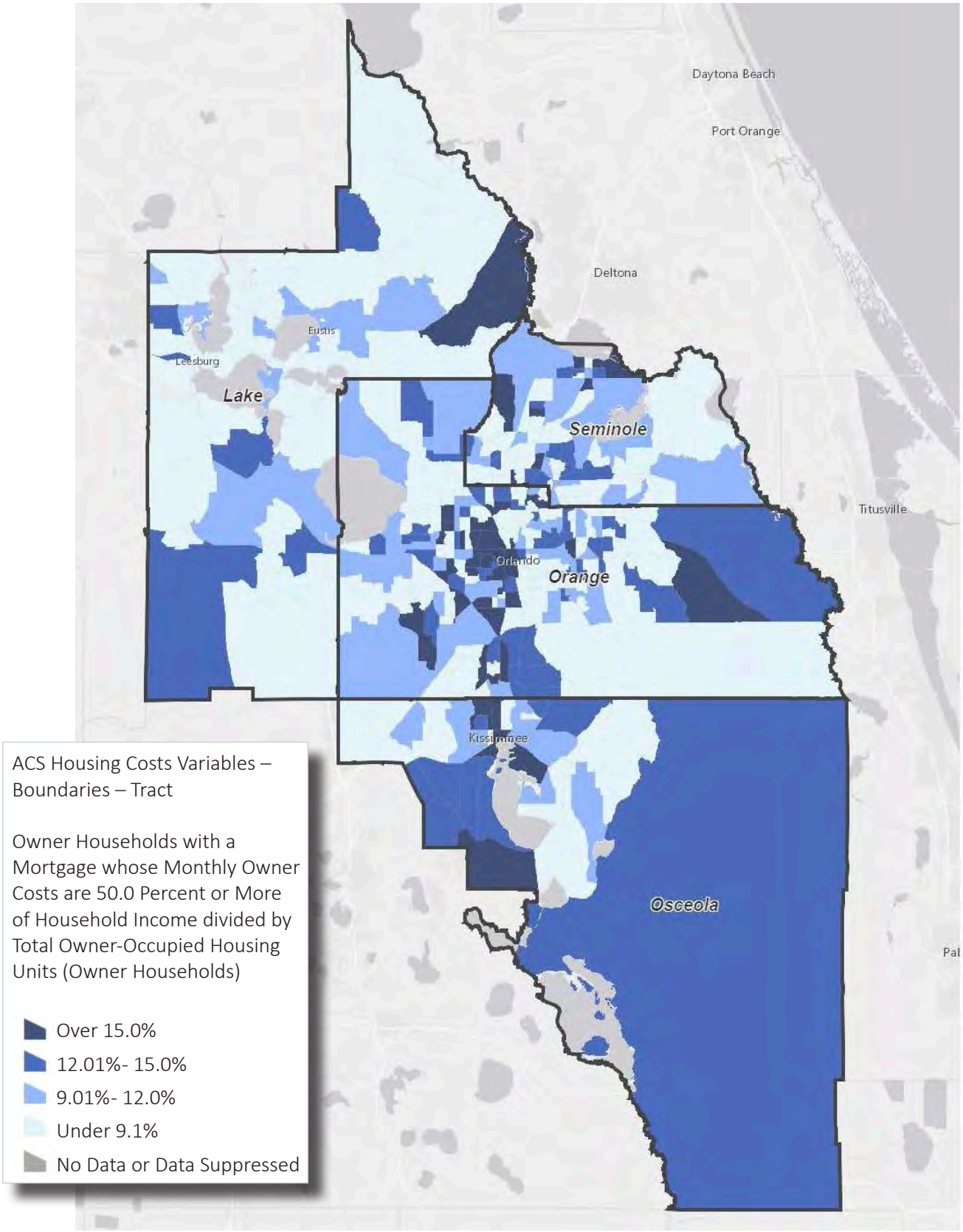
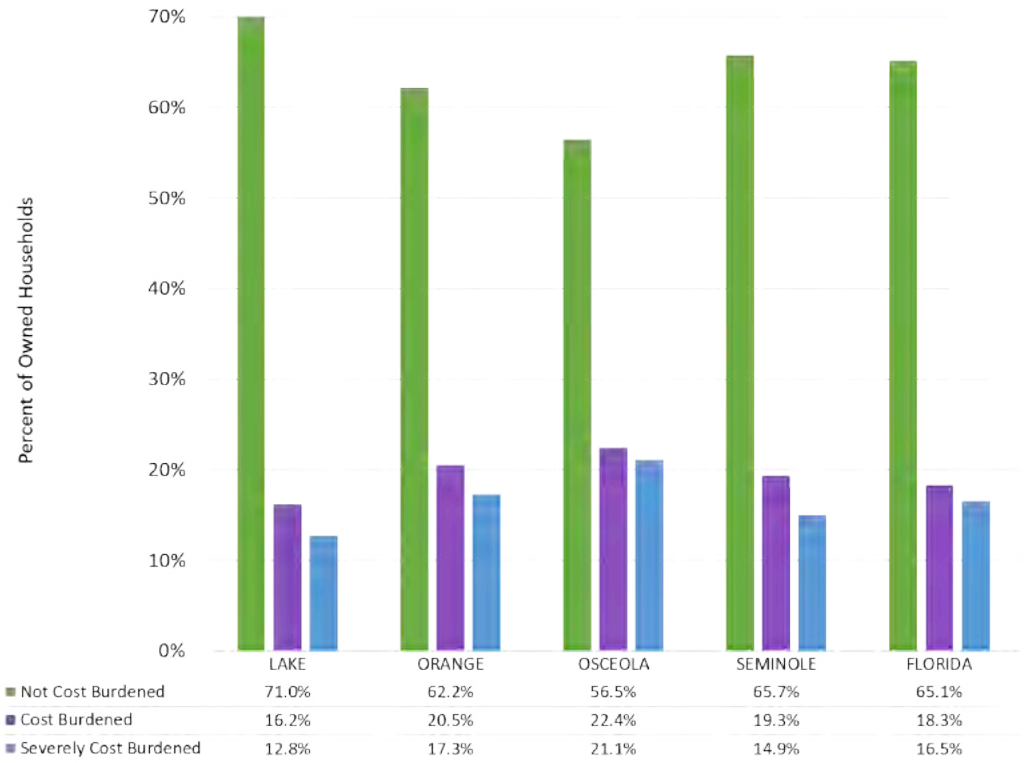
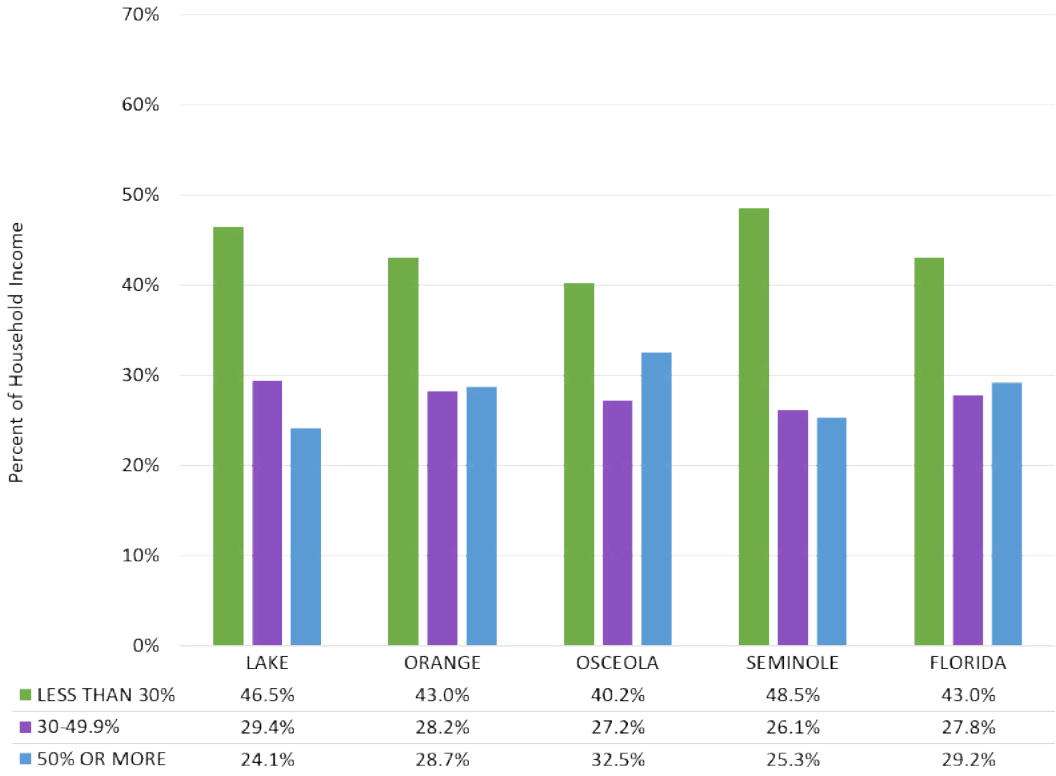


CHART 6.14: HOMEOWNER COST BURDEN (2016)



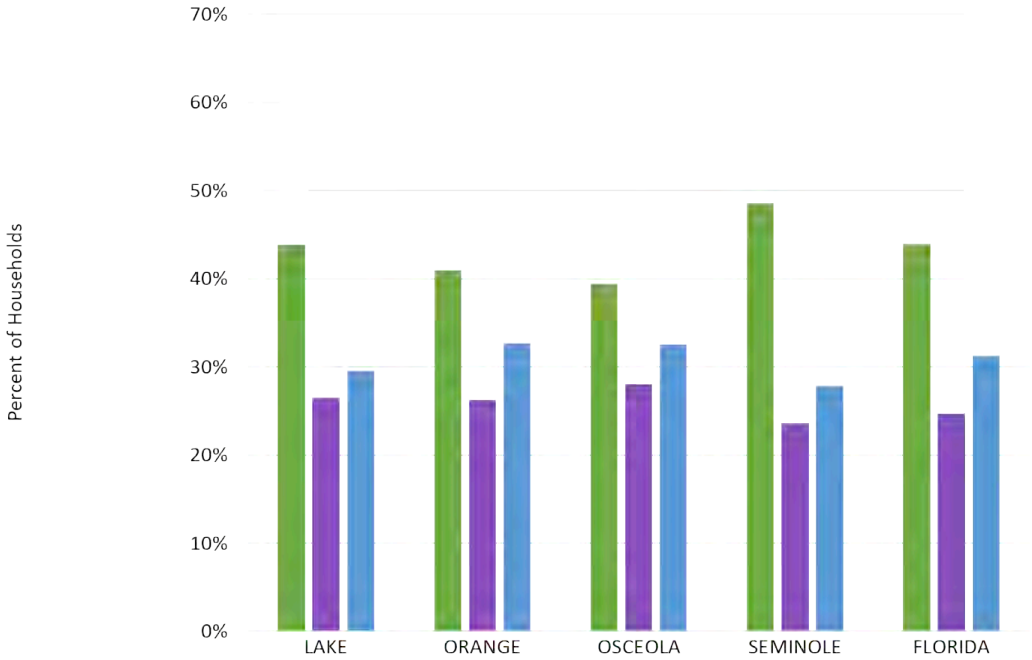
Source: Florida Housing Data, Shimberg Center

CHART 6.15: GROSS RENT AS A PERCENT OF INCOME- 5-YEAR ESTIMATES (2016)



Source: Florida Housing Data, Shimberg Center

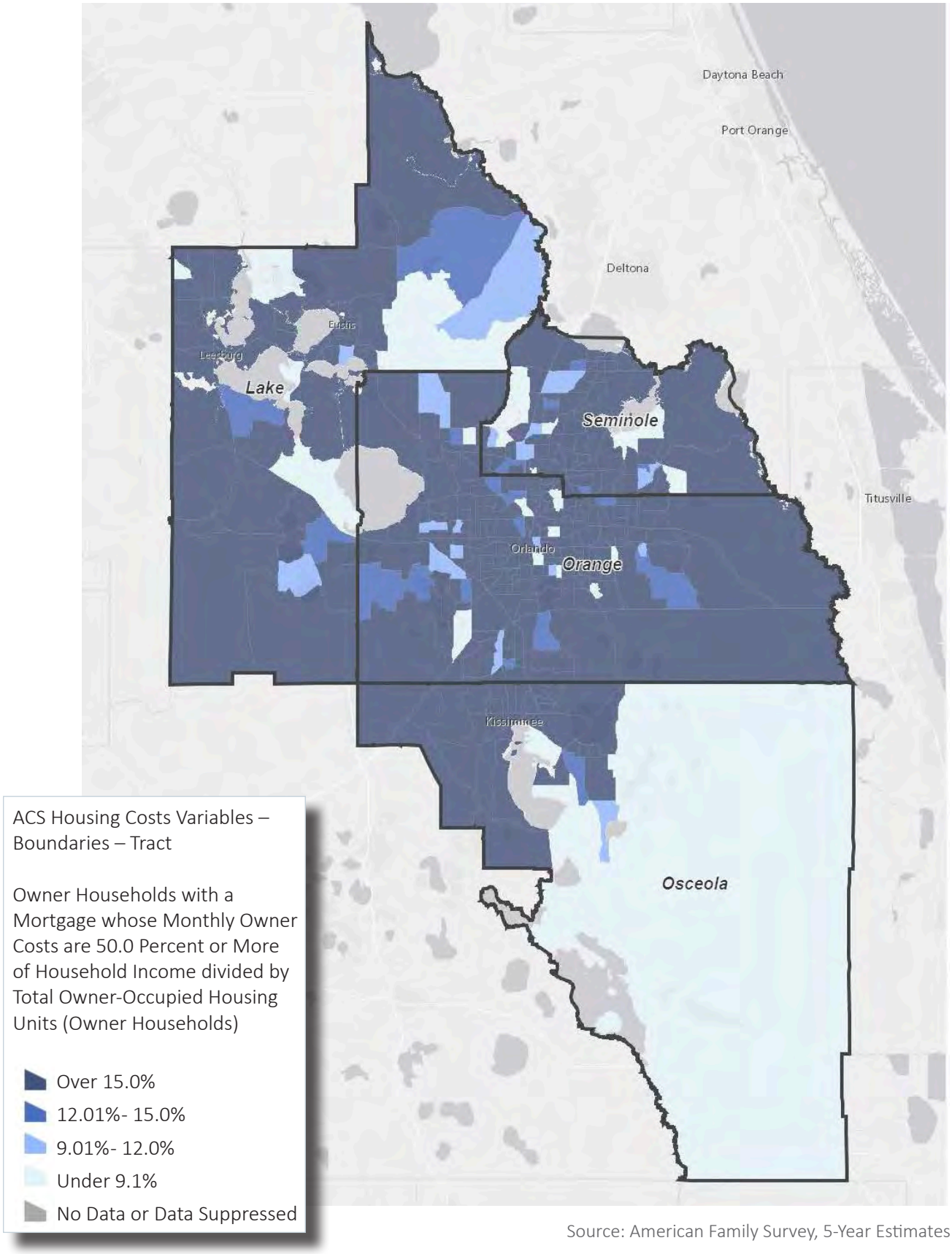
CHART 6.16: COST BURDEN EXPERIENCED BY RENTER HOUSEHOLDS (2016)



	LAKE	ORANGE	OSCEOLA	SEMINOLE	FLORIDA
Not Cost Burdened	43.9%	41.0%	39.4%	48.6%	44.0%
Cost Burdened	26.5%	26.3%	28.0%	23.6%	24.8%
Severely Cost Burdened	29.6%	32.7%	32.5%	27.9%	31.3%

Source: Florida Housing Data, Shimberg Center

FIGURE 6.8: COST BURDEN EXPERIENCED BY RENTER HOUSEHOLDS MAP (2013-2017)



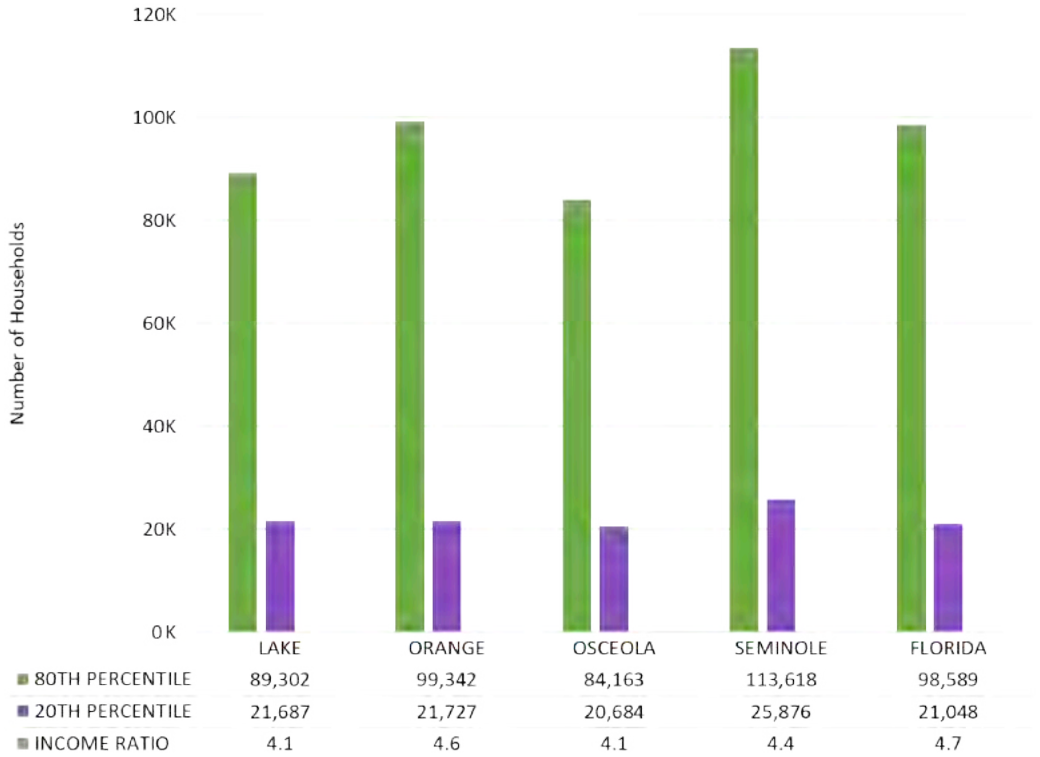
Source: American Family Survey, 5-Year Estimates

TABLE 6.5: HOMELESS INDIVIDUALS BY COUNTY (2010-2018)

County	2010	2011	2012	2013	2014	2015	2016	2017	2018
Lake	796	1,008	1,019	282	187	265	198	242	312
Orange	1,494	2,872	2,281	2,937	1,701	1,396	1,228	1,522	1,539
Osceola	443	833	722	599	278	372	175	239	226
Seminole	397	810	658	842	275	344	210	313	288
Total	3,130	5,523	4,680	4,660	2,441	2,377	1,811	2,316	2,365

Source: Florida Department of Children and Families Council on Homelessness Annual Report

CHART 6.17: INCOME INEQUALITY (2018)



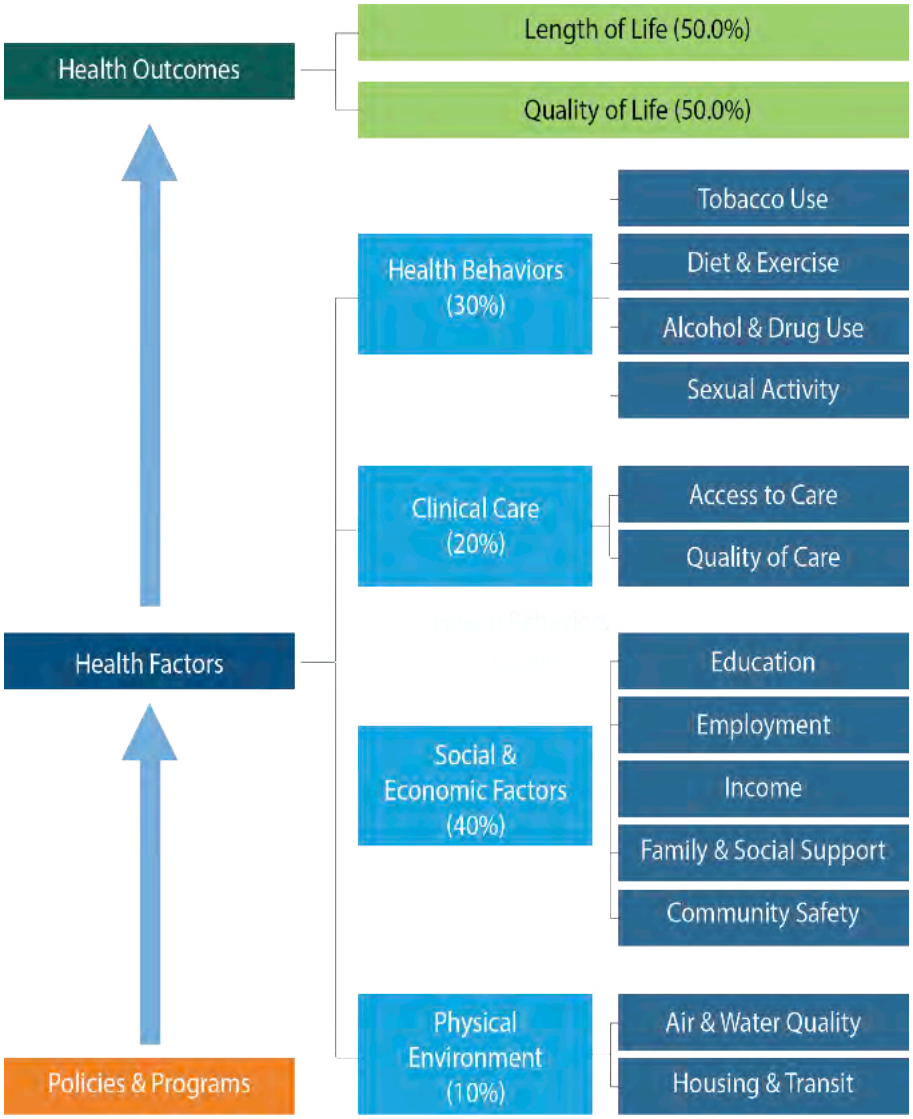
Source: Florida Housing Data, Shimberg Center

County Health Rankings and Roadmaps

The County Health Rankings & Roadmaps (CHR) program is a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute. They believe America can become a nation where getting healthy, staying healthy and making sure our children grow up healthy are top priorities. They envision an America where we all strive to live together to build a national culture of health that enables all in our diverse society to lead healthy lives, now, and for generations to come.

The County Health Rankings are based on a model of community health that emphasizes the many factors that influence how long and how well we live. The rankings use more than 30 measures that help communities understand how healthy their residents are today (health outcomes) and what will impact their health in the future (health factors). Health outcomes weigh length of life and quality of life equally and health factors are comprised of health behaviors (weighted at 30 percent), clinical care (20 percent), social and economic factors (40 percent) and physical environment (10 percent). The model is outlined in Figure 6.9. This model outlines how numerical rankings are determined. All 67 counties in Florida receive rankings.

FIGURE 6.9: COUNTY HEALTH RANKINGS



Source: County Health Rankings and Roadmaps

To assess changes in the four-county region since the 2016 needs assessment, Table 6.6 includes data from 2016 and 2018. When looking at all of identified health outcomes and factors identified by County Health Rankings, Seminole County leads the way in the four-county region by far as the fourth and fifth best respectively in the state.

Lake and Orange counties are in the top 30 percent of the state for both outcomes and factors. Osceola was in the top half of the state for both outcomes and factors.

When the components of health outcomes are broken down, Seminole County was second in the state in social & economic factors, fifth in the state for resident length of life and eighth in quality of life. While Seminole County continues to be the standout of the four-county region in several key measures, the county falls behind in measures of the physical environment (55th). Osceola County ranks eighth in length of life and 18th for health behaviors. All regional counties rank in the bottom third of Florida counties related to the physical environment. (See Table 6.7)

TABLE 6.6: CENTRAL FLORIDA COUNTY HEALTH RANKINGS 2018

	2016		2018	
County	Health Outcomes	Health Factors	Health Outcomes	Health Factors
Lake	14	17	24	24
Orange	21	21	15	19
Osceola	32	40	30	32
Seminole	5	3	4	5

Source: County Health Rankings and Roadmaps

TABLE 6.7: HEALTH OUTCOME/FACTOR RANKINGS 2018

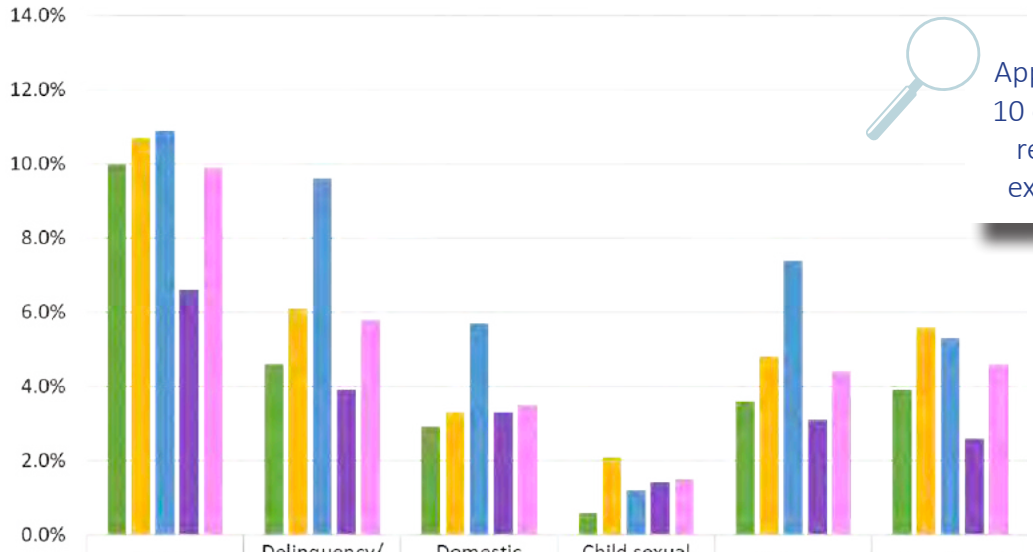
County	Length of Life	Quality of Life	Health Behavior	Clinical Care	Social & Economic Factors	Physical Environment
Lake	26	20	21	12	21	51
Orange	7	28	13	23	18	48
Osceola	8	51	18	48	26	65
Seminole	5	8	10	5	2	55

Source: County Health Rankings and Roadmaps

School and Student Characteristics: What the Community is Saying

Figure 6.10 illustrates the experience of the community survey respondents related to crime and delinquency. Approximately one in 10 respondents indicated that they have experienced crime. Respondents from Osceola County are more likely to have experienced crime, delinquency/youth crime, domestic violence and violence.

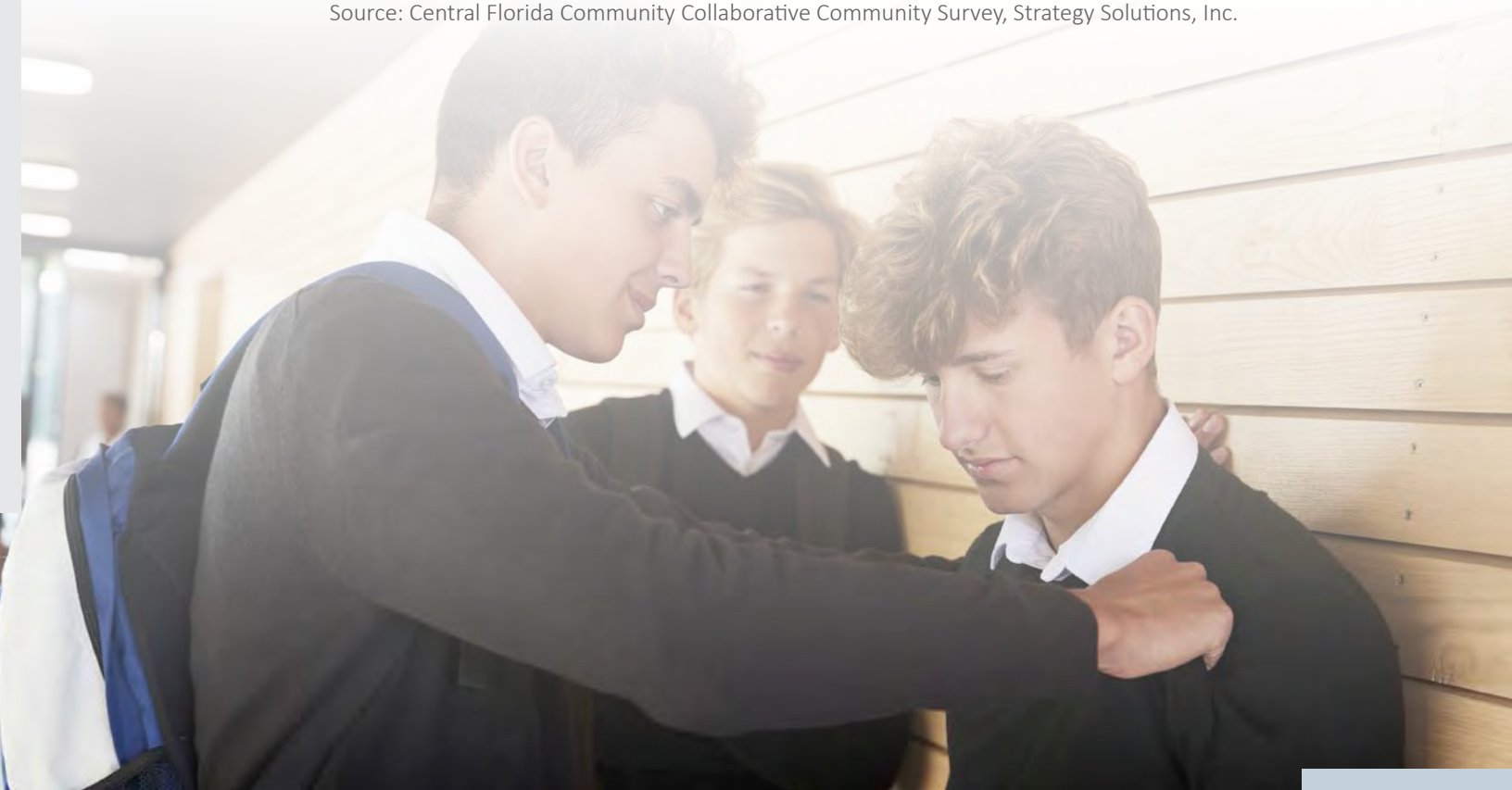
FIGURE 6.10: CRIME AND DELINQUENCY EXPERIENCE, COMMUNITY SURVEY 2019



Approximately one in 10 community survey respondents have experienced crime.

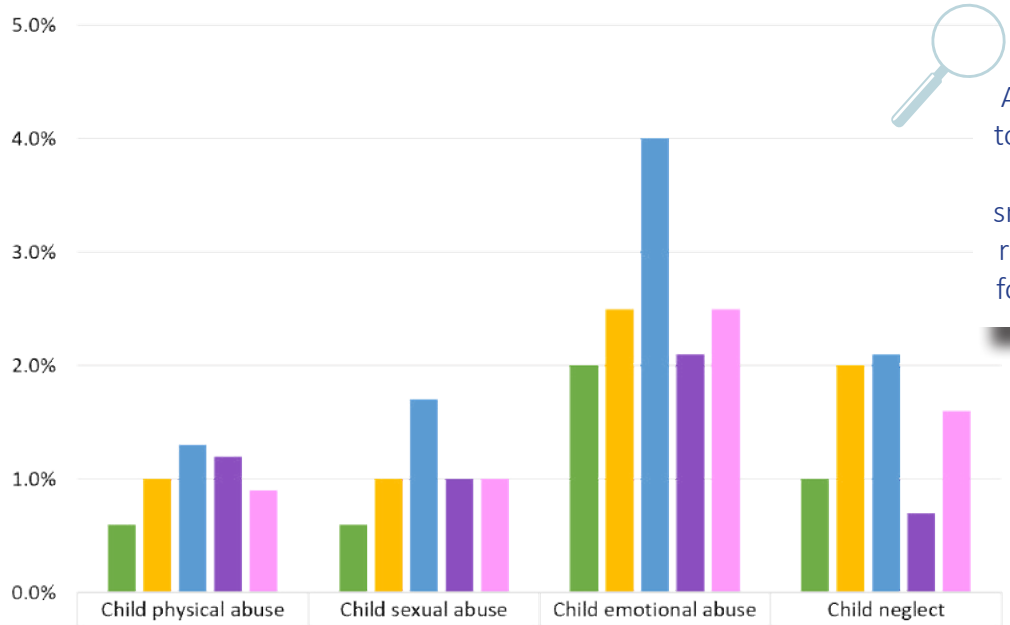
	Crime	Delinquency/ youth crime	Domestic violence	Child sexual abuse	Violence	Gun violence
LAKE	10.0%	4.6%	2.9%	0.6%	3.6%	3.9%
ORANGE	10.7%	6.1%	3.3%	2.1%	4.8%	5.6%
OSCEOLA	10.9%	9.6%	5.7%	1.2%	7.4%	5.3%
SEMINOLE	6.6%	3.9%	3.3%	1.4%	3.1%	2.6%
OVERALL	9.9%	5.8%	3.5%	1.5%	4.4%	4.6%

Source: Central Florida Community Collaborative Community Survey, Strategy Solutions, Inc.



Only a small percentage of community survey respondents indicated that they have experienced child abuse or neglect-related issues. These are outlined in Figure 6.11.

FIGURE 6.11: CHILD ABUSE AND NEGLECT, COMMUNITY SURVEY 2019



	Child physical abuse	Child sexual abuse	Child emotional abuse	Child neglect
LAKE	0.6%	0.6%	2.0%	1.0%
ORANGE	1.0%	1.0%	2.5%	2.0%
OSCEOLA	1.3%	1.7%	4.0%	2.1%
SEMINOLE	1.2%	1.0%	2.1%	0.7%
OVERALL	0.9%	1.0%	2.5%	1.6%

Source: Central Florida Community Collaborative Community Survey, Strategy Solutions, Inc.

Abuse and neglect toward children are experienced by a small percentage of respondents in the four-county region.

Primary research participants in the focus groups, stakeholder interviews, key informant surveys and intercept surveys identified the following needs and issues related to school and student characteristics:

- Violence
  - Domestic violence
  - Surge of violence in emergency department as a result of mental health or substance use
  - Need prevention programs regarding crime and safety issues
  - Neighborhood safety
  - Children's safety, school shootings and gun safety
  - Bullying
  - School violence
- Sex trafficking/human trafficking
- Trauma
  - ACEs (Adverse Childhood Experiences) and the impact of parental stress on a child
  - Education
- Lack of quality childcare/education from birth
- Food insecurity
  - Lack of nutritious meals served in school
  - Access to healthy food
- Substance Use
  - Kids are self-medicating

Needs and issues related to school and student characteristics (Continued):

- Homelessness
  - Many students/teens are homeless
- Parenting
  - Grandparents raising grandchildren/lack of parental involvement
  - Planned parenting programs can be understaffed – youth need a place to go for resources
- Obesity
- Access to primary care

Barriers that students are facing identified by primary research participants included:

- Poverty
  - Parents lack living wages
  - Employment status of parents
  - Stressors on families
  - Unequal education among races
  - Cost of childcare
- Food insecurity
  - Healthy food is hard to access or unaffordable
- Housing
  - Lack of stable housing; too many children living in motels
- Transportation
  - Lack of safe mobility options
  - Lack of transportation
- Access to care
  - Not enough pediatricians accept Medicaid
  - Lack of adequate insurance
  - Lack of preventive care
  - Disconnect between the school and behavioral health provider to ensure consistency in services
  - Lack of education on gender identity
- Physical activity
  - Lack of safe places to play

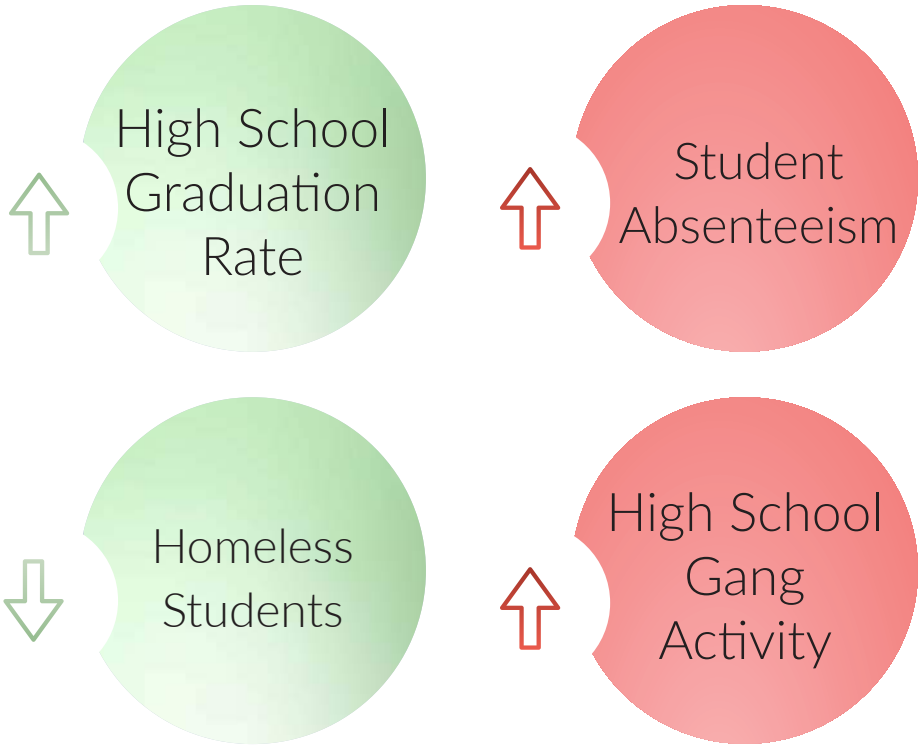
Needed services identified by primary research participants included:

- Education
  - Quality childcare programs that are prepping kids for school and have extended hours
  - Trauma-informed practices into the schools
  - Education for students on what it means to be healthy
  - Commitment from public schools to ensure that students who aren't going to college are going into a certification program, military service or some advanced skills training
  - Sexually transmitted disease awareness education in school
- Food
  - Better food options
- Teen clinics
- Housing
  - Specialty shelter, more shelters
  - Affordable housing
  - Affordable and accessible youth programs
  - Affordable respite for families
  - Better plan for homeless teens
- Access to care
  - Focus on health of our youth, including dental and vaccinations
  - More insurance coverage for kids
  - Behavioral health care, specifically crisis care
  - More pediatricians and behavioral health specialists
- Physical activity
  - Safe outdoor spaces for recreation and exercise
- Jobs
  - Livable wages

School and Student Demographic Characteristics At A Glance

The key indicators related to school and student demographic characteristics that have changed since the last assessment data is available for are identified in Figure 6.12. Red means that the indicator has worsened in at least three of the regional counties, yellow means that some counties are increasing, and some are decreasing, or rates have remained roughly equivalent, and green means that rates have improved in at least three of the regional counties since the last CHNA.

FIGURE 6.12: SCHOOL AND STUDENT CHARACTERISTICS INDICATORS



Source: Strategy Solutions, Inc.

School and Student Characteristics: Summary Of Indicators

The following includes both a narrative as well as a visual (chart or table) summary of indicators reported on in this section. While the above colored icons illustrate observed trends from the data reported in the 2016 CHNA, this section is designed to highlight relevant information on each indicator and provide a narrative of the data included in the charts/tables that follow.

STUDENT RACE/ETHNICITY BY PERCENT (2017)

The majority of students in Lake (76.7 percent), Seminole (74.8 percent) and Osceola (76.9 percent) counties are White. Approximately fifteen percent of students in Lake, Osceola and Seminole counties and over 25 percent of the students in Orange County are Black. Approximately one fourth of the students in Lake County (23.4 percent) and Seminole County (24.7 percent) and over half of the students in Osceola County (59.6 percent) are Hispanic. Orange County had a more diverse student population, with two-thirds of their students identifying as White (62.5 percent), over one-fourth Black (27.1 percent), and nearly 35 percent Hispanic. Seminole County had the lowest percentage of Black (14.8 percent) students. It should be noted that by measuring race and ethnicity separately, the percentages will total 200 percent instead of 100 percent. The reader should be mindful that students may identify as White or Black racially and also be Hispanic. (See Chart 6.18)

STUDENT RACE/ETHNICITY BY NUMBER (2017)

In 2017, Orange County had the largest number of White (145,466), Black (63,086), Hispanic (82,894) and Non-Hispanic (149,729) students in the four-county region as they have the largest overall resident population of the four counties. Conversely, Lake County has the lowest number of White (39,445), Black (7,838), Hispanic (12,029) and Non-Hispanic (39,407) students in the four-county region. The Osceola County student population consisted of White (50,927), Black (10,168), Hispanic (39,473) and Non-Hispanic (26,732) students. The Seminole County student population consisted of White (57,876), Black (11,460), Hispanic (19,095) and Non-Hispanic (58,252) students. (See Chart 6.19)

HIGH SCHOOL GRADUATION RATE (2012-2013/2016-2017)

Orange, Osceola and Seminole counties have all seen at least a four percent increase in graduation rates since the 2012-2013 school year. Lake County experienced almost a three percent decrease from 2012-2013 to 2013-2014 and dropped again in the 2014-2015 school year. Lake County's graduation rate then increased in 2015-2016, and dropped slightly in 2016-2017. Seminole County had the highest graduation rate at 88.6 percent, more than six percent higher than the state average. In 2016-2017, the graduation rate in Osceola County (86.3 percent) was also above the state average (82.3 percent) by four percent. Orange County increased from 75.9 percent in 2012-2013 to 84.7 percent in 2016-2017. (See Chart 6.20)

STUDENT ABSENTEEISM (2013-2014/2017-2018)

The percentage of students in each regional county who were absent 21 or more days during the school year in 2017-2018 included: Lake (13.4 percent), Orange (12.6 percent) and Osceola (12.7 percent). These counties have percentages higher than the state average (11.3 percent). Seminole County had the lowest absentee percentage (7.5 percent). All rates have increased since 2013-2014. (See Chart 6.21)

HOMELESS STUDENTS (2012-2013/2016-2017)

Between the 2012-2013 (four percent) and 2013-2014 (eight percent) school years, the percentage of homeless students in Osceola County doubled, before dropping to 4.8 percent in 2016-2017. Seminole County's percentage decreased slightly and in 2016-2017 (2.1 percent) was now comparable with the state (2.5 percent). Orange (2.8 percent) and Lake (5.2 percent) counties also experienced a decrease in the last few school years, although the rates were higher than the state average (2.5 percent). (See Chart 6.22)

HIGH SCHOOL GANG ACTIVITY (2014/2017)

In 2017, the four-county region (Lake: 2.3 percent, Orange: 1.8 percent, Osceola: 2.7 percent, Seminole: 2.8 percent) had high school gang activity rates that were lower than the state rate of three percent. However, all counties and the state saw an increase from 2014 to 2017 with the exception of Orange County. (See Chart 6.23)

YOUTH ARRESTS, ALL OFFENSES, AGES 10-17 (2012-2016)

When looking at the four-county region, students in Orange County (5,026.9 in 2016) have consistently had a much higher youth arrest rate than the state (3,762.9 in 2016), while Seminole County (2,791.2 in 2016) has had a consistently lower rate. Lake County's rate increased slightly between 2015 and 2016 from 3,763.3 to 3,846 per 100,000 students. Osceola County has had the steepest decrease in arrests (5,470.7 in 2012 to 3,092.4 in 2016). (See Chart 6.24)

BULLYING PREVALENCE K-12 (2018)

More than half of all students in the four-county region admitted that they had taunted or teased another student. Lake County had the highest percentage of students who have taunted or teased at 60.4 percent, while Osceola County had the lowest (53.5 percent), slightly lower than the state rate of 56 percent. Additionally, almost one in 10 students have skipped school because of bullying in the four-county region, with Lake County having the highest individual county rate (9.9 percent). Orange County had the lowest rate of skipping school due to bullying (6.7 percent). Lake County also had the highest rates of ever being a victim of cyberbullying (28.5 percent) and verbally bullying others (30 percent). (See Chart 6.25)

School and Student Chacteristics: Key Findings

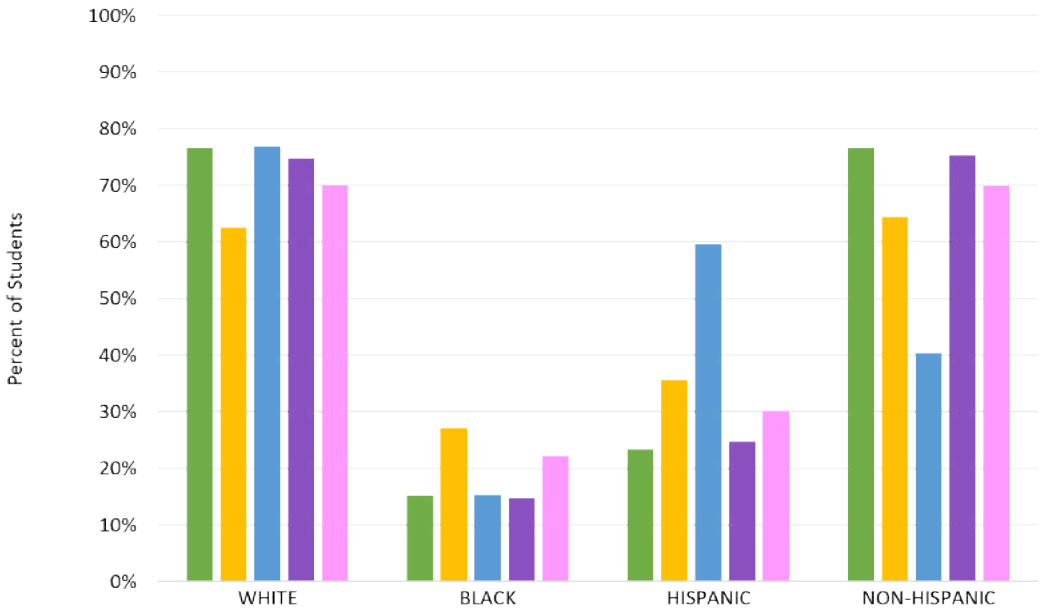
Students are impacted by economic conditions in unique ways. It is quite possible that poverty is related to a number of indicators including absenteeism, graduation rates and homelessness. Orange and Osceola counties, which have the highest percentage of students in poverty also have the highest percentage of chronically absent students and high housing cost burdens. Meanwhile, Seminole County had the lowest percentage of households below the poverty level (11.2 percent), the highest graduation rate (88.6 percent), and the lowest chronic absenteeism (7.5 percent).

Residents in the four-county region participating in the primary research identified a number of SDOH challenges faced by students that interfere with their ability to learn and even attend school. Numerous comments were made that poverty, lack of affordable housing, food insecurity, safety and other concerns are exacerbated by the additional challenges that often happen in school such as bullying and/or youth violence.

Approximately one in 10 community survey respondents report that they either have personally been affected by or that a member of their family has been affected by crime which could include delinquency and youth crime, domestic violence, sexual abuse, violence or gun violence.* Respondents to the key informant survey identified obesity, access to healthy food, bullying, school violence, instability, parental involvement and homelessness as key issues for students. Focus group participants identified violence, domestic violence and substance use as key issues affecting the student population as well as trauma, adverse childhood experiences, lack of quality childcare, lack of nutritious foods served in schools, homelessness and lack of prevention programs regarding crime and safety issues. Stakeholders identified neighborhood safety, children's safety (particularly related to school shootings) and gun safety as key issues in the community.

* Note that domestic violence, sexual abuse, violence and gun violence contribute to Adverse Childhood Experiences (ACEs) and can have an impact on school and student characteristics.

CHART 6.18: STUDENT RACE/ETHNICITY BY PERCENT (2017)

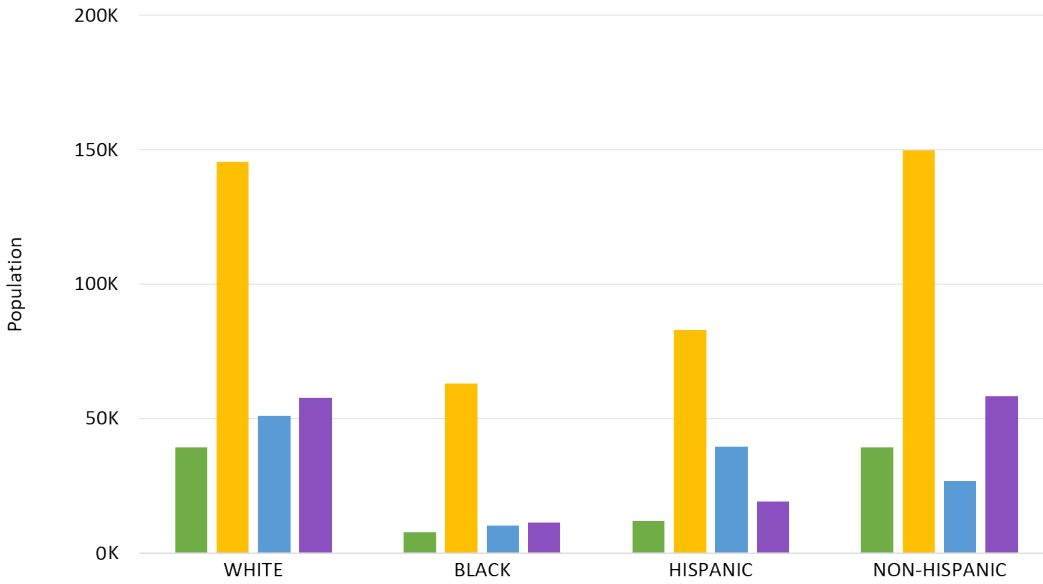


	WHITE	BLACK	HISPANIC	NON-HISPANIC
LAKE	76.7%	15.2%	23.4%	76.6%
ORANGE	62.5%	27.1%	35.6%	64.4%
OSCEOLA	76.9%	15.4%	59.6%	40.4%
SEMINOLE	74.8%	14.8%	24.7%	75.3%
FLORIDA	70.0%	22.2%	30.1%	69.9%

Source: School-Aged Child and Adolescent Profile, Florida Department of Health

*Race/Ethnicity percentages add up to more than 100 percent because Hispanic or Latino individuals can also be White, Black or some other race.

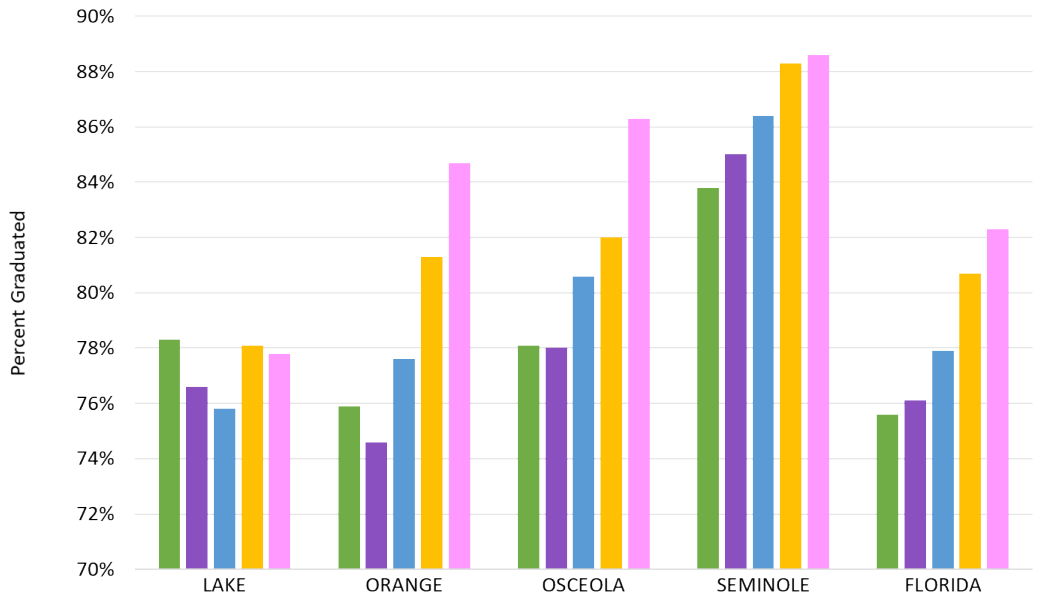
CHART 6.19: STUDENT RACE/ETHNICITY BY NUMBER (2017)



	WHITE	BLACK	HISPANIC	NON-HISPANIC
LAKE	39,445	7,838	12,029	39,407
ORANGE	145,466	63,086	82,894	149,729
OSCEOLA	50,927	10,168	39,473	26,732
SEMINOLE	57,876	11,460	19,095	58,252

Source: School-Aged Child and Adolescent Profile, Florida Department of Health

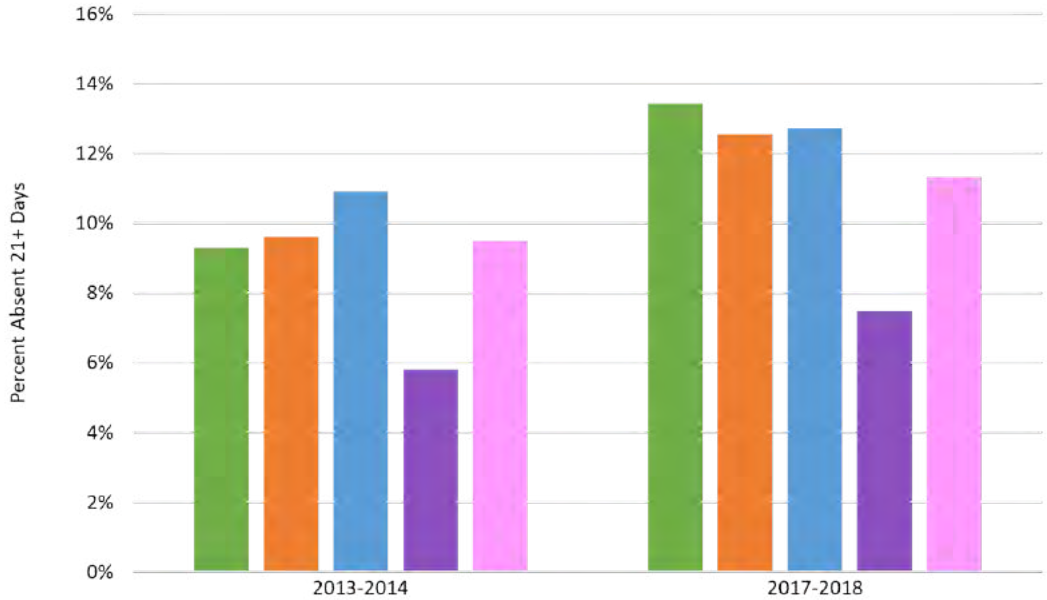
CHART 6.20: HIGH SCHOOL GRADUATION RATE (2012-2013/2016-2017)



	LAKE	ORANGE	OSCEOLA	SEMINOLE	FLORIDA
2012-2013	78.3%	75.9%	78.1%	83.8%	75.6%
2013-2014	76.6%	74.6%	78.0%	85.0%	76.1%
2014-2015	75.8%	77.6%	80.6%	86.4%	77.9%
2015-2016	78.1%	81.3%	82.0%	88.3%	80.7%
2016-2017	77.8%	84.7%	86.3%	88.6%	82.3%

Source: County Health Rankings and Roadmaps

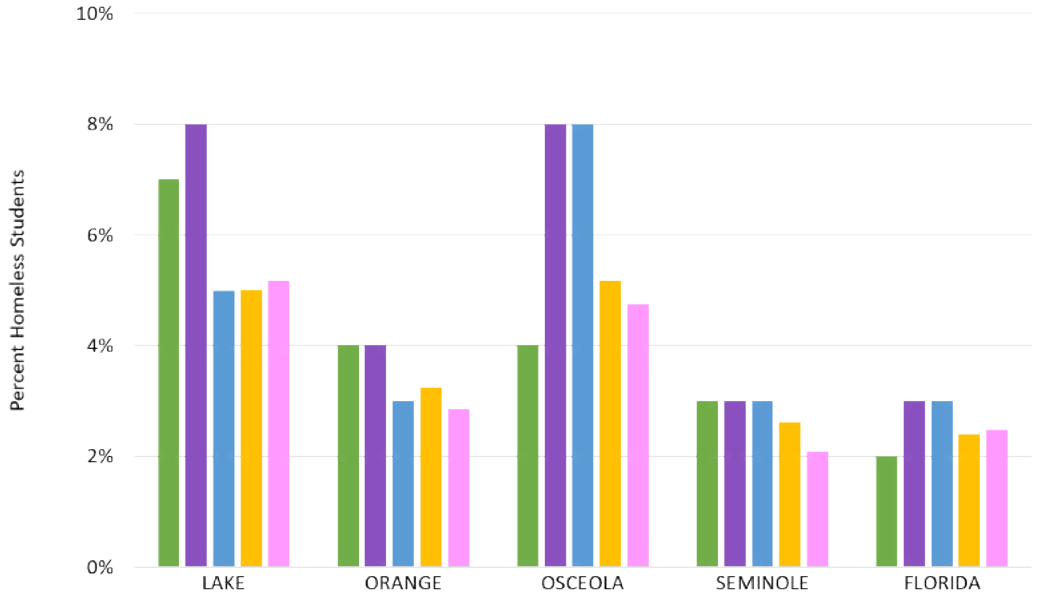
CHART 6.21: STUDENT ABSENTEEISM (2013-2014/2017-2018)



	2013-2014	2017-2018
LAKE	9.3%	13.4%
ORANGE	9.6%	12.6%
OSCEOLA	10.9%	12.7%
SEMINOLE	5.8%	7.5%
FLORIDA	9.5%	11.3%

Source: Florida Department of Education

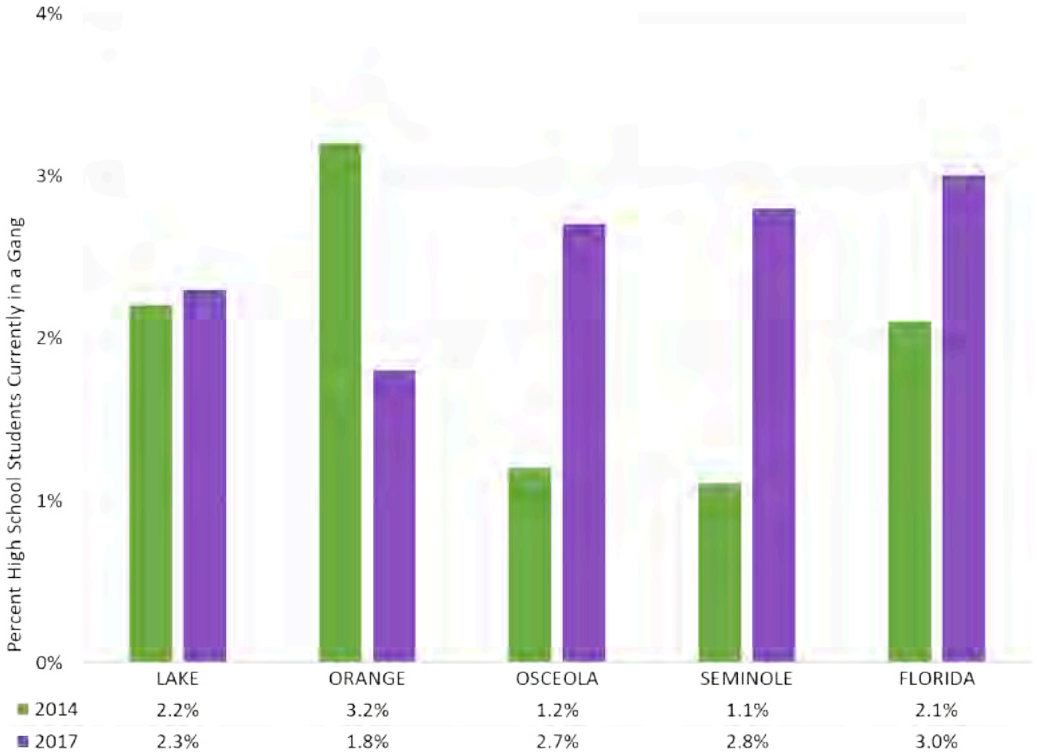
CHART 6.22: HOMELESS STUDENTS (2012-2013/2016-2017)



	LAKE	ORANGE	OSCEOLA	SEMINOLE	FLORIDA
2012-2013	7.0%	4.0%	4.0%	3.0%	2.0%
2013-2014	8.0%	4.0%	8.0%	3.0%	3.0%
2014-2015	5.0%	3.0%	8.0%	3.0%	3.0%
2015-2016	5.0%	3.2%	5.2%	2.6%	2.4%
2016-2017	5.2%	2.8%	4.8%	2.1%	2.5%

Source: Florida Department of Children & Families Council on Homelessness

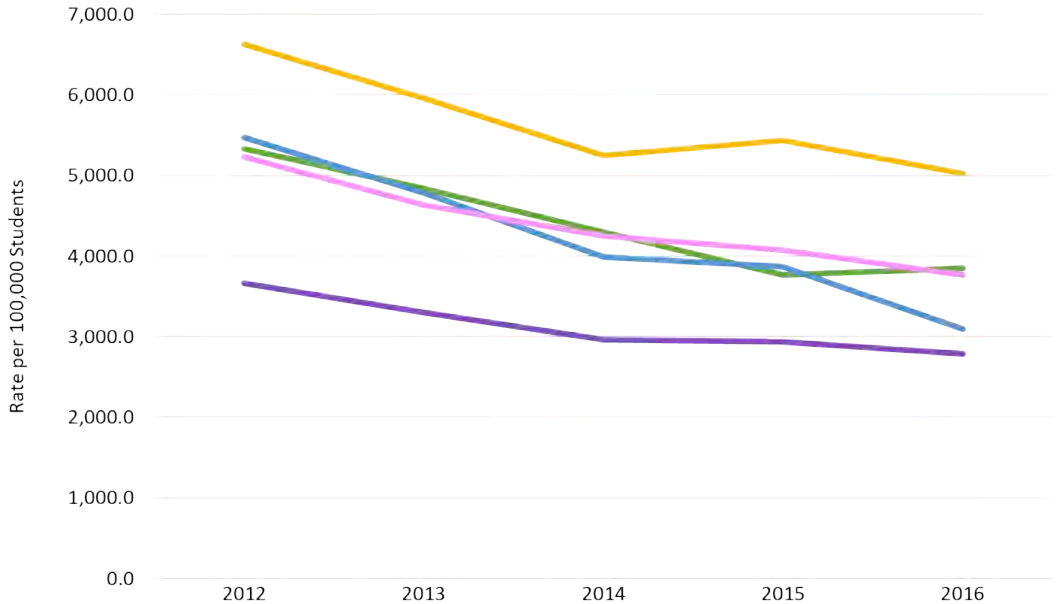
CHART 6.23: HIGH SCHOOL GANG ACTIVITY (2014/2017)



	LAKE	ORANGE	OSCEOLA	SEMINOLE	FLORIDA
2014	2.2%	3.2%	1.2%	1.1%	2.1%
2017	2.3%	1.8%	2.7%	2.8%	3.0%

Source: Florida Substance Abuse Survey, Florida Department of Children & Families

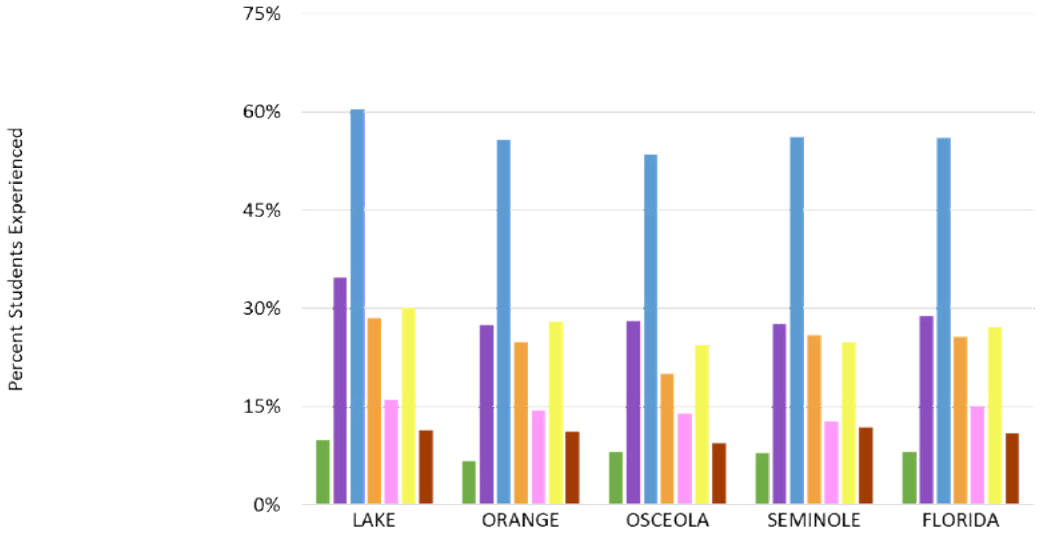
CHART 6.24: YOUTH ARRESTS, ALL OFFENSES, AGES 10-17 (2012-2016)



	2012	2013	2014	2015	2016
LAKE	5,331.3	4,834.0	4,300.4	3,763.3	3,846.0
ORANGE	6,629.1	5,953.5	5,252.9	5,438.2	5,026.9
OSCEOLA	5,470.7	4,783.8	3,989.8	3,865.2	3,092.4
SEMINOLE	3,661.4	3,303.0	2,967.5	2,940.7	2,791.2
FLORIDA	5,232.7	4,637.0	4,250.1	4,073.5	3,762.9

Source: FLHealthCHARTS: Florida Department of Health

CHART 6.25: BULLYING PREVALENCE K-12 (2018)

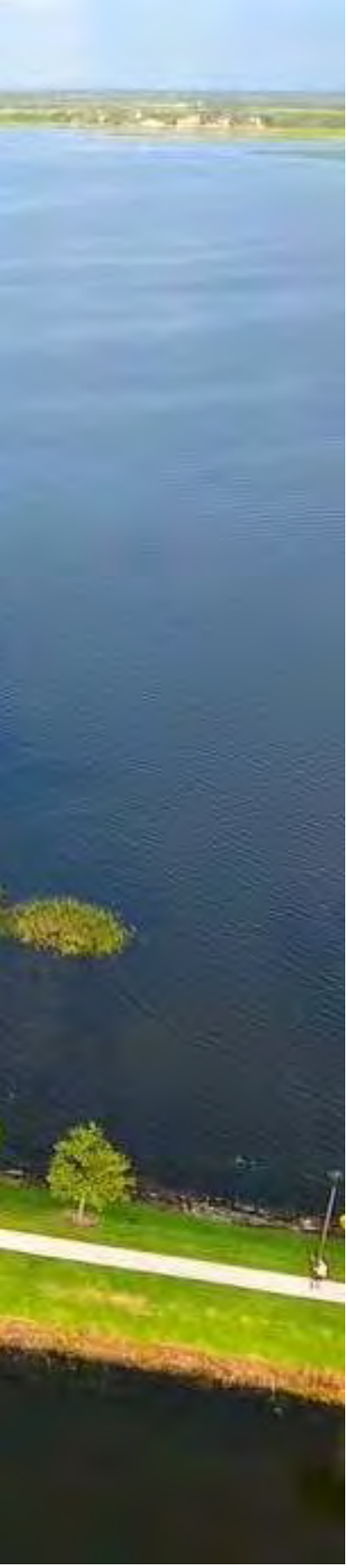


	LAKE	ORANGE	OSCEOLA	SEMINOLE	FLORIDA
Skipped school/bullying	9.9%	6.7%	8.1%	7.9%	8.1%
Ever kicked/shoved	34.8%	27.5%	28.1%	27.6%	28.8%
Ever taunted/teased	60.4%	55.7%	53.5%	56.1%	56.0%
Ever victim of cyber bullying	28.5%	24.8%	20.0%	25.9%	25.6%
Ever physically bullied others	16.0%	14.4%	13.9%	12.8%	15.1%
Ever verbally bullied others	30.0%	27.9%	24.4%	24.8%	27.1%
Ever cyber bullied others	11.4%	11.1%	9.4%	11.9%	10.9%

Source: Florida Youth Substance Abuse Survey

'Osceola County has a broad range of outdoor activity for the community to utilize.'

-Key Informant Survey Respondent



CHAPTER SEVEN

Health Needs of the Community

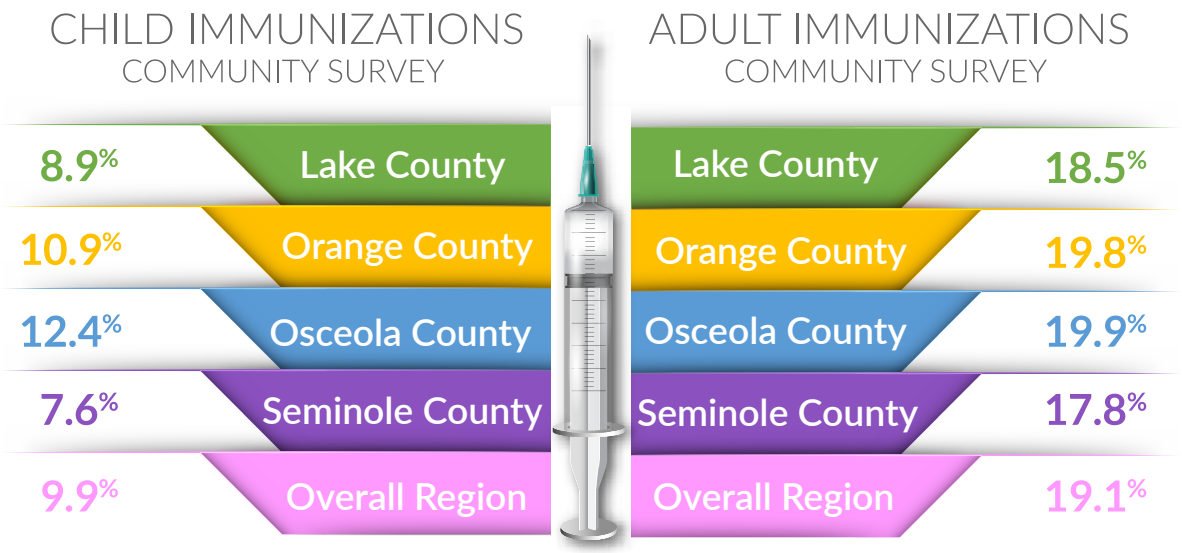
Lake Tohopekaliga
Kissimmee, FL

Osceola County

Communicable Diseases: What the Community is Saying

Figure 7.1 identifies the percentages of community survey respondents within each county and the region who have experienced difficulty getting immunizations in the past 12 months.

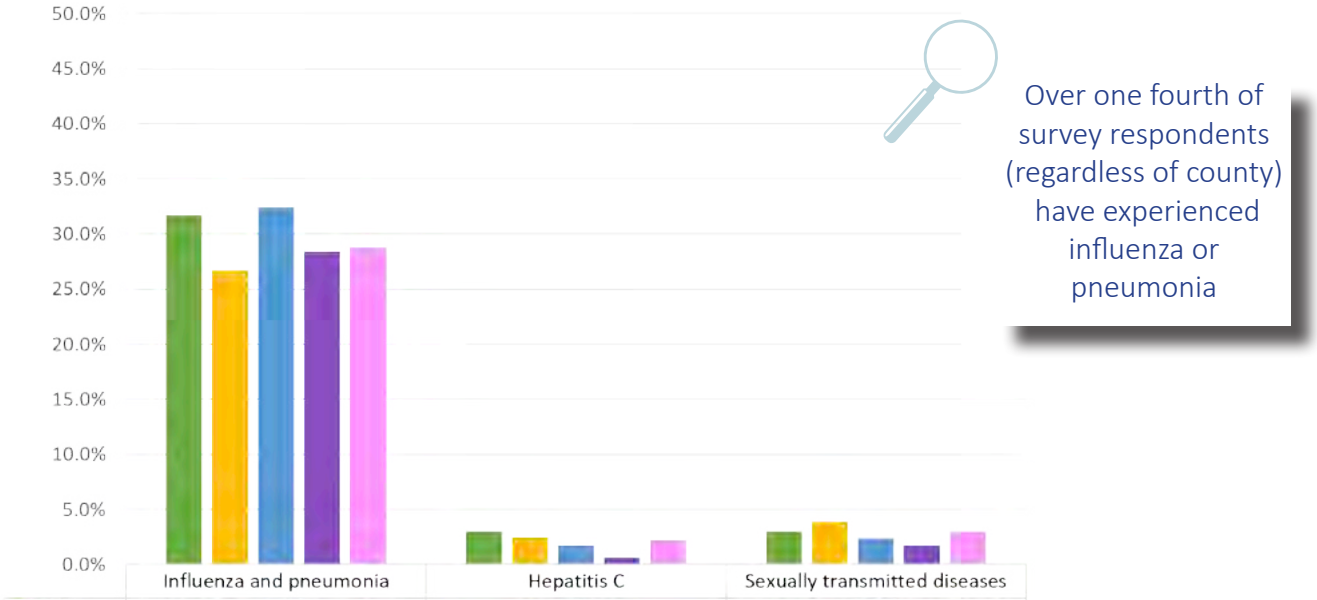
FIGURE 7.1: IMMUNIZATION CHALLENGES, COMMUNITY SURVEY 2019



Source: Central Florida Community Collaborative Community Survey, Strategy Solutions, Inc.

Over one fourth (28.8 percent across the region) of community survey respondents said they or someone in their family was affected by influenza or pneumonia over the past two years. The percentages do not vary substantially by county. Smaller percentages of respondents had challenges with Hepatitis C and sexually transmitted diseases. This is outlined in Figure 7.2.

FIGURE 7.2: COMMUNICABLE DISEASES IMPACTING COMMUNITY SURVEY RESPONDENTS 2019



	Influenza and pneumonia	Hepatitis C	Sexually transmitted diseases
LAKE	31.7%	3.0%	3.0%
ORANGE	26.7%	2.5%	3.9%
OSCEOLA	32.4%	1.7%	2.4%
SEMINOLE	28.4%	0.6%	1.7%
OVERALL	28.8%	2.2%	3.0%

Source: Central Florida Community Collaborative Community Survey, Strategy Solutions, Inc.

Participants in the primary research identified a number of needs and issues in the region related to communicable diseases. They included:

- Sexually transmitted diseases (STD)
  - STD rate is high; increase in STDs as result of substance use
  - High school students with gonorrhea and chlamydia
  - High prevalence of disease is observed among incoming inmate population
- HIV/AIDS
  - The region is ranked #2 for new HIV cases in the nation
  - HIV/AIDS-stigma still exists; more resources are needed
  - Belief that AIDS has been solved
- Increase in Hepatitis C
- Access to care
- Endocarditis (infection inside heart as result of IV drug use)

Barriers to care that were identified by primary research participants included:

- Parents do not return consent for preventative services
- Cost of treatment
- Health department hours are not convenient
- For HIV/AIDS:
  - Limited access to specialized care
  - Cost of medications
  - Lack of support
  - Lack of housing for those with HIV/AIDS

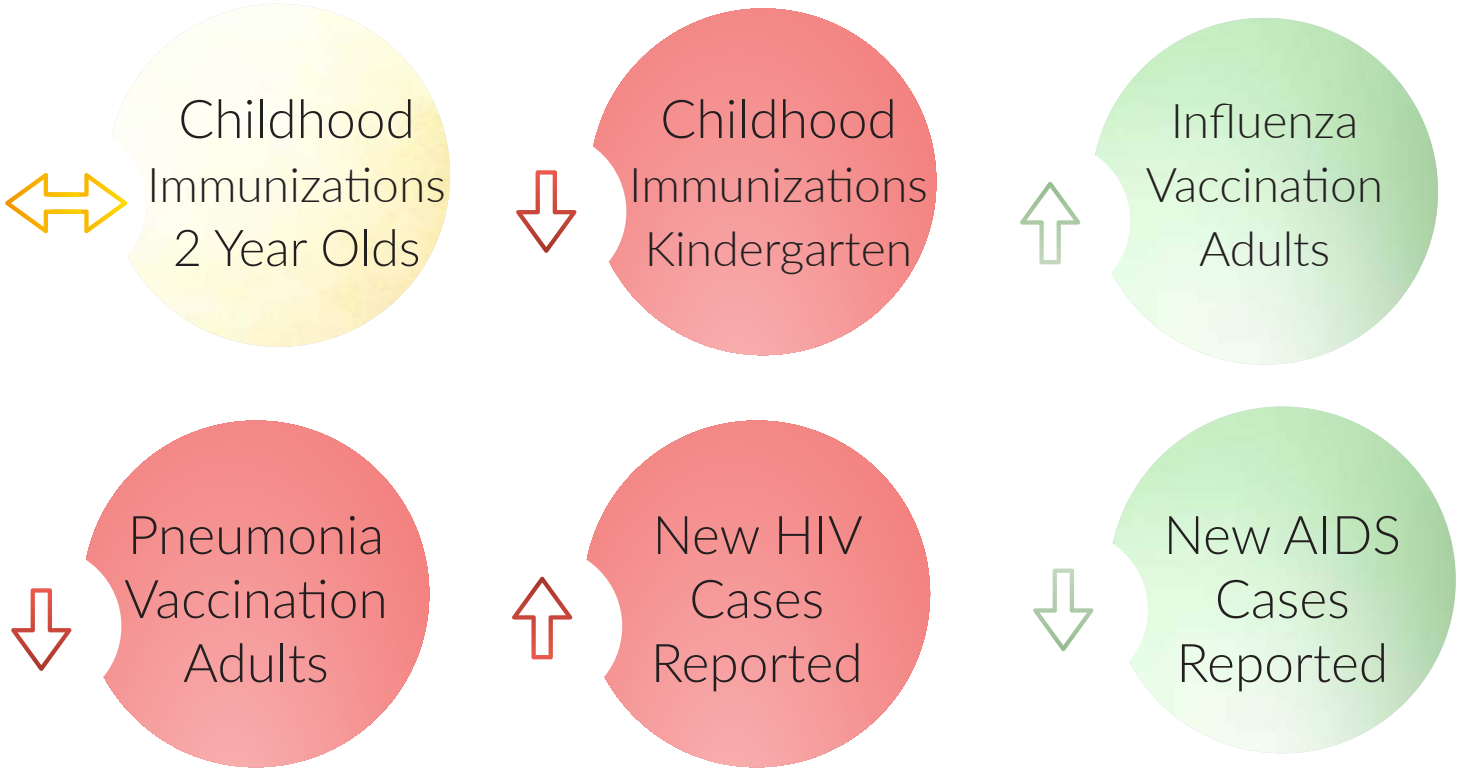
Needed services identified by the primary research participants included:

- More sexually transmitted diseases prevention
- For HIV/AIDS:
  - More access to HIV/AIDS- specialty care (PCP [Primary Care Provider], psych, etc.)
  - More supportive services
  - More housing services
  - Prevention and early diagnosis and medication
  - More access to social networks
  - Knowledge of what resources are available
  - Fair treatment
  - Nursing homes

Communicable Diseases at a Glance

The key indicators related to communicable diseases that have changed since the last assessment are identified in Figure 7.3. Red means that the indicator has worsened in at least three of the regional counties, yellow means that some counties are increasing and some are decreasing or rates have remained roughly equivalent, and green means that rates have improved in at least three of the regional counties since the last CHNA data is available for.

FIGURE 7.3: COMMUNICABLE DISEASE INDICATORS



Source: Strategy Solutions, Inc.

Communicable Diseases: Summary Of Indicators

The following includes both a narrative as well as a visual (chart or table) summary of indicators reported on in this section. While the above colored icons illustrate observed trends from the data reported in the 2016 CHNA, this section is designed to highlight relevant information on each indicator and provide a narrative interpretation of the data included in the charts/tables that follow.

CHILDHOOD IMMUNIZATIONS 2 YEAR OLDS (2008-2017)

Childhood immunization rates have fluctuated over the past 10 years in the four-county region as well as for the state of Florida for two year olds. In 2017, all four counties as well as the state of Florida met or exceeded the HP2020 target for immunizations for two year olds. Osceola (83.3 percent in 2008 to 82.9 percent in 2017) and Seminole (89 percent in 2008 to 85.9 percent in 2017) counties had seen a decrease in the immunization rates for two year olds. Orange County (80.2 percent) had the lowest percentage of two year olds immunized for 2017, when compared to the other counties and the state (86.1 percent). Although in 2017 Orange County had the lowest percentage this was an increase from 74.3 percent in 2008. The 2017 Lake County individual rate for two year olds (88.3 percent) was not available prior to 2017. (See Chart 7.1)

CHILDHOOD IMMUNIZATIONS KINDERGARTEN (2009-2018)

Kindergarten-age children in each county have consistently had immunization rates exceeding 90 percent, except for Osceola county. As of 2017, all counties were more than 10 percentage points above the HP2020 target. While Florida rates have gradually increased over the past 10 years (89.8 percent in 2009 to 93.7 percent in 2018), regional county rates have fluctuated. Lake (92.9 percent in 2009 to 93.9 percent in 2018) and Osceola (86.3 percent in 2009 to 92.9 percent in 2018) counties have seen an increase in kindergarten-age rates, while Orange (92.9 percent in 2009 to 91.1 percent in 2018) and Seminole (94 percent in 2009 to 91.3 percent in 2018) counties have had a slight decrease. (See Chart 7.2)

INFLUENZA VACCINATION ADULTS AGES 65 AND OLDER (2007-2016)

Influenza (flu) vaccination rates for adults ages 65 and older have decreased between 2007 and 2016 for all four counties in the region, as well as the state of Florida (64.6 percent in 2007 to 57.6 percent in 2016). While rates were somewhat consistent between 2007 and 2010, the rates dropped substantially between 2010 and 2013, then rose again slightly in 2016. The exception to this trend was Osceola County, which saw a nominal decrease of 2.9 percent from 2010-2013, then a slight increase of 0.1 percent in 2016. When looking at 2007 (71.9 percent) to 2016 (64.7 percent) in Osceola County the percentage did decrease overall. Lake County decreased from 71.9 percent in 2007 to 64.7 percent in 2016. During the same time frame, Orange County decreased from 59.3 percent to 53 percent. The rate in Seminole County also decreased from 65.3 percent to 56 percent. (See Chart 7.3)

PNEUMONIA VACCINATION ADULTS AGES 65 AND OLDER (2007-2016)

Pneumonia vaccination rates for Lake County adults ages 65 and older have increased from 70.4 percent in 2007 to 75.2 percent in 2016. Orange (63 percent to 55.6 percent) and Osceola (61 percent to 44.9 percent) counties have seen decreases over the 10-year period. The Seminole County rate increased from 59.4 percent to 63.6 percent. (See Chart 7.4)

NEW HIV CASES REPORTED (2008-2017)

The rate of new HIV cases per 100,000 population decreased in Orange County between 2008 (40.3) and 2017 (38.9), although the percent was consistently higher than the other three counties and the state for the same time period. The rate had increased in Lake (10.2 to 15), Osceola (24.1 to 26.8) and Seminole (12.8 to 17.3) counties, while the state of Florida decreased (32.5 to 24.1), over this 10-year period. While Lake County's rate was not as high, they saw a substantial increase between 2015 (7.5) and 2017 (15), after having previously decreased. Lake (15) and Seminole (17.3) counties remain lower than the state rate (24.1), while Osceola (26.8) and Orange (38.9) counties rates were higher than the state. (See Chart 7.5)

NEW AIDS CASES REPORTED (2008-2017)

The rate of new AIDS cases per 100,000 decreased in the four-county region over the 10-year period, but not as sharply as the state (22.3 to 9.9). Lake (10.6 to 6.3), Seminole (9.7 to 8.3) and Osceola (11.5 to 9.1) counties almost all have had rates lower than the state over the 10-year period. While the Orange County rate decreased the most since 2008 (20.6 to 14.6), the rate was still higher than the state rate. (See Chart 7.6)

Communicable Diseases: Key Findings

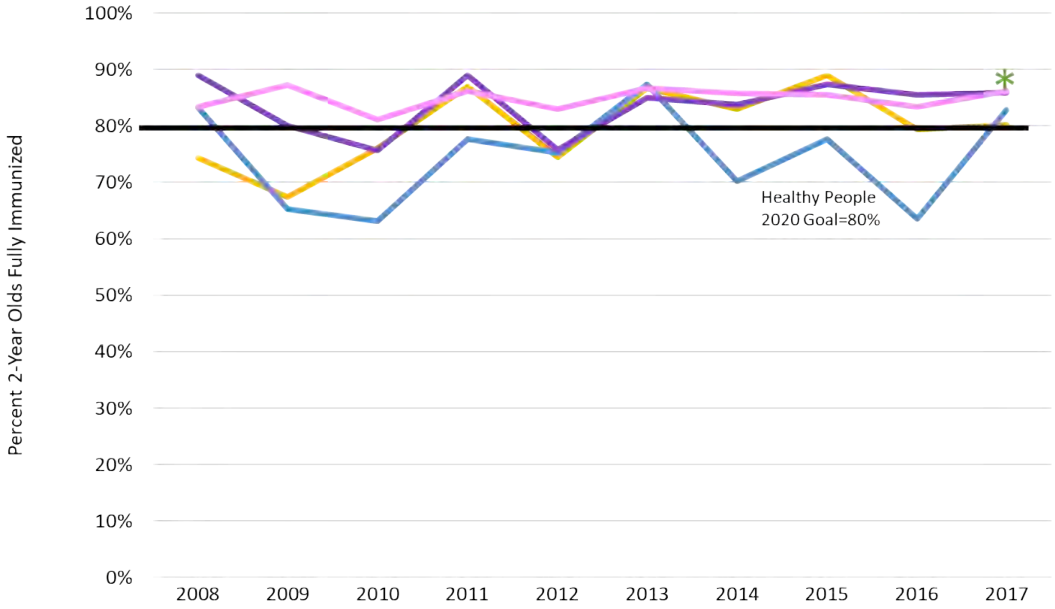
Compared to 2013, the percentage of adults age 65 and older in the four-county region in 2016 who have received an influenza vaccination has increased. During this time the percentage of adults age 65 and older who received the pneumonia vaccination increased in Lake County and decreased in Orange, Osceola and Seminole counties. The percentage of 2 year olds who are fully immunized increased in Osceola and Seminole counties between 2014 and 2017, while decreasing in Orange County. Data was only available for Lake County in 2017 and at 88.3 percent was higher than the other counties in the four-county region (Orange: 80.2 percent, Osceola: 82.9 percent, Seminole: 85.9 percent) and the state (86.1 percent). The percentage of kindergarten students fully immunized decreased in Lake, Orange and Seminole counties between 2014 and 2018, while increasing in Osceola County. Orange County has consistently had the highest rate of new HIV and new AIDS cases in the region. All other counties in the four-county region have been lower when compared to the state for most years. Since 2014, new HIV cases reported has increased in the four-county region and new AIDS cases have decreased in all but Seminole County.

Stakeholders and community survey respondents identified HIV and Hep-c as “top three” community health issues. Focus group participants identified sexually transmitted diseases (STDs) as a key community need as a result of substance use. They also commented that the rate of high school students with gonorrhea and chlamydia, as well as hep-c are increasing. A focus group participant mentioned that the region is also ranked #2 for new HIV cases in the country. Endocarditis (infection inside the heart as a result of IV drug use) is also a problem in the region. Key informant survey participants indicated that HIV/AIDS stigma still exists and identified access to care for HIV/AIDS patients as an important community need.

Barriers to care identified in the primary research included: parents do not return consent forms for preventative services, cost of treatment, health department hours are not convenient, lack of free screening opportunities, limited access for HIV/AIDS services, cost of medications, lack of support and housing for those with HIV/AIDS.

Needed services identified in the primary research included: STD prevention, access to medications for those who need them and access to HIV/AIDS-related services. Specific services include housing, early diagnosis, medication and nursing homes. There is also a need for free screenings and preventative services.

CHART 7.1: CHILDHOOD IMMUNIZATIONS 2 YEAR OLDS (2008-2017)

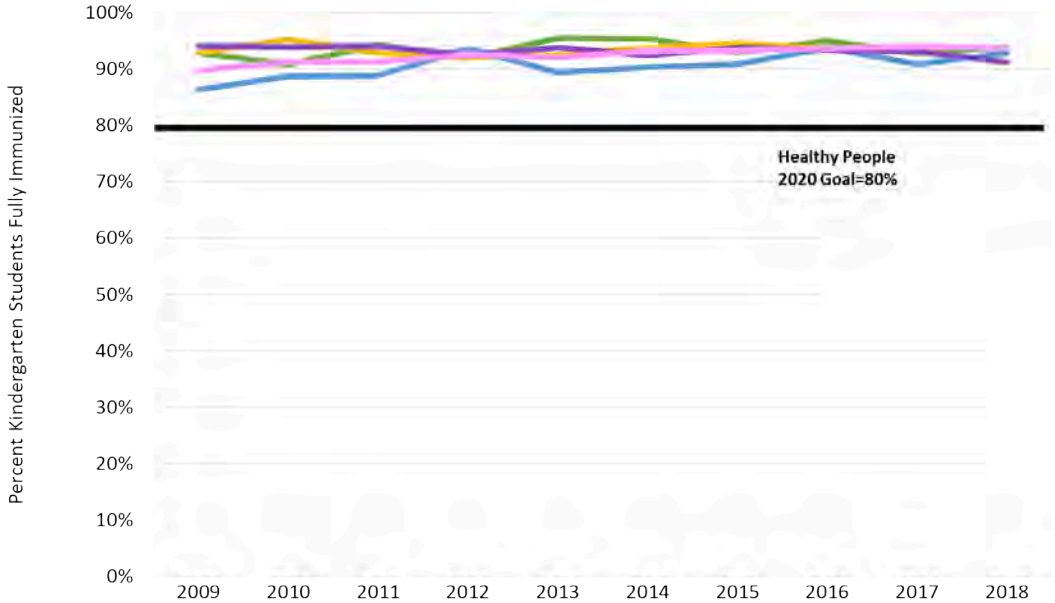


	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
LAKE	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	88.3%
ORANGE	74.3%	67.4%	76.1%	87.0%	74.4%	86.7%	83.0%	88.9%	79.4%	80.2%
OSCEOLA	83.3%	65.3%	63.2%	77.7%	75.2%	87.3%	70.2%	77.7%	63.6%	82.9%
SEMINOLE	89.0%	80.0%	75.7%	89.0%	75.8%	85.0%	83.7%	87.4%	85.5%	85.9%
FLORIDA	83.4%	87.2%	81.1%	86.1%	83.0%	86.7%	85.7%	85.5%	83.4%	86.1%

Source: FLHealthCHARTS: Florida Department of Health, Behavioral Risk Factor Surveillance System

*Represents a single data point where there has been inconsistent data for a county

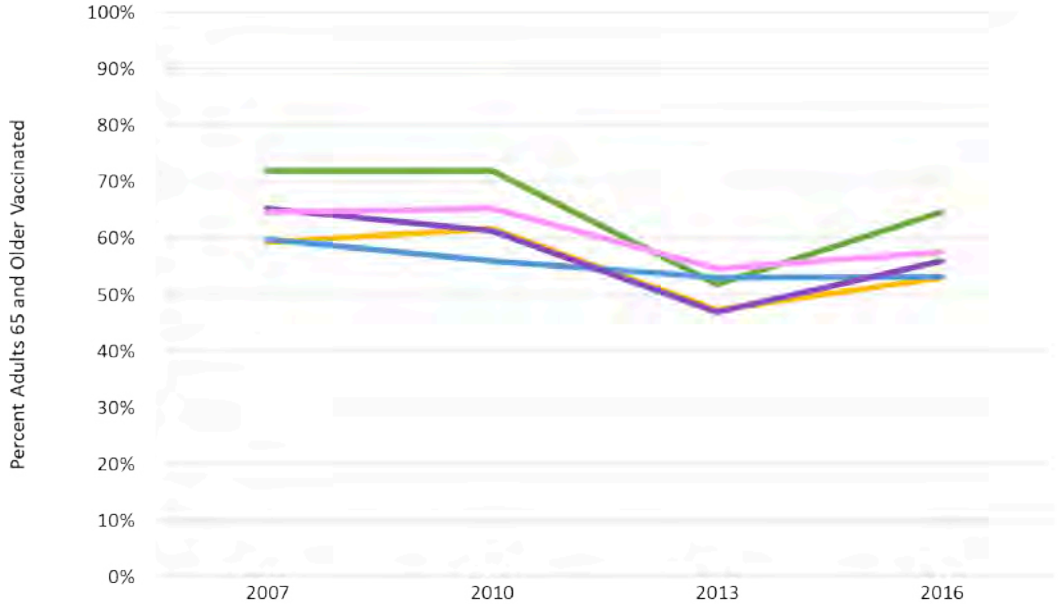
CHART 7.2: CHILDHOOD IMMUNIZATIONS KINDERGARTEN (2009-2018)



	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
LAKE	92.9%	90.8%	94.3%	91.9%	95.5%	95.4%	93.0%	95.0%	92.7%	93.9%
ORANGE	92.9%	95.3%	92.8%	92.1%	92.4%	93.8%	94.6%	93.7%	93.3%	91.1%
OSCEOLA	86.3%	88.7%	88.9%	93.7%	89.4%	90.3%	90.8%	93.8%	90.9%	92.9%
SEMINOLE	94.0%	93.9%	94.1%	92.5%	93.8%	92.4%	93.8%	93.4%	93.1%	91.3%
FLORIDA	89.8%	91.3%	91.3%	92.6%	92.1%	93.2%	93.3%	93.7%	94.1%	93.7%

Source: FLHealthCHARTS: Florida Department of Health, Behavioral Risk Factor Surveillance System

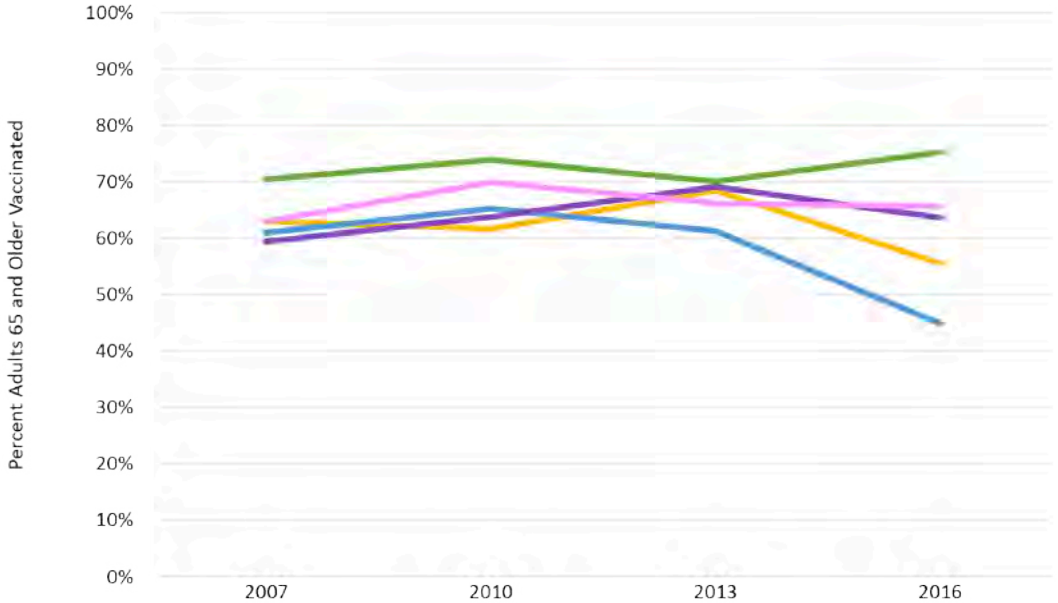
CHART 7.3: INFLUENZA VACCINATION ADULTS AGES 65 AND OLDER (2007-2016)



	2007	2010	2013	2016
LAKE	71.9%	71.9%	51.8%	64.7%
ORANGE	59.3%	61.7%	47.4%	53.0%
OSCEOLA	59.9%	56.0%	53.1%	53.2%
SEMINOLE	65.3%	61.3%	47.0%	56.0%
FLORIDA	64.6%	65.3%	54.6%	57.6%

Source: FLHealthCHARTS: Florida Department of Health, Behavioral Risk Factor Surveillance System

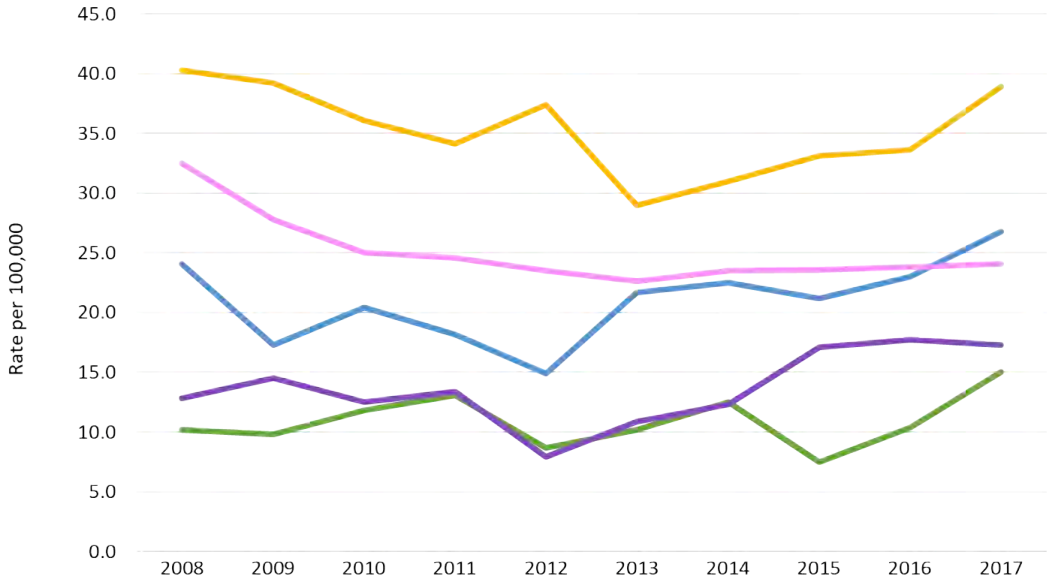
CHART 7.4: PNEUMONIA VACCINATION ADULTS AGES 65 AND OLDER (2007-2016)



	2007	2010	2013	2016
LAKE	70.4%	73.9%	70.1%	75.2%
ORANGE	63.0%	61.6%	68.5%	55.6%
OSCEOLA	61.0%	65.2%	61.3%	44.9%
SEMINOLE	59.4%	63.8%	69.1%	63.6%
FLORIDA	63.0%	69.9%	66.2%	65.6%

Source: FLHealthCHARTS: Florida Department of Health, Behavioral Risk Factor Surveillance System

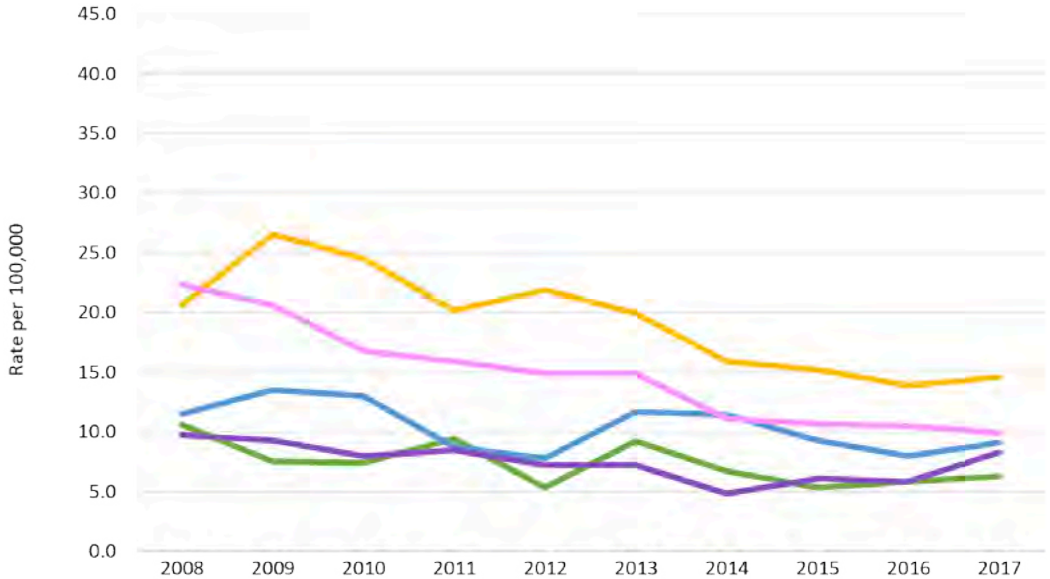
CHART 7.5: NEW HIV CASES REPORTED (2008-2017)



	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
LAKE	10.2	9.8	11.8	13.1	8.7	10.2	12.5	7.5	10.4	15.0
ORANGE	40.3	39.2	36.1	34.1	37.4	29.0	31.0	33.1	33.6	38.9
OSCEOLA	24.1	17.3	20.4	18.2	14.9	21.7	22.5	21.2	23.0	26.8
SEMINOLE	12.8	14.5	12.5	13.4	7.9	10.9	12.3	17.1	17.7	17.3
FLORIDA	32.5	27.8	25.0	24.6	23.5	22.6	23.5	23.6	23.8	24.1

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

CHART 7.6: NEW AIDS CASES REPORTED (2008-2017)



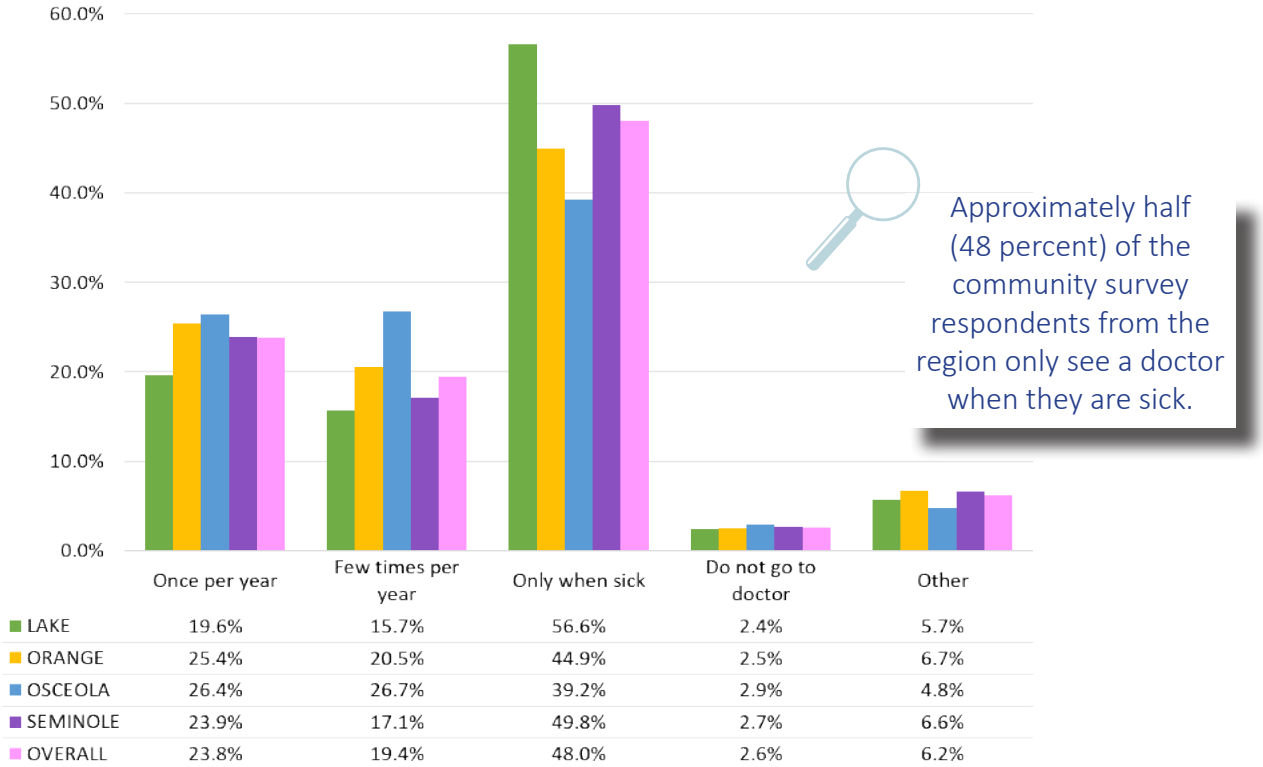
	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
LAKE	10.6	7.5	7.4	9.4	5.3	9.2	6.7	5.3	5.8	6.3
ORANGE	20.6	26.5	24.5	20.2	21.9	19.9	15.9	15.2	13.9	14.6
OSCEOLA	11.5	13.5	13.0	8.7	7.8	11.7	11.4	9.3	8.0	9.1
SEMINOLE	9.7	9.3	8.0	8.5	7.2	7.2	4.8	6.1	5.8	8.3
FLORIDA	22.3	20.6	16.8	15.9	14.9	14.9	11.1	10.7	10.5	9.9

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

Preventative Care: What the Community is Saying

Overall, only around 25 percent of the community survey respondents indicated that they see a doctor or a medical provider once a year. The majority of the other respondents only see a doctor or provider when they are sick. This is illustrated in Figure 7.4.

FIGURE 7.4: FREQUENCY OF DOCTOR VISITS, COMMUNITY SURVEY 2019



	Once per year	Few times per year	Only when sick	Do not go to doctor	Other
LAKE	19.6%	15.7%	56.6%	2.4%	5.7%
ORANGE	25.4%	20.5%	44.9%	2.5%	6.7%
OSCEOLA	26.4%	26.7%	39.2%	2.9%	4.8%
SEMINOLE	23.9%	17.1%	49.8%	2.7%	6.6%
OVERALL	23.8%	19.4%	48.0%	2.6%	6.2%

Source: Central Florida Community Collaborative Community Survey, Strategy Solutions, Inc.

Table 7.1 outlines the percentages of the community survey respondents by county and overall that accessed preventative care services over the past two years.

TABLE 7.1: PREVENTATIVE CARE SERVICES, COMMUNITY SURVEY 2019*

	Overall	Lake	Orange	Osceola	Seminole
Annual exam	70.6%	75.2%	68.8%	67.5%	71.1%
Prostate specific antigen test (PSA Test)	4.6%	7.0%	4.0%	0.3%	5.4%
Dental exam	62.8%	66.6%	62.2%	55.0%	63.7%
Sigmoidoscopy	1.2%	1.1%	1.2%	0.3%	1.7%
Lab screenings or lab work	70.5%	76.4%	68.3%	66.4%	70.6%
Eye exam	58.7%	66.6%	55.6%	54.3%	58.5%
Colonoscopy	13.3%	16.9%	11.5%	11.1%	14.0%
Blood pressure screening	55.0%	58.2%	54.0%	43.9%	59.7%
Pap test	41.6%	38.0%	43.1%	45.7%	40.3%
Diabetic screening	28.7%	27.4%	30.6%	23.2%	28.9%
Mammogram	38.5%	44.1%	35.2%	38.4%	39.2%
Cholesterol screening	50.6%	54.4%	49.1%	40.5%	55.1%

*lowest scores are highlighted in red.

Source: Central Florida Community Collaborative Community Survey, Strategy Solutions, Inc.

Primary research participants identified the following needs and issues related to preventive care services:

- Lack of insurance
  - High rates of uninsured and underinsured
- Homelessness
  - Lack of access to care for the homeless populations
- Primary care
  - Lack of primary care utilization puts stress on the emergency departments
  - Fear what they will hear so people avoid going to the doctor
  - Denial of symptoms and/or health problems
  - People are not going for preventive care
  - Preventive care is not a high priority
  - People wait until health issue is acute
  - Recently relocated Latino population have not had access to preventive care, causing an increase of acute conditions
  - People do not understand the connection with routine checkups and their overall health
  - Seniors do not trust doctors – they worry they will be placed in a nursing home
- Dental care
  - People do not schedule routine dental care
- Emergency department use
  - People go to the emergency department when they are sick because they do not have a primary care doctor
- Women's health
  - Lack of basic healthcare for women
- Health Literacy
  - Health literacy is an issue that keeps people from accessing preventive care

Barriers to care identified by primary research participants included:

- Insurance
  - Lack of insurance
  - High copays/insurance premiums
- Poverty
  - Care is unaffordable for many
- Transportation
- Lack of affordable, healthy food
- Doctors/providers
  - Lack of doctors
  - Trust issues with providers
- Language
  - Health literacy
  - Lack of education on importance of preventive care
- Health department only provides treatment for STDs, not yeast infections

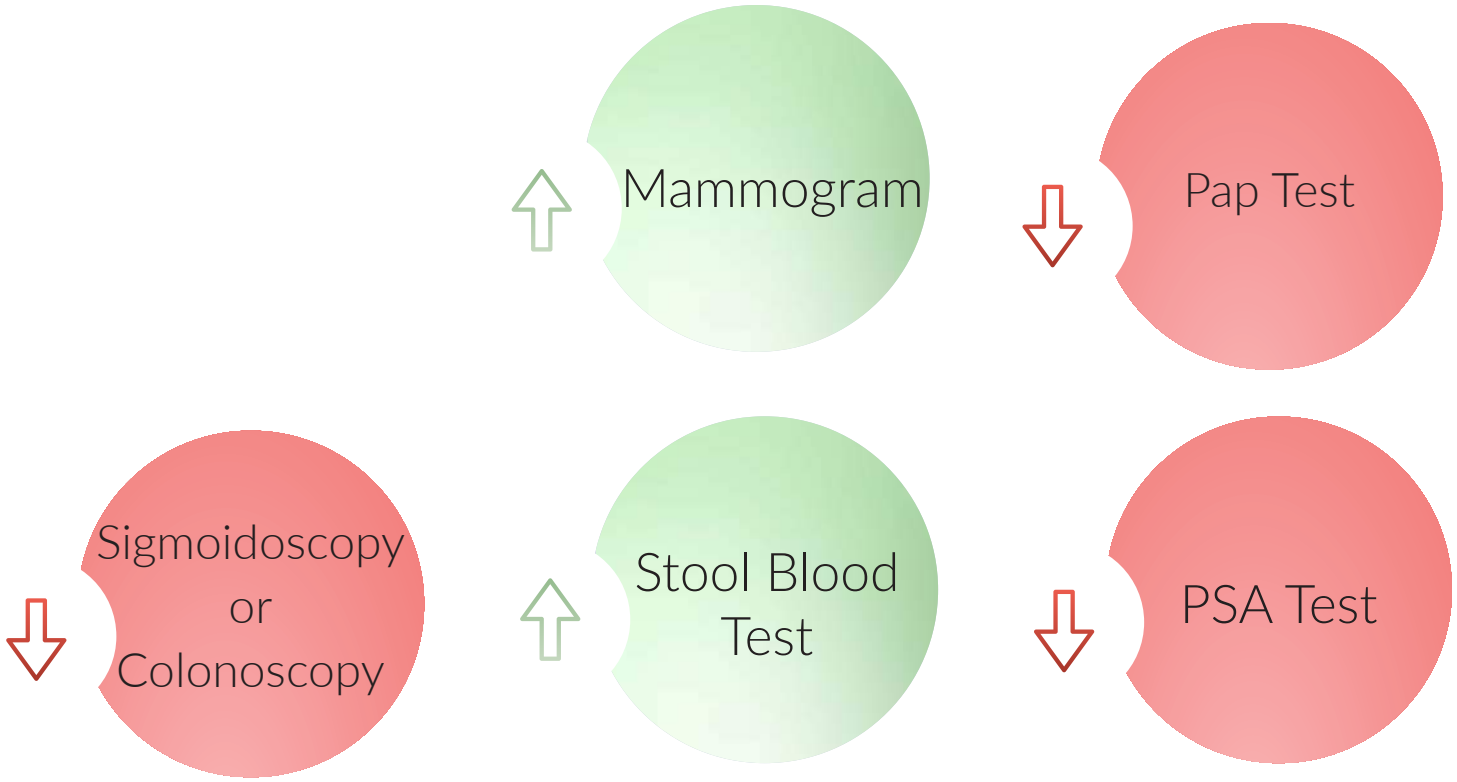
Needed services identified by primary research participants included:

- Providers
  - More community health providers
  - More providers who are bilingual, especially Spanish
  - More primary care providers
- Services
  - More access to integrated care
  - More services for seniors due to a higher risk of poor health status based on factors like obesity, diabetes, low income, malnutrition, isolation, depression, etc.
  - Coordination with churches and community centers to offer services
- Medicaid expansion
- More access to healthy food and education on nutrition
- Access to dental care for adults and children
- Cultural competency
  - Understanding cultural differences and how to reach out to certain communities; some are very proud and stoic and will not discuss health issues

Preventative Care at a Glance

The key indicators related to preventative care that have changed since the last assessment are identified in Figure 7.5. Red means that the indicator has worsened in at least three of the regional counties, yellow means that some counties are increasing and some are decreasing or rates have remained roughly equivalent, and green means that rates have improved in at least three of the regional counties since the last CHNA data is available for.

FIGURE 7.5: PREVENTATIVE CARE INDICATORS



Source: Strategy Solutions, Inc.

Preventative Care: Summary Of Indicators

The following includes both a narrative as well as a visual (chart or table) summary of indicators reported on in this section. Whilethe above colored icons illustrate observed trends from the data reported in the 2016 CHNA, this section is designed to highlight relevant information on each indicator and provide a narrative interpretation of the data included in the charts/tables that follow.

USPSTF RECOMMENDATIONS ON PREVENTATIVE SERVICES

The U.S. Preventive Services Task Force (USPSTF) is an independent, volunteer panel of national experts in disease prevention and evidence-based medicine. The task force works to improve the health of all Americans by making evidence-based recommendations about clinical preventative services. The USPSTF is the leading independent panel of private-sector experts in prevention and primary care. The USPSTF recommendations are based on rigorous, impartial assessments of the scientific evidence for the effectiveness of a broad range of clinical preventative services, including screening, counseling and preventative medications.

The mission of the USPSTF is to evaluate the benefits of individual services based on age, gender and risk factors for disease, make recommendations about which preventative services should be incorporated routinely into primary medical care and for which populations, and identify a research agenda for clinical preventative care. Recommendations issued by the USPSTF are assigned a letter grade of A, B, C, D or I to help clinicians recommend appropriate services to their patients. For a complete list of grades and their definitions, please visit https://content.highmarkprc.com/files/region/hdebcbs/educationmanuals/clinicalguidelines/guideline-19-64.pdf.

The grades are defined in Figure 7.6. Note that USPSTF reports indicators as 'aged', whereas FLHealthCHARTS reports indicators as 'ages'.

FIGURE 7.6: USPSTF GRADE DEFINITIONS

Grade	Definition	Suggestions for Practice
A	The USPSTF recommends the service. There is high certainty that the net benefit is substantial.	Offer or provide this service.
B	The USPSTF recommends the service. There is high certainty that the net benefit is moderate or there is moderate certainty that the net benefit is moderate to substantial.	Offer or provide this service.
C	The USPSTF recommends selectively offering or providing this service to individual patients based on professional judgment and patient preferences. There is at least moderate certainty that the net benefit is small.	Offer or provide this service for selected patients depending on individual circumstances.
D	The USPSTF recommends against the service. There is moderate or high certainty that the service has no net benefit or that the harms outweigh the benefits.	Discourage the use of this service.
I Statement	The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of the service. Evidence is lacking, of poor quality, or conflicting, and the balance of benefits and harms cannot be determined.	Read the clinical considerations section of USPSTF Recommendation Statement. If the service is offered, patients should understand the uncertainty about the balance of benefits and harms.

Source: U.S. Preventive Services Task Force

WOMEN AGED 40 AND OLDER WHO RECEIVED A MAMMOGRAM IN PAST YEAR (2002-2016)

2019 USPSTF recommendations:

Women aged 50-74 years	B
Women aged 40-49 years	C
Women aged 75 years or older	I
All women	I
Women with dense breasts	I

In most of the region and the state, the percentage of women ages 40 years and older who received a mammogram in the previous year decreased from 2002 to 2016. Orange County was the only area in the region that has increased over the 15 years from 57.8 percent to 59.4 percent. In 2016, the four-county region (Lake: 60.4 percent, Orange: 59.4 percent, Osceola: 51.4 percent and Seminole 57.8 percent) had mammogram rates below the state average of 60.8 percent. Osceola County had the lowest rate (51.4 percent) with slightly more than half of women ages 40 years and older receiving a mammogram. (See Chart

WOMEN AGED 18 AND OLDER WHO RECEIVED PAP TEST IN PAST YEAR (2002-2016)

2018 USPSTF recommendations:

Women aged 21-65 years (pap smear) every 3 years or 30-65 (in combo with HPV testing) every 5 years	A
Women younger than 30 years, HPV testing	D
Women younger than 21 years	D
Women older than 65, who have had adequate prior screening	D
Women who have had a hysterectomy	D

In all counties in the region and across the state, the number of women ages 18 years and older who received a pap test in the previous year decreased from 2002 to 2016. Orange (51.3 percent) and Osceola (51.5 percent) counties have rates above the state (48.4 percent). In 2016, Lake County had the lowest rate with 40.9 percent of women ages 18 years and older receiving a pap test. Seminole County (45.5 percent) was also lower than the state. (See Chart 7.8)

ADULTS AGED 50 AND OLDER WHO RECEIVED A SIGMOIDOSCOPY OR COLONOSCOPY IN PAST FIVE YEARS (2002-2016)

2019 USPSTF recommendations:

Adults aged 50-75 years: A

- Colonoscopy every 10 years or
- Fecal occult blood test home three-pack FOBT test or
- FIT fecal immunochemical test every year or
- Flexible sigmoidoscopy every five years or
- Flexible sigmoidoscopy every 10 years with FIT every year or
- CT colonography every five years or
- Cologuard (DNA stool screening) every three years

Adults aged 76-85 years C

In the four-county region and throughout the state, the percentage of adults ages 50 years and older who had received a sigmoidoscopy or colonoscopy in the past five years increased from 2002 to 2016. Seminole (55.9 percent) and Osceola (54 percent) counties rates in 2016 were slightly above the state rate (53.9 percent). Lake (51.5 percent) and Orange (49.6 percent) counties had the lowest 2016 rates. (See Chart 7.9)

ADULTS AGED 50 AND OLDER WHO RECEIVED A STOOL BLOOD TEST IN PAST YEAR (2002-2016)

Between 2002 and 2013, all four counties as well as the state, had a substantial drop in the percentage of adults ages 50 and older who had a blood stool test. However, all counties and the state rate increased in 2016 from the 2013 rate. Osceola County's rate more than doubled between 2013 (9.5 percent) and 2016 (21.5 percent). The rate in Lake County decreased by half from 29.8 percent in 2002 to 15 percent in 2016. Orange County experienced the biggest decline between 2002 (26 percent) and 2016 (9.9 percent). Seminole County also decreased during this time frame from 23.2 to 13.4 percent. (See Chart 7.10)

MEN AGED 50 AND OLDER WHO RECEIVED A PSA TEST IN PAST TWO YEARS (2007-2016)

2019 USPSTF recommendations:
Men aged 55-69, screening with PSA (prostate specific antigen) C

In the four-county region and throughout the state, the percentage of men ages 50 years and older receiving a PSA test increased between 2007 and 2010 then decreased again in 2016. Lake (55.5 percent) and Seminole (55.6 percent) counties' rates are slightly above the state rate (54.9 percent). Osceola County's rate (52.4 percent) is the lowest in the region, with Orange County (52.7 percent) slightly higher. (See Chart 7.11)

Preventative Care: Key Findings

While statewide data show rather large variations between 2002 and 2016 for a number of indicators, counties within the four-county region have seen rather moderate reductions in preventative screenings for women and the population ages 50 years and older. Mammography rates in all counties except Orange decreased slightly between 2002 and 2016. The percentage of women receiving pap tests in the past year decreased substantially between 2002 and 2016 in all counties.

One area of substantial improvement was the number of adults ages 50 years or older who have received a sigmoidoscopy or colonoscopy in the past five years, with an increase of 10 percent in some counties over the 15 years. While PSA testing rose approximately 15 percent to 20 percent across all counties and statewide between 2007 and 2010, the rates dropped back to almost 2007 levels by 2016. A downward trend can also be seen on the statewide level and within the four-county region for blood stool tests, although all counties did increase for the most recent year.

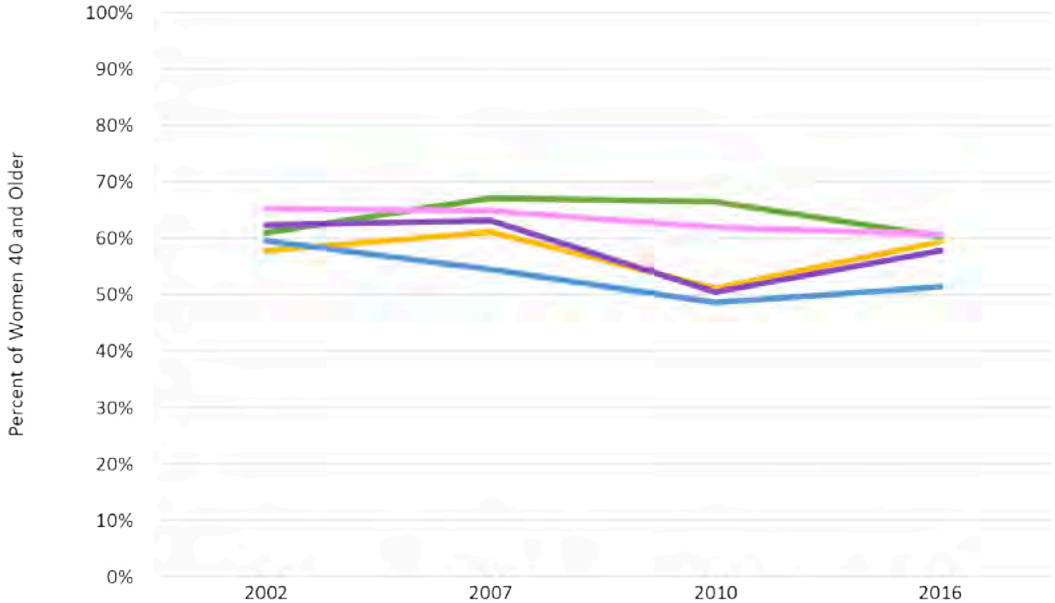
The majority of the community survey respondents who access preventative services indicated that they had an annual exam with a medical provider (low was 67.5 percent in Osceola County; high was 75.2 percent in Seminole County) and lab screenings over the past two years (low was 66.4 percent in Osceola County; high was 76.4 percent in Seminole County), while less than two thirds indicated that they have had a dental exam or an eye exam. Rates of preventative screenings were lower among Osceola County respondents, while Lake and Seminole County respondents tended to have higher rates. However 48 percent of the community survey respondents indicated that they only go to the doctor or other medical provider when they are sick or need care.

Stakeholders identified health literacy as a top three community health need. Focus group participants indicated that people are not going for preventative care because they are afraid that they will get bad news. Numerous comments were made that people will often wait until something is acute before seeking treatment. There is a large Hispanic or Latino population who relocated to Central Florida that does not have access to health care and are very sick. According to stakeholders, people do not understand the connection between routine check-ups and their general health because they do not have a primary care physician. Many seniors do not trust doctors because they are afraid that they will be placed in a nursing home. Key informant survey respondents identified lack of insurance, access to care and lack of primary care as key community needs, along with denial of symptoms and health problems. Community survey respondents identified preventative care as a top three health concern. They also identified health literacy and healthy aging as key community priorities.

Barriers to care include lack of transportation, lack of insurance, cost, health literacy and lack of affordable, healthy food. According to community members, some residents have difficulty trusting health care providers. There is also a lack of education on the importance of preventative care.

Needed services identified include health literacy programs, education on healthy living, increase in wellness programs that focus on prevention, more community health providers, more access to integrated care, more services for seniors, understanding of cultural differences, telehealth, more Medicaid providers, more affordable/sliding scale clinics and FQHCs, and more coordination with churches and community centers to offer services.

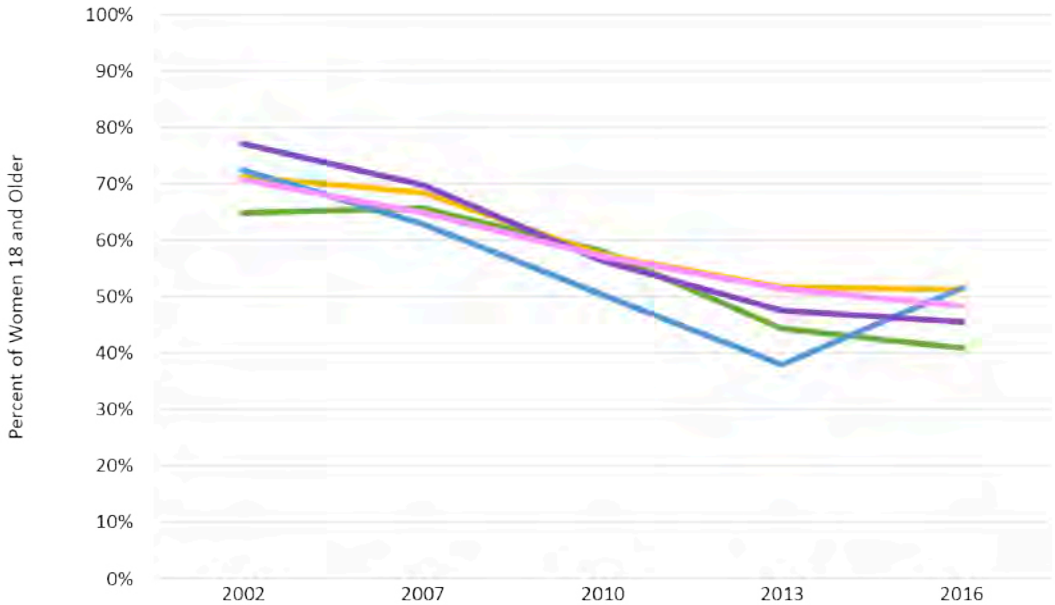
CHART 7.7: WOMEN AGED 40 AND OLDER WHO RECEIVED A MAMMOGRAM IN PAST YEAR (2002-2016)



	2002	2007	2010	2016
LAKE	61.0%	67.1%	66.5%	60.4%
ORANGE	57.8%	61.1%	51.2%	59.4%
OSCEOLA	59.5%	54.5%	48.6%	51.4%
SEMINOLE	62.3%	63.2%	50.5%	57.8%
FLORIDA	65.3%	64.9%	61.9%	60.8%

Source: FLHealthCHARTS: Florida Department of Health, Florida Behavioral Risk Factor Surveillance System

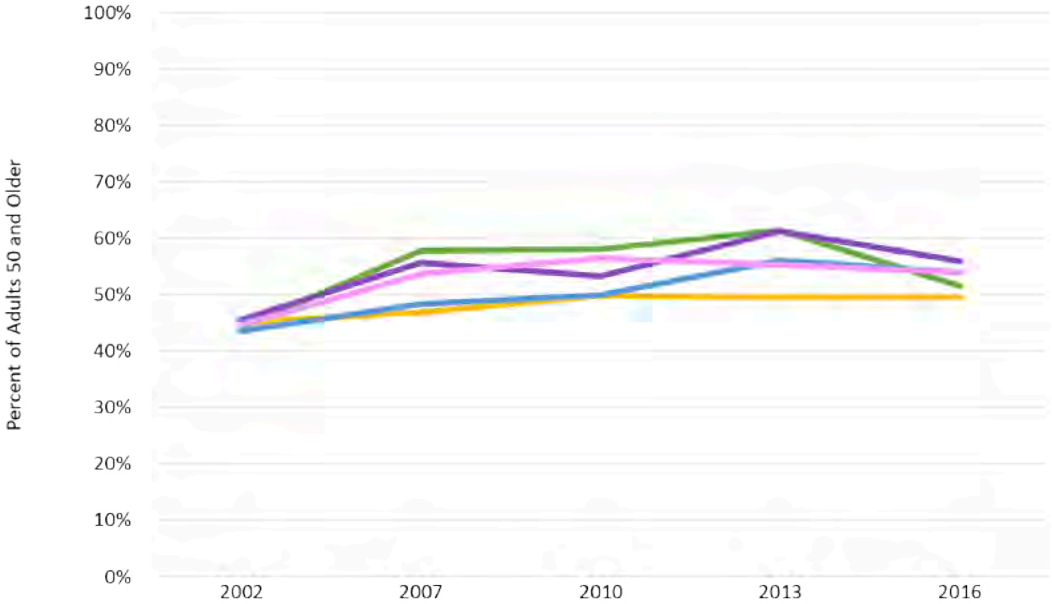
CHART 7.8: WOMEN AGED 18 AND OLDER WHO RECEIVED PAP TEST IN PAST YEAR (2002-2016)



	2002	2007	2010	2013	2016
LAKE	64.8%	65.7%	58.1%	44.3%	40.9%
ORANGE	71.2%	68.4%	57.4%	51.7%	51.3%
OSCEOLA	72.5%	62.8%	50.3%	38.0%	51.5%
SEMINOLE	77.1%	69.8%	56.3%	47.5%	45.5%
FLORIDA	70.7%	64.8%	57.1%	51.4%	48.4%

Source: FLHealthCHARTS: Florida Department of Health, Florida Behavioral Risk Factor Surveillance System

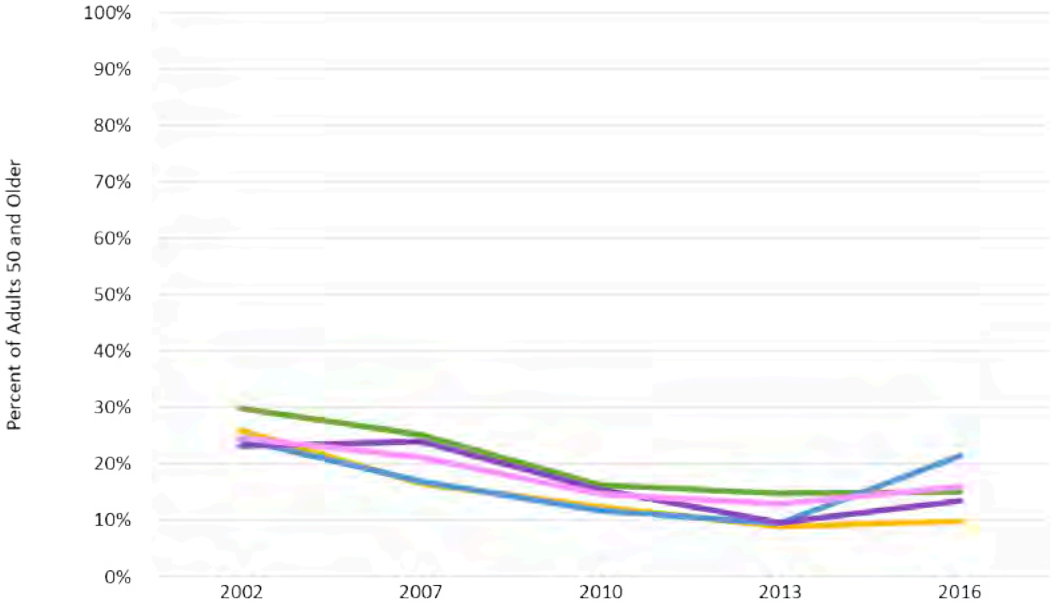
CHART 7.9: ADULTS AGED 50 AND OLDER WHO RECEIVED A SIGMOIDOSCOPY OR COLONOSCOPY IN PAST 5 YEARS (2002-2016)



	2002	2007	2010	2013	2016
LAKE	44.2%	57.8%	58.1%	61.4%	51.5%
ORANGE	45.0%	46.9%	49.8%	49.6%	49.6%
OSCEOLA	43.6%	48.4%	50.0%	56.1%	54.0%
SEMINOLE	45.5%	55.7%	53.3%	61.2%	55.9%
FLORIDA	44.6%	53.7%	56.4%	55.3%	53.9%

Source: FLHealthCHARTS: Florida Department of Health, Florida Behavioral Risk Factor Surveillance System

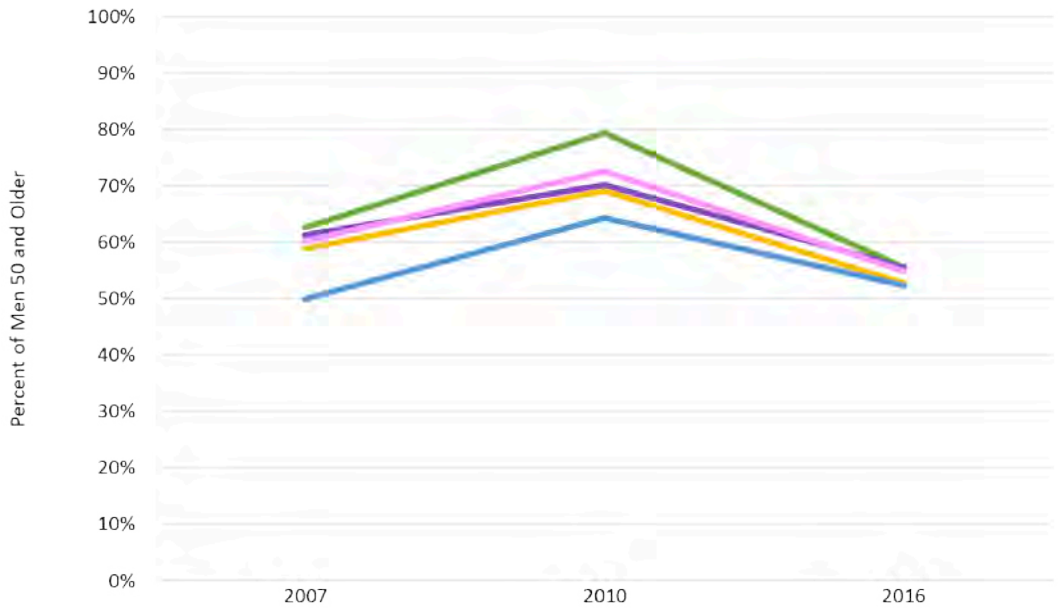
CHART 7.10: ADULTS AGED 50 AND OLDER WHO RECEIVED A STOOL BLOOD TEST IN PAST YEAR (2002-2016)



	2002	2007	2010	2013	2016
LAKE	29.8%	25.2%	16.3%	14.8%	15.0%
ORANGE	26.0%	16.5%	12.4%	8.9%	9.9%
OSCEOLA	24.4%	16.9%	11.7%	9.5%	21.5%
SEMINOLE	23.2%	24.0%	15.5%	9.6%	13.4%
FLORIDA	24.7%	21.2%	14.7%	12.9%	16.0%

Source: FLHealthCHARTS: Florida Department of Health, Florida Behavioral Risk Factor Surveillance System

CHART 7.11: MEN AGED 50 AND OLDER WHO RECEIVED A PSA TEST IN PAST TWO YEARS (2007-2016)



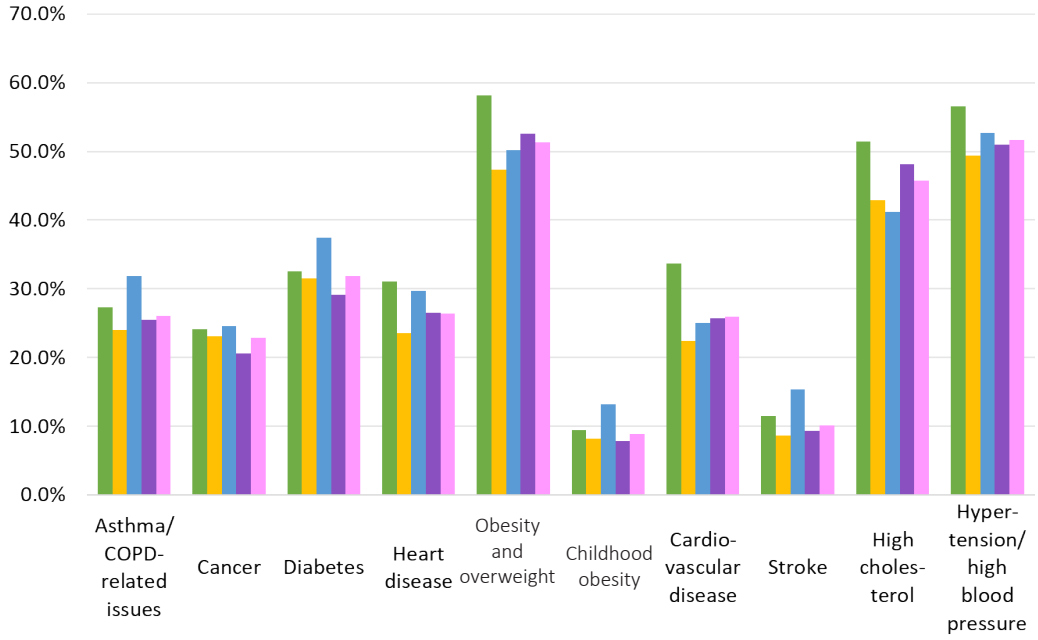
	2007	2010	2016
LAKE	62.6%	79.4%	55.5%
ORANGE	58.8%	69.1%	52.7%
OSCEOLA	50.0%	64.3%	52.4%
SEMINOLE	61.3%	70.2%	55.6%
FLORIDA	60.2%	72.6%	54.9%

Source: FLHealthCHARTS: Florida Department of Health, Florida Behavioral Risk Factor Surveillance System

Chronic Conditions: What the Community is Saying

Figure 7.7 illustrates the percentages of community survey respondents that are experiencing either chronic conditions or risk factors related to chronic conditions. Osceola County residents were more likely to indicate that they have experienced asthma/COPD related issues, cancer, diabetes, childhood obesity and stroke. Lake County residents were more likely to indicate that they had experienced heart disease, obesity, cardiovascular disease, high cholesterol, hypertension/high blood pressure or were considered overweight. The county with the highest percentage is highlighted in red.

FIGURE 7.7: CHRONIC CONDITIONS AND RISK FACTORS, COMMUNITY SURVEY 2019



	Asthma/ COPD-related issues	Cancer	Diabetes	Heart disease	Obesity and overweight	Childhood obesity	Cardio-vascular disease	Stroke	High choles-terol	Hyper-tension/ high blood pressure
LAKE	27.3%	24.1%	32.5%	31.1%	58.1%	9.4%	33.7%	11.5%	51.4%	56.6%
ORANGE	24.0%	23.1%	31.5%	23.5%	47.3%	8.2%	22.4%	8.6%	42.9%	49.4%
OSCEOLA	31.8%	24.6%	37.4%	29.7%	50.2%	13.2%	25.0%	15.3%	41.2%	52.7%
SEMINOLE	25.5%	20.6%	29.1%	26.5%	52.6%	7.8%	25.7%	9.3%	48.1%	51.0%
OVERALL	26.0%	22.9%	31.8%	26.4%	51.3%	8.9%	25.9%	10.1%	45.7%	51.7%

Source: Central Florida Community Collaborative Community Survey, Strategy Solutions, Inc.

Primary research participants identified the following as needs and issues in the community related to chronic conditions:

- Residents considered overweight and obese
- Diabetes
  - People cannot afford insulin
  - Lack of access to diabetic equipment
- Heart disease
- Hypertension and high blood pressure
- Cancer
- Kidney disease
- Stroke
- Asthma
- Lack of understanding regarding patients who have dementia and/or Alzheimer's
- Chronic disease management
  - Hear people complain about chronic pain
  - Not everyone has a support system when they receive bad news
  - People are not managing their chronic conditions
  - Noncompliance with medications
  - Lack understanding of how to follow up with care
  - People do not have a plan in place for those with a progressive condition
- Sexually transmitted diseases
- HIV

Barriers to care identified by primary research participants included:

- Affordability
  - Lack of affordable specialty care
  - Lack of insurance/underinsured
  - Denial of insurance because of chronic conditions
  - Cost of care
  - May not have right insurance for condition to be covered
- Food
  - Lack of access to affordable healthy foods
- Services
  - Lack of access to care for chronic conditions
  - Hard to navigate the system
  - Long wait times to get appointments
  - Lack of coordinated care
- Awareness
  - Not understanding the importance of going to follow up care
  - Trust issues with providers
  - Unaware of available services
- Lack of transportation
- Lack of access to care for immigrants, especially for chronic conditions

Needed services identified by primary research participants included:

- Care coordination/management
  - Clear disease pathways that are discussed and actionable
  - Care companions
  - Natural community supports (people in the community who can help others)
  - Shared medical visits with same disease process
  - Set up a "Plan B"/more advanced care planning
  - Chronic disease prevention and management
  - Education
  - Medication adherence
  - Stroke education
  - Managing health
  - Access to a doctor for a second opinion
- Telehealth
- Healthy eating and access to affordable fresh produce
- Use of medical marijuana

Chronic Conditions at a Glance

The key indicators related to chronic conditions that have changed since the last assessment are identified in Figures 7.8 to 7.11. Red means that the indicator has worsened in at least three of the regional counties, yellow means that some counties are increasing and some are decreasing or rates have remained roughly equivalent, and green means that rates have improved in at least three of the regional counties since the last CHNA assessment data is available for.

FIGURE 7.8: CHRONIC CONDITIONS INDICATORS

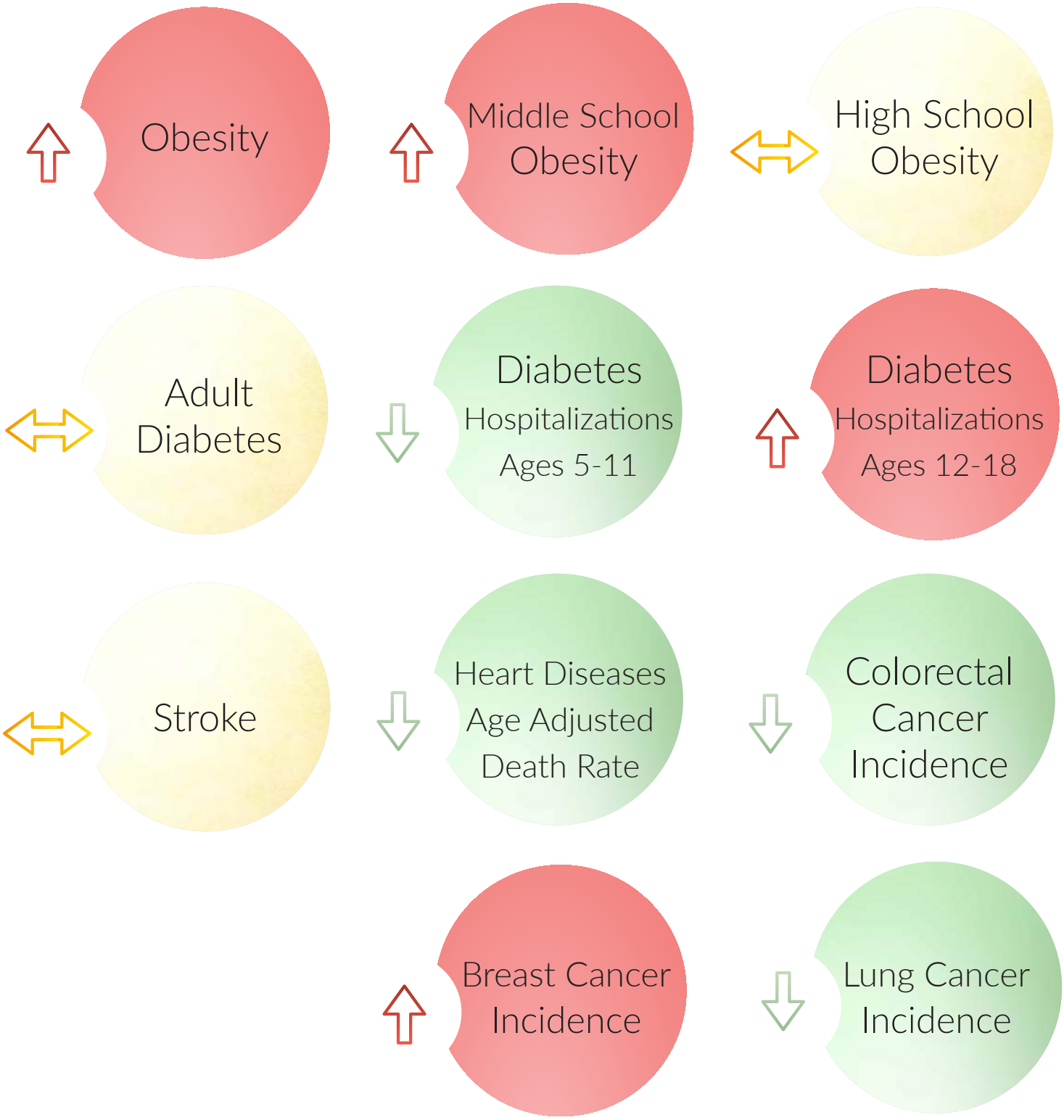
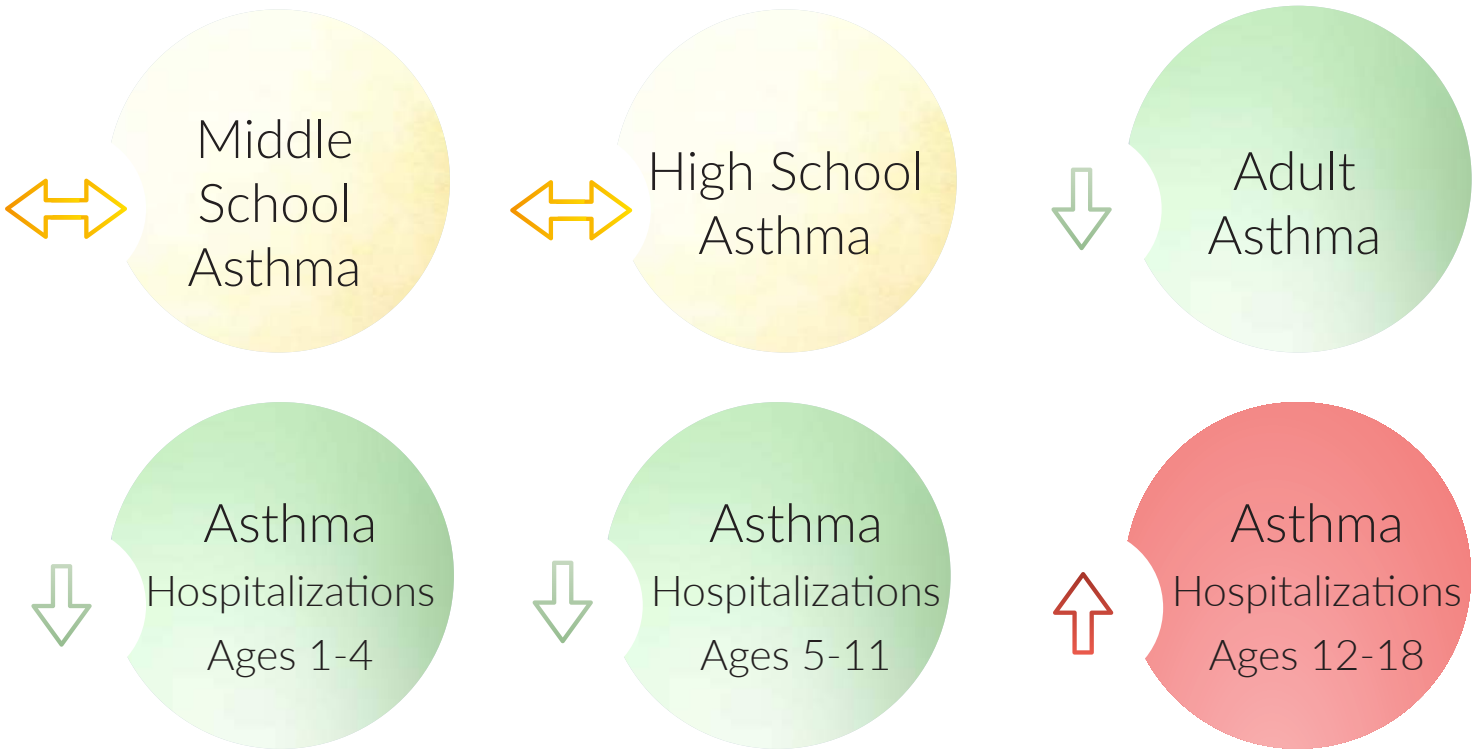


FIGURE 7.8: CHRONIC CONDITIONS INDICATORS, CONTINUED



Source: Strategy Solutions, Inc.

Chronic Conditions: Summary Of Indicators

The following includes both a narrative as well as a visual (chart or table) summary of indicators reported on in this section. While the above colored icons illustrate observed trends from the data reported in the 2016 CHNA, this section is designed to highlight relevant information on each indicator and provide a narrative interpretation of the data included in the charts/tables that follow.

ADULTS WHO ARE OBESE (2002-2016)

The percentage of adults who are obese in three of the four counties (Lake, Orange and Seminole) have been able to maintain levels below the HP2020 goal of 30.5 percent for most of the past 15 years, however Lake and Osceola counties were above the HP2020 goal in 2016. Seminole and Orange counties' upward trend follows closely with that of the state from 2002 to 2016. Osceola County trended above the 30.5 percent goal in 2010 and moved below this goal in 2013. Lake, Orange and Osceola counties both trended upward through 2010 with a decline through 2013; all counties (Lake: 32.6 percent, Orange: 27.5 percent, Osceola: 31.9 percent and Seminole: 27.9percent) increased in 2016 and were above the state (27.4 percent). (See Chart 7.12)

MIDDLE SCHOOL STUDENTS REPORTING BMI AT OR ABOVE 95TH PERCENTILE (2006-2016)

The percentage of middle school students reporting a body mass index (BMI) at or above the 95th percentile remained relatively constant at the state level from 2006 (11.3 percent) to 2012 (11.6 percent), then increased in 2014 (12.4 percent) and 2016 (12.6 percent). Seminole County is the only county in the four-county region to report a net decrease over the 10 years (9.5 percent in 2006 to 8.2 percent in 2016). In 2016, Lake (14.5 percent) and Osceola (13.3 percent) counties had rates above the state average (12.6 percent), while Orange (12.3 percent) and Seminole (8.2 percent) counties have lower rates. (See Chart 7.13)

HIGH SCHOOL STUDENTS REPORTING BMI AT OR ABOVE 95TH PERCENTILE (2006-2016)

The state's trend for high school students reporting a BMI at or above the 95th percentile has been increasing between 2006 and 2016 from 11.2 percent to 13.3 percent. Orange and Seminole counties have followed this trend, increasing to 11.6 percent and 12.3 percent respectively. While fluctuating, Seminole County has remained consistently lower than the state rate. In 2016, the percentage of obese high school students was lower in the four-county region (Lake: 12.7 percent, Orange: 11.6 percent, Osceola: 11.2 percent and Seminole: 12.3 percent) than the state (13.3 percent). (See Chart 7.14)

ADULTS DIAGNOSED WITH DIABETES (2002-2016)

Between 2002 and 2016, there was an upward trend in the percentage of adults who have been diagnosed with diabetes in the four-county region. Osceola County had a 43 percent increase in the percentage of adults diagnosed with diabetes between 2010 (9.9 percent) and 2013 (14.2 percent). This percentage then increased at a slower pace to 14.7 percent in 2016, which has higher than the other counties in the four-county region as well as the state. Seminole County's increase between 2007 (7.5 percent) and 2010 (13.5 percent) was 80 percent. Seminole County, however, experienced a 30 percent decline in this indicator between 2010 and 2013 (9 percent), then increased again by 2016 (11.7 percent). Osceola (14.7 percent) and Lake (12.5 percent) counties have percentages above the state (11.8 percent) in 2016, while Orange (9.7 percent) and Seminole (11.7 percent) counties were below. (See Chart 7.15)

DIABETES HOSPITALIZATIONS CHILDREN AGES 5-11 (2011-2017)

The rate per 100,000 for hospitalizations due to diabetes for children ages 5-11 years in the state has fluctuated throughout the region since 2011. Orange County's rates have decreased from 49.6 to 33.2 between 2011 and 2017. Osceola County experienced fluctuations in hospitalizations between 2011 and 2017. When compared to the rate in 2014 (54.3) the rate decreased in 2017 (46.5). In 2011, Lake County's rate was 49.8, then spiked to 90.5 in 2012 and then declined to 43.4 in 2016. The rate in 2017 (54.9) is lower than it was in 2014 (56.4). Seminole County has consistently had the lowest rate in the region since 2012, with a 2017 rate of 26.6. (See Chart 7.16)

DIABETES HOSPITALIZATIONS CHILDREN AGES 12-18 (2011-2017)

For diabetes hospitalizations among children ages 12-18 years, Lake County's 2017 rate per 100,000 is the highest it has been for the past seven years for the county (158.1). The current Lake County rate is higher than the state (138.3). Orange County has experienced fluctuations each year, but has had an increase since 2011 from 99.2 to 134.4 in 2017. Osceola County's rate increased from 98.9 in 2011 to 120.9 in 2017. Seminole County's rate (80.5) decreased in 2017 but had increased from 68.3 in 2011 and has been consistently lower than the state rate which increased from 111.6 in 2011 to 138.3 in 2017. (See Chart 7.17)

ADULTS EVER TOLD THEY HAVE HYPERTENSION (HIGH BLOOD PRESSURE) (2002-2013)

The prevalence of adults with high blood pressure has increased across the region when looking at 2002 compared to 2013 upwards of 57 percent in Lake County and 80 percent in Seminole County in 2010. In 2013 in the four-county region, the prevalence of high blood pressure (hypertension) was above the HP2020 goal of 26.9 percent. In 2013 Orange (29.9 percent), Osceola (32 percent) and Seminole (33.7 percent) counties were slightly below the state (34.6 percent), while Lake County (39 percent) was above. (See Chart 7.18)

ADULTS WITH HYPERTENSION WHO TAKE BLOOD PRESSURE MEDICATION (2002-2013)

In 2013, the percentage of adults with hypertension who take blood pressure medication, in the four-county region were lower than the state (79.4 percent). Additionally, Orange, Osceola and Seminole counties experienced a decrease since 2002. Lake County, which experienced an increase since 2002, had the highest rate (76.6 percent), while Osceola County had the lowest rate (65.5 percent) in 2013. In 2013, the percentage of adults with hypertension who took blood pressure medication was 73.5 percent in Orange County and 70.4 percent in Seminole County. (See Chart 7.19)

ADULTS WHO HAVE EVER BEEN TOLD THEY HAD A STROKE (2007-2016)

Adults who have ever been told they had a stroke in the four-county region are in line with the state level trend. All counties experienced an increase between 2007 and 2016 in the percentage of adults who have ever been told they had a stroke. Osceola County experienced an increase from 2.6 percent to 3.5 percent in 2016, equal to the state average. Lake County reported the highest 2016 rate (5 percent) and was the only county whose rate was above the state (3.5 percent in 2016). In 2016, Orange (2.7 percent) and Seminole (2.1 percent) counties were below the state (3.5 percent). (See Chart 7.20)

ADULTS WHO HAVE EVER BEEN TOLD THEY HAD HIGH CHOLESTEROL (2002-2013)

The percentages of adults who have ever been told they had high cholesterol were consistently the highest in Lake County, hovering around 40 percent. This is well above the 13.5 percent target for HP2020. The percentage in Orange County had increased from 27.4 percent in 2002 to 34.2 percent in 2010 and then decreased to 25.6 percent in 2013. Osceola County's prevalence of high cholesterol has experienced the same trend as Lake County's with a slight increase in 2010, while remaining relatively constant. Seminole County has experienced the largest increase in the percentage of adults having been told they have high cholesterol, increasing from 26.7 percent in 2002 to 37.4 percent in 2013 (41.3 percent in 2010). This is an increase of 40 percent from 2002 to 2013. In 2013, Lake (41.8 percent), Osceola (37.2 percent) and Seminole (37.4 percent) counties were higher than the state (33.4 percent), while Orange County (25.6 percent) was below. (See Chart 7.21)

HEART DISEASES, AGE-ADJUSTED DEATH RATE (2007-2017)

Osceola County's age-adjusted death rate in 2017 for heart diseases (180.3) was the highest in the four-county region and much higher than the state (148.5). Lake (155.2) and Orange (152.9) counties' rates were also marginally higher than the state in 2017. Only Seminole County (140.5) is lower than the state rate in 2017. (See Chart 7.22)

PREVENTABLE HOSPITALIZATIONS UNDER AGE 65 FROM CONGESTIVE HEART FAILURE (2007-2017)

Preventable hospitalizations under age 65 from congestive heart failure have decreased across the four-county region and throughout the state between 2007 and 2017. Lake County had the highest rate in the region (80.7) in 2017 and is consistently above the state (73.7) in 2017. In 2017, Orange County (67.7) in 2017 has had rates consistent with the state since 2014. For the same period, Seminole County (53.9) in 2017 had rates consistently lower than the other three counties and the state. In 2017, the rate in Osceola County was 67.2. (See Chart 7.23)

COLORECTAL CANCER INCIDENCE, AGE-ADJUSTED (2007-2016)

While the rates have fluctuated in the four-county region between 2007 and 2016, most have seen a net decline, except for Osceola County which increased from 44.1 in 2007 to 45 per 100,000 in 2016. Seminole County's rate has consistently been below the state rate between 2007 and 2016, with a rate of 31.1 in 2016 versus the state rate of 36.5. Lake (40.6), Orange (36.8) and Osceola (45) counties remained above the state rate in 2016. (See Chart 7.24)

FEMALE BREAST CANCER INCIDENCE, AGE-ADJUSTED (2007-2016)

Over the past 10 years, Orange County was the only county in the region whose age-adjusted female breast cancer incidence rate decreased, from 118.2 per 100,000 in 2007 to 116 in 2016. Osceola County had the steepest increase from 99 in 2007 to 130.5 in 2016. Lake County also had a sharp increase from 119.1 in 2007 to 135.8 in 2016. Seminole County had the smallest increase in the past 10 years from 107.6 in 2007 to 114.2 in 2016. Orange and Seminole County's rates in 2016 were below the state rate of 121.8. (See Chart 7.25)

LUNG CANCER INCIDENCE, AGE-ADJUSTED (2007-2016)

The age-adjusted lung cancer incidence rate per 100,000 in Seminole was the only county with rates consistently below the state rate for the past 10 years, going from 51.8 per 100,000 in 2007 to 48.2 in 2016. The state rate in 2016 was 57.5. Lake County's rate has been consistently higher than the state and region; the rate decreased from 71.5 in 2007 to 63.6 in 2016. Orange County's rate has fluctuated but decreased from 63.5 in 2007 to 51.2 in 2016, with a slight increase from 2015 (54). Osceola County's rate had also fluctuated during this time period (62.1 to 59.1). (See Chart 7.26)

ADULTS WHO CURRENTLY HAVE ASTHMA (2007-2016)

Since 2007, the percentage of adults who currently have asthma has increased in Orange County from 5.1 percent in 2007 to 6.8 percent in 2016. The rate in Seminole County fluctuated, increasing from 6.4 percent in 2007 to seven percent in 2010, then to 8.4 percent in 2013. The rate then decreased again to 5.4 percent in 2016. Lake County also increased from 5.7 percent in 2007 to 6.2 percent in 2010, then to 8.7 percent (2013) then decreased in 2016 to five percent. Lake and Seminole counties were lower than the Florida rate in 2016 (6.7 percent). Osceola County decreased since 2010 (10.2 percent) to 2016 (7.4 percent). In 2016, Orange (6.8 percent) and Osceola (7.4 percent) counties were both higher than the state (6.7 percent). (See Chart 7.27)

MIDDLE SCHOOL STUDENTS WITH KNOWN ASTHMA (2006-2016)

Every county in the four-county region has seen an increase in middle school students with known asthma between 2006 and 2016. Through most of the past 11 years, Osceola County had the highest percentages by far with a large jump from 20.8 percent in 2010 to 25.5 percent in 2014. The rate fell however in 2016 to 23.3 percent. Lake County's rate, while fluctuating somewhat, remained the steadiest among the four counties, increasing from 18.1 percent in 2006 to 18.7 percent in 2016. In 2016, Seminole County (19.3 percent) was comparable to the state (19.5 percent). In 2016, Orange (18.7 percent) and Lake (18.7 percent) counties had the lowest percentage of middle school children with asthma. (See Chart 7.28)

HIGH SCHOOL STUDENTS WITH KNOWN ASTHMA (2006-2016)

The four-county region has seen an increase in high school students with known asthma between 2006 and 2016. Orange County had the least fluctuation, increasing from 16.7 percent in 2006 to 19.9 percent in 2016. Lake County also increased from 19.8 percent in 2006 to 24 percent in 2016. Osceola County had the largest overall increase of all the counties in the region, increasing from 15.8 percent in 2006 to 23.5 percent in 2016. Seminole County increased from 18.3 percent in 2006 to 20.6 percent in 2016 and is comparable with the state rate in 2016 (20.5 percent). (See Chart 7.29)

ASTHMA HOSPITALIZATIONS AGES 1-4 (2003-2017)

The rate of asthma hospitalizations per 100,000 children ages 1-4 fluctuated in the four-county region between 2003 and 2017, between a low of 291 to a high of 1050.4. All of the four-county region was below the state rate in 2017 (551.8). All counties showed a decline over the 15 years. Osceola County was the highest of the four counties in 2017 at 494.5, because of an increase in the rate since 2016 (464.1). Lake County's rate has been decreasing since 2012 (838) and was 464.5 in 2017. Orange County's rate also has been decreasing since 2012 (965.2) and decreased to 372.2 in 2017. Seminole has consistently had the lowest rate in the four-county region, decreasing from 566.2 in 2012 to 293.6 in 2017. (See Chart 7.30)

ASTHMA HOSPITALIZATIONS AGES 5-11 (2003-2017)

The rate of asthma hospitalizations per 100,000 children ages 5-11 fluctuated over the past 15 years, with an increase occurring in all counties and across the state between 2007 and 2012, followed by decreasing rates until 2017. Lake County's rate decreased between 2003 (293.1) and 2017 (286.2). Orange County increased from 318 in 2003 to 416.4 in 2017. Osceola County's rate increased from 392 in 2003 to 421.3 in 2017. Seminole County's rate was consistently lower than the other counties in the region with the exception of 2013, and the rate increased from 196.4 in 2003 to 260.8 in 2017. The state rate in 2017 was 382.3. (See Chart 7.31)

ASTHMA HOSPITALIZATIONS AGES 12-18 (2003-2017)

In the past 15 years, the rate of asthma hospitalizations per 100,000 for children ages 12-18 has fluctuated in every county. Lake County had the slowest rate of growth, increasing from 153.4 in 2003 to 335.5 in 2017, and is the only county in 2017 lower than the state rate (443.9). Orange County's rate increased from 303.2 in 2003 to 510.5 in 2017. Osceola County increased from 293.5 to 521.8 between 2003 and 2017. Seminole County increased from 230.6 to 447.5 during the same time period. (See Chart 7.32)

Chronic Conditions: Key Findings

In the four-county region, the percentage of adults who were obese has been increasing with two counties, Lake and Osceola, exceeding the HP2020 goal. Lake, Orange and Osceola counties saw the percentage of middle school children who were obese increase, while Seminole County saw a decrease.

Lake, Osceola and Seminole County female breast cancer incidence rates have increased between 2014 and 2016, while Orange County's rate decreased. Orange and Seminole are the only counties in the region with lung cancer incidence rates below the state average.

While the percentage of adults with asthma had been increasing between 2007 and 2013, the rate decreased in 2016 in all counties. While the percentage of middle school students with asthma remains higher than in 2006, all counties in the four-county region saw a decrease between 2014 and 2016. Asthma hospitalizations ages 1-4 and 5-11 have been decreasing in all counties since 2013. Children within the age range of 1-4 years have the highest rate of hospitalizations due to asthma compared to children ages 5-11 years or 12-18 years.

In the four-county region, the number of children ages 12-18 that were hospitalized with diabetes increased between 2011 and 2017, while the rate for those ages 5-11 increased in Lake and Osceola counties but decreased for the other counties.

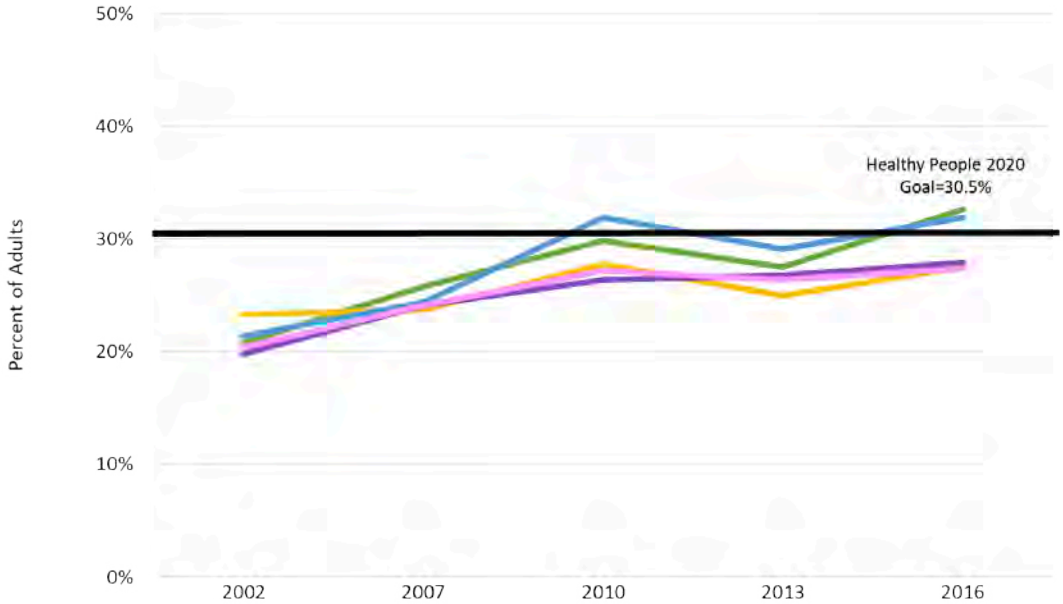
Hypertension prevalence increased in all counties between 2002 and 2013, while the percentage of those taking medications to address hypertension decreased in Orange, Osceola and Seminole counties.

Hospitalizations from congestive heart failure have decreased in every regional county between 2015 and 2017.

Approximately, half of the community survey respondents in all counties indicated that being obese or overweight affects them or their families. Approximately a third of respondents indicated that diabetes is a problem for them or a family member. Nearly one in four respondents identified cardiovascular disease, asthma and/or cancer as a problem for them or a family member.

Obesity, diabetes and hypertension were repeatedly discussed by stakeholders and primary research participants in the region. Stakeholder interview, focus group and key informant survey participants identified the connections between diabetes, poverty and access to quality and nutritious foods, as well as the importance of a healthy lifestyle and access to preventative services related to chronic diseases.

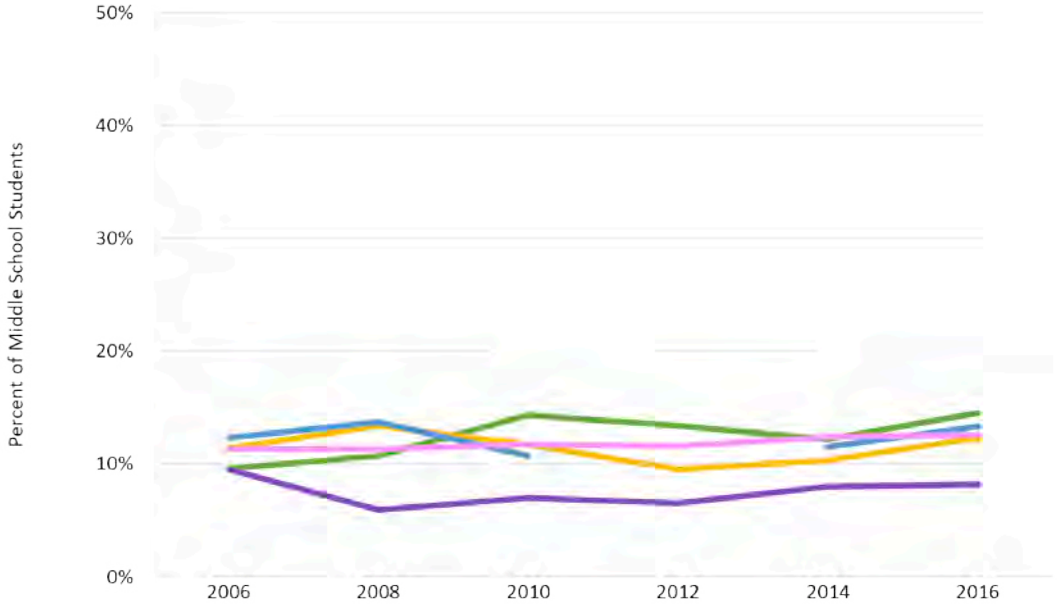
CHART 7.12: ADULTS WHO ARE OBESE (2002-2016)



	2002	2007	2010	2013	2016
LAKE	20.8%	25.8%	29.8%	27.5%	32.6%
ORANGE	23.3%	23.7%	27.8%	25.0%	27.5%
OSCEOLA	21.4%	24.4%	31.9%	29.1%	31.9%
SEMINOLE	19.8%	24.1%	26.4%	26.8%	27.9%
FLORIDA	20.4%	24.1%	27.2%	26.4%	27.4%

Source: FLHealthCHARTS: Florida Department of Health, Behavioral Risk Factor Surveillance System

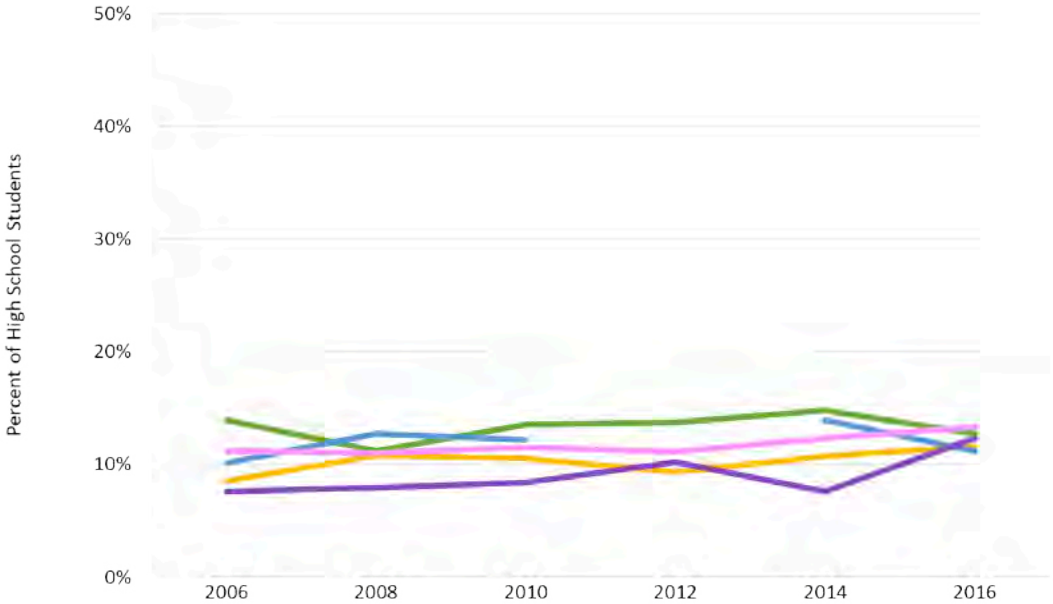
CHART 7.13: MIDDLE SCHOOL STUDENTS REPORTING BMI AT OR ABOVE 95TH PERCENTILE (2006-2016)



	2006	2008	2010	2012	2014	2016
LAKE	9.6%	10.7%	14.3%	13.4%	12.2%	14.5%
ORANGE	11.4%	13.4%	11.7%	9.5%	10.3%	12.3%
OSCEOLA	12.3%	13.7%	10.7%	N/A	11.5%	13.3%
SEMINOLE	9.5%	5.9%	7.0%	6.5%	8.0%	8.2%
FLORIDA	11.3%	11.3%	11.7%	11.6%	12.4%	12.6%

Source: FLHealthCHARTS: Florida Department of Health, Bureau of Epidemiology

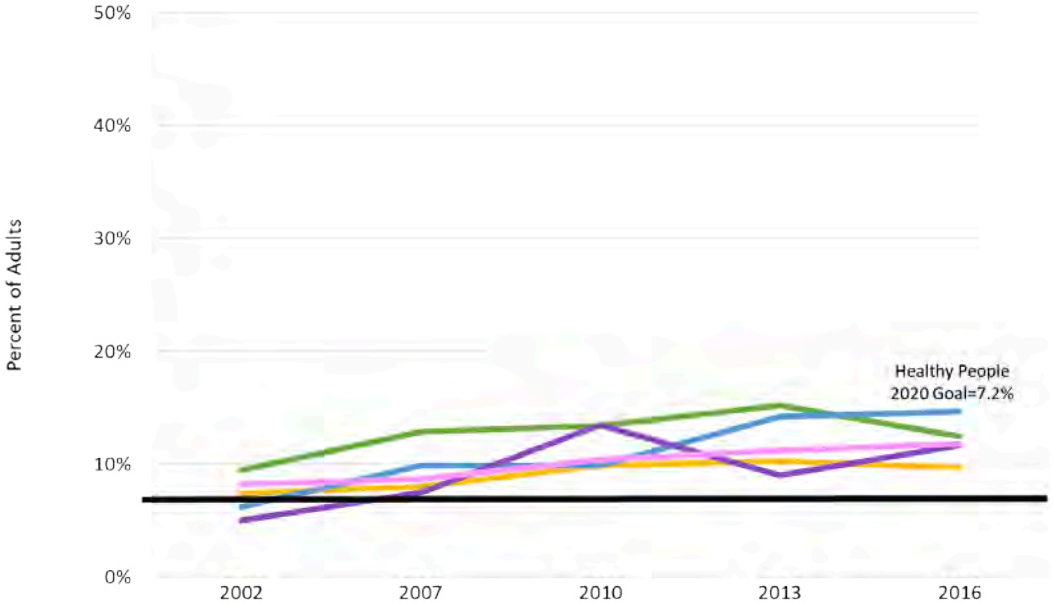
CHART 7.14: HIGH SCHOOL STUDENTS REPORTING BMI AT OR ABOVE 95TH PERCENTILE (2006-2016)



	2006	2008	2010	2012	2014	2016
LAKE	13.9%	11.2%	13.5%	13.7%	14.8%	12.7%
ORANGE	8.5%	10.8%	10.5%	9.3%	10.7%	11.6%
OSCEOLA	10.1%	12.7%	12.2%	N/A	13.9%	11.2%
SEMINOLE	7.6%	7.9%	8.4%	10.2%	7.6%	12.3%
FLORIDA	11.2%	11.0%	11.5%	11.1%	12.3%	13.3%

Source: FLHealthCHARTS: Florida Department of Health, Bureau of Epidemiology

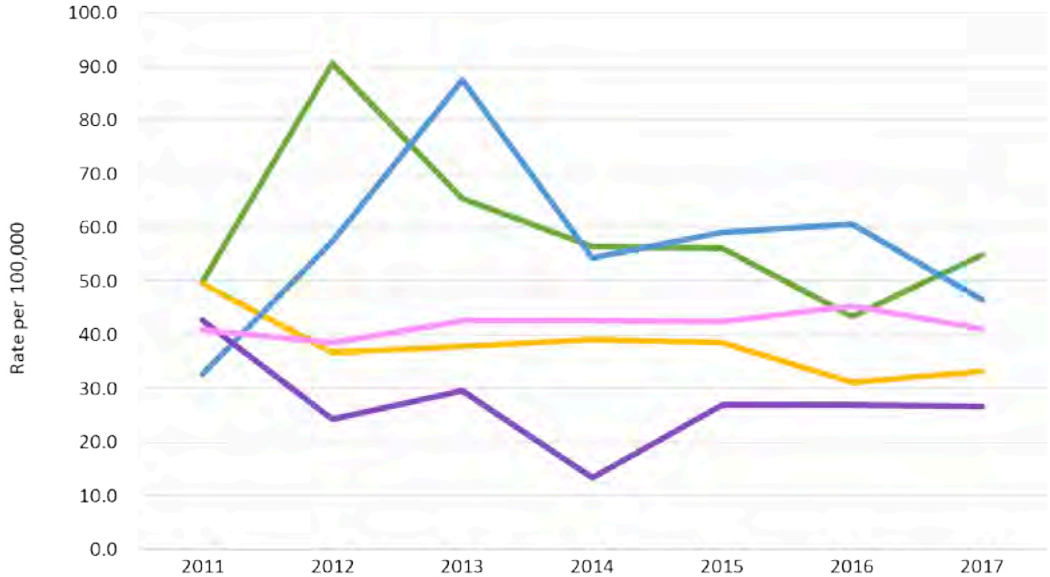
CHART 7.15: ADULTS DIAGNOSED WITH DIABETES (2002-2016)



	2002	2007	2010	2013	2016
LAKE	9.5%	12.9%	13.4%	15.2%	12.5%
ORANGE	7.4%	8.0%	9.9%	10.3%	9.7%
OSCEOLA	6.2%	9.9%	9.9%	14.2%	14.7%
SEMINOLE	5.0%	7.5%	13.5%	9.0%	11.7%
FLORIDA	8.2%	8.7%	10.4%	11.2%	11.8%

Source: FLHealthCHARTS: Florida Department of Health, Florida Behavioral Risk Factor Surveillance

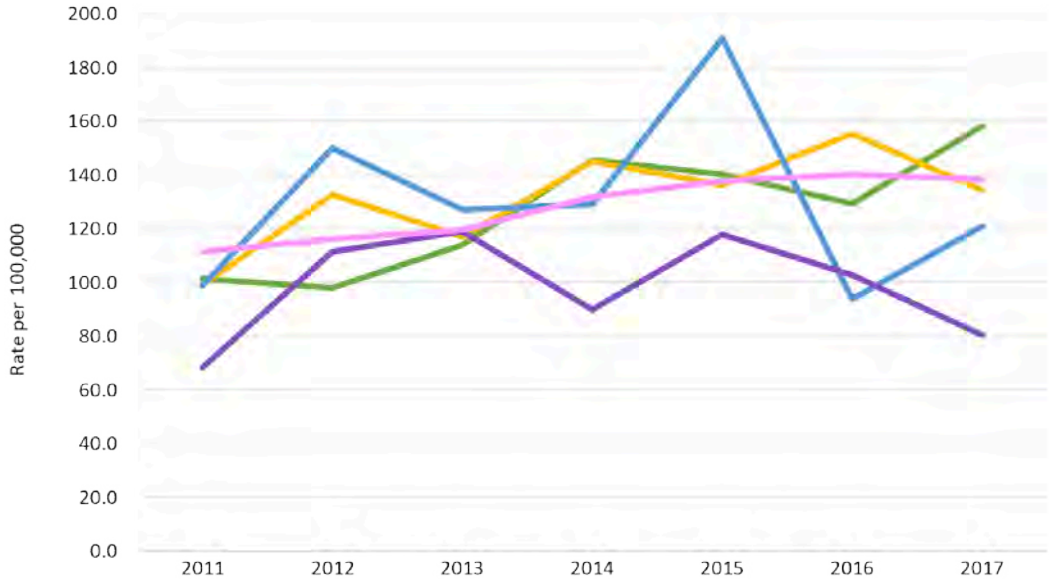
CHART 7.16: DIABETES HOSPITALIZATIONS CHILDREN AGES 5-11 (2011-2017)



	2011	2012	2013	2014	2015	2016	2017
LAKE	49.8	90.5	65.4	56.4	56.2	43.4	54.9
ORANGE	49.6	36.7	37.9	39.1	38.5	31.1	33.2
OSCEOLA	32.6	57.4	87.5	54.3	59.1	60.7	46.5
SEMINOLE	42.8	24.3	29.6	13.4	26.9	26.9	26.6
FLORIDA	40.9	38.5	42.6	42.6	42.4	45.4	41.1

Source: FLHealthCHARTS: Florida Agency For Health Care Administration (AHCA)

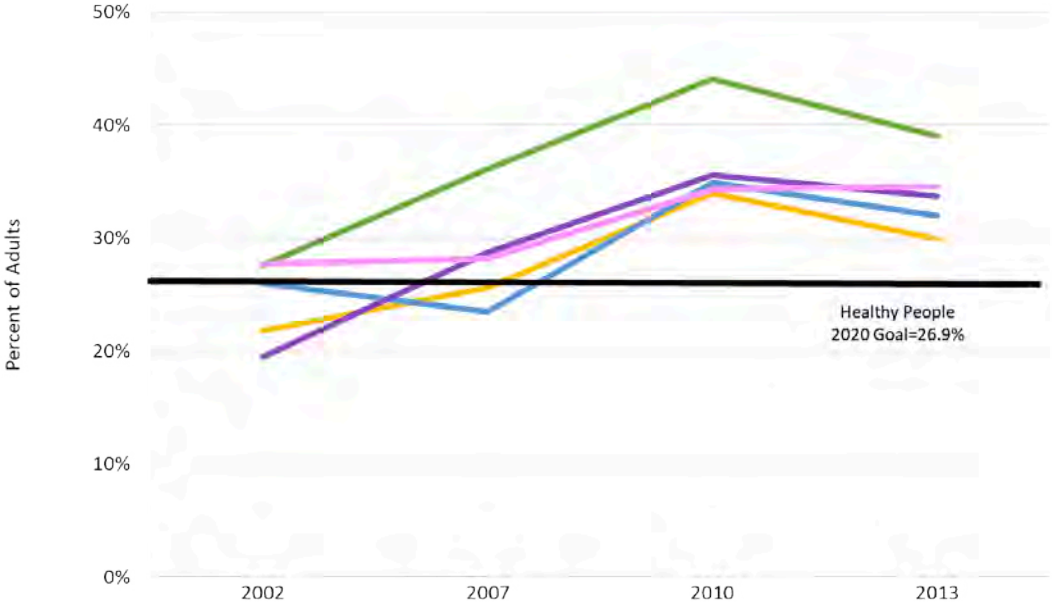
CHART 7.17: DIABETES HOSPITALIZATIONS CHILDREN AGES 12-18 (2011-2017)



	2011	2012	2013	2014	2015	2016	2017
LAKE	101.4	98.0	114.1	145.6	140.2	129.5	158.1
ORANGE	99.2	132.8	117.0	145.0	136.5	155.5	134.4
OSCEOLA	98.9	150.1	127.0	129.0	190.9	93.8	120.9
SEMINOLE	68.3	111.4	118.9	89.9	117.9	102.9	80.5
FLORIDA	111.6	116.1	119.6	131.8	137.8	140.3	138.3

Source: FLHealthCHARTS: Florida Agency For Health Care Administration (AHCA)

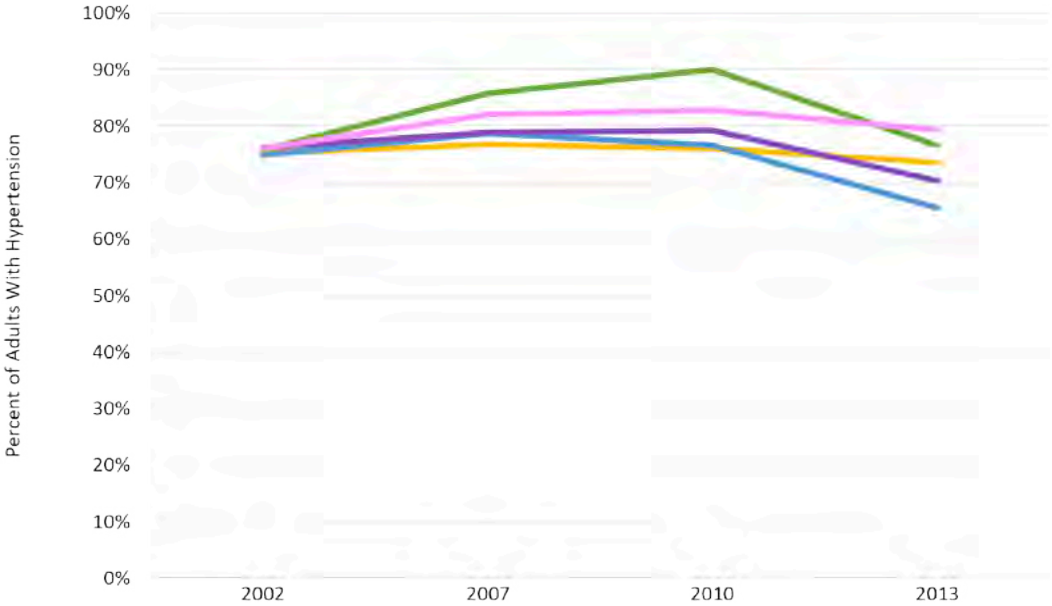
CHART 7.18: ADULTS EVER TOLD THEY HAVE HYPERTENSION (HIGH BLOOD PRESSURE) (2002-2013)



	2002	2007	2010	2013
LAKE	27.6%	36.1%	44.1%	39.0%
ORANGE	21.8%	25.6%	34.0%	29.9%
OSCEOLA	26.0%	23.5%	34.9%	32.0%
SEMINOLE	19.5%	28.7%	35.6%	33.7%
FLORIDA	27.7%	28.2%	34.3%	34.6%

Source: FLHealthCHARTS: Florida Behavioral Risk Factor Surveillance System

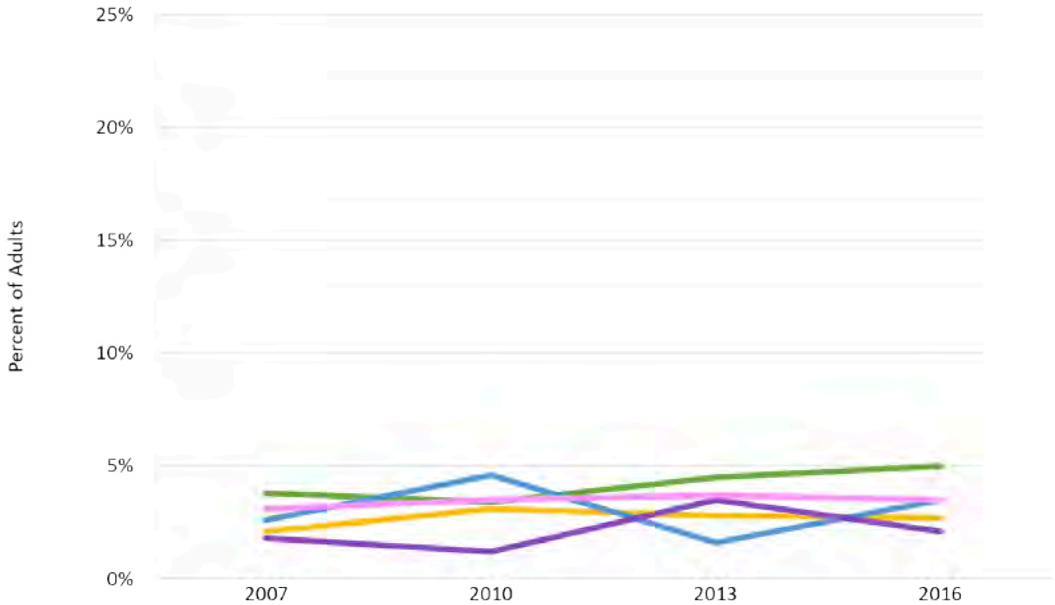
CHART 7.19: ADULTS WITH HYPERTENSION WHO TAKE BLOOD PRESSURE MEDICATION (2002-2013)



	2002	2007	2010	2013
LAKE	75.8%	85.8%	90.0%	76.6%
ORANGE	75.3%	76.7%	76.0%	73.5%
OSCEOLA	74.9%	78.7%	76.6%	65.5%
SEMINOLE	76.2%	78.9%	79.2%	70.4%
FLORIDA	76.0%	82.1%	82.8%	79.4%

Source: FLHealthCHARTS: Florida Department of Health, Florida Behavioral Risk Factor Surveillance System

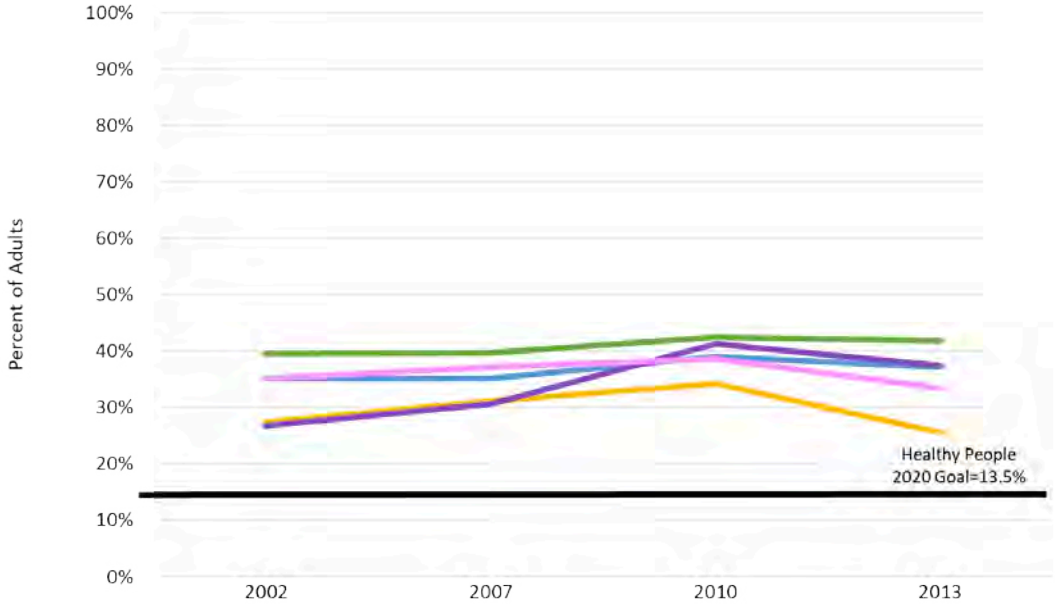
CHART 7.20: ADULTS WHO HAVE EVER BEEN TOLD THEY HAD A STROKE (2007-2016)



	2007	2010	2013	2016
LAKE	3.8%	3.4%	4.5%	5.0%
ORANGE	2.1%	3.1%	2.8%	2.7%
OSCEOLA	2.6%	4.6%	1.6%	3.5%
SEMINOLE	1.8%	1.2%	3.5%	2.1%
FLORIDA	3.1%	3.5%	3.7%	3.5%

Source: FLHealthCHARTS: Florida Department of Health, Florida Behavioral Risk Factor Surveillance System

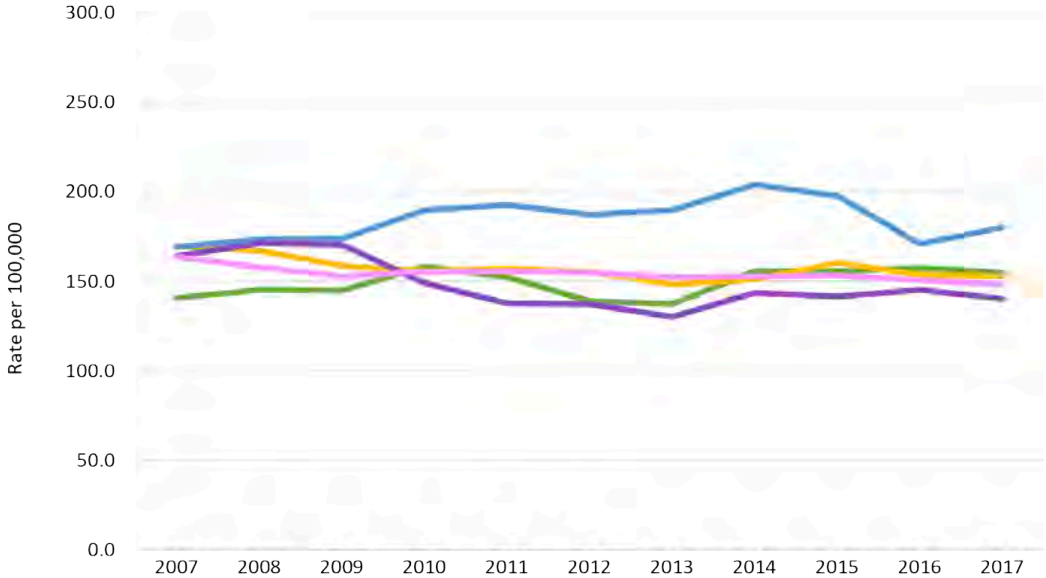
CHART 7.21: ADULTS WHO HAVE EVER BEEN TOLD THEY HAD HIGH CHOLESTEROL (2002-2013)



	2002	2007	2010	2013
LAKE	39.6%	39.7%	42.5%	41.8%
ORANGE	27.4%	31.1%	34.2%	25.6%
OSCEOLA	35.2%	35.2%	39.0%	37.2%
SEMINOLE	26.7%	30.6%	41.3%	37.4%
FLORIDA	35.2%	37.1%	38.6%	33.4%

Source: FLHealthCHARTS: Florida Department of Health, Florida Behavioral Risk Factor Surveillance System

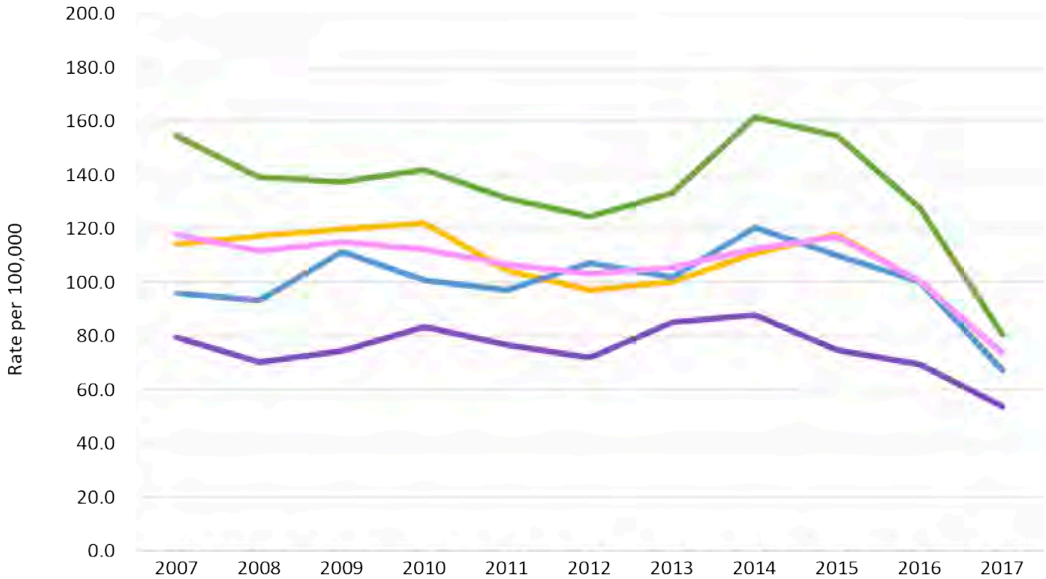
CHART 7.22: HEART DISEASES AGE-ADJUSTED DEATH RATE (2007-2017)



	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
LAKE	141.0	145.4	145.1	158.3	152.6	139.0	137.5	156.0	156.0	157.4	155.2
ORANGE	169.6	167.2	158.9	155.7	157.0	155.3	148.5	151.2	160.6	153.7	152.9
OSCEOLA	169.4	173.7	174.1	189.8	193.0	187.4	190.0	204.2	197.8	170.9	180.3
SEMINOLE	164.2	171.5	170.7	149.3	137.7	137.5	130.4	143.9	141.8	145.4	140.5
FLORIDA	163.8	158.0	152.8	155.3	155.8	155.1	152.6	153.0	153.3	150.7	148.5

Source: FLHealthCHARTS: Florida Department of Health, Florida Behavioral Risk Factor Surveillance System

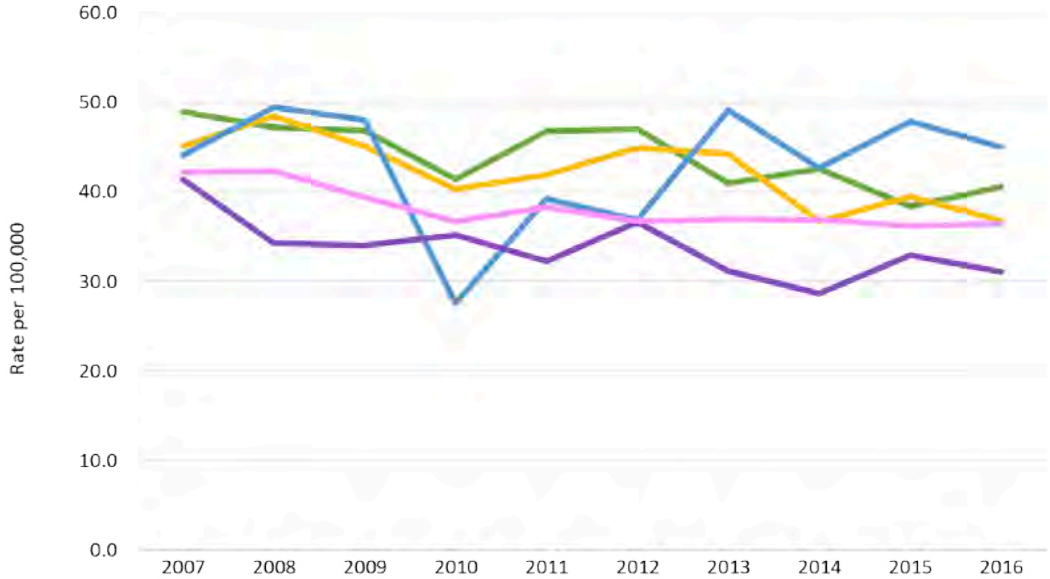
CHART 7.23: PREVENTABLE HOSPITALIZATIONS UNDER AGE 65 FROM CONGESTIVE HEART FAILURE (2007-2017)



	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
LAKE	154.5	139.2	137.6	141.9	131.4	124.7	133.4	161.6	154.6	127.6	80.7
ORANGE	114.2	117.4	119.9	122.2	104.4	97.3	100.2	110.8	117.8	100.2	67.7
OSCEOLA	96.0	93.4	111.4	100.8	97.2	107.4	102.1	120.3	110.0	100.3	67.2
SEMINOLE	79.7	70.4	74.6	83.5	76.7	72.0	85.1	88.1	74.9	69.5	53.9
FLORIDA	117.9	111.7	115.1	112.4	106.6	103.4	105.7	112.7	117.0	100.6	73.7

Source: FLHealthCHARTS: Florida Agency For Health Care Administration

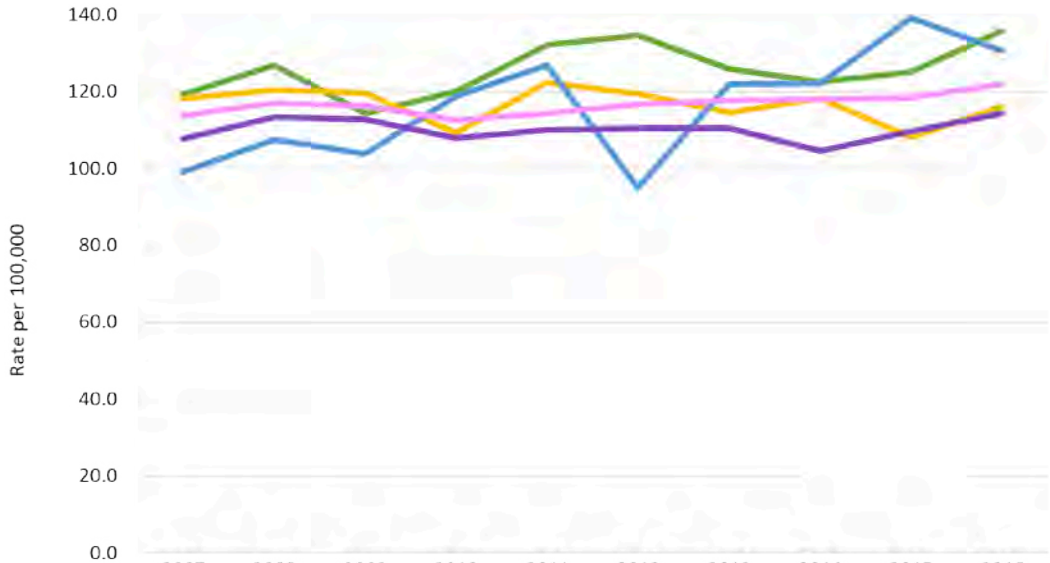
CHART 7.24: COLORECTAL CANCER INCIDENCE, AGE-ADJUSTED (2007-2016)



	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
LAKE	49.0	47.2	46.9	41.4	46.8	47.0	41.0	42.6	38.4	40.6
ORANGE	45.1	48.5	45.1	40.3	41.9	44.9	44.3	36.7	39.5	36.8
OSCEOLA	44.1	49.5	48.0	27.6	39.2	36.9	49.1	42.7	47.9	45.0
SEMINOLE	41.4	34.3	34.0	35.2	32.3	36.6	31.2	28.7	32.9	31.1
FLORIDA	42.2	42.3	39.4	36.7	38.3	36.7	37.0	36.9	36.2	36.5

Source: FLHealthCHARTS: University of Miami (FL) Medical School. Florida Cancer Data System

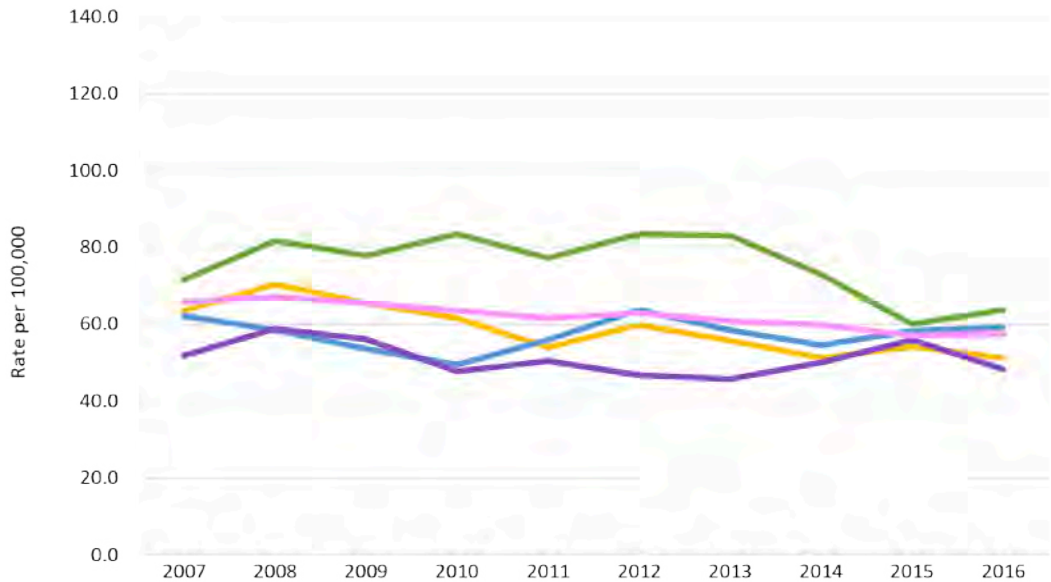
CHART 7.25: FEMALE BREAST CANCER INCIDENCE, AGE-ADJUSTED (2007-2016)



	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
LAKE	119.1	126.8	114.3	119.9	132.1	134.5	125.8	122.4	124.9	135.8
ORANGE	118.2	120.3	119.6	109.1	122.3	119.3	114.4	118.1	108.0	116.0
OSCEOLA	99.0	107.5	103.6	118.8	126.7	95.0	121.9	122.1	139.0	130.5
SEMINOLE	107.6	113.2	112.7	107.7	109.9	110.3	110.4	104.5	109.5	114.2
FLORIDA	113.7	116.9	116.1	112.4	114.3	116.6	117.5	118.0	118.3	121.8

Source: FLHealthCHARTS: University of Miami (FL) Medical School. Florida Cancer Data System

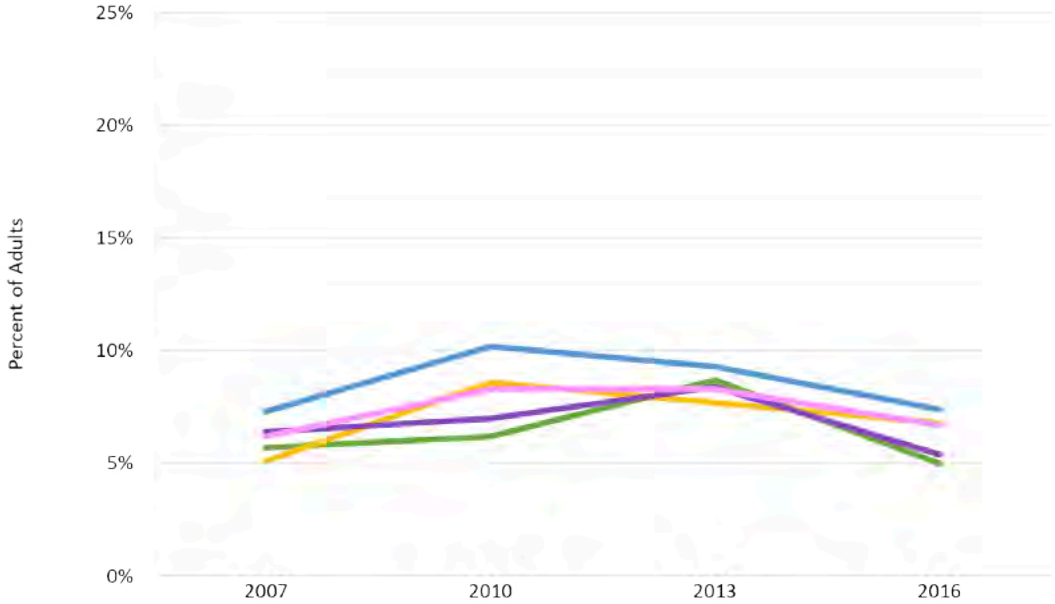
CHART 7.26: LUNG CANCER INCIDENCE, AGE-ADJUSTED (2007-2016)



	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
LAKE	71.5	81.7	77.7	83.3	77.1	83.4	83.0	72.9	59.9	63.6
ORANGE	63.5	70.2	65.4	61.5	53.8	59.7	55.6	51.1	54.0	51.2
OSCEOLA	62.1	58.3	53.5	49.4	55.9	63.6	58.4	54.5	58.1	59.1
SEMINOLE	51.8	58.7	56.1	47.6	50.4	46.7	45.7	49.9	55.8	48.2
FLORIDA	65.9	67.0	65.5	63.4	61.6	62.8	60.7	59.7	57.0	57.5

Source: FLHealthCHARTS: University of Miami (FL) Medical School. Florida Cancer Data System

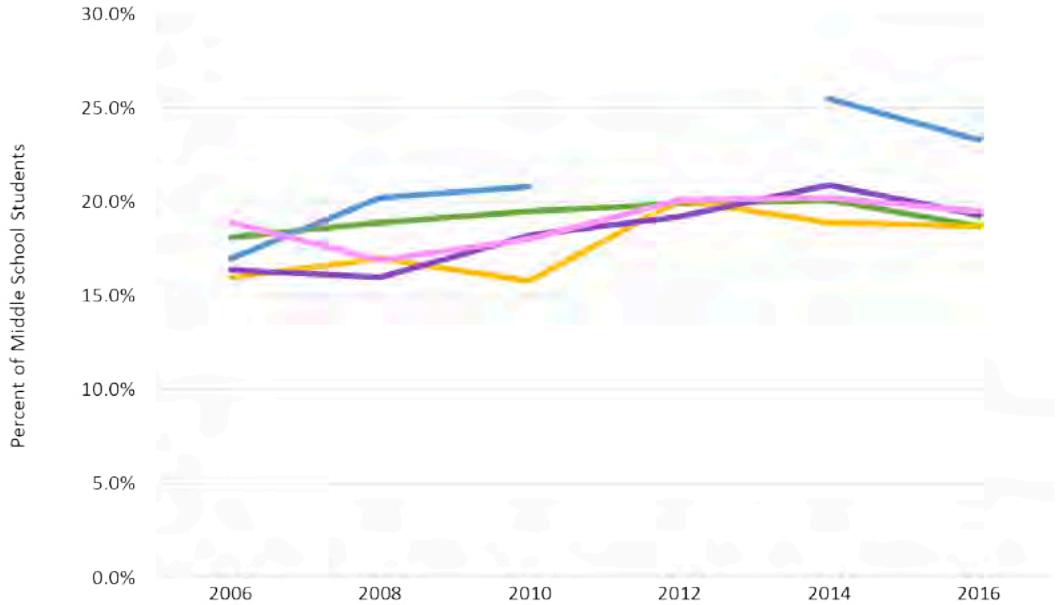
CHART 7.27: ADULTS WHO CURRENTLY HAVE ASTHMA (2007-2016)



	2007	2010	2013	2016
LAKE	5.7%	6.2%	8.7%	5.0%
ORANGE	5.1%	8.6%	7.7%	6.8%
OSCEOLA	7.3%	10.2%	9.3%	7.4%
SEMINOLE	6.4%	7.0%	8.4%	5.4%
FLORIDA	6.2%	8.3%	8.3%	6.7%

Source: FLHealthCHARTS: Florida Behavior Risk Factor Surveillance System

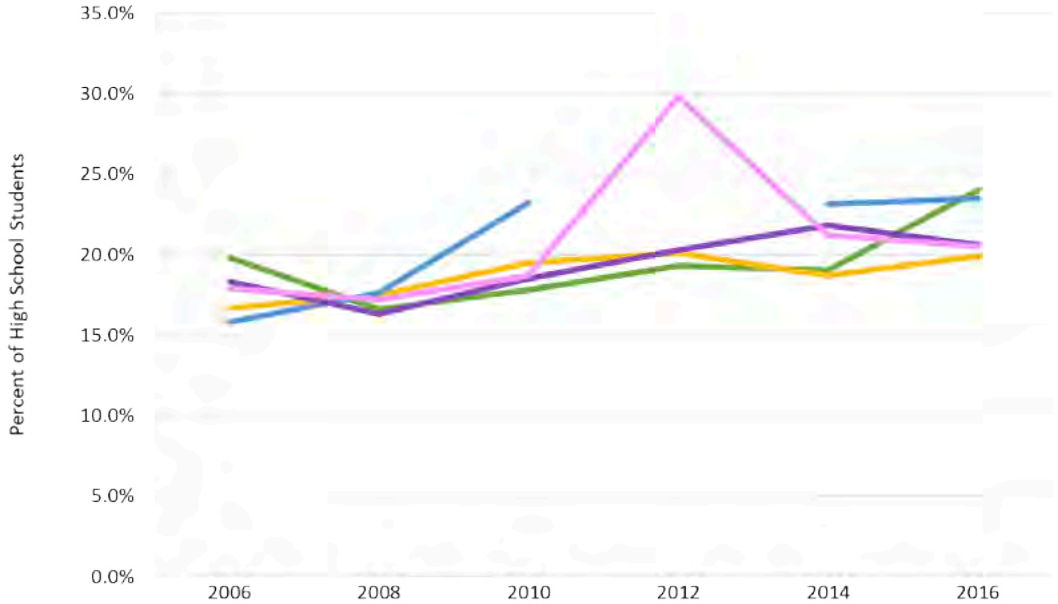
CHART 7.28: MIDDLE SCHOOL STUDENTS WITH KNOWN ASTHMA (2006-2016)



	2006	2008	2010	2012	2014	2016
LAKE	18.1%	18.9%	19.5%	19.9%	20.1%	18.7%
ORANGE	16.0%	17.0%	15.8%	20.1%	18.9%	18.7%
OSCEOLA	17.0%	20.2%	20.8%	N/A	25.5%	23.3%
SEMINOLE	16.4%	16.0%	18.2%	19.2%	20.9%	19.3%
FLORIDA	18.9%	16.9%	18.0%	20.1%	20.2%	19.5%

Source: FLHealthCHARTS: Florida Department of Health, Bureau of Epidemiology

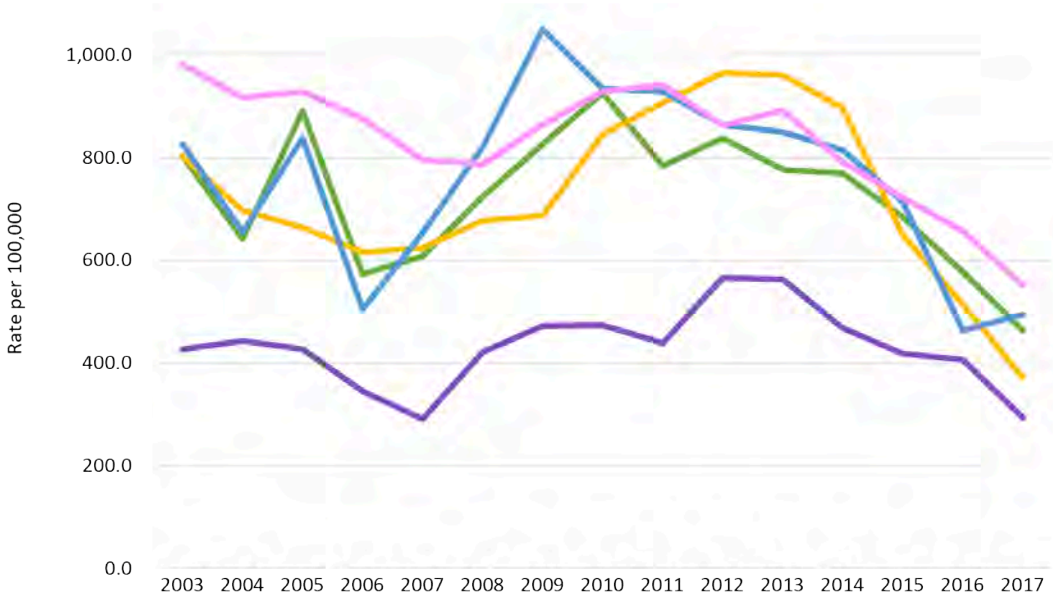
CHART 7.29: HIGH SCHOOL STUDENTS WITH KNOWN ASTHMA (2006-2016)



	2006	2008	2010	2012	2014	2016
LAKE	19.8%	16.6%	17.8%	19.3%	19.0%	24.0%
ORANGE	16.7%	17.5%	19.5%	20.1%	18.7%	19.9%
OSCEOLA	15.8%	17.6%	23.2%	N/A	23.1%	23.5%
SEMINOLE	18.3%	16.3%	18.5%	20.3%	21.8%	20.6%
FLORIDA	17.9%	17.2%	18.7%	29.8%	21.2%	20.5%

Source: FLHealthCHARTS: Florida Department of Health, Bureau of Epidemiology

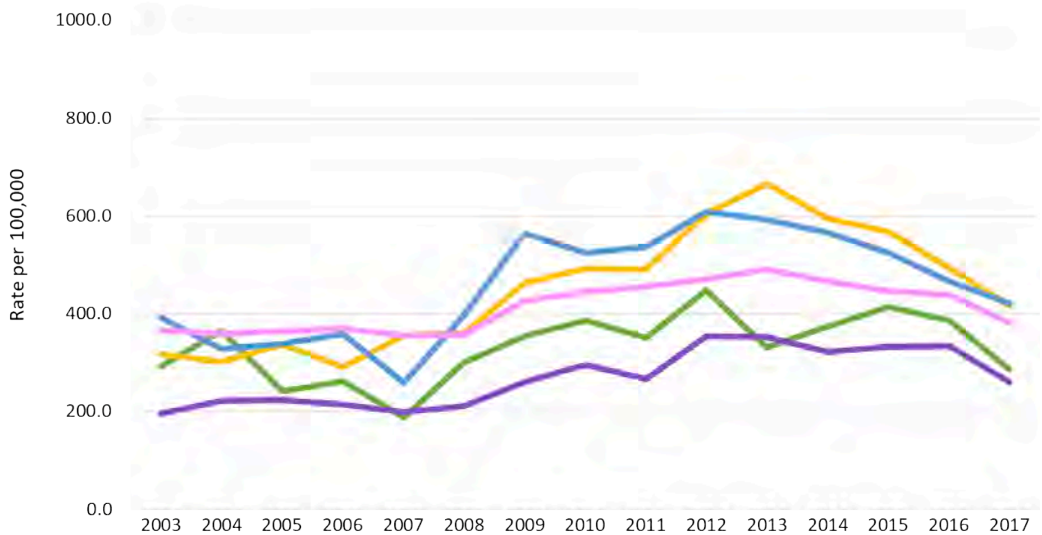
CHART 7.30: ASTHMA HOSPITALIZATIONS AGES 1-4 (2003-2017)



	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
LAKE	803.1	641.7	890.9	572.8	609.2	723.4	826.2	926.2	784.0	838.0	776.8	769.0	683.9	577.8	464.5
ORANGE	801.7	698.2	664.3	615.4	624.3	677.0	687.7	844.9	906.8	965.2	961.3	896.6	649.2	514.3	372.2
OSCEOLA	827.0	655.5	837.5	505.0	653.5	819.8	1050.	933.9	928.4	865.1	850.3	814.8	713.7	464.1	494.5
SEMINOLE	427.5	443.5	426.7	345.7	291.0	421.4	472.8	474.1	438.9	566.2	563.1	468.9	419.0	407.1	293.6
FLORIDA	982.0	917.4	929.3	876.2	795.2	787.5	864.2	928.8	941.5	862.3	892.3	790.7	721.9	657.4	551.8

Source: FLHealthCHARTS: Florida Agency For Health Care Administration

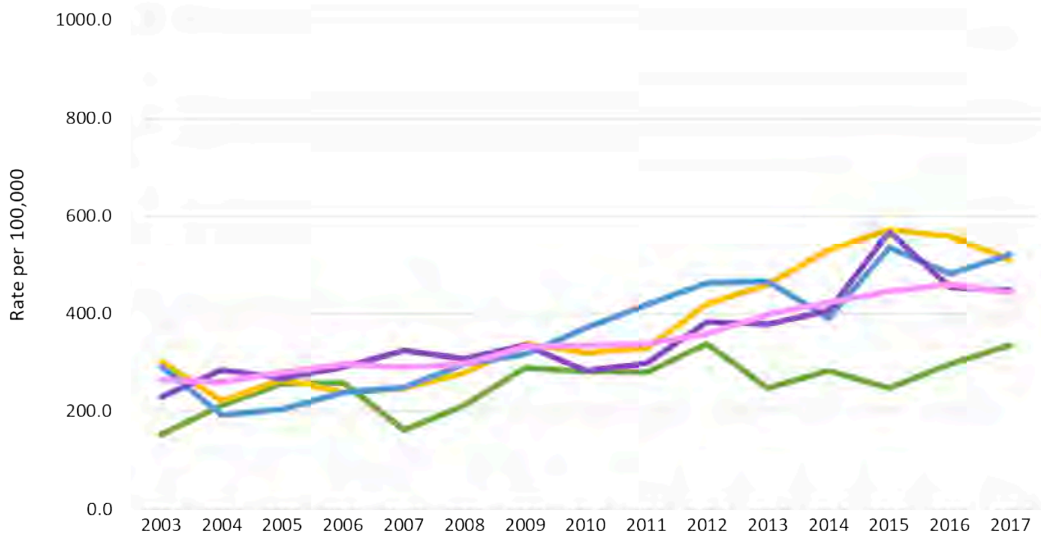
CHART 7.31: ASTHMA HOSPITALIZATIONS AGES 5-11 (2003-2017)



	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
LAKE	293.1	365.3	241.5	261.4	189.0	299.8	354.7	387.2	350.9	448.6	331.3	374.7	413.6	386.8	286.2
ORANGE	318.0	301.7	337.6	290.7	356.0	359.6	463.4	492.5	490.3	603.8	665.2	595.4	568.2	494.0	416.4
OSCEOLA	392.0	328.7	338.9	358.2	259.6	397.9	564.5	524.4	536.9	609.7	591.8	566.4	525.1	466.5	421.3
SEMINOLE	196.4	221.5	223.4	214.5	199.7	211.8	260.9	296.0	267.5	354.2	352.7	322.3	333.2	333.7	260.8
FLORIDA	366.7	358.3	364.7	368.9	356.5	357.7	426.6	445.2	456.1	470.7	490.3	466.5	446.5	438.9	382.3

Source: FLHealthCHARTS: Florida Agency For Health Care Administration

CHART 7.32: ASTHMA HOSPITALIZATIONS AGES 12-18 (2003-2017)



	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
LAKE	153.4	213.3	257.4	259.7	162.7	213.8	290.4	282.8	279.9	338.9	248.6	283.1	248.3	298.2	335.5
ORANGE	303.2	221.8	266.0	239.6	247.7	279.1	338.8	320.8	329.0	419.6	459.9	530.0	572.0	558.4	510.5
OSCEOLA	293.5	193.5	206.0	239.3	249.6	297.9	317.2	370.7	418.7	463.2	465.7	390.3	535.0	481.3	521.8
SEMINOLE	230.6	285.9	268.7	291.2	325.8	308.4	335.5	283.4	298.9	382.7	379.1	406.9	567.1	454.1	447.5
FLORIDA	265.0	260.7	281.0	297.7	291.4	298.1	332.6	336.0	338.4	359.4	398.8	423.6	445.9	460.1	443.9

Source: FLHealthCHARTS: Florida Agency For Health Care Administration

Leading Causes of Death: Summary Of Indicators

According to the Centers for Disease Control and Prevention, cause-of-death ranking is a useful tool for illustrating the relative burden of cause-specific mortality. However, it should be used with a clear understanding of what the rankings mean. Literally, the rankings denote the most frequently occurring causes of death among those causes eligible to be ranked. Rankings do not illustrate cause-specific mortality risk as depicted by mortality rates. The rank of a specific cause (i.e., its mortality burden relative to other causes) may decline over time even if its mortality rate has not changed, or its rank may remain the same over time even if its mortality rate is decreasing.

Another tool used to depict the relative burden of cause-specific mortality is the proportion of total deaths from the rankable causes. This maps directly to the rankings such that, within a given year or population group, the causes with the highest rankings also have the highest proportion of total deaths. When making comparisons over time, however, it is important to note that the rank of a specific cause may remain the same even though the proportion of deaths attributable to that cause may have changed. Similarly, two population groups may have the same rank for a specific cause but different attributable proportions.

The following includes both a narrative as well as visual (chart or table) summary of indicators reported on in this section.

LEADING CAUSES OF DEATH, AGE-ADJUSTED, PER 100,000 POPULATION, FOUR-COUNTY REGION (2017)

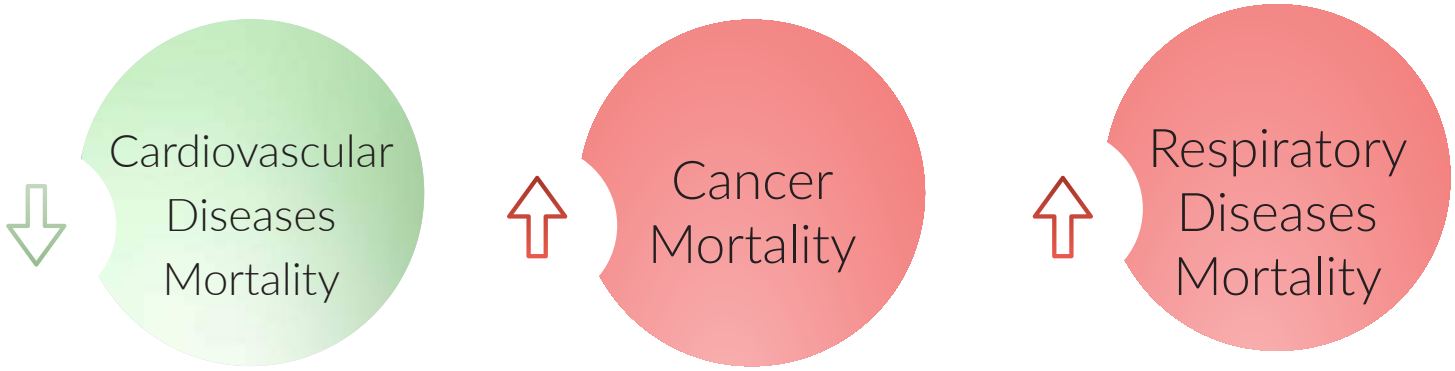
In the four-county region, cardiovascular diseases and cancer were the top two leading causes of death in all four counties. (See Table 7.2)

LEADING CAUSES OF DEATH, AGE-ADJUSTED, PER 100,000 POPULATION, LAKE COUNTY (2012-2017)

In Lake County, cardiovascular diseases are the leading cause of death per 100,000 population. Between 2014 (207) and 2017 (206.4) there was a slight decline in cardiovascular disease deaths. The cancer mortality rate increased from 153.8 in 2014 to 172.6 in 2017. Respiratory diseases have also increased from 53.8 in 2014 to 63.1 in 2017. Most other specific causes of death have increased as well. (See Table 7.3)

Figure 7.9 identifies the leading causes of death for Lake County in 2017. Red means that the indicator has worsened and green means that rates have improved since the last year data was reported in the previous CHNA.

FIGURE 7.9: LEADING CAUSES OF DEATH INDICATORS, LAKE COUNTY



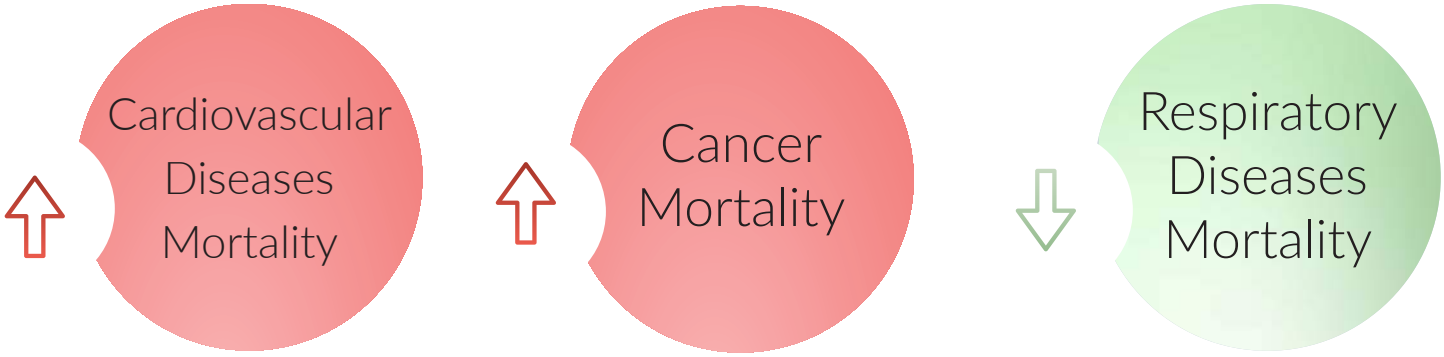
Source: Strategy Solutions, Inc.

LEADING CAUSES OF DEATH, AGE-ADJUSTED, PER 100,000 POPULATION, ORANGE COUNTY (2012-2017)

Cardiovascular diseases top the list of leading causes of death in Orange County with the rate increasing from 205 in 2014 to 221.8 in 2017. Cancer deaths have also increased during this timeframe (150.8 to 152.3). Respiratory diseases have fluctuated with little change from 55.2 in 2014 to 55.5 in 2017. (See Table 7.4)

Figure 7.10 identifies the leading causes of death for Orange County in 2017. Red means that the indicator has worsened and green means that rates have improved since the last year data was reported in the previous CHNA.

FIGURE 7.10: LEADING CAUSES OF DEATH, ORANGE COUNTY



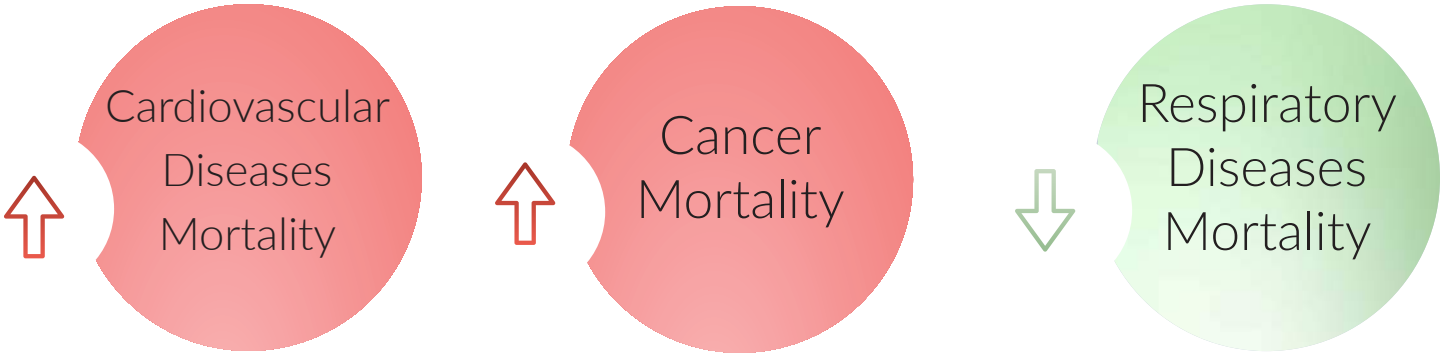
Source: Strategy Solutions, Inc.

LEADING CAUSES OF DEATH, AGE-ADJUSTED, PER 100,000 POPULATION, OSCEOLA COUNTY (2012-2017)

Cardiovascular diseases are the leading cause of death in Osceola County with the rate increasing from 242.3 in 2014 to 243.6 in 2017. The cancer death rate has also increased from 147.6 in 2014 to 154.2 in 2017. Death from respiratory diseases have decreased from 68.7 in 2014 to 54.6 in 2017. (See Table 7.5)

Figure 7.11 identifies the leading causes of death for Osceola County in 2017. Red means that the indicator has worsened and green means that rates have improved since the last year data was reported in the previous CHNA.

FIGURE 7.11: LEADING CAUSES OF DEATH INDICATORS, OSCEOLA COUNTY



Source: Strategy Solutions, Inc.

LEADING CAUSES OF DEATH INDICATORS, AGE-ADJUSTED, PER 100,000 POPULATION, SEMINOLE COUNTY (2012-2017)

Cardiovascular diseases are the leading cause of death in Seminole County with the rate increasing from 194 in 2014 to 203 in 2017. The cancer death rate fluctuated during this timeframe but remained steady when looking at 2014 (150.8) to 2017 (150.7). Deaths from respiratory diseases have decreased from 68.3 in 2014 to 63.5 in 2017. (See Table 7.6)

Figure 7.12 identifies the leading causes of death for Seminole County in 2017. Red means that the indicator has worsened and green means that rates have improved since the last year data was reported in the previous CHNA.

FIGURE 7.12: LEADING CAUSES OF DEATH INDICATORS, SEMINOLE COUNTY

Source: Strategy Solutions, Inc.

TOP 10 LEADING RANKABLE CAUSES OF DEATH, AGE-ADJUSTED, PER 100,000 POPULATION, FOUR-COUNTY REGION (2012-2017)

Cancer is the leading rankable cause of death in the four-county region, and the rate increased from 145 in 2014 to 147.3 in 2017. Heart diseases ranked second, with the rate decreasing from 142.1 in 2014 to 138.5 in 2017. Unintentional injury rates have increased in the region from 41.4 in 2014 to 51.2 in 2017. (See Table 7.7)

Figure 7.13 identifies the leading rankable causes of death in 2017 for the region. Red means that the indicator has worsened and green means that rates have improved since the last year data was reported in the previous CHNA.

FIGURE 7.13: LEADING RANKABLE CAUSES OF DEATH INDICATORS, FOUR-COUNTY REGION

Source: Strategy Solutions, Inc.

TOP 10 LEADING RANKABLE CAUSES OF DEATH, AGE-ADJUSTED, PER 100 ,000 POPULATION, LAKE COUNTY (2012-2017)

Cancer is the top leading rankable cause of death in Lake County with the rate increasing from 153.8 in 2014 to 172.6 in 2017. Heart diseases are the second leading rankable cause of death in the county, with the rate decreasing from 156 in 2014 to 155.2 in 2017. Unintentional injury death rates have increased from 63.2 to 71.6. Most other leading rankable causes of death have increased in Lake County between 2014 and 2017. (See Table 7.8)

Figure 7.14 identifies the leading rankable causes of death for Lake County for 2017. Red means that the indicator has worsened and green means that rates have improved since the last year data was reported in the previous CHNA.

FIGURE 7.14: LEADING RANKABLE CAUSES OF DEATH INDICATORS, LAKE COUNTY

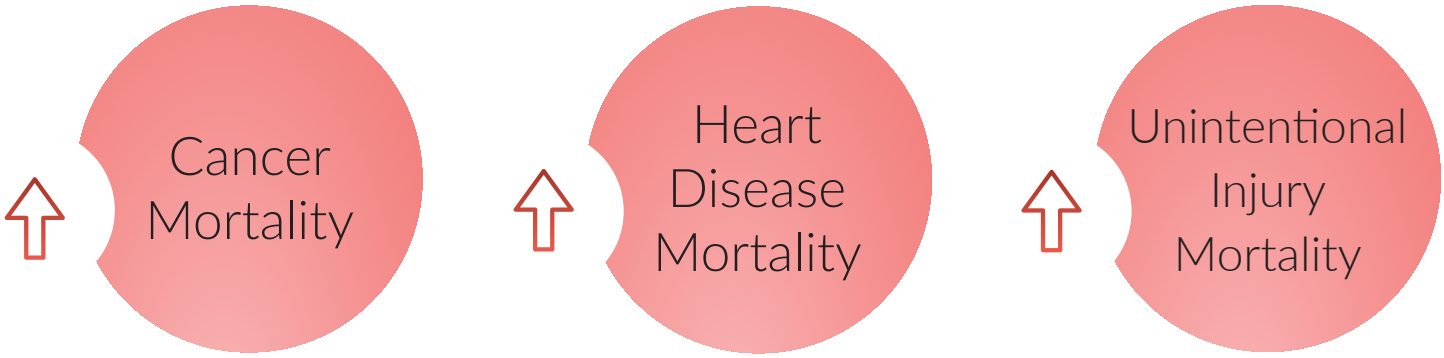
Source: Strategy Solutions, Inc.

TOP 10 LEADING RANKABLE CAUSES OF DEATH, AGE-ADJUSTED, PER 100,000 POPULATION, ORANGE COUNTY (2012-2017)

Cancer is the top leading rankable cause of death in Orange County with the rate increasing from 150.8 in 2014 to 152.3 in 2017. Heart diseases are the second leading rankable cause of death in the county, with the rate also increasing from 151.2 to 152.9. Unintentional injury death rates have increased from 37.5 to 45.4. (See Table 7.9)

Figure 7.15 identifies the leading rankable causes of death for Orange County for 2017. Red means that the indicator has worsened since the last year data was reported in the previous CHNA.

FIGURE 7.15: LEADING RANKABLE CAUSES OF DEATH INDICATORS, ORANGE COUNTY



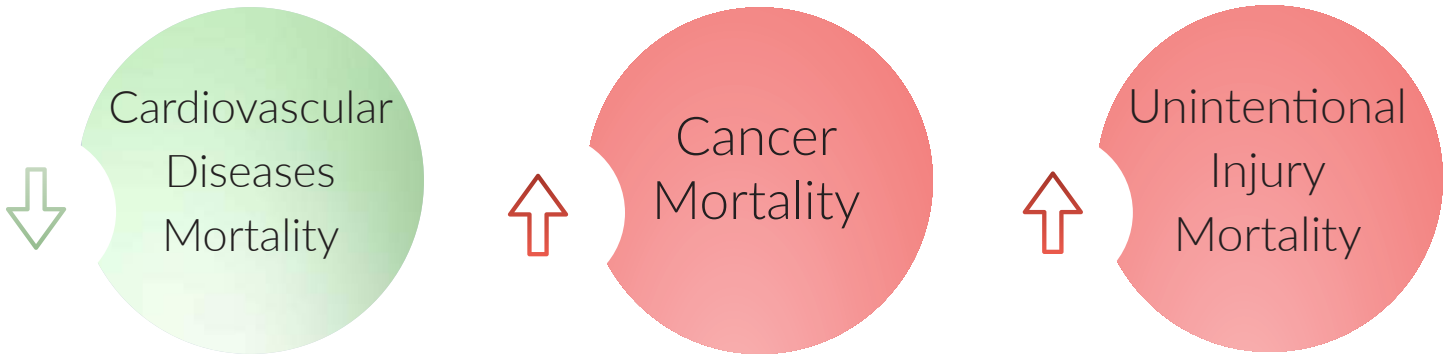
Source: Strategy Solutions, Inc.

TOP 10 LEADING RANKABLE CAUSES OF DEATH, AGE-ADJUSTED, PER 100,000 POPULATION, OSCEOLA COUNTY (2012-2017)

Heart diseases are the top leading rankable cause of death in Osceola County with the rate decreasing from 204.2 in 2014 to 180.3 in 2017. Cancer is the second leading rankable cause of death in the county, with the rate increasing from 147.6 to 154.2. Unintentional injury death rates have also increased from 42.7 to 48.6. (See Table 7.10)

Figure 7.16 identifies the leading rankable causes of death for Osceola County for 2017. Red means that the indicator has worsened and green means that rates have improved since the last year data was reported in the previous CHNA.

FIGURE 7.16: LEADING RANKABLE CAUSES OF DEATH INDICATORS, OSCEOLA COUNTY



Source: Strategy Solutions, Inc.

TOP 10 LEADING RANKABLE CAUSES OF DEATH, AGE-ADJUSTED, PER 100,000 POPULATION, SEMINOLE COUNTY (2012-2017)

Cancer is the top leading rankable cause of death in Seminole County with the rate fluctuating since 2014. Overall the rate has not changed much from 2014 (150.8) to 2017 (150.7). Heart diseases is the second leading rankable cause of death in the county, with the rate decreasing from 143.9 to 140.5. Chronic lower respiratory disease death rates were third in 2014 and have decreased from 41.2 to 39.3. (See Table 7.11)

Figure 7.17 identifies the leading rankable causes of death for Seminole County for 2017. Green means that rates have improved since the last year data was reported in the previous CHNA assessment.

FIGURE 7.17: LEADING RANKABLE CAUSES OF DEATH INDICATORS, SEMINOLE COUNTY

Source: Strategy Solutions, Inc.

Leading Causes Of Death: Key Findings

Despite a decrease in cardiovascular diseases' rates between 2012-2017, they remain the leading cause of death in the four-county region, followed by cancer. These two leading causes of death result in approximately four times the number of deaths per 100,000 than the next top cause of death, unintentional injury, even though the rates of cancer and heart disease related deaths have decreased in several counties since 2012. Unintentional injury related deaths are the only cause that has shown a steady increase across the region. Respiratory disease related death rates have increased in some counties and decreased in others.

Cancer is the top rankable cause of death in Lake, Orange and Seminole counties, whereas heart disease is the leading rankable cause of death in Osceola County. Unintentional injury death rates have increased in all four counties but are fifth in Seminole County. Cerebrovascular diseases and chronic lower respiratory disease are also on the top 10 lists in all counties but show up in different order. Suicide is on the top 10 list in every county except Osceola.

Stakeholder interview, focus group, intercept survey and key informant survey participants identified access to preventative screenings, especially for the uninsured, as a top community need. Costs associated with screenings were also noted as a barrier to receiving preventative care, leading to the diseases that become the top causes of death.

TABLE 7.2: LEADING CAUSES OF DEATH, AGE-ADJUSTED, PER 100,000 POPULATION, FOUR-COUNTY REGION (2017)

	Region Total	Lake	Orange	Osceola	Seminole	Florida
Cardiovascular diseases	215.7	206.4	221.8	243.6	203.0	203.9
Cancer	154.6	172.6	152.3	154.2	150.7	149.4
Other causes (residual)	76.5	92.9	71.0	80.4	69.3	75.5
External causes	70.3	103.2	64.2	66.5	63.9	78.0
Respiratory diseases	58.0	63.1	55.5	54.6	63.5	62.1
Nervous system diseases	30.2	31.0	31.3	30.4	27.8	29.2
Nutritional and metabolic diseases	26.6	27.1	26.4	27.1	28.5	22.2
Infectious diseases	18.0	16.2	18.9	21.3	18.4	16.6

Source: Florida Department of Health, Office of Vital Statistics, DeathStat Database

TABLE 7.3: LEADING CAUSES OF DEATH, AGE-ADJUSTED, PER 100,000 POPULATION, LAKE COUNTY (2012-2017)

	2012	2013	2014	2015	2016	2017	Total
Cardiovascular diseases	186.8	189.2	207.0	204.3	210.1	206.4	201.1
Cancer	160.2	172.2	153.8	174.0	165.9	172.6	166.6
Other causes (residual)	72.5	91.4	82.7	85.5	84.6	92.9	85.1
Respiratory diseases	55.5	58.7	53.8	60.5	57.5	63.1	58.3
External causes	71.1	62.8	82.1	77.9	85.6	103.2	80.9
Nervous system diseases	25.4	26.2	28.0	33.8	30.1	31.0	29.2
Nutritional and metabolic diseases	22.4	23.6	22.4	18.7	26.0	27.1	23.4
Infectious diseases	17.7	21.1	17.2	18.0	15.3	16.2	17.5
Digestive diseases	15.2	13.5	13.7	14.3	19.7	17.7	15.8
Symptoms, signs & abnormal findings	14.1	10.4	12.3	6.1	6.6	5.7	9.0
Urinary tract diseases	8.2	6.4	7.1	8.8	9.1	8.8	8.1
In situ, benign neoplasms, uncertain/unknown behavior	4.0	4.5	4.0	3.8	4.3	5.1	4.3
Perinatal period conditions	4.6	3.6	7.5	6.1	3.0	6.4	5.2
Congenital & chromosomal anomalies	3.9	3.1	3.7	4.4	2.3	3.4	3.5
Anemias	1.6	0.8	1.7	1.0	1.4	2.1	1.4
Pregnancy, childbirth, puerperium complications	0.0	0.0	0.3	0.0	0.0	0.0	0.1

Source: Florida Department of Health, Office of Vital Statistics, DeathStat Database

TABLE 7.4: LEADING CAUSES OF DEATH, AGE-ADJUSTED, PER 100,000 POPULATION, ORANGE COUNTY (2012-2017)

	2012	2013	2014	2015	2016	2017	Total
Cardiovascular diseases	209.9	204.0	205.0	220.0	218.7	221.8	213.5
Cancer	166.4	159.6	150.8	153.8	154.6	152.3	155.9
Other causes (residual)	80.1	84.7	76.1	69.0	72.0	71.0	75.2
External causes	53.4	51.5	54.9	58.3	62.3	64.2	57.6
Respiratory diseases	63.3	60.5	55.2	58.9	54.9	55.5	57.9
Nervous system diseases	28.2	27.1	28.0	31.6	33.7	31.3	30.1
Nutritional and metabolic diseases	25.8	24.9	24.1	23.6	21.9	26.4	24.4
Infectious diseases	24.7	23.1	22.8	22.2	21.5	18.9	22.1
Urinary tract diseases	11.7	10.9	13.4	16.4	13.9	10.8	12.8
Digestive diseases	8.8	9.1	11.2	10.6	11.4	12.0	10.6

Source: Florida Department of Health, Office of Vital Statistics, DeathStat Database

TABLE 7.5: LEADING CAUSES OF DEATH, AGE-ADJUSTED, PER 100,000 POPULATION, OSCEOLA COUNTY (2012-2017)

	2012	2013	2014	2015	2016	2017	Total
Cardiovascular diseases	239.4	235.3	242.3	249.7	227.1	243.6	239.6
Cancer	163.2	161.3	147.6	146.0	146.0	154.2	152.8
Other causes (residual)	71.7	86.9	64.2	67.9	58.9	80.4	71.5
Respiratory diseases	68.9	64.0	68.7	67.2	68.7	54.6	65.0
External causes	50.6	56.0	58.9	51.8	66.6	66.5	58.7
Nervous system diseases	22.1	21.3	29.4	25.1	27.0	30.4	26.2
Infectious diseases	12.8	23.8	20.2	25.6	23.2	21.3	21.3
Nutritional and metabolic diseases	18.8	24.1	22.6	16.6	19.3	27.1	21.5
Urinary tract diseases	18.3	15.4	15.2	20.1	15.1	15.4	16.5
Digestive diseases	12.4	15.2	12.0	10.9	11.8	8.8	11.7

Source: Florida Department of Health, Office of Vital Statistics, DeathStat Database

TABLE 7.6: LEADING CAUSES OF DEATH, AGE-ADJUSTED, PER 100,000 POPULATION, SEMINOLE COUNTY (2012-2017)

	2012	2013	2014	2015	2016	2017	Total
Cardiovascular diseases	187.7	179.0	194.0	203.2	210.9	203.0	196.9
Cancer	159.0	155.3	150.8	154.7	156.7	150.7	154.4
Other causes (residual)	86.8	79.4	78.6	67.5	61.7	69.3	73.4
Respiratory diseases	62.6	60.3	68.3	63.2	58.8	63.5	62.8
External causes	47.7	52.9	52.1	55.0	62.2	63.9	55.8
Nervous system diseases	24.8	25.2	31.5	35.6	34.3	27.8	30.0
Nutritional and metabolic diseases	28.8	24.0	21.5	24.4	23.0	28.5	25.1
Infectious diseases	17.4	15.9	16.5	16.8	14.1	18.4	16.5
Urinary tract diseases	8.7	11.6	11.4	12.0	10.3	11.5	10.9
Digestive diseases	10.2	10.1	12.8	9.5	11.9	10.7	10.9

Source: Florida Department of Health, Office of Vital Statistics, DeathStat Database

TABLE 7.7: TOP 10 LEADING RANKABLE CAUSES OF DEATH, AGE-ADJUSTED, PER 100,000 POPULATION, FOUR-COUNTY REGION (2012-2017)

	2012	2013	2014	2015	2016	2017	Total
Cancer	155.1	157.0	145.0	152.9	152.7	147.3	151.5
Heart diseases	142.2	135.4	142.1	143.5	140.4	138.5	140.3
Unintentional injury	37.9	36.8	41.4	43.3	48.4	51.2	43.4
Cerebrovascular diseases	31.0	29.6	31.6	35.5	37.6	39.8	34.4
Chronic lower respiratory disease	34.2	34.7	32.7	36.5	32.9	32.3	33.9
Alzheimer's disease	16.9	14.8	18.0	23.2	22.5	22.6	19.8
Diabetes mellitus	18.1	19.5	18.2	16.2	17.2	19.7	18.1
Nephritis, nephrotic syndrome, nephrosis	10.6	10.4	11.0	11.8	10.7	10.1	10.8
Suicide	12.6	11.8	11.8	12.6	12.1	14.1	12.5
Influenzas & pneumonia	10.6	10.5	9.1	8.7	8.6	10.1	9.6

Source: Florida Department of Health, Office of Vital Statistics, DeathStat Database

TABLE 7.8: TOP 10 LEADING RANKABLE CAUSES OF DEATH, AGE-ADJUSTED, PER 100,000 POPULATION, LAKE COUNTY (2012-2017)

	2012	2013	2014	2015	2016	2017	Total
Cancer	160.2	172.2	153.8	174.0	165.9	172.6	166.6
Heart diseases	139.0	137.5	156.0	156.0	157.4	155.2	150.6
Unintentional injury	52.1	48.4	63.2	60.1	66.4	71.6	60.6
Chronic lower respiratory disease	37.9	40.4	38.1	42.9	40.1	45.1	40.8
Cerebrovascular diseases	28.7	27.6	32.4	30.4	32.7	31.0	30.5
Alzheimer's disease	18.4	15.6	21.4	24.2	20.5	22.5	20.6
Diabetes mellitus	21.4	23.1	21.4	18.1	24.8	25.4	22.4
Chronic liver disease & cirrhosis	12.1	11.1	11.9	12.6	15.5	13.8	12.9
Suicide	15.2	12.7	13.7	13.6	12.6	23.8	15.3
Parkinson's disease	7.0	10.4	6.6	9.0	9.6	8.5	8.5

Source: Florida Department of Health, Office of Vital Statistics, DeathStat Database

TABLE 7.9: TOP 10 LEADING RANKABLE CAUSES OF DEATH, AGE-ADJUSTED, PER 100,000 POPULATION, ORANGE COUNTY (2012-2017)

	2012	2013	2014	2015	2016	2017	Total
Cancer	166.4	159.6	150.8	153.8	154.6	152.3	155.9
Heart diseases	155.3	148.5	151.2	160.6	153.7	152.9	153.7
Unintentional injury	34.4	34.0	37.5	39.9	42.0	45.4	39.0
Cerebrovascular diseases	35.1	36.9	35.9	47.0	48.6	54.8	43.4
Chronic lower respiratory disease	38.3	36.1	33.5	35.7	31.1	32.0	34.3
Diabetes mellitus	25.0	24.5	23.1	21.4	19.0	22.6	22.5
Alzheimer's disease	20.6	18.3	20.4	23	24.3	21.9	21.5
Nephritis, nephrotic syndrome, nephrosis	11.5	10.9	13.3	16.3	13.5	10.6	12.7
Suicide	11.2	10.0	10.0	10.5	9.8	10.8	10.4
Septicemia	12.6	11.1	11.6	11.7	11.6	10.7	11.5

Source: Florida Department of Health, Office of Vital Statistics, DeathStat Database

TABLE 7.10: TOP 10 LEADING RANKABLE CAUSES OF DEATH, AGE-ADJUSTED, PER 100,000 POPULATION, OSCEOLA COUNTY (2012-2017)

	2012	2013	2014	2015	2016	2017	Total
Heart diseases	187.3	190.0	204.2	197.8	170.9	180.3	187.9
Cancer	163.2	161.3	147.6	146.0	146.0	154.2	152.8
Unintentional injury	34.3	41.5	42.7	35.3	48.0	48.6	42.0
Chronic lower respiratory disease	37.7	39.0	43.9	38.2	39.8	32.4	38.3
Cerebrovascular diseases	36.8	27.4	28.6	38.8	43.9	48.4	37.9
Diabetes mellitus	17.9	24.1	21.0	13.9	16.6	23.2	19.4
Alzheimer's disease	15.7	15.3	23.7	18.6	21.3	22.6	19.8
Nephritis, nephrotic syndrome, nephrosis	18.3	15.4	14.9	20.1	14.8	15.4	16.4
Septicemia	6.2	13.6	9.8	13.9	17.6	13.5	12.7
Influenzas & pneumonia	16.6	12.9	14.3	12.6	9.7	10.4	12.5

Source: Florida Department of Health, Office of Vital Statistics, DeathStat Database

TABLE 7.11: TOP 10 LEADING RANKABLE CAUSES OF DEATH, AGE-ADJUSTED, PER 100,000 POPULATION, SEMINOLE COUNTY (2012-2017)

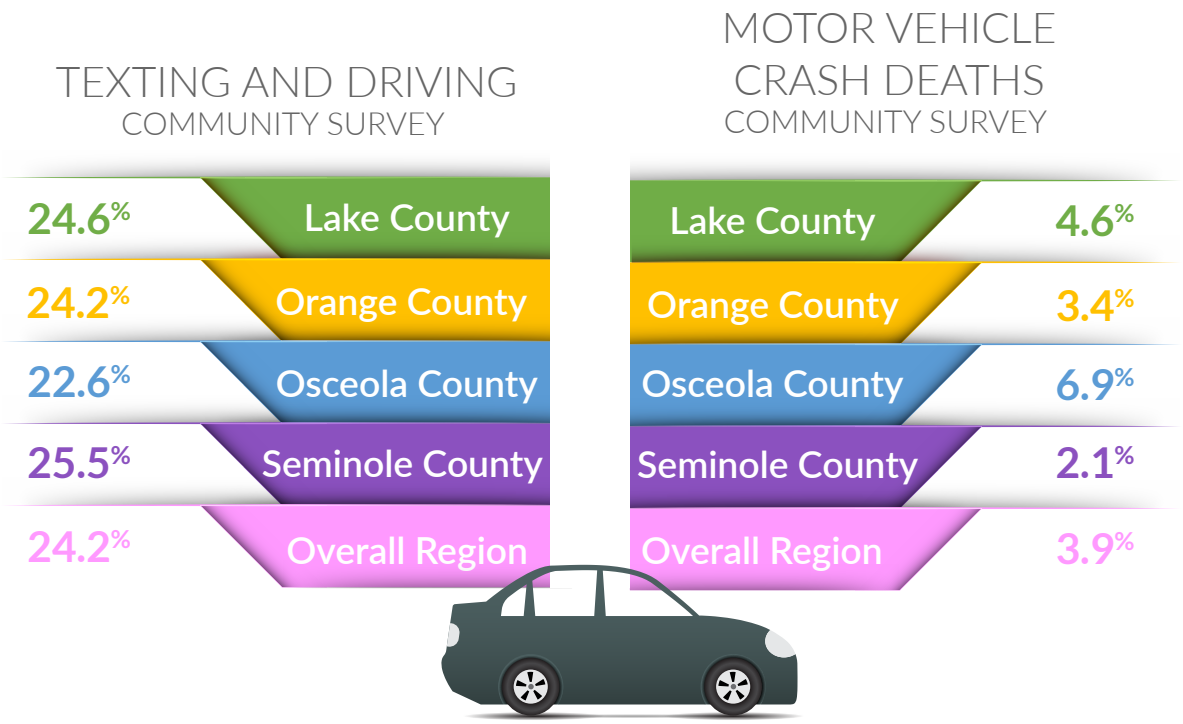
	2012	2013	2014	2015	2016	2017	Total
Cancer	159.0	155.3	150.8	154.7	156.7	150.7	154.4
Heart diseases	137.5	130.4	143.9	141.8	145.4	140.5	140.1
Cerebrovascular diseases	30.9	33.1	35.9	45.2	49.7	50.3	41.4
Chronic lower respiratory disease	39.3	40.5	41.2	41.1	39.0	39.3	40.1
Unintentional injury	30.8	35.5	36.8	41.1	39.6	47.2	38.6
Diabetes mellitus	27.1	23.4	20.5	22.6	19.2	20.3	22.1
Alzheimer's disease	17.2	17.0	24.4	26.5	25.2	19.8	21.8
Suicide	12.2	13.3	11.5	11.0	14.4	11.8	12.4
Nephritis, nephrotic syndrome, nephrosis	8.2	11.6	10.8	11.7	10.3	11.5	10.7
Influenzas & pneumonia	10.6	10.3	11.6	8.1	8.3	10.9	9.9

Source: Florida Department of Health, Office of Vital Statistics, DeathStat Database

Injury: What the Community is Saying

Figure 7.18 displays the input from community survey respondents related to injury. Residents of Seminole County indicated the highest rate of having experienced texting and driving while Osceola County residents indicated the highest rate of having experienced motor vehicle crash deaths.

FIGURE 7.18: INJURY INDICATORS, COMMUNITY SURVEY 2019

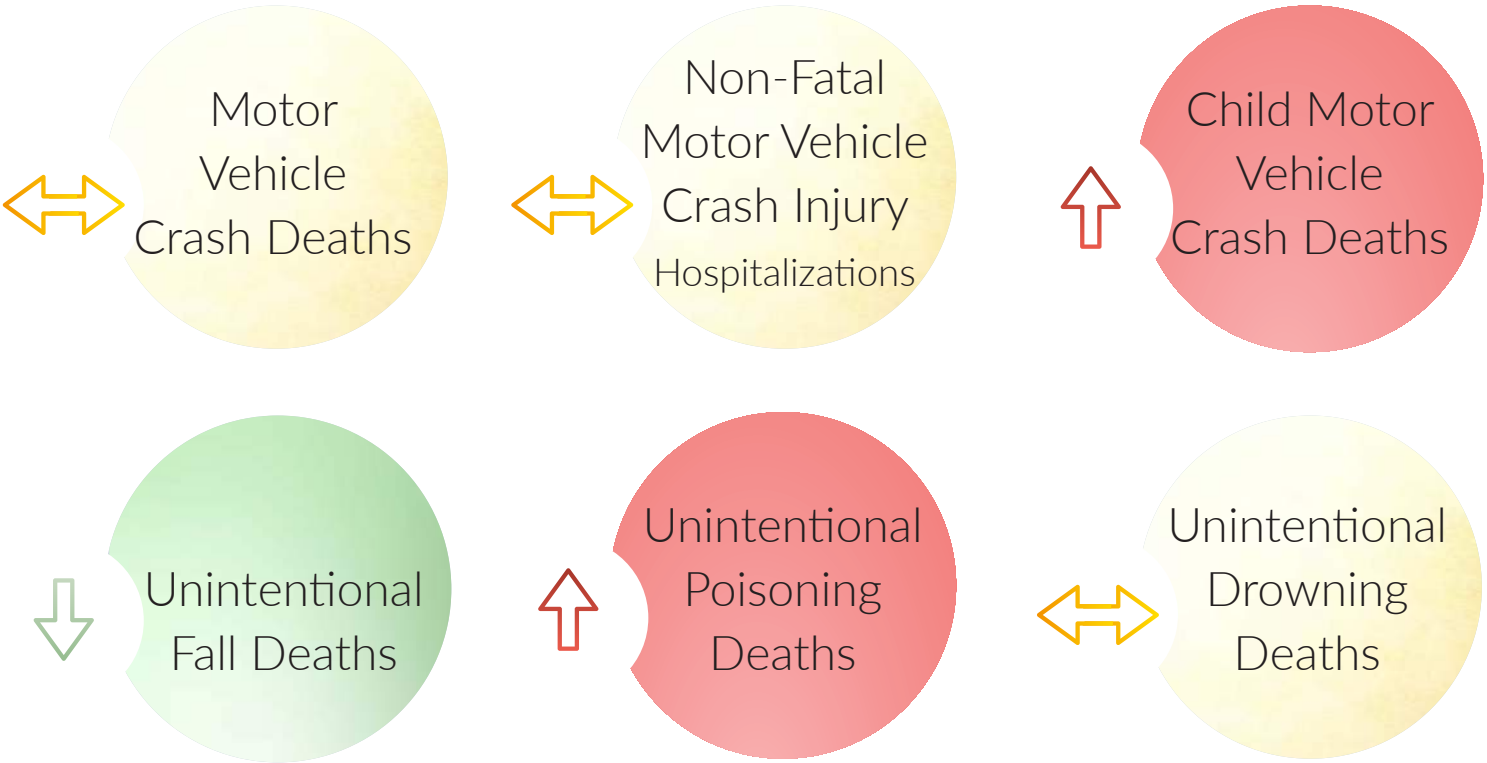


Source: Central Florida Community Collaborative Community Survey, Strategy Solutions, Inc.

Injury at a Glance

The key indicators related to injury that have changed since the last assessment are identified in Figure 7.22. Red means that the indicator has worsened in at least three of the regional counties, yellow means that some counties are increasing and some are decreasing or rates have remained roughly equivalent, and green means that rates have improved in at least three of the regional counties since the last CHNA data is available for.

FIGURE 7.22: INJURY INDICATORS



Source: Strategy Solutions, Inc.

Injury: Summary Of Indicators

The following includes both a narrative as well as a visual (chart or table) summary of indicators reported on in this section. While the above colored icons illustrate observed trends from the data reported in the 2016 CHNA, this section is designed to highlight relevant information on each indicator and provide a narrative interpretation of the data included in the charts/tables that follow.

MOTOR VEHICLE CRASH DEATHS (2002-2017)

Since 2007, Lake County had the highest rate of motor vehicle crashes per 100,000 people in the four-county region and the state (14.9 in 2017). The Lake County rate decreased from 33.4 in 2002 to 18.3 in 2017. The Orange County rate decreased from 17.2 in 2002 to 13.5 in 2017. The Osceola County rate decreased from 26.9 in 2002 to 12.8 in 2017, while Seminole County had the lowest rate in the region from 2002 (13.8) to 2017 (11). (See Chart 7.33)

NON-FATAL HOSPITALIZATIONS FOR MOTOR VEHICLE-RELATED INJURIES BY AGE (2017)

In 2017, individuals age 15-19 had the highest rate per 100,000 of non-fatal hospitalizations in the four-county region and the state. The rate for this age group in 2017 in Lake County was 122.8, Orange County 81.9, Osceola County 111.2, Seminole County 56.9 and the state 98.5. Data was not available for any other age groups for Lake and Seminole counties. Data was not available in Osceola County for individuals age 10-14 and the reported rate for those age 0-4 was zero. (See Chart 7.34)

CHILD MOTOR VEHICLE CRASH DEATHS BY AGE (2015-2017)

In the four-county region, Lake County (6.1) had the highest rate of child motor vehicle crash deaths per 100,000, ages 0-4 years, for 2015-2017, while Osceola County had the lowest rate (zero). Orange County's rate is 3.3 while Seminole County's rate is 2.8. The Florida rate is 2.5.

Lake County also had the highest rate in the region for ages 5-11 years at 2.6, higher than the state rate of 2.2. The other counties (Osceola: 2.2, Orange: 1.5, and Seminole: zero) were all equal to or lower than the state rate.

Lake County had the highest rate in the region for ages 12-18 years at 10.5, higher than the state rate of 8.7. The other counties (Seminole: 8.4, Orange: 7.2, and Osceola: 6.1) were all lower than the state rate.

For ages 19-21, Seminole County had the highest motor vehicle crash death rate at 19.6, while Orange County's rate is slightly lower at 18. Osceola County had a rate of 15 and Lake County had the lowest regional rate at 10.3. All counties in the region were lower than the state rate of 26.6. (See Chart 7.35)

HOSPITALIZATIONS FOR NON-FATAL UNINTENTIONAL FALLS (2006-2017)

Hospitalizations for non-fatal unintentional falls per 100,000 increased in all counties throughout the region between 2006 and 2015. Lake County had a consistently higher rate than the other counties as well as the state. The rate in Lake County increased from 328.9 in 2006 to 515 in 2017. In 2017, the rate in Lake County was higher than state (353.4). The rate in Orange County fluctuated and when looking at all years that data is reported, had increased from 96.1 in 2006 to 252.6 in 2017, which was lower than the state. Osceola County's rate also fluctuated but has increased from 104.5 in 2006 to 253.6 in 2017. Although the rate in Seminole County had varied, the rate increased from 98.8 in 2006 to 310.9 in 2017. For all years (2006 to 2017) the rates for all counties were significantly different than the state. (See Chart 7.36)

UNINTENTIONAL FALL, AGE-ADJUSTED DEATHS (2006-2017)

Between 2006 and 2017, in the four-county region Lake County's unintentional fall age-adjusted death rate per 100,000 was higher than the other counties and the state, almost double the nearest other county in 2016. Lake County's rate increased substantially from 5.8 in 2006 to 20.4 in 2017. The exception to this was 2016, where Orange County's rate (10.8) was also slightly higher than the state (10.1). The Osceola County rate more than doubled from 3.8 in 2006 to 9.5 in 2017. Orange County's rate increased from 6.2 to 10.8, while Seminole County's rate nearly doubled from 3.1 to 6.1 between 2006 and 2017. The state rate increased from 6.8 in 2006 to 10.1 in 2017. (See Chart 7.37)

UNINTENTIONAL POISONING, AGE-ADJUSTED DEATHS (2002-2017)

Unintentional poisoning age-adjusted deaths per 100,000 rose in all counties and across the state between 2002 and 2017, with a sharp increase between 2013 and 2017. Lake County's rate increased the most in the four-county region from 7.9 in 2002 to 26.7 in 2017, higher than the state rate (9.5 and 23.5 respectively). Orange County's rate more than doubled from 6.3 to 16.1; Osceola County's rate increased from 4.1 in 2002 to 19.4 in 2017 and Seminole County's rate increased from 8.9 to 22.1. (See Chart 7.38)

UNINTENTIONAL DROWNING, AGE-ADJUSTED DEATHS (2002-2017)

While the rate of unintentional drowning age-adjusted deaths per 100,000 fluctuated over the 15 years, the rate remained relatively low and consistent across the four-county region and the state. Between 2002 (2.7) and 2017 (1.5), Osceola County was the only county whose rate decreased, while Lake County's rate increased from 1.2 in 2002 to 1.6 in 2017, the rate in Orange County increased from 1.3 in 2002 to 1.6 in 2017 and Seminole County's rate increased from 1.8 in 2002 to two in 2017. In 2017 the rate in Seminole County (two) was comparable to the state (two) while all other counties were lower. (See Chart 7.39)

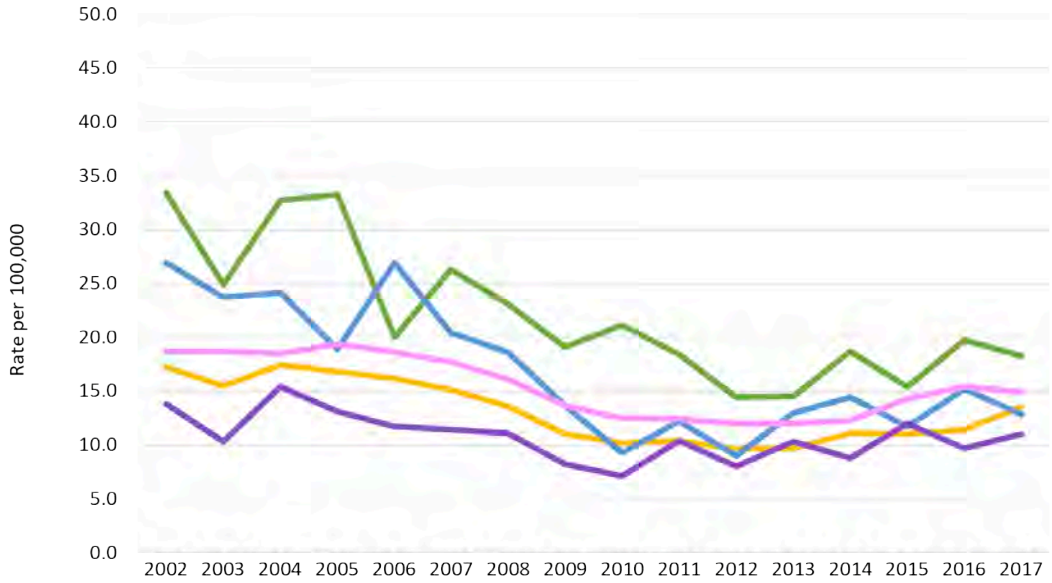
Injury: Key Findings

In the four-county region, the rate of motor vehicle crashes has decreased, while the rate of hospitalizations for unintentional falls has increased. Death rates due to falls have also increased. The rate of unintentional drowning deaths for Osceola County has slightly decreased for the years 2002 to 2017; Lake, Orange and Seminole counties rates have increased slightly for the same time period.

About a quarter of the regional respondents to the community survey (24.2 percent) indicated that texting and driving was a community issue that affected either them or their families over the past 12 months. Only 3.9 percent of the respondents indicated that motor vehicle crash deaths affected them or their families.

Injury prevention for falls and the need for in-home support were common themes identified by key informant survey respondents in Lake County. Key informant survey respondents for the other three counties in the four-county region did not identify injury topics among the top needs.

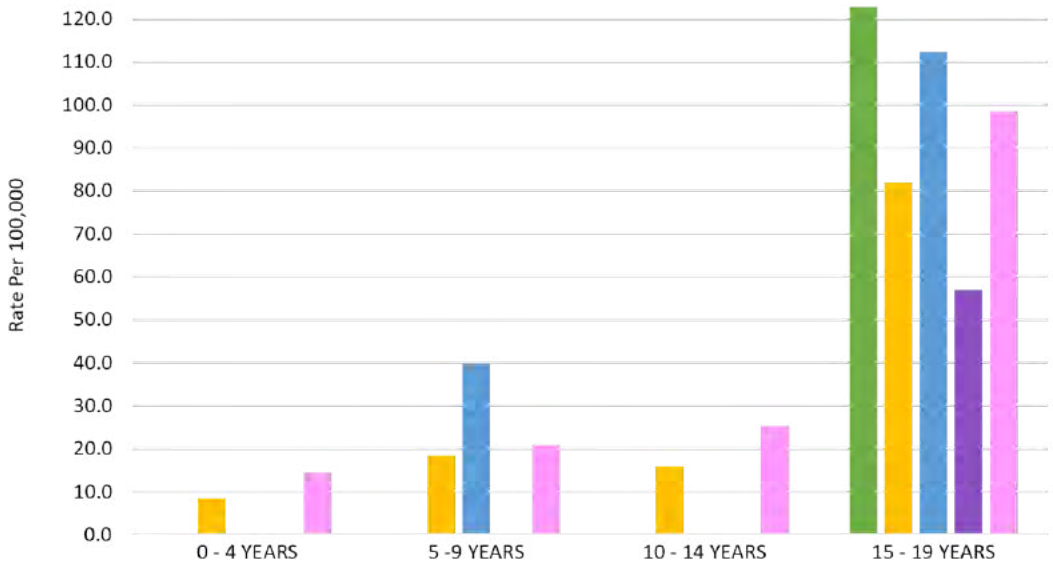
CHART 7.33: MOTOR VEHICLE CRASH DEATHS (2002-2017)



	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
LAKE	33.4	24.9	32.7	33.3	20.0	26.3	23.1	19.1	21.1	18.4	14.4	14.5	18.7	15.4	19.7	18.3
ORANGE	17.2	15.5	17.4	16.8	16.2	15.1	13.6	11.0	10.2	10.4	9.6	9.7	11.1	11.0	11.4	13.5
OSCEOLA	26.9	23.7	24.1	18.9	26.9	20.4	18.6	13.7	9.3	12.2	9.0	13.0	14.4	11.7	15.2	12.8
SEMINOLE	13.8	10.3	15.4	13.1	11.7	11.4	11.1	8.2	7.1	10.4	8.0	10.3	8.8	12.0	9.7	11.0
FLORIDA	18.7	18.7	18.5	19.4	18.6	17.7	16.1	13.7	12.5	12.4	12.0	12.0	12.3	14.3	15.4	14.9

Source: FLHealthCHARTS: Florida Department of Health, Bureau of Vital Statistics

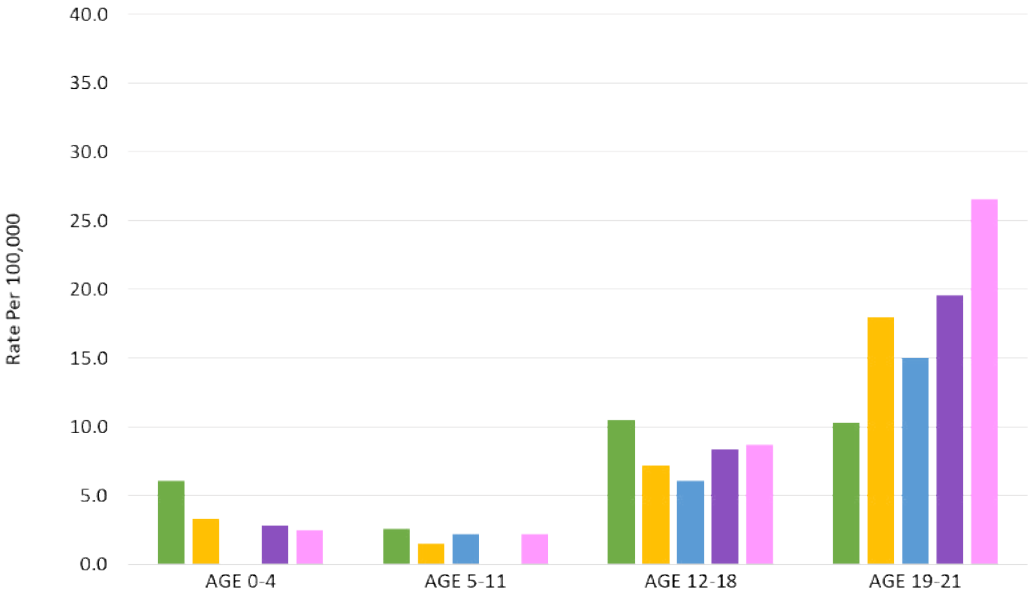
CHART 7.34: NON-FATAL HOSPITALIZATIONS FOR MOTOR VEHICLE-RELATED INJURIES BY AGE (2017)



	0 - 4 YEARS	5 -9 YEARS	10 - 14 YEARS	15 - 19 YEARS
LAKE	N/A	N/A	N/A	122.8
ORANGE	8.4	18.4	15.9	81.9
OSCEOLA	0.0	39.7	N/A	112.2
SEMINOLE	N/A	N/A	N/A	56.9
FLORIDA	14.5	20.8	25.2	98.5

Source: FLHealthCHARTS: Florida Agency For Health Care Administration (AHCA)

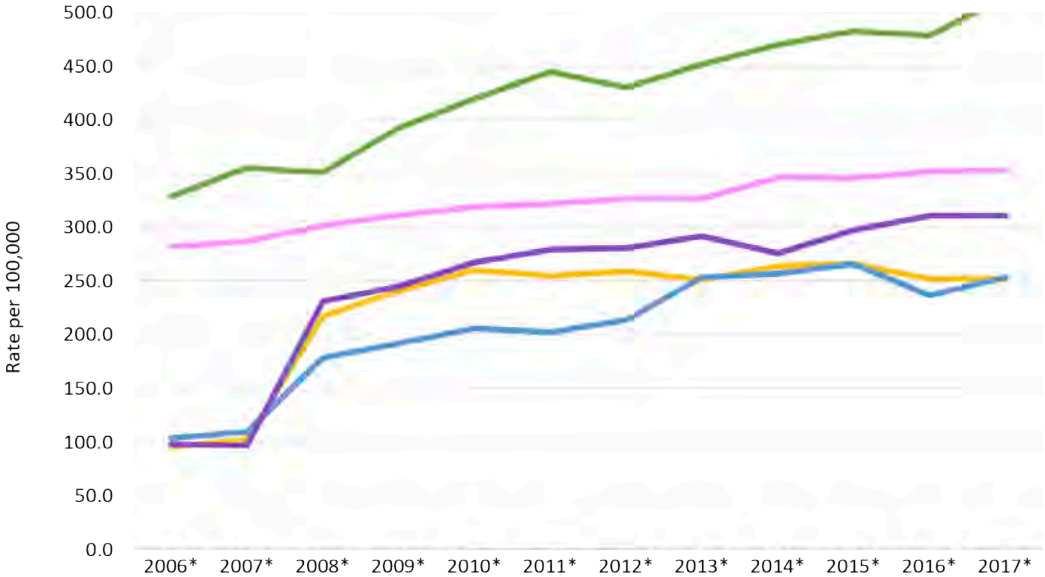
CHART 7.35: CHILD MOTOR VEHICLE CRASH DEATHS BY AGE (2015-2017)



	AGE 0-4	AGE 5-11	AGE 12-18	AGE 19-21
LAKE	6.1	2.6	10.5	10.3
ORANGE	3.3	1.5	7.2	18.0
OSCEOLA	0.0	2.2	6.1	15.0
SEMINOLE	2.8	0.0	8.4	19.6
FLORIDA	2.5	2.2	8.7	26.6

Source: FLHealthCHARTS: Florida Department of Health, Bureau of Vital Statistics

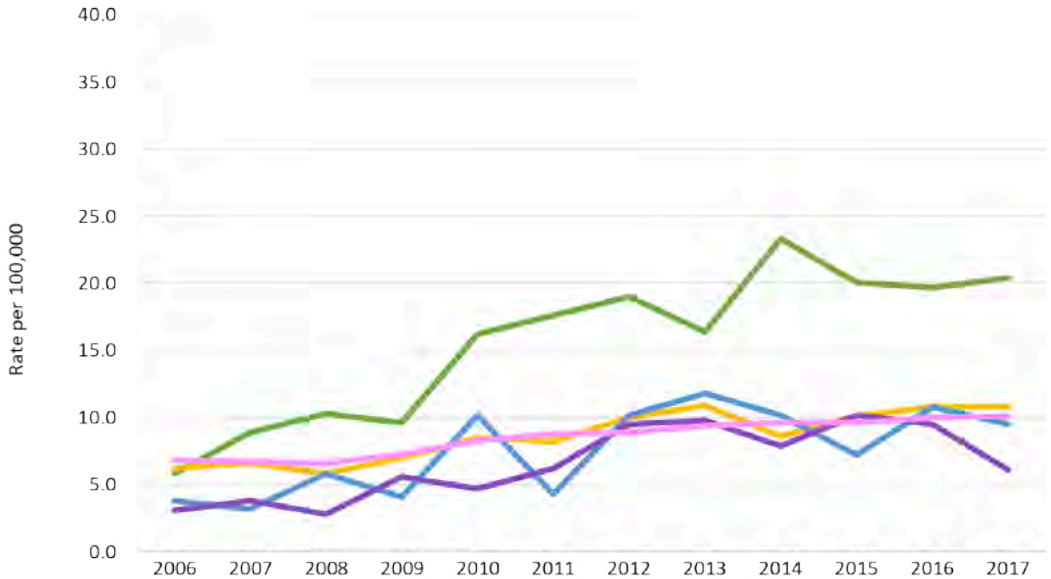
CHART 7.36: HOSPITALIZATIONS FOR NON-FATAL UNINTENTIONAL FALLS (2006-2017)



	2006*	2007*	2008*	2009*	2010*	2011*	2012*	2013*	2014*	2015*	2016*	2017*
LAKE	328.9	355.7	351.6	392.7	419.7	444.9	430.5	451.9	470.1	483.1	478.7	515.0
ORANGE	96.1	102.7	217.7	241.4	260.9	255.2	259.0	251.7	264.5	266.1	252.6	252.6
OSCEOLA	104.5	109.8	178.9	191.9	206.3	202.9	213.6	253.5	257.5	266.0	237.2	253.6
SEMINOLE	98.8	97.5	231.3	245.6	267.4	279.7	281.0	292.1	276.3	297.5	311.3	310.9
FLORIDA	282.1	287.5	302.1	311.5	319.3	322.5	327.2	327.2	346.6	345.7	352.2	353.4

Source: FLHealthCHARTS: Florida Agency For Health Care Administration; *All rates are significantly different than the state

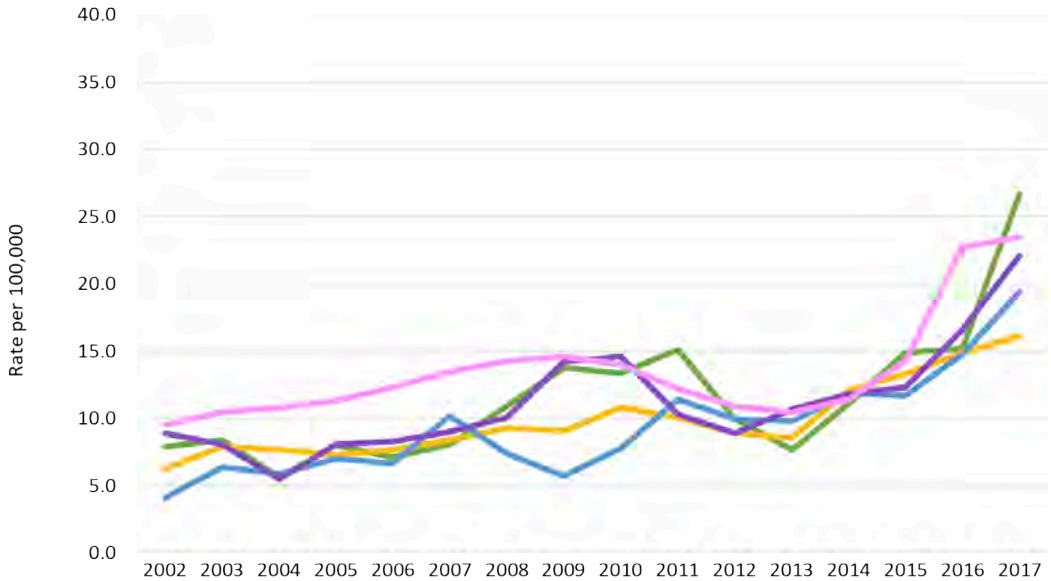
CHART 7.37: UNINTENTIONAL FALL, AGE-ADJUSTED DEATHS (2006-2017)



	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
LAKE	5.8	8.9	10.3	9.6	16.2	17.6	19.0	16.4	23.3	20.1	19.7	20.4
ORANGE	6.2	6.6	5.8	7.0	8.5	8.2	10.0	10.9	8.6	10.1	10.8	10.8
OSCEOLA	3.8	3.2	5.8	4.1	10.2	4.3	10.2	11.8	10.2	7.2	10.8	9.5
SEMINOLE	3.1	3.8	2.8	5.6	4.7	6.2	9.5	9.8	7.9	10.2	9.5	6.1
FLORIDA	6.8	6.7	6.6	7.3	8.3	8.8	8.9	9.4	9.6	9.6	10.0	10.1

Source: FLHealthCHARTS: Florida Department of Health, Bureau of Vital Statistics

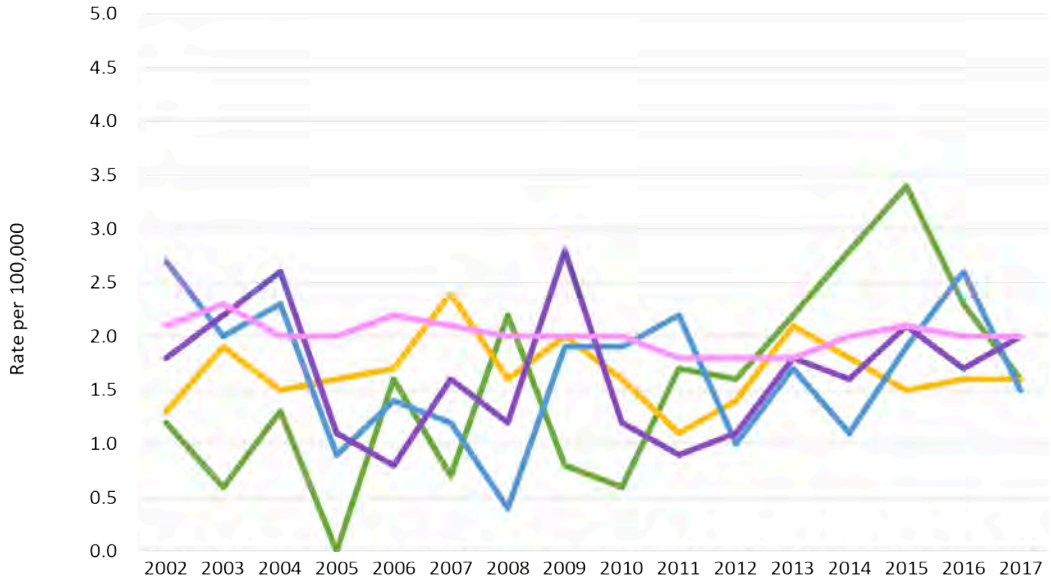
CHART 7.38: UNINTENTIONAL POISONING, AGE-ADJUSTED DEATHS (2002-2017)



	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
LAKE	7.9	8.4	5.6	8.0	7.1	8.1	10.9	13.8	13.4	15.1	10.0	7.7	11.1	14.9	15.2	26.7
ORANGE	6.3	7.9	7.7	7.3	7.7	8.4	9.3	9.1	10.8	10.1	8.9	8.6	12.1	13.3	14.9	16.1
OSCEOLA	4.1	6.4	5.9	7.0	6.7	10.2	7.4	5.7	7.8	11.4	10.0	9.8	11.9	11.7	14.8	19.4
SEMINOLE	8.9	8.1	5.5	8.1	8.3	9.0	10.1	14.2	14.6	10.3	8.9	10.7	11.8	12.3	16.6	22.1
FLORIDA	9.5	10.5	10.8	11.3	12.3	13.5	14.3	14.6	14.0	12.2	10.9	10.5	11.4	14.3	22.7	23.5

Source: FLHealthCHARTS: Florida Department of Health, Bureau of Vital Statistics

CHART 7.39: UNINTENTIONAL DROWNING AGE-ADJUSTED DEATHS (2002-2017)



	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
LAKE	1.2	0.6	1.3	0.0	1.6	0.7	2.2	0.8	0.6	1.7	1.6	2.2	2.8	3.4	2.3	1.6
ORANGE	1.3	1.9	1.5	1.6	1.7	2.4	1.6	2.0	1.6	1.1	1.4	2.1	1.8	1.5	1.6	1.6
OSCEOLA	2.7	2.0	2.3	0.9	1.4	1.2	0.4	1.9	1.9	2.2	1.0	1.7	1.1	1.9	2.6	1.5
SEMINOLE	1.8	2.2	2.6	1.1	0.8	1.6	1.2	2.8	1.2	0.9	1.1	1.8	1.6	2.1	1.7	2.0
FLORIDA	2.1	2.3	2.0	2.0	2.2	2.1	2.0	2.0	2.0	1.8	1.8	1.8	2.0	2.1	2.0	2.0

Source: FLHealthCHARTS: Florida Department of Health, Bureau of Vital Statistics

Leading Causes of Injury Deaths: Summary of Indicators

The following includes both a narrative as well as a visual (chart or table) summary of indicators reported on in this section.

TOP 10 LEADING CAUSES OF INJURY DEATH, AGE-ADJUSTED, FOUR-COUNTY REGION (2017)

In the four-county region, poisoning, firearm, fall, motor vehicle traffic-occupant and suffocation were the top five injury deaths in each regional county and the state in 2017. (See Table 7.12)

TOP 10 LEADING CAUSES OF INJURY DEATH, AGE-ADJUSTED, LAKE COUNTY (2012-2017)

In Lake County, poisoning is the leading cause of injury death, increasing in rate almost three times between 2012 (11.5) and 2017 (31.6). Fall is the second leading cause of injury death, with rates remaining consistent for the six reportable years (19 in 2012 and 20.6 in 2017). Firearm is the third leading cause of injury death, with rates increasing slightly between 2012 (14.6) and 2017 (17.7). Motor vehicle traffic-occupant is the fourth leading cause of injury death, with rates almost doubling from 4.7 in 2012 to 9.1 in 2017. Suffocation is the fifth leading cause of injury death, with rates increasing slightly from 5.8 in 2012 to 7.7 in 2017. (See Table 7.13)

TOP 10 LEADING CAUSES OF INJURY DEATH, AGE-ADJUSTED, ORANGE COUNTY (2012-2017)

In Orange County, poisoning is the leading cause of injury death, with the rate increasing over a third between 2012 (11.8) and 2017 (17.4). Fall is the second leading cause of injury death, with rates remaining consistent for the six reportable years (10.1 in 2012 and 11 in 2017). Firearm is the third leading cause of injury death, with rates remaining consistent from 2012 (10) to 2017 (10.8). Motor vehicle traffic-occupant is the fourth leading cause of injury death, with rates having the highest increase in the six-year reportable period from 1.3 in 2012 to 6.9 in 2017 (an increase of 530 percent). Suffocation is the fifth leading cause of injury death, with rates remaining consistent between 2012 (4.1) and 2017 (4.1). (See Table 7.14)

TOP 10 LEADING CAUSES OF INJURY DEATH, AGE-ADJUSTED, OSCEOLA COUNTY (2012-2017)

In Osceola County, poisoning is the leading cause of injury death, with the rate increasing 70 percent between 2012 (12.1) and 2017 (20.6). Firearm is the second leading cause of injury death, with rates increasing slightly for the six reportable years (7.6 in 2012 and 10 in 2017). Fall is the third leading cause of injury death, with rates decreasing slightly from 2012 (10.2) to 2017 (9.5). Motor vehicle traffic-occupant is the fourth leading cause of injury death, with rates having the highest increase in the six-year reportable period from 1.4 in 2012 to 7.6 in 2017 (an increase of 443 percent). It is also important to note that there was a 1,420 percent increase between the years 2016 (0.5) and 2017 (7.6) for motor vehicle traffic-occupant injury death. Suffocation is the fifth leading cause of injury death, with rates increasing slightly between 2012 (3.1) and 2017 (4.9). (See Table 7.15)

TOP 10 LEADING CAUSES OF INJURY DEATH, AGE-ADJUSTED, SEMINOLE COUNTY (2012-2017)

In Seminole County, poisoning is the leading cause of injury death, with the rate more than doubling between 2012 (11.6) and 2017 (23.7). Firearm is the second leading cause of injury death, with rates remaining consistent for the six reportable years (8.9 in 2012 and 9.1 in 2017), although there was an increase between 2015 (8.1) and 2016 (12.6). Fall is the third leading cause of injury death, with rates decreasing by a third from 2012 (9.8) to 2017 (6.1). Suffocation is the fourth leading cause of injury death, with rates increasing from 3.6 in 2012 to 5.5 in 2017. Motor vehicle traffic-occupant is the fifth leading cause of injury death, with rates increasing from 2.5 in 2012 to 4.5 in 2017, although there was a 221 percent increase between the years 2016 (1.4) and 2017 (4.5). (See Table 7.16)

Leading Causes of Injury Deaths: Key Findings

In 2017, poisoning, firearm, fall, motor vehicle traffic-occupant, and suffocation were the top five injury deaths per county and in the state. In Lake and Orange counties, the top three leading causes of injury death were poisoning, fall and firearm. In Osceola and Seminole counties, poisoning was the leading cause of injury death, followed by firearm and fall.

The key informant survey respondents provided the most input and commentary regarding injuries, noting the importance of injury prevention, fall prevention, and providing in-home support for fall prevention. Lake County respondents were more likely to rate the need for injury prevention-related falls as well as older adult safety and mobility very high. They also noted the lack of accessible care and commented that it is difficult to find assistance to provide in-home support for fall prevention.

Please note that the highest regional rate is highlighted in red.

TABLE 7.12: TOP 10 LEADING CAUSES OF INJURY DEATH, AGE-ADJUSTED, FOUR-COUNTY REGION (2017)

	Lake	Orange	Osceola	Seminole	Florida
Poisoning	31.6	17.4	20.6	23.7	26.0
Firearm	17.7	10.8	10.0	9.1	12.5
Fall	20.6	11.0	9.5	6.1	10.4
Motor vehicle traffic – occupant	9.1	6.9	7.6	4.5	7.6
Suffocation	7.7	4.1	4.9	5.5	5.7
Motor vehicle traffic – pedestrian	3.0	3.4	2.9	3.6	2.8
Motor vehicle traffic – motorcyclist	4.6	2.0	0.8	1.9	2.8
Drowning, submersion	2.7	1.9	1.7	2.7	2.3
Unspecified	1.2	1.5	1.3	1.4	1.6
Other specified and classifiable	0.0	0.7	0.8	0.2	0.9

Source: Florida Department of Health, Office of Vital Statistics, DeathStat Database

TABLE 7.13: TOP 10 LEADING CAUSES OF INJURY DEATH, AGE-ADJUSTED, LAKE COUNTY (2012-2017)

	2012	2013	2014	2015	2016	2017
Poisoning	11.5	10.0	13.9	18.5	16.9	31.6
Fall	19.0	16.4	23.3	20.1	19.7	20.6
Firearm	14.6	9.2	11.0	9.7	11.2	17.7
Motor vehicle traffic - occupant	4.7	9.6	6.6	7.7	5.9	9.1
Suffocation	5.8	4.8	7.0	6.1	6.6	7.7
Motor vehicle traffic - motorcyclist	5.6	0.0	3.7	1.0	7.5	4.6
Motor vehicle traffic - pedestrian	0.0	0.0	0.3	0.0	0.0	3.0
Drowning, submersion	1.6	3.2	2.8	3.8	2.5	2.7
Motor vehicle traffic - other, unspecified	0.9	0.5	1.0	0.4	0.2	1.5
Unspecified	1.8	3.2	2.8	1.4	2.8	1.2

Source: Florida Department of Health, Office of Vital Statistics, DeathStat Database

TABLE 7.14: TOP 10 LEADING CAUSES OF INJURY DEATH, AGE-ADJUSTED, ORANGE COUNTY (2012-2017)

	2012	2013	2014	2015	2016	2017
Poisoning	11.8	10.6	14.7	15.5	16.9	17.4
Fall	10.1	10.9	8.9	10.2	10.9	11.0
Firearm	10.0	9.8	9.6	10.0	12.3	10.8
Motor vehicle traffic - occupant	1.3	2.2	2.0	3.0	1.2	6.9
Suffocation	4.1	3.5	3.8	4.3	3.7	4.1
Motor vehicle traffic - pedestrian	0.2	0.0	0.0	0.0	0.1	3.4
Motor vehicle traffic - motorcyclist	2.8	2.9	2.8	3.4	4.3	2.0
Drowning, submersion	1.7	2.4	2.2	1.7	1.9	1.9
Unspecified	1.6	1.3	1.6	1.4	1.7	1.5
Other specified & classifiable	0.7	0.6	0.6	0.8	0.6	0.7

Source: Florida Department of Health, Office of Vital Statistics, DeathStat Database

TABLE 7.15: TOP 10 LEADING CAUSES OF INJURY DEATH, AGE-ADJUSTED, OSCEOLA COUNTY (2012-2017)

	2012	2013	2014	2015	2016	2017
Poisoning	12.1	12.0	13.7	14.3	17.8	20.6
Firearm	7.6	7.6	7.2	8.0	11.0	10.0
Fall	10.2	11.8	10.2	7.5	10.8	9.5
Motor vehicle traffic - occupant	1.4	3.1	3.6	2.6	0.5	7.6
Suffocation	3.1	4.8	3.9	2.0	4.0	4.9
Motor vehicle traffic - pedestrian	0.0	0.0	0.3	0.0	0.3	2.9
Drowning, submersion	1.4	1.7	1.4	2.7	2.6	1.7
Unspecified	1.1	0.6	2.0	2.1	1.0	1.3
Cut, pierce	0.6	0.3	1.0	0.6	0.6	1.2
Other specified & not elsewhere classifiable	1.1	0.3	1.3	0.9	0.3	1.1

Source: Florida Department of Health, Office of Vital Statistics, DeathStat Database

TABLE 7.16: TOP 10 LEADING CAUSES OF INJURY DEATH, AGE-ADJUSTED, SEMINOLE COUNTY (2012-2017)

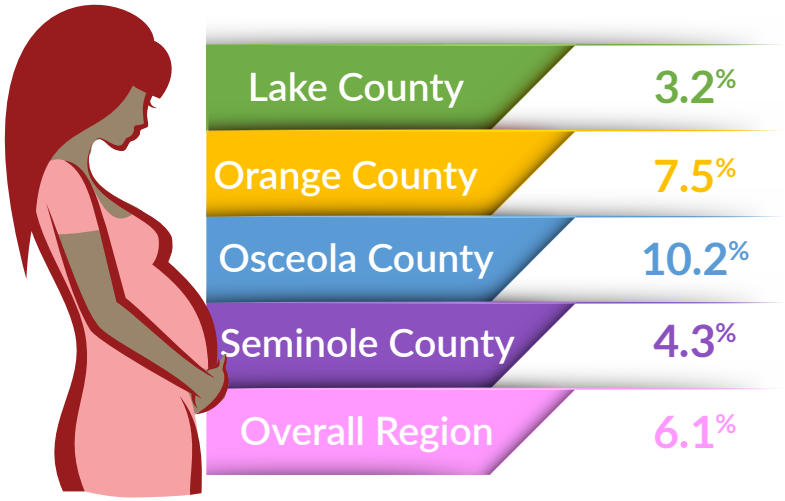
	2012	2013	2014	2015	2016	2017
Poisoning	11.6	13.6	14.0	14.8	19.7	23.7
Firearm	8.9	8.6	7.9	8.1	12.6	9.1
Fall	9.8	9.8	8.1	10.2	9.9	6.1
Suffocation	3.6	3.6	4.3	3.9	3.7	5.5
Motor vehicle traffic - occupant	2.5	4.1	3.7	3.7	1.4	4.5
Motor vehicle traffic - pedestrian	0.0	0.0	0.0	0.4	0.0	3.6
Drowning, submersion	1.4	2.2	1.9	2.1	2.4	2.7
Motor vehicle traffic - motorcyclist	2.4	1.2	1.6	2.4	4.4	1.9
Unspecified	1.3	0.9	2.5	1.4	1.2	1.4
Cut, pierce	0.7	0.7	0.5	0.0	0.6	1.1

Source: Florida Department of Health, Office of Vital Statistics, DeathStat Database

Birth Characteristics: What the Community is Saying

Figure 7.19 outlines the percentages of community survey respondents that experienced difficulty in accessing prenatal care.

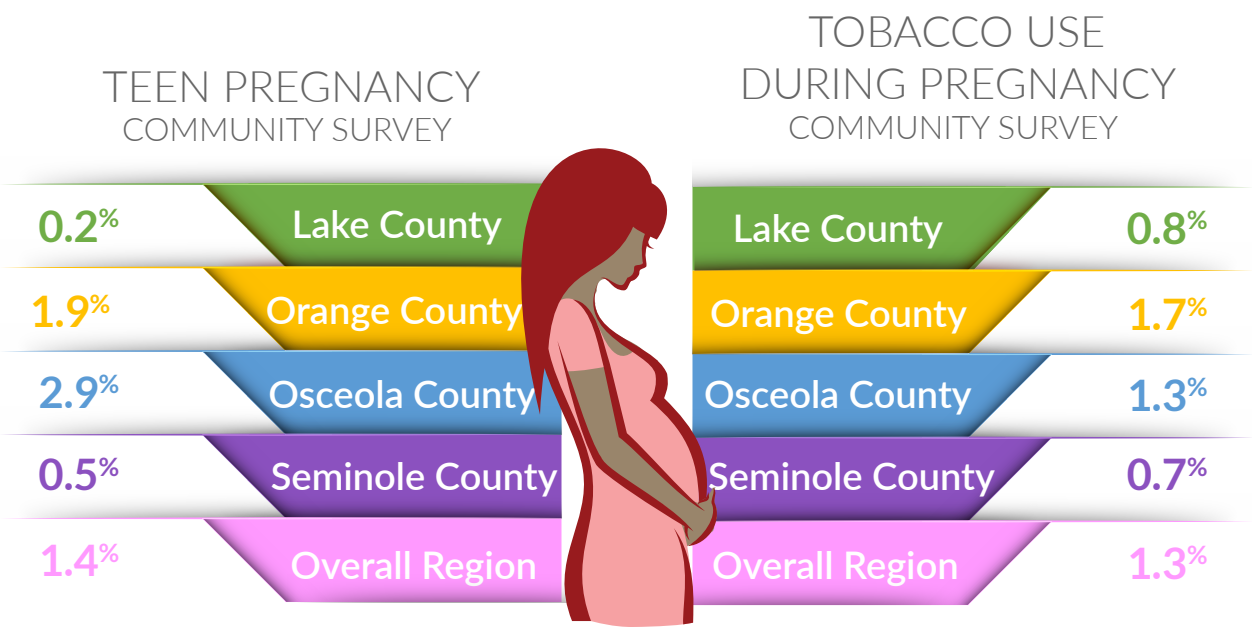
FIGURE 7.19: DIFFICULTY ACCESSING PRENATAL CARE, COMMUNITY SURVEY 2019



Source: Central Florida Community Collaborative Community Survey, Strategy Solutions, Inc.

Figure 7.19 outlines the percentage of community survey respondents that experienced teen pregnancy and smoking during pregnancy. Only small percentages of the respondents indicated these characteristics.

FIGURE 7.19: TEEN PREGNANCY AND SMOKING DURING PREGNANCY, COMMUNITY SURVEY 2019



Source: Central Florida Community Collaborative Community Survey, Strategy Solutions, Inc.

Participants in the primary research identified the following needs and issues related to birth characteristics in the four-county region:

- Low birthweight
  - Premature/low birth weights
- Infant mortality
  - High infant mortality rates for some targeted populations
  - Teen pregnancy is tied to infant mortality
- Women are not receiving prenatal care
- Substance use by pregnant women leads to substance use exposure in newborn babies

Barriers to care identified by the primary research participants included:

- Access
  - Immigrant families are reluctant to seek care
  - Lack of access to affordable, easy to access early prenatal care
  - Lack of access to health and social services
  - Lack of access to care for those who are immigrants, especially undocumented
- Lack of housing services
- Working long hours or multiple jobs

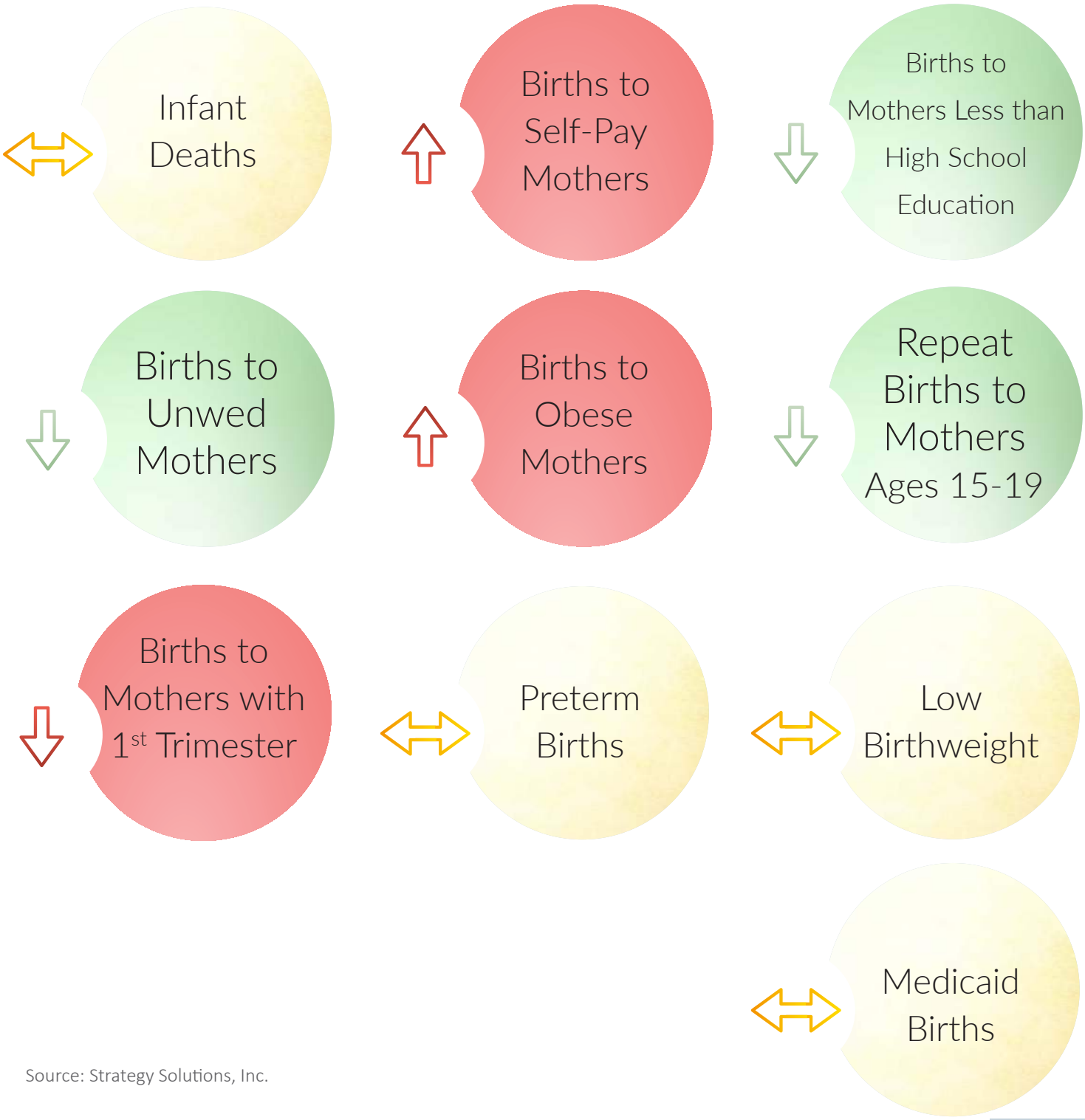
Needed services related to birth characteristics identified by primary research participants included:

- Providers
  - More high-risk obstetric physicians
- Services
  - Medication assisted treatment (MAT) for mothers with opioid use diagnoses and more facilities that can care for mothers on MAT
  - More accessible, comprehensive pre-natal care, especially for immigrants
  - Access to birth control
  - More access to WIC and nutritional education
  - For cleanings and education on importance of oral hygiene during pregnancy
  - More outpatient clinics
  - Awareness of maternity fitness and nutrition
  - Support/counseling groups
  - Parenting classes in public schools
  - Prenatal services for homeless
  - Family planning
  - Education on infant safe sleep
  - Access to birth control
  - Affordable maternal care
  - Program for babies born addicted
  - Employment/jobs
  - Work opportunities
  - Access to birth control
  - Affordable maternal care
  - Program for babies born addicted
- Employment/jobs
- Work opportunities

Birth Characteristics at a Glance

The key indicators related to birth characteristics that have changed since the last assessment are identified in Figure 7.20. Red means that the indicator has worsened in at least three of the regional counties, yellow means that some counties are increasing and some are decreasing or rates have remained roughly equivalent, and green means that rates have improved in at least three of the regional counties since the last CHNA data is available for.

FIGURE 7.20: BIRTH CHARACTERISTICS INDICATORS



Source: Strategy Solutions, Inc.

Birth Characteristics: Summary of Indicators

The following includes both a narrative as well as a visual (chart or table) summary of indicators reported on in this section. While the colored icons, located on the previous page, illustrate observed trends from the data reported in the 2016 CHNA, this section is designed to highlight relevant information on each indicator and provide a narrative interpretation of the data included in the charts/tables that follow.

INFANT DEATHS PER 1,000 LIVE BIRTHS (2003-2017)

While fluctuating between 2003 and 2017, the highest regional rate for infant deaths per 1,000 live births was in Orange County in 2017, decreasing from 8.2 in 2003 to 7.2 in 2017. Lake County's rate increased from 5.6 in 2003 to seven in 2017, while the rate in Seminole County increased from 5.4 to 6.7, and in Osceola County decreased from 4.8 in 2003 to 3.9 in 2017. In 2017, Osceola County (3.9) was the only one in the four-county region that was lower than the state (6.1). All other counties and the state were above the HP2020 goal of six. (See Chart 7.40)

BIRTHS TO WOMEN WITH SELF-PAY FOR DELIVERY PAYMENT SOURCE (2004-2017)

The percentages of births with self pay for delivery has fluctuated throughout the region between 2004 and 2017. During that timeframe, Lake County's percentage decreased from 8.1 percent to 4.9 percent, Osceola County's rate decreased slightly from 6.1 percent to six percent as did Seminole County's percentage (from 4.2 percent to 3.6 percent). Orange County's percentage more than doubled from 4.4 percent to 9.8 percent. Lake, Osceola and Seminole's percentages in 2017 were all lower than the state (6.2 percent). (See Chart 7.41)

BIRTHS TO MOTHERS WITH LESS THAN HIGH SCHOOL EDUCATION (2003-2017)

The percentage of births to mothers with less than a high school education decreased in all counties and the state between 2003 and 2017. Lake County consistently had the highest percentage in the four-county region until 2017 when Orange County's percentage increased to slightly above it. Lake County's percentage decreased by more than half from 22.5 percent in 2003 to 10.6 percent in 2017. Orange County's percentage decreased over a third from 17.1 percent to 11.1 percent. Osceola County's percentage decreased over half from 17.6 percent to 8.3 percent and Seminole's percentage decreased from 10.9 percent in 2003 to 5.9 percent in 2017. All counties were lower than the state in 2017 (12.1 percent). (See Chart 7.42)

BIRTHS TO UNWED MOTHERS (2003-2017)

The four-county region and the state increased for births to unwed mothers between 2003 and 2017. Seminole County (29.6 percent in 2003 to 38.1 percent in 2017) has consistently remained the lowest in the four-county region. Osceola County's percentage (increasing from 40 percent in 2003 to 49 percent in 2017) has consistently been the highest in the four-county region. Orange County increased the least over the past 15 years from 39.9 percent in 2003 to 44.6 percent in 2017. Lake County increased from 37.8 percent in 2003 to 47.1 percent in 2017. (See Chart 7.43)

BIRTHS TO MOTHERS WHO WERE OBESE AT TIME OF PREGNANCY (2004-2017)

The percentage of births to mothers who were obese at time of pregnancy has steadily increased in the four-county region and the state between 2004 and 2017. Lake County has consistently been the highest in the four-county region, increasing from 21.5 percent in 2004 to 28.8 percent in 2017. Seminole and Orange County's percentages have been the lowest with Orange County increasing from 16.5 percent to 24.8 percent and Seminole County increasing from 16.4 percent to 23.9 percent during this time period. Osceola County increased from 19.1 percent to 26 percent, while the state percentage increased from 18.7 percent to 25 percent from 2004 to 2017. (See Chart 7.44)

REPEAT BIRTHS TO MOTHERS AGES 15-19 (2003-2017)

The rates in the four-county region for repeat births to mothers ages 15-19 decreased. Orange County tended to have the highest rate within the region, although it decreased from 22 percent in 2003 to 16.2 percent in 2017. Lake County's rate decreased from 21.8 percent to 14.5 percent, Osceola County's rate decreased from 17.6 percent to 10 percent and Seminole County's rate decreased from 15.7 percent to 11.5 percent between 2003 and 2017. The state rate decreased from 19.9 percent in 2003 to 15.2 percent in 2017. (See Chart 7.45)

BIRTHS TO MOTHERS WITH FIRST TRIMESTER PRENATAL CARE (2003-2017)

Generally, the rate in the four-county region for births to mothers with first trimester prenatal care has been consistently higher than the state rate between 2003 and 2017. While the rates have fluctuated, they have also decreased in the four-county region. Orange County had the largest decrease, from 88.8 percent in 2003 to 78 percent in 2017. Seminole County's rate decreased from 91.2 percent to 80 percent, Lake County's rate decreased from 86.1 percent to 79.5 percent and Osceola County's rate decreased from 88.6 percent to 81.1 percent between 2003 and 2017. The state rate decreased from 85.8 percent in 2003 to 77.3 percent in 2017. (See Chart 7.46)

PRETERM BIRTHS <37 WEEKS GESTATION (2003-2017)

The preterm birth rate in the four-county region has not changed substantially over the past 15 years. Lake County's rate decreased from 11 percent in 2003 to 10.1 percent in 2017, its lowest rate within this time period. Orange County's rate decreased from 12.3 percent to 10.3 percent, Osceola County's rate decreased from 11.3 percent to 9.2 percent and Seminole County's rate decreased from 11.4 percent to 10 percent between 2003 and 2017. The state rate decreased slightly from 10.8 percent to 10.2 percent. (See Chart 7.47)

LOW BIRTHWEIGHT BIRTHS <2500 GRAMS (2003-2017)

The percentage of low birthweight babies born in the four-county region remained relatively consistent over the past 15 years, although fluctuating from year to year within each county. Lake County's rate decreased from 8.7 percent to 8.1 percent, Orange County's rate decreased from 9.6 percent to 8.9 percent, Seminole County's rate in both 2003 and 2017 was 8.2 percent, while Osceola County's rate increased slightly from eight percent to 8.1 percent between 2003 and 2017. The state rate increased slightly from 8.5 percent in 2003 to 8.8 percent in 2017. (See Chart 7.48)

BIRTHS COVERED BY MEDICAID (2004-2017)

Over the past 14 years, the percentage of births covered by Medicaid has consistently increased in all four counties in the region as well as the state. Osceola County's rate has been consistently the highest in the region, increasing from 35.9 percent in 2004 to 59.3 percent in 2017. Lake County's rate increased from 37.6 percent to 51.1 percent, and Orange County's rate increased from 36.6 percent to 45.5 percent. Seminole County's rate has consistently been the lowest in the region, although still increasing from 30.2 percent in 2004 to 41.3 percent in 2017. The state rate has grown from 36.6 percent to 48.9 percent during this time period. (See Chart 7.49)

Birth Characteristics: Key Findings

In 2017, Osceola was the only regional county whose infant death rate was below the state average (6.1) and the healthy people goal (six).

Orange County tended to have the highest rate of births to uninsured mothers for much of the past 14 years, while Lake, Osceola and Seminole counties' rates have been below the state rate.

Births to mothers with less than a high school education have been consistently decreasing in all counties in the region over the past 10 years, although Orange County's rate increased briefly in 2016 before decreasing again in 2017.

The percentage of births to unwed mothers has consistently increased in the four-county region as well as the state in the past 15 years. Osceola County has consistently had the highest regional rate, while Seminole County consistently had the lowest.

Births to mothers who were obese during pregnancy have steadily increased throughout the four-county region as well as throughout the state in the past 14 years. Lake County's rate has been consistently higher than the other counties.

Repeat births to mothers ages 15-19 have decreased over the past 15 years. Individual county rates have fluctuated during this time period.

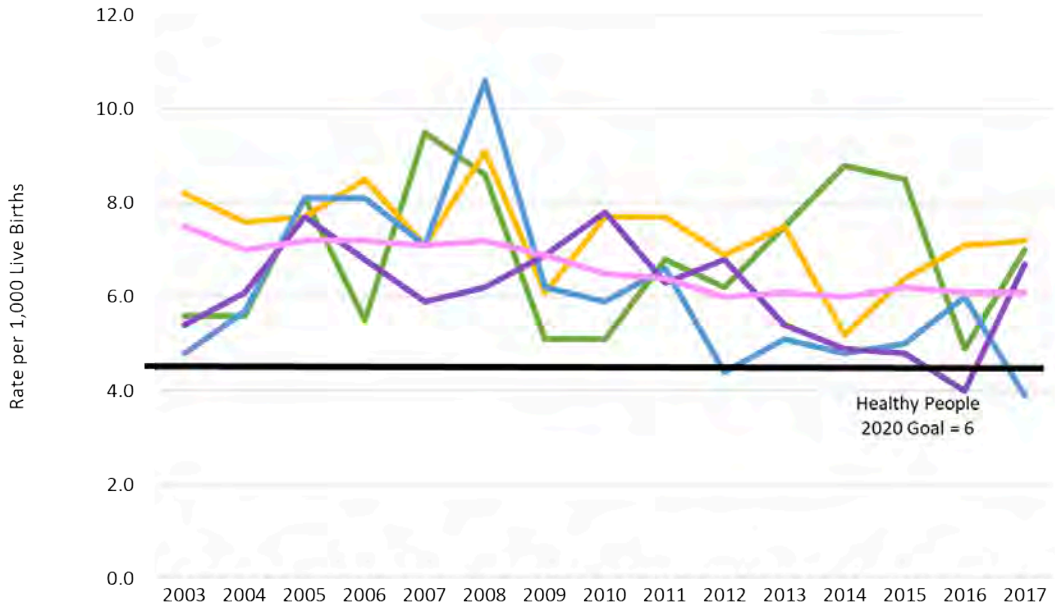
Over the past 15 years, births to mothers with first trimester prenatal care in the four-county region and state have fluctuated. The percentage has been steadily declining since 2014, and in 2017, all counties in the region were higher than the state (77.3 percent).

The rate of preterm births over the past 15 years has trended slightly downward across the region as well as throughout the state, between nine percent and 11 percent. The rate of low birthweight babies has remained relatively consistent between eight percent and nine percent.

Births covered by Medicaid in the four-county region as well as the state have trended upward over the past 14 years, with Lake and Osceola County's rate consistently above the state average, while Orange and Seminole's rates have been consistently lower.

Community survey respondents were able to identify the extent to which they or their family had difficulty accessing prenatal care in the past 12 months. A total of 6.1 percent of respondents across the region indicated that they or a family member had difficulty accessing prenatal care. The percentage was lowest in Lake County (3.2 percent) and highest in Osceola County (10.2 percent). Stakeholders, focus group and key informant survey participants did not comment on birth characteristics.

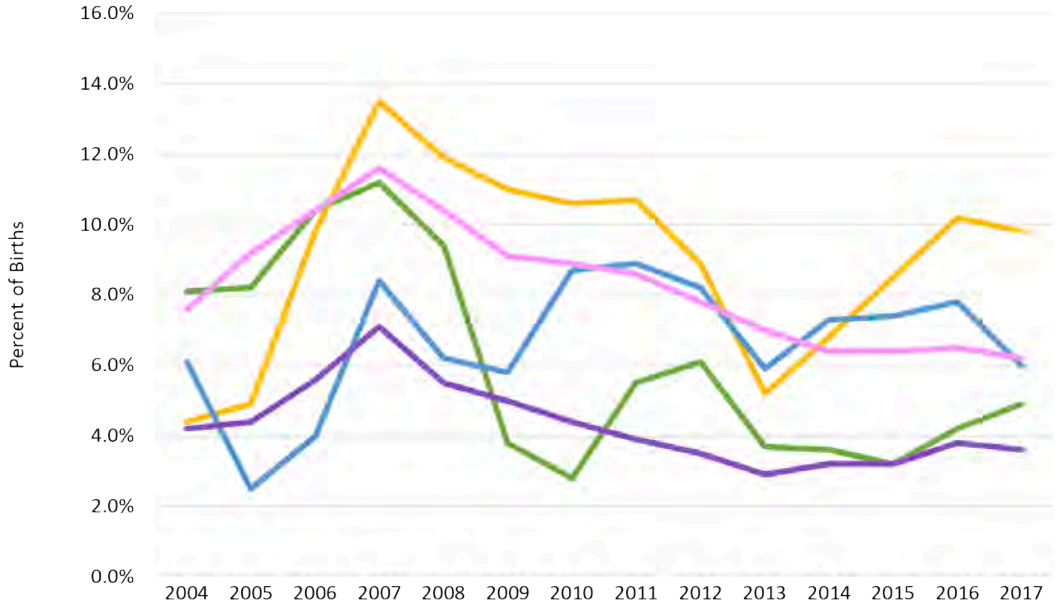
CHART 7.40: INFANT DEATHS PER 1,000 LIVE BIRTHS (2003-2017)



	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
LAKE	5.6	5.6	8.1	5.5	9.5	8.6	5.1	5.1	6.8	6.2	7.5	8.8	8.5	4.9	7.0
ORANGE	8.2	7.6	7.7	8.5	7.1	9.1	6.1	7.7	7.7	6.9	7.5	5.2	6.4	7.1	7.2
OSCEOLA	4.8	5.7	8.1	8.1	7.1	10.6	6.2	5.9	6.6	4.4	5.1	4.8	5.0	6.0	3.9
SEMINOLE	5.4	6.1	7.7	6.8	5.9	6.2	6.9	7.8	6.3	6.8	5.4	4.9	4.8	4.0	6.7
FLORIDA	7.5	7.0	7.2	7.2	7.1	7.2	6.9	6.5	6.4	6.0	6.1	6.0	6.2	6.1	6.1

Source: FLHealthCHARTS: Florida Department of Health, Bureau of Vital Statistics

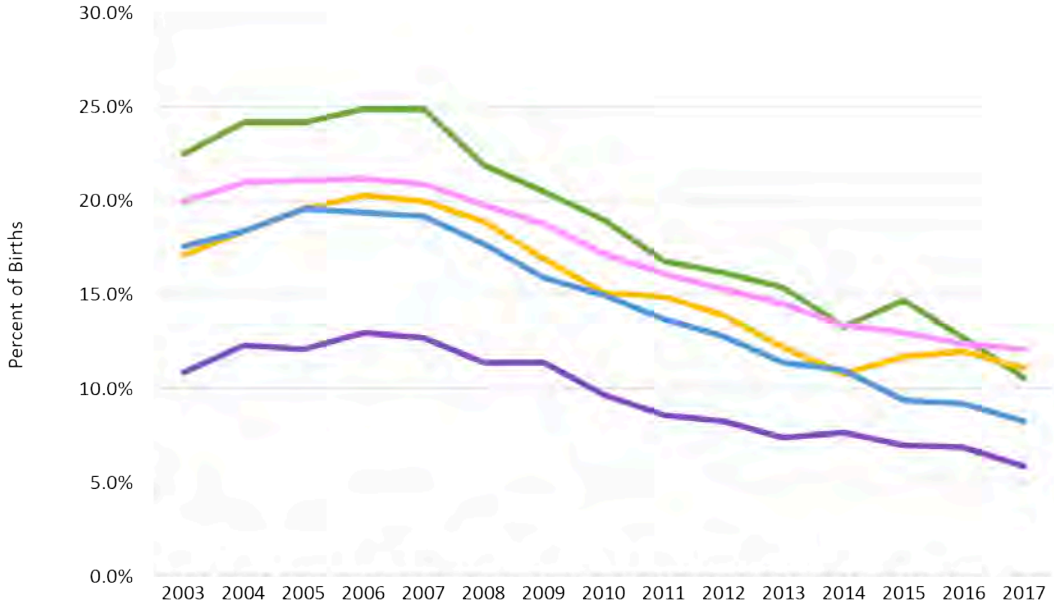
CHART 7.41: BIRTHS TO WOMEN WITH SELF-PAY FOR DELIVERY PAYMENT SOURCE (2004-2017)



	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
LAKE	8.1%	8.2%	10.4%	11.2%	9.4%	3.8%	2.8%	5.5%	6.1%	3.7%	3.6%	3.2%	4.2%	4.9%
ORANGE	4.4%	4.9%	9.8%	13.5%	11.9%	11.0%	10.6%	10.7%	8.9%	5.2%	6.8%	8.5%	10.2%	9.8%
OSCEOLA	6.1%	2.5%	4.0%	8.4%	6.2%	5.8%	8.7%	8.9%	8.2%	5.9%	7.3%	7.4%	7.8%	6.0%
SEMINOLE	4.2%	4.4%	5.6%	7.1%	5.5%	5.0%	4.4%	3.9%	3.5%	2.9%	3.2%	3.2%	3.8%	3.6%
FLORIDA	7.6%	9.2%	10.4%	11.6%	10.4%	9.1%	8.9%	8.6%	7.8%	7.0%	6.4%	6.4%	6.5%	6.2%

Source: FLHealthCHARTS: Florida Department of Health, Bureau of Vital Statistics

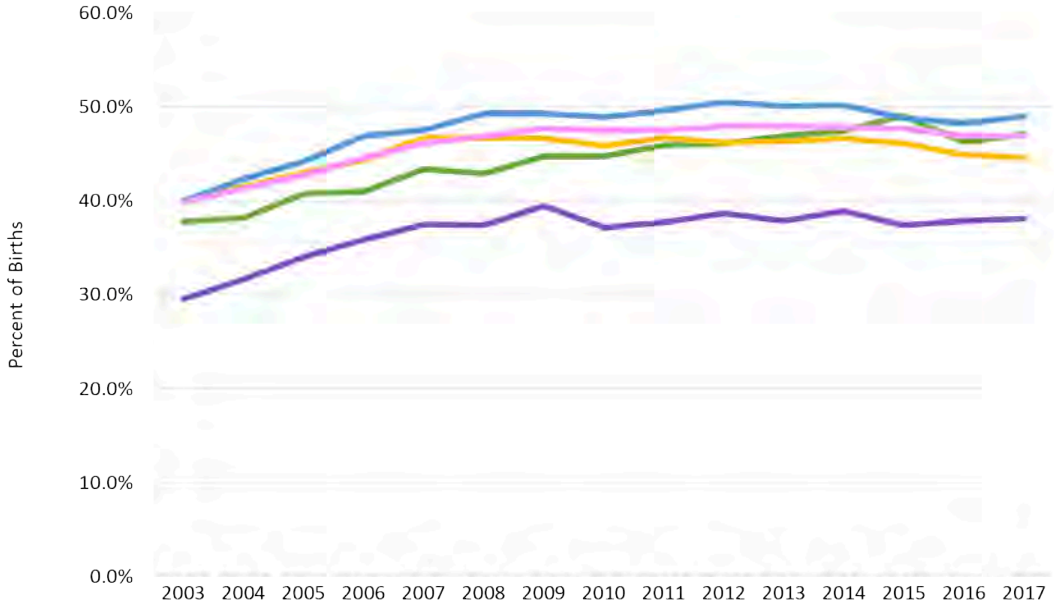
CHART 7.42: BIRTHS TO MOTHERS WITH LESS THAN HIGH SCHOOL EDUCATION (2003-2017)



	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
LAKE	22.5%	24.2%	24.2%	24.9%	24.9%	21.9%	20.5%	19.0%	16.8%	16.2%	15.4%	13.3%	14.7%	12.7%	10.6%
ORANGE	17.1%	18.4%	19.6%	20.3%	20.0%	18.9%	16.9%	15.1%	14.9%	13.9%	12.2%	10.8%	11.7%	12.0%	11.1%
OSCEOLA	17.6%	18.4%	19.6%	19.4%	19.2%	17.7%	15.9%	15.0%	13.7%	12.8%	11.4%	11.0%	9.4%	9.2%	8.3%
SEMINOLE	10.9%	12.3%	12.1%	13.0%	12.7%	11.4%	11.4%	9.7%	8.6%	8.3%	7.4%	7.7%	7.0%	6.9%	5.9%
FLORIDA	20.0%	21.0%	21.1%	21.2%	20.9%	19.8%	18.8%	17.2%	16.1%	15.3%	14.5%	13.4%	13.0%	12.4%	12.1%

Source: FLHealthCHARTS: Florida Department of Health, Bureau of Vital Statistics

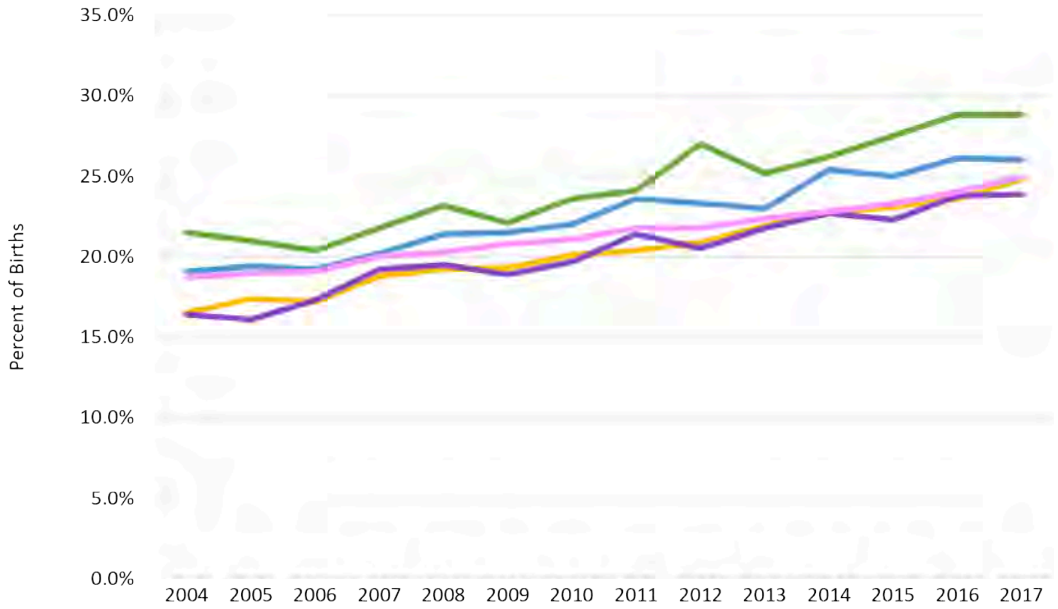
CHART 7.43: BIRTHS TO UNWED MOTHERS (2003-2017)



	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
LAKE	37.8%	38.2%	40.8%	41.0%	43.4%	42.9%	44.8%	44.8%	46.0%	46.1%	46.9%	47.5%	49.1%	46.3%	47.1%
ORANGE	39.9%	41.6%	43.0%	44.4%	46.8%	46.7%	46.7%	45.9%	46.8%	46.2%	46.4%	46.7%	46.1%	44.9%	44.6%
OSCEOLA	40.0%	42.4%	44.2%	46.9%	47.6%	49.3%	49.3%	48.9%	49.6%	50.5%	50.1%	50.2%	48.8%	48.3%	49.0%
SEMINOLE	29.6%	31.7%	34.1%	35.9%	37.5%	37.4%	39.5%	37.2%	37.7%	38.7%	37.9%	38.9%	37.4%	37.9%	38.1%
FLORIDA	39.9%	41.3%	42.8%	44.6%	46.1%	46.9%	47.7%	47.5%	47.6%	48.0%	48.0%	47.9%	47.7%	46.9%	46.9%

Source: FLHealthCHARTS: Florida Department of Health, Bureau of Vital Statistics

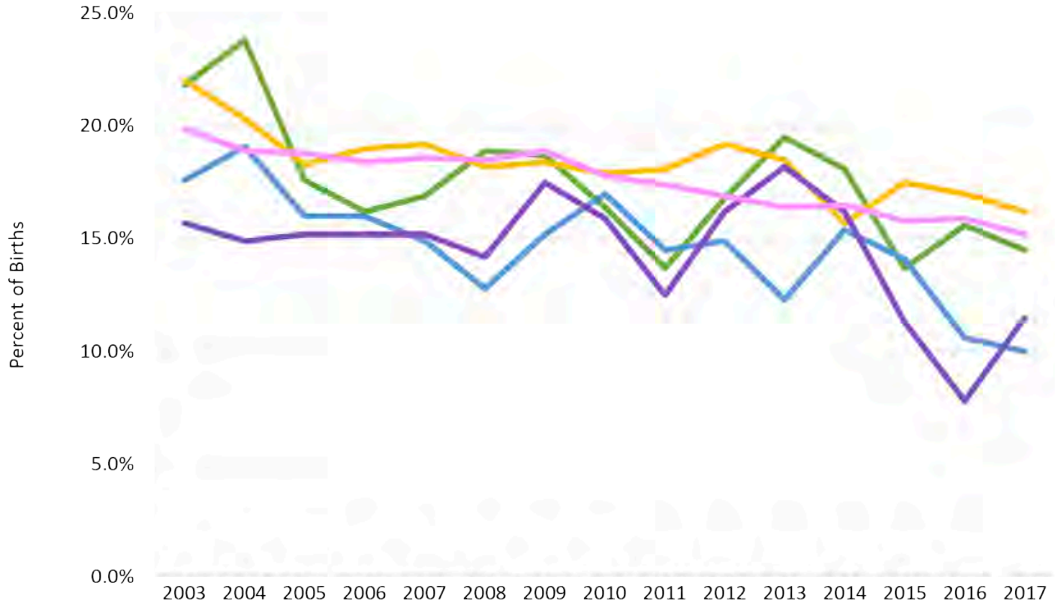
CHART 7.44: BIRTHS TO MOTHERS WHO WERE OBESE AT TIME OF PREGNANCY (2004-2017)



	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
LAKE	21.5%	21.0%	20.4%	21.8%	23.2%	22.1%	23.6%	24.1%	27.0%	25.2%	26.2%	27.5%	28.8%	28.8%
ORANGE	16.5%	17.4%	17.2%	18.8%	19.2%	19.3%	20.1%	20.4%	20.9%	21.9%	22.7%	23.1%	23.6%	24.8%
OSCEOLA	19.1%	19.4%	19.2%	20.2%	21.4%	21.5%	22.0%	23.6%	23.3%	23.0%	25.4%	25.0%	26.1%	26.0%
SEMINOLE	16.4%	16.1%	17.3%	19.2%	19.5%	18.9%	19.7%	21.4%	20.5%	21.8%	22.7%	22.3%	23.8%	23.9%
FLORIDA	18.7%	19.0%	19.1%	20.0%	20.3%	20.8%	21.1%	21.8%	21.8%	22.4%	22.8%	23.3%	24.0%	25.0%

Source: FLHealthCHARTS: Florida Department of Health, Bureau of Vital Statistics

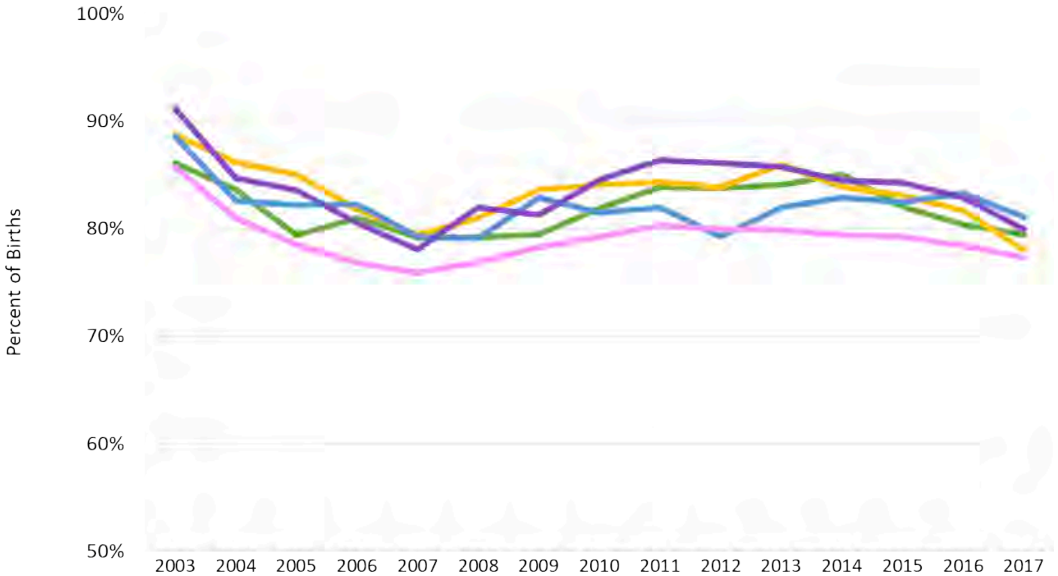
CHART 7.45: REPEAT BIRTHS TO MOTHERS AGES 15-19 (2003-2017)



	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
LAKE	21.8%	23.8%	17.6%	16.2%	16.9%	18.9%	18.7%	16.4%	13.7%	16.8%	19.5%	18.1%	13.7%	15.6%	14.5%
ORANGE	22.0%	20.3%	18.3%	19.0%	19.2%	18.2%	18.4%	17.9%	18.1%	19.2%	18.5%	15.7%	17.5%	17.0%	16.2%
OSCEOLA	17.6%	19.1%	16.0%	16.0%	14.9%	12.8%	15.2%	17.0%	14.5%	14.9%	12.3%	15.4%	14.1%	10.6%	10.0%
SEMINOLE	15.7%	14.9%	15.2%	15.2%	15.2%	14.2%	17.5%	15.9%	12.5%	16.2%	18.2%	16.2%	11.3%	7.8%	11.5%
FLORIDA	19.9%	18.9%	18.8%	18.4%	18.6%	18.5%	18.9%	17.8%	17.4%	16.9%	16.4%	16.5%	15.8%	15.9%	15.2%

Source: FLHealthCHARTS: Florida Department of Health, Bureau of Vital Statistics

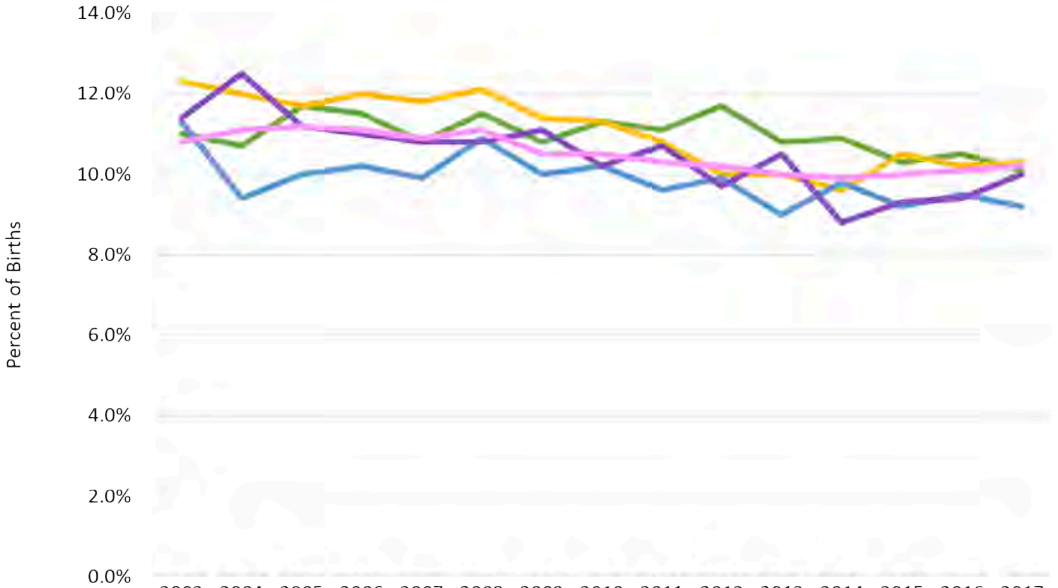
CHART 7.46: BIRTHS TO MOTHERS WITH FIRST TRIMESTER PRENATAL CARE (2003-2017)



	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
LAKE	86.1%	83.7%	79.4%	81.0%	79.2%	79.2%	79.5%	81.9%	83.9%	83.8%	84.1%	85.1%	82.1%	80.4%	79.5%
ORANGE	88.8%	86.2%	85.1%	81.8%	79.4%	81.0%	83.7%	84.1%	84.4%	83.9%	86.0%	83.9%	83.1%	81.7%	78.0%
OSCEOLA	88.6%	82.6%	82.2%	82.3%	79.3%	79.1%	82.9%	81.5%	82.0%	79.3%	82.0%	82.9%	82.5%	83.3%	81.1%
SEMINOLE	91.2%	84.7%	83.6%	80.5%	78.1%	82.0%	81.3%	84.6%	86.4%	86.1%	85.8%	84.5%	84.3%	82.9%	80.0%
FLORIDA	85.8%	81.0%	78.5%	76.8%	75.9%	76.9%	78.3%	79.3%	80.3%	80.0%	79.9%	79.4%	79.3%	78.4%	77.3%

Source: FLHealthCHARTS: Florida Department of Health, Bureau of Vital Statistics

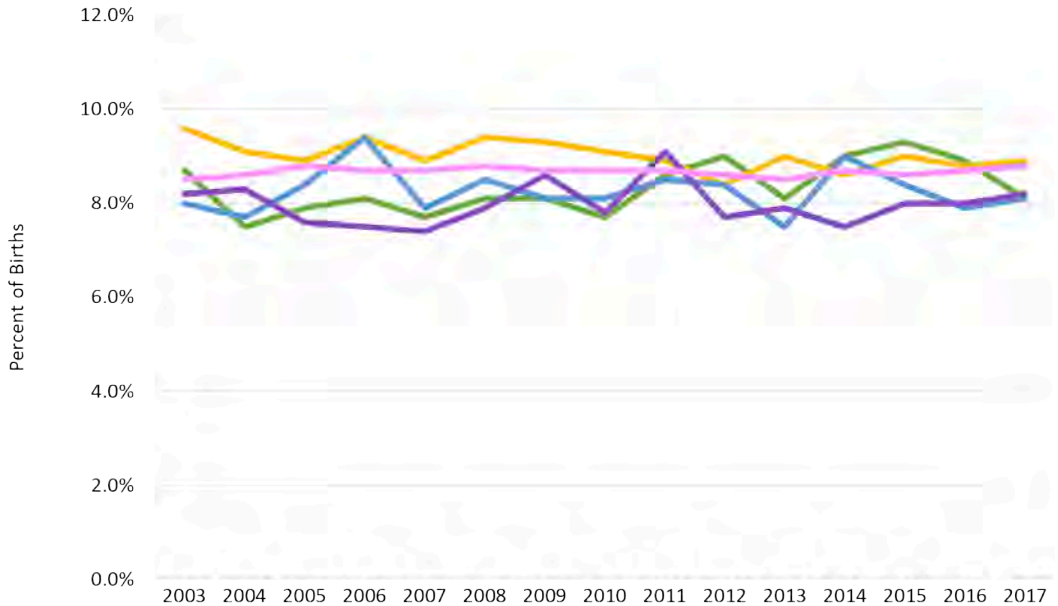
CHART 7.47: PRE-TERM BIRTHS <37 WEEKS GESTATION (2003-2017)



	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
LAKE	11.0%	10.7%	11.7%	11.5%	10.8%	11.5%	10.8%	11.3%	11.1%	11.7%	10.8%	10.9%	10.3%	10.5%	10.1%
ORANGE	12.3%	12.0%	11.7%	12.0%	11.8%	12.1%	11.4%	11.3%	10.8%	10.0%	10.0%	9.6%	10.5%	10.2%	10.3%
OSCEOLA	11.3%	9.4%	10.0%	10.2%	9.9%	10.9%	10.0%	10.2%	9.6%	9.9%	9.0%	9.8%	9.2%	9.5%	9.2%
SEMINOLE	11.4%	12.5%	11.2%	11.0%	10.8%	10.8%	11.1%	10.2%	10.7%	9.7%	10.5%	8.8%	9.3%	9.4%	10.0%
FLORIDA	10.8%	11.1%	11.2%	11.1%	10.9%	11.1%	10.5%	10.5%	10.3%	10.2%	10.0%	9.9%	10.0%	10.1%	10.2%

Source: FLHealthCHARTS: Florida Department of Health, Bureau of Vital Statistics

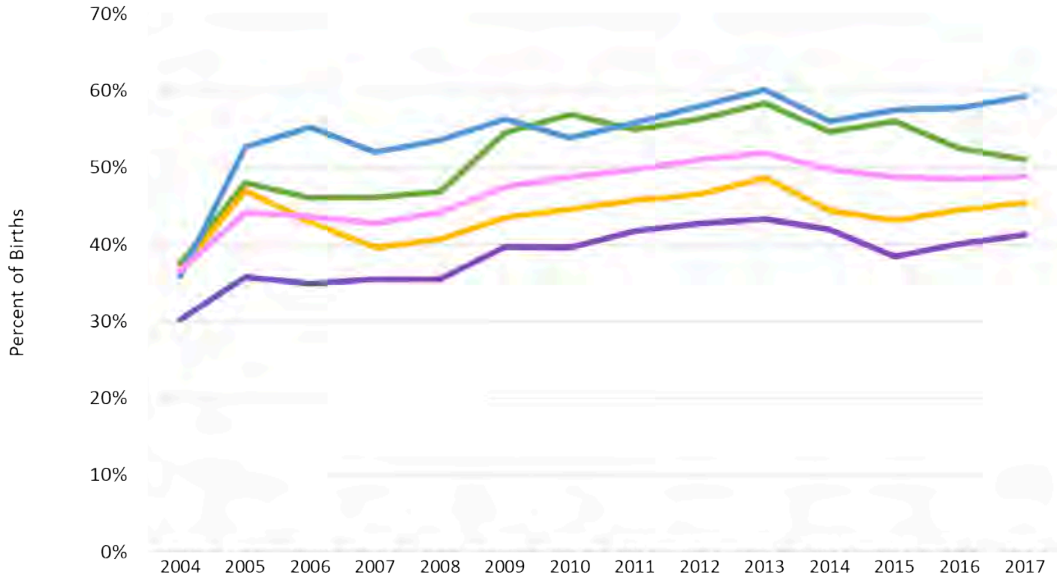
CHART 7.48: LOW BIRTHWEIGHT BIRTHS <2500 GRAMS (2003-2017)



	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
LAKE	8.7%	7.5%	7.9%	8.1%	7.7%	8.1%	8.1%	7.7%	8.6%	9.0%	8.1%	9.0%	9.3%	8.9%	8.1%
ORANGE	9.6%	9.1%	8.9%	9.4%	8.9%	9.4%	9.3%	9.1%	8.9%	8.4%	9.0%	8.6%	9.0%	8.8%	8.9%
OSCEOLA	8.0%	7.7%	8.4%	9.4%	7.9%	8.5%	8.1%	8.1%	8.5%	8.4%	7.5%	9.0%	8.4%	7.9%	8.1%
SEMINOLE	8.2%	8.3%	7.6%	7.5%	7.4%	7.9%	8.6%	7.8%	9.1%	7.7%	7.9%	7.5%	8.0%	8.0%	8.2%
FLORIDA	8.5%	8.6%	8.8%	8.7%	8.7%	8.8%	8.7%	8.7%	8.7%	8.6%	8.5%	8.7%	8.6%	8.7%	8.8%

Source: FLHealthCHARTS: Florida Department of Health, Bureau of Vital Statistics

CHART 7.49: BIRTHS COVERED BY MEDICAID (2004-2017)



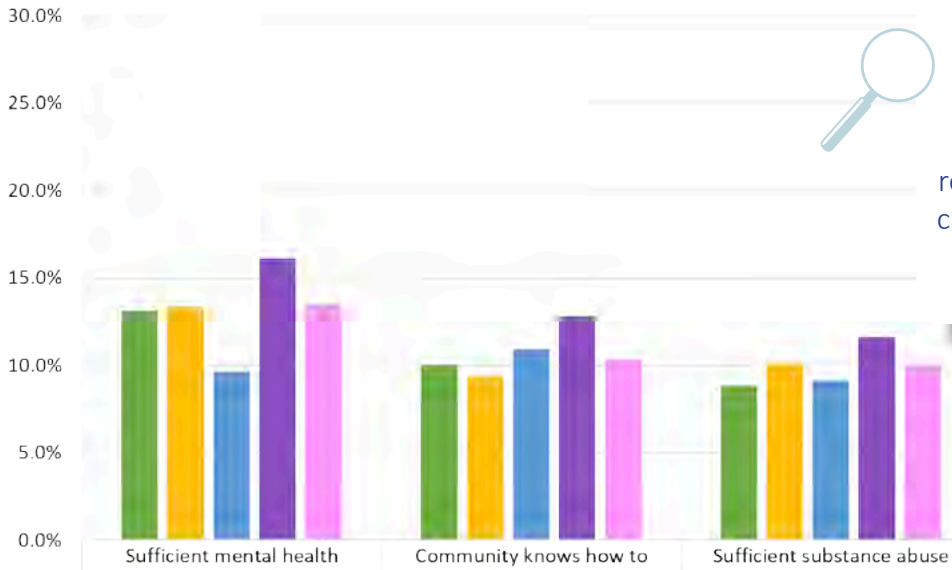
	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
LAKE	37.6%	48.0%	46.1%	46.2%	46.8%	54.6%	56.9%	55.0%	56.3%	58.4%	54.7%	56.0%	52.5%	51.1%
ORANGE	36.6%	47.0%	42.9%	39.6%	40.7%	43.5%	44.6%	45.8%	46.6%	48.7%	44.4%	43.1%	44.5%	45.5%
OSCEOLA	35.9%	52.7%	55.3%	52.0%	53.6%	56.3%	53.9%	55.8%	58.0%	60.1%	56.0%	57.5%	57.8%	59.3%
SEMINOLE	30.2%	35.8%	34.9%	35.5%	35.5%	39.7%	39.6%	41.8%	42.7%	43.3%	42.0%	38.4%	40.1%	41.3%
FLORIDA	36.6%	44.2%	43.6%	42.7%	44.2%	47.5%	48.8%	49.8%	51.1%	51.9%	49.8%	48.8%	48.5%	48.9%

Source: FLHealthCHARTS: Florida Department of Health, Bureau of Vital Statistics

Quality of Life/Mental Health: What the Community is Saying

Figure 7.21 illustrates the percentages of community survey respondents that experienced difficulty in accessing mental health services. The majority of respondents indicated problems with access to mental health services. On average, only one in ten respondents indicated that there were sufficient mental health services, that the community knows how to access mental health services, and there are sufficient substance use services. The percentages for accessing and awareness of these services were highest in Seminole County.

FIGURE 7.21: ACCESS TO MENTAL HEALTH SERVICES, COMMUNITY SURVEY 2019



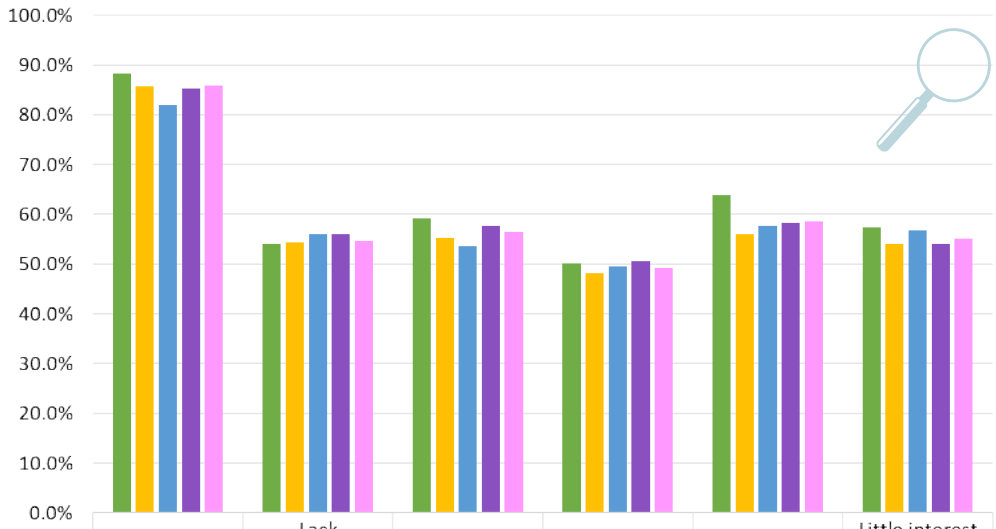
The vast majority of community survey respondents indicated challenges with access to mental health services.

	Sufficient mental health services	Community knows how to access mental health services	Sufficient substance abuse services
LAKE	13.1%	10.0%	8.8%
ORANGE	13.4%	9.3%	10.1%
OSCEOLA	9.6%	10.9%	9.1%
SEMINOLE	16.1%	12.8%	11.6%
OVERALL	13.5%	10.3%	10.0%

Source: Central Florida Community Collaborative Community Survey, Strategy Solutions, Inc.

Figure 7.22 illustrates the mental health-related challenges identified by community survey respondents. The majority of community survey respondents indicated that they have had difficulty sleeping in the past two weeks. A little over half of the respondents indicated that they lack companionship, feel left out or isolated. A slightly higher percentage of respondents indicated that they feel depressed or lonely and/or have little interest/pleasure in activities.

FIGURE 7.22: MENTAL HEALTH-RELATED EXPERIENCES, COMMUNITY SURVEY 2019



	Difficulty sleeping	Lack companion-ship	Feel left out	Feel isolated	Depressed/ hopeless	Little interest or pleasure in activities
LAKE	88.3%	54.0%	59.1%	50.1%	63.9%	57.4%
ORANGE	85.7%	54.3%	55.3%	48.2%	56.0%	54.0%
OSCEOLA	82.0%	56.0%	53.6%	49.5%	57.6%	56.8%
SEMINOLE	85.3%	56.0%	57.6%	50.5%	58.3%	54.0%
OVERALL	85.8%	54.7%	56.4%	49.2%	58.5%	55.1%

Over 80 percent of the respondents indicated that they had difficulty sleeping.

Source: Central Florida Community Collaborative Community Survey, Strategy Solutions, Inc.

Needs and issues related to mental health identified by primary research respondents included:

- Poverty
  - Not a lot of accessibility for uninsured or underinsured
  - Poverty/stressors
  - Providers
  - Provider shortage
- Services
  - Lack variety of service options/levels of care/services for all ages
  - Abuse of the Baker Act occurs
  - There is a lack of holistic treatment
  - Direction is needed to appropriate program
- Awareness
  - Lack of public education around mental illness
  - Older adults may be reluctant to leave their house/seniors are vulnerable population
  - Do not think people pay attention to their own mental health

Needs and issues related to mental health identified by primary research respondents included (Continued):

- Prevalence
  - Seeing a lot of mental health/more prevalent/more severe and at younger ages
  - Co-occurring issues with substance use
  - There is a huge need for mental health services
  - High levels of stress that impacts both physical and mental health
  - Isolation
  - Depression
  - High levels of stress
- Access in general as it takes people a long time to get treatment
- Medication
  - People are self-medicating with drugs and alcohol
  - Doctors switch medication after individuals are discharged from inpatient services
  - Think people are being overmedicated
- Mental health is a huge part of homelessness
- ACEs (adverse childhood experiences) need to be taken into account

Barriers to care identified by primary research respondents included:

- Funding/cost
  - Lack of funding for mental health services
  - Cost causes people to delay receiving care
  - Not enough providers that accept insurance
  - Cost of prescriptions
  - Programs that are available are way behind and are underfunded
  - Severe lack of resources
- Lack of providers/services
  - Lack of mental health care providers
  - Long wait times
  - Not all mental health professionals are welcoming or show compassion and respect
  - Lack of providers for children
  - Lack of inpatient beds
- Awareness
  - Stigma
  - Isolation
  - Behavior issues
  - Culture
  - Baker Act [Per the Florida Department of Children and Families, the Baker Act is a Florida law that enables families and loved ones to provide emergency mental health services and temporary detention for people who are impaired because of their mental illness, and who are unable to determine their needs for treatment.]
  - Lack of knowledge of services
  - System is difficult to access/navigate
  - Lack of self-awareness to recognize when someone has a mental health problem
- Lack community support for the mentally ill
- Transportation

Needed services identified by primary research respondents included:

- Funding/affordability
  - State funding for mental health facilities
  - Many insurances don't cover mental health care or cover it well so we need to provide affordable care to all
  - Affordable mental health care that is high quality and consistent
- Providers
  - Increased number and range of mental health care providers
  - Bilingual/bicultural professionals
- Services
  - Community plans around treating mental illness and addiction

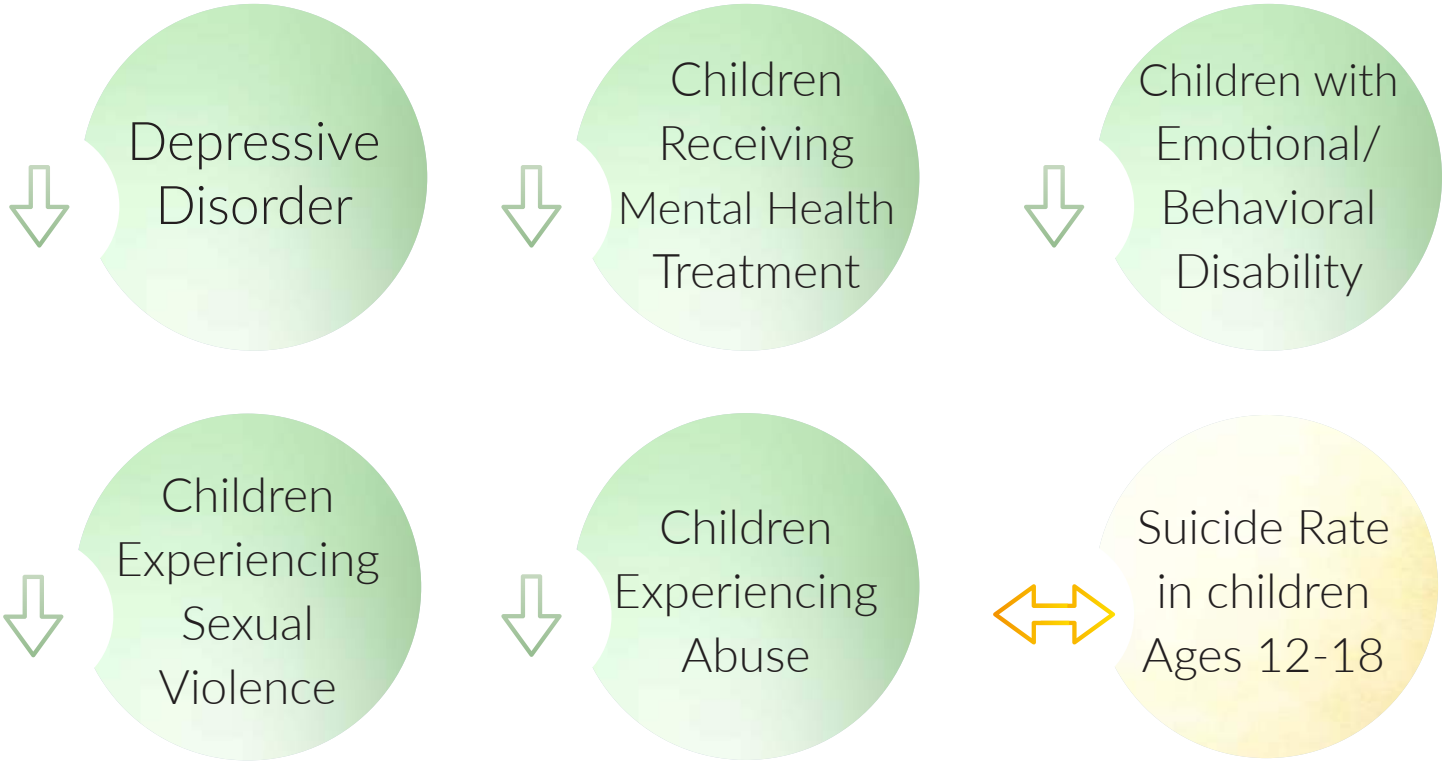
Needed services identified by primary research respondents included (Continued):

- Seniors
  - More services for seniors as they are at a higher risk of poor health status based on such factors as obesity, diabetes, low income, malnutrition, isolation, depression, etc.
  - Dedicated place for seniors with mental health conditions
  - Secured units
  - Help for seniors transitioning out of their home
  - Geriatric psychology
  - Program to connect seniors to other individuals/pets to help combat isolation and loneliness
  - Education around dementia and seniors with bi-polar disorder
- More mental health services
  - Integrated holistic care
  - Preventive programs
  - Programs for children and adolescents
  - Services beyond normal business hours
  - Enhanced suicide prevention
  - Enhanced mobile crisis intervention
  - Peer recovery and peer support programs
  - CIT (Crisis Intervention Team) training
  - Mentoring/role modeling
  - Coordinated services /patient navigator
  - Trauma informed care
  - Social support
  - Close gaps in services
  - Preventive programs
  - Easier access to psychiatric care and medication
  - Services to help those who have been victims of human trafficking
  - Lesbian, Gay, Bisexual, Transgender, Questioning (LGBTQ) resources/care for adults and youth
  - More services to those who are homeless
  - Services for those who have experienced sexual assault and domestic violence
  - Increased need for clinically sound, bilingual care
  - Care for victims of natural disasters dealing with trauma
  - More options for grief counseling
  - Services in schools
- Awareness/education
  - Widespread education to help remove the stigma
  - Education on appropriate use of Marchman Act [Per the Marchman Act of Florida, this act provides for emergency assistance and temporary detention for individuals requiring substance abuse evaluation and treatment in the state of Florida] vs. Baker Act
  - Education on mental health so people can recognize it and know where to go for help
- Transportation

Quality of Life/Mental Health at a Glance

The key indicators related to quality of life/mental health that have changed since the last assessment are identified in Figure 7.23. Red means that the indicator has worsened in at least three of the regional counties, yellow means that some counties are increasing and some are decreasing or rates have remained roughly equivalent, and green means that rates have improved in at least three of the regional counties since the last CHNA assessment data is available for.

FIGURE 7.23: MENTAL HEALTH/QUALITY OF LIFE INDICATORS



Source: Strategy Solutions, Inc.

Quality of Life/Mental Health: Summary Of Indicators

The following includes both a narrative as well as a visual (chart or table) summary of indicators reported on in this section. While the above colored icons illustrate observed trends from the data reported in the 2016 CHNA, this section is designed to highlight relevant information on each indicator and provide a narrative interpretation of the data included in the charts/tables that follow.

ADULTS WHO HAVE EVER BEEN TOLD THEY HAD A DEPRESSIVE DISORDER (2013-2016)

The percentage of adults who have ever been told they had a depressive disorder decreased in Lake (18.5 percent to 15.4 percent), Orange (15.3 percent to 13.6 percent) and Seminole (17.2 percent to 12.2 percent) counties, while increasing in Osceola County (15.4 percent to 16.6 percent) from 2013 to 2016. The state rate between 2013 and 2016 also decreased from 16.8 percent to 14.2 percent. (See Chart 7.50)

ADULTS WITH A DEPRESSIVE DISORDER BY AGE (2013-2016)

For 2016, adults ages 45-64 in the four-county region (Lake: 21.7 percent, Orange: 16 percent and Osceola: 23 percent) and the state (17.3 percent) tend to have the highest percentages of a depressive disorder, except in Seminole County, where the highest rates were within the 18-44 age group (14.1 percent). (See Chart 7.51)

ADULTS WITH A DEPRESSIVE DISORDER BY INCOME (2013-2016)

In 2016, adults with incomes under $25K in the four-county region (Lake: 24.7 percent, Osceola: 22.8 percent and Seminole: 18.9 percent) and across the state (20.6 percent) tend to have the highest percentages of a depressive disorder, except in Orange County, where those with incomes between $25K-$49K have the highest percentage (15.2 percent). (See Chart 7.52)

CHILDREN AGES 1-5 RECEIVING MENTAL HEALTH TREATMENT SERVICES (2004-2016)

The rate of children ages 1-5 receiving mental health treatment services within the four-county region and the state has varied widely over the past 13 years. Rates increased between 2004 and 2006, and then fell drastically in 2007. This was followed by an increase in utilization in every county except Seminole, which had been decreasing between 2008 and 2013. Between 2013 and 2014, rates in Osceola, Lake and Orange counties fell sharply to match Seminole County's rate. The utilization rates remained lower than the state rate (3.4) in the four-county region (Lake: 0.4, Orange: 1.7, Osceola: one and Seminole: 0.7). (See Chart 7.53)

CHILDREN IN GRADES K-12 WITH EMOTIONAL/BEHAVIORAL DISABILITY (2004-2018)

The percentage of children in grades K-12 with an emotional or behavioral disability decreased steadily in the four-county region between 2004 and 2018, with the exception of Lake County, which increased slightly between 2017 and 2018. Lake County has consistently had higher rates than the other counties throughout this time period, with a slight decrease from 1.5 percent in 2004 to 1.1 percent in 2018. The state rate during this time decreased from 1.5 percent to 0.5 percent. Orange County consistently had the lowest rate in the four-county region, decreasing from one percent to 0.2 percent. Osceola County's rate increased between 2005 and 2008 but fell from 1.2 percent in 2004 to 0.4 percent in 2018. Seminole County's rate dropped from 1.2 percent to 0.5 percent during this time. (See Chart 7.54)

CHILDREN AGES 5-11 EXPERIENCING SEXUAL VIOLENCE (2003-2017)

The rate per 100,000 of children ages 5-11 experiencing sexual violence fluctuated dramatically in some counties of the region between 2003 and 2017. Three of the four regional counties experienced an overall decline between 2003 and 2017, except for Osceola, which increased from 47.5 in 2014 to 89.8 in 2017 after several previous years of decline. The state rate during this time remained more consistent, increasing from 51.3 to 59.6 between 2003 and 2017. Lake County's rate fell from 47.1 in 2003 to 19.6 in 2017, after a huge spike in 2005 to 232.2. Orange County's rate decreased from 66.3 in 2003 to 53.4 in 2017. Seminole County's rate decreased from 43.9 in 2003 to 31.9 in 2017, after spiking in 2012 at 78.4. (See Chart 7.55)

CHILDREN AGES 5-11 EXPERIENCING CHILD ABUSE (2003-2017)

The rate per 100,000 of children experiencing child abuse fluctuated in the four-county region between 2003 and 2017. After spiking to 2136.5 in 2005, Lake County's rate fluctuated until 2014 when the rate was 672.9 then decreased over the three years to 352.9 in 2017. Orange County increased slightly from 682.6 in 2003 to 744.5 in 2017. Osceola County's rate decreased by over half from 1251.7 in 2003 to 542.1 in 2017. Seminole County's rate almost doubled from 390.3 in 2003 to 670.7 in 2017. All regional rates were lower than the state in 2017 (857.9). (See Chart 7.56)

SUICIDE RATE OF CHILDREN AGES 12-18 (2004-2017)

The suicide rate of children ages 12-18 fluctuated in the four-county region between 2004 and 2017 ranging from zero and 8.5 until a spike in Lake County's rate in 2017 to 15.4. During this time period, Lake County's rate went from zero in 2004 to 15.4 in 2017. Orange County's rate increased from 2.8 in 2004 to six in 2016 then fell to 2.5 in 2017. The state rate during this time period increased from 3.2 in 2004 to 5.5 in 2017. Although fluctuating, Osceola County's rate generally stayed between zero and four between 2006 and 2016, then increased to 5.9 in 2017. Seminole's rate, zero in 2004 and 2005, spiked at 7.1 in 2010, decreased to zero in 2015-2016, then spiked again to five in 2017. (See Chart 7.57)

SUICIDE RATE AGES 19-21 (2004-2017)

The suicide rate ages 19-21 fluctuated between 2004 and 2017 with Lake County's rate having the most variation, spiking at a high of 45.1 in 2012. Lake County's rate increased from zero in 2004 to 10.2 in 2017. While starting higher in 2004 (21.1), Osceola County's rate varied, spiking at 35.6 in 2008 and going up and down every few years before leveling between 15 in 2016 and 14.6 in 2017. Seminole County's rate increased from 6.3 in 2004 to 24 in 2017. Orange County's rate also experienced an overall increase from 10.5 to 11.5 during this time period. The state rate increased from 12 in 2004 to 13.3 in 2017. (See Chart 7.58)

SUICIDE RATE AGES 22 AND OLDER (2004-2017)

The suicide rate ages 22 and older fluctuated in the four-county region and the state between 2004 and 2017. The rate in Lake County nearly doubled between 2004 (17.7) and 2017 (32.1) and in 2017 was significantly higher than the state (19.4). The rate did not change much in Orange County (14.6 in 2004 and 14.5 in 2017) and in 2017 was significantly lower than the state. The rate increased in Osceola County from 13 in 2004 to 16.8 in 2017. The rate in Seminole County (15) was significantly lower than the state in 2017. (See Chart 7.59)

Quality of Life/Mental Health: Key Findings

The percentage of adults who have ever been told they have a depressive disorder decreased in three of the four regional counties between 2013 and 2016 as well as in the state. Osceola County's rate increased slightly.

In 2016, in most regional counties and the state, the 44-64 age groups had the highest percentages of adults who have ever been told they had a depressive disorder. The exception to this is Seminole County, which had the highest rate among 18-44 year olds. The Osceola County rate in the 45-64 age group increased substantially between 2013 and 2016.

The rate of adults who have ever been told they have depressive disorder tends to be higher in residents with lower incomes. In most counties as well as the state, the rates were highest among those who had household incomes under $25K. The exception to this was Orange and Osceola counties which in 2013 had the highest rate in the $25K-$49K income category.

The rate of children receiving mental health services trended downward in the four-county region over the past 13 years. The state rate also trended downward during this time period. Seminole County's rate has been consistently the lowest of the counties.

Over a 15-year period, the percentages of children in grades K-12 with emotional/behavioral disability has trended downward in the four-county region as well as state-wide. Lake County has consistently had the highest regional rates and Orange County has consistently had the lowest rates.

The rate of children ages 5-11 experiencing sexual violence fluctuated dramatically in some counties between 2003 and 2017. The four-county region experienced an overall decline except Osceola County, which experienced an overall increase between 2014 and 2017.

The rate per 100,000 of children experiencing child abuse fluctuated in the four-county region between 2003 and 2017. For Lake and Osceola counties, their rates decreased from 2003 to 2017. Orange and Seminole counties had an increase in rates for the same time period, with Seminole's rate almost doubling. All regional rates were lower than the state in 2017.

The suicide rate of children ages 12-18 fluctuated in the four-county region between 2004 and 2017. Lake County's rate spiked in 2017 to 15.4 from zero in 2004. Lake and Osceola counties had a higher rate than the state in 2017.

The suicide rate of children ages 19-21 has remained relatively stable across the state for the past 15 years, although it has trended slightly upward for the past few years. In contrast, the Lake, Osceola and Seminole County rates have fluctuated widely year to year and have generally been trending upward the past few years.

Many of the stakeholder interview participants indicated that mental health and the lack of mental health services and providers is a top priority issue across the region.

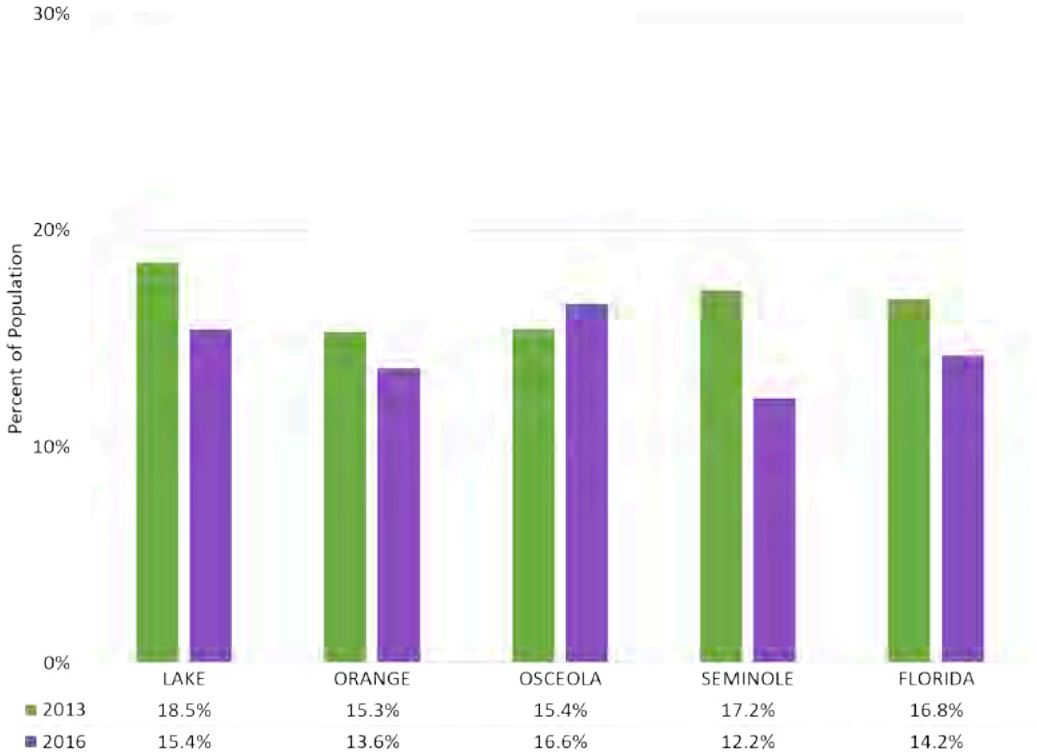
Focus group participants commented that they didn't think that people pay enough attention to their own mental health and that people may be overmedicated. There is a perception that mental health conditions are more prevalent in recent years, but participants questioned whether rates were truly increasing or if people were being over diagnosed. There is a lack of services specific to youth and a lack of holistic treatment options.

Key informant survey respondents commented that ACEs (adverse childhood experiences) needed to be taken into account and that there are more behavioral and mental health care services needed for students. The stressors related to poverty and housing instability increase the need for mental health services.

Barriers to care included the continued stigma associated with mental health challenges as well as difficulty accessing mental health services if an individual does not routinely receive health care. Participants report not all mental health professionals are welcoming or show compassion and respect to individuals who need help. There is also a lack of personal self-awareness to recognize when someone has a mental health problem and people often do not know where to go for care. There is also a lack of services for children. Transportation and insurance also impact an individual's ability to receive care, especially when there is a lack of inpatient beds. Patients who are treated, held or admitted due to the Baker Act do not always receive the attention they should either.

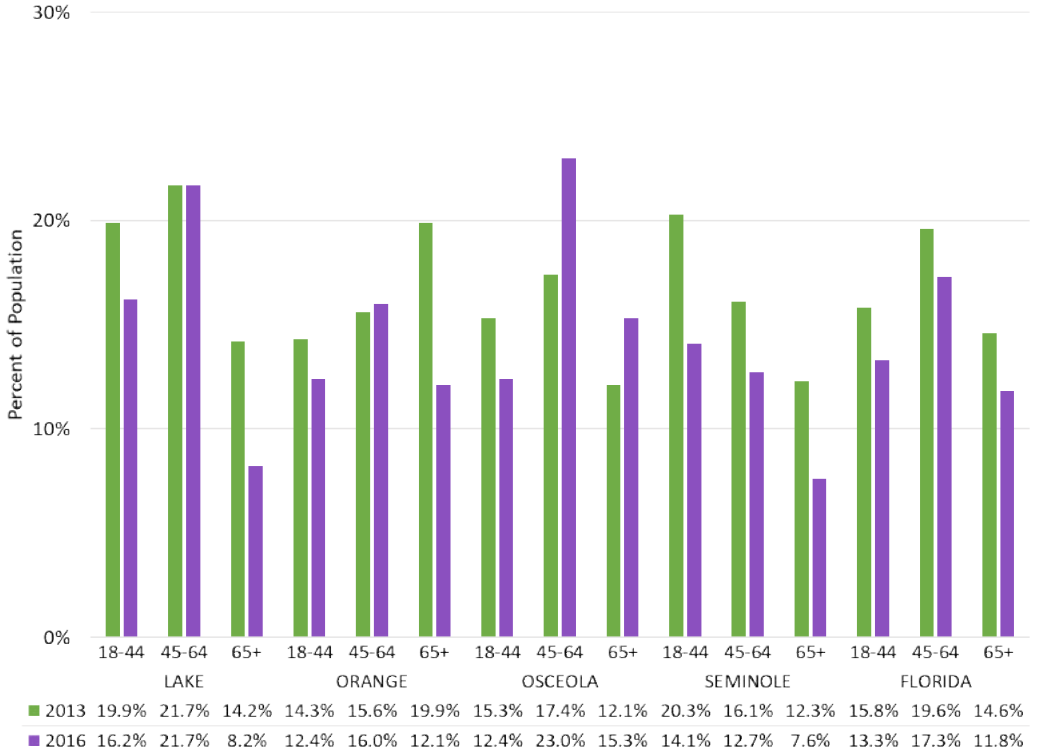
Needed services included transportation, reduced wait times for services, services in schools, and more services for LGBTQ individuals, both youth and adults. There is also a need to increase the number of providers, additional therapy services and availability of clinical care for non-English speakers. Primary research participants also expressed the need for appropriate care for victims of natural disasters dealing with trauma. The community would also benefit from more treatment options for substance use, more choices for grief counseling, and education on how to recognize when people need mental health services or support. Additional services for peer support, mentoring and role modeling, as well as education to reduce stigma are needed.

CHART 7.50: ADULTS WHO HAVE EVER BEEN TOLD THEY HAD A DEPRESSIVE DISORDER (2013-2016)



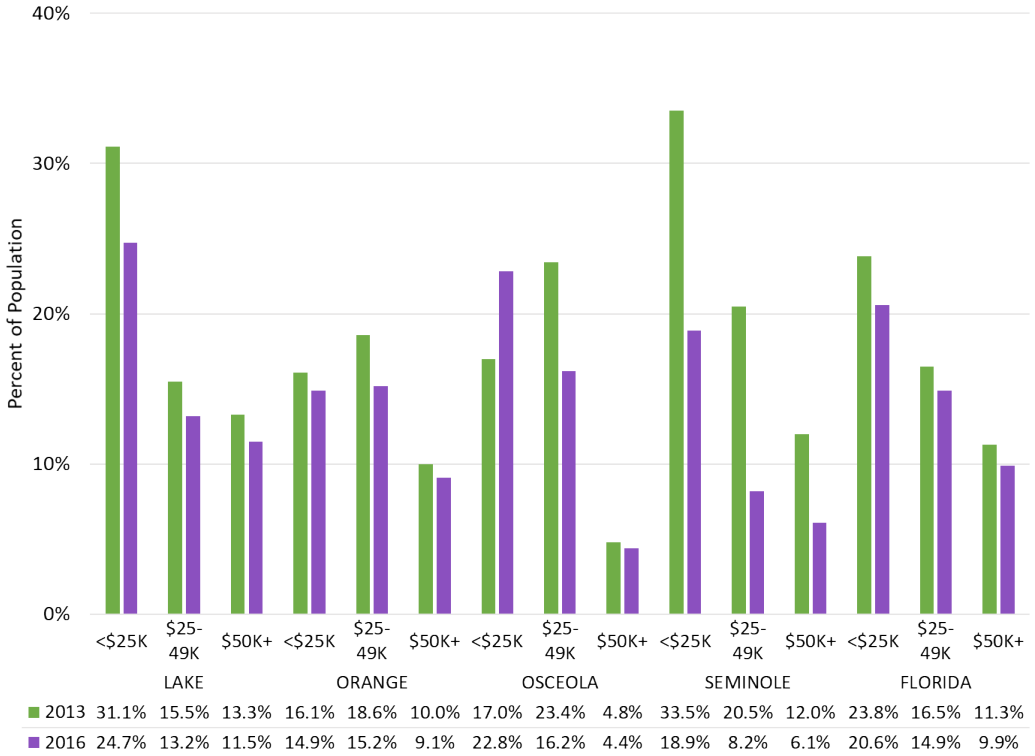
Source: FLHealthCHARTS: Florida Department of Health, Florida Behavior Risk Factor Surveillance System

CHART 7.51: ADULTS WITH A DEPRESSIVE DISORDER BY AGE (2013-2016)



Source: FLHealthCHARTS: Florida Department of Health, Florida Behavior Risk Factor Surveillance System

CHART 7.52: ADULTS WITH A DEPRESSIVE DISORDER BY INCOME (2013-2016)

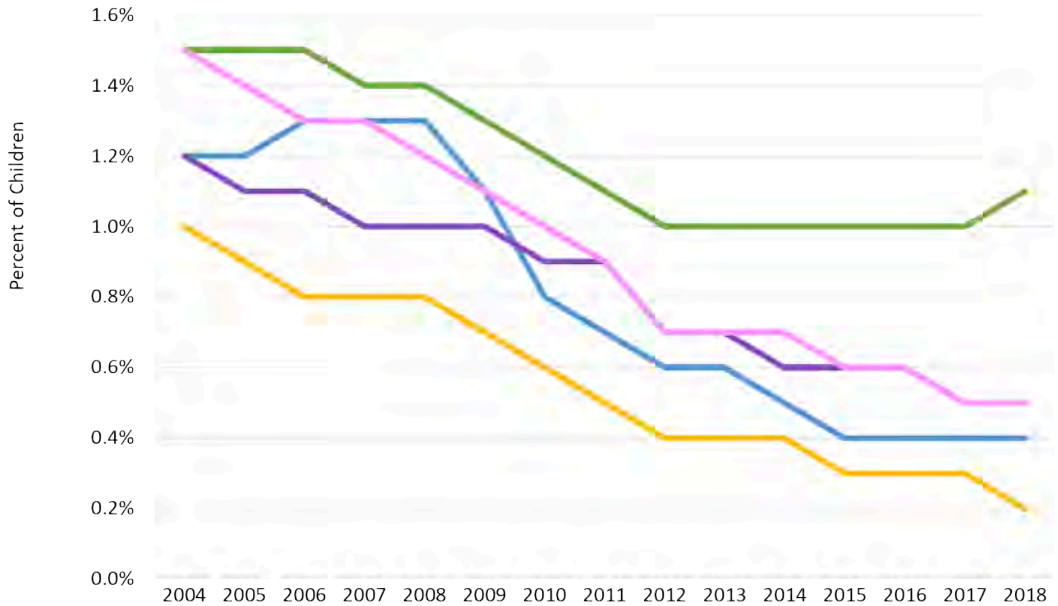


Source: FLHealthCHARTS: Florida Department of Health, Florida Behavior Risk Factor Surveillance System

CHART 7.53: CHILDREN AGES 1-5 RECEIVING MENTAL HEALTH TREATMENT SERVICES (2004-2016)

Source: FLHealthCHARTS: Florida Department of Children and Families

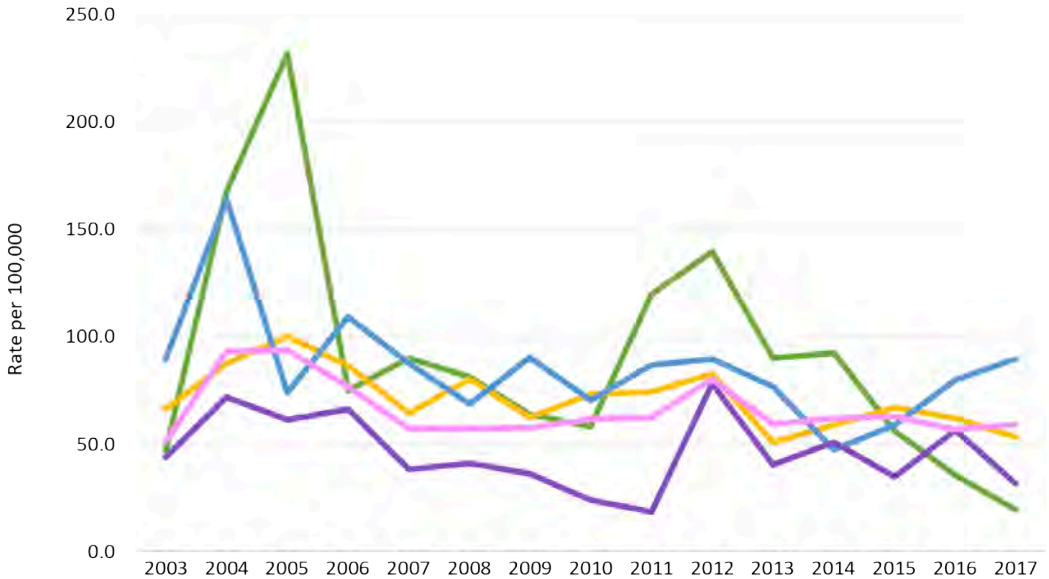
CHART 7.54: CHILDREN IN GRADES K-12 WITH EMOTIONAL/BEHAVIORAL DISABILITY (2004-2018)



	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
LAKE	1.5%	1.5%	1.5%	1.4%	1.4%	1.3%	1.2%	1.1%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.1%
ORANGE	1.0%	0.9%	0.8%	0.8%	0.8%	0.7%	0.6%	0.5%	0.4%	0.4%	0.4%	0.3%	0.3%	0.3%	0.2%
OSCEOLA	1.2%	1.2%	1.3%	1.3%	1.3%	1.1%	0.8%	0.7%	0.6%	0.6%	0.5%	0.4%	0.4%	0.4%	0.4%
SEMINOLE	1.2%	1.1%	1.1%	1.0%	1.0%	1.0%	0.9%	0.9%	0.7%	0.7%	0.6%	0.6%	0.6%	0.5%	0.5%
FLORIDA	1.5%	1.4%	1.3%	1.3%	1.2%	1.1%	1.0%	0.9%	0.7%	0.7%	0.7%	0.6%	0.6%	0.5%	0.5%

Source: FLHealthCHARTS: Florida Department of Education, Education Information and Accountability Services

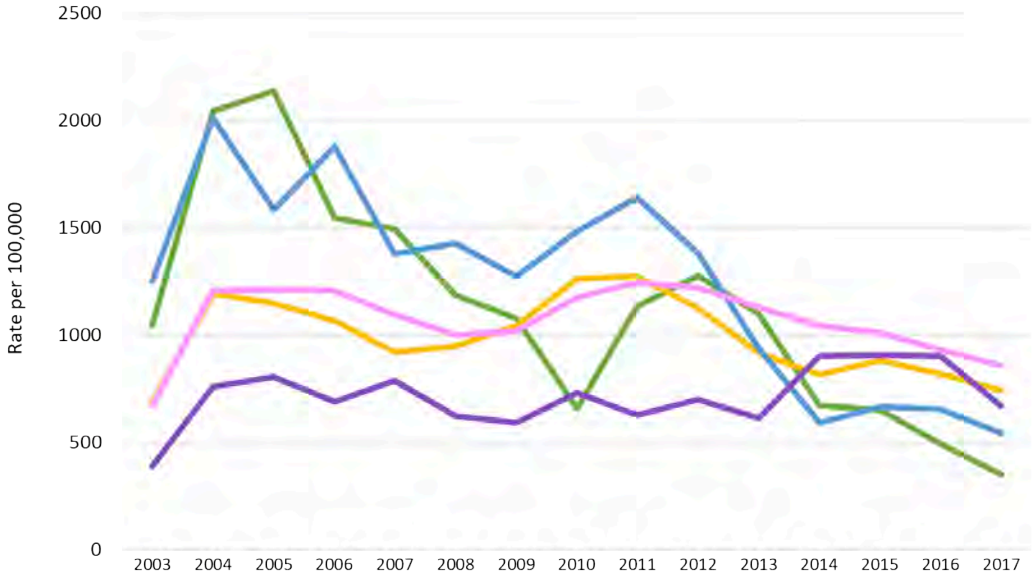
CHART 7.55: CHILDREN AGES 5-11 EXPERIENCING SEXUAL VIOLENCE (2003-2017)



	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
LAKE	47.1	167.9	232.2	75.3	90.2	81.4	64.1	58.3	119.7	139.9	90.0	92.7	56.2	35.5	19.6
ORANGE	66.3	87.7	100.4	86.6	64.6	80.5	62.6	73.5	74.4	82.8	50.9	59.1	67.2	62.2	53.4
OSCEOLA	89.7	164.3	74.0	109.3	87.7	68.7	90.5	70.7	87.1	89.7	77.0	47.5	59.1	79.9	89.8
SEMINOLE	43.9	72.1	61.6	66.4	38.4	41.3	36.5	24.2	18.7	78.4	40.4	51.0	34.9	56.5	31.9
FLORIDA	51.3	93.2	93.9	76.8	57.5	57.5	57.7	61.8	62.6	80.3	59.4	62.2	62.8	56.9	59.6

Source: FLHealthCHARTS: Florida Department of Children and Families Florida Safe Families Network Data Mart

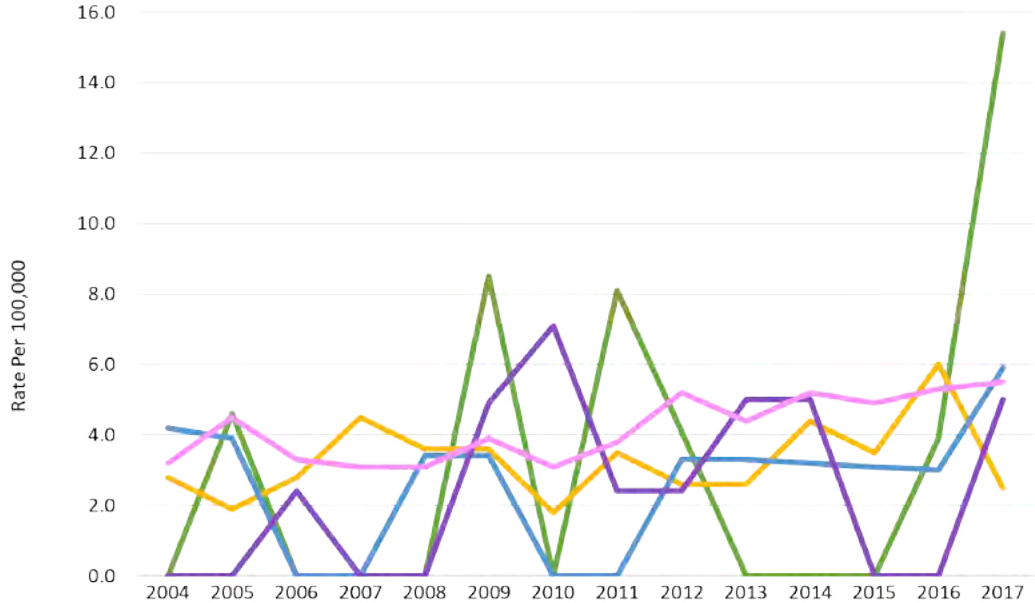
CHART 7.56: CHILDREN AGES 5-11 EXPERIENCING CHILD ABUSE (2003-2017)



	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
LAKE	1046.8	2043.8	2136.5	1546.0	1494.9	1186.2	1077.0	657.9	1135.3	1275.9	1100.4	672.9	650.5	493.4	352.9
ORANGE	682.6	1192.3	1146.7	1069.0	920.8	948.2	1043.0	1261.8	1274.4	1126.7	917.8	815.3	881.9	819.1	744.5
OSCEOLA	1251.7	2012.1	1585.3	1877.8	1378.3	1428.8	1273.8	1483.9	1639.6	1380.8	938.4	593.6	666.2	655.0	542.1
SEMINOLE	390.3	759.7	806.4	692.2	788.7	622.5	592.2	731.8	628.5	700.2	613.9	902.4	905.5	904.1	670.7
FLORIDA	674.6	1205.9	1209.8	1206.5	1097.0	1000.9	1020.3	1175.1	1244.4	1223.1	1129.8	1043.9	1011.4	930.3	857.9

Source: FLHealthCHARTS: Florida Department of Children and Families Florida Safe Families Network Data Mart

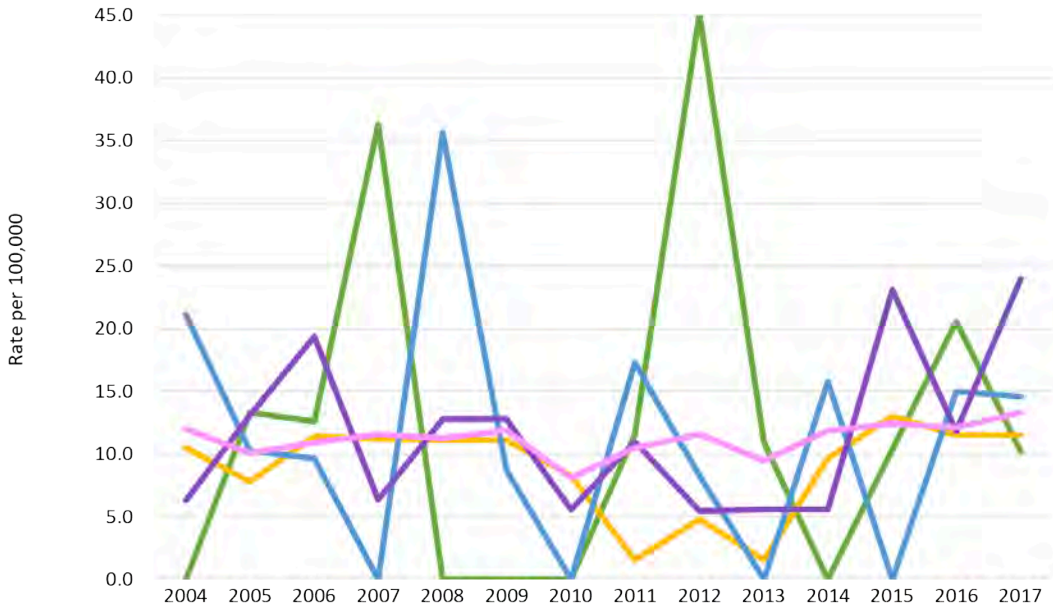
CHART 7.57: SUICIDE RATE OF CHILDREN AGES 12-18 (2004-2017)



	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
LAKE	0.0	4.6	0.0	0.0	0.0	8.5	0.0	8.1	4.1	0.0	0.0	0.0	3.9	15.4
ORANGE	2.8	1.9	2.8	4.5	3.6	3.6	1.8	3.5	2.6	2.6	4.4	3.5	6.0	2.5
OSCEOLA	4.2	3.9	0.0	0.0	3.4	3.4	0.0	0.0	3.3	3.3	3.2	3.1	3.0	5.9
SEMINOLE	0.0	0.0	2.4	0.0	0.0	4.9	7.1	2.4	2.4	5.0	5.0	0.0	0.0	5.0
FLORIDA	3.2	4.5	3.3	3.1	3.1	3.9	3.1	3.8	5.2	4.4	5.2	4.9	5.3	5.5

Source: FLHealthCHARTS: Florida Department of Children and Families Florida Safe Families Network Data Mart

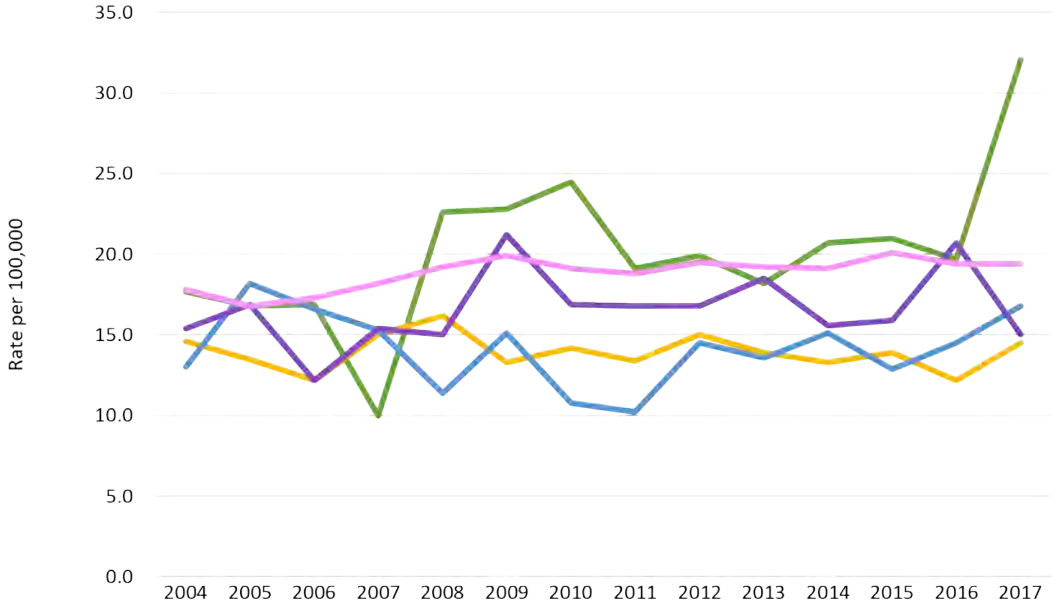
CHART 7.58: SUICIDE RATE AGES 19-21 (2004-2017)



	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
LAKE	0.0	13.3	12.6	36.3	0.0	0.0	0.0	11.6	45.1	10.9	0.0	10.4	20.6	10.2
ORANGE	10.5	7.8	11.4	11.2	11.1	11.1	8.3	1.6	4.8	1.6	9.7	13.0	11.5	11.5
OSCEOLA	21.1	10.3	9.7	0.0	35.6	8.7	0.0	17.3	8.3	0.0	15.8	0.0	15.0	14.6
SEMINOLE	6.3	13.1	19.4	6.4	12.8	12.8	5.6	11.0	5.5	5.6	5.6	23.1	11.8	24.0
FLORIDA	12.0	10.1	10.9	11.6	11.3	11.9	8.1	10.5	11.6	9.5	11.9	12.4	12.1	13.3

Source: FLHealthCHARTS: Florida Department of Health, Bureau of Vital Statistics

CHART 7.59: SUICIDE RATE AGES 22 AND OLDER (2004-2017)



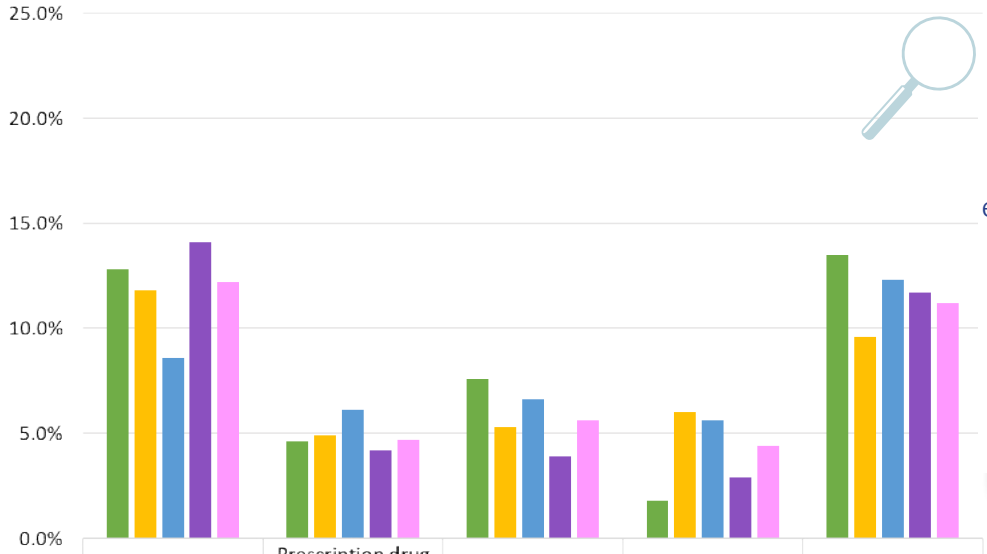
	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
LAKE	17.7	16.8	16.9	10.0	22.6	22.8	24.5	19.1	19.9	18.2	20.7	21.0	19.7	32.1
ORANGE	14.6	13.5	12.2	15.0	16.2	13.3	14.2	13.4	15.0	13.9	13.3	13.9	12.2	14.5
OSCEOLA	13.0	18.2	16.6	15.3	11.4	15.1	10.8	10.2	14.5	13.6	15.1	12.9	14.5	16.8
SEMINOLE	15.4	16.9	12.2	15.4	15.0	21.2	16.9	16.8	16.8	18.5	15.6	15.9	20.7	15.0
FLORIDA	17.8	16.8	17.3	18.2	19.2	19.9	19.1	18.8	19.5	19.2	19.1	20.1	19.4	19.4

Source: FLHealthCHARTS: Florida Department of Health, Bureau of Vital Statistics

Behavioral Risk Factors: What the Community is Saying

Figure 7.24 illustrates the percentages of community survey respondents experiencing various behavioral risk factors. Sexual behaviors were defined in the survey as unprotected, irresponsible/risky.

FIGURE 7.24: BEHAVIORAL RISK FACTORS, COMMUNITY SURVEY 2019



	Alcohol abuse	Prescription drug abuse	Illegal drug use	Sexual behaviors	Tobacco use
LAKE	12.8%	4.6%	7.6%	1.8%	13.5%
ORANGE	11.8%	4.9%	5.3%	6.0%	9.6%
OSCEOLA	8.6%	6.1%	6.6%	5.6%	12.3%
SEMINOLE	14.1%	4.2%	3.9%	2.9%	11.7%
OVERALL	12.2%	4.7%	5.6%	4.4%	11.2%

Source: Central Florida Community Collaborative Community Survey, Strategy Solutions, Inc.

Approximately one in 10 regional respondents have experienced alcohol abuse and tobacco use. One in twenty have experienced prescription drug abuse or illegal drug use.

Participants in the primary research identified the following needs and issues related to behavioral risk factors:

- Substance use/addiction
  - Fentanyl has surpassed heroin as the leading cause of drug overdose deaths
  - Health is not priority for those struggling with addiction/they have a lot of health issues
  - Impact of opioid crisis/epidemic (especially among homeless)
  - Increase in crystal meth overdoses
  - Substance use (drugs and alcohol)
  - Incidence of homeless and substance use is increasing
  - Kids are acting out and choosing to self-medicate with synthetic drugs
  - Need for substance use services, especially for pregnant mothers
  - Stigma for substance use
- Tobacco use/vaping
  - Smoking
  - Tobacco use; rise in vaping/e-cigarettes/Juuling
  - Rates of smoking are still over 15 percent in Orange/Osceola County
- Youth suicide
- Teen pregnancy
- Surge of violence for those with co-occurring mental health concerns and substance use issues
- People shopping around for different doctors to prescribe them medication

Barriers to care identified by primary research participants included:

- Insurance/affordability
  - Lack of insurance
  - Lack of services for those struggling financially or who do not have insurance/are underinsured
  - Lack of access to affordable care, including preventive care
- Rehabilitation
  - Lack of rehab centers
  - Limited rehab options for mothers with children
  - People are given a long list of services and then fall through the cracks
- No limit to number of times someone can receive Narcan
- Lack of resources/services
- Lack of housing

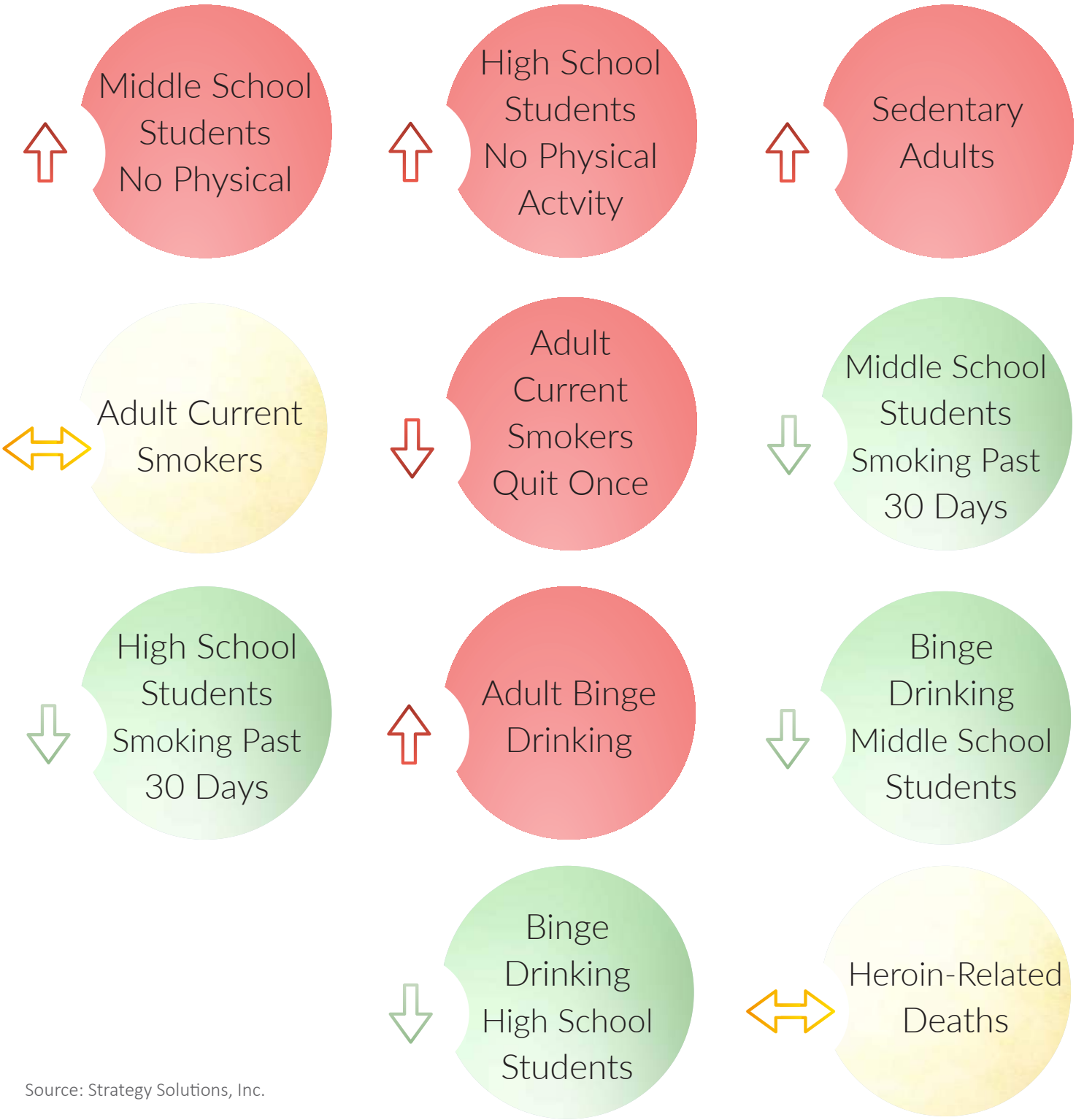
Needed services related to behavioral risk factors that were identified by primary research participants included:

- Education
  - Education on dangers of vaping/nicotine and tobacco use
  - Education to change societal norm
  - Education, prevention and treatment for tobacco/vaping
  - Education on drug addiction, what it looks like and where to get treatment
  - Community education on MAT
- Funding
  - State funding for treatment facilities, inpatient and outpatient, for substance use
  - Funding to block ads from social media that encourage teen vaping
- Facilities
  - Inpatient beds/recovery beds/long-term addiction recovery facilities
  - Treatment centers for youth/services specific to youth
  - Respite houses
  - Detox facility
  - More rehabilitation
  - Long-term support and transitional homes
  - Free substance use clinics
  - More facilities that can care for mothers on MAT
- Professionals
  - Bilingual/bicultural professionals
- Services
  - Peer recovery and peer support programs
  - Warm line programs
  - More prevention services
  - Medication-assisted treatment (MAT)
  - Support for addiction and integration back into the community
  - Women-specific habilitation services
  - MAT for mothers with opioid use diagnoses
  - Community plans around treating mental illness and addiction
  - Free or sliding scale assistance with substance use issues should be readily available and well-advertised
  - Focus on expanding community support resources
  - Accountability and impact for outpatient support groups (post-hospital discharge)
  - Mental health and substance use services that work and are affordable

Behavioral Risk Factors at a Glance

The key indicators related to behavioral risk factors that have changed since the last assessment are identified in Figure 7.25. Red means that the indicator has worsened in at least three of the regional counties, yellow means that some counties are increasing and some are decreasing or rates have remained roughly equivalent, and green means that rates have improved in at least three of the regional counties since the last CHNA data is available for.

FIGURE 7.25: BEHAVIORAL RISK FACTOR INDICATORS



Source: Strategy Solutions, Inc.

Behavioral Risk Factors: Summary Of Indicators

The following includes both a narrative as well as a visual (chart or table) summary of indicators reported on in this section. While the colored icons, located on the previous page, illustrate observed trends from the data reported in the 2016 CHNA, this section is designed to highlight relevant information on each indicator and provide a narrative interpretation of the data included in the charts/tables that follow.

MIDDLE SCHOOL STUDENTS WITHOUT SUFFICIENT VIGOROUS PHYSICAL ACTIVITY (2014-2016)

The percentage of middle school students without sufficient vigorous physical activity increased in most counties in the region and the state between 2014 and 2016. There was an exception to this trend in Seminole County where it decreased from 75.9 percent in 2014 to 72.9 percent in 2016. Lake County's rate increased from 75.9 percent to 79.1 percent. Orange County's rate increased from 74.5 percent to 77.3 percent. Osceola County's rate increased from 78 percent to 80.3 percent and the state rate increased from 75.2 percent to 78.3 percent. (See Chart 7.60)

HIGH SCHOOL STUDENTS WITHOUT SUFFICIENT VIGOROUS PHYSICAL ACTIVITY (2014-2016)

The percentage of high school students without sufficient vigorous physical activity increased in the four-county region and the state between 2014 and 2016. Seminole County had the smallest increase from 79.2 percent in 2014 to 79.7 percent in 2016. Lake County's rate increased from 76.2 percent to 79.9 percent. Orange County's rate increased from 80.5 percent to 81.3 percent and Osceola County's rate increased from 77.7 percent to 80.7 percent. The state rate increased from 78.5 percent in 2014 to 80.6 percent in 2016. (See Chart 7.61)

SEDENTARY ADULTS (2002-2016)

The percentage of sedentary adults in much of the four-county region, and the state, increased between 2002 and 2016, although there was a slight decrease in 2007. Osceola County's rate was consistently higher than the other counties, increasing from 32.3 percent in 2002 to 34.5 percent in 2016. Seminole County's rate was consistently lower than the other counties in the region, at 22.8 percent in both 2002 and 2016. Orange County's rate decreased from 30.6 percent to 27.9 percent while Lake County's rate increased from 27.6 percent to 29.3 percent. The state rate increased from 26.4 percent in 2002 to 29.8 percent in 2016. (See Chart 7.62)

ADULTS WHO ARE CURRENT SMOKERS (2002-2016)

The percentage of adults who are current smokers, both within the four-county region and the state, generally has trended downward between 2002 and 2016, although Lake and Seminole counties rates increased between 2013 and 2016. For several years, Osceola County had the highest rate in the region, although in 2016, the rate is the second lowest. The percentage decreased from 26.1 percent in 2002 to 13.9 percent in 2016. Lake County's rate decreased from 23.1 percent to 19.2 percent, Orange County's rate decreased from 21.4 percent to 12.4 percent and Seminole County's rate decreased from 19.5 percent to 15.2 percent. The state rate decreased from 22.2 percent in 2002 to 15.5 percent in 2016. (See Chart 7.63)

ADULT CURRENT SMOKERS WHO QUIT SMOKING AT LEAST ONCE IN PAST YEAR (2002-2016)

The percentage of adult current smokers who quit at least once in the past year has generally increased in two of the four regional counties and the state between 2002 (55.3 percent) and 2016 (62.1 percent). Lake County had the largest increase going from 53.5 percent to 62.1 percent during this time period. Orange County's rate decreased slightly from 59.6 percent to 59.3 percent. Osceola County's rate also decreased from 64.7 percent in 2002 to 53.3 percent in 2016. Seminole County's rate increased from 53.7 percent in 2002 to 63.5 percent in 2016. (See Chart 7.64)

MIDDLE SCHOOL STUDENTS SMOKING CIGARETTES IN PAST 30 DAYS (2010-2018)

The percentage of middle school students smoking cigarettes in the past 30 days decreased overall in all regional counties between 2010 and 2018. Lake County's rate decreased from 9.2 percent in 2010 to 1.1 percent in 2018. Orange County's rate also decreased from 3.8 percent to 0.4 percent during the same time period. Osceola County's rate decreased from 3.8 percent in 2010 to 0.8 percent in 2018. There was no data available in 2012 for Osceola County. Seminole County's rate also decreased from five percent in 2010 to 0.5 percent in 2018. The state rate decreased from 4.9 percent in 2010 to 1.3 percent in 2018. (See Chart 7.65)

HIGH SCHOOL STUDENTS SMOKING CIGARETTES IN PAST 30 DAYS (2010-2018)

The percentage of high school students smoking cigarettes in the past 30 days had decreased in the four-county region and state between 2010 and 2018. Seminole County declined from 11.4 percent in 2010 to 3.1 percent in 2016 and remained the same in 2018. In 2018, Osceola County had the lowest percentage of high school students smoking in the past 30 days (2.6 percent, down from 9.5 percent in 2010). Orange County's percentage decreased from 11.2 percent to three percent from 2010 to 2018. Lake County's rate was consistently higher than the state from 2010 to 2018, during that time, the county rate went from 16.5 percent to 4.2 percent. The state rate decreased from 13.1 percent to 3.6 percent. (See Chart 7.66)

BINGE DRINKING AMONG ADULTS (2002-2016)

The percentage of binge drinking among adults, while fluctuating somewhat, increased between 2002 and 2016 in three of the four-county regions and the state (16.4 percent to 17.5 percent) The Seminole County rate decreased slightly from 20.8 percent in 2002 to 20.1 percent in 2016. Lake County's rate increased from 13.9 percent in 2002 to 15.8 percent in 2016. Orange County's rate increased from 18.2 percent to 19.5 percent. Osceola County's rate increased from 12.6 percent to 16.1 percent. (See Chart 7.67)

BINGE DRINKING MIDDLE SCHOOL STUDENTS (2012-2018)

The rate of binge drinking middle school students decreased in the four-county region and the state between 2014 and 2018. Seminole County's rate has been consistently lower than the other counties and decreased from three percent in 2012 to 1.1 percent in 2018. Lake County's rate dropped from four percent to 2.4 percent, while Orange County's rate dropped from five percent to 2.6 percent for the same time period. The state rate also dropped from five to 3.1 percent. Osceola County's rate was not available in 2012 and decreased from four percent in 2014 to 1.5 percent in 2016. (See Chart 7.68)

BINGE DRINKING HIGH SCHOOL STUDENTS (2012-2018)

The rate of binge drinking high school students decreased in the four-county region and the state between 2014 and 2018. Lake County's rate decreased the largest amount from 17 percent in 2012 to 7.5 percent in 2018. Orange County's rate decreased from 15 percent in 2012 to 8.3 percent in 2018, while Seminole County's rate dropped from 15 percent to 10.3 percent. Osceola County's rate was not available in 2012, but decreased from 11 percent in 2014 to 8.5 percent in 2018. The state also decreased from 16 percent in 2012 to 9.6 percent in 2018. (See Chart 7.69)

HEROIN USE IN MIDDLE SCHOOL (2010-2018)

While only a small percentage of middle school students report heroin use, the rate increased in Orange County from 0.5 percent in 2010 to 0.6 percent in 2018. There was a decrease in heroin use in middle school students in the other three counties between 2010 and 2018. Lake County's rate decreased from 1.4 percent to 0.2 percent over the same time period. Data was not available for Osceola County in 2012 and the rate decreased from 1.1 percent in 2014 to zero. Seminole County's rate decreased from 1.5 percent to 0.5 percent, while the state decreased from 0.9 percent to 0.4 percent. (See Chart 7.70)

HEROIN USE IN HIGH SCHOOL (2010-2018)

While only a small percentage of high school students report heroin use, there was a decrease observed in the four-county region between 2010 and 2018. Lake County's rate decreased from 0.7 percent to zero between 2010 and 2018. Orange County's rate decreased from 1.4 percent to 0.3 percent. Osceola County's rate decreased from 0.8 percent in 2010 to zero in 2018. Seminole County's rate decreased from 1.1 percent to 0.3 percent, equal to the state rate in 2018 (0.3 percent). (See Chart 7.71)

HEROIN-RELATED DEATHS (2013-2017)

The rate per 100,000 of heroin-related deaths in the four-county region and the state increased in the past few years. Lake County's rate increased from 0.3 in 2015 to 1.1 in 2017. Data was not available for 2013. Orange County's rate increased from 2.6 in 2013 to 6.7 in 2015, then decreased to 4.2 in 2017. Osceola County's rate increased from three in 2013 to 5.9 in 2015, then decreased to 5.4 in 2017. Seminole County's rate had a sharp increase from 1.6 in 2013 to 7.1 in 2017. The state rate increased from one in 2013 to 4.5 in 2017. (See Chart 7.72)

FENTANYL-RELATED DEATHS (2013-2017)

The rate per 100,000 of fentanyl-related deaths increased for the four-county region and the state (0.9 to 8.3) between 2013 and 2017. Osceola County had the largest increase from 1.3 in 2013 to 11.1 in 2017. Orange County's rate (1.4 in 2013 to 9.4 in 2017) has been consistently higher than the state rate, which increased from 0.9 to 8.3 between 2013 and 2017. Seminole County's rate increased from 1.5 to 7.8. Lake County has consistently had the lowest rate of the counties in the region, increasing from 0.7 to 3.8 during that time period. (See Chart 7.73)

RATE OF CONTROLLED PRESCRIPTIONS OF OPIOIDS (2013-2017)

The rate per 100,000 of controlled prescriptions of opioids increased in the four-county region in 2015 then decreased in 2017, although rates in 2017 were still higher than the 2013 rates. Lake County's rate increased from 813.2 in 2013 to 942.9 in 2017 and is the highest in the region. Orange County's rate, the lowest in the region, increased from 503.8 to 527.7 for the same time period while Seminole County's rate increased from 573.3 to 592.2. Osceola County's rate also increased from 526 to 562.1. The state rate for 2017 was unavailable. (See Chart 7.74)

DRUG ARRESTS (2013-2017)

When looking at the four-county region, the rate of drug arrests per 100,000 has decreased. Osceola County had consistently higher rates (950.2 in 2013 to 671.5 in 2017) than the other counties. Orange County's rate decreased from 651.9 to 563.5, and Lake County's rate decreased from 654.1 to 558.9, while Seminole County's rate increased from 499.9 to 621.7 during that time frame. There is no data available for the state for this indicator. (See Chart 7.75)

Behavioral Risk Factors: Key Findings

The percentage of middle school students without sufficient vigorous physical activity increased in most counties in the region and the state between 2014 and 2016. The exception was in Seminole County where there was a decrease. The percentage of high school students without sufficient vigorous physical activity increased in all counties in the region and the state between 2014 and 2016.

The percentage of sedentary adults in both the region and state increased between 2002 and 2016, although dipped slightly in 2007.

The percentage of adults who are current smokers in the four-county region and the state has trended downward between 2002 and 2016. However, the rate in Lake and Seminole counties increased between 2013 and 2016. The percentage of adult current smokers who have quit at least once in the past year has generally increased in two of the four counties and the state between 2002 and 2016.

The percentage of middle school students smoking cigarettes in the past 30 days decreased in all counties in the four-county region between 2016 and 2018.

The rate of heroin-related deaths per 100,000 in the four-county region and the state increased between 2013 and 2017. Although Orange and Osceola counties' rates decreased since 2015, the rates in both counties are higher than 2013.

The rate of fentanyl-related deaths per 100,000 increased in the four-county region and the state between 2013 and 2017.

The rate of controlled prescriptions per 100,000 of opioids in the four-county region increased in all counties in 2015 then decreased in 2017.

When looking at the four-county region, the rate of drug arrests per 100,000 in the past few years has been consistently higher in Osceola County, although the rate decreased from 2013 to 2017.

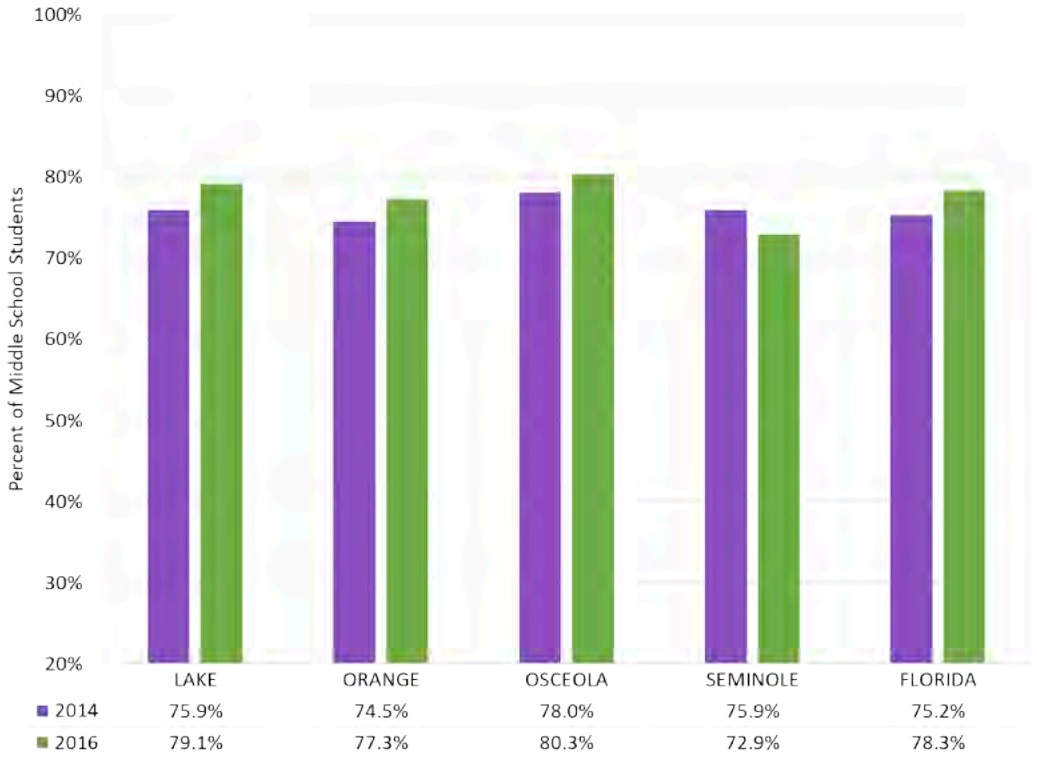
Focus group participants commented that they think drug addiction, adolescent use of e-cigarettes, vaping, Juuling and alcohol are important community problems. Participants also noted that there is a surge of violence by those with co-occurring mental health and substance use. People also shop around for different doctors to prescribe them medication.

Stakeholders stressed that substance use is a top community problem. Key informant survey respondents indicated that there is a rise in vaping and e-cigarette use.

Barriers included the lack of rehab services and limited rehab options for mothers with children. People are often given a long list of services then fall through the cracks because of the lack of care coordination.

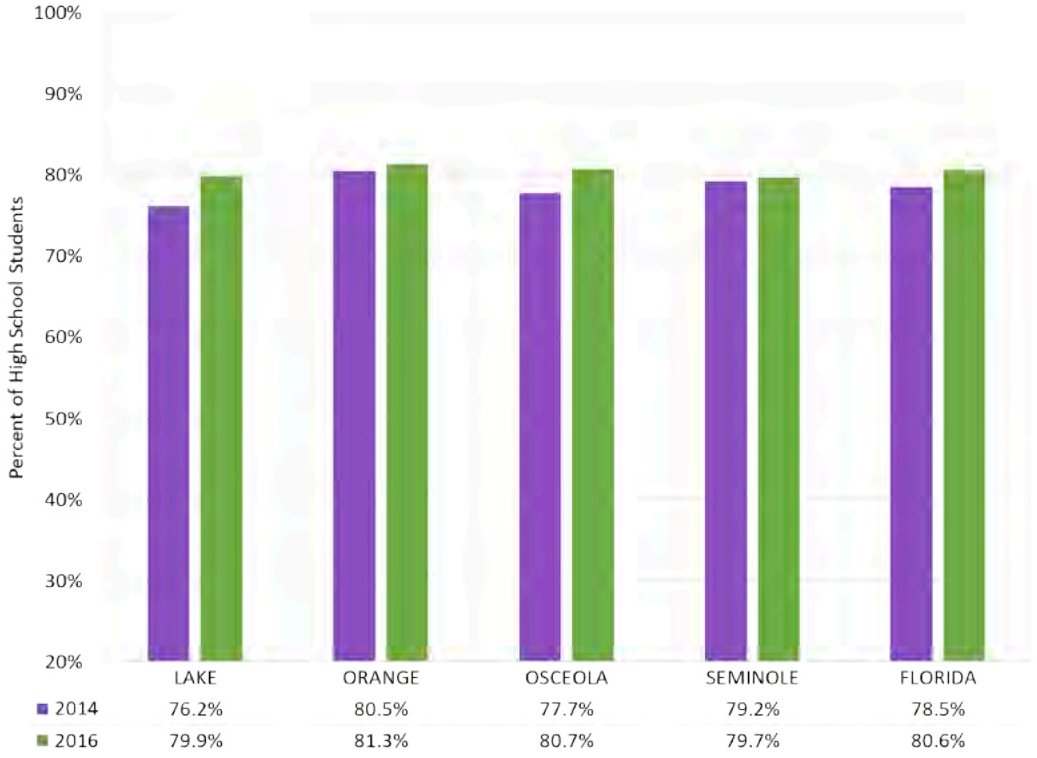
Primary research participants identified needed services which include education on drug addiction, as well as on how to identify drug addiction and where to get treatment. Support is also needed for those with addiction and help with integration back into the community. There is also a need for free substance use clinics, habilitation services for women, community education on medicated assisted treatment, and funding to block ads from social media that encourage teen vaping. Identified needs also include recovery beds and respite houses, as well as services specific to youth. There is also a need for more options to treat both mental/behavioral health and substance use.

CHART 7.60: MIDDLE SCHOOL STUDENTS WITHOUT SUFFICIENT VIGOROUS PHYSICAL ACTIVITY (2014-2016)



Source: FLHealthCHARTS: Florida Department of Health, Bureau of Epidemiology

CHART 7.61: HIGH SCHOOL STUDENTS WITHOUT SUFFICIENT VIGOROUS PHYSICAL ACTIVITY (2014-2016)

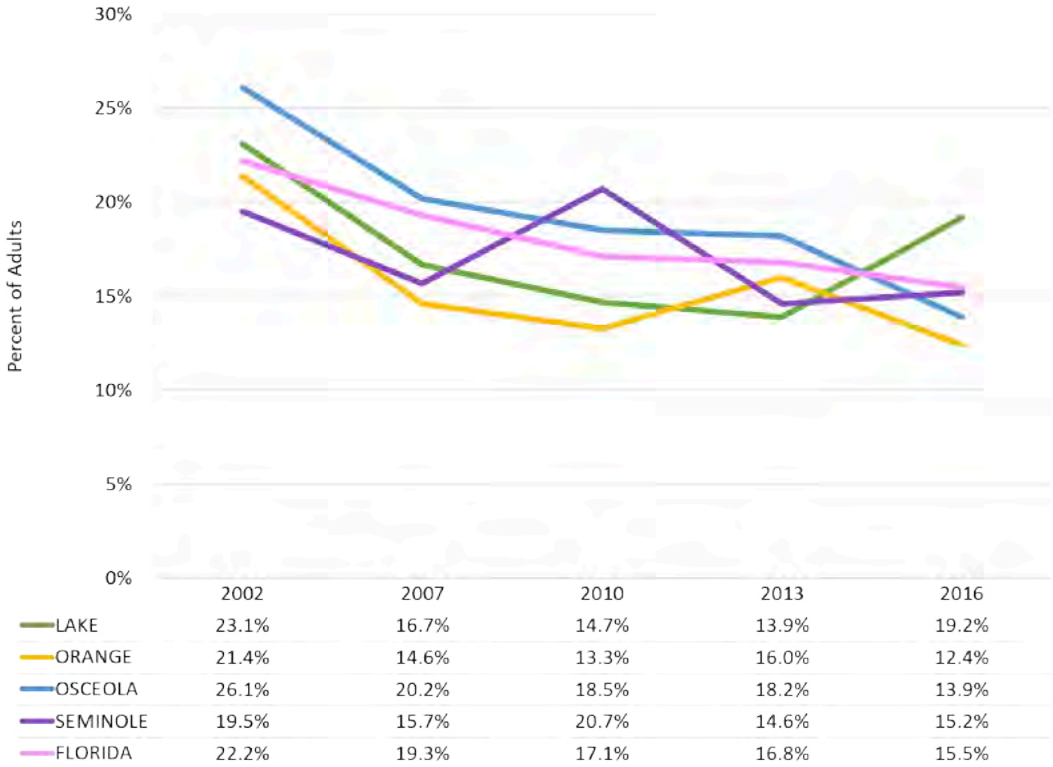


Source: FLHealthCHARTS: Florida Department of Health, Bureau of Epidemiology

CHART 7.62: SEDENTARY ADULTS (2002-2016)

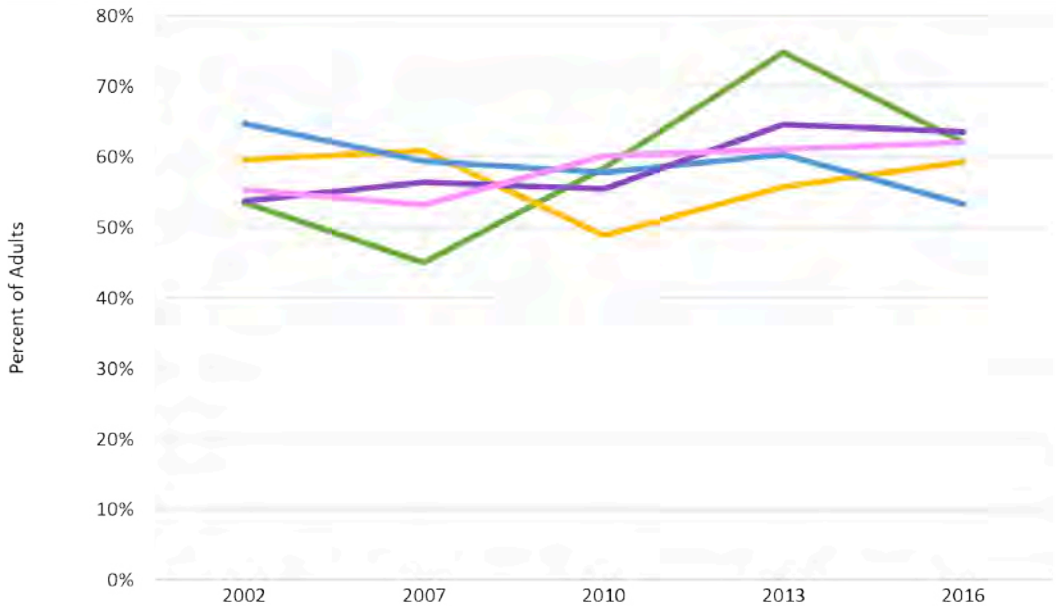
Source: FLHealthCHARTS: Florida Department of Health, Florida Behavioral Risk Factor Surveillance System

CHART 7.63: ADULTS WHO ARE CURRENT SMOKERS (2002-2016)



Source: FLHealthCHARTS: Florida Department of Health, Florida Behavioral Risk Factor Surveillance System

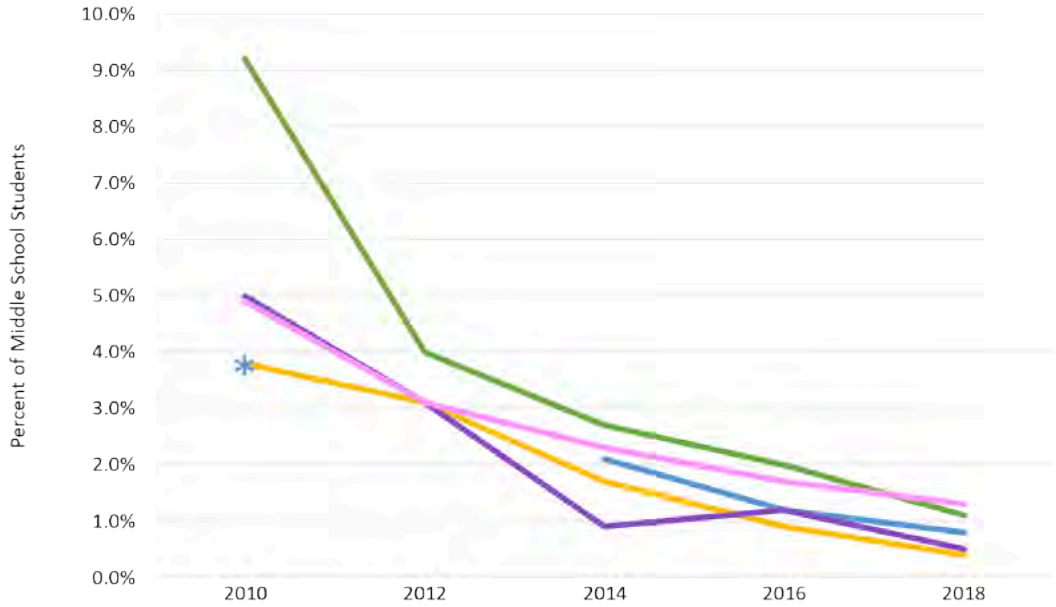
CHART 7.64: ADULT CURRENT SMOKERS WHO QUIT SMOKING AT LEAST ONCE IN PAST YEAR (2002-2016)



	2002	2007	2010	2013	2016
LAKE	53.5%	45.0%	58.4%	74.8%	62.1%
ORANGE	59.6%	60.9%	48.9%	55.8%	59.3%
OSCEOLA	64.7%	59.4%	57.8%	60.3%	53.3%
SEMINOLE	53.7%	56.4%	55.4%	64.6%	63.5%
FLORIDA	55.3%	53.2%	60.1%	61.1%	62.1%

Source: FLHealthCHARTS: Florida Department of Health, Florida Behavioral Risk Factor Surveillance System

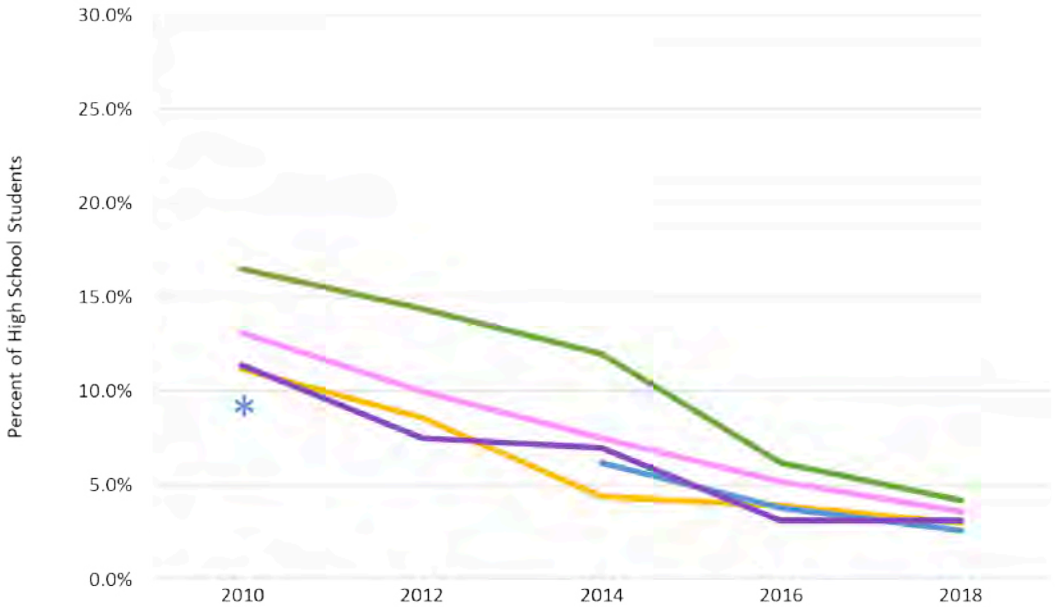
CHART 7.65: MIDDLE SCHOOL STUDENTS SMOKING CIGARETTES IN PAST 30 DAYS (2010-2018)



	2010	2012	2014	2016	2018
LAKE	9.2%	4.0%	2.7%	2.0%	1.1%
ORANGE	3.8%	3.1%	1.7%	0.9%	0.4%
OSCEOLA	3.8%	N/A	2.1%	1.2%	0.8%
SEMINOLE	5.0%	3.1%	0.9%	1.2%	0.5%
FLORIDA	4.9%	3.1%	2.3%	1.7%	1.3%

Source: FLHealthCHARTS: Florida Youth Survey Tobacco Survey
*Represents a single data point where there has been inconsistent data for a county

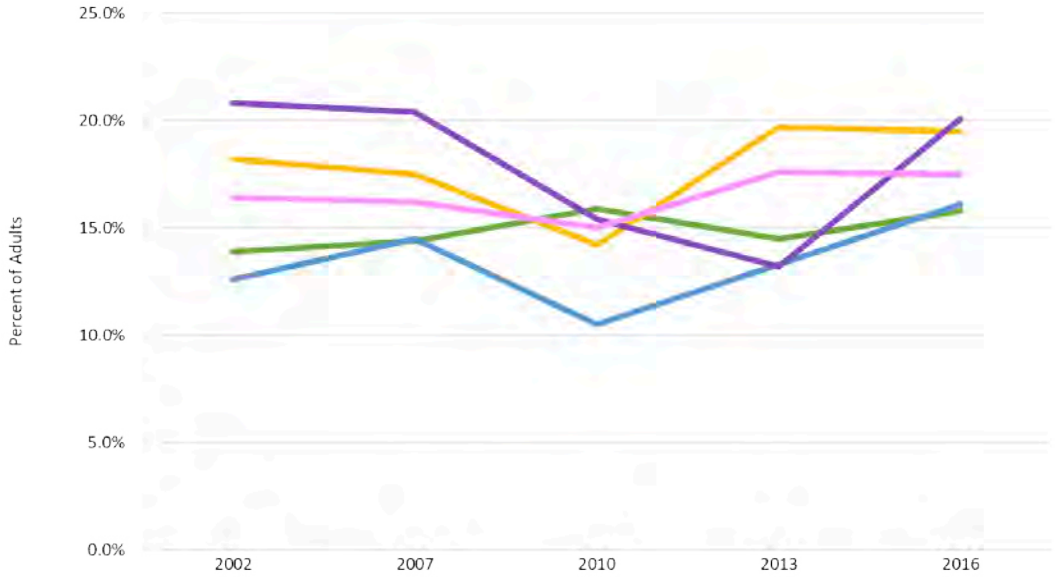
CHART 7.66: HIGH SCHOOL STUDENTS SMOKING CIGARETTES IN PAST 30 DAYS (2010-2018)



	2010	2012	2014	2016	2018
LAKE	16.5%	14.4%	12.0%	6.2%	4.2%
ORANGE	11.2%	8.6%	4.4%	3.9%	3.0%
OSCEOLA	9.5%	N/A	6.2%	3.8%	2.6%
SEMINOLE	11.4%	7.5%	7.0%	3.1%	3.1%
FLORIDA	13.1%	10.0%	7.5%	5.2%	3.6%

Source: FLHealthCHARTS: Florida Youth Tobacco Survey
*Represents a single data point where there has been inconsistent data for a county

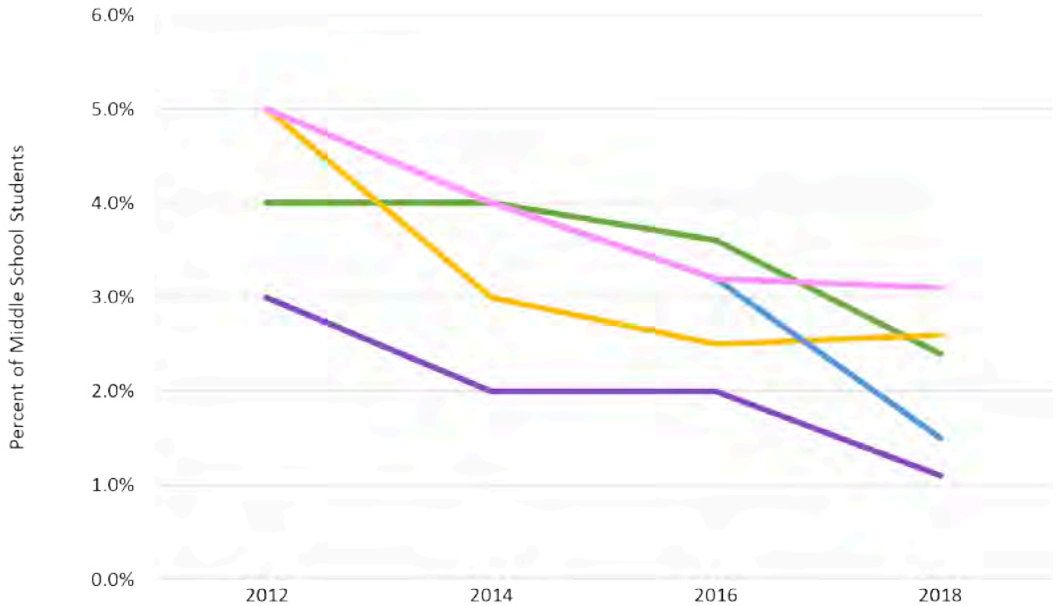
CHART 7.67: BINGE DRINKING AMONG ADULTS (2002-2016)



	2002	2007	2010	2013	2016
LAKE	13.9%	14.4%	15.9%	14.5%	15.8%
ORANGE	18.2%	17.5%	14.2%	19.7%	19.5%
OSCEOLA	12.6%	14.5%	10.5%	13.3%	16.1%
SEMINOLE	20.8%	20.4%	15.4%	13.2%	20.1%
FLORIDA	16.4%	16.2%	15.0%	17.6%	17.5%

Source: FLHealthCHARTS: Florida Department of Health, Florida Behavioral Risk Factor Surveillance Survey

CHART 7.68: BINGE DRINKING MIDDLE SCHOOL STUDENTS (2012-2018)

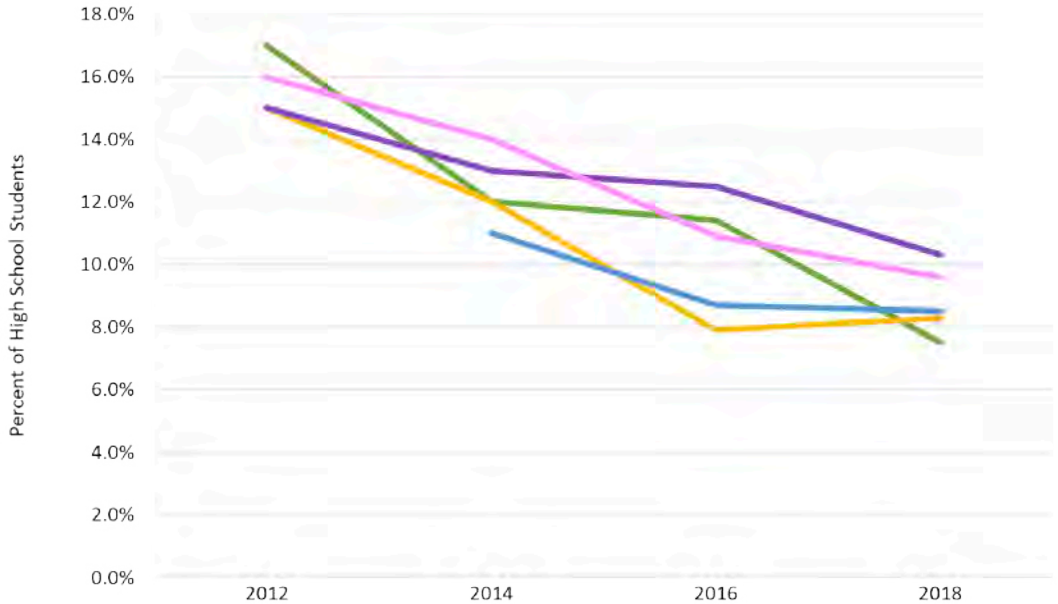


	2012	2014	2016	2018
LAKE	4.0%	4.0%	3.6%	2.4%
ORANGE	5.0%	3.0%	2.5%	2.6%
OSCEOLA	N/A	4.0%	3.2%	1.5%
SEMINOLE	3.0%	2.0%	2.0%	1.1%
FLORIDA	5.0%	4.0%	3.2%	3.1%

Source: FLHealthCHARTS: Florida Youth Substance Abuse Survey

Note: Data is not available for Osceola County in 2012, the data for Osceola County for 2014 is not shown on the chart because it closely aligns with Florida and is hidden behind the state line.

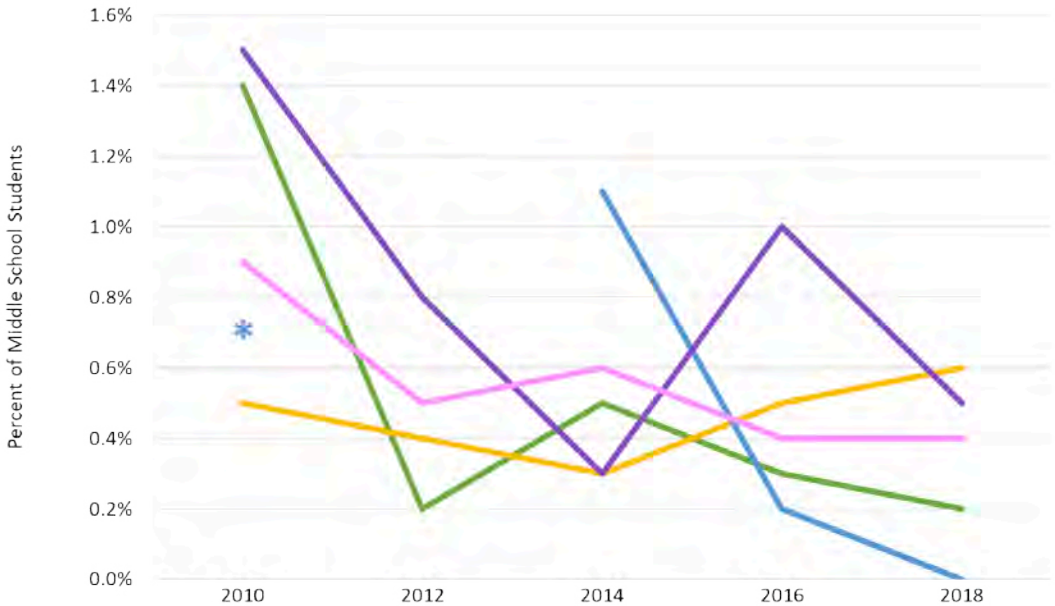
CHART 7.69: BINGE DRINKING HIGH SCHOOL STUDENTS (2012-2018)



	2012	2014	2016	2018
LAKE	17.0%	12.0%	11.4%	7.5%
ORANGE	15.0%	12.0%	7.9%	8.3%
OSCEOLA	N/A	11.0%	8.7%	8.5%
SEMINOLE	15.0%	13.0%	12.5%	10.3%
FLORIDA	16.0%	14.0%	10.9%	9.6%

Source: FLHealthCHARTS: Florida Youth Substance Abuse Survey

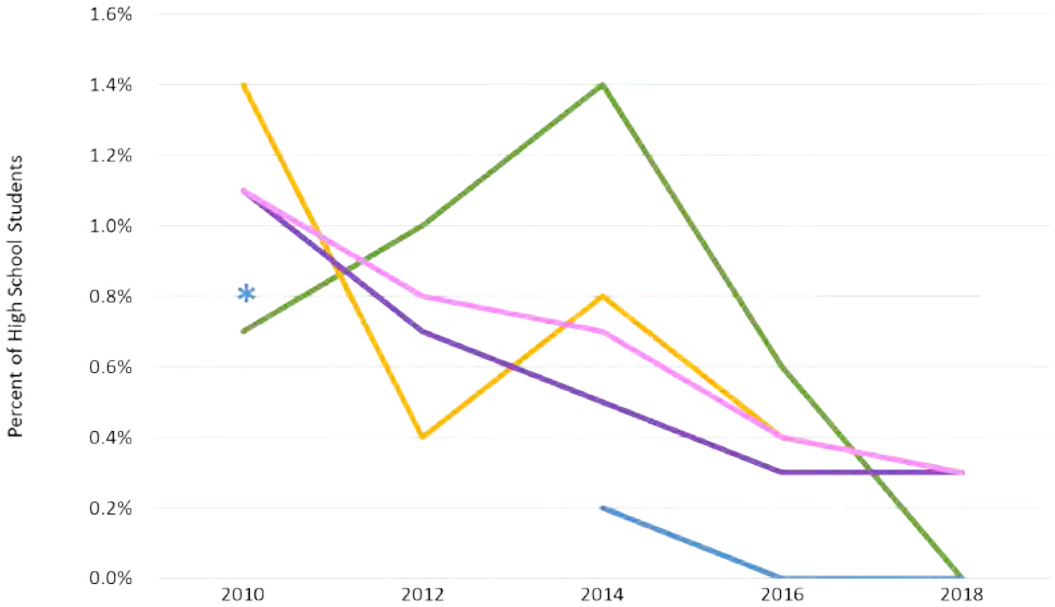
CHART 7.70: HEROIN USE IN MIDDLE SCHOOL (2010-2018)



	2010	2012	2014	2016	2018
LAKE	1.4%	0.2%	0.5%	0.3%	0.2%
ORANGE	0.5%	0.4%	0.3%	0.5%	0.6%
OSCEOLA	0.7%	N/A	1.1%	0.2%	0.0%
SEMINOLE	1.5%	0.8%	0.3%	1.0%	0.5%
FLORIDA	0.9%	0.5%	0.6%	0.4%	0.4%

Source: FLHealthCHARTS: Florida Youth Substance Abuse Survey
*Represents a single data point where there has been inconsistent data for a county

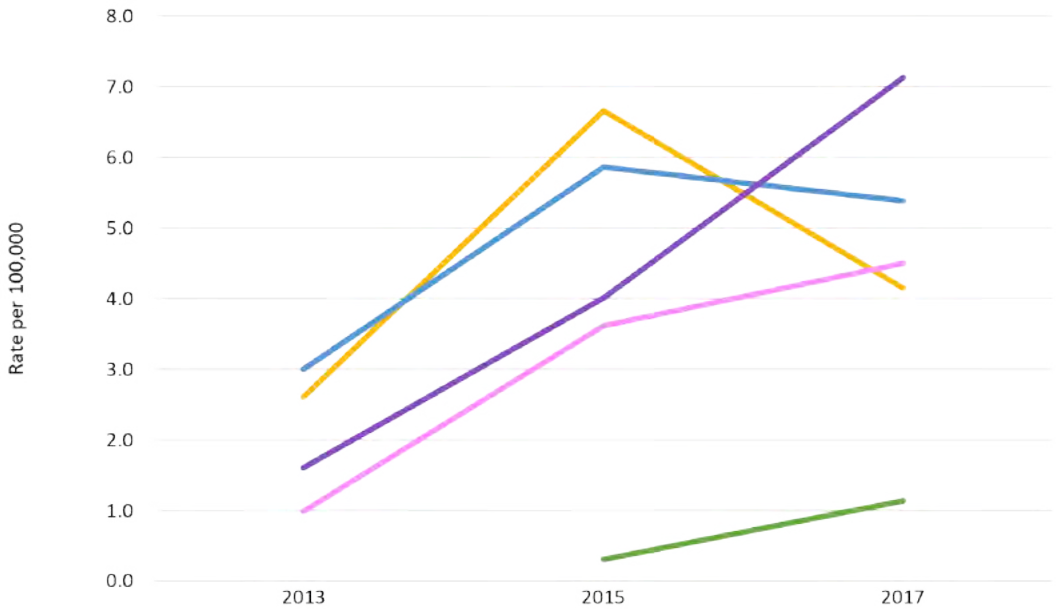
CHART 7.71: HEROIN USE IN HIGH SCHOOL (2010-2018)



	2010	2012	2014	2016	2018
LAKE	0.7%	1.0%	1.4%	0.6%	0.0%
ORANGE	1.4%	0.4%	0.8%	0.4%	0.3%
OSCEOLA	0.8%	N/A	0.2%	0.0%	0.0%
SEMINOLE	1.1%	0.7%	0.5%	0.3%	0.3%
FLORIDA	1.1%	0.8%	0.7%	0.4%	0.3%

Source: FLHealthCHARTS: Florida Youth Substance Abuse Survey
*Represents a single data point where there has been inconsistent data for a county

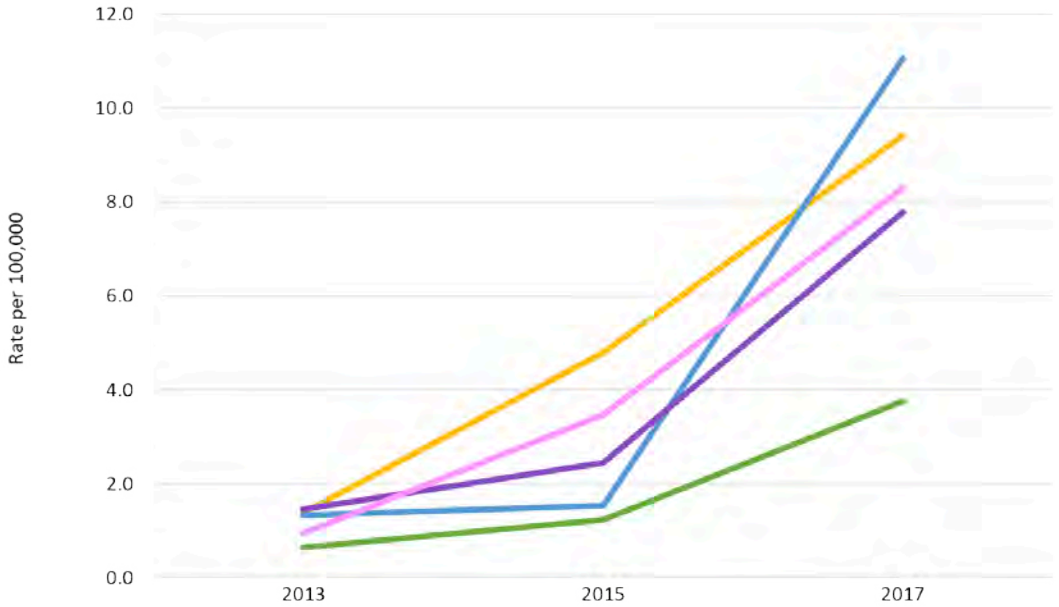
CHART 7.72: HEROIN-RELATED DEATHS (2013-2017)



	2013	2015	2017
LAKE	N/A	0.3	1.1
ORANGE	2.6	6.7	4.2
OSCEOLA	3.0	5.9	5.4
SEMINOLE	1.6	4.0	7.1
FLORIDA	1.0	3.6	4.5

Source: Medical Examiners Contacted Via Email, Orange County Health Department, FDLE

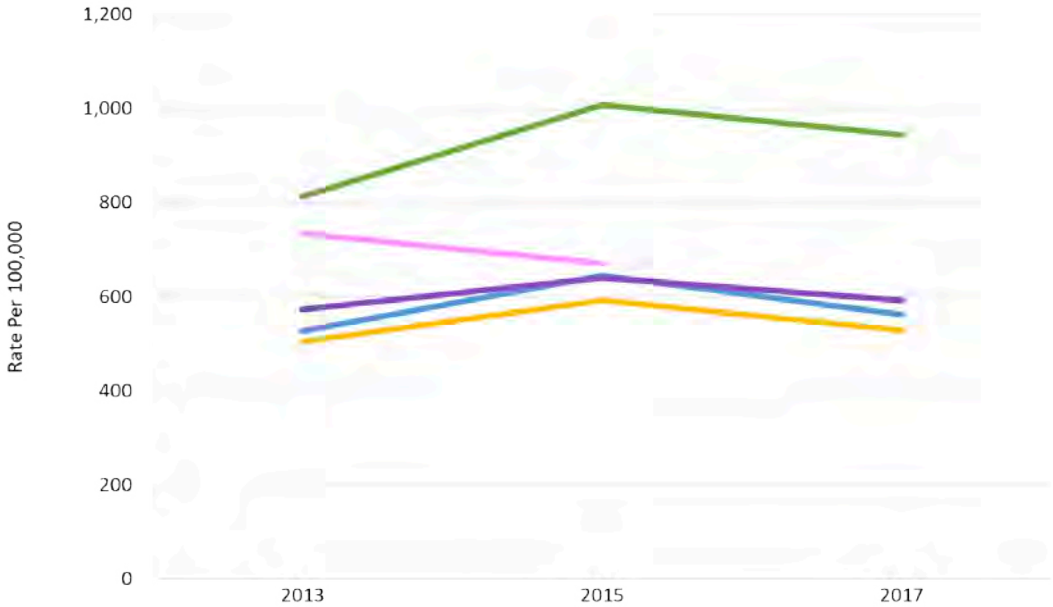
CHART 7.73: FENTANYL-RELATED DEATHS (2013-2017)



	2013	2015	2017
LAKE	0.7	1.2	3.8
ORANGE	1.4	4.8	9.4
OSCEOLA	1.3	1.5	11.1
SEMINOLE	1.5	2.5	7.8
FLORIDA	0.9	3.5	8.3

Source: University of Florida College of Medicine Florida Drug-Related Outcomes Surveillance and Tracking System

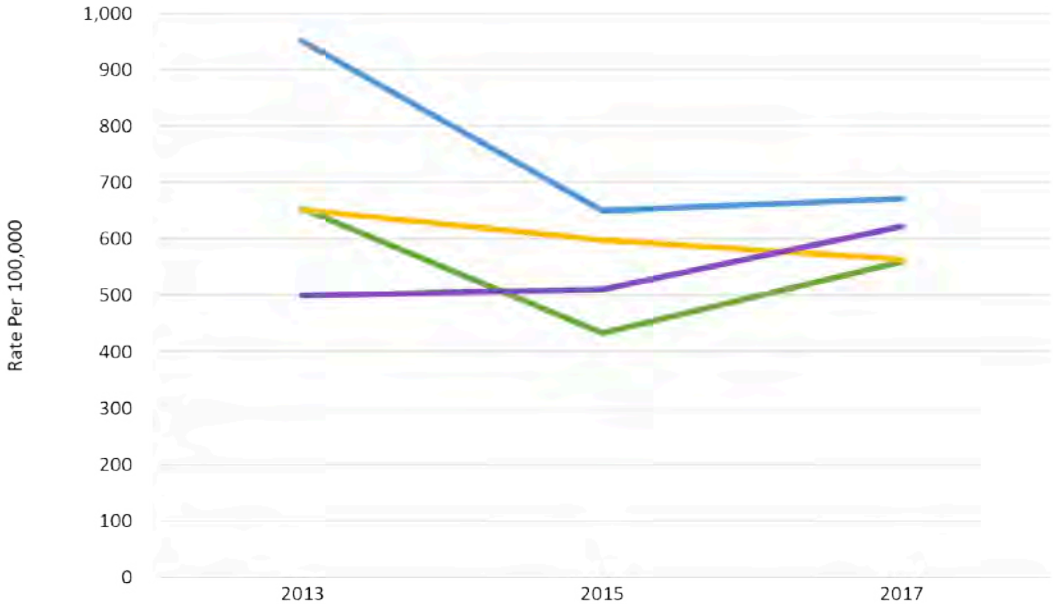
CHART 7.74: RATE OF CONTROLLED PRESCRIPTIONS OF OPIOIDS (2013-2017)



	2013	2015	2017
LAKE	813.2	1006.8	942.9
ORANGE	503.8	592.5	527.7
OSCEOLA	526.0	645.1	562.1
SEMINOLE	573.3	639.9	592.2
FLORIDA	735.0	671.0	N/A

Source: University of Florida College of Medicine Florida Drug-Related Outcomes Surveillance and Tracking System

CHART 7.75: DRUG ARRESTS (2013-2017)



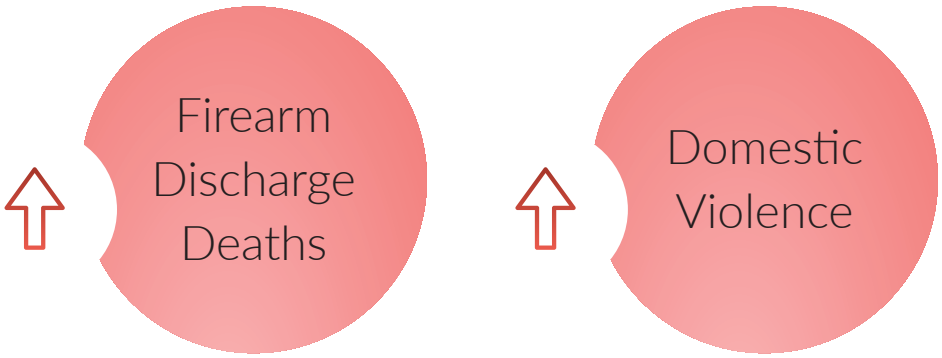
	2013	2015	2017
LAKE	654.1	433.1	558.9
ORANGE	651.9	598.7	563.5
OSCEOLA	950.2	649.6	671.5
SEMINOLE	499.9	509.8	621.7

Source: University of Florida College of Medicine Florida Drug-Related Outcomes Surveillance and Tracking System

Injury Related To Behavioral Risk Factors at a Glance

The key indicators related to injury related to behavioral risk factors that have changed since the last assessment are identified in Figure 7.26. Red means that the indicator has worsened in at least three of the regional counties, yellow means that some counties are increasing and some are decreasing or rates have remained roughly equivalent, and green means that rates have improved in at least three of the regional counties since the last CHNA data is available for.

FIGURE 7.26: INJURY-RELATED INDICATORS



Source: Strategy Solutions, Inc.

Injury Related To Behavioral Risk Factors: Summary Of Indicators

The following includes both a narrative as well as a visual (chart or table) summary of indicators reported on in this section. While the above colored icons illustrate observed trends from the data reported in the 2016 CHNA, this section is designed to highlight relevant information on each indicator and provide a narrative interpretation of the data included in the charts/tables that follow.

ALCOHOL-RELATED MOTOR VEHICLE CRASHES (2014-2016)

The percentage of motor vehicle crashes that were alcohol-related decreased in the four-county region between 2014 and 2016. Lake County's rate was consistently higher than the other counties during this time frame, decreasing from 1.85 percent to 1.47 percent and it remained higher than the state rate which decreased from 1.64 percent to 1.32 percent. Seminole County's rate decreased from 1.81 percent to 1.23 percent . Osceola County's rate decreased from 1.45 percent to 1.09 percent. Orange County's rate decreased from 1.25 percent to 1.12 percent. (See Chart 7.76)

DRUG-RELATED MOTOR VEHICLE CRASHES (2014-2016)

Drug-related motor vehicle crashes have decreased in two of the four regional counties in the past few years, while the state has seen an increase. Lake County decreased from 0.3 percent in 2014 to 0.12 percent in 2016 and Osceola County decreased from 0.2 percent in 2014 to 0.09 percent in 2016. Orange County's rate increased from 0.06 percent to 0.11 percent between 2014 and 2016 and Seminole County's rate increased from 0.11 percent in 2014 to 0.14 percent in 2016. In 2016, the four-county region had rates lower than the state (0.16 percent). (See Chart 7.77)

DRUG AND ALCOHOL-RELATED MOTOR VEHICLE CRASHES (2014-2016)

When looking at the four-county region, the combined drug and alcohol-related motor vehicle crash percentage in Lake County has been consistently higher than other counties, but decreased from 0.27 percent in 2014 to 0.14 percent in 2016. The state has remained relatively consistent around 0.09 percent over the same time period. Orange County's rate increased from 0.05 percent to 0.09 percent, while Osceola County's rate decreased from 0.07 percent to 0.05 percent in the same timeframe. Seminole County's rate also increased slightly from 0.06 percent in 2014 to 0.08 percent in 2016. (See Chart 7.78)

ALCOHOL-RELATED INJURIES (2014-2016)

Alcohol-related injuries as a percentage of all injuries decreased across the state between 2014 (1.50 percent) and 2016 (1.24 percent). All of the four-county region's rates were lower than the state rate during this time frame. Lake County's rate was consistently the highest although it decreased from 1.44 percent in 2014 to 1.11 percent in 2016. Seminole County's rate decreased the most from 1.26 percent in to 0.73 percent in 2016, while Orange County's rate decreased slightly from 0.97 percent to 0.95 percent. Osceola County's rate decreased from 0.98 percent in 2014 to 0.60 percent in 2015 and although increased to 0.78 percent in 2016, it was still an overall decrease. (See Chart 7.79)

DRUG-RELATED INJURIES (2014-2016)

Drug-related injuries as a percentage of all injuries fluctuated throughout the region between 2014 and 2016 although the state rate remained relatively consistent at 0.21 percent. Lake County had the highest rate in the region for 2014 (0.26 percent) and 2016 (0.23 percent). Seminole County had the lowest rate in both 2014 (0.02 percent) and 2016 (0.11 percent), although the rate spiked in 2015 to 0.21 percent. Orange County's rate increased from 0.09 percent to 0.13 percent during this time period, while Osceola County's rate dropped from 0.13 percent in 2014 to zero percent in 2015 then rose again to 0.17 percent in 2016. (See Chart 7.80)

DRUG AND ALCOHOL-RELATED INJURIES (2014-2016)

The rate of drug and alcohol-related injuries as a percentage of all injuries increased in some counties and decreased in others between 2014 and 2016. Lake County consistently had the highest rate in the four-county region, although the rate decreased from 0.30 percent in 2014 to 0.12 percent in 2016. This is higher than the state rate (0.10 percent). Orange County's rate increased from 0.02 percent to 0.07 percent as has Seminole County's rate from zero percent to 0.07 percent. Osceola County's rate decreased from 0.10 percent in 2014 to zero in 2016. (See Chart 7.81)

FIREARMS DISCHARGE, AGE-ADJUSTED DEATH RATE (2004-2017)

The firearms discharge age-adjusted death rate per 100,000 has fluctuated in the four-county region between 2004 and 2017, with all counties and the state seeing a net increase over a 14 year period. Lake County's rate increased from 9.1 to 17.7, Orange County's rate increased from 8.4 to 10.8, Osceola County's rate has increased from 7.4 to 10, while Seminole County's rate increased from 7.1 to 9.1. Florida's rate increased from 10.5 in 2004 to 12.5 in 2017. (See Chart 7.82)

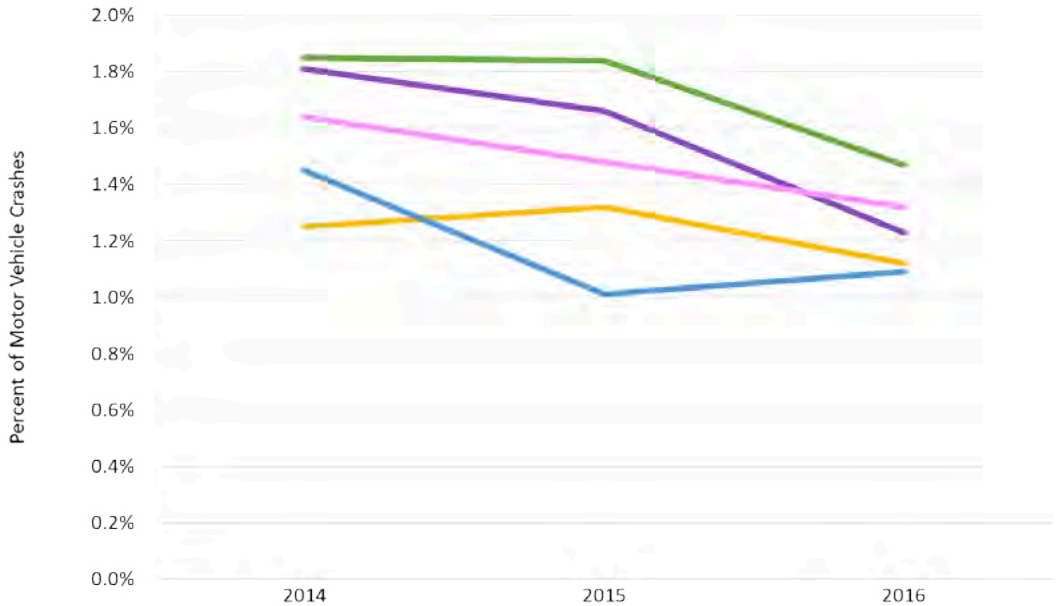
DOMESTIC VIOLENCE (2013-2017)

The domestic violence rate per 100,000 in Osceola County was the highest in the four-county region in 2013 (822.9) the rate dropped to 574.9 in 2017. The Orange County rate was 698.6 in 2013 and 636.3 in 2017. Seminole's rate decreased slightly from 561.9 in 2013 to 550 in 2017 as did Lake County's from 520.9 to 514. The state rate decreased from 560.9 to 522.3 during this time period. (See Chart 7.83)

Injuries Related To Behavioral Risk Factors: Key Findings

For the four-county region, there is a very small percentage of injuries related to behavioral risk factors. Alcohol and drug-related motor vehicle crashes, as well as drug and alcohol-related injuries, have been decreasing in Lake and Osceola counties, while increasing in Orange and Seminole counties. The firearms discharge death rate has been increasing throughout the region, while domestic violence rates have been decreasing.

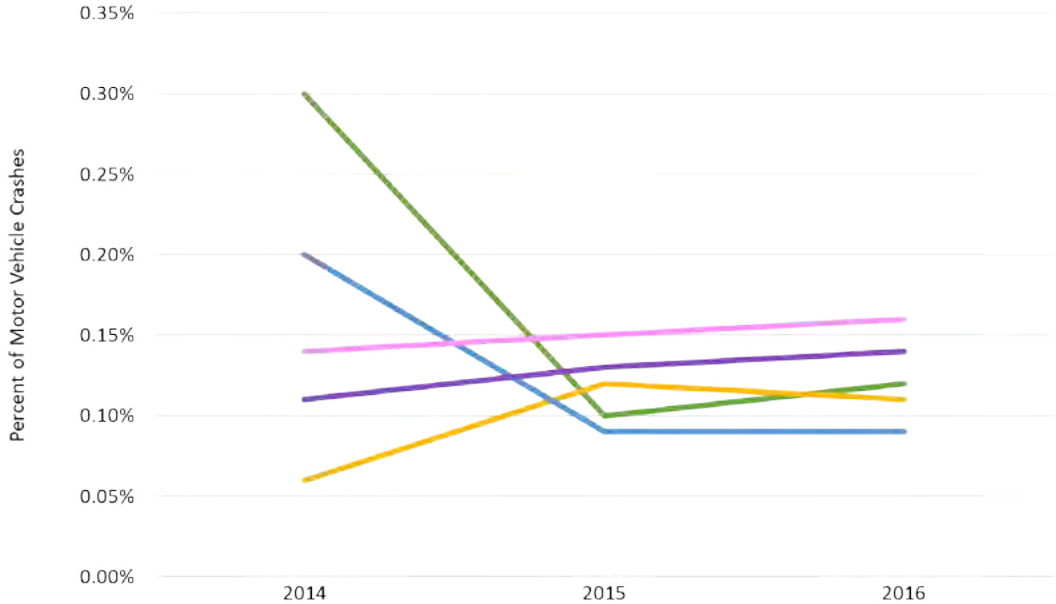
CHART 7.76: ALCOHOL-RELATED MOTOR VEHICLE CRASHES (2014-2016)



	2014	2015	2016
LAKE	1.85%	1.84%	1.47%
ORANGE	1.25%	1.32%	1.12%
OSCEOLA	1.45%	1.01%	1.09%
SEMINOLE	1.81%	1.66%	1.23%
FLORIDA	1.64%	1.48%	1.32%

Source: University of Florida College of Medicine Florida Drug-Related Outcomes Surveillance and Tracking System

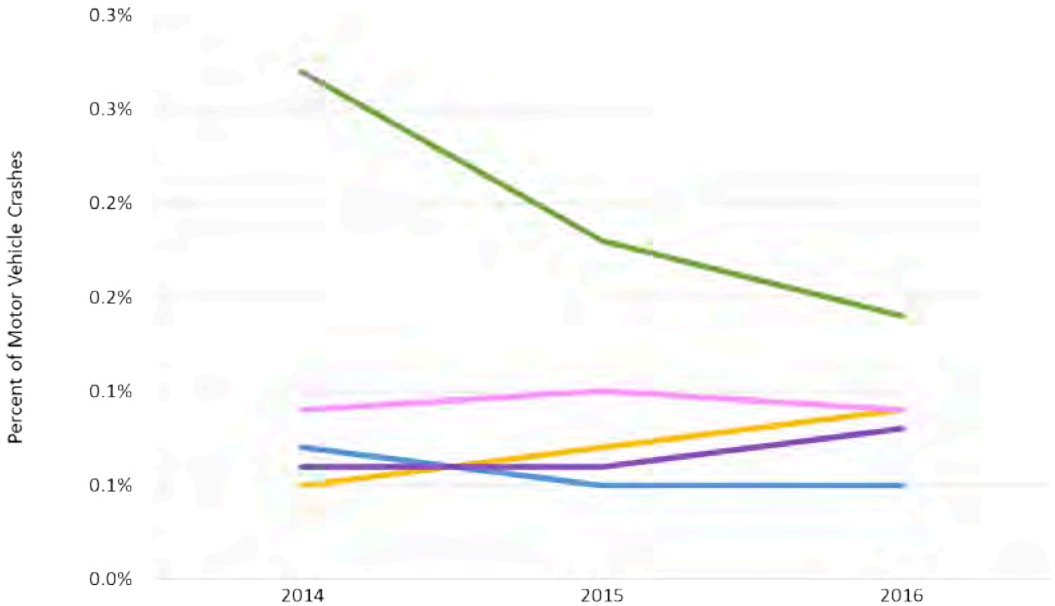
CHART 7.77: DRUG-RELATED MOTOR VEHICLE CRASHES (2014-2016)



	2014	2015	2016
LAKE	0.30%	0.10%	0.12%
ORANGE	0.06%	0.12%	0.11%
OSCEOLA	0.20%	0.09%	0.09%
SEMINOLE	0.11%	0.13%	0.14%
FLORIDA	0.14%	0.15%	0.16%

Source: University of Florida College of Medicine Florida Drug-Related Outcomes Surveillance and Tracking System

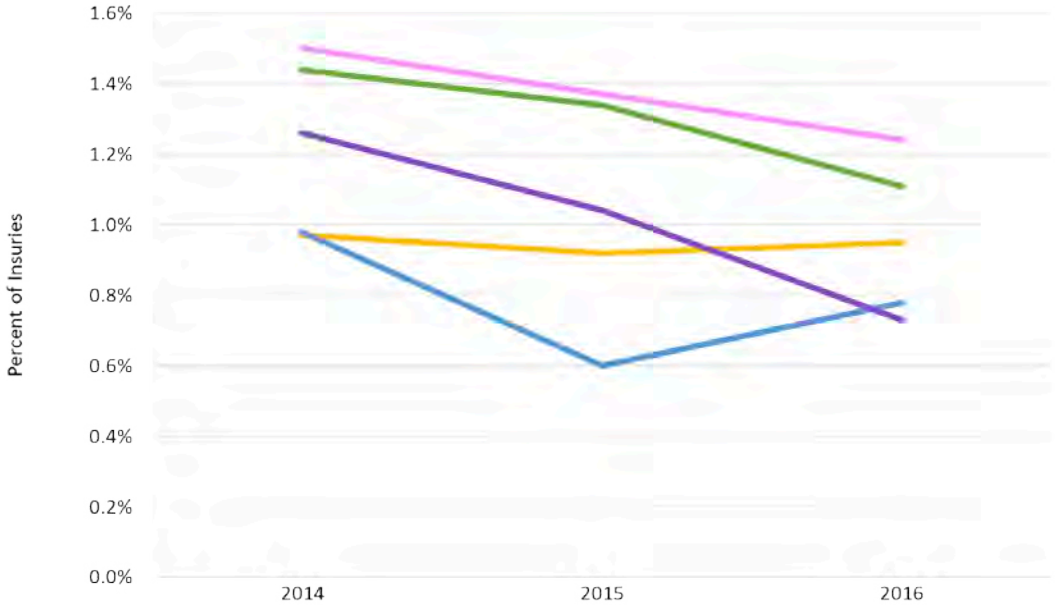
CHART 7.78: DRUG AND ALCOHOL-RELATED MOTOR VEHICLE CRASHES (2014-2016)



	2014	2015	2016
LAKE	0.27%	0.18%	0.14%
ORANGE	0.05%	0.07%	0.09%
OSCEOLA	0.07%	0.05%	0.05%
SEMINOLE	0.06%	0.06%	0.08%
FLORIDA	0.09%	0.10%	0.09%

Source: University of Florida College of Medicine Florida Drug-Related Outcomes Surveillance and Tracking System

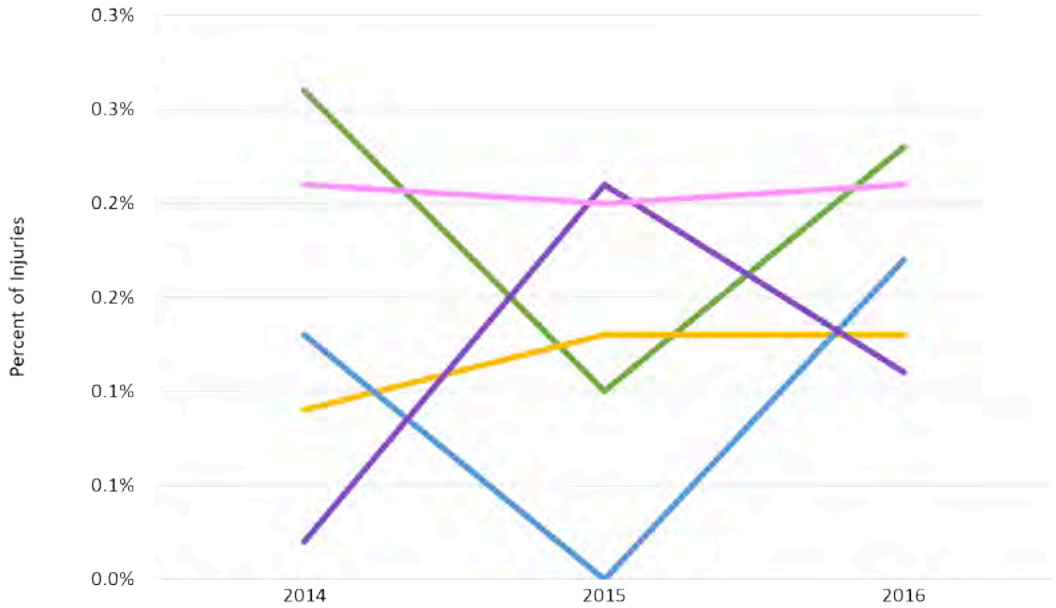
CHART 7.79: ALCOHOL-RELATED INJURIES (2014-2016)



	2014	2015	2016
LAKE	1.44%	1.34%	1.11%
ORANGE	0.97%	0.92%	0.95%
OSCEOLA	0.98%	0.60%	0.78%
SEMINOLE	1.26%	1.04%	0.73%
FLORIDA	1.50%	1.37%	1.24%

Source: University of Florida College of Medicine Florida Drug-Related Outcomes Surveillance and Tracking System

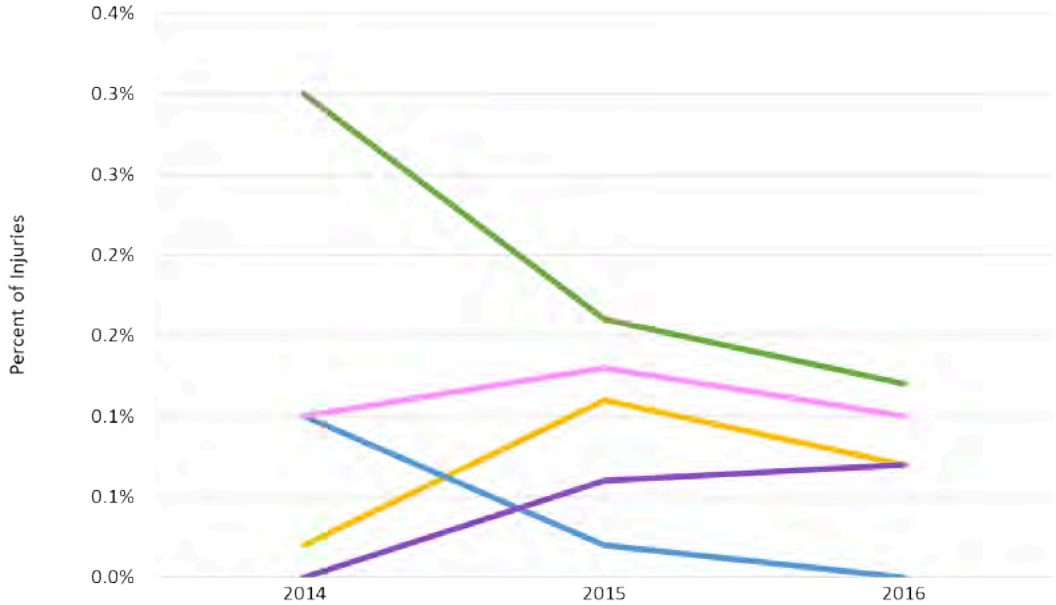
CHART 7.80: DRUG-RELATED INJURIES (2014-2016)



	2014	2015	2016
LAKE	0.26%	0.10%	0.23%
ORANGE	0.09%	0.13%	0.13%
OSCEOLA	0.13%	0.00%	0.17%
SEMINOLE	0.02%	0.21%	0.11%
FLORIDA	0.21%	0.20%	0.21%

Source: University of Florida College of Medicine Florida Drug-Related Outcomes Surveillance and Tracking System

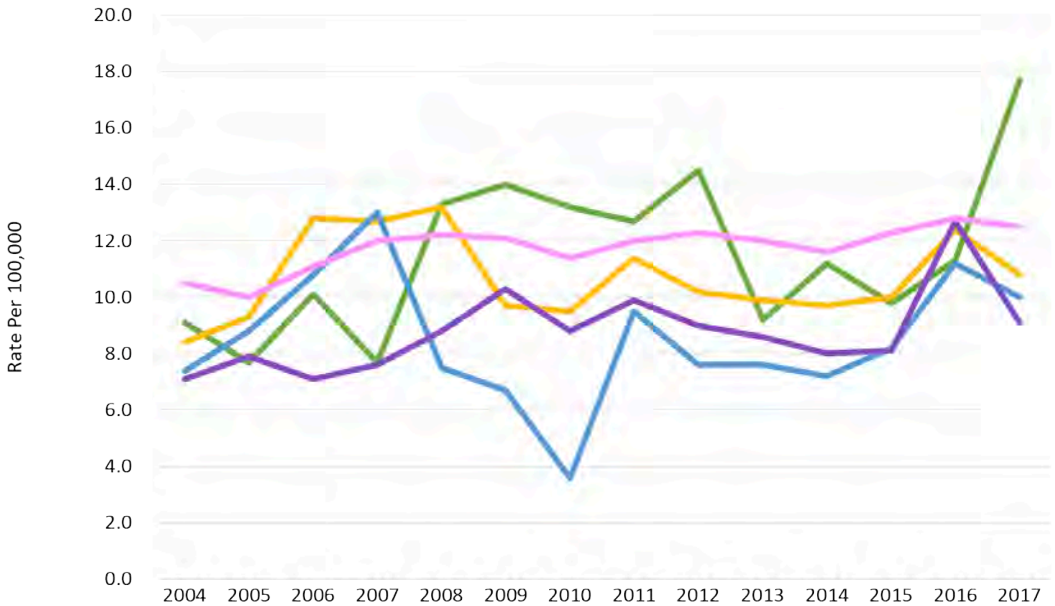
CHART 7.81: DRUG AND ALCOHOL-RELATED INJURIES (2014-2016)



	2014	2015	2016
LAKE	0.30%	0.16%	0.12%
ORANGE	0.02%	0.11%	0.07%
OSCEOLA	0.10%	0.02%	0.00%
SEMINOLE	0.00%	0.06%	0.07%
FLORIDA	0.10%	0.13%	0.10%

Source: University of Florida College of Medicine Florida Drug-Related Outcomes Surveillance and Tracking System

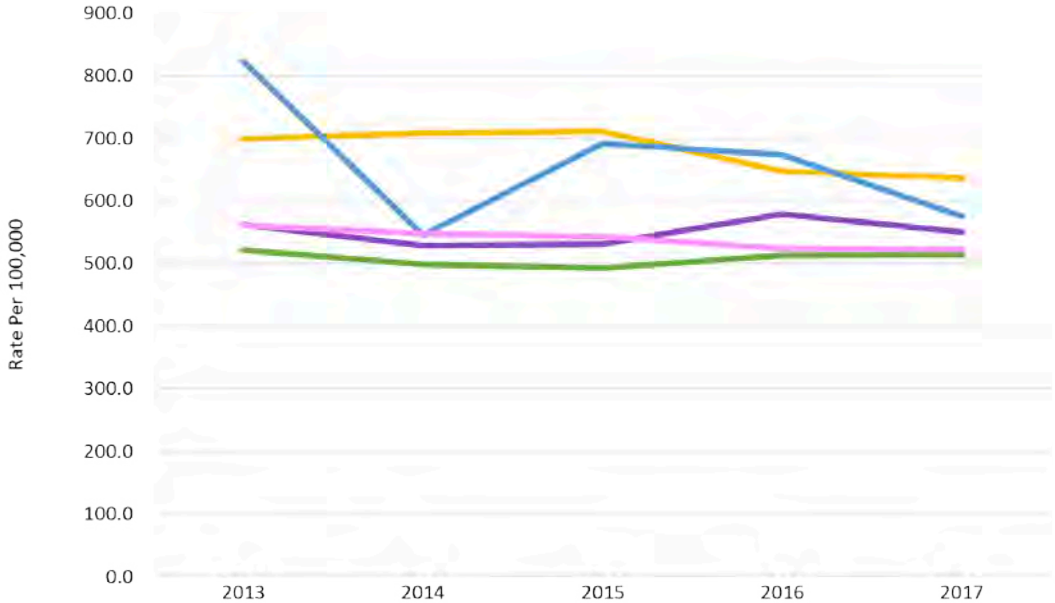
CHART 7.82: FIREARMS DISCHARGE, AGE-ADJUSTED DEATH RATE (2004-2017)



	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
LAKE	9.1	7.7	10.1	7.7	13.3	14.0	13.2	12.7	14.5	9.2	11.2	9.8	11.3	17.7
ORANGE	8.4	9.3	12.8	12.7	13.2	9.7	9.5	11.4	10.2	9.9	9.7	10.0	12.4	10.8
OSCEOLA	7.4	8.8	10.8	13.0	7.5	6.7	3.6	9.5	7.6	7.6	7.2	8.2	11.2	10.0
SEMINOLE	7.1	7.9	7.1	7.6	8.8	10.3	8.8	9.9	9.0	8.6	8.0	8.1	12.7	9.1
FLORIDA	10.5	10.0	11.1	12.0	12.2	12.1	11.4	12.0	12.3	12.0	11.6	12.3	12.8	12.5

Source: FLHealthCHARTS: Florida Behavioral Risk Factor Surveillance System

CHART 7.83: DOMESTIC VIOLENCE (2013-2017)



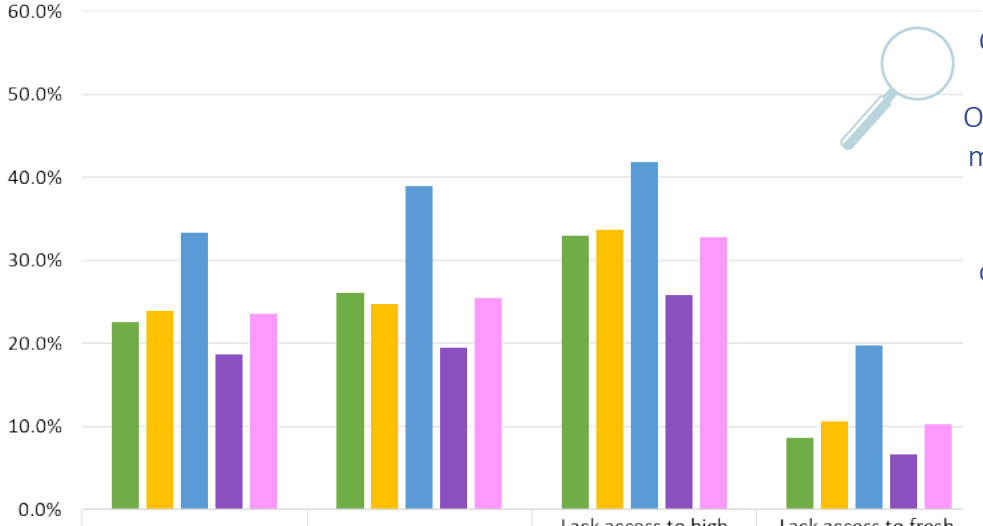
	2013	2014	2015	2016	2017
LAKE	520.9	499.1	492.8	513.3	514.0
ORANGE	698.6	708.4	710.7	647.4	636.3
OSCEOLA	822.9	545.4	691.5	674.0	574.9
SEMINOLE	561.9	529.2	530.6	579.4	550.0
FLORIDA	560.9	547.9	543.4	524.3	522.3

Source: FLHealthCHARTS: Florida Behavioral Risk Factor Surveillance System

Built Environment: What the Community is Saying

Figure 7.27 outlines the experience of community survey respondents related to the built environment. Approximately one in four respondents from the region indicated that they lack recreational opportunities (23.6 percent) and safe roads and sidewalks (25.5 percent). A slightly higher percentage indicated that they lack access to high quality, affordable, healthy food (32.8 percent). About one in ten respondents indicated that they lack access to fresh, available, safe drinking water (10.3 percent). The percentages were higher in Osceola County for all of these indicators and lower in Seminole County.

FIGURE 7.27: BUILT ENVIRONMENT INDICATORS, COMMUNITY SURVEY 2019



	Lack recreational opportunities	Lack safe roads/sidewalks	Lack access to high quality, affordable healthy food	Lack access to fresh, available drinking water
LAKE	22.6%	26.1%	33.0%	8.6%
ORANGE	23.9%	24.7%	33.7%	10.6%
OSCEOLA	33.3%	38.9%	41.8%	19.8%
SEMINOLE	18.7%	19.5%	25.8%	6.6%
OVERALL	23.6%	25.5%	32.8%	10.3%

Source: Central Florida Community Collaborative Community Survey, Strategy Solutions, Inc.

Community survey respondents in Osceola County were more likely to report they lack access to recreational opportunities, safe roads/sidewalks, high quality, affordable healthy food and fresh, available drinking water compared to other survey respondents.

Participants in the primary research identified the following as needs and issues in the region related to the built environment:

- Food access/insecurity/nutrition
  - People do not have access to healthy, unprocessed food
  - Food pantries do not have fresh fruits and vegetables and are not open every day
  - Food insecurity/food deserts are a problem
  - Fast food is cheaper to purchase
  - Poor diets/not eating well
- Neighborhoods
  - Walkability of neighborhoods – many are not safe, which can lead to isolation
  - Safe neighborhoods/lack of safe places to play/walk/bike
  - Many populations and neighborhoods lack the built environment that is necessary for a truly healthy community
- Physical activity
  - Access to physical activity is more of a luxury for many people
- Environment
  - Poor environmental conditions: water and air quality
  - Lack of clean water
  - Stressed infrastructure due to increased population
  - Transportation issues

Barriers for residents identified by participants in the primary research included:

- Population is increasing but infrastructure is not keeping up with the rapid growth
- High cost of housing, especially quality housing
- Low wages
- In Orange County, the Bithlo community continues to suffer from a lack of a quality clean water supply and other basic infrastructure needs
- Zoning
- Transportation
- Social norms
- Cultural norms
- Cost

Needed services identified in the primary research included:

- Transportation
  - More transit options to connect within and to other cities
  - Transportation improvement, most notably with roads, but should include public transportation access points
- Environment
  - Better protection of environment (air, water, land)
  - Access to clean water
  - Less congestion
- Recreation
  - Green space identified for parks and recreation
  - More accessibility for bicyclists and pedestrians-need safe routes
  - Safe places for recreation that are easy to get to, especially for youth
- Food/nutrition
  - Community gardens/local food production system
  - Affordable fresh fruits and vegetables/fresh food in food pantries
  - Nutrition education/education on what types of foods are healthy
  - Access to dieticians
  - Healthy cooking demonstrations/funding for meal programs

Built Environment: Summary Of Indicators

The following includes both a narrative as well as a visual (chart or table) summary of indicators reported on in this section. While the above colored icons illustrate observed trends from the data reported in the 2016 CHNA, this section is designed to highlight relevant information on each indicator and provide a narrative of the data included in the charts/tables that follow.

POPULATION LIVING WITHIN ½ MILE OF A PARK (2016)

In 2016, the percentage of the population living within ½ mile of a park in Lake County was 21.9, in Orange County was 29.6, in Osceola County was 26.3 percent and in Seminole County was 40.6 percent. The state was 43.2. (See Figure 7.28)

RECREATION AND FITNESS FACILITIES (2016)

The US Census Bureau considers a recreation and fitness facility an establishment primarily engaged in operating fitness and recreational sports facilities featuring exercise and other active physical fitness conditioning or recreational sports activities, such as swimming, skating or racquet sports. Orange County had the largest number of recreation and fitness facilities (247), while Osceola County had the fewest with 27. Lake County had a total of 49 recreation and fitness facilities and Seminole County had 85. (See Table 7.17)

PERCENTAGE OF THE POPULATION WITH ACCESS TO EXERCISE (2018)

Access to exercise opportunities measures the percentage of individuals in a county who live reasonably close to a location for physical activity. Physical activity locations are defined as parks or recreational facilities. Individuals are considered to have access to exercise opportunities if they reside in a census block that is within ½ mile of a park or reside in an urban census block that is within one mile of a recreational facility. Individuals who reside in a rural census block that is within three miles of a recreational facility are considered to have access to exercise opportunities.

According to the above definition, 93 percent of residents in Orange County have access to exercise opportunities, the highest in the four-county region, followed by Seminole County where 91 percent have access to exercise. The majority (82 percent) of Lake County residents also have access to exercise;76 percent in Osceola County have access. The rate for Florida is 88 percent. (See Figure 7.29)

FOOD DESERTS (2014)

Based on guidelines from the Healthy Food Financing Initiative (HFFI) working group, to qualify as a food desert census tract at least 33 percent of the tract's population, or a minimum of 500 people in the tract, must have low access to a supermarket or large grocery store. Some census tracts that contain supermarkets or large grocery stores may meet the criteria of a food desert if a substantial number or share of people within that census tract are more than one mile (urban areas) or 10 miles (rural areas) from the nearest supermarket. Residents of food desert census tracts may live within one or 10 miles of a supermarket; these residents were not counted as low access and thus not counted in the total (Community Commons, 2015).

There are a number of food deserts throughout Orange County, a number of which overlap with high levels of Supplemental Nutrition Assistance Program (SNAP) beneficiaries. The handful of food desert census tracts in Osceola County are in the same areas as those tracts with high proportions of SNAP recipients as well. Seminole County had three food desert census tracts near Sanford, Altamonte Springs and Oviedo. Seminole County had the fewest food desert census tracts in the four-county region. (See Figures 7.30-7.33)

MODIFIED RETAIL FOOD ENVIRONMENT INDEX (2015)

Centers for Disease Control and Prevention (CDC) created a modified retail food environment index (mRFEI) which identifies food deserts and food swamps by combining them into a single measure within census tracts for every state. According to the USDA, a food swamp refers to neighborhoods saturated with fast food chains, corner stores, and other unhealthy food providers, while food deserts are parts of the county lacking fresh fruit, vegetables and other healthy foods, usually found in impoverished areas. Although the state-wide mRFEI was created by census tract level, large static mRFEI maps for each state could not identify small communities within the state.

North American Industry Classification Codes (NAICS) were utilized to categorize retail food businesses as healthy or less healthy. Retail food data was purchased from Environmental Systems Research Institute (ESRI) and was current as of January 2015. The mRFEI ranges from 0 to 100 and was calculated as the number of healthy food retailers divided by the sum of healthy food retailers plus less healthy food retailers and multiplied by 100.

$$mRFEI = 100 \text{ x } \frac{\text{\# Healthy Food Retailers}}{\text{\# Healthy Food Retailers} + \text{\# Less Healthy Food Retailers}}$$

Lower scores indicate that census tracts contain a higher number of less healthy retailers than healthy retailers. The mRFEI was calculated based on food retailers within a census tract and within a ½ mile buffer of a census tract boundary, identified using geoprocessing tools including clip, buffer, count and spatial join with ARCGIS 10.3 and PYWIN 32. Classification of the mRFEI used the same methodology as the CDC's original maps: zero (no healthy food retailers), 0.1–5 (fewer less healthy food retailers), 5.1–10, 10.1–37.5, and 37.6–100 (more healthy food retailers). Since the mRFEI is based on census tracts it is possible for there to be variations within a county, with pockets having high availability of healthy food retailers while other areas have low availability.

For the four-county region, Osceola County had the highest percentage of healthy food retailers in the region (70 percent), while Lake County had the second highest (66.7 percent). Lake County also had the highest percentage of areas where there are no healthy food retailers (20 percent) within the four-county region. Orange County had the highest percentage of less healthy food retailers (44.2 percent). Seminole County has very few no healthy food retailers reported in the area (10.8 percent). There is no state data available as healthy food retailers information is only reported at the county level. (See Table 7.18)

FRUIT AND VEGETABLE EXPENDITURES (2016)

This indicator analyzes fruit and vegetable expenditures by low-income households and higher income households and compares the sensitivity of both groups' purchases to changes in income. On average, low-income households spent $3.59 per capita per week on fruits and vegetables in 2000, while higher income households spent $5.02, a statistically significant difference. In addition, a statistical demand model indicates that marginal increases in income received by low-income households are not spent on additional fruits and vegetables. In contrast, increases in income received by higher income households do result in an increase in fruit and vegetable expenditures. One interpretation of this finding is that low-income households will allocate an additional dollar of income to other food or nonfood items deemed more essential to the household such as meats, clothing or housing.

The United States Department of Agriculture (USDA) maps fruit and vegetable expenditures by census tracts with the amount of expenditure broken into and mapped as a quintile. A quintile is a statistical value of a data set that represents 20 percent of a given population. The USDA considers the highest expenditures as the first quintile (80 percent to 100 percent).

Lake County has three areas that have the highest expenditure level on fruits and vegetables, with the majority of the county in the 3rd and 4th quintile. Orange County has a few more areas that are in the 1st quintile of expenditures as well as several in the 2nd quintile. Osceola County only has one area designated in the 1st quintile and one in the 2nd. However, in Seminole County, almost half of the county is in the 1st and 2nd quintiles with most of the remainder in the 3rd quintile. There is no state data available as highest expenditure level on fruits and vegetables is only reported at the county level. (See Figures 7.34-7.37)

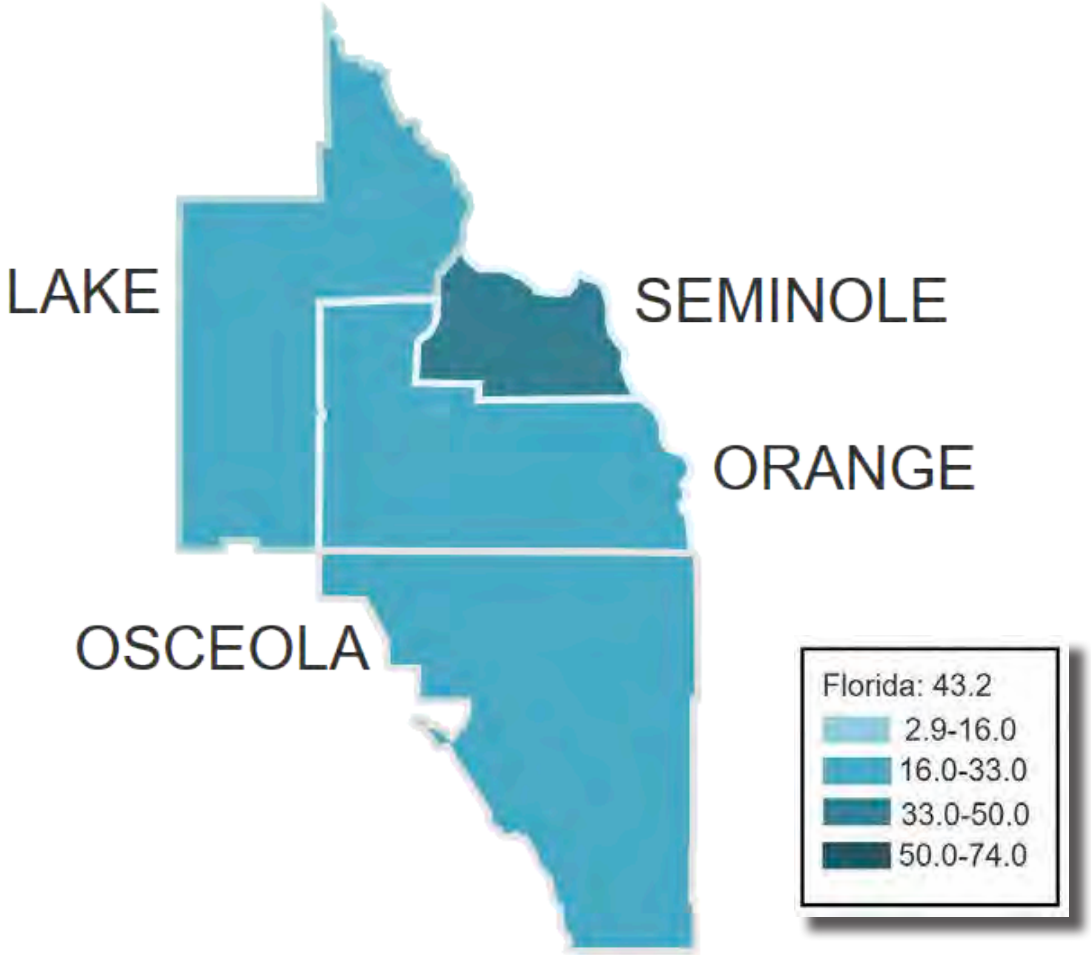
Built Environment: Key Findings

There is room for improvement in the percentage of the regional population with park access, with all of the counties having less than 50 percent access. Orange County had the largest number of recreation and fitness facilities (247), while Osceola County had the fewest with 27. Lake County had a total of 49 recreation and fitness facilities and Seminole County had 85. Most residents have access to exercise opportunities (93 percent in Orange County, 91 percent in Seminole County, 82 percent in Lake County and 76 percent in Osceola County).

Every county in the region has food deserts and opportunities for improvement in the modified food environment index, by fostering increased access to healthy foods as well as fruit and vegetable expenditures.

Between one- quarter and one-third of community survey respondents indicated that they lack access to recreational opportunities, safe roads/sidewalks and high quality, affordable, healthy food. Participants in the primary research frequently commented on the built environment and the subsequent impact on health. There is recognition among regional residents that many people don't have access to healthy, unprocessed foods and, as a result, have unhealthy eating habits and lifestyles. Needed services include increased access to fresh fruits and vegetables, and information and education about how to incorporate these foods into every day eating and living. Participants also noted that there is a need for increased access to opportunities for safe recreation activities, better transit, and clean water.

FIGURE 7.28: POPULATION LIVING WITHIN ½ MILE OF A PARK (2016)



Source: FLHealthCHARTS, Florida Department of Public Health

TABLE 7.17: RECREATION AND FITNESS FACILITIES (2016)

County - Primary	County – Secondary*	ZCTA	Geographic Area Name	Number Of Establishments
Lake		32159	Zip 32159 (Lady Lake, FL)	2
Lake		32726	Zip 32726 (Eustis, FL)	1
Lake	Orange	32757	Zip 32757 (Mount Dora, FL)	4
Lake		32778	Zip 32778 (Tavares, FL)	4
Lake		32784	Zip 32784 (Umatilla, FL)	1
Lake		34698	Zip 34698 (Dunedin, FL)	8
Lake		34711	Zip 34711 (Clermont, FL)	11
Lake		34714	Zip 34714 (Clermont, FL)	2
Lake		34715	Zip 34715 (Clermont, FL)	3
Lake		34731	Zip 34731 (Fruitland Park, FL)	1
Lake		34736	Zip 34736 (Groveland, FL)	3
Lake		34737	Zip 34737 (Howey in the Hills, FL)	2
Lake		34748	Zip 34748 (Leesburg, FL)	3
Lake		34788	Zip 34788 (Leesburg, FL)	3
Volusia	Lake	32720	Zip 32720 (Deland, FL)	1
Total Establishments in Lake County				49
Orange	Seminole	32703	Zip 32703 (Apopka, FL)	9
Orange		32709	Zip 32709 (Christmas, FL)	1
Orange		32712	Zip 32712 (Apopka, FL)	2
Orange	Seminole	32751	Zip 32751 (Maitland, FL)	7
Orange		32789	Zip 32789 (Winter Park, FL)	21
Orange	Seminole	32792	Zip 32792 (Winter Park, FL)	9
Orange		32801	Zip 32801 (Orlando, FL)	5
Orange		32803	Zip 32803 (Orlando, FL)	10
Orange		32804	Zip 32804 (Orlando, FL)	8
Orange		32805	Zip 32805 (Orlando, FL)	2
Orange		32806	Zip 32806 (Orlando, FL)	6
Orange		32807	Zip 32807 (Orlando, FL)	6
Orange		32808	Zip 32808 (Orlando, FL)	1
Orange		32809	Zip 32809 (Orlando, FL)	8
Orange		32810	Zip 32810 (Orlando, FL)	3
Orange		32811	Zip 32811 (Orlando, FL)	6
Orange		32812	Zip 32812 (Orlando, FL)	4
Orange		32814	Zip 32814 (Orlando, FL)	5
Orange		32817	Zip 32817 (Orlando, FL)	8
Orange		32818	Zip 32818 (Orlando, FL)	1
Orange		32819	Zip 32819 (Orlando, FL)	27
Orange		32821	Zip 32821 (Orlando, FL)	1
Orange		32822	Zip 32822 (Orlando, FL)	5
Orange		32824	Zip 32824 (Orlando, FL)	1

*Note that some zip codes cross county lines

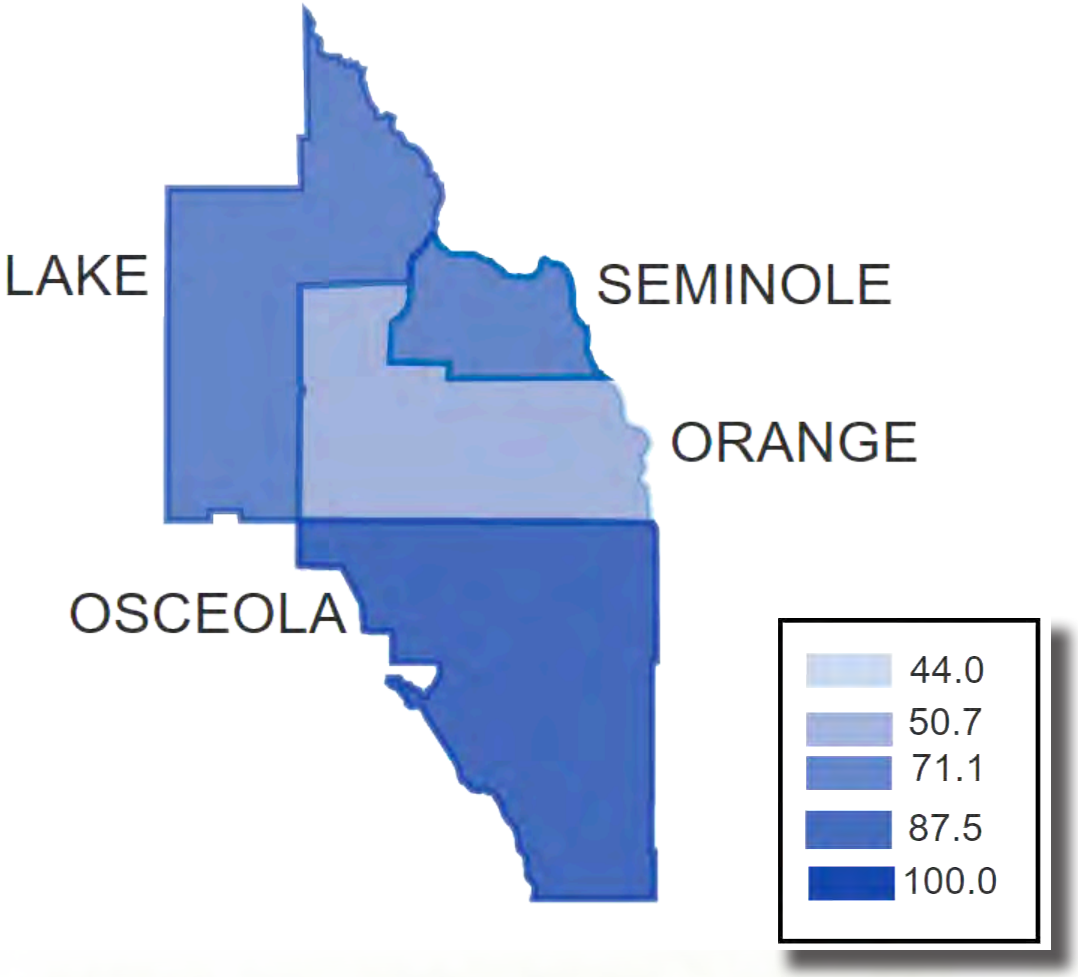
TABLE 7.17: RECREATION AND FITNESS FACILITIES (2016), CONTINUED

County - Primary	County – Secondary*	ZCTA	Geographic Area Name	Number Of Establishments
Orange		32825	Zip 32825 (Orlando, FL)	2
Orange		32827	Zip 32827 (Orlando, FL)	5
Orange		32828	Zip 32828 (Orlando, FL)	18
Orange		32829	Zip 32829 (Orlando, FL)	2
Orange		32832	Zip 32832 (Orlando, FL)	3
Orange		32835	Zip 32835 (Orlando, FL)	8
Orange		32836	Zip 32836 (Orlando, FL)	2
Orange		32837	Zip 32837 (Orlando, FL)	10
Orange		32839	Zip 32839 (Orlando, FL)	2
Orange		34761	Zip 34761 (Ocoee, FL)	9
Orange		34786	Zip 34786 (Windermere, FL)	10
Orange	Lake	34787	Zip 34787 (Winter Garden, FL)	20
Total Establishments in Orange County				247
Okeechobee	Osceola	34972	Zip 34972 (Okeechobee, FL)	1
Osceola		34741	Zip 34741 (Kissimmee, FL)	9
Osceola		34743	Zip 34743 (Kissimmee, FL)	2
Osceola		34744	Zip 34744 (Kissimmee, FL)	2
Osceola		34746	Zip 34746 (Kissimmee, FL)	1
Osceola		34747	Zip 34747 (Kissimmee, FL)	3
Osceola		34758	Zip 34758 (Kissimmee, FL)	1
Osceola		34769	Zip 34769 (Saint Cloud, FL)	2
Osceola		34771	Zip 34771 (Saint Cloud, FL)	2
Osceola		34772	Zip 34772 (Saint Cloud, FL)	1
Polk	Osceola	33896	Zip 33896 (Davenport, FL)	1
Total Establishments in Osceola County				27
Seminole		32701	Zip 32701 (Altamonte Springs, FL)	3
Seminole		32707	Zip 32707 (Casselberry, FL)	6
Seminole		32708	Zip 32708 (Winter Springs, FL)	7
Seminole		32714	Zip 32714 (Altamonte Springs, FL)	13
Seminole		32746	Zip 32746 (Lake Mary, FL)	14
Seminole		32750	Zip 32750 (Longwood, FL)	15
Seminole		32765	Zip 32765 (Oviedo, FL)	14
Seminole		32766	Zip 32766 (Oviedo, FL)	2
Seminole		32771	Zip 32771 (Sanford, FL)	5
Seminole		32779	Zip 32779 (Longwood, FL)	6
Total Establishments in Seminole County				85

*Note that some zip codes cross county lines

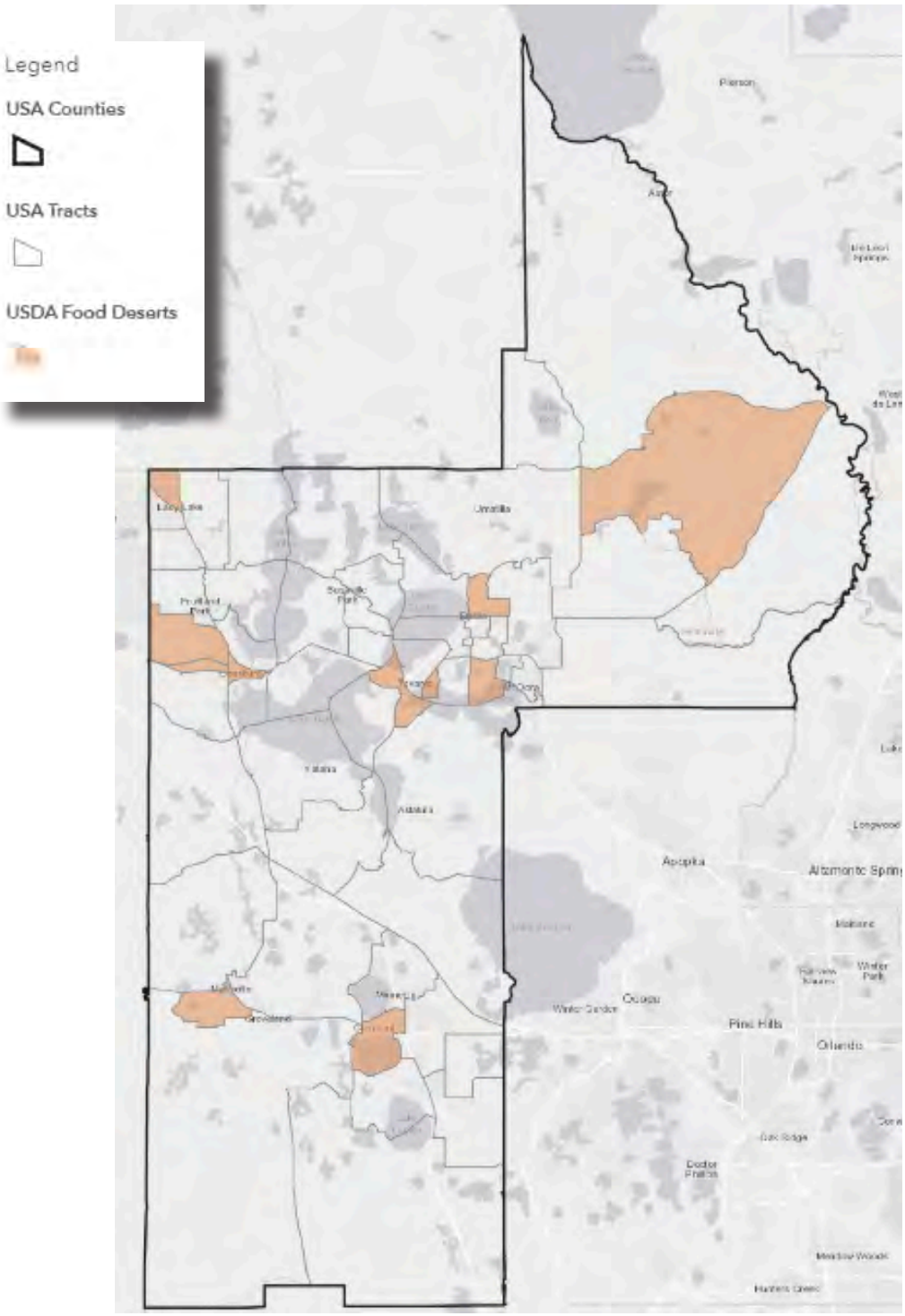
Data Source: US Census Bureau, County Business Patterns. Source Geography: ZCTA

FIGURE 7.29: PERCENTAGE OF THE POPULATION WITH ACCESS TO EXERCISE (2018)



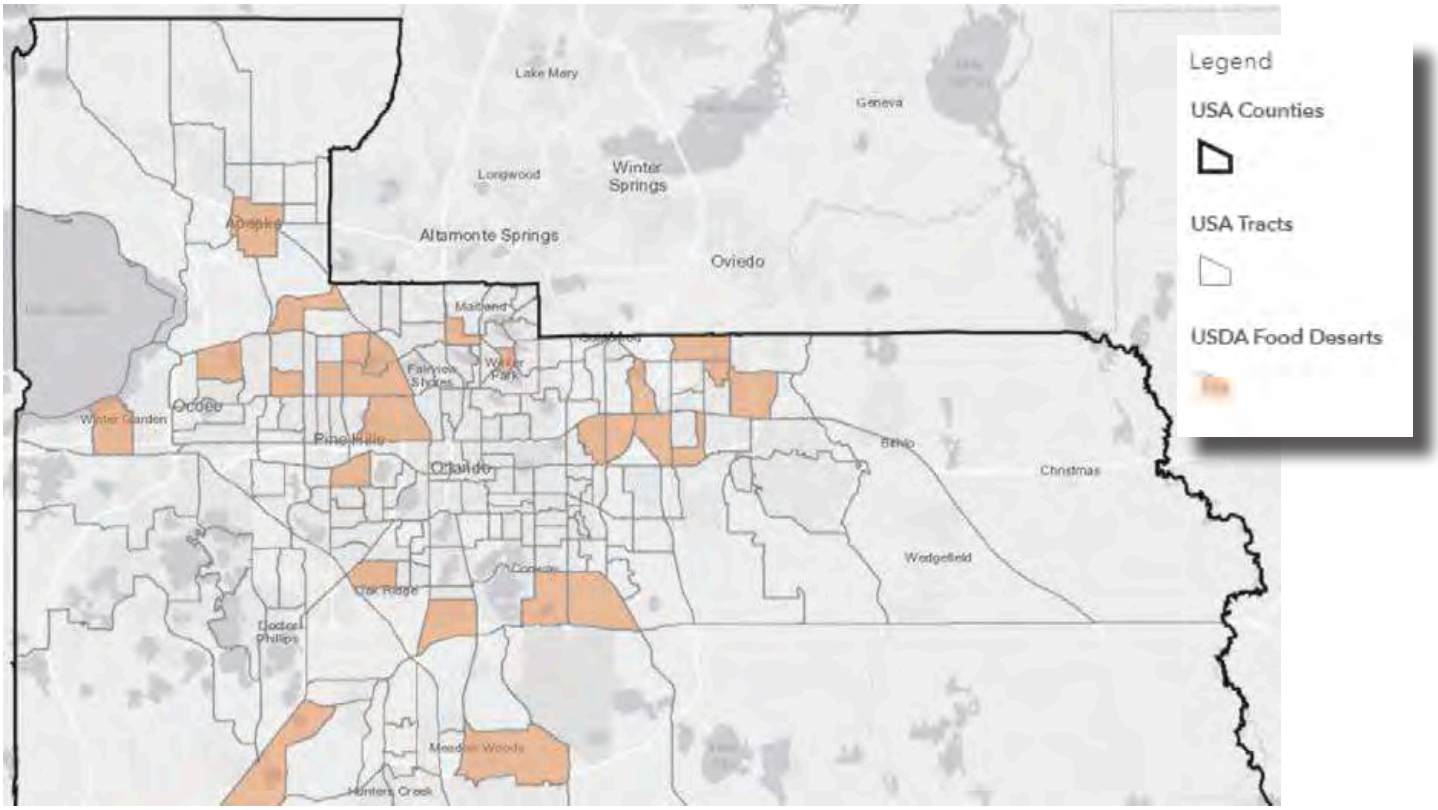
Source: County Health Rankings and Roadmaps

FIGURE 7.30: LAKE COUNTY FOOD DESERTS (2014)



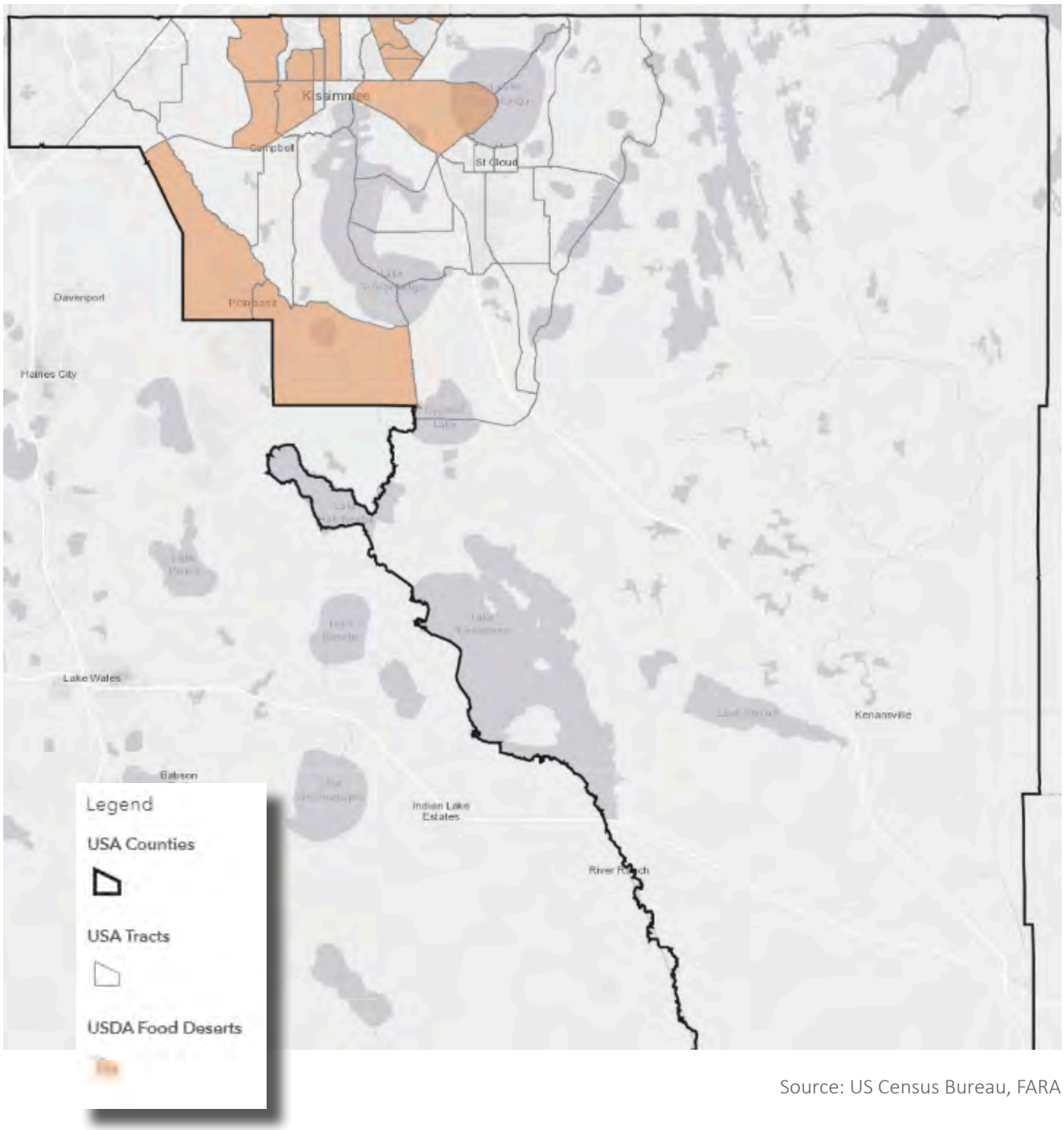
Source: US Census Bureau, FARA

FIGURE 7.31: ORANGE COUNTY FOOD DESERTS (2014)



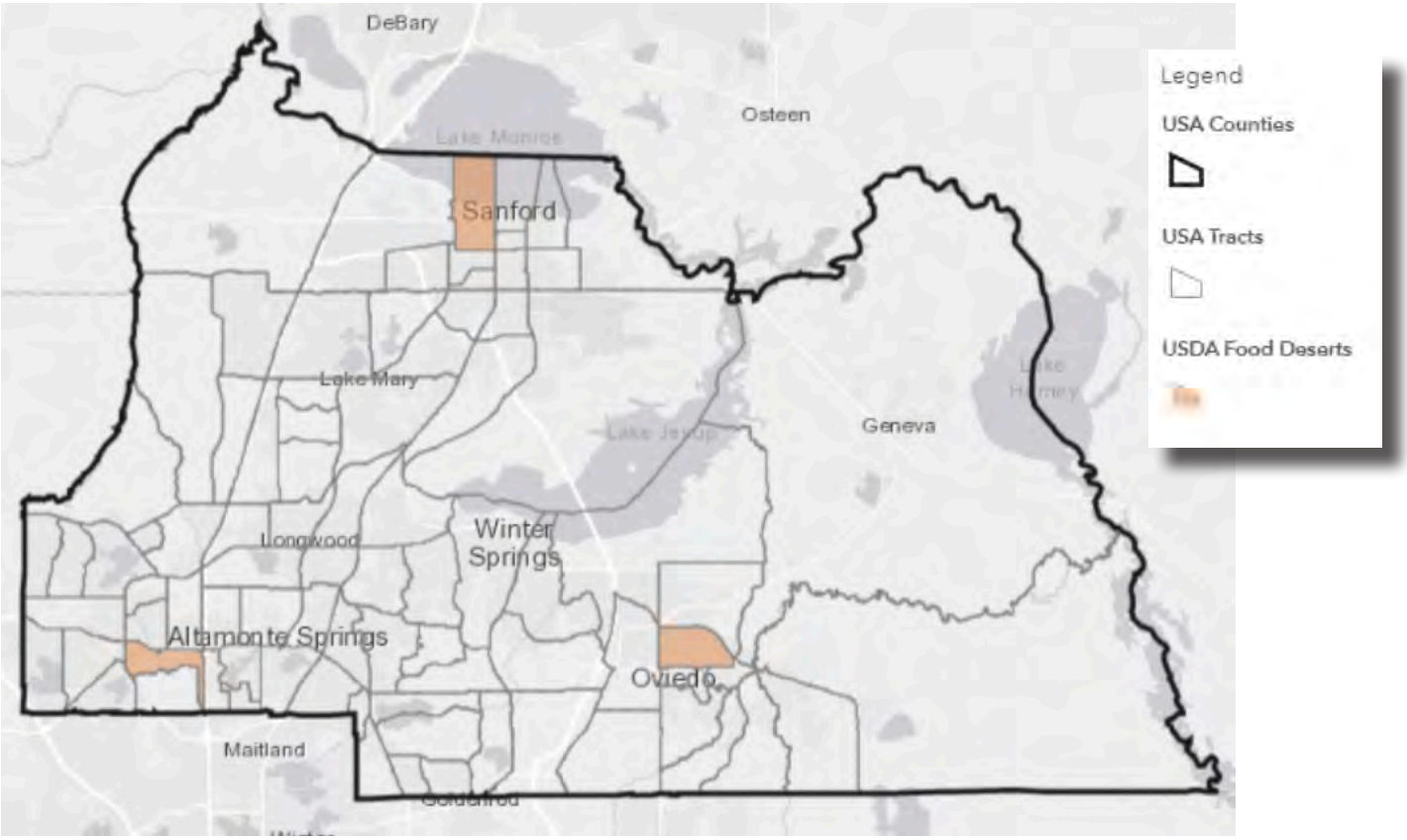
Source: US Census Bureau, FARA

FIGURE 7.32: OSCEOLA COUNTY FOOD DESERTS (2014)



Source: US Census Bureau, FARA

FIGURE 7.33: SEMINOLE COUNTY FOOD DESERTS (2014)



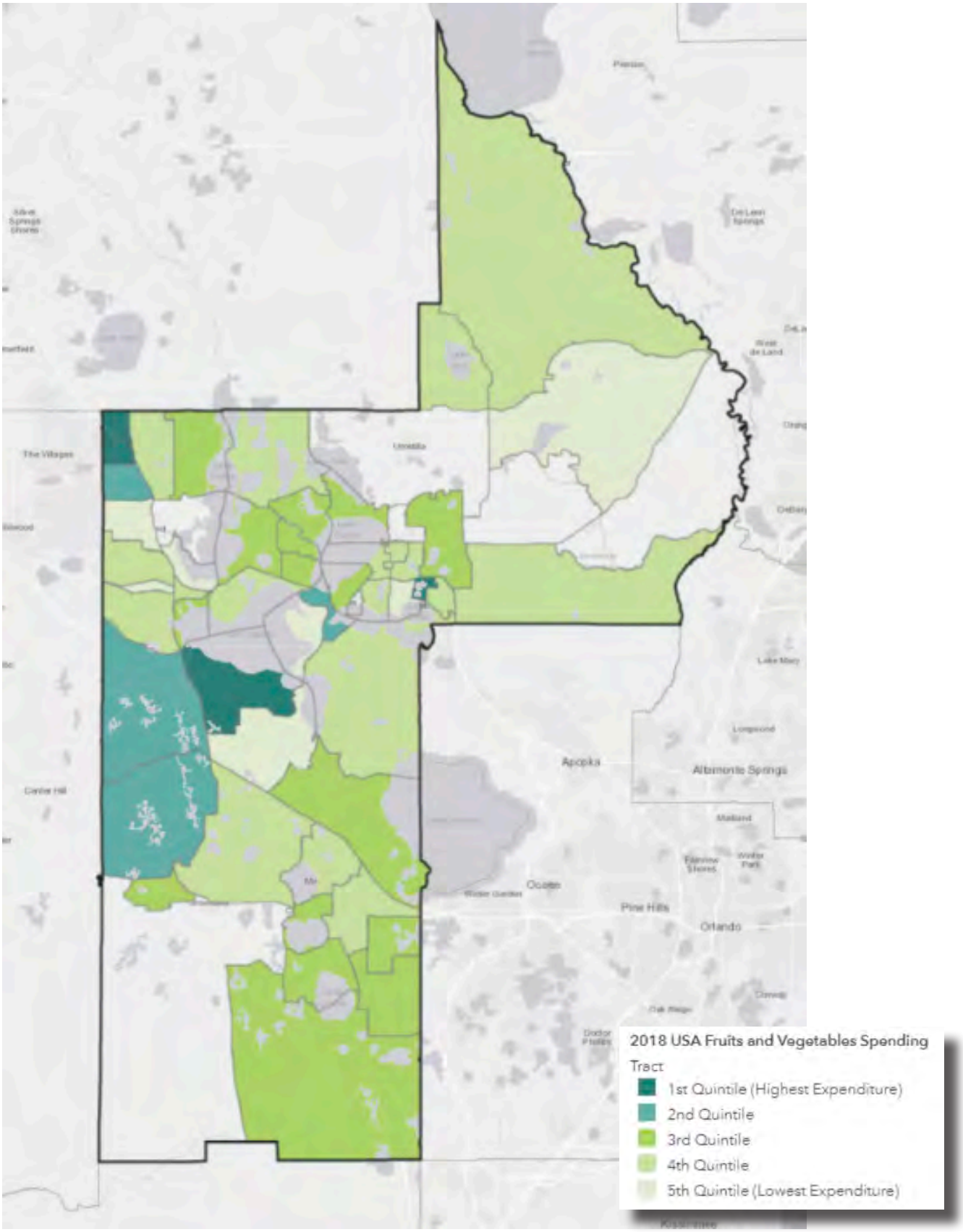
Source: US Census Bureau, FARA

TABLE 7.18: MODIFIED RETAIL FOOD ENVIRONMENT INDEX (2015)

	Lake		Orange		Osceola		Seminole	
Zero	3	20.0 %	19	12.3%	2	10.0%	7	10.8%
Under 10	2	13.3%	68	44.2%	4	20.0%	26	40.0%
10	0	0.0%	8	5.2%	0	0.0%	2	3.1%
Above 10	10	66.7%	59	38.3%	14	70.0%	30	46.2%
Total	15		154		20		65	

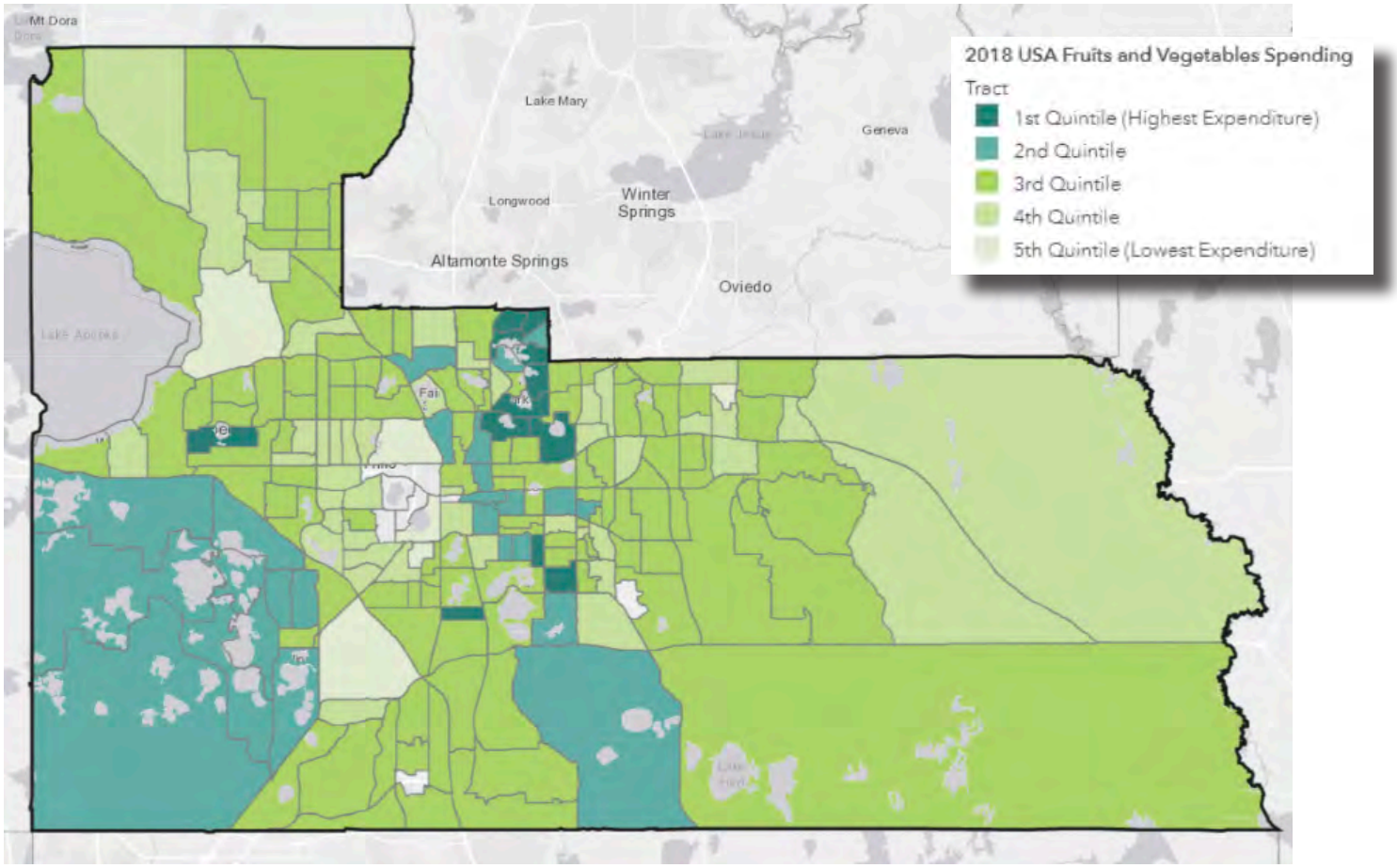
Source: Centers for Disease Control

FIGURE 7.34: FRUIT AND VEGETABLE EXPENDITURES, LAKE COUNTY (2016)



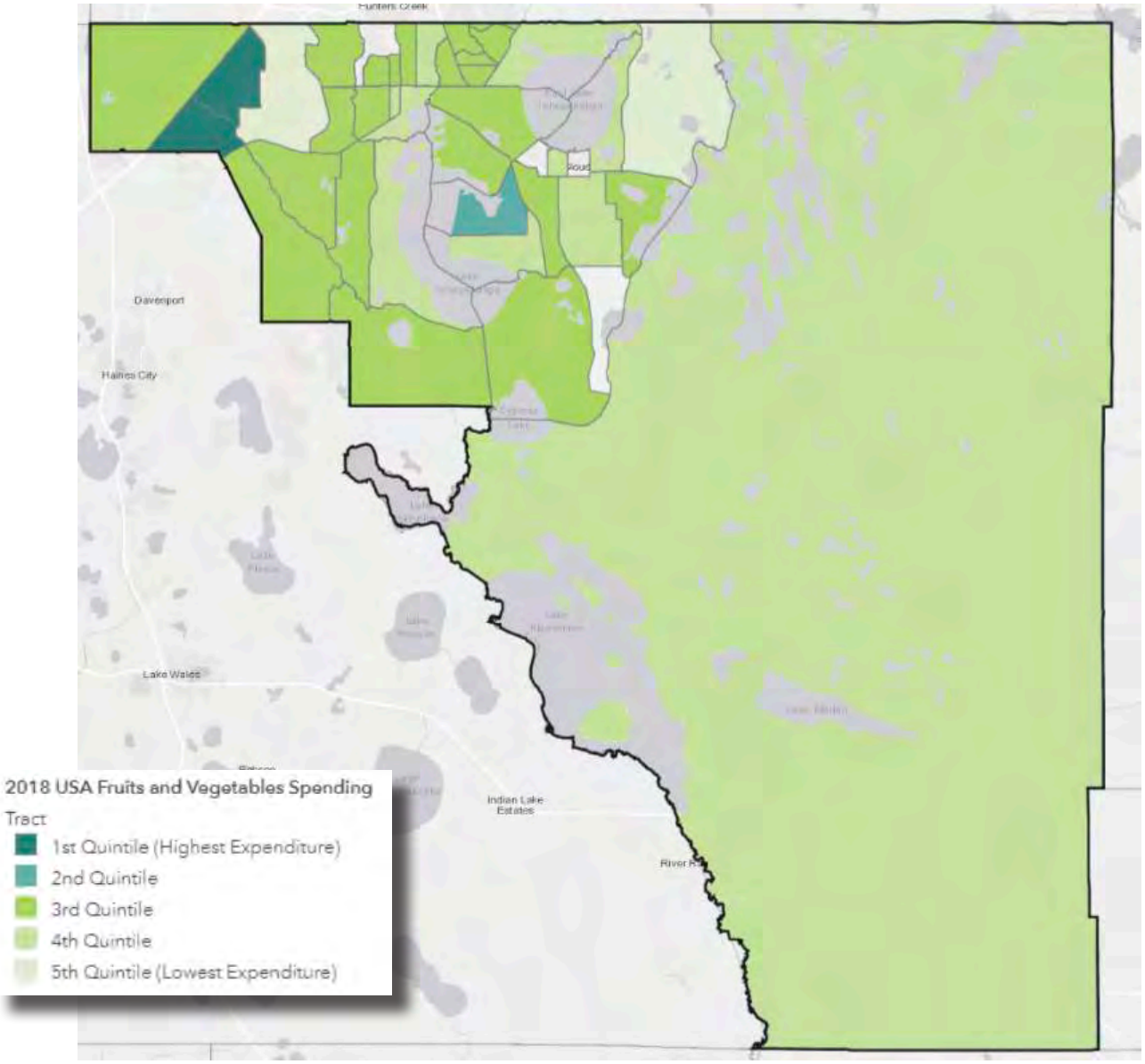
Source: United States Department of Agriculture, Economic Research Service

FIGURE 7.35: FRUIT AND VEGETABLE EXPENDITURES, ORANGE COUNTY (2016)



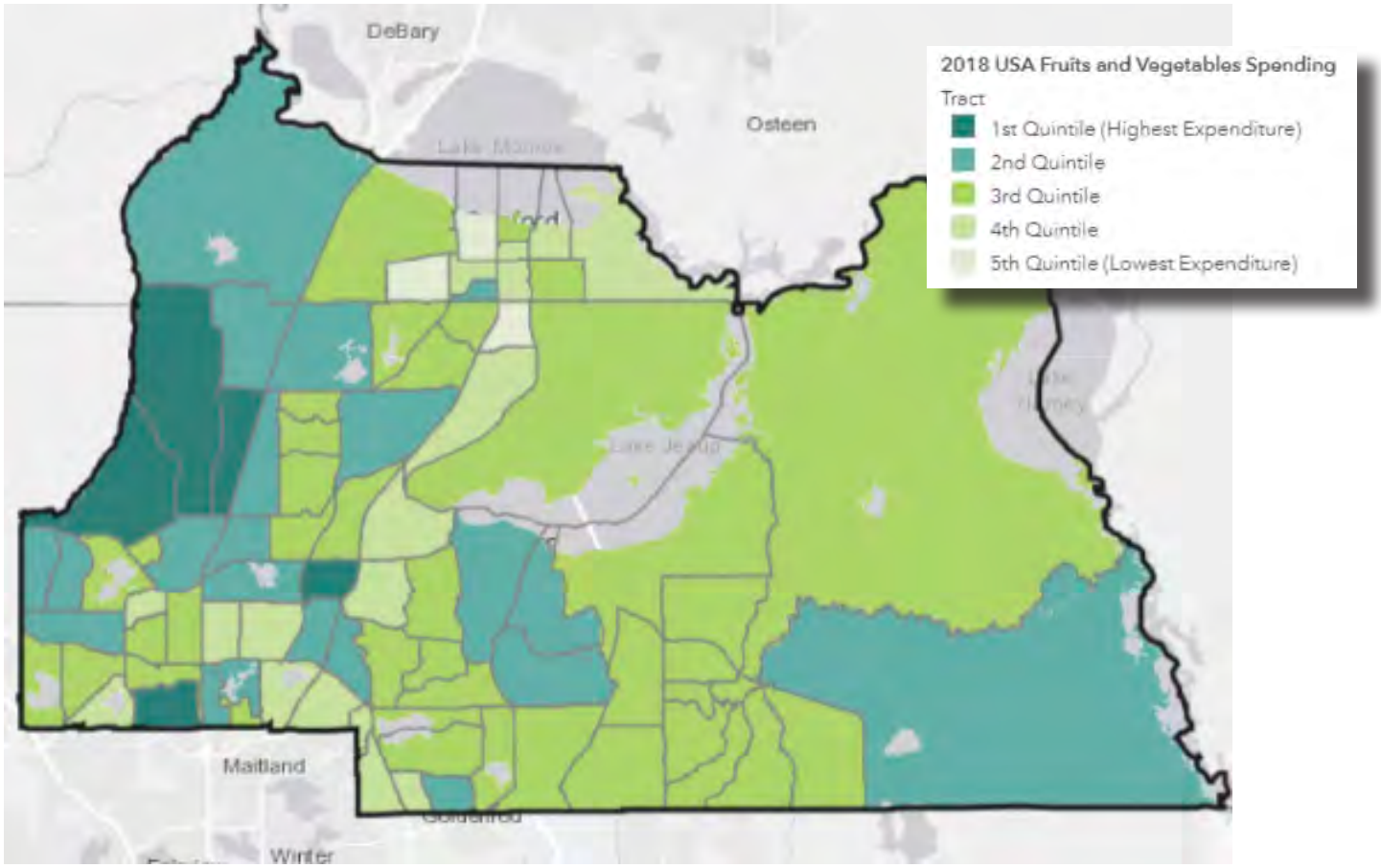
Source: United States Department of Agriculture, Economic Research Service

FIGURE 7.36: VEGETABLE EXPENDITURES, OSCEOLA COUNTY (2016)



Source: United States Department of Agriculture, Economic Research Service

FIGURE 7.37: VEGETABLE EXPENDITURES, SEMINOLE COUNTY (2016)



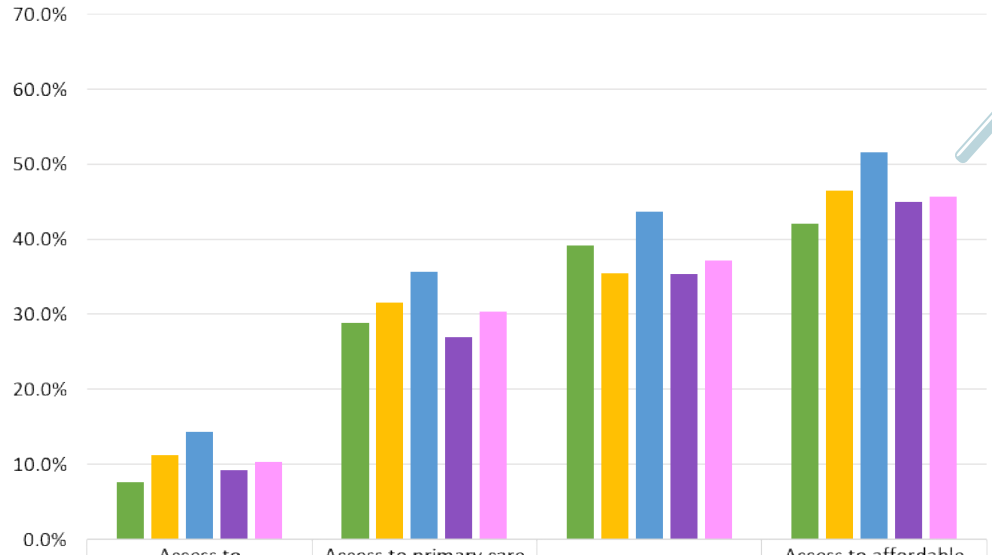
Source: United States Department of Agriculture, Economic Research Service

Healthcare Access: What the Community is Saying

Figure 7.38 illustrates the experience of community survey respondents related to barriers to access. Approximately, one in 10 respondents has experienced difficulty with transportation. About a third of the respondents indicated that they experienced difficulty with access to primary care physicians. Over a third of respondents indicated that they have had difficulty with access to specialists.

Almost half of the respondents indicated that they have experienced challenges with access to affordable health care. Those who live in Osceola County are slightly more likely to have experienced these barriers, while those who live in Seminole County are slightly less likely to have experienced them.

FIGURE 7.38: BARRIERS TO ACCESS, COMMUNITY SURVEY 2019



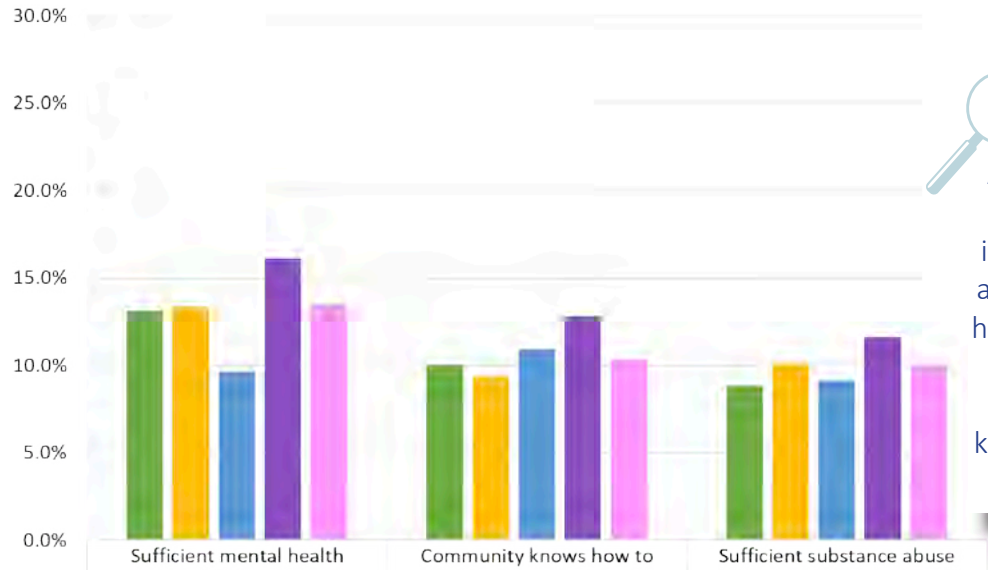
	Access to transportation	Access to primary care providers	Access to specialists	Access to affordable health care
LAKE	7.6%	28.8%	39.2%	42.1%
ORANGE	11.2%	31.6%	35.5%	46.5%
OSCEOLA	14.3%	35.7%	43.7%	51.6%
SEMINOLE	9.2%	26.9%	35.4%	45.0%
OVERALL	10.3%	30.4%	37.2%	45.7%

Source: Central Florida Community Collaborative Community Survey, Strategy Solutions, Inc.

A substantial percentage of the four-county region's population experiences challenges with access to healthcare.

Figure 7.39 illustrates the percentages of community survey respondents who indicated that the community does not have sufficient access to mental health services.

FIGURE 7.39: MENTAL HEALTH CARE ACCESS, COMMUNITY SURVEY 2019



	Sufficient mental health services	Community knows how to access mental health services	Sufficient substance abuse services
LAKE	13.1%	10.0%	8.8%
ORANGE	13.4%	9.3%	10.1%
OSCEOLA	9.6%	10.9%	9.1%
SEMINOLE	16.1%	12.8%	11.6%
OVERALL	13.5%	10.3%	10.0%

Source: Central Florida Community Collaborative Community Survey, Strategy Solutions, Inc.

Approximately one in 10 respondents indicated that there are sufficient mental health and substance abuse services and the community knows how to access them.

Participants in the primary research identified the following as needs and issues related to healthcare access:

- Affordability/insurance/cost
  - Many cannot afford care and/or come in when it is too late
  - Percentage of the population who is uninsured/underinsured
  - Accessing health care is daunting if you do not have health insurance
  - Care is limited by insurance
  - Impact of the lack of Medicaid expansion
  - There are a lot of people who do not have health insurance
  - Necessity of travel to find a provider who accepts your insurance
  - Access to affordable healthcare is a big challenge/cost of copays and deductibles are preventing people from getting the care they need/people cannot afford their medication
- Issues with accessing care
- High utilization of emergency department
- Care is not coordinated (including medications)
- People are not going for routine medical care
- This is a medically underserved area

Barriers to accessing health care identified by primary research participants included:

- Transportation
- Culture/language
  - Language
  - Cultural norms
  - Social isolation
  - Immigrants are afraid to seek services due to lack of proper documentation and fear of deportation
  - Lack of acceptance for people of color and others viewed as culturally different
  - Fear of deportation if you are an immigrant, whether you are here legally or not
- Awareness/knowledge
  - Process to apply for services is difficult
  - Lack of knowledge of what is available
  - Do not understand the importance of routine health care
  - Fear of what they will hear
  - Those with chronic conditions find it hard to find good care
  - Seniors do not want to leave their home
- Health literacy
- Affordability/insurance/cost
  - Regulatory issues prevent access
  - Limited number of providers accepting certain insurance
  - System is difficult to navigate
  - Cost of care (including prescriptions)
  - Limited enrollment periods
  - Lack of doctors who take their insurance when they are insured
- Difficult to access specialty services if a referral is needed
- Time to get appointments/availability of appointments

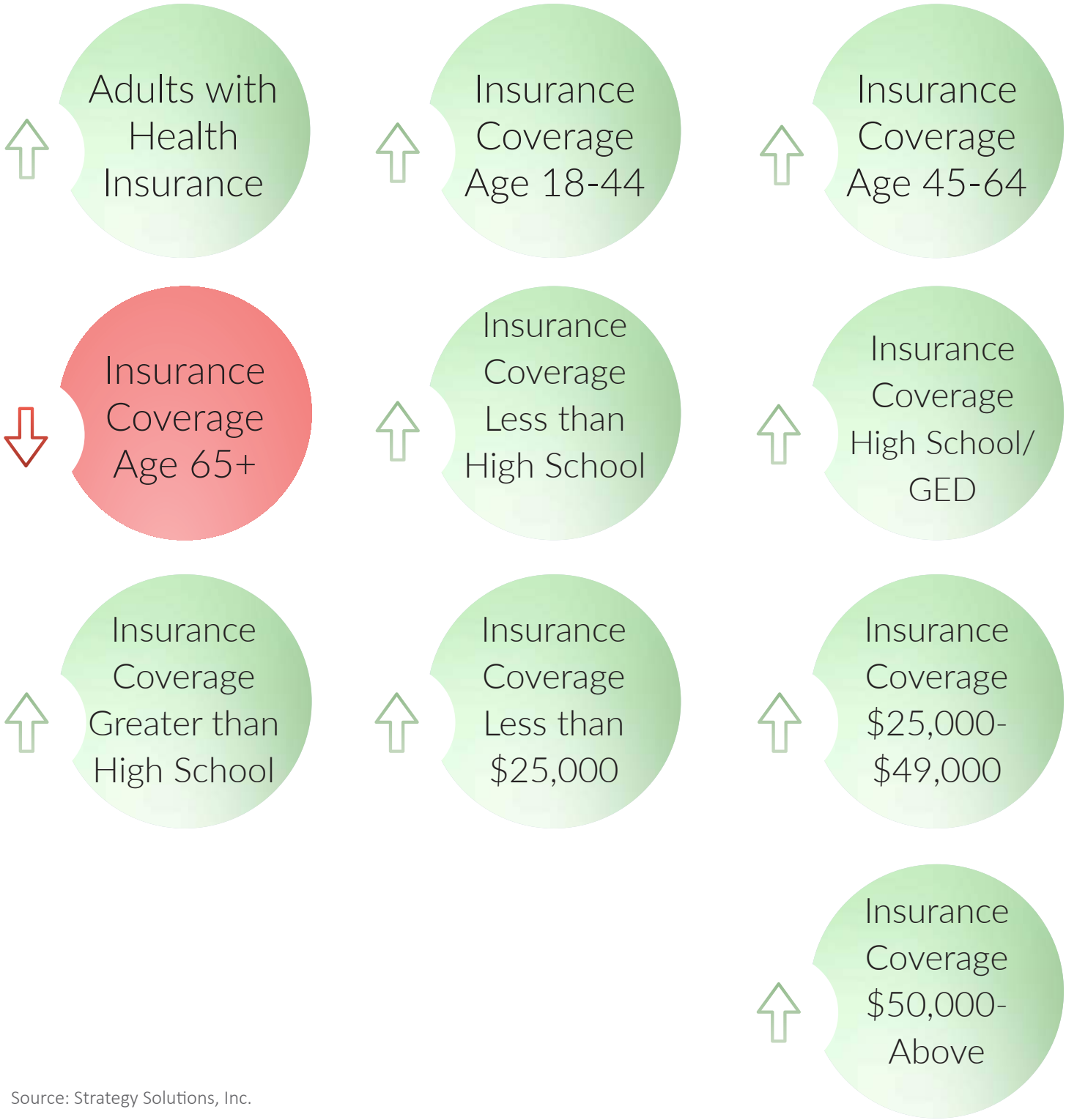
Needed services identified by primary research participants included:

- Education
  - Education on what services are available and to whom
  - Education on importance of primary care
- Providers
  - More primary care providers
  - More bilingual providers
- Services
  - More accessible care for seniors
  - More access to specialty care locally
  - More access to care for LGBTQ adults and youth
  - More services for those with disabilities
  - More affordable sliding scales; still out of reach for a lot of people
  - Services for immigrants, including those who are undocumented
  - More free clinics
  - Mobile clinics
  - Telehealth
- Transportation

Healthcare Access at a Glance

The key indicators related to healthcare access that have changed since the last assessment are identified in Figure 7.40. Red means that the indicator has worsened in at least three of the regional counties, yellow means that some counties are increasing and some are decreasing or rates have remained roughly equivalent, and green means that rates have improved in at least three of the regional counties since the last CHNA data is available for.

FIGURE 7.40 HEALTHCARE ACCESS INDICATORS



Source: Strategy Solutions, Inc.

Healthcare Access: Summary Of Indicators

The following includes both a narrative as well as a visual (chart or table) summary of indicators reported on in this section. While the colored icons illustrate, located on the previous page, observed trends from the data reported in the 2016 CHNA, this section is designed to highlight relevant information on each indicator and provide a narrative interpretation of the data included in the charts/tables that follow.

ADULTS WITH ANY TYPE OF HEALTH CARE INSURANCE COVERAGE (2007-2016)

The percentage of adults with any type of health care insurance coverage in the four-county region fluctuated between 70 percent and 90 percent between 2007 and 2016. The rates increased in 2010 in three of the four regional counties, then decreased in 2013 and increased again in 2016 in the four-county region. In 2016, Seminole County had the highest percentage in the four-county region at 87.2 percent for 2016, while Osceola had the lowest regional rate at 77.1 percent in 2016. The percentage of adults with health insurance in Lake County (83.5 percent) was comparable to the state (83.7 percent), while Orange County had a lower percentage (79.7 percent). (See Chart 7.84)

ADULTS WITH ANY TYPE OF HEALTH CARE INSURANCE COVERAGE, BY AGE (2007-2016)

Between 60 percent and 80 percent of adults age 18-44 in the four-county region report that they had health insurance between 2007 and 2013, although the rate decreased in 2013 in all four counties in the four-county region and increased in 2016 in three of the four counties. Osceola County had the lowest percentage of adults age 18-44 with health insurance in the region in 2016 (67 percent). Lake County was the only county in the four-county region that saw a decline in the percentage of adults in this age group with health insurance between 2013 (69.4 percent) and 2016 (67.5 percent).

The percentage of adults age 45-64 that have health insurance is slightly higher than adults age 18-44 and slightly lower than those age 65 and older. Osceola County (79.3 percent in 2016) consistently has lower percentages than other regional counties for adults in this age group with health insurance.

The percentage of adults age 65 and older with insurance is consistently higher than other age groups. The percentage of 65 and older with health insurance was highest in Seminole County between 2007 and 2016 (close to 100 percent), while the percentage in Orange County was lowest in 2010 (97.3 percent), 2013 (96.2 percent) and 2016 (94.7 percent). Seminole County's rate (99.7 percent) is also higher than the state (98.1 percent) in 2016. Lake County is closest to the state for all years, while Osceola County has steadily decreased since 2010. (See Charts 7.85- 7.87)

ADULTS WITH ANY TYPE OF HEALTH CARE INSURANCE COVERAGE, BY EDUCATION (2007-2016)

Adults with less than a high school education are less likely to have health insurance. For the four-county region, between 2007 and 2016, the rate increased in Lake County from 52 percent to 63.4 percent while Orange County's rate decreased from 75 percent to 54.9 percent during the same time period. Osceola County's rate decreased slightly from 66.4 percent to 64.6 percent. Seminole County's rate was not available for this time period. The state rate increased from 60.8 percent in 2007 to 64.7 percent in 2016. (See Chart 7.88)

Those with a high school/GED education have higher rates of health insurance coverage than those without a high school education. The rates for three of the counties in the four-county region have increased between 2013 and 2016 except for Lake County, which decreased from 80.9 percent to 77.6 percent. Seminole County had the highest rate in 2016 (84.9 percent), while Osceola County had the lowest (71.4 percent) of the counties in the four-county region. Only Seminole County was above the state rate (80.6 percent) for 2016. The percentage in Lake County has been decreasing since 2010 (84 percent) to 2016 (77.6 percent). (See Chart 7.89)

Those with education beyond high school in the four-county region have higher percentages of having health insurance compared to those with lower levels of education. However, in 2016 all counties in the four-county region (Lake: 89.2 percent, Orange: 85.6 percent, Osceola: 81.4, and Seminole: 88.7 percent) were lower than the state average (89.9 percent). (See Chart 7.90)

ADULTS WITH ANY TYPE OF HEALTH CARE INSURANCE COVERAGE, BY ANNUAL INCOME (2007-2016)

Residents with annual incomes under $25K in the four-county region have lower rates of insurance coverage than any other income group with the percentage covered increasing as income increases. Seminole County saw an increase in the percentage of adults in this income bracket that had health insurance in 2016 (77.3 percent from 66.5 percent in 2007). Orange County saw an increase in 2016 (65.3 percent from 62.8 percent in 2007). Those that have annual incomes of $50K and over have the highest insurance rates of all income groups. (See Charts 7.91 to 7.93)

ADULTS WHO COULD NOT SEE A DOCTOR IN THE PAST YEAR DUE TO COST (2007-2016)

The percentage of adults in the four-county region that could not see a doctor due to cost in the past year has increased in all counties between 2007 and 2013, although the rates decreased slightly in 2016. In 2016, Osceola County had a higher percentage of adults that could not see a doctor due to cost (23.8 percent) compared to the state and other counties in the four-county region. All other county percentages in the four-county region (Lake: 17.1 percent, Orange: 20.3 percent, Seminole: 17.9 percent) were above the state (16.6 percent) in 2016 as was the Osceola rate. (See Chart 7.94)

ADULTS WHO COULD NOT SEE A DOCTOR IN THE PAST YEAR DUE TO COST, BY ANNUAL INCOME (2016)

In 2016, those with annual incomes under $25K were three times more likely to indicate that they were not able to see a doctor in the past year due to cost than those with higher incomes. This trend (that those with lower incomes are more likely not to see the doctor due to cost) is similar for all counties in the four-county region. In 2016 the counties in the four-county region were all above the state (27.7 percent) for this income bracket (Lake: 32.7 percent, Orange: 32.4 percent, Osceola: 37.5 percent, Seminole: 31.9 percent).
(See Chart 7.95)

Healthcare Access: Key Findings

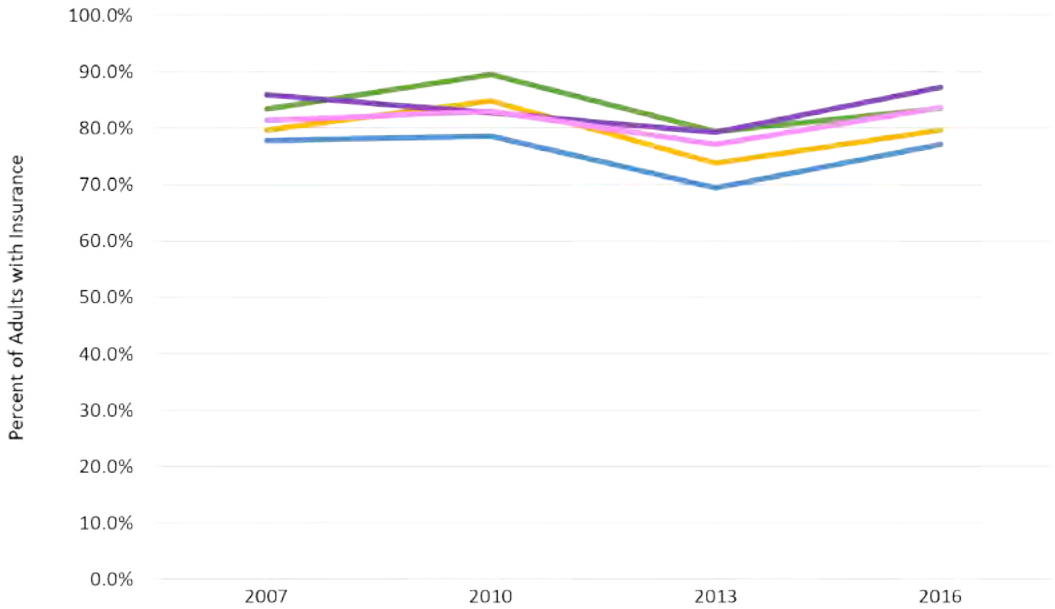
The percentage of Central Florida residents with health insurance has remained relatively steady over the past few years. Residents age 18-44 were less likely to have insurance coverage than older residents and those age 65 and older have the highest rate of insurance coverage in all counties in the four-county region. Those with less than a high school education were more likely not to have insurance than residents with higher education levels. Those with higher annual incomes were also more likely to have insurance coverage than those with lower annual incomes.

The percentage of adults who could not see a doctor due to cost has increased in the four-county region between 2007 and 2016, although the rates in all counties decreased between 2013 and 2016. Close to one in four residents have experienced this barrier in the past year. Income factors greatly in the ability of residents to see a doctor due to the associated cost. Those with household annual incomes under $25K were over three times more likely to not see a doctor due to cost compared to those with higher incomes.

Access to care is an important regional issue as community survey respondents highlighted challenges with receiving preventative care. Common themes across all of the primary research feedback included challenges with health literacy, provider hours of operation, fear, and lack of trust of providers which prevents people from seeking care. Transportation and language also become barriers to access to some extent within all the counties in the four-county region.

Community survey and other primary research participants described the needs and issues that become barriers to care including lack of insurance, cost, culture and language, lack of knowledge of the importance of preventative care and difficulty finding a provider.

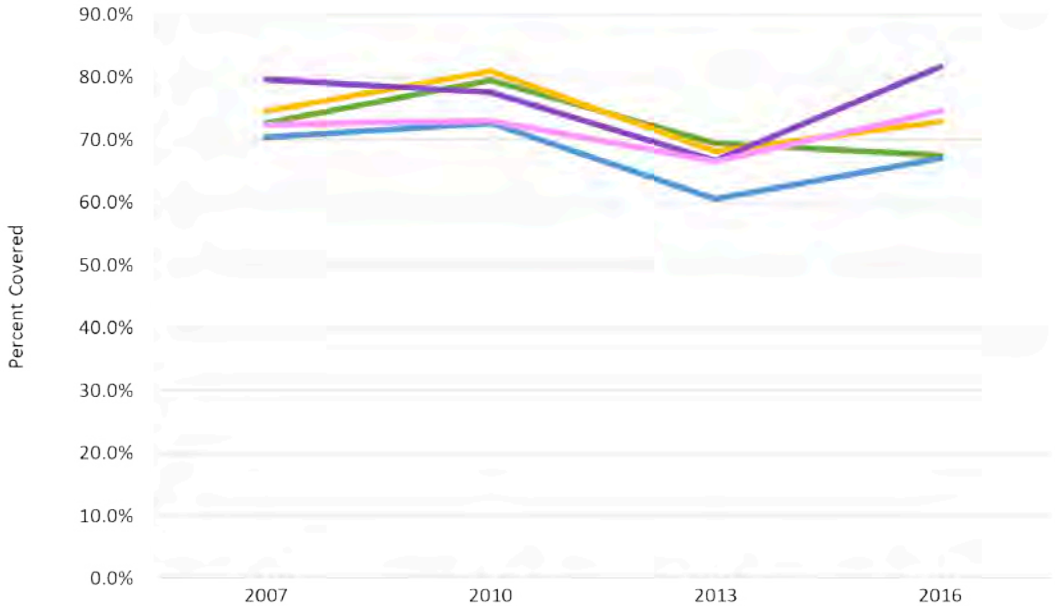
CHART 7.84: ADULTS WITH ANY TYPE OF HEALTH CARE INSURANCE COVERAGE (2007-2016)



	2007	2010	2013	2016
LAKE	83.4%	89.5%	79.4%	83.5%
ORANGE	79.7%	84.8%	73.8%	79.7%
OSCEOLA	77.8%	78.6%	69.4%	77.1%
SEMINOLE	85.9%	82.7%	79.2%	87.2%
FLORIDA	81.4%	83.0%	77.1%	83.7%

Source: FLHealthCHARTS: Florida Department of Health, Florida Behavioral Risk Factor Surveillance System

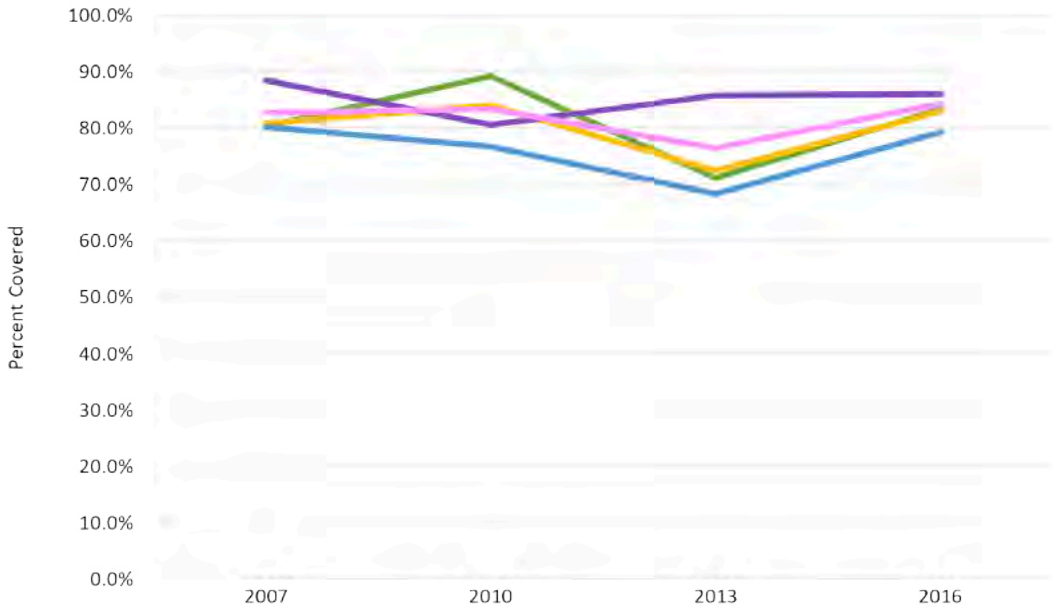
CHART 7.85: ADULTS WITH ANY TYPE OF HEALTH CARE INSURANCE COVERAGE, BY AGE, 18-44 (2007-2016)



	2007	2010	2013	2016
LAKE	72.6%	79.5%	69.4%	67.5%
ORANGE	74.5%	80.9%	68.1%	72.9%
OSCEOLA	70.4%	72.7%	60.6%	67.0%
SEMINOLE	79.6%	77.5%	66.6%	81.6%
FLORIDA	72.4%	73.0%	66.5%	74.5%

Source: FLHealthCHARTS: Florida Department of Health, Florida Behavioral Risk Factor Surveillance System

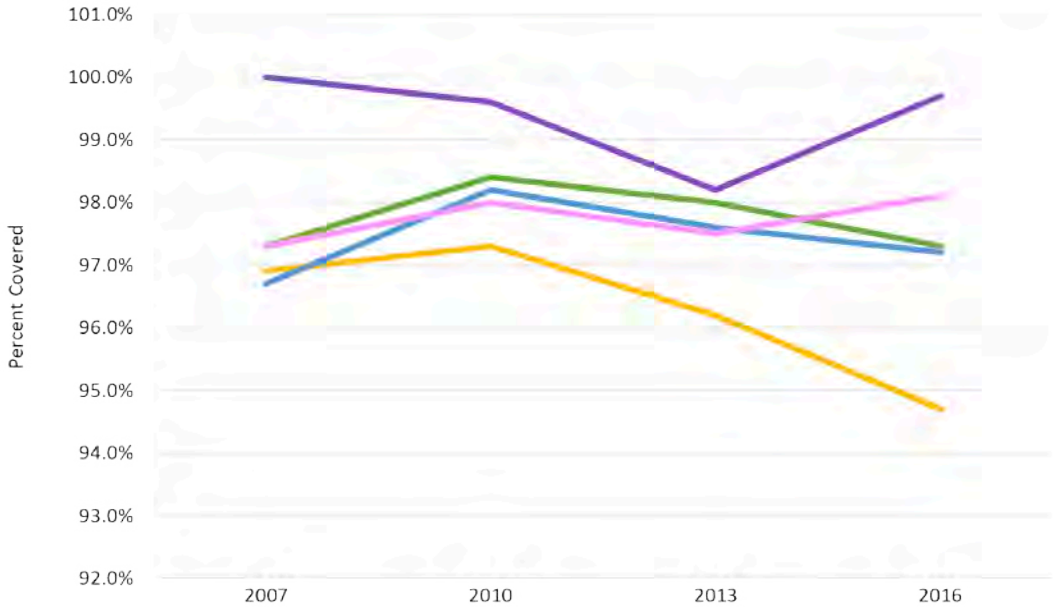
CHART 7.86: ADULTS WITH ANY TYPE OF HEALTH CARE INSURANCE COVERAGE, BY AGE, 45-64 (2007-2016)



	2007	2010	2013	2016
LAKE	80.3%	89.2%	71.1%	83.4%
ORANGE	80.8%	84.1%	72.4%	83.0%
OSCEOLA	80.2%	76.7%	68.4%	79.3%
SEMINOLE	88.4%	80.6%	85.8%	86.1%
FLORIDA	82.7%	83.4%	76.4%	84.3%

Source: FLHealthCHARTS: Florida Department of Health, Florida Behavioral Risk Factor Surveillance System

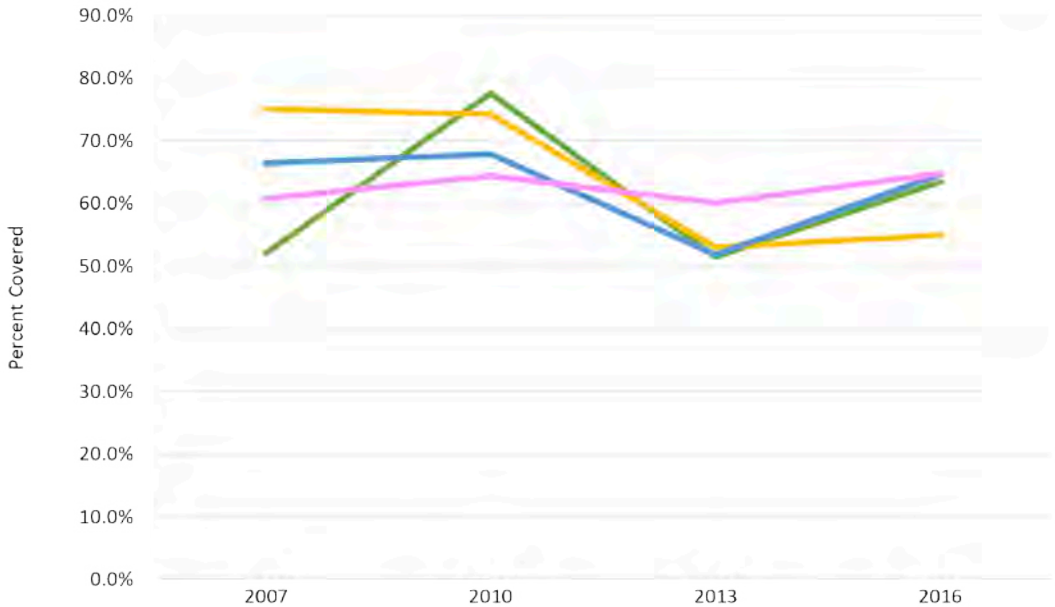
CHART 7.87: ADULTS WITH ANY TYPE OF HEALTH CARE INSURANCE COVERAGE, BY AGE, 65 & OLDER (2007-2016)



	2007	2010	2013	2016
LAKE	97.3%	98.4%	98.0%	97.3%
ORANGE	96.9%	97.3%	96.2%	94.7%
OSCEOLA	96.7%	98.2%	97.6%	97.2%
SEMINOLE	100.0%	99.6%	98.2%	99.7%
FLORIDA	97.3%	98.0%	97.5%	98.1%

Source: FLHealthCHARTS: Florida Department of Health, Florida Behavioral Risk Factor Surveillance System

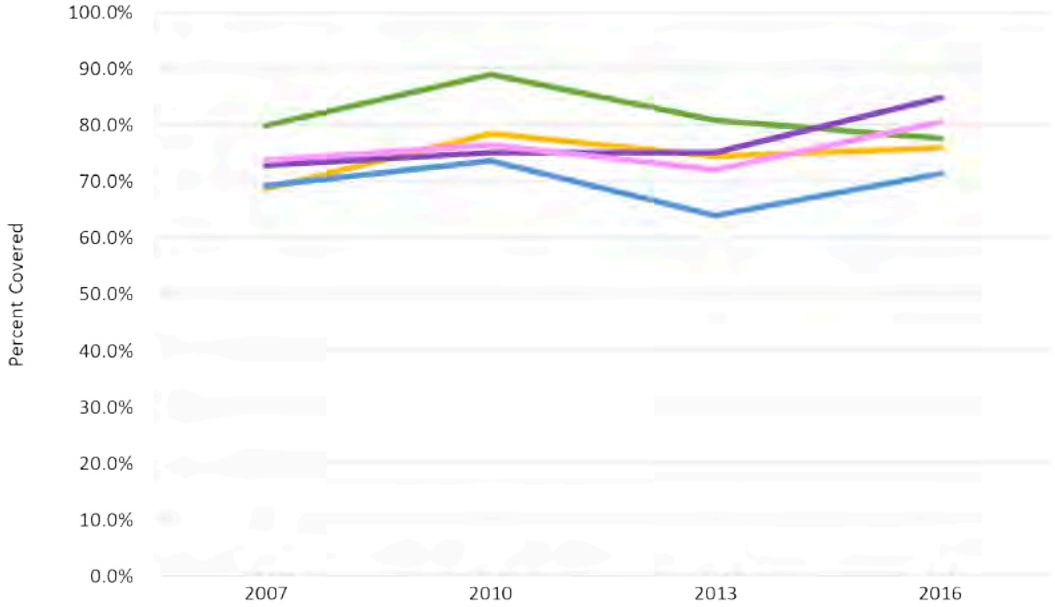
CHART 7.88: ADULTS WITH ANY TYPE OF HEALTH CARE INSURANCE COVERAGE, BY EDUCATION < HIGH SCHOOL (2007-2016)



	2007	2010	2013	2016
LAKE	52.0%	77.5%	51.5%	63.4%
ORANGE	75.0%	74.2%	53.0%	54.9%
OSCEOLA	66.4%	67.8%	51.8%	64.6%
SEMINOLE	N/A	N/A	N/A	N/A
FLORIDA	60.8%	64.4%	60.1%	64.7%

Source: FLHealthCHARTS: Florida Department of Health, Florida Behavioral Risk Factor Surveillance System

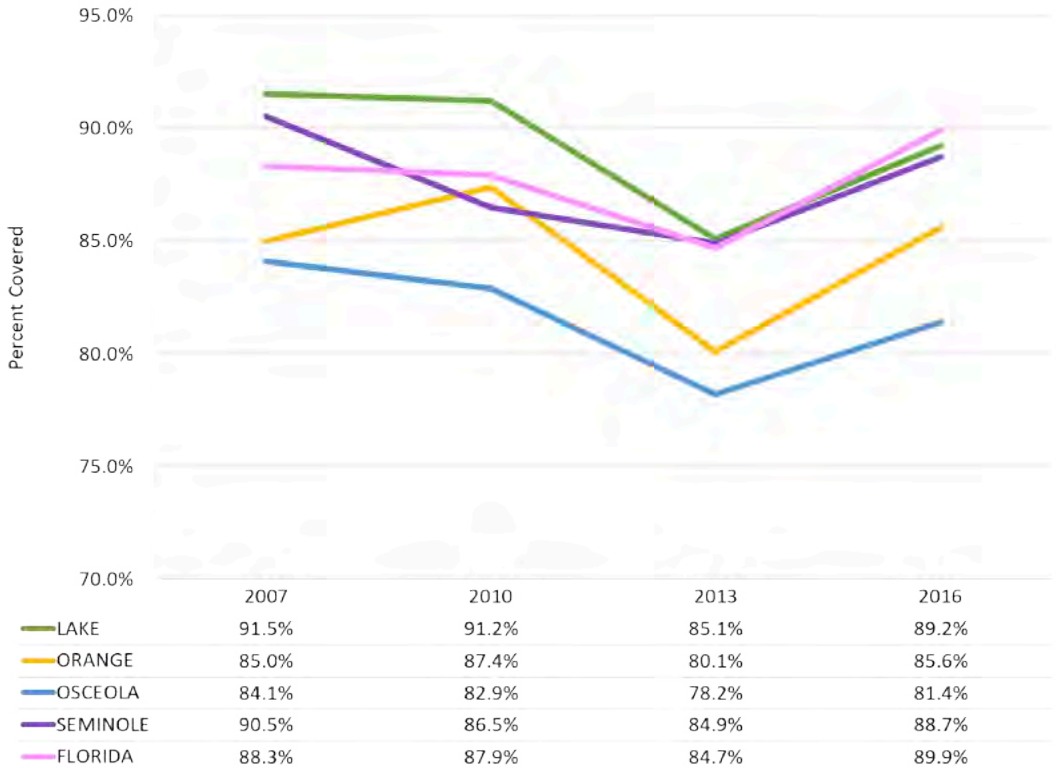
CHART 7.89: ADULTS WITH ANY TYPE OF HEALTH CARE INSURANCE COVERAGE, BY EDUCATION-HIGH SCHOOL/ GED (2007-2016)



	2007	2010	2013	2016
LAKE	79.9%	89.0%	80.9%	77.6%
ORANGE	68.8%	78.4%	74.4%	75.9%
OSCEOLA	69.3%	73.7%	63.9%	71.4%
SEMINOLE	72.9%	75.1%	75.1%	84.9%
FLORIDA	73.8%	76.5%	72.1%	80.6%

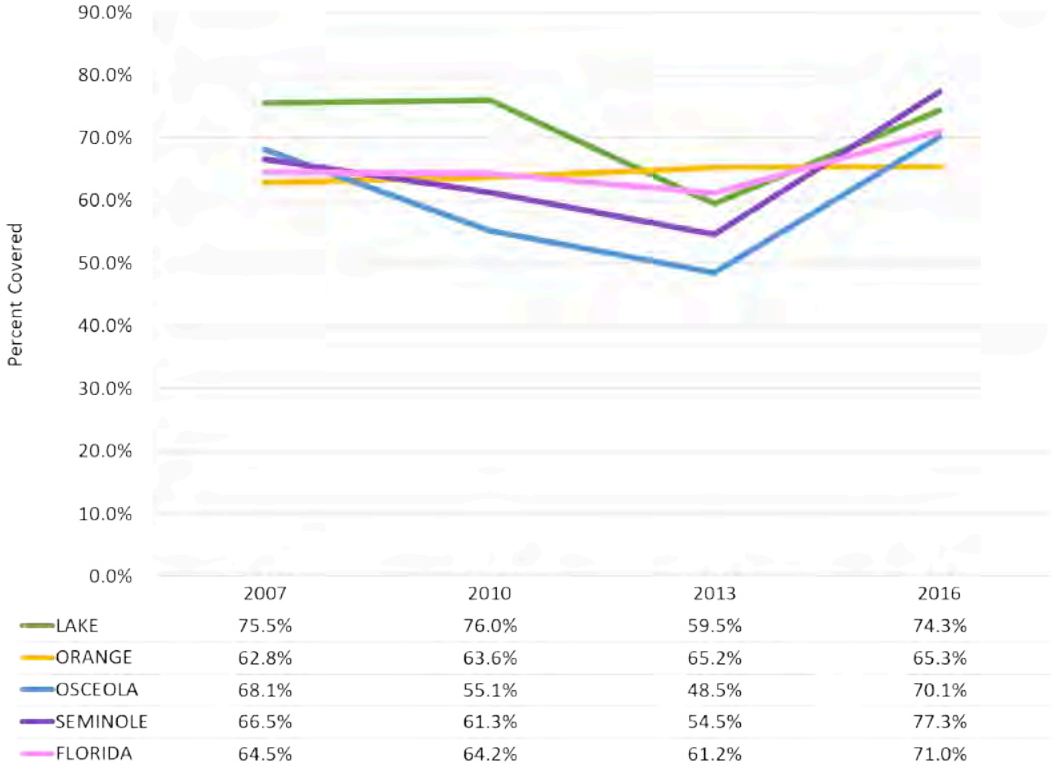
Source: FLHealthCHARTS: Florida Department of Health, Florida Behavioral Risk Factor Surveillance System

CHART 7.90: ADULTS WITH ANY TYPE OF HEALTH CARE INSURANCE COVERAGE, BY EDUCATION > HIGH SCHOOL (2007-2016)



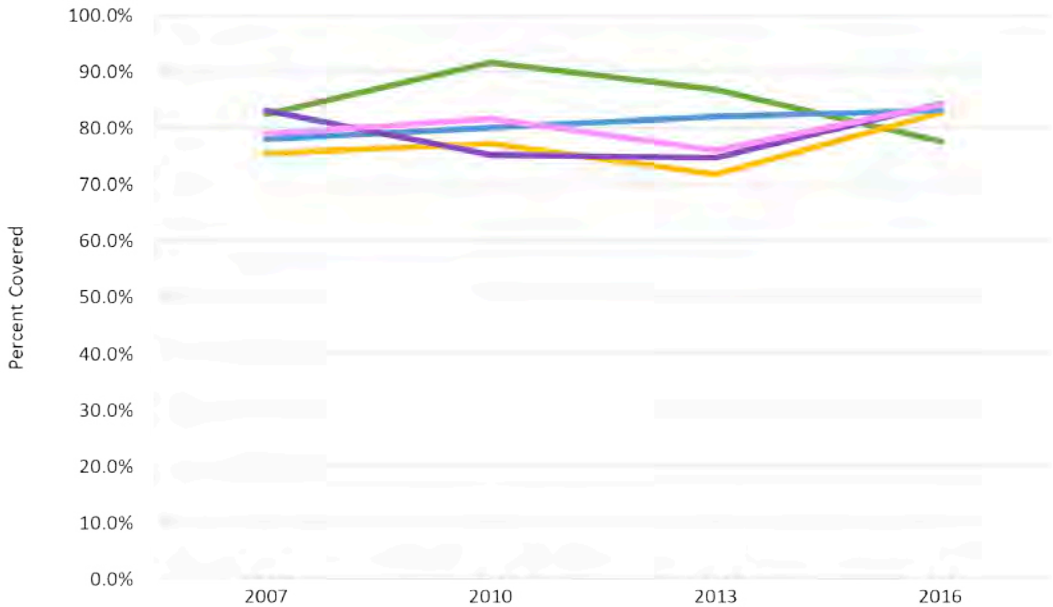
Source: FLHealthCHARTS: Florida Department of Health, Florida Behavioral Risk Factor Surveillance System

CHART 7.91: ADULTS WITH ANY TYPE OF HEALTH CARE INSURANCE COVERAGE, BY ANNUAL INCOME <$25K (2007-2016)



Source: FLHealthCHARTS: Florida Department of Health, Florida Behavioral Risk Factor Surveillance System

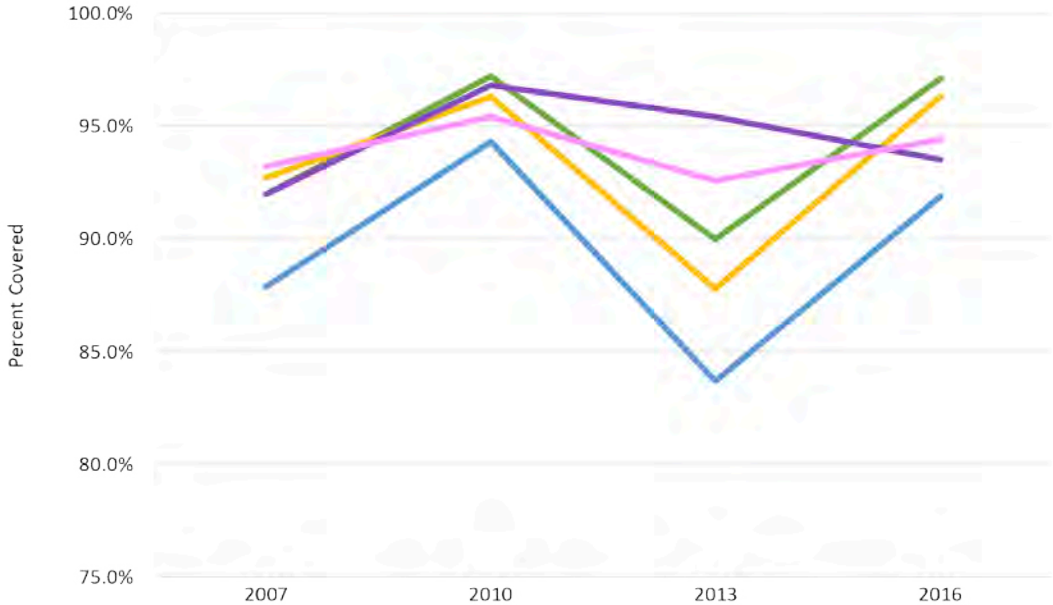
CHART 7.92: ADULTS WITH ANY TYPE OF HEALTH CARE INSURANCE COVERAGE, BY ANNUAL INCOME $25K-$49K (2007-2016)



	2007	2010	2013	2016
LAKE	82.5%	91.6%	86.9%	77.6%
ORANGE	75.5%	77.2%	71.8%	82.7%
OSCEOLA	78.1%	80.0%	82.0%	83.1%
SEMINOLE	83.1%	75.2%	74.7%	84.3%
FLORIDA	79.0%	81.7%	76.0%	84.2%

Source: FLHealthCHARTS: Florida Department of Health, Florida Behavioral Risk Factor Surveillance System

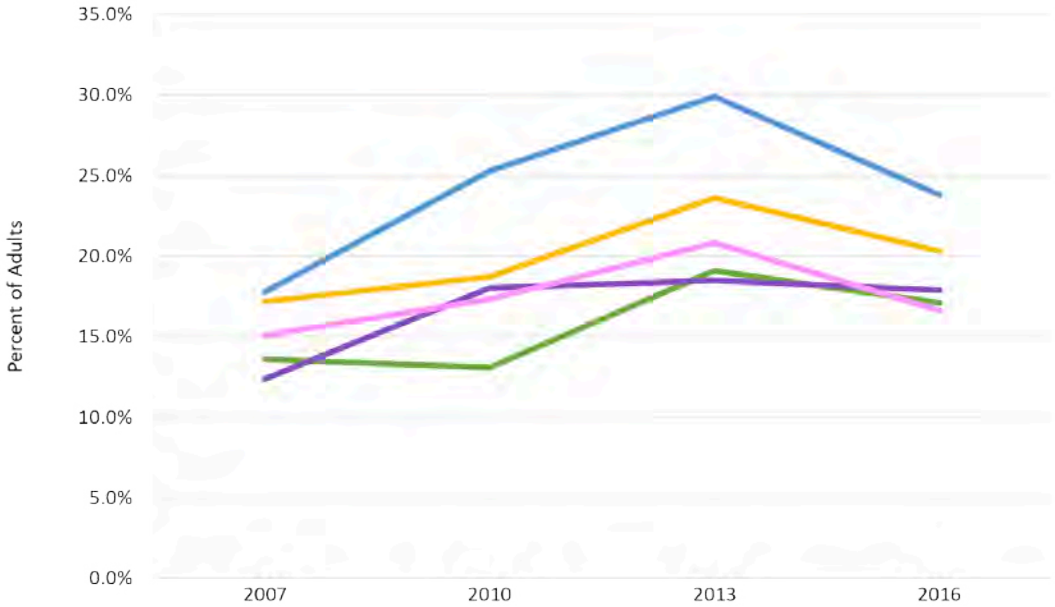
CHART 7.93: ADULTS WITH ANY TYPE OF HEALTH CARE INSURANCE COVERAGE, BY ANNUAL INCOME $50K+ (2007-2016)



	2007	2010	2013	2016
LAKE	92.0%	97.2%	90.0%	97.1%
ORANGE	92.7%	96.3%	87.8%	96.3%
OSCEOLA	87.9%	94.3%	83.7%	91.9%
SEMINOLE	92.0%	96.8%	95.4%	93.5%
FLORIDA	93.2%	95.4%	92.6%	94.4%

Source: FLHealthCHARTS: Florida Department of Health, Florida Behavioral Risk Factor Surveillance System

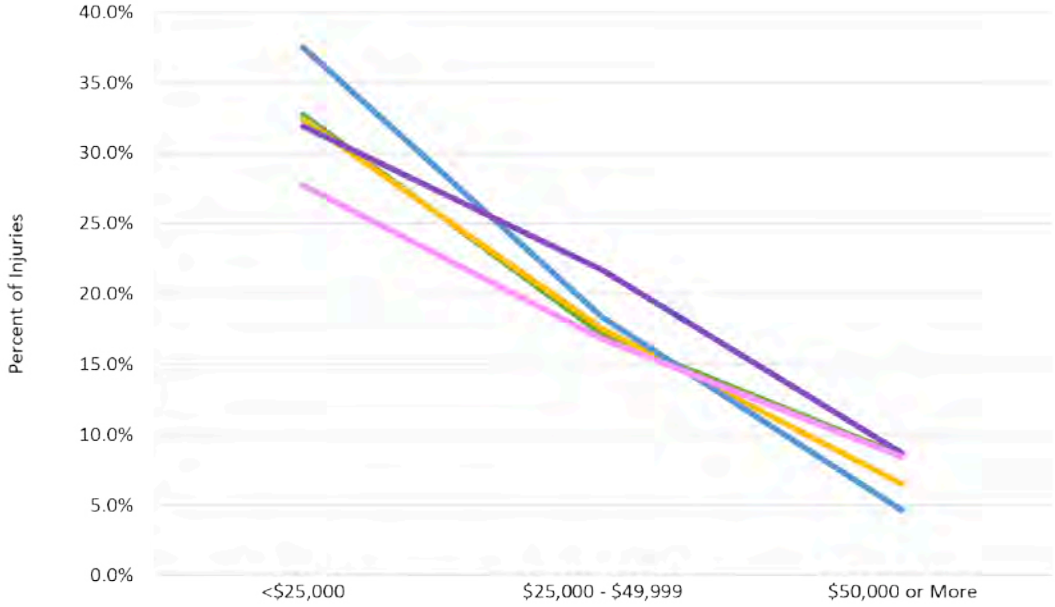
CHART 7.94: ADULTS WHO COULD NOT SEE A DOCTOR IN THE PAST YEAR DUE TO COST (2007-2016)



	2007	2010	2013	2016
LAKE	13.6%	13.1%	19.1%	17.1%
ORANGE	17.2%	18.7%	23.6%	20.3%
OSCEOLA	17.8%	25.3%	29.9%	23.8%
SEMINOLE	12.4%	18.0%	18.5%	17.9%
FLORIDA	15.1%	17.3%	20.8%	16.6%

Source: FLHealthCHARTS: Florida Department of Health, Florida Behavioral Risk Factor Surveillance System

CHART 7.95: ADULTS WHO COULD NOT SEE DOCTOR IN PAST YEAR DUE TO COST, BY ANNUAL INCOME (2016)



	<$25,000	$25,000 - $49,999	$50,000 or More
LAKE	32.7%	17.1%	8.5%
ORANGE	32.4%	17.5%	6.5%
OSCEOLA	37.5%	18.3%	4.6%
SEMINOLE	31.9%	21.7%	8.7%
FLORIDA	27.7%	16.8%	8.4%

Source: FLHealthCHARTS: Florida Department of Health, Florida Behavioral Risk Factor Surveillance System

Healthcare Providers and Facilities

LICENSED HOSPITALS

There are 32 hospitals in the four-county region, 17 of which are not-for-profit and belong to one of the three health systems that are members of the Collaborative: AdventHealth, Aspire Health Partners and Orlando Health. These 17 hospitals contain a total of 5,448 beds, 4,830 of which are acute care beds. The Collaborative member hospitals provide a wide variety of services including acute care, neonatal intensive care, rehabilitation, psychiatric, substance use and Level One Trauma.

Outside of the Collaborative membership, there are five for-profit acute care hospitals in the region, one not-for-profit acute care hospital and a nonprofit children's acute care hospital. There are also four for-profit and two not-for-profit behavioral health hospitals. Additionally, there are two for-profit long-term care hospitals with 99 beds as well as one for-profit rehabilitation hospital with 60 beds. (See Table 7.19)

ADVENTHEALTH

AdventHealth operates nearly 50 hospitals and hundreds of care centers in nearly a dozen states, making it one of the largest faith-based health-care systems in the United States. Eight AdventHealth hospital facilities participated in this assessment, including AdventHealth Orlando, a major tertiary referral hospital for Central Florida and much of the southeast, the Caribbean and South America. These eight facilities have service areas encompassing parts of each county in the Central Florida region with a total of 2,953 beds, including acute care, pediatric care, organ transplant, NICU levels II and III, comprehensive rehabilitation, adult psychiatric care and much more. While these AdventHealth facilities are located in Lake, Orange, Osceola and Seminole counties, their primary service areas extend into Brevard, Polk and Volusia. Below is a description of the services provided at AdventHealth Orlando and each of AdventHealth's hospital campuses included in this assessment.

AdventHealth Altamonte Springs

AdventHealth Altamonte Springs, a 393-bed acute-care community hospital in Seminole County, was established in 1973 as AdventHealth Orlando's first satellite campus and continues to be the leading health care provider in Seminole County.

Hospital services include: 24-hour emergency department, audiology, The Baby Place℠, The Breast Imaging Center of Excellence, breast surgery, AdventHealth Cancer Institute, cancer care, AdventHealth Cardiovascular Institute, cardiology, Center for Spine Health, critical care, diabetes, diagnostic imaging (including CT, MRI, ultrasound, nuclear cardiology), digestive health, Eden Spa (image recovery services for oncology patients), general surgery, gynecology, Heartburn and Acid Reflux Center, infusion services, interventional cardiology, interventional radiology, minimally invasive and robotic surgery, obstetrics, orthopedics, pain medicine, radiation therapy, rehabilitation and sports medicine, respiratory care and women's services.

AdventHealth Apopka

AdventHealth Apopka is a 120-bed acute-care community hospital in Orange County. AdventHealth Apopka has offered a wide range of health care services since its inception in 1975.

Hospital services include: 24-hour emergency department, cardiology, cath lab, chapel and meditation garden, critical care, CT, diagnostic imaging, DEXA, endoscopy, general surgery, laboratory services, mammography, medical care, MRI, nuclear cardiology, outpatient services, outpatient surgery, pediatric-friendly rooms, pulmonary services, radiology, rehabilitation and sports medicine, respiratory care, sleep medicine, ultrasound and urology services.

AdventHealth Celebration

AdventHealth Celebration, a 237-bed acute-care community hospital located in Osceola County opened in 1997. It is a is a leader in innovation and offers cutting edge services in digestive health, cancer, robotic surgery, neonatology, neuroscience, women's and men's health and imaging diagnostics.

Additional hospital services include: 24-hour emergency department, 24-hour critical care coverage, level II neonatal intensive care unit, global robotics institute, Center for Advanced Diagnostics with Seaside Imaging, women's center, women's imaging, head and neck surgery program, comprehensive breast health center,

primary stroke center designation, level I cardiovascular services designation, fitness center, sports medicine center, joint replacement center, spine center, Nicholson Center For Surgical Advancement, bariatric (weight loss) surgery, obesity medicine, endocrinology, reproductive endocrinology, neurosurgery, neurotology, diagnostic and interventional cardiology, transition clinic, health assessments, occupational medicine, oral surgery, primary care, behavioral health, cardiology, obstetrics/ gynecology, gynecologic oncology, general surgery, thoracic surgery, ENT, neurology, oncology, gastroenterology, advanced gastroenterology (ERCP and EUS), ophthalmology, podiatry, orthopedics, pain medicine, plastic surgery, spine surgery, vascular surgery, robotic surgery, urology, urologic oncology, sleep disorders, diabetes, respiratory, diagnostic imaging, laboratory, observation medicine, nutrition, outpatient surgery, retail pharmacy, inpatient and outpatient rehabilitation, spiritual care, education center, centralized and integrated scheduling, patient tracking, wireless networks, document imaging and telemedicine.

AdventHealth East Orlando

AdventHealth East Orlando, a 295-bed acute-care community hospital located in east Orange County, became part of the AdventHealth system in 1990. It includes residency programs in family medicine, podiatry and emergency medicine, as well as a dedicated Children's Emergency Center and a hospital-based Center for Medical Simulation and Education.

Additional hospital services include: 24-hour emergency department with a dedicated pediatric unit, audiology, AdventHealth Cancer Institute, cardiology, chest pain observation unit, critical care, diabetes, digestive health, endoscopy, home health, medical imaging, oncology unit, orthopedics, outpatient services, pain medicine, pediatric/adolescent and adult rehabilitation, primary stroke center, radiation therapy, seizure monitoring, sleep disorders center, surgery center and women's health pavilion.

AdventHealth Kissimmee

AdventHealth Kissimmee, a 162-bed acute-care community hospital located in north Osceola County, became part of the AdventHealth system in 1993.

Additional hospital services include: 24-hour emergency department, 24-hour critical care coverage, DNV-accredited primary stroke center, dedicated outpatient endoscopy center, comprehensive health care services: cancer treatment including radiation therapy and chemotherapy, cardiac diagnostics (including diagnostic catheterizations), cardiology, diabetes, gastroenterology, inpatient and outpatient rehabilitation, minimally invasive surgery, neurology, interventional radiology, imaging (digital mammography, MRI, CT, PET, nuclear medicine, ultrasound, 4-D ultrasound, diagnostic x-ray), inpatient and outpatient surgery services including breast surgery, colorectal surgery, gastrointestinal surgery, general surgery, gynecologic surgery, hand surgery, ENT surgery and ophthalmology, oral surgery, orthopedics (sports med/joint), podiatry, urology and pulmonology.

AdventHealth Orlando

AdventHealth Orlando, a 1,366-bed acute-care medical center that serves as AdventHealth's main campus in Central Florida, was founded in 1908. It is one of the largest and most comprehensive medical centers in the Southeast and includes AdventHealth for Children, one of the premier children's health systems in the nation.

Hospital services include: 24-hour emergency department, advanced diagnostic imaging center (CT, MRI, PET, meg), audiology, brain surgery, cardiovascular institute, behavioral health, critical care, diabetes institute, digestive health, family practice residency, AdventHealth for Children, cancer institute, center for interventional endoscopy, epilepsy, fracture care center, Gamma Knife® center, general medical/surgical, gynecology, high-risk perinatal care/fetal diagnostic center, home care, hyperbaric medicine and wound care, interventional neuroradiology, kidney stone center, level III neonatal intensive care, maternal fetal Medicare, neuroscience institute, nutritional counseling, obstetrics, occupational health, open heart surgery, organ transplantation (bone marrow, kidney, liver, pediatric liver, pancreas, heart, lung), orthopedic institute, outpatient services, pain medicine, pediatric hematology/oncology, psychiatry, radiation therapy, radiology, rehabilitation and sports medicine, respiratory care, sleep disorders/diagnosis and treatment, spine surgery, surgical oncology, urology and women's services.

AdventHealth Waterman

AdventHealth Waterman is a 299-bed acute-care community hospital located in Lake County, was established in 1938 and has been the cornerstone of health care excellence in Lake County.

Hospital services include: 24-hour emergency department, advanced heart program, including an accredited chest pain center, open heart and thoracic surgery, comprehensive Cancer Institute certified Joint Replacement Center, Community Primary Health Clinic, critical care services, demonstration kitchen with nutritional counseling, diabetes, most advanced imaging services (3D mammography, CT, MRI, ultrasound, nuclear medicine), digestive health care, fitness center, home care services, inpatient and outpatient rehabilitation services, laboratory services, sports medicine, surgical services including minimally invasive and robotic assisted surgeries, urology, Women and Children's Center, wound and hyperbaric medicine and spiritual care.

AdventHealth Winter Park

AdventHealth Winter Park, a 320-bed acute-care community hospital serving northeastern Orange and southeastern Seminole counties, became part of the AdventHealth system in 2000. The facility began caring for patients in February 1955 when it first opened its doors as Winter Park Memorial Hospital.

Hospital services include: 24-hour emergency department, The Baby Place℠ (comprehensive maternity care), breast care, cancer care, cardiology, critical care, diagnostic imaging, digestive health, ENT services, educational classes and support groups, endoscopy, family medicine residency program, geriatric medicine, gynecology, laboratory, neonatal intensive care (NICU), orthopedics, primary stroke center, rehabilitation & sports medicine, radiation therapy, sleep disorders center and AdventHealth for Women - Winter Park. Inpatient and outpatient surgery services include colorectal surgery, gastrointestinal and general surgery, gynecology, hand surgery, ENT, ophthalmology, oral surgery, orthopedics (sports med/joint), podiatry and urology.

ASPIRE HEALTH PARTNERS

Aspire Health Partners (Aspire) is a community-based, not-for-profit provider of behavioral health services. Aspire provides a full continuum of prevention, intervention and treatment services for children, adolescents and adults with, or at-risk of developing: mental health, substance use and co-occurring disorders; HIV/AIDS and Hepatitis Spectrum disease; homelessness; and juvenile delinquency. Service components include community and school-based prevention and intervention services; outpatient and residential treatment for mental health, substance use and co-occurring disorders; detoxification and crisis stabilization, inpatient psychiatric care, supportive housing and homeless support. Aspire is the designated public receiving facility for involuntary mental health commitments in Orange and Seminole counties and operates the only Addictions Receiving Facility for involuntary substance use commitments in Central Florida. Aspire operates 90 psychiatric acute care hospital beds, 130 crisis stabilization beds for adults and children, 50 detoxification beds for adults and children, 160 mental health/substance abuse residential treatment beds for adults, 36 substance abuse residential beds for adolescents, 30 juvenile justice residential beds and 271 supportive housing beds.

With a team of over 1,400 professionals, more than 50 program sites, serving five Central Florida counties (Orange, Osceola, Seminole, Lake and Brevard), Aspire is able to provide a comprehensive, cost efficient, seamless continuum of behavioral healthcare. In 2018, Aspire provided direct prevention, intervention, treatment, juvenile justice and HIV/AIDS services to more than 35,000 individuals. Aspire's programs are licensed by the Florida Department of Children and Families (DCF), the Florida Agency for Health Care Administration (AHCA) and are nationally accredited through the Commission on Accreditation of Rehabilitative Facilities (CARF).

ORLANDO HEALTH

The Orlando Health healthcare system is one of Florida's most comprehensive private, not-for-profit healthcare organizations with a community-based network of physician practices, hospitals and outpatient care centers throughout Central Florida. As a statutory teaching hospital system, Orlando Health offers the region's only Level One Trauma Center; the area's first heart program; specialty hospitals dedicated to children, women and babies; a major cancer center; and long-standing community hospitals.

With 2,424 hospital beds, facilities include: Orlando Health Orlando Regional Medical Center (ORMC); Orlando Health UF Health Cancer Center; Orlando Health Arnold Palmer Hospital for Children; Orlando Health Winnie Palmer Hospital for Women & Babies; Orlando Health Dr. P. Phillips Hospital; Orlando Health South Seminole Hospital; Orlando Health – Health Central Hospital; and Orlando Health South Lake Hospital. Areas of expertise include heart and vascular, cancer care, neurosciences, surgery, pediatric orthopedics and sports medicine, neonatology and women's health.

Orlando Health Orlando Regional Medical Center

Orlando Health Orlando Regional Medical Center (ORMC), located in Orlando, is Orlando Health's flagship medical center with 866 acute care and comprehensive rehabilitation beds. Orlando Health ORMC specializes in orthopedics, neurosciences, cardiology, trauma and critical care medicine. Orlando Health ORMC is home to Central Florida's only Level One Trauma Center and burn unit. The hospital offers other specialty centers, including memory disorders, epilepsy and the Orlando Health rehabilitation institute. Orlando Health ORMC also is one of the state's six major teaching hospitals. Orlando Health ORMC's primary service area extends from Orange County into Lake, Seminole and Osceola counties. All jurisdictions in Seminole, except for Geneva, are considered in the primary service area. The cities of Kissimmee and St. Cloud (in Osceola), and Clermont and Minneola (in Lake) are included in the service area.

Orlando Health UF Health Cancer Center

Orlando Health UF Health Cancer Center is a statewide cancer treatment and research program with the University of Florida specializing in cancer detection and treatment. It is home to the Marjorie and Leonard Williams Center for Proton Therapy, Central Florida's first — and only the nation's 23rd proton therapy center. The cancer center's specific services include genetic counseling, integrative medicine, nutrition services, counseling and rehabilitation. Although it serves all of Central Florida, the cancer center's primary service area is the entirety of Orange County.

Orlando Health Arnold Palmer Hospital for Children

Orlando Health Arnold Palmer Hospital for Children is a pediatric teaching hospital and the first facility in Central Florida to provide emergency care for pediatric patients. With 156 beds, Orlando Health Arnold Palmer offers numerous pediatric specialties, including cardiology and cardiac surgery, emergency and trauma care, endocrinology and diabetes, gastroenterology, nephrology, neuroscience, oncology and hematology, orthopedics, rheumatology, pulmonology and sleep medicine. Orlando Health Arnold Palmer has received national recognition for its programs in orthopedics, pulmonology and cardiology and heart surgery. The hospital offers the most comprehensive heart care in Central Florida for infants, children, and teens with heart disease. Orlando Health Arnold Palmer also has the only Level One Pediatric Trauma Center in the region. The primary service area of Orlando Health Arnold Palmer extends throughout the Central Florida region and into Polk County, southern Brevard County and Volusia County (Deltona).

Orlando Health Winnie Palmer Hospital for Women & Babies

Orlando Health Winnie Palmer Hospital for Women & Babies is dedicated to the health of women and babies in the Central Florida region. With 350 beds, the teaching hospital is one of the largest birthing hospitals in the nation. Orlando Health Winnie Palmer's Level III neonatal intensive care unit (NICU) is one of the largest NICUs in the world and has one of the highest survival rates in the country for low birth-weight babies. Specialized programs and services that Orlando Health Winnie Palmer offers to mothers and babies include those for high-risk births, neonatal, obstetrics and gynecology, breastfeeding, childbirth and parenting classes, and surgical and specialized care. The extent of the primary service area of this facility extends to all jurisdictions in Orange, Seminole, except for Geneva, as well as the cities of Kissimmee and St. Cloud (Osceola County) and Clermont and Minneola (Lake County).

Orlando Health Dr. P. Phillips Hospital

Orlando Health Dr. P. Phillips Hospital is a 237-bed, full-service medical and surgical facility that provides emergency services, diagnostic imaging, rehabilitation and surgical services, including vascular, neurosurgery, oncology, orthopedics and the DaVinci robotic surgical system. The hospital also includes cardiovascular care as a fully accredited chest pain center and a designated primary stroke center. Cancer treatments, home healthcare and wound care therapies also are provided at Orlando Health Dr. P. Phillips. The primary service area is the southwestern portion of Orange County, including the municipalities of Windermere, Winter Garden, Oakland, Ocoee, Belle Isle, Orlando and the community areas of Bay Hill, Dr. Phillips, Hunters Creek, Southchase and Bay Lake. The service area also encompasses the communities of Celebration and Poinciana in Osceola County.

Orlando Health South Seminole Hospital

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

Orlando Health – Health Central Hospital

Orlando Health – Health Central Hospital, located in West Orange County, is a 211-bed, full-service medical and surgical facility that provides emergency services, cardiac care, women's health, neurology, neurosurgery, orthopedic and spine care, endocrinology, oncology, wound care, mammography and general surgery. Orlando Health – Health Central also offers a primary stroke center. The primary service area is western Orange County, including Winter Garden, Ocoee, Windermere, Pine Hills, South Apopka and west Orlando.

Orlando Health South Lake Hospital

Orlando Heath South Lake Hospital, located in Clermont, Florida is a full-service medical and surgical facility with 140 inpatient beds, along with 30 short-term rehabilitation beds. The hospital serves south Lake County and provides a variety of medical services, including diagnostic, imaging, orthopedics, robotic surgery, urology and cardiac care. It is situated on a 180-acre health, education and wellness campus that also includes the Center for Women's Health, the National Training Center, the SkyTop View Rehabilitation Center and other outpatient services. The primary service areas is Clermont, Minneola, Groveland, Mascotte and Montverde. This makes up the whole of southern Lake County.

LICENSED PHYSICIAN RATE (2012/2013- 2017/2018)

The rate of physicians per 100,000 population licensed in Florida remained relatively stable from FY 2012/13 to FY 2017/2018. Over the past three years the rate of physicians increased in Orange and Lake counties and decreased in Osceola and Seminole. In 2017/2018 Seminole County had the lowest rate, with only 91.5 physicians per 100,000 residents. Orange County (382.8) had the highest rate and is the only county in the region with a rate above the state level (310.6). The rate in Lake County was 227.5 while the rate in Osceola County was 143.2. (See Chart 7.96)

TOTAL NUMBER OF LICENSED PHYSICIANS (2013/2014- 2017/2018)

The number of licensed physicians increased by 20.4 percent in the four-county region between 2013 and 2018 from 5,570 in fiscal year 2013/2014 to 6,707 in fiscal year 2017/2018. The number in Orange County increased the most from 3,604 to 5,044. Lake County increased from 747 in fiscal year 2013/2014 to 759 in fiscal year 2017/2018. Osceola County increased from 462 to 486 between fiscal years 2013/2014 and 2017/2018 while Seminole County decreased from 757 in fiscal year 2013/2014 to 418 in fiscal year 2017/2018. (See Table 7.20)

LICENSED DENTIST RATE (2012/2013- 2017/2018)

Over the past few years, only in Orange County (56.8) has there been an increase in the rate of licensed dentists practicing in the four-county region, although the rate dropped slightly in 2017/2018. All other counties had rates in 2017/2018 (Lake: 39.6, Osceola: 18.3, Seminole: 19) that were lower than the state rate (55.8). Seminole County also had a large drop in dentists per 100,000 population between 2015/2016 (55.8) and 2016/2017 (17.1). (See Chart 7.97)

TOTAL NUMBER OF LICENSED DENTISTS (2013/2014- 2017/2018)

The number of dentists in the four-county region decreased over the past five years from 1,078 in fiscal year 2013/2014 to 1,029 in fiscal year 2017/2018. Only Orange County increased the number of dentists from 589 in fiscal year 2013/2014 to 748 in fiscal year 2017/2018, while the other three counties declined: Lake from 152 to 132, Osceola from 89 to 62 and Seminole from 248 to 87 over the five-year period. The state increased from 10,396 to 11,475. (See Table 7.21)

RATIO OF MENTAL HEALTH PROVIDERS TO POPULATION (2015-2018)

In 2018, Lake County (1,285:1) had the fewest mental health providers relative to the population, while Orange County (507:1) had the most. Across the region and at the state level, the ratio of providers to residents has improved over the past few years. Orange (507:1) and Seminole (675:1) counties have a ratio that is more positive than the state level (703:1), compared to 769:1 in Osceola County. (See Table 7.22)

EMERGENCY DEPARTMENT SERVICES (2019)

There is a total of 21 dedicated emergency departments throughout the four-county region, 14 of which are part of the Collaborative member hospitals. The region also has one licensed burn unit located at Orlando Health ORMC, although 15 regional hospitals offer burn emergency services. The region also has five Level I cardiovascular and six Level II cardiovascular services facilities. There are also nine primary stroke centers and four comprehensive stroke centers in the four-county region. The four-county region also has one Level I Trauma Center, located at Orlando Health ORMC, and one Level II Trauma Center. (See Table 7.23)

TRANSPLANT SERVICES (2019)

The only hospital (AdventHealth Orlando) in the region for transplants is included in the Collaborative. (See Table 7.24)

TOTAL LICENSED HOSPITAL BEDS (2019)

There are 7,321 total licensed hospital beds in the four-county region. The majority (5,448, 74.4 percent) are operated by Collaborative member hospitals. Of the hospital beds included in the four-county region, 4,536 (62 percent) of the total beds are located in Orange County. There are 814 total licensed hospital beds in Lake County (11.1 percent), 1,027 beds (14 percent) in Osceola County and 944 beds (12.9 percent) in Seminole County. (See Chart 7.98 and Table 7.19)

TOTAL LICENSED ACUTE CARE BEDS (2019)

There are 14 hospital partners in this assessment that operate 4,830 of the 5,980 total licensed acute-care beds. The Collaborative partners represent more than 72 percent of the acute-care beds available in the four-county region. 60.2 percent (3,600) of all licensed acute-care beds in the four-county region are located in Orange County. There are 717 acute-care beds (12 percent) in Lake County, 882 acute-care beds (14.8 percent) in Osceola County and 781 acute-care beds (13 percent) in Seminole County. (See Chart 7.99 and

TOTAL NICU II AND III BEDS (2019)

In Orange County, there are 130 NICU II beds across two AdventHealth campuses (Winter Park and Orlando) and one Orlando Health campus (Orlando Health Winnie Palmer). The 126 NICU III beds in Orange County are at AdventHealth Orlando and Orlando Health Winnie Palmer. There are also 10 NICU II beds in Osceola County, located at AdventHealth Celebration and 10 NICU III beds located at AdventHealth Altamonte Springs in Seminole County. (See Table 7.25)

TOTAL COMPREHENSIVE REHAB BEDS (2019)

Throughout the four-county region, there are a total of 189 comprehensive rehabilitation beds. The majority of the beds in Orange County for comprehensive rehabilitation (83 of 88) are spread across two AdventHealth campuses (Winter Park and Orlando) and one Orlando Health campus (Orlando Health ORMC). The remaining beds are associated with hospitals outside the Collaborative membership. (See Table 7.26)

TOTAL LICENSED ADULT PSYCHIATRIC BEDS (2019)

There is a total of 521 licensed adult psychiatric beds in the four-county region in 2019. Lake has 62 (12 percent of the total beds), Orange has 322 (61.8 percent of the total beds), Osceola has 75 (14.4 percent of the total beds) and Seminole has 62 (11.9 percent of the total beds). Of those, 149 beds in Orange County and 62 beds in Seminole County are affiliated with Collaborative member hospitals. (See Chart 7.100 and Tables 7.19 and 7.27)

TOTAL PSYCHIATRIC TREATMENT FACILITY BEDS (2019)

There is a total of 930 adult psychiatric, child and adolescent psychiatric, residential treatment facility and intensive residential treatment facility beds in the four-county region. The majority of the beds are located in Orange County (590) with providers outside the Collaborative membership. Osceola County has 90 total beds and Seminole County has 137 total beds and Lake County has 113 total beds. (See Table 7.27)

TOTAL ADULT SUBSTANCE ABUSE BEDS (2019)

The four-county region has a total of 45 licensed substance abuse beds. All of the beds in Lake (five), Orange (16), and Osceola (14) counties are affiliated with providers outside of the Collaborative membership. Orlando Health South Seminole has 10 adult substance abuse beds, which is all of the substance abuse beds in Seminole County. (See Table 7.28)

Health Care Providers and Facilities: Key Findings

Access to mental health services was noted often across all data collection sources as a community concern. While the provider to population ratio has improved in recent years, primary research participants still noted it as an area needing improvement.

The four-county region has a wide variety of specialty services including NICU, psychiatric beds and trauma centers. Overuse of the emergency department remains a concern expressed through the primary research as residents continue to utilize it for non-emergency issues, straining resources. Resources and services appear to be clustered in Orange and Seminole counties. Residents in Lake and Osceola counties have to travel to access these services when they are not offered closer to home.

TABLE 7.19: LICENSED HOSPITAL FACILITIES, CENTRAL FLORIDA FOUR-COUNTY REGION (2019)

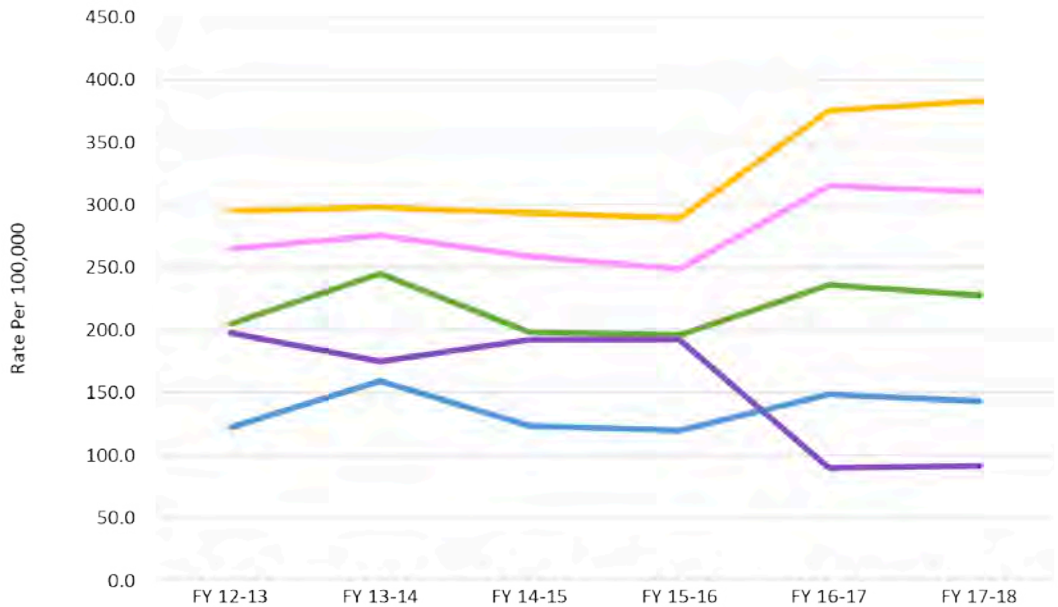
				LICENSED BEDS																
							NICU		Psychiatric			Substance Abuse				Non CON Regulated Services				
ID#	AHCA#	Facility Name	City	Total Beds	Acute Care Beds	LTC Hosp. Beds	Level II	Level III	Adult	Child/ Adol	IRTF	Adult	Child/ Adol	SNU	Rehab	Burn Units	Level II Adult Cardio	Level I Adult Cardio	Comp. Stroke Center	Primary Stroke Center
3053	100057	AdventHealth Waterman	Tavares	269	269												1			1
3077	100084	Leesburg Regional Medical Center	Leesburg	308	308												1			1
3239	104018	Lifestream Behavioral Center	Leesburg	46					41			5								
3077	100214	LRMC Senior Behavioral Health Center	Leesburg	21					21											
3047	100051	Orlando Health South Lake Hospital	Clermont	170	140									30				1		1
		Lake County Total		814	717				62			5		30			2	1		3
3258	120003	AdventHealth Apopka	Apopka	120	120															
3019	100021	AdventHealth East Orlando	Orlando	295	295															1
3258	100007	AdventHealth Orlando	Orlando	1,366	1,195		28	74	59						10		1		1	
31	100162	AdventHealth Winter Park	Winter Park	320	288		12								20					1
3112	100129	Aspire Health Partners, Inc.	Orlando	90					90											
	23960083	Central Florida Behavioral Hospital	Orlando	174					109	65										
3310	110051	La Amistad Residential Treatment Center	Maitland	40							40									
	23960096	Nemours Children's Hospital	Orlando	100	77		2	16							5					
3028	100030	Orlando Health - Health Central	Ocoee	211	211													1		1
3005	120001	Orlando Health Arnold Palmer	Orlando	156	156															
3005	120002	Orlando Health Dr. P. Phillips	Orlando	237	237													1		1
3005	100006	Orlando Health ORMC	Orlando	866	813										53	1	1		1	
3005	120001	Orlando Health Winnie Palmer	Orlando	350	208		90	52												
	23960043	Select Specialty Hospital-Orlando (North Campus)	Orlando	35		35														
	23960068	Select Specialty Hospital-Orlando (South Campus)	Orlando	64		64														
3314	1 10047	University Behavioral Center	Orlando	112					64	32		16								
		Orange County Total		4,536	3,600	99	132	142	322	97	40	16			88	1	2	2	2	4
	23960017	AdventHealth Celebration	Celebration	237	227		10											1		1
3082	100089	AdventHealth Kissimmee	Kissimmee	162	162															1
	23960129	Blackberry Center	St. Cloud	64					50			14								
3096	100110	Osceola Regional Medical Center	Kissimmee	404	333		10	8	25						28		1		1	
	23960111	Poinciana Medical Center	Kissimmee	76	76															
3067	100074	St. Cloud Regional Medical Center	St. Cloud	84	84															
		Osceola County Total		1,027	882		20	8	75			14			28		1	1	1	2
3258	120004	AdventHealth Altamonte Springs	Altamonte Springs	393	383		10											1		1
3138	100161	Central Florida Regional Hospital	Sanford	221	208										13		1			1
	23960115	Encompass Health Rehabilitation Hospital of Altamonte	Altamonte Springs	60											60					
3266	100263	Orlando Health South Seminole	Longwood	206	126				62	8		10						1		1
	23960121	Oviedo Medical Center (Licensed 1/26/2017)	Oviedo	64	64															
		Seminole County Total (Per Actual Numbers Written)		944	781		10		62	8		10			73		1	2		3
		Total Regional Bed Count		7,321	5,980	99	162	150	521	105	40	45	0	30	189	1	6	6	3	12

Note: Data reported in this chart was the most recent publically available data as of January 2019. Individual hospital narratives reflect internal hospital data.

*Gray shading denotes collaborative member facilities

Sources: Florida Agency for Healthcare Administration; Central Florida Collaborative

CHART 7.96: LICENSED PHYSICIAN RATE (2012/2013-2017/2018)



	FY 12-13	FY 13-14	FY 14-15	FY 15-16	FY 16-17	FY 17-18
LAKE	205.1	245.1	198.4	195.7	236.0	227.5
ORANGE	295.6	298.0	293.9	289.5	374.9	382.8
OSCEOLA	122.3	159.3	123.4	119.9	148.6	143.2
SEMINOLE	197.5	175.1	192.2	192.2	89.9	91.5
FLORIDA	264.6	275.7	258.8	248.6	315.5	310.6

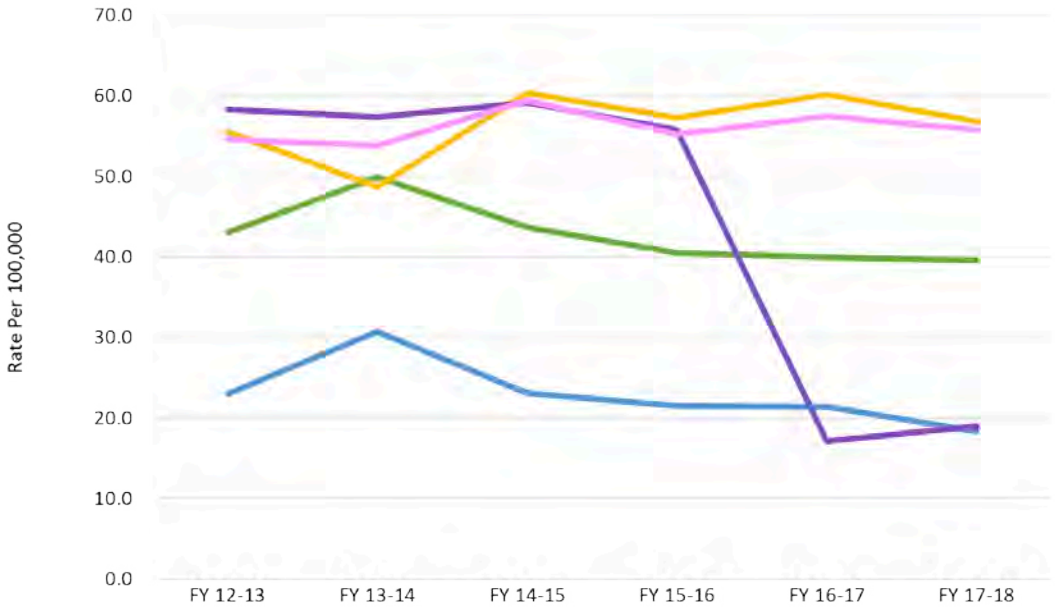
Source: FLHealthCHARTS: Division of Medical Quality Assurance

TABLE 7.20: TOTAL NUMBER OF LICENSED PHYSICIANS (2013/2014- 2017/2018)

	FY 13-14	FY 14-15	FY 15-16	FY 16-17	FY 17-18
Lake	747	618	623	769	759
Orange	3,604	3,626	3,645	4,827	5,044
Osceola	462	368	374	485	486
Seminole	757	843	854	405	418
Region Total	5,570	5,455	5,496	6,486	6,707
Florida	53,259	50,679	49,456	63,825	63,849

Source: FLHealthCHARTS: Division of Medical Quality Assurance

CHART 7.97: LICENSED DENTIST RATE (2012/2013-2017/2018)



	FY 12-13	FY 13-14	FY 14-15	FY 15-16	FY 16-17	FY 17-18
LAKE	43.0	49.9	43.7	40.5	39.9	39.6
ORANGE	55.5	48.7	60.3	57.3	60.2	56.8
OSCEOLA	23.0	30.7	23.1	21.5	21.4	18.3
SEMINOLE	58.3	57.4	59.1	55.8	17.1	19.0
FLORIDA	54.6	53.8	59.4	55.2	57.5	55.8

Source: FLHealthCHARTS: Division of Medical Quality Assurance

TABLE 7.21: TOTAL NUMBER OF LICENSED DENTISTS (2013/2014-2017/2018)

	FY 13-14	FY 14-15	FY 15-16	FY 16-17	FY 17-18
Lake	152	136	129	130	132
Orange	589	744	722	775	748
Osceola	89	69	67	70	62
Seminole	248	259	248	77	87
Region Total	1,078	1,208	1,166	1,052	1,029
Florida	10,396	11,635	10,986	11,641	11,475

Source: FLHealthCHARTS: Division of Medical Quality Assurance

TABLE 7.22: RATIO OF MENTAL HEALTH PROVIDERS TO POPULATION (2015-2018)

	2015	2016	2017	2018
Lake	1,318:1	1,283:1	1,375:1	1,285:1
Orange	591:1	544:1	553:1	507:1
Osceola	992:1	884:1	842:1	769:1
Seminole	690:1	627:1	706:1	675:1
Florida	744:1	689:1	747:1	703:1

Source: County Health Rankings and Roadmaps

TABLE 7.23: EMERGENCY DEPARTMENT SERVICES (2019)

County	Facility Name	Collaborative Member	Emergency Department	Burn Services	Cardio	Stroke Center	Trauma
Lake	AdventHealth Waterman	X	X		Level II	Primary	
Lake	Orlando Health South Lake Hospital	X	X	X	Level I		
Lake	Leesburg Regional Medical Center		X			Primary	
Orange	AdventHealth Apopka	X	X	X			
Orange	AdventHealth East Orlando	X	X	X			
Orange	AdventHealth Orlando	X	X	X	Level II	Comp.	
Orange	AdventHealth Winter Park	X	X	X		Primary	
Orange	Orlando Health Arnold Palmer Hospital for Children	X	X	X			
Orange	Orlando Health Winnie Palmer Hospital for Women & Babies	X					
Orange	Orlando Health Dr. P. Phillips Hospital	X	X	Burn Unit	Level II	Comp.	
Orange	Orlando Health Orlando Regional Medical Center	X	X	X	Level II	Comp.	Level I
Orange	Nemours Children's Hospital		X				
Orange	Orlando Health – Health Central Hospital	X	X		Level I	Primary	
Osceola	AdventHealth Celebration	X	X	X	Level I	Primary	
Osceola	AdventHealth Kissimmee	X	X	X		Primary	
Osceola	Osceola Regional Medical Center		X		Level II	Comp.	
Osceola	St. Cloud Regional Medical Center		X				
Osceola	Poinciana Medical Center		X	X			
Seminole	AdventHealth Altamonte Springs	X	X	X	Level I	Primary	
Seminole	Orlando Health South Seminole Hospital	X	X	X	Level I	Primary	
Seminole	Central Florida Regional Hospital		X	X	Level II	Primary	Level II
Seminole	Oviedo Medical Center		X	X			
		15	21	15			

Sources: Florida Agency For Healthcare Administration; Central Florida Collaborative

TABLE 7.24: TRANSPLANT SERVICES (2019)

Program (A=Adult; P=Pediatric)	AdventHealth Orlando	4-County Region	Florida
Transplant	1	1	10
Heart Transplant (A)	1	0	7
Heart Transplant (P)	0	0	4
Kidney Transplant (A)	1	1	10
Kidney Transplant (P)	1	1	4
Liver Transplant (A)	1	1	8
Liver Transplant (P)	0	0	2
Lung Transplant (A)	1	1	5
Lung Transplant (P)	0	0	2
Bone Marrow Transplant (A)	1	1	6
Bone Marrow Transplant (P)	1	1	6
Pancreas/Transplant (A)	1	1	5
Pancreas/Transplant (P)	0	0	1

Source: Florida Agency For Healthcare Administration

CHART 7.98: TOTAL LICENSED HOSPITAL BEDS (2019)

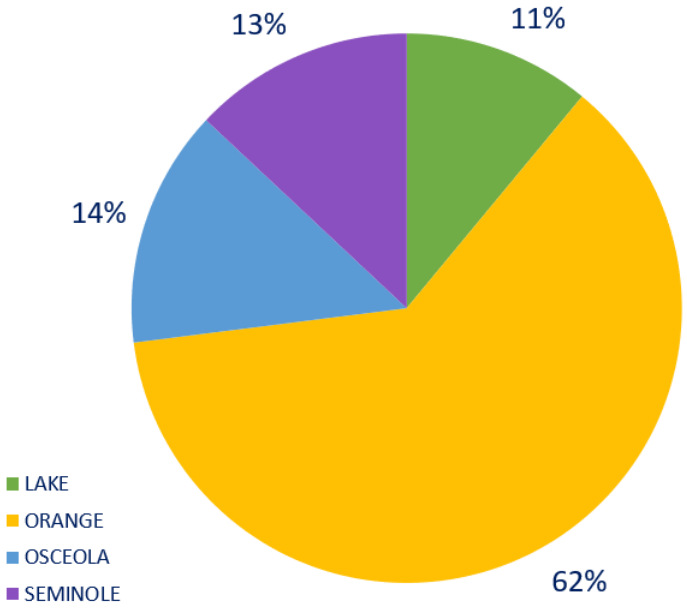
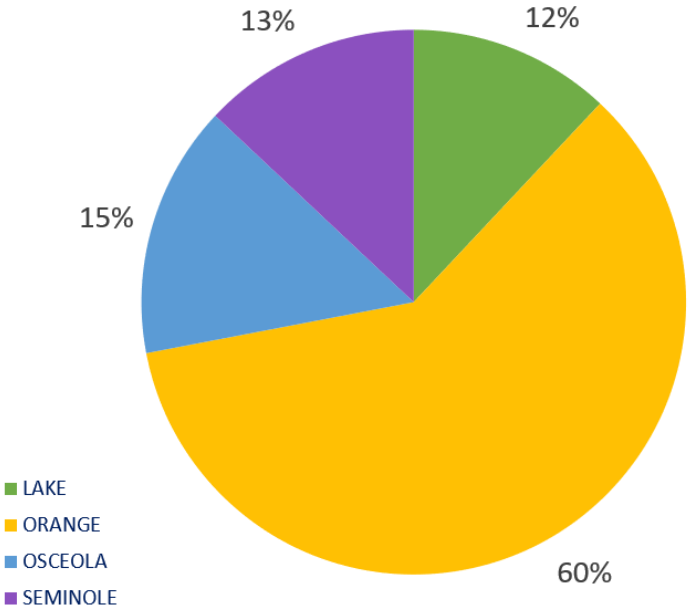


CHART 7.99: TOTAL LICENSED ACUTE CARE BEDS (2019)



Source: Florida Agency For Healthcare Administration

TABLE 7.25: TOTAL NICU II AND NICU III BEDS (2019)

County	NICU II	NICU III
Orange	130 beds	126 beds
	• AdventHealth Winter Park	• AdventHealth Orlando
	• AdventHealth Orlando • Orlando Health Winnie Palmer Hospital for Women & Babies	• Orlando Health Winnie Palmer Hospital for Women & Babies
Osceola	10 beds	
	• AdventHealth Celebration	
Seminole		10 beds
		• AdventHealth Altamonte Springs

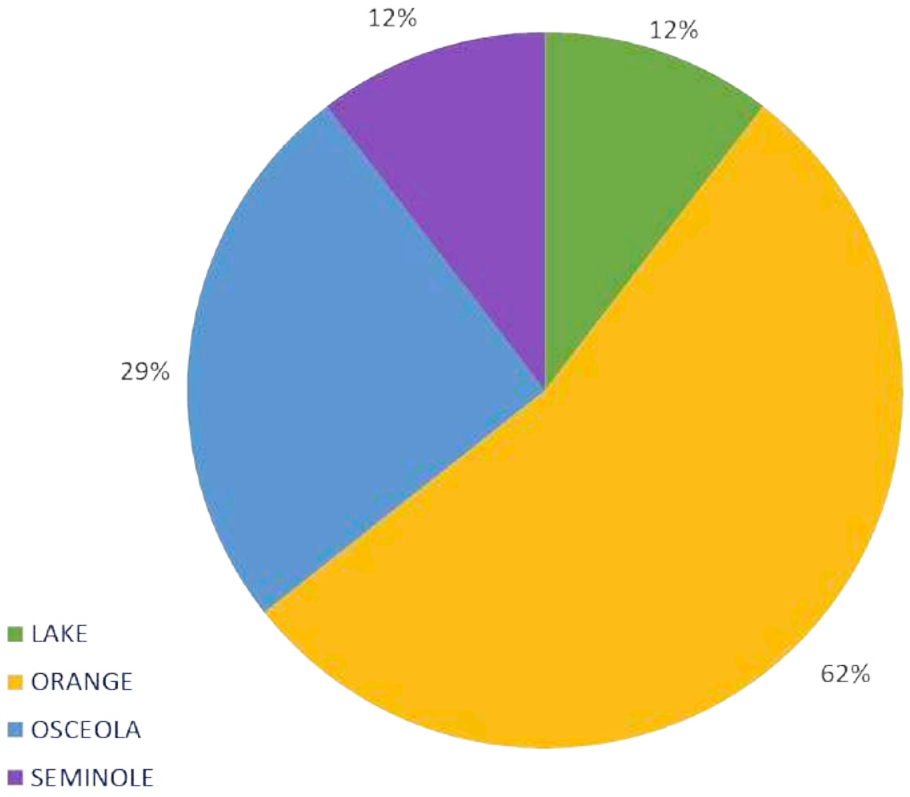
Source: Florida Agency For Healthcare Administration

TABLE 7.26: TOTAL COMPREHENSIVE REHAB BEDS (2019)

County	Comprehensive Rehabilitation Beds
Orange	83 beds among Collaborative partner hospitals
	• AdventHealth Winter Park • AdventHealth Orlando • Orlando Health Orlando Regional Medical Center
	Beds among non-affiliated organizations
Orange	• Nemours Children's Hospital (5 beds)
Osceola	• Osceola Regional Medical Center (28 beds)
Seminole	• Central Florida Regional Hospital (13 beds) • Encompass Health Rehabilitation Hospital (60 beds)

Source: Florida Agency For Healthcare Administration

CHART 7.100: TOTAL LICENSED ADULT PSYCHIATRIC BEDS (2019)



Source: Florida Agency For Healthcare Administration

TABLE 7.27: TOTAL PSYCHIATRIC TREATMENT FACILITY BEDS (2019)

County	Own	Facility Type	Name	Licensed Beds
Lake	NFP	Adult Psychiatric Hospital	Lifestream Behavioral Center	41
	NFP	Residential Treatment Facility	Lifestream Behavioral Center (4 locations)	51
	NFP	Adult Psychiatric Hospital	LRMC Senior Behavioral Center	21
Orange	NFP	Adult Psychiatric Hospital	AdventHealth Orlando	59
	NFP	Adult Psychiatric Hospital	Aspire Health Partners	90
		Residential Treatment Facility	Aspire Health Partners (2 locations)	52
	FP	Adult Psychiatric Hospital	Central Florida Behavioral Hospital	109
	FP	Child/Adolescent Psychiatric Hospital	Central Florida Behavioral Hospital	65
	FP	Intensive Residential Treatment Facility	LaAmistad Residential Treatment Center	40
	FP	Residential Treatment Facility	LaAmistad Behavioral Health Services	45
	FP	Residential Treatment Facility	Pasadena Villa	16
	FP	Residential Treatment Facility	Pasadena Villa at LaSalle	5
	FP	Residential Treatment Facility	Pasadena Village at Lake Highland	5
	FP	Residential Treatment Facility	Pasadena Village at North Shore	3
	FP	Residential Treatment Facility	Pasadena Villa at Summerlin Park	5
	FP	Adult Psychiatric Hospital	University Behavioral Center	64
	FP	Child/Adolescent Psychiatric Hospital	University Behavioral Center	32
Osceola	FP	Adult Psychiatric Hospital	Blackberry Center	50
	FP	Adult Psychiatric Hospital	Osceola Regional Medical Center	25
	NFP	Residential Treatment Facility	Park Place Behavioral Health Care	15
Seminole	NFP	Residential Treatment Facility	Aspire Health Partners	12
	NFP	Residential Treatment Facility	Lakewood Center (2 locations)	55
	NFP	Adult Psychiatric Hospital	Orlando Health South Seminole Hospital	62
	NFP	Child/Adolescent Psychiatric Hospital	Orlando Health South Seminole Hospital	8

Source: Florida Agency For Healthcare Administration

TABLE 7.28: TOTAL SUBSTANCE ABUSE BEDS (2019)

COUNTY	ADULT SUBSTANCE ABUSE
Lake	5 beds
	• Lifestream Behavioral Center
Orange	16 beds
	• University Behavioral Center
Osceola	14 beds
	• Blackberry Center
Seminole	10 beds
	• Orlando Health South Seminole Hospital

Source: Florida Agency For Healthcare Administration

'The majority of citizens have a fairly good lifestyle and access to health/community resources.'

-Key Informant Survey Respondent

CHAPTER EIGHT

Health Disparities

Lake Tohopekaliga
Kissimmee, FL

Osceola County

Health Disparities (differences in health outcomes between groups that reflect social inequalities) related to access, preventative care and food access exist within and across the four-county region. Income, race and education affect lifestyle in addition to access to care rates of preventative testing, chronic diseases, births, infant mortality and mental health. These disparities demonstrate the need for concerted action to achieve health equity and overall health improvement for the entire population. An opportunity for action exists in data collection; consistently in the data sourced for this chapter there are gaps across racial and ethnic groups. These gaps are in the publicly available data and make it difficult to understand the disparities and needs of diverse populations; until the disparities and needs are fully understood it is not possible to address them.

Preventive Care Disparities

MAMMOGRAM AGES 40 AND OLDER BY RACE/ETHNICITY (2007-2016)

The available data for women ages 40 and older who have received mammograms is complete for White women in the four-county region from 2007 to 2016 but is limited for Black and Hispanic women. The gaps in the available data do not allow a comprehensive snapshot for direct comparison between populations or over time. The percentage of White women ages 40 and over who have received mammograms has decreased in the four-county region and the state from 2007 to 2016. The decrease has been highest in Lake (69.6 percent to 56.1 percent) and Osceola (53.1 percent to 40.8 percent) counties. Seminole County also had a large decrease during this time (62.7 percent to 51.9 percent), while the state (65.4 percent to 60.9 percent) and Orange County (61 percent to 59.1 percent) decreased the least.

Black women have seen a decrease at the state level from 70.2 percent in 2007 to 61.7 percent in 2016, which is almost double the percentage of decline seen for White women during the same time period. The only additional data available is in Orange County from 2007 (64.4 percent) and 2010 (48 percent) when the decrease in the rate for Black women was over double that of White women.

The percentage of Hispanic women ages 40 and older receiving mammograms decreased at the state level from 2007 (63.2 percent) to 2016 (60.7 percent), making it the smallest decrease at the state level in all groups. In Orange County, there was a decrease during this time from 71.1 percent to 59.5 percent. Hispanic women in Osceola County were the only group to see an increase in this time (54.7 percent in 2007 to 63.3 percent in 2016) based upon available data. (See Charts 8.1-8.3)

PAP TEST AGES 18 AND OLDER BY RACE/ETHNICITY (2007-2016)

There has been a decline for all groups across the state in the number of women ages 18 and older who have received a Pap test in the past year from 2007 to 2016. This comparison can be made across groups on the state level as there is complete data; however there are gaps in the data by county depending on the racial or ethnic group. The percentage of White women ages 18 and older who received a Pap test in the past year decreased from 64.4 percent in 2007 to 46 percent in 2010, the largest decline across all groups. The percentage for Black women decreased from 70.9 percent to 55.8 percent from 2007 to 2016 and for Hispanic women the numbers fell from 64.5 percent to 51.5 percent in the same time frame.

The percentage of White women receiving Pap tests fell across all counties from 2007 to 2016, most sharply in Lake County decreasing by almost half (68.2 percent to 37.6 percent). In Seminole County the percentage fell from 65.3 percent to 40 percent from 2007 to 2016, the second largest decrease, followed by Osceola from 58.4 percent to 38.6 percent and Orange from 65.2 percent to 53.7 percent.

The only county level data available for Black women is in Orange County from 2007 to 2016 where the percentage decreased from 69 percent to 39.4 percent. For Hispanic women, there is data for Orange and Osceola counties for 2007 to 2016 where the percentages decreased from 72.4 percent to 56.1 percent and 67 percent to 61.5 percent respectively. In 2016, Hispanic women in Osceola County had the highest percentage of women receiving Pap tests across all groups for which data was available. (See Charts 8.4-8.6)

SIGMOIDOSCOPY/COLONOSCOPY AGES 50 AND OLDER BY RACE/ETHNICITY (2007-2016)

The data available for adults ages 50 and older who received a sigmoidoscopy/colonoscopy from 2007 to 2016 by race and ethnicity is limited. Complete data is available for White adults, but not for Black and Hispanic adults, with the exception of percentages at the state level. From 2007 to 2016 at the state level, White adults were the only group with a decrease (56.8 percent to 55.9 percent), Black adults had an increase from 48.9 percent to 51.2 percent and Hispanic adults increased from 39 percent to 49.6 percent.

Orange County was the only county where the percentage of White adults who received a sigmoidoscopy/colonoscopy increased (from 45.3 percent in 2007 to 57.7 percent in 2016). Percentages in all other counties decreased in the same time frame; Lake had the largest decrease from 58.5 percent to 52.5 percent. In Osceola County the percentage decreased from 55 percent to 54.3 percent, and in Seminole County from 56.7 percent to 56.1 percent from 2007 to 2016.

County level data was only available in Orange for Black adults, where the percentage decreased from 52.6 percent in 2007 to 41.5 percent in 2016. Complete data was available for Hispanic adults in Orange and Osceola counties for the full date range but only for 2016 in Seminole County (70.6 percent). In Orange County the percentage for Hispanic adults decreased from 45 percent to 37.7 percent and increased in Osceola County from 30.5 percent to 50.8 percent from 2007 to 2016. (See Charts 8.7-8.9)

STOOL BLOOD TEST ADULT AGES 50 YEARS AND OLDER BY RACE/ETHNICITY (2007-2016)

The available data for adults ages 50 and older who have received a stool blood test in the past year is complete for White adults but is limited for Black and Hispanic adults at the county level. In the state from 2007 to 2016 the percentage of both White and Black adults receiving a stool blood test decreased (23.3 percent to 15.7 percent and 21.7 percent to 18.6 percent respectively). The percentage for Hispanic adults almost doubled from 8.7 percent to 15.4 percent.

All percentages for White adults across the four-county region decreased from 2007 to 2016. The largest decrease was in Seminole County from 24.4 percent to 10.5 percent, followed closely in Orange County from 20 percent to 6.6 percent. In Lake County the numbers decreased from 23.4 percent to 15.5 percent and in Osceola County from 19.2 percent to 14.9 percent.

Only Orange County had data available for Black adults, in 2007 the percentage was 13.2 which increased to 14.5 percent in 2016. Complete data was only available for Hispanic adults at the county level in Osceola, where percentages increased from 9.1 percent to 29.8 percent from 2007 to 2016. (See Charts 8.10-8.12)

PSA TEST ADULT AGES 50 YEARS AND OLDER BY RACE/ETHNICITY (2007-2016)

There has been a decline across all groups at the state level for adult men 50 and older receiving a PSA (Prostate Specific Antigen) test from 2007 to 2016. The percentage of White men ages 50 and older receiving the test decreased from 63.1 percent to 58.2 percent from 2007 to 2016 and for Black men the numbers dropped from 71.5 percent to 48.4 percent for the same time frame. The percentages for Hispanic men declined the least during these years from 51.8 percent to 47 percent. Only data at the state level is complete in this date range for all groups.

For White men in all counties, there was a decrease from 2007 to 2016, although all counties reported higher percentages in 2010 than in 2007 or 2016. The largest decline was in Osceola County where in 2007 62.3 percent reported receiving a PSA test; in 2016 this number was 47.4 percent. The next largest decrease was in Orange County from 64 percent to 54.7 percent, followed by Seminole (60.4 percent to 56.6 percent) and Lake counties (61 percent to 57.9 percent) for the same years.

There is no data available on the county level for Black men who received a PSA test from 2007 to 2016. The available data for Hispanic men is incomplete and does not provide enough information for comparison. (See Charts 8.13-8.15)

Chronic Condition Disparities

ADULTS WITH DIABETES BY RACE/ETHNICITY (2002-2016)

The data available for adults diagnosed with diabetes is only complete at the state level and in Orange County for the years 2002 to 2016 for all groups. All groups have seen an increase at the state level from 2002 and 2016; the percentage of White adults increased the least from eight percent to 11.5 percent, for Black adults the increase was the highest from 10.6 percent to 14.5 percent, and the numbers for Hispanic adults rose from 7.1 percent to 10.9 percent. For all groups in Orange County the numbers fluctuated; percentages for White adults rose from 6.5 percent in 2002 to 8.8 percent in 2016, Hispanic adults had the sharpest increase from 2.8 percent to 10.6 percent, and Black adults were the only group to see a decrease during this time from 17.1 percent to 10.9 percent.

Percentages for White adults in Lake and Seminole counties followed a trend similar to Orange County, fluctuating from 2002 and 2016, with a peak before decreasing. The percentage in Lake County increased from 10.1 percent in 2002 to 16.2 in 2013, then decreased in 2016 to 11.1 percent. Seminole County increased from 6.2 percent in 2002 to 11.8 percent in 2010, before decreasing to 10.7 percent in 2013 and 2016. Osceola County increased from 7.6 percent in 2002 to 17 percent in 2016.

Data for Black adults diagnosed with diabetes is sporadic by county. Data is only available for Lake County in 2016 for Lake County when the percentages of Black adults diagnosed was 18.5 percent. Osceola County had data available from 2007 to 2016; during this time frame there was a large decrease from a peak in 2010 (30.1 percent) to 2016 (3.6 percent). The percentages in Seminole County fluctuated from 2002 to 2016 (there was no data available in 2010) from a low of 3.6 percent (2002) to a high in 2007 (12.5 percent) before decreasing to 9.4 percent in 2016.

Data for Hispanic adults diagnosed with diabetes from 2002 to 2016 is incomplete with the exception of Orange and Osceola counties. In Osceola, the percentage fluctuated from a low of 2.3 percent (2002) to a high of 18.4 percent (2013) before decreasing to 14.7 percent (2016). The data from Lake County does not include 2010; 3.4 percent in 2002 was the low before spiking to a high of 18 percent in 2013 followed by a slight fall to 14.5 percent in 2016. Seminole County's data is from 2007 (10.4 percent) to 2016 (18.6 percent). There was a large decrease from 2010 (19.5 percent) to 2013 (4.1 percent) before increasing in 2016. (See Charts 8.16-8.18)

HIGH BLOOD PRESSURE BY RACE/ETHNICITY (2002-2013)

There has been an increase across all groups at the state level in the percentage of adults who have been told they have high blood pressure from 2002 to 2013. The percentage of White adults increased the most in all groups from 28.7 percent in 2002 to 38.4 percent in 2013, the percentages rose the least in Black adults from 32.2 percent in 2002 to 33.7 percent in 2013, Hispanic adults increased from 21.1 percent to 28.3 percent during this time. Orange County is the only county that has complete data for all groups across the four-county region for the entire time. The percentages for White and Black adults in Orange County fluctuated, the low for White adults was in 2002 (20 percent) before a spike in 2010 (34.9 percent) followed by a decline in 2013 (31.8 percent). This trend was similar for Black adults with the low in 2007 (37.5 percent), the spike in 2010 (45.5 percent) and the decline in 2013 (26.5 percent). The trend for Hispanic adults has steadily increased from 15.6 percent (2002) to almost double (30.2 percent) in 2013.

Across the remaining three counties, percentages for White adults that have been told they have high blood pressure followed a trend similar to Orange County; a low followed by a spike in 2010 before a decrease in 2013. In Lake County the low was in 2002 (26.3 percent) with a rise to 44.7 percent in 2010, and a decline to 42.5 percent in 2013. In Seminole County the low was in 2002 (20 percent), the peak was in 2010 (39.9 percent) and the decline was in 2013 (31.6 percent). In Osceola County the low was in 2007 (25.2 percent) with a high of 34.5 percent in 2010 and a decrease to 33.4 percent in 2013.

The data for Black adults varies significantly across the remaining three counties; there is no data for Lake and incomplete data for Osceola and Seminole counties over these years. The data for Osceola County starts in 2007 (30.7 percent), peaks in 2010 (42.8 percent) and declines over half in 2013 (15.8 percent). In Seminole County the only data available is in 2007 (45.7 percent) and 2013 (52 percent).

HIGH BLOOD PRESSURE BY RACE/ETHNICITY (2002-2013) CONTINUED

Percentages for Hispanic adults have increased overall from 2002 to 2013 across Lake, Osceola and Seminole counties; although there is data missing in Lake from 2010. In Lake County there was an increase from 20.5 percent (2002) to 27.7 percent (2013); percentages in Osceola rose from 24.7 percent (2002) to 35.5 percent (2013). Seminole County had the largest increase, more than doubling from 14 percent (2002) to 35.5 percent (2013) over the same time span. (See Charts 8.19 – 8.21)

STROKE BY RACE/ETHNICITY (2007-2016)

The only complete available data for adults in all groups who have been told they had a stroke is at the state level and in Osceola County for the date range provided, all of which have increased. At the state level the percentage for White adults has increased from 3.5 percent (2007) to 4.2 percent (2016), for Black adults the rise has been from 3.7 percent (2007) to 3.9 percent (2016). Hispanic adults increased less than a third from 1.4 percent (2007) to 1.8 percent (2016). In Osceola County from 2007 to 2016 there has been fluctuation for all groups, all with an overall increase. This has been most notable for Black adults from 1.2 percent in 2007 to 10.7 percent in 2010 with a drop to 1.4 percent in 2016. Percentages for White adults rose from 3.7 percent in 2007 to 4.8 percent in 2016, while the increase was more than double for Hispanic adults 1.5 percent in 2007 to 3.1 percent in 2016.

There has been an overall increase from 2007 to 2016 in the percentages of White adults who have been told they had a stroke in Lake, Orange and Seminole counties. In Lake County, there was a rise from 4.1 percent in 2007 to 6.4 percent in 2016, Orange County had a similar increase of about half from 2.5 percent to 3.7 percent in the same years. Percentages increased the least in this time span in Seminole County from 2.2 percent to 2.6 percent.

There is no data available for Black adults in Lake County from 2007 and 2016, and there are gaps in the data for Orange and Seminole counties. The data for Orange County starts in 2010 (5.8 percent) and decreases in 2016 (5.3 percent). The available data for Seminole County shows a decrease from 2013 (1.3 percent) to 2016 (one percent). There are gaps in data for Hispanic adults during this time, although there is an overall decrease shown in the remaining three counties from what is available. In Lake County the percentage fell from 1.4 in 2007 to zero in 2016; in this same time numbers in Orange declined from 1.6 percent to 1.2 percent. The largest decrease was in Seminole County from 1.5 percent in 2007 to 0.4 percent in 2016. (See Charts 8.22 – 8.24)

CORONARY HEART DISEASE BY RACE/ETHNICITY (2012-2017)

At the state level and in two counties of the four-county region, there has been a decrease in age adjusted death rates per 100,000 from coronary heart disease across all groups. At the state level, rates for White adults declined from 103 in 2012 to 92.8 in 2017; the largest decrease was in Black adult rates during the same time from 113.4 to 95.1, and rates for Hispanics adults fell from 87.3 to 81.4. In Orange and Osceola counties rates decreased in all groups from 2012 and 2017. Orange County's White adult rates declined the most from 106.8 to 87.7, Black adult rates decreased from 98.8 to 85.6 and Hispanic adult rates decreased the least from 80.3 to 70.6.

The largest decrease in all groups in Osceola County was in Black adult rates from 94.5 (2012) to 70.4 (2017); this was followed by a decrease in White adult rates from 150.8 to 132 and Hispanic adult rates from 127 to 111.9 during the same years.

Rates in Lake and Seminole counties varied across groups. In Lake County rates declined for both Black adults (114.2 to 90.5) and Hispanic adults (73.4 to 52.7) and rose for White adults (98.7 to 99.7) from 2007 and 2017. In Seminole County rates decreased for White adults (91.5 to 76.3) and rose for both Black adults (80.2 to 94) and Hispanic adults (44.9 to 48.8) during the same years. (See Charts 8.25-8.27)

COLORECTAL CANCER BY RACE/ETHNICITY (2012-2016)

Seminole County and the state were the only two areas with a decline in age adjusted colorectal cancer incidences across all groups. Both White and Hispanic adult rates at the state level decreased by .6 percent, 36.1 to 35.5 and 33.9 to 33.3 respectively from 2012 and 2016; rates for Black adults declined from 41.5 to 38.9 during this time. Black adult rates decreased the most in Seminole County from 55.89 in 2012 to 34.4 in 2016, followed by Hispanic (31 to 25.5) and White adult rates (33.7 to 30.3) over the same time span.

The White adult rates for colorectal cancer incidences decreased in two of the remaining counties, Lake and Orange, and increased in Osceola from 2012 to 2016. In Lake County the rates declined the most from 49.6 in 2012 to 40.4 in 2016, followed by Orange from 43.1 to 36.8 for the same time span. In Osceola the rate increased from 37.7 to 44.2 from 2012 and 2016.

For the remaining counties and groups there was an almost consistent increase in rate from 2012 and 2016; the exception to this is the rate for Black adults in Orange County which decreased from 53.8 to 32.3. In Lake County the rate increased for Black adults from 27.9 to 33.9 and Hispanic adults from 27.7 and 31.8. The rate for Black adults increased the most in Osceola County from 22 to 28, followed closely by the Hispanic adult rate that rose from 26.8 to 31.8. The Hispanic adult rate in Orange County grew from 30.8 to 33.4 over the same 2012 to 2016 time span. (See Chart 8.28-8.30)

BREAST CANCER BY RACE/ETHNICITY (2012-2016)

The rates for breast cancer incidence in the state and Osceola County consistently rose for all groups from 2012 and 2016. Rates for the state across all groups increased the least, for White adults there was a rise from 117.4 to 119.7, for Black adults from 109.7 to 114.9 and Hispanic adult rates increased from 88.2 to 92 during this time. In Osceola County, the rate for Black adults rose the most from 91.3 in 2012 to 137.6 in 2016, an increase of almost 50 percent; this was followed by an increase in the White adult rate from 91.7 to 121.9. The Hispanic adult rate rose the least from 81.8 to 101.8 during this time.

From 2012 to 2016 in Lake (138.7 to 132.6) and Orange (122.3 to 114.9) counties the incidence rate declined for White adults, although it did increase in Seminole from 110.3 to 113.7 during the same time. The Black adult breast cancer incidence rate decreased during this time across the remaining three counties, most significantly in Lake County (129.3 to 101.3), followed by a decrease in Seminole from 101.5 to 91.7 and Orange (97.7 to 96.7). The Hispanic adult incidence rate increased in the remaining three counties during this time. The increase was most significant in Lake County increasing by over a third from 62.9 to 96.8. This increase was followed by Seminole County where the rate almost doubled from 43.2 to 75.2; the smallest increase was in Orange County from 74.9 to 88.5. (See Charts 8.31-8.33)

LUNG CANCER BY RACE/ETHNICITY (2012-2016)

Across data from the state and the four-county region, the only trend in all groups was a decrease in the rate of lung cancer incidences in Lake County. From 2012 to 2016, White adult rates declined from 85.8 to 65.2; the most significant decrease was the Black adult rate which dropped from 86.8 to 37.8, and Hispanic adult rates fell from 47.1 to 31.5. Incidence rates for White adults decreased in the state (65.3 to 59.1) and two counties, Orange (66 to 55) and Osceola (70.2 to 63.3) from 2012 to 2016. The rate in Seminole County increased from 47.3 to 48.3 during this time.

Incidence rates for Black adults decreased across the state and increased in the remaining three counties. At the state level rates dropped from 51.7 to 43.9 from 2012 to 2016. During the same time rates rose slightly in Orange (39.5 to 39.6), Osceola (21.6 to 25.4) and Seminole (42.4 to 44) counties. Hispanic adult rates followed the same trend as the Black adult rates from 2012 to 2016, declining at the state level (35.6 to 35.0) and increasing a small amount in the counties: Orange (25.4 to 27.1), Osceola (33.5 to 37.5) and Seminole (18.5 to 24.5). (See Charts 8.34-8.36)

ADULTS WITH ASTHMA BY RACE/ETHNICITY (2007-2016)

The data for adults who currently have asthma is only complete for all groups at the state level and in Orange and Osceola counties. Percentages in Orange County rose for all groups from 2007 to 2016, for White adults the most (3.5 percent to 6.8 percent), followed by Black adults (7 percent to 10.2 percent) and the smallest increase was for Hispanic adults (4.4 percent to 4.9 percent). All other complete data varied across groups.

Percentages for White adults increased in Osceola County (7.6 percent to 8.7 percent) and at the state level (6.4 percent to 6.9 percent) from 2007 to 2016. During this same time, there was no increase in Lake County (5.5 percent) and a decline in Seminole (7.2 percent to 4.9 percent). The data for Black adults is incomplete; in Lake County only 2016 percentages are available (7.4 percent) and in Seminole there is no data for 2010, although there was an increase from 2007 (1.3 percent) to 2016 (13.6 percent). There is complete data in Osceola for this time, and there was a slight decrease from 4.3 percent to 3.3 percent. Data for Hispanic adults from 2007 to 2016 is complete with the exception of Lake County in 2010. During this time the percentages decreased from 2.7 percent to 1.8 percent. From 2007 to 2016 percentages declined in Osceola County from 8.4 percent to 7.6 percent and increased in Seminole (4.8 percent to 5.7 percent) and at the state level (4.8 percent to 5.9 percent). (See Charts 8.37-8.39)

Leading Causes Of Death Disparities

When looking at the leading causes of death disparities, the Florida Department of Health classifies Hispanics as White Hispanics and Black Hispanics. The Black/Other category includes all Non-Hispanic Blacks.

LAKE COUNTY (2017)

In 2017, the leading causes of death for White and Black/Other groups were heart diseases (227, 207.2) and cancer (221.5, 171.6). The third leading cause of death for Whites was unintentional injury (69.4) and cerebrovascular disease for Blacks/Others (63.9).

The leading causes of death for White and Black Hispanic groups were cancer (89.3, 46.1) and heart diseases (82.7, 32.9) followed by unintentional injury (33.2, 15.3). The rates for heart diseases and cancer were more than double for White and Black/Other groups when compared to White and Black Hispanic groups. Across all causes rates were substantially lower for Hispanics than other groups. (See Table 8.1)

ORANGE COUNTY (2017)

Heart diseases (White: 290.6, Black/Other: 182.9, White Hispanic: 114.4, Black Hispanic: 44.9) and cancer (White: 262.1, Black/Other: 165.4, White Hispanic: 110, Black Hispanic: 41.6) were the leading causes of death reported in Orange County for all groups. Cerebrovascular diseases were the third cause for Black/Other (53.5) and White Hispanic (31.4) groups. The third cause for Black Hispanics was unintentional injury (12.6) and chronic lower respiratory disease (67) for Whites. (See Table 8.2)

OSCEOLA COUNTY (2017)

The top two leading causes of death in Osceola County were heart diseases (White: 313.2, Black/Other: 147.2, White Hispanic: 126.9, Black Hispanic: 40.8) and cancer (White: 245.3, Black/Other: 110.1, White Hispanic: 104.8, Black Hispanic: 26.5) for all the groups for which data is available. Chronic lower respiratory disease was the third cause for White adults (70.6) and cerebrovascular diseases were third for the remainder of the groups (Black/Other: 42.2, White Hispanic: 31.9, Black Hispanic: 12.4). In the data reported for Osceola County the rates for White adults were the highest for all causes of death listed across all groups and lowest for Black/Hispanic adults. (See Table 8.3)

SEMINOLE COUNTY (2017)

Heart diseases and cancer were the top two leading causes of death for White adults (247.2, 231.8), Black/Other adults (201.6, 183.7), and White Hispanic adults (106.9, 104.2) in Seminole County. Black Hispanic adults had cancer as the leading cause of death (61.4) followed by heart diseases (45.1). Cerebrovascular diseases were the third leading cause for Black/Other adults (59.9), White Hispanic adults (32.2) and Black Hispanic adults (19.3), while chronic lower respiratory disease was third for White adults (56.9). (See Table 8.4)

Birth Characteristics Disparities

INFANT MORTALITY BY RACE/ETHNICITY (2012-2017)

Infant mortality rates for all groups fluctuated from 2012 to 2017. Rates for White babies in Lake County increased from 4.5 to 5 during this time, with a peak in 2014 to 7.8. In Seminole County, there was an increase to 5.4 (2017) from 5 (2012). Rates declined in the remaining counties (Orange: 5.2 to 3.8, Osceola: 4.1 to 3.7) and the state (4.6 to 4.4).

Black infant mortality rates declined in Lake County from 13.5 in 2012 to 10.2 in 2017, with a significant jump in 2015 to 23.8. In Seminole County the rates dropped from 17.1 (2012) to 7.9 (2017). In the state (10.7 to 10.8) and the remaining counties Orange (11.6 to 15.5) and Osceola (4.6 to 7) rates increased. Osceola County rates peaked in 2013 to 19.7.

Infant mortality rates increased for Hispanic babies in the state and all counties with the exception of Osceola, where they dropped from 6 in 2012 to 4.7 in 2017. The highest county increase was in Lake from 3.6 to 10.7, followed by Seminole from 4.7 to 6.1 and Orange 5.1 to 5.5 during this time. The state rate rose from 4.4 (2012) to 5.2 (2017). (See Charts 8.40-8.42)

BIRTHS WITH SELF-PAY FOR DELIVERY PAYMENT SOURCE (2004-2017)

The percentages of births with self pay for delivery increased for all groups in Orange County from 2004 to 2017 (Whites: 4.8 percent to 10 percent, Blacks: 2.7 percent to 8 percent, Hispanics: 7.1 percent to 14.4 percent). At the state level percentages decreased during this same time period for all groups (Whites: 8.3 percent to 6.4 percent, Blacks: 4.9 percent to 4.8 percent, Hispanics: 16.6 percent to 10 percent).

For White women the percentages decreased in all the remaining counties from 2004 to 2017; Lake dropped from 8.8 percent to 4.9 percent, Osceola from 5.7 percent to 5.1 percent and Seminole declined from 4.1 percent to 3.1 percent. In Lake County the percentage of births to Black women increased from 3.1 percent in 2004 to 3.3 percent in 2017; during this same time span numbers declined in Osceola (8.2 percent to 3.5 percent) and Seminole (2.3 percent to 2 percent) counties. The percentage of births to Hispanic women dropped in all the remaining counties from 2004 and 2017, the decrease was most significant in Lake from 27.1 percent to 12.1 percent, followed by Seminole (7.9 percent to 3.9 percent) and Osceola 6.3 percent to 5.1 percent. (See Charts 8.43-8.45)

BIRTHS TO MOTHERS WHO HAVE LESS THAN HIGH SCHOOL EDUCATION BY RACE/ETHNICITY (2004-2017)

The number of births to mothers who have less than a high school education has decreased throughout the four-county region and the state for all groups from 2004 to 2017. Lake County decreased the most for all groups (Whites: 23.6 percent to 10.6 percent, Blacks: 29.1 percent to 12.3 percent, Hispanics: 48.9 percent to 14.8 percent). At the state level the percentages declined the most for Hispanic mothers (31.7 percent to 17.9 percent), followed by Black mothers (25.9 percent to 14.2 percent) and White mothers (19.9 percent to 11.7 percent).

The percentages for White mothers declined in the remaining counties from 2004 to 2017 from largest decrease to smallest in the following order: Osceola (18.9 percent to 8.6 percent), Orange (16.9 percent to 9.6 percent) and Seminole (10.7 percent to 5.9 percent). Seminole County had the largest drop in the percentage of births to Black mothers (22.8 percent to 7.1 percent) of the remaining counties, followed by Osceola (16.7 percent to 8.6 percent) and Orange (24.3 percent to 16.5 percent) over the years. Births to Hispanic mothers declined in Orange County almost by half from 26.7 percent to 13.6 percent and by over half in Osceola from 21.8 percent to 9.4 percent. In Seminole County the percentage decreased from 21.4 percent to 11.2 percent from 2004 to 2017. (See Charts 8.46-8.48)

BIRTHS TO UNWED MOTHERS BY RACE/ETHNICITY (2004-2017)

The percentages of births to unwed mothers increased in all groups in Lake and Osceola counties. The largest percentage increase in Lake County was for Black mothers (66.4 percent to 74.7 percent), followed by White mothers (34.9 percent to 42.7 percent) and Hispanic mothers (43.8 percent to 48.3 percent) from 2004 to 2017. In Osceola County White mothers had the largest rise from 42.3 percent to 50.1 percent, Hispanic mothers had an increase from 49.4 percent to 55.4 percent and percentages for Black mothers rose from 53.1 percent to 55.7 percent during this time.

Births to unwed White mothers increased in Orange (34.8 percent to 40 percent) and Seminole (26.8 percent to 34.2 percent) counties, as well as the state (34.6 percent to 41.9 percent) from 2004 to 2017. The percentage of births to unwed Black mothers decreased throughout the remaining counties; in Orange from 65.8 percent to 62.2 percent and in Seminole from 67.9 percent to 65.8 percent during the same time span. At the state level there was a decrease from 67.7 percent to 67.6 percent for births to unwed Black mothers. Births to unwed Hispanic mothers increased at the state level (43 percent to 50.5 percent) as well as in both of the remaining counties Orange (47.2 percent to 50.8 percent) and Seminole (39.8 percent to 48.3 percent) from 2004 to 2017. (See Charts 8.49-8.51)

BIRTHS TO MOTHERS WHO WERE OBESE DURING PREGNANCY BY RACE/ETHNICITY (2004-2017)

The percentage of births to mothers who were obese during pregnancy rose across all groups in all counties and the state from 2004 to 2017. Births to White women who were obese increased in the counties in ascending order from Lake (21.2 percent to 27.8 percent), to Osceola (19.2 percent to 25.9 percent), then Orange (14.8 percent to 22 percent) and Seminole (15.1 percent to 23 percent) from 2004 to 2017. The state levels rose from 16.8 percent to 22.9 percent in the same time span.

The percentage of births to Black women who were obese during pregnancy rose the most from 2004 to 2017 in Orange County (23 percent to 34.9 percent), then Osceola County (23.8 percent to 34.9 percent), followed by Lake County (29.2 percent to 37.3 percent) and Seminole County (28.3 percent to 34.7 percent). During this time span the state numbers increased from 27.5 percent to 34.6 percent. Births to Hispanic women who were obese during pregnancy from 2004 to 2017 increased the most in Seminole County (16.3 percent to 26 percent), then Osceola County (17 percent to 26 percent), Lake County (21.8 percent to 30.3 percent) and Orange County (16.4 percent to 23.9 percent). During the same time span percentages rose at the state level from 16 percent to 23.4 percent. (See Charts 8.52-8.54)

REPEAT BIRTHS TO MOTHERS AGES 15-19 BY RACE/ETHNICITY (2004-2017)

The percentage of repeat births to mothers ages 15 to 19 decreased across all counties and the state from 2004 to 2017 with the exception of Hispanic mothers in Seminole County where numbers increased (11.2 percent to 13 percent). At the state level the largest decline was in births to Black mothers (22.4 percent to 15.8 percent), followed by Hispanic mothers (19.5 percent to 15 percent) and White mothers (17.1 percent to 14.8 percent) from 2004 to 2017.

Percentages for repeat births to White mothers in the four-county region decreased the most in Osceola County (18.9 percent to 11 percent) from 2004 to 2017. In Lake County percentages fell from 19.1 percent to 12.6 percent during this time. The smallest decreases in the region were in Orange (18 percent to 15.2 percent) and Seminole (12.8 percent to 11.9 percent) counties.

Repeat births for Black mothers from 2004 to 2017 decreased the most in Lake County (41.2 percent to 20.9 percent) in the four-county region followed by a decline in Osceola County from 19.4 percent to zero percent. In Seminole County the percentages fell from 19.7 percent to 9.8 percent and from 23.6 percent to 18.6 percent in Orange from 2004 to 2017.

The largest decrease across the four-county region for all groups was in Lake County for Hispanic mothers where percentages decreased almost two thirds (31.4 percent to 10.8 percent) from 2004 to 2017. In Osceola County percentages fell for Hispanic mothers from 21.4 percent to 13.1 percent and in Orange from 20.5 percent to 15 percent during this same time. (See Charts 8.55-8.57)

PRETERM BIRTH RATE < 37 WEEKS BY RACE/ETHNICITY (2004-2017)

The percentages for preterm births decreased for all groups at the state level and in both Orange and Osceola counties from 2004 to 2017. The largest decline at the state level was in the percentages for White mothers (10.1 percent to 9.1 percent), followed by Black mothers (14.6 percent to 14 percent) and Hispanic mothers (9.4 percent to 9.1 percent). In Orange County, preterm births for White mothers decreased the most (11.2 percent to 9.2 percent) while percentages for Black mothers (14.5 percent to 13.7 percent) and Hispanic mothers (10.8 percent and 10.1 percent) both had an almost equivalent decline. Percentages for Black mothers decreased the most in Osceola County (11.8 percent to 10.7 percent) from 2004 to 2017. Hispanic mothers (9.3 percent to 8.8 percent) and White mothers (9.1 percent to 8.9 percent) had a similar decrease during this same time in Osceola County.

Preterm births for White mothers decreased in the remaining two counties from 2004 to 2017, in Seminole County from 12.2 percent to 8.7 percent and in Lake County from 10.3 percent to 8.9 percent. There was an increase in the percentage of preterm births for Black mothers from 2004 to 2017 in Lake (12.6 percent to 16.1 percent) and Seminole (12.9 percent to 15.3 percent) counties. Preterm births to Hispanic mothers decreased in Lake (9.3 percent to 8.3 percent) and Seminole (10.5 percent to 8.6 percent) counties. (See Charts 8.58-8.60)

LOW BIRTH WEIGHT (<2500 GRAMS) BY RACE/ETHNICITY (2004-2017)

Percentages for low birth weights varied across all counties and all groups from 2004 to 2017. In Lake (7.2 percent to 6.4 percent), Orange (7.5 percent to 7.2 percent) and Seminole (7.6 percent to 6.8 percent) counties the percentage of low birth weight babies to White mothers all decreased. Osceola County was the only county where there was an increase in the percentage of low birth weight babies to White mothers; at the state level there was no change from 2004 to 2017.

Low birth weight babies born to Black mothers increased in two counties (Lake: 9.8 percent to 15.5 percent and Seminole: 11.6 percent to 13.6 percent) and the state (13.1 percent to 13.8 percent) from 2004 to 2017. The percentages decreased in Orange (13.1 percent to 12.9 percent) and Osceola (11.8 percent to 11.4 percent) counties over this same time in this group. Lake County (7.1 percent to 5.7 percent) was the only area in the four-county region or the state where the percentage of low birth weight babies decreased to Hispanic mothers from 2004 to 2017. The largest increase was in Seminole County (6 percent to 8.3 percent), followed by Osceola County (6.8 percent to 7.7 percent). The percentages in Orange County (7.9 percent to 8.3 percent) and the state (7 percent to 7.3 percent) increased the least for low birth weight babies born to Hispanic mothers from 2004 to 2017. (See Charts 8.61-8.63)

BIRTHS COVERED BY MEDICAID BY RACE/ETHNICITY (2004-2017)

The percentage of births covered by Medicaid increased from 2004 to 2017 in the four-county region and the state for all groups. Across all groups in the four-county region the increase was highest in Osceola County, then Lake County followed by Seminole and Orange counties. The percentage of Medicaid births covered for White mothers increased in Osceola County from 36 percent to 60.7 percent, in Lake from 35.1 percent to 47.9 percent and in Orange from 31.9 percent to 41 percent from 2004 to 2017. There was a similar increase in Seminole (26.1 percent to 37.3) and the state (32.2 percent to 43.8 percent) during the same years. Births to Black mothers covered by Medicaid increased in Osceola County from 38.9 percent to 60.1 percent and in Lake from 55.5 percent to 71.8 percent from 2014 to 2017. In Orange County, the percentages increased for Black mothers from 52.5 percent to 62.6 percent, while Seminole County (56.1 percent to 69.6 percent) and the state (53.7 percent to 68.4 percent) had the closest percentage of increase over the same time.

The largest increase across all groups from 2004 to 2017 was for Medicaid births to Hispanic mothers (42.2 percent to 67.8 percent) in Osceola County. In Lake County the percentage rose from 38.4 percent to 55.5 percent and in Orange from 46.2 percent to 52.5 percent. As with other groups, there was a similar increase in the percentage of births in Seminole (42.8 percent to 56.9 percent) and at the state level (37.6 percent to 52.2 percent). (See Charts 6.64-6.66)

Quality Of Life/Mental Health Disparities

Please note the data sourced for this chapter is from FLHealthCHARTS, which does not provide the same race and ethnicity options for all indicators. In the section below, White refers to Non-Hispanic White adults, Black refers to Non-Hispanic Black adults and Hispanic refers to all Hispanic adults regardless of race.

ADULTS WHO HAD POOR MENTAL HEALTH 14 OR MORE DAYS OF THE PAST 30 BY RACE/ ETHNICITY (2007-2016)

The only complete available data for adults in all groups who had poor mental health 14 or more days of the past 30 by race/ethnicity is at the state level and in Orange and Osceola counties. All groups in Orange (White adults: five percent to 13.7 percent; Black adults: 6.1 percent to 10.8 percent; Hispanic adults: 9.6 percent to 11.7 percent) reported an increase between 2007 to 2016.

The percentage of White adults with 14 or more poor mental health days in the past 30 days increased in Lake (8.2 percent to 13.4 percent) and Osceola (12.3 percent to 13.4 percent) counties from 2007 to 2016. During the same time span there was no change in Seminole County and an increase in the state from 9.1 percent to 12.2 percent.

Complete data is not available from 2007 to 2016 for Black adults; 2016 is the only year that has available data for Lake County (2.6 percent). There was a decrease in the percentages for Osceola County (eight percent to seven percent) and the state (12.8 percent to 10.8 percent) from 2007 to 2016. Data for 2010 is missing for Seminole County, however there was a decrease from 2007 (12.4 percent) to 2016 (two percent).

The majority of the data is available for Hispanic adults, with the exception of 2010 in Lake County. For Hispanic adults there was an increase in Orange (9.6 percent to 11.7 percent) and Osceola (13.7 percent to 19.6 percent) counties from 2007 to 2016. During the same time span there was a decline in the percentage of Hispanic adults who had 14 or more poor mental health days in the past 30 in the state (10.2 percent to 9.9 percent), as well as Lake (13.2 percent to nine percent) and Seminole (12.5 percent to 8.5 percent) counties. (See Charts 8.67-8.69)

ADULTS WHO HAD POOR MENTAL HEALTH 14 OR MORE DAYS OF THE PAST 30 BY INCOME

Percentages for adults who had poor mental health 14 or more days of the past 30 with income less than $25K increased across all counties and the state from 2007 to 2016. This increase was the highest in Lake County (6.7 percent to 21.8 percent), then Osceola (12.6 percent to 23.2 percent) and Orange (7.7 percent to 14.8 percent) counties. The smallest increase was in Seminole County (13.3 percent to 17.1 percent) and at the state level (16.1 percent to 17.8 percent) during these years.

The percentages of adults who had poor mental health 14 or more days in the past 30 with an income between $25K and $49K varied across the counties and the state from 2007 to 2016. Percentages in both Lake (13.6 percent to 13.2 percent) and Seminole (11.2 percent to 7.3 percent) counties decreased. The largest increase in the remaining counties was in Osceola (11.6 percent to 19.3 percent), then Orange (10.1 percent to 13.8 percent). The smallest increase in this income range was at the state level from 11.3 percent to 11.9 percent from 2007 to 2017.

There were variances across all counties and the state for adults who had an income above $50K in the percentage of poor mental health days. There were increases in Lake (6.6 percent to 7.1 percent) and Orange County (5.5 percent to 8.8 percent), as well as the state (5.7 percent to 7.6 percent) from 2007 to 2016. Osceola (9.1 percent to 2.7 percent) and Seminole (5.6 percent to 2.6 percent) counties both decreased in percentage of adults experiencing more than 14 poor mental health days in the last 30 from 2007 to 2016. (See Charts 8.70-8.72)

ADULTS WHO HAD POOR MENTAL HEALTH 14 OR MORE DAYS OF THE PAST 30 BY EDUCATION (2007-2016)

The data for adults from 2007 to 2016 with poor mental health 14 or more days of the past 30 by education is complete, with the exception of adults with less than a high school education in Seminole County. The percentages for adults in the remaining counties varied; both in Lake (9.9 percent to 24.7 percent) and Orange (7.7 percent to 12.7 percent) counties there was an increase from 2007 to 2016. Percentages decreased in Osceola County (17.5 percent to 14.1 percent) and the state (15.8 to 15.3) for adults with 14 or more poor mental health days.

Percentages for adults with a high school education or GED increased in all counties and the state with the exception of Seminole County where there was a decline (11.2 percent to 7.4 percent) from 2007 to 2016. The largest increase in the counties was in Osceola County (11.6 percent to 21.9 percent), then Lake (11.5 percent to 14.6 percent) and Orange (6.7 percent to 12.3 percent). The smallest increase was at the state level for all reported data from 2007 to 2016.

Adults reporting poor mental health 14 or more days in the past 30 with more than a high school education followed a similar trend to those with a high school education or equivalent. There was an increase in all areas with the exception of Seminole County where there was a decrease from 7.2 percent to 6.1 percent from 2007 to 2016. The remaining counties increased from 2007 to 2016 (Lake: 6.7 percent to 9.9 percent; Orange: 6.9 percent to 11.7 percent; Osceola: 10.7 percent to 14.7 percent), as did the state from 2007 to 2016 (8.2 percent to 10.1 percent). (See Charts 8.73-8.75)

Healthcare Access Disparities

INSURANCE COVERAGE BY RACE/ETHNICITY (2007-2016)

The data for insurance coverage by race and ethnicity is not complete for all groups from 2007 to 2016 and cannot be used for direct comparison. The only complete data set available is for White adults for 2007 to 2016. The percentage of White adults with insurance coverage increased in all areas with the exception of Lake County where there was a decrease from 88.9 percent to 87.3 percent from 2007 to 2016. There was an increase in the remaining counties (Orange: 87.2 percent to 89.2 percent; Osceola: 83.1 percent to 84.5 percent; Seminole: 86.9 percent to 92.4 percent) and the state (87.8 percent to 89.5 percent).

Data for Black adults is not available in Lake County with the exception of 2016 (54.7 percent). Percentages in the remaining counties in the four-county region decreased for Black adults from 2007 to 2016 (Orange: 83.3 percent to 82.2 percent; Osceola: 80.4 percent to 64.4 percent; Seminole: 82.8 percent to 72.4 percent), only the state level increased during this time span from 77.2 percent to 81 percent.

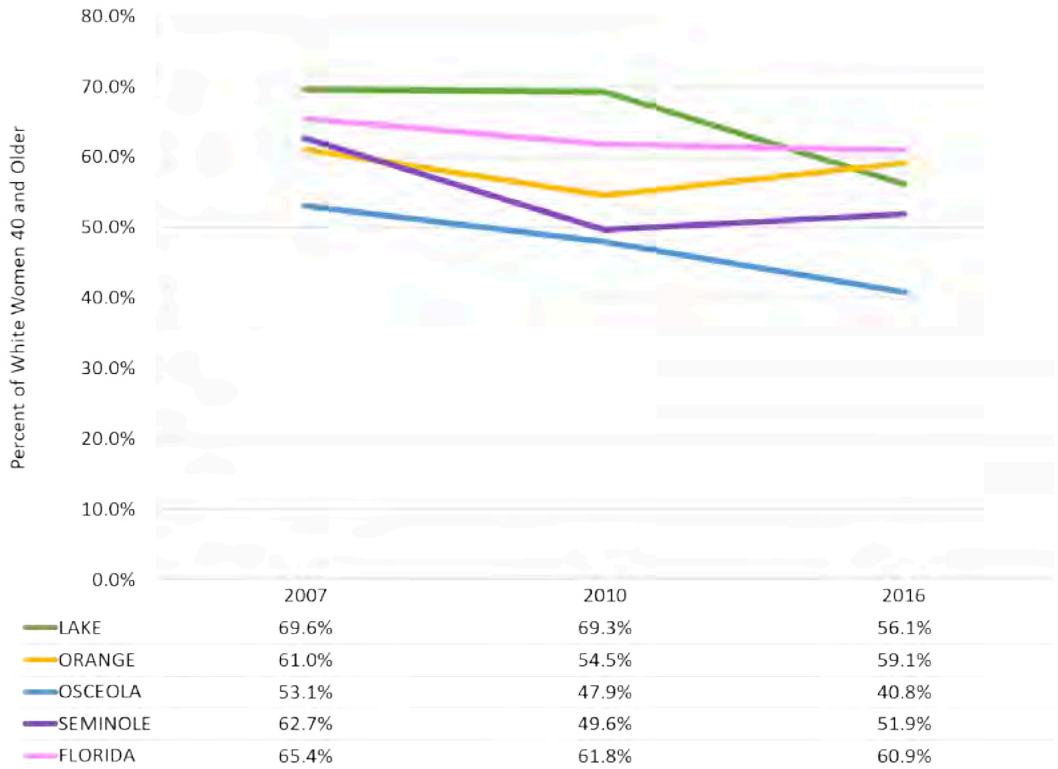
INSURANCE COVERAGE BY RACE/ETHNICITY (2007-2016) CONTINUED

The majority of data is available for insurance coverage for Hispanic adults, the exception to this is in Lake County in the year 2010. Percentages varied across the remaining counties and the state from 2007 to 2016. In Lake (61.6 percent to 74.8 percent), Orange (56.1 percent to 67.9 percent), and Osceola (64.7 percent to 73.7 percent) counties there was an increase, while in Seminole these was a decrease (82.7 percent to 74.1 percent) from 2007 to 2016. At the state levels percentages increased (61.4 percent to 71.1 percent) during this time. (See Charts 8.76-8.78)

Health Disparities: Key Findings

Limited data was available for minority populations across the four-county region. Given the limited data it was difficult to identify racial and other disparities as not enough data was available to fully understand where disparities exist. Based on data that was available there are differences in preventative screenings and health conditions among racial and ethnic groups, which vary over time and across the four-county region. Data reported in this summary is based on indicators where data was available for two or more counties in the four-county region, where data was available for all racial and ethnic groups as well as for multiple years.

CHART 8.1: PERCENT OF WHITE WOMEN AGES 40 AND OLDER WHO RECEIVED MAMMOGRAMS (2007-2016)

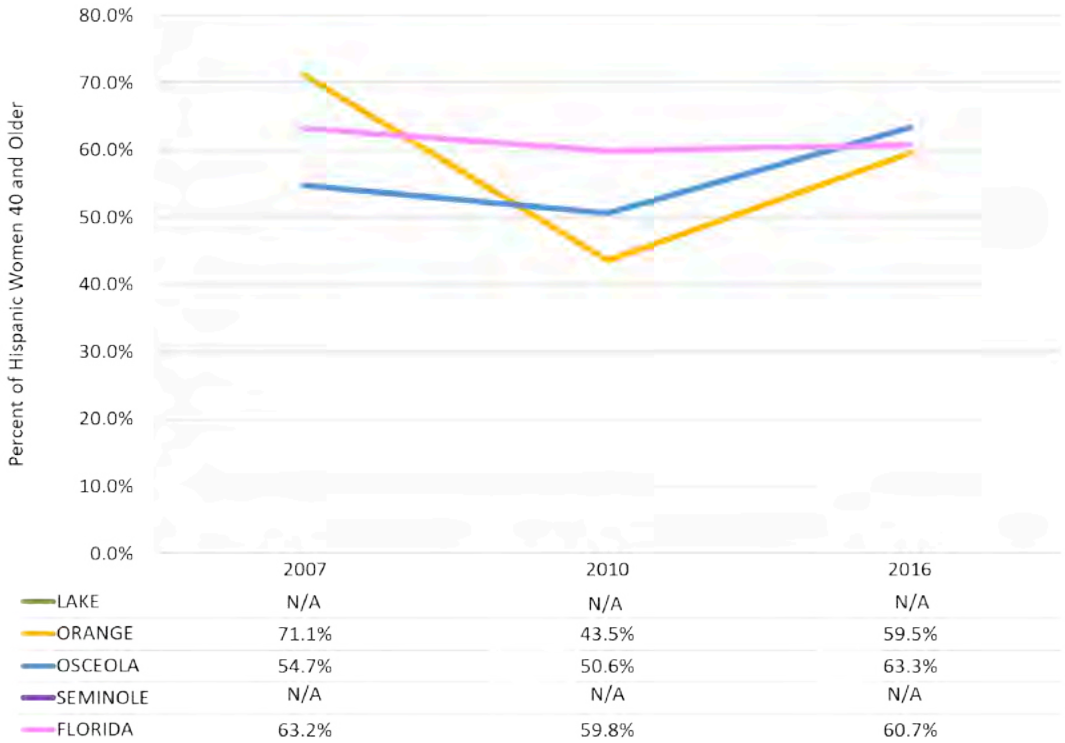


Source: Florida Department of Health: University of Miami (FL) Medical School, Florida Cancer Data Systems

CHART 8.2: PERCENT OF BLACK WOMEN AGES 40 AND OLDER WHO RECEIVED MAMMOGRAMS (2007-2016)

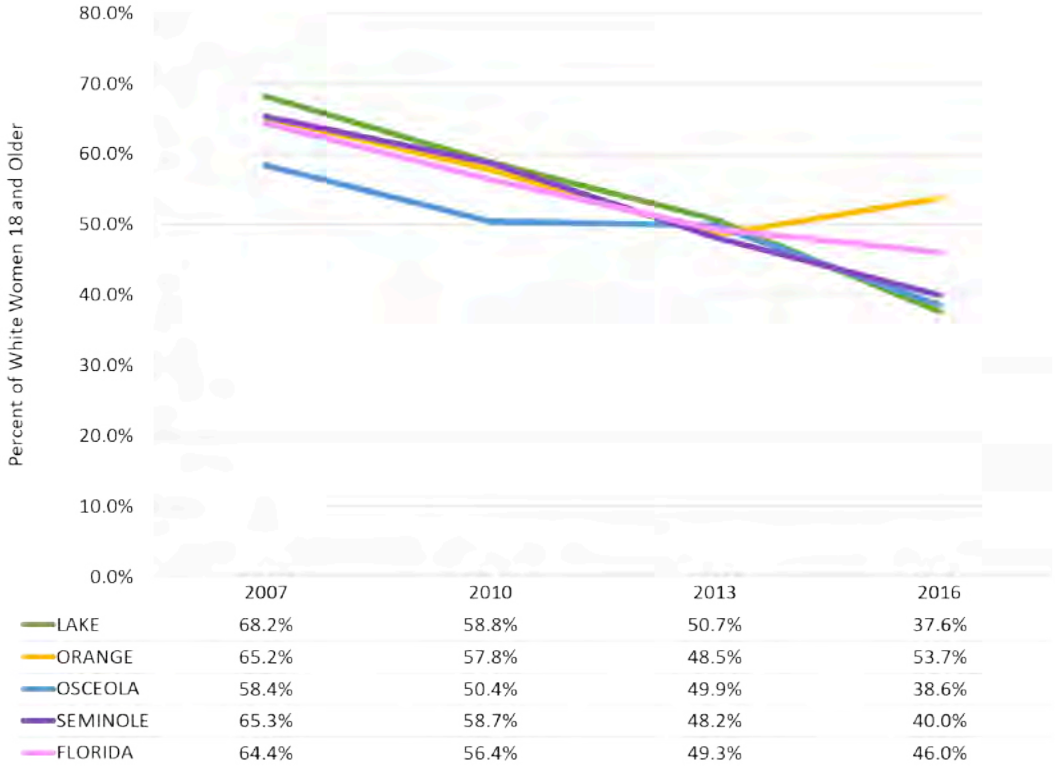
Source: Florida Department of Health: University of Miami (FL) Medical School, Florida Cancer Data Systems

CHART 8.3: PERCENT OF HISPANIC WOMEN AGES 40 AND OLDER WHO RECEIVED MAMMOGRAMS (2007-2016)



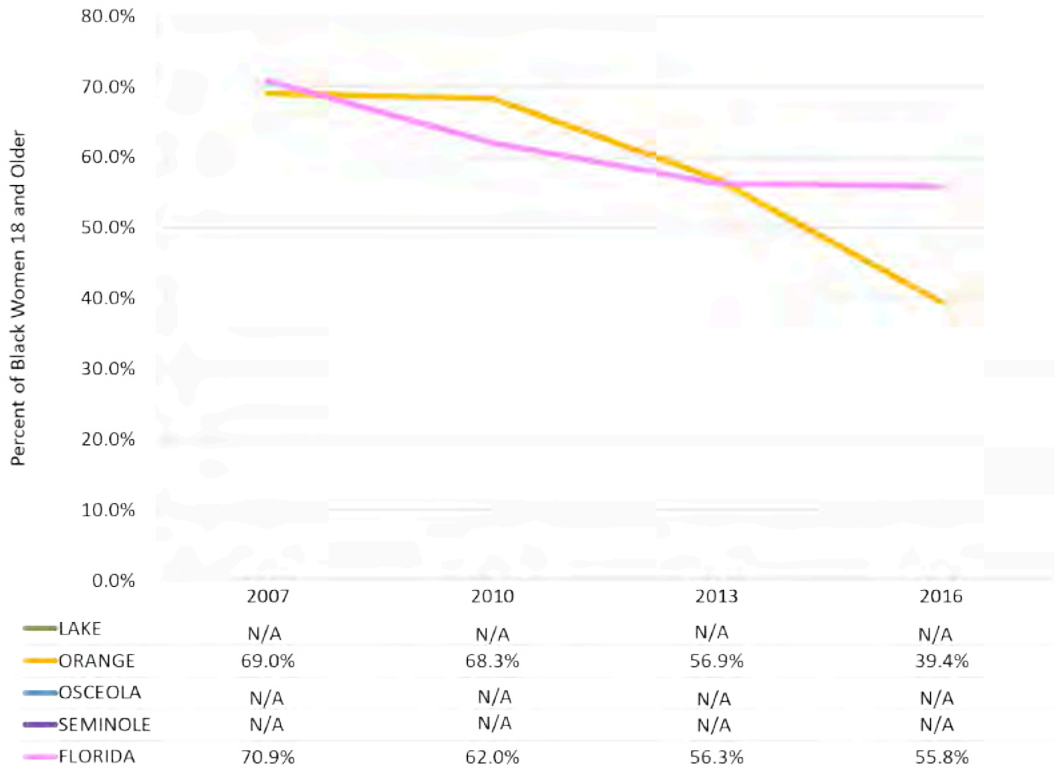
Source: Florida Department of Health: University of Miami (FL) Medical School, Florida Cancer Data Systems

CHART 8.4: WHITE WOMEN AGES 18 YEARS AND OLDER WHO RECEIVED PAP TEST IN PAST YEAR (2007-2016)



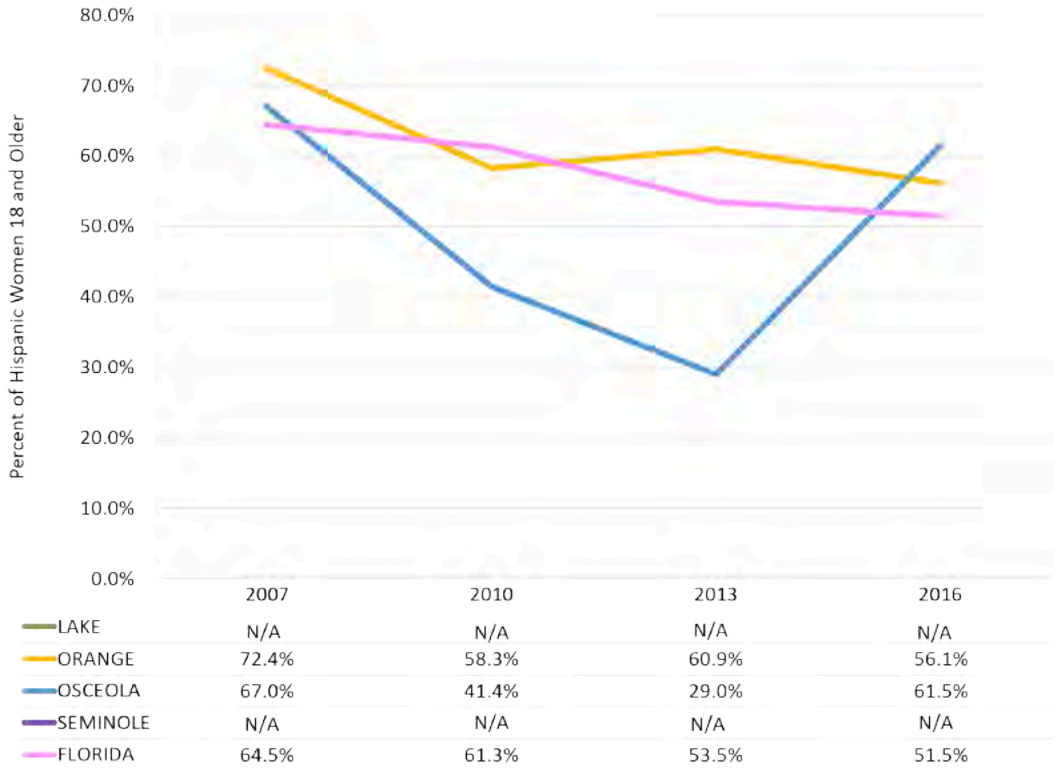
Source: FLHealthCHARTS: Florida Department of Health, Florida Behavioral Risk Factor Surveillance System

CHART 8.5: BLACK WOMEN AGES 18 YEARS AND OLDER WHO RECEIVED PAP TEST IN PAST YEAR (2007-2016)



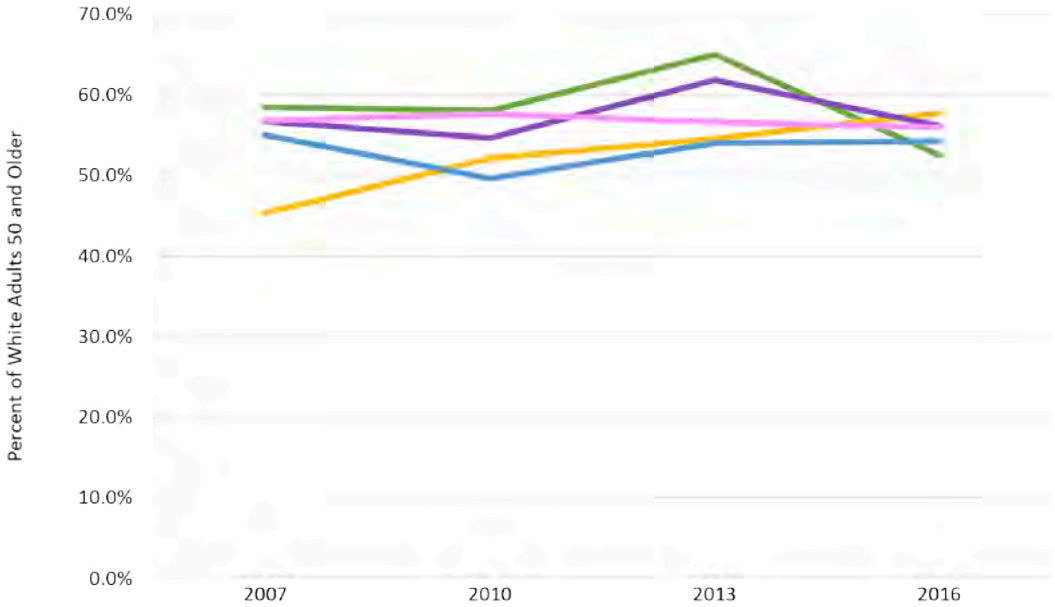
Source: Florida Department of Health: University of Miami (FL) Medical School, Florida Cancer Data Systems

CHART 8.6: HISPANIC WOMEN AGES 18 YEARS AND OLDER WHO RECEIVED PAP TEST IN PAST YEAR (2007-2016)



Source: Florida Department of Health: University of Miami (FL) Medical School, Florida Cancer Data Systems

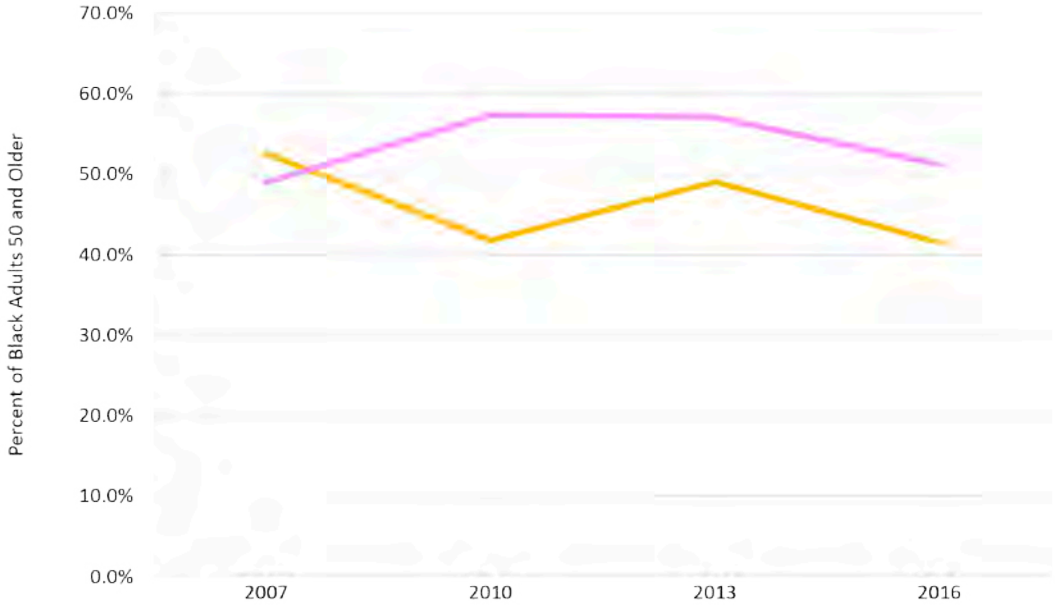
CHART 8.7: WHITE ADULTS AGES 50 AND OLDER WHO RECEIVED SIGMOIDOSCOPY OR COLONOSCOPY (2007-2016)



	2007	2010	2013	2016
LAKE	58.5%	58.0%	65.0%	52.5%
ORANGE	45.3%	52.1%	54.5%	57.7%
OSCEOLA	55.0%	49.6%	54.0%	54.3%
SEMINOLE	56.7%	54.6%	61.8%	56.1%
FLORIDA	56.8%	57.6%	56.6%	55.9%

Source: Florida Department of Health: University of Miami (FL) Medical School, Florida Cancer Data Systems

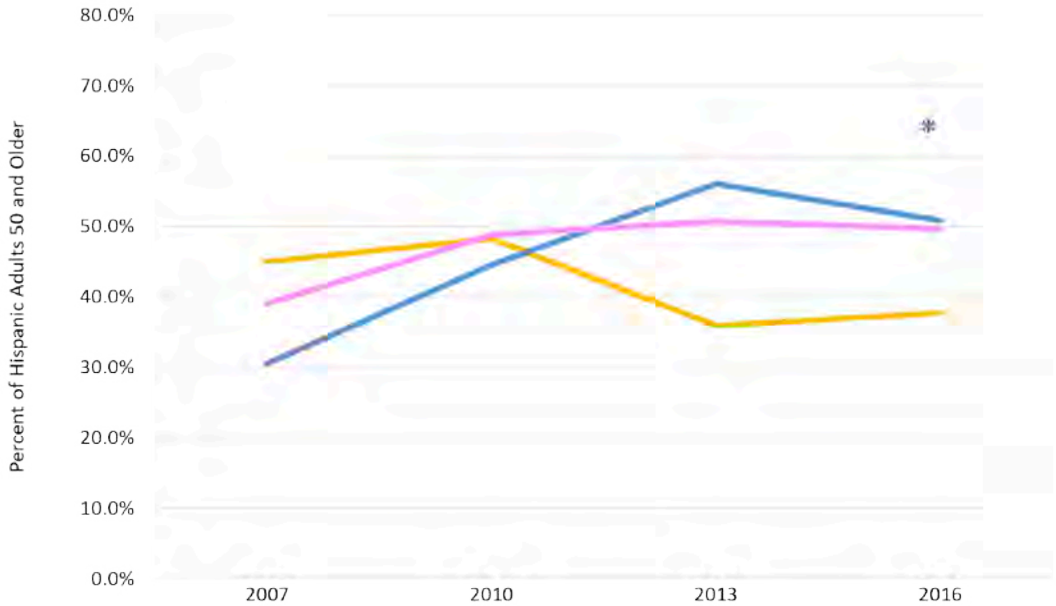
CHART 8.8: BLACK ADULTS AGES 50 AND OLDER WHO RECEIVED SIGMOIDOSCOPY OR COLONOSCOPY (2007-2016)



	2007	2010	2013	2016
LAKE	N/A	N/A	N/A	N/A
ORANGE	52.6%	41.8%	49.0%	41.5%
OSCEOLA	N/A	N/A	N/A	N/A
SEMINOLE	N/A	N/A	N/A	N/A
FLORIDA	48.9%	57.3%	57.1%	51.2%

Source: FLHealthCHARTS: Florida Department of Health, Florida Behavioral Risk Factor Surveillance System

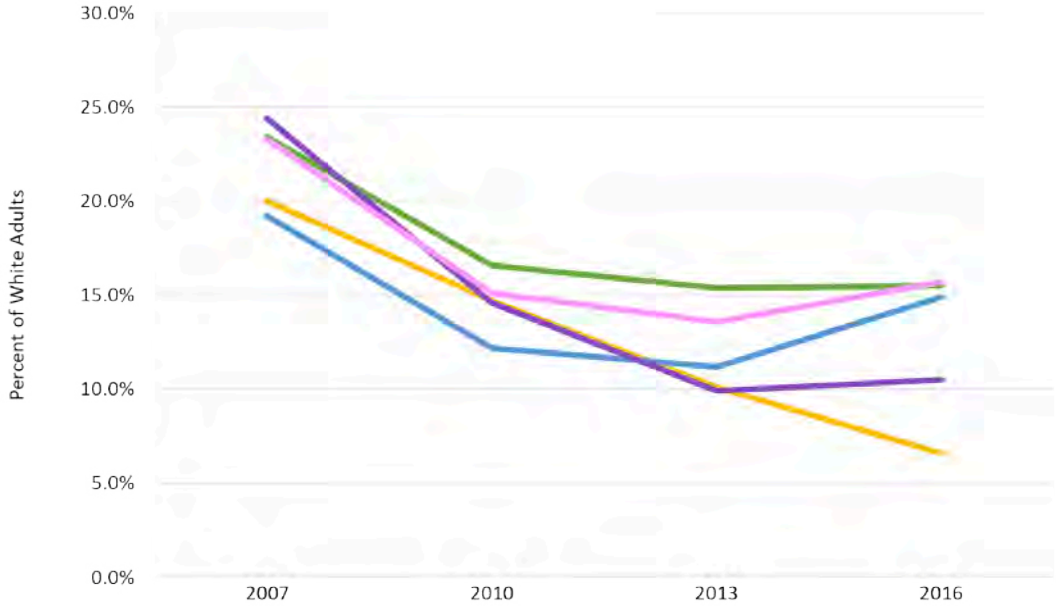
CHART 8.9: HISPANIC ADULTS AGES 50 AND OLDER WHO RECEIVED SIGMOIDOSCOPY OR COLONOSCOPY (2007-2016)



	2007	2010	2013	2016
LAKE	N/A	N/A	N/A	N/A
ORANGE	45.0%	48.3%	35.9%	37.7%
OSCEOLA	30.5%	44.5%	56.0%	50.8%
SEMINOLE	N/A	N/A	N/A	70.6%
FLORIDA	39.0%	48.8%	50.7%	49.6%

Source: FLHealthCHARTS: Florida Department of Health, Florida Behavioral Risk Factor Surveillance System
*Represents a single data point where there has been inconsistent data for a county

CHART 8.10: WHITE ADULTS AGES 50 AND OLDER WHO RECEIVED A STOOL BLOOD TEST IN THE PAST YEAR (2007-2016)



	2007	2010	2013	2016
LAKE	23.4%	16.6%	15.4%	15.5%
ORANGE	20.0%	14.7%	10.1%	6.6%
OSCEOLA	19.2%	12.2%	11.2%	14.9%
SEMINOLE	24.4%	14.6%	9.9%	10.5%
FLORIDA	23.3%	15.1%	13.6%	15.7%

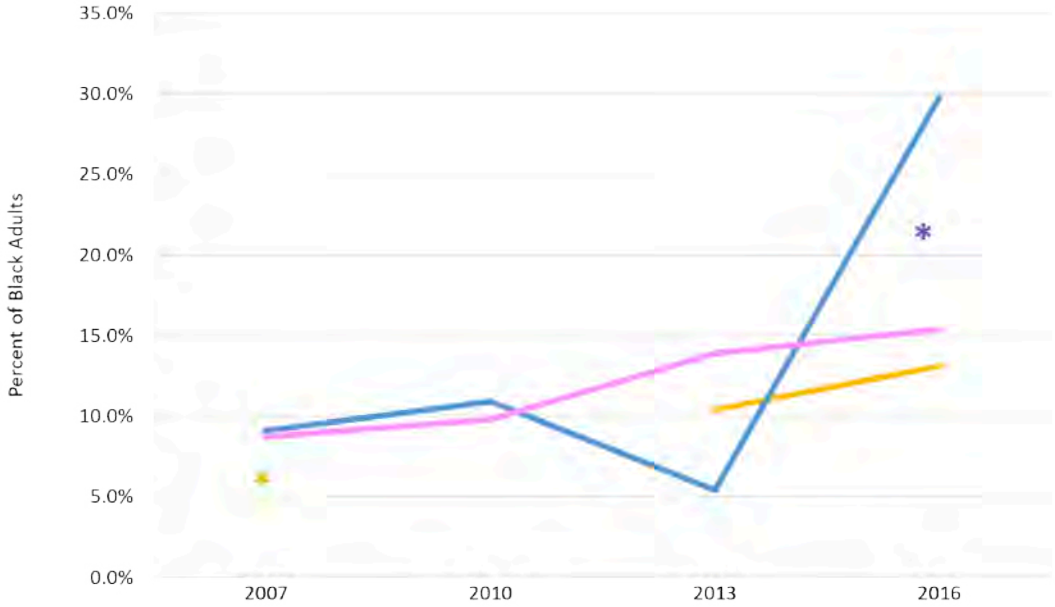
Source: FLHealthCHARTS: Florida Department of Health, Florida Behavioral Risk Factor Surveillance System

CHART 8.11: BLACK ADULTS AGES 50 AND OLDER WHO RECEIVED A STOOL BLOOD TEST IN THE PAST YEAR (2007-2016)

	2007	2010	2013	2016
LAKE	N/A	N/A	N/A	N/A
ORANGE	13.2%	15.4%	1.8%	14.5%
OSCEOLA	N/A	N/A	N/A	N/A
SEMINOLE	N/A	N/A	N/A	N/A
FLORIDA	21.7%	17.6%	14.4%	18.6%

Source: Florida Department of Health: University of Miami (FL) Medical School, Florida Cancer Data Systems

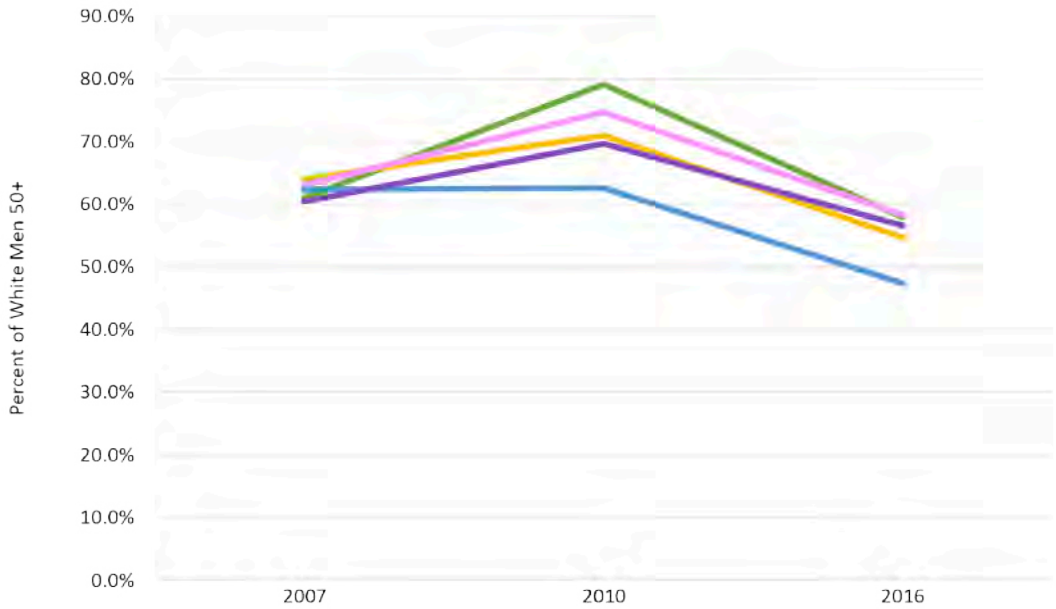
CHART 8.12: HISPANIC ADULTS AGES 50 AND OLDER WHO RECEIVED A STOOL BLOOD TEST IN THE PAST YEAR (2007-2016)



	2007	2010	2013	2016
LAKE	N/A	N/A	N/A	N/A
ORANGE	8.3%	N/A	10.4%	13.1%
OSCEOLA	9.1%	10.9%	5.4%	29.8%
SEMINOLE	N/A	N/A	N/A	24.6%
FLORIDA	8.7%	9.8%	13.9%	15.4%

Source: FLHealthCHARTS: Florida Department of Health, Florida Behavioral Risk Factor Surveillance System
*Represents a single data point where there has been inconsistent data for a county

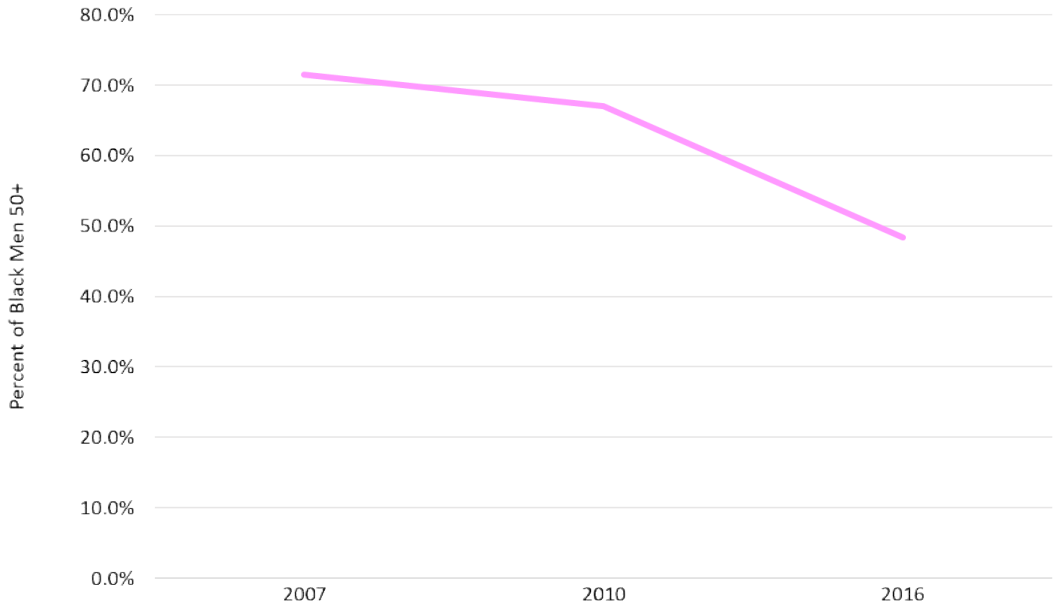
CHART 8.13: WHITE MEN AGES 50 AND OLDER WHO RECEIVED A PSA TEST IN THE PAST TWO YEARS (2007-2016)



	2007	2010	2016
LAKE	61.0%	79.1%	57.9%
ORANGE	64.0%	70.9%	54.7%
OSCEOLA	62.3%	62.6%	47.4%
SEMINOLE	60.4%	69.6%	56.6%
FLORIDA	63.1%	74.7%	58.2%

Source: FLHealthCHARTS: Florida Department of Health, Florida Behavioral Risk Factor Surveillance System

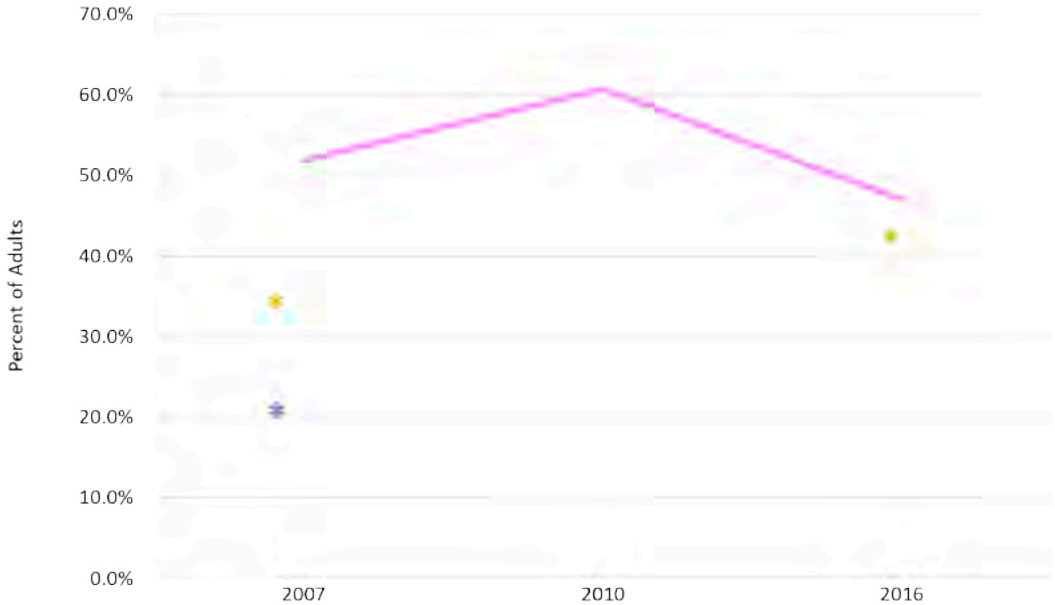
CHART 8.14: BLACK MEN AGES 50 AND OLDER WHO RECEIVED A PSA TESTS IN THE PAST TWO YEARS (2007-2016)



	2007	2010	2016
LAKE	N/A	N/A	N/A
ORANGE	N/A	N/A	N/A
OSCEOLA	N/A	N/A	N/A
SEMINOLE	N/A	N/A	N/A
FLORIDA	71.5%	67.0%	48.4%

Source: FLHealthCHARTS: Florida Department of Health, Florida Behavioral Risk Factor Surveillance System

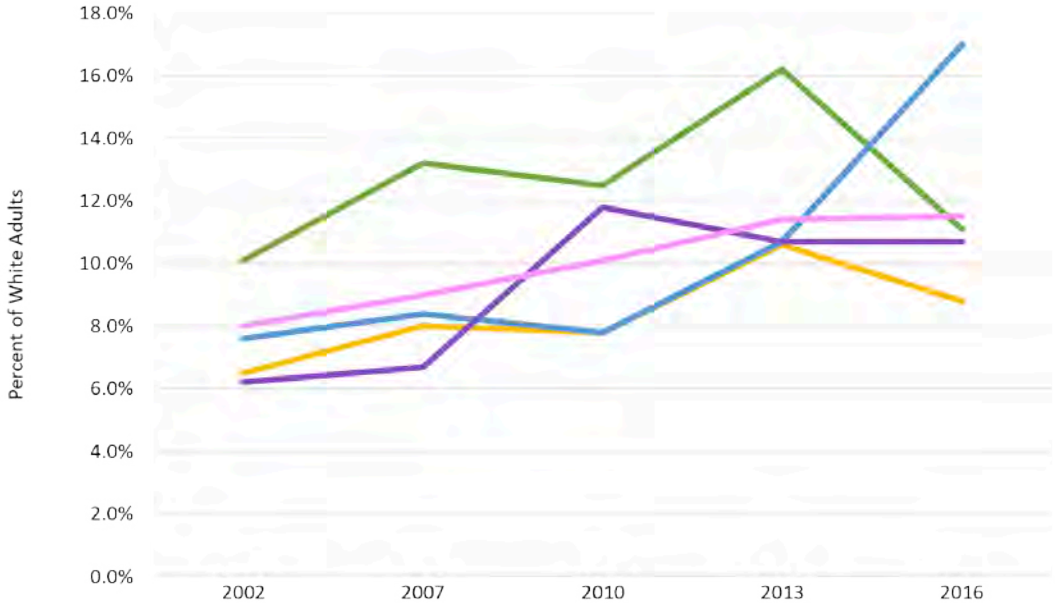
CHART 8.15: HISPANIC MEN AGES 50 AND OLDER WHO RECEIVED A PSA TEST IN THE PAST TWO YEARS (2007-2016)



	2007	2010	2016
LAKE	N/A	N/A	N/A
ORANGE	39.3%	N/A	48.2%
OSCEOLA	27.3%	N/A	N/A
SEMINOLE	N/A	N/A	N/A
FLORIDA	51.8%	60.7%	47.0%

Source: FLHealthCHARTS: Florida Department of Health, Florida Behavioral Risk Factor Surveillance System
*Represents a single data point where there has been inconsistent data for a county

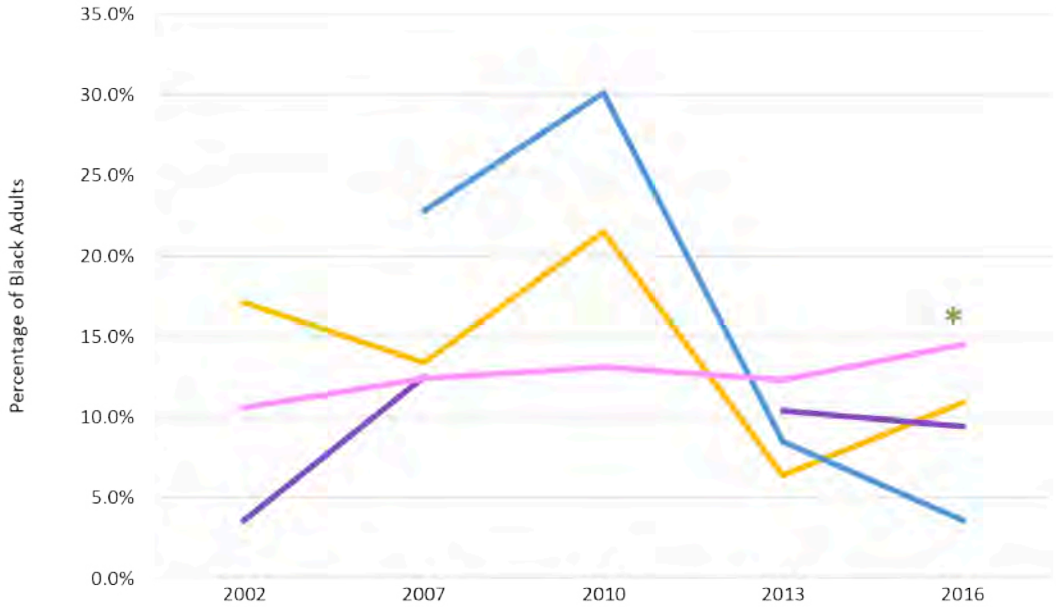
CHART 8.16: WHITE ADULTS WITH DIAGNOSED DIABETES (2002-2016)



	2002	2007	2010	2013	2016
LAKE	10.1%	13.2%	12.5%	16.2%	11.1%
ORANGE	6.5%	8.0%	7.8%	10.6%	8.8%
OSCEOLA	7.6%	8.4%	7.8%	10.7%	17.0%
SEMINOLE	6.2%	6.7%	11.8%	10.7%	10.7%
FLORIDA	8.0%	9.0%	10.1%	11.4%	11.5%

Source: FLHealthCHARTS: Florida Department of Health, Florida Behavioral Risk Factor Surveillance System

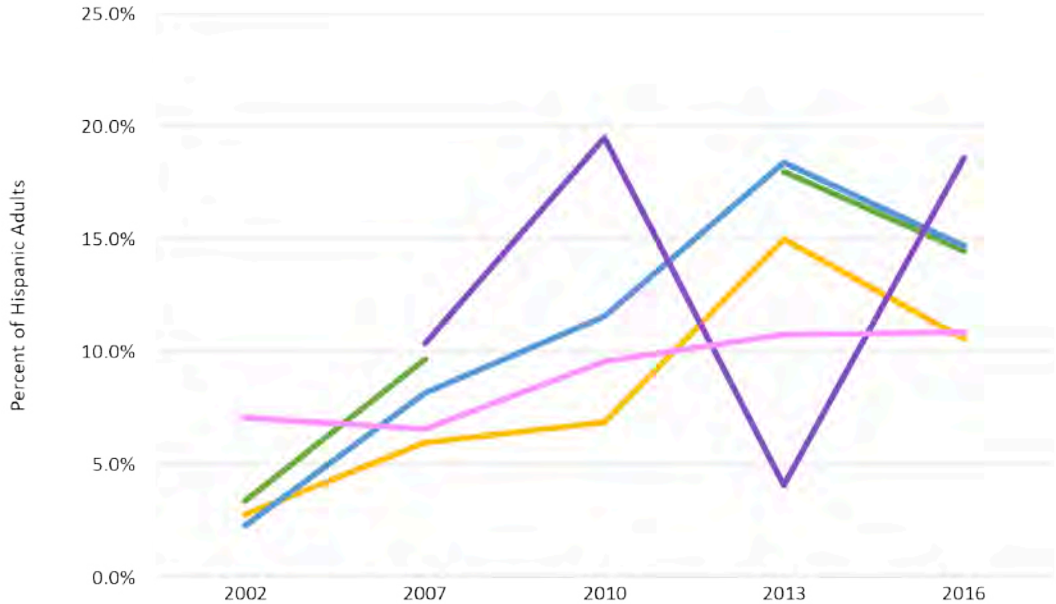
CHART 8.17: BLACK ADULTS WITH DIAGNOSED DIABETES (2002-2016)



	2002	2007	2010	2013	2016
LAKE	N/A	N/A	N/A	N/A	18.5%
ORANGE	17.1%	13.4%	21.5%	6.4%	10.9%
OSCEOLA	N/A	22.8%	30.1%	8.5%	3.6%
SEMINOLE	3.6%	12.5%	N/A	10.4%	9.4%
FLORIDA	10.6%	12.4%	13.1%	12.3%	14.5%

Source: FLHealthCHARTS: Florida Department of Health, Florida Behavioral Risk Factor Surveillance System
*Represents a single data point where there has been inconsistent data for a county

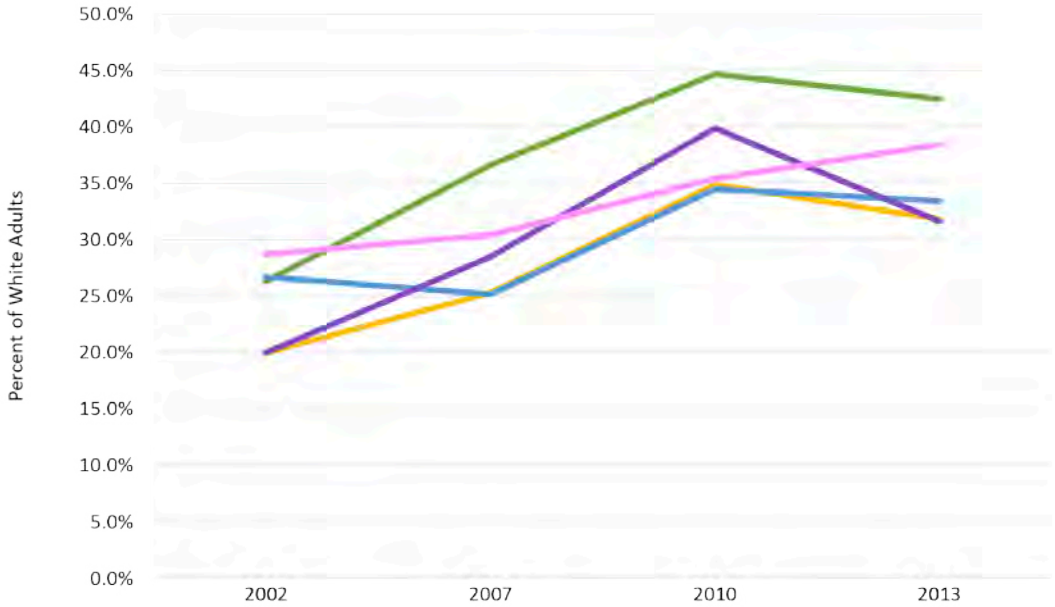
CHART 8.18: HISPANIC ADULTS WITH DIAGNOSED DIABETES (2002-2016)



	2002	2007	2010	2013	2016
LAKE	3.4%	9.7%	N/A	18.0%	14.5%
ORANGE	2.8%	6.0%	6.9%	15.0%	10.6%
OSCEOLA	2.3%	8.2%	11.6%	18.4%	14.7%
SEMINOLE	N/A	10.4%	19.5%	4.1%	18.6%
FLORIDA	7.1%	6.6%	9.6%	10.8%	10.9%

Source: FLHealthCHARTS: Florida Department of Health, Florida Behavioral Risk Factor Surveillance System

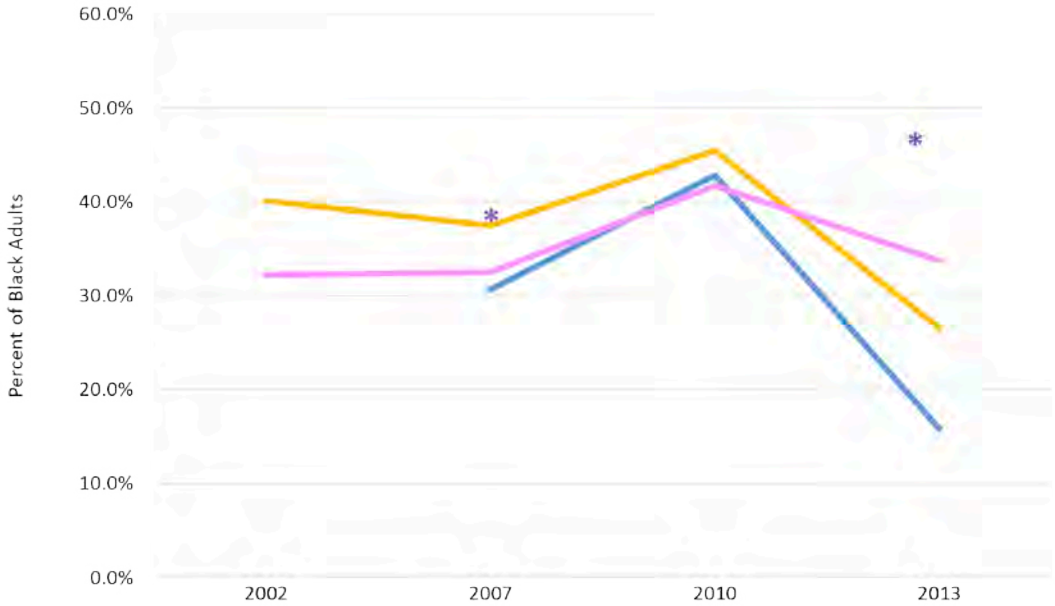
CHART 8.19: WHITE ADULTS WHO HAVE BEEN TOLD THEY HAVE HIGH BLOOD PRESSURE (2002-2013)



	2002	2007	2010	2013
LAKE	26.3%	36.6%	44.7%	42.5%
ORANGE	20.0%	25.3%	34.9%	31.8%
OSCEOLA	26.7%	25.2%	34.5%	33.4%
SEMINOLE	20.0%	28.5%	39.9%	31.6%
FLORIDA	28.7%	30.4%	35.4%	38.4%

Source: FLHealthCHARTS: Florida Department of Health, Florida Behavioral Risk Factor Surveillance System

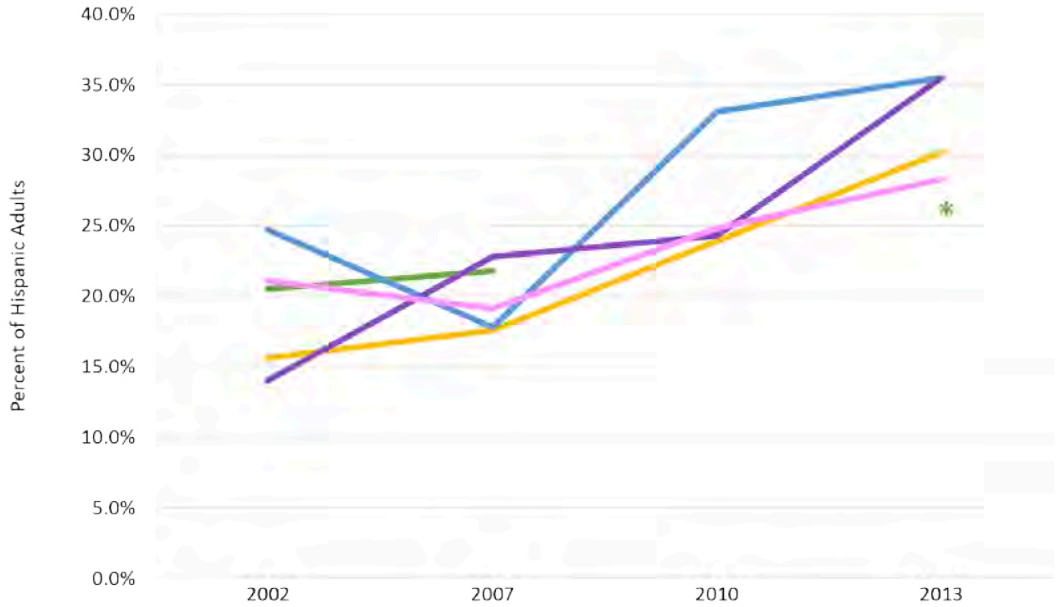
CHART 8.20: BLACK ADULTS WHO HAVE BEEN TOLD THEY HAVE HIGH BLOOD PRESSURE (2002-2013)



	2002	2007	2010	2013
LAKE	N/A	N/A	N/A	N/A
ORANGE	40.1%	37.5%	45.5%	26.5%
OSCEOLA	N/A	30.7%	42.8%	15.8%
SEMINOLE	N/A	45.7%	N/A	52.0%
FLORIDA	32.2%	32.5%	41.7%	33.7%

Source: FLHealthCHARTS: Florida Department of Health, Florida Behavioral Risk Factor Surveillance System
*Represents a single data point where there has been inconsistent data for a county

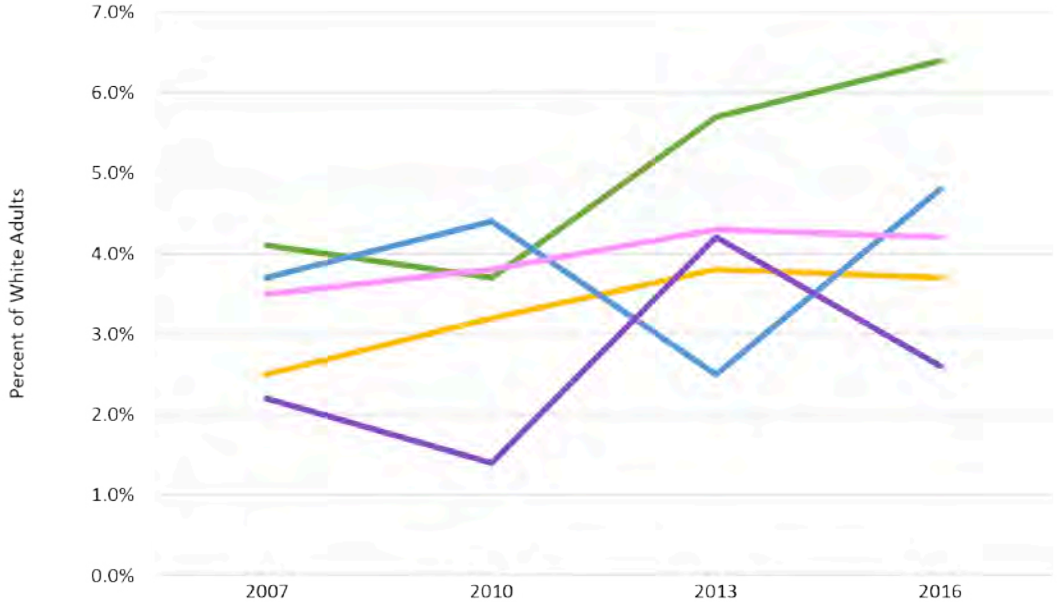
CHART 8.21: HISPANIC ADULTS WHO HAVE BEEN TOLD THEY HAVE HIGH BLOOD PRESSURE (2002-2013)



	2002	2007	2010	2013
LAKE	20.5%	21.8%	N/A	27.7%
ORANGE	15.6%	17.6%	23.9%	30.2%
OSCEOLA	24.7%	17.8%	33.1%	35.5%
SEMINOLE	14.0%	22.8%	24.3%	35.5%
FLORIDA	21.1%	19.1%	24.8%	28.3%

Source: FLHealthCHARTS: Florida Department of Health, Florida Behavioral Risk Factor Surveillance System
*Represents a single data point where there has been inconsistent data for a county

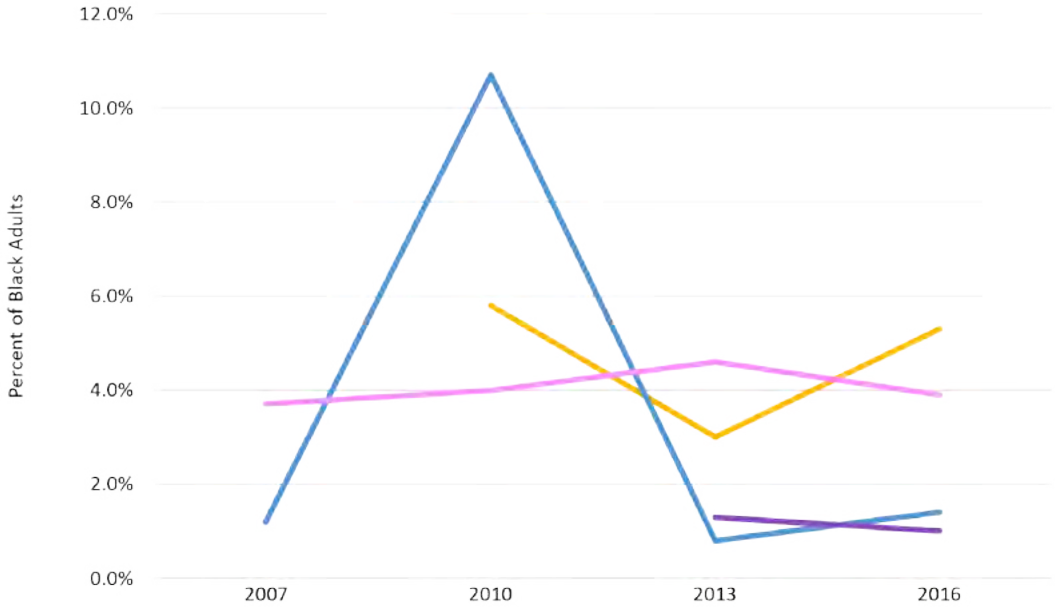
CHART 8.22: WHITE ADULTS WHO HAVE BEEN TOLD THEY HAD A STROKE (2007-2016)



	2007	2010	2013	2016
LAKE	4.1%	3.7%	5.7%	6.4%
ORANGE	2.5%	3.2%	3.8%	3.7%
OSCEOLA	3.7%	4.4%	2.5%	4.8%
SEMINOLE	2.2%	1.4%	4.2%	2.6%
FLORIDA	3.5%	3.8%	4.3%	4.2%

Source: FLHealthCHARTS: Florida Department of Health, Florida Behavioral Risk Factor Surveillance System

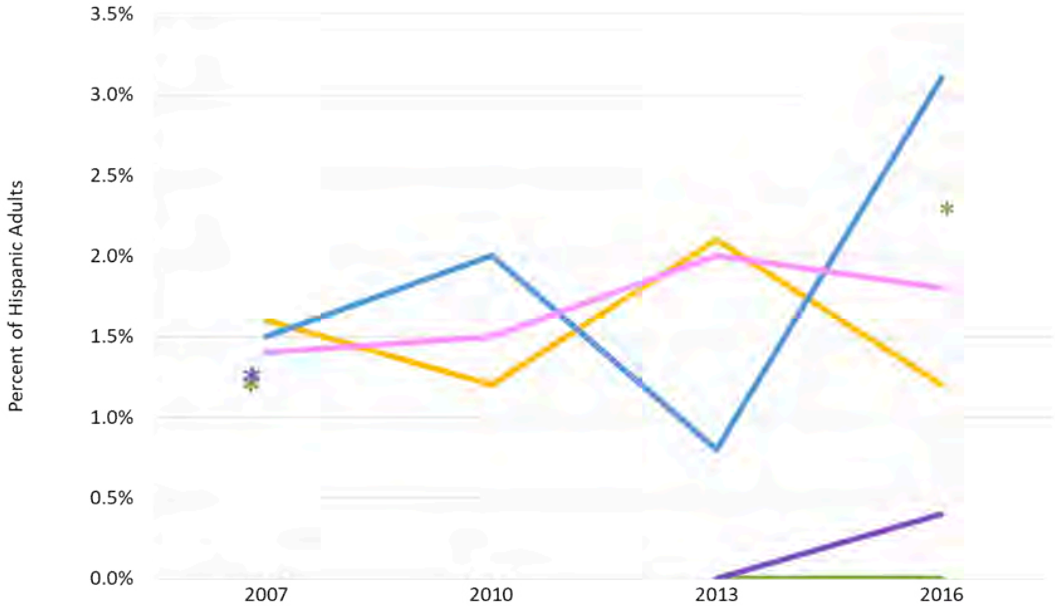
CHART 8.23: BLACK ADULTS WHO HAVE BEEN TOLD THEY HAD A STROKE (2007-2016)



	2007	2010	2013	2016
LAKE	N/A	N/A	N/A	N/A
ORANGE	N/A	5.8%	3.0%	5.3%
OSCEOLA	1.2%	10.7%	0.8%	1.4%
SEMINOLE	N/A	N/A	1.3%	1.0%
FLORIDA	3.7%	4.0%	4.6%	3.9%

Source: FLHealthCHARTS: Florida Department of Health, Florida Behavioral Risk Factor Surveillance System

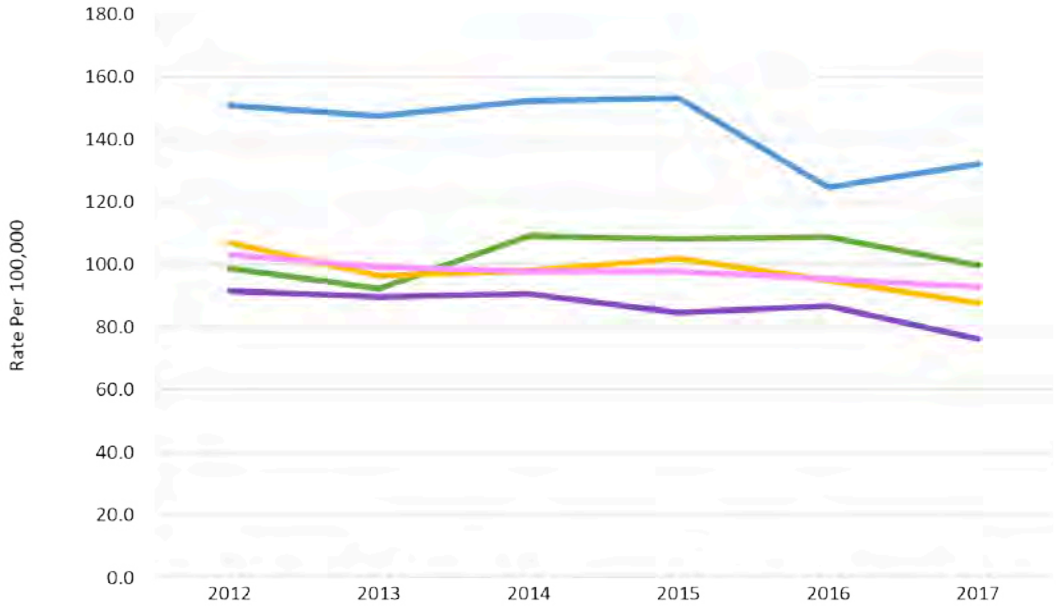
CHART 8.24: HISPANIC ADULTS WHO HAVE BEEN TOLD THEY HAD A STROKE (2007-2016)



	2007	2010	2013	2016
LAKE	1.4%	N/A	0.0%	0.0%
ORANGE	1.6%	1.2%	2.1%	1.2%
OSCEOLA	1.5%	2.0%	0.8%	3.1%
SEMINOLE	1.5%	N/A	0.0%	0.4%
FLORIDA	1.4%	1.5%	2.0%	1.8%

Source: FLHealthCHARTS: Florida Department of Health, Florida Behavioral Risk Factor Surveillance System
*Represents a single data point where there has been inconsistent data for a county

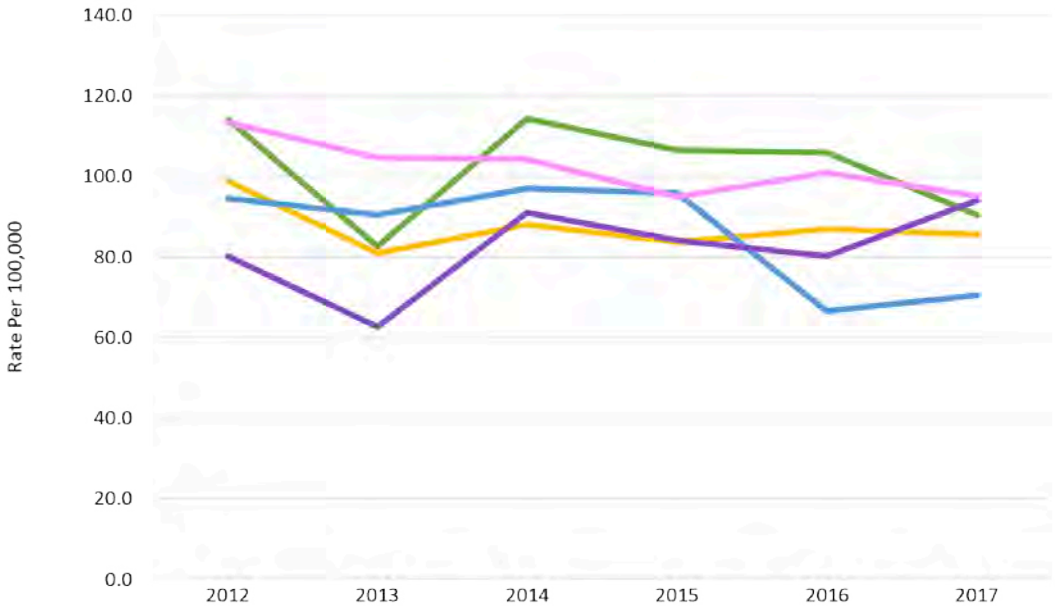
CHART 8.25: WHITE AGE-ADJUSTED DEATH RATE FOR CORONARY HEART DISEASE (2012-2017)



	2012	2013	2014	2015	2016	2017
LAKE	98.7	92.2	109.0	108.1	108.8	99.7
ORANGE	106.8	96.4	98.0	101.9	95.0	87.7
OSCEOLA	150.8	147.5	152.2	153.2	124.7	132.0
SEMINOLE	91.5	89.6	90.6	84.7	86.8	76.3
FLORIDA	103.0	99.3	97.9	97.7	95.3	92.8

Source: FLHealthCHARTS: Florida Department of Health, Vital Statistics

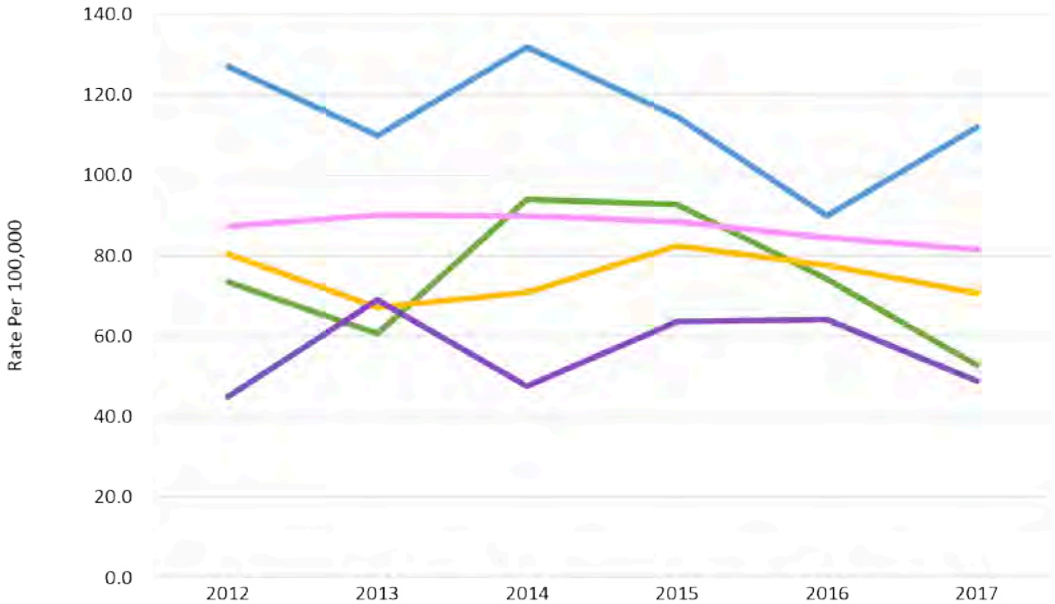
CHART 8.26: BLACK AGE-ADJUSTED DEATH RATE FOR CORONARY HEART DISEASE (2012-2017)



	2012	2013	2014	2015	2016	2017
LAKE	114.2	82.6	114.3	106.5	105.9	90.5
ORANGE	98.8	81.0	88.0	83.7	86.8	85.6
OSCEOLA	94.5	90.4	96.9	95.9	66.5	70.4
SEMINOLE	80.2	62.7	90.9	84.0	80.2	94.0
FLORIDA	113.4	104.6	104.3	94.9	100.9	95.1

Source: FLHealthCHARTS: Florida Department of Health, Vital Statistics

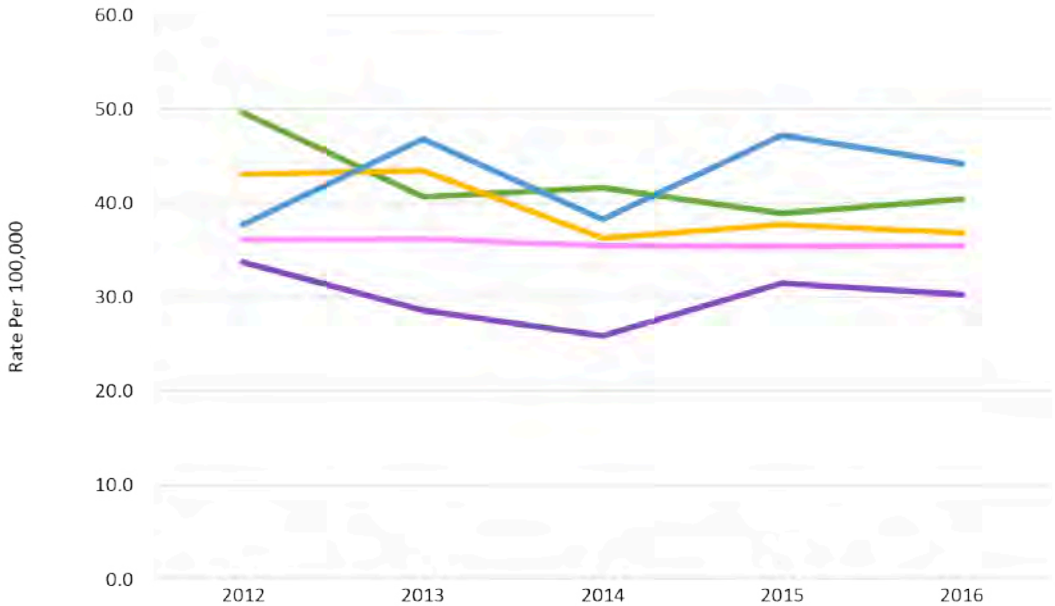
CHART 8.27: HISPANIC AGE-ADJUSTED DEATH RATE FOR CORONARY HEART DISEASE (2012-2017)



	2012	2013	2014	2015	2016	2017
LAKE	73.4	60.6	94.0	92.7	74.3	52.7
ORANGE	80.3	67.2	70.8	82.4	77.6	70.6
OSCEOLA	127.0	109.9	131.9	114.5	89.8	111.9
SEMINOLE	44.9	68.9	47.5	63.5	64.1	48.8
FLORIDA	87.3	90.0	89.9	88.3	84.4	81.4

Source: FLHealthCHARTS: Florida Department of Health, Vital Statistics

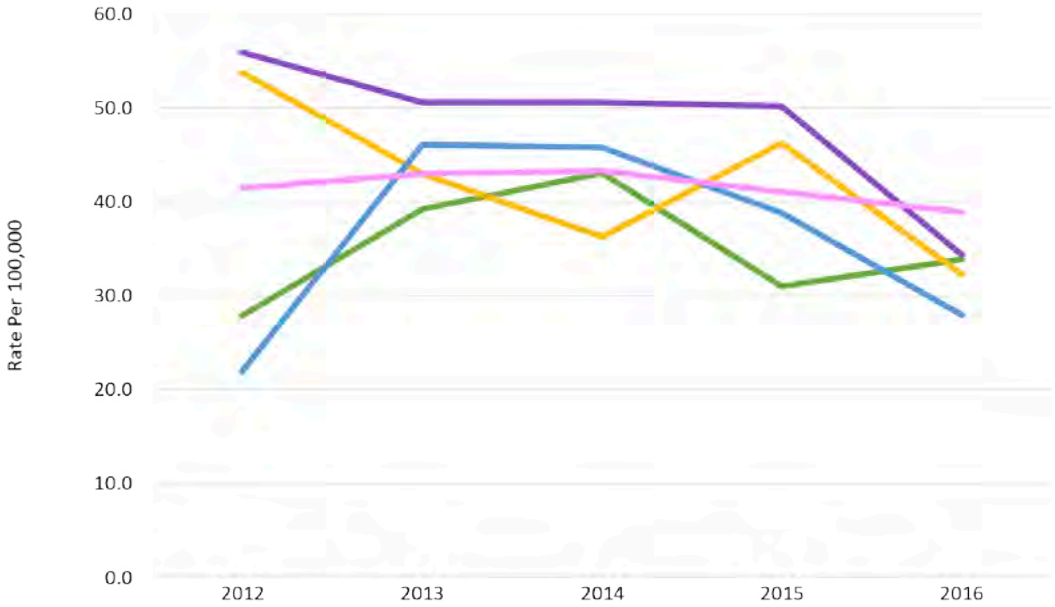
CHART 8.28: WHITE AGE-ADJUSTED COLORECTAL CANCER INCIDENCE (2012-2016)



	2012	2013	2014	2015	2016
LAKE	49.6	40.7	41.6	38.9	40.4
ORANGE	43.1	43.5	36.3	37.7	36.8
OSCEOLA	37.7	46.8	38.3	47.2	44.2
SEMINOLE	33.7	28.6	25.9	31.5	30.3
FLORIDA	36.1	36.2	35.5	35.4	35.5

Source: FLHealthCHARTS: University of Miami (FL) Medical School, Florida Cancer Data System

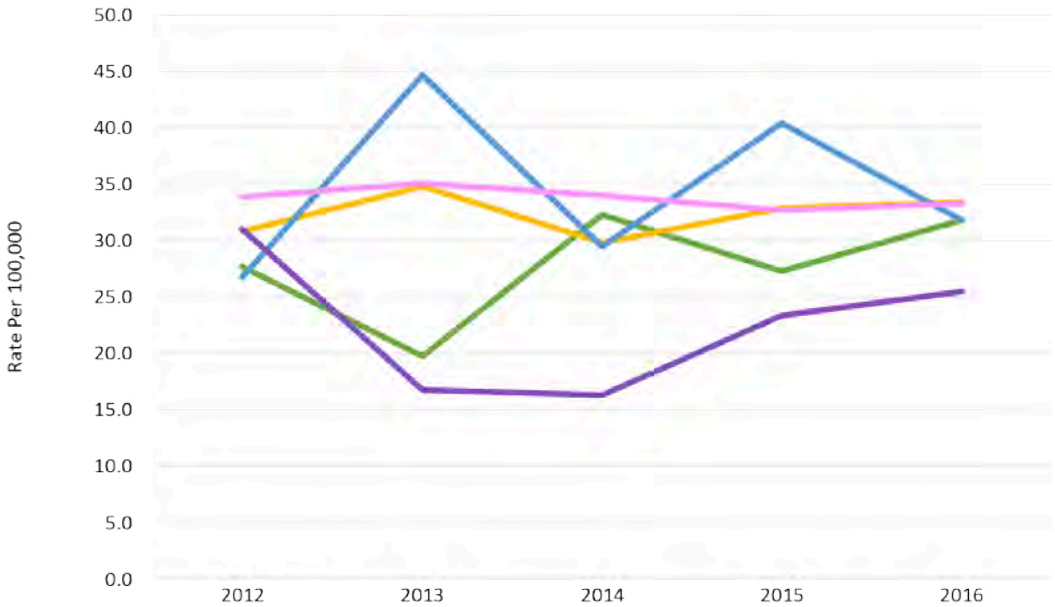
CHART 8.29: BLACK AGE-ADJUSTED COLORECTAL CANCER INCIDENCE (2012-2016)



	2012	2013	2014	2015	2016
LAKE	27.9	39.2	43.1	31.0	33.9
ORANGE	53.8	43.0	36.3	46.3	32.3
OSCEOLA	22.0	46.1	45.8	38.8	28.0
SEMINOLE	55.9	50.6	50.6	50.2	34.4
FLORIDA	41.5	43.0	43.3	41.1	38.9

Source: FLHealthCHARTS: University of Miami (FL) Medical School, Florida Cancer Data System

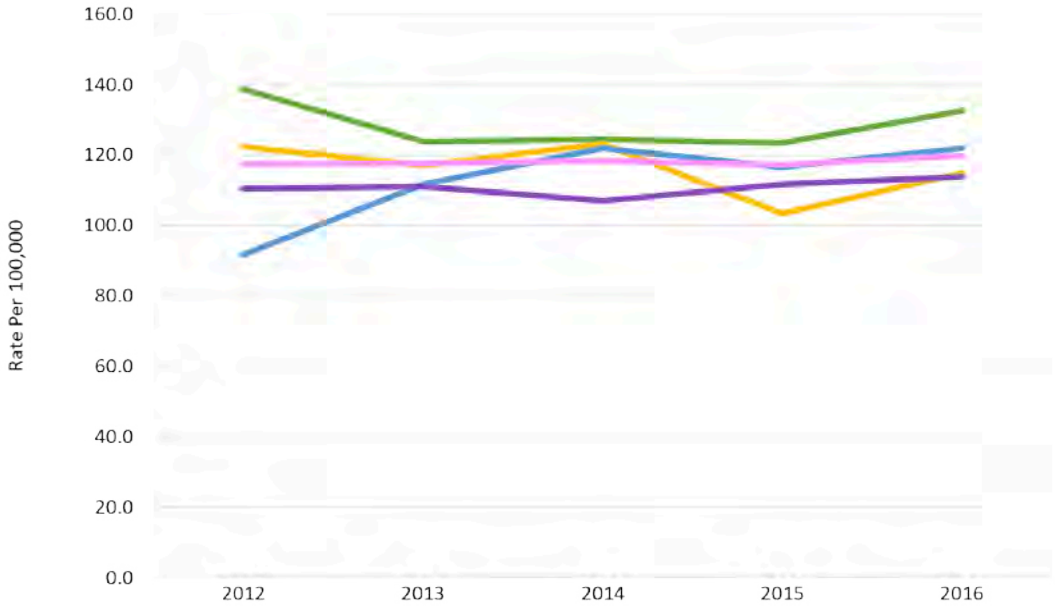
CHART 8.30: HISPANIC AGE-ADJUSTED COLORECTAL CANCER INCIDENCE (2012-2016)



	2012	2013	2014	2015	2016
LAKE	27.7	19.8	32.3	27.3	31.8
ORANGE	30.8	34.8	29.8	32.9	33.4
OSCEOLA	26.8	44.7	29.5	40.4	31.8
SEMINOLE	31.0	16.8	16.3	23.4	25.5
FLORIDA	33.9	35.1	34.0	32.7	33.3

Source: FLHealthCHARTS: University of Miami (FL) Medical School, Florida Cancer Data System

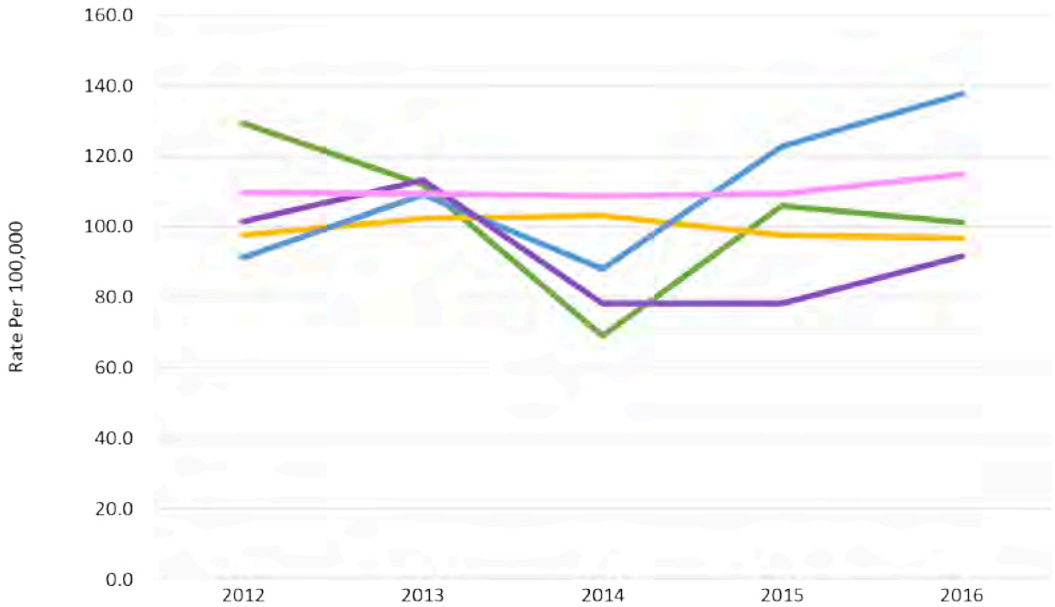
CHART 8.31: WHITE BREAST CANCER INCIDENCE (2012-2016))



	2012	2013	2014	2015	2016
LAKE	138.7	123.7	124.4	123.4	132.6
ORANGE	122.3	117.0	123.1	103.3	114.9
OSCEOLA	91.7	111.6	121.9	116.6	121.9
SEMINOLE	110.3	111.0	106.9	111.7	113.7
FLORIDA	117.4	117.7	118.3	117.2	119.7

Source: FLHealthCHARTS: University of Miami (FL) Medical School, Florida Cancer Data System

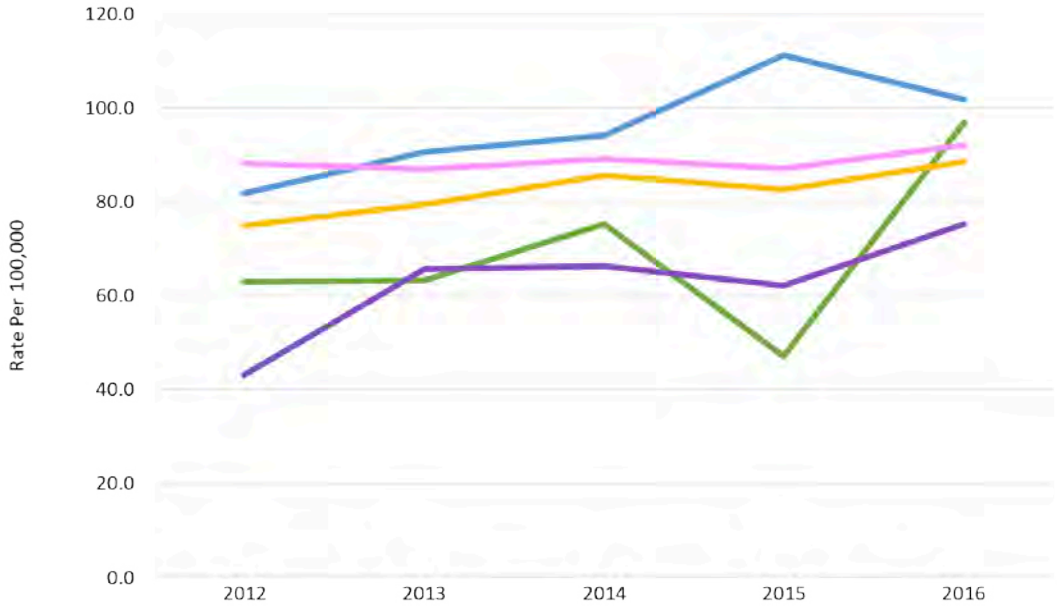
CHART 8.32: BLACK BREAST CANCER INCIDENCE (2012-2016)



	2012	2013	2014	2015	2016
LAKE	129.3	111.9	69.0	106.0	101.3
ORANGE	97.7	102.3	103.1	97.7	96.7
OSCEOLA	91.3	109.2	88.0	122.8	137.6
SEMINOLE	101.5	113.2	78.2	78.3	91.7
FLORIDA	109.7	109.3	108.7	109.3	114.9

Source: FLHealthCHARTS: University of Miami (FL) Medical School, Florida Cancer Data System

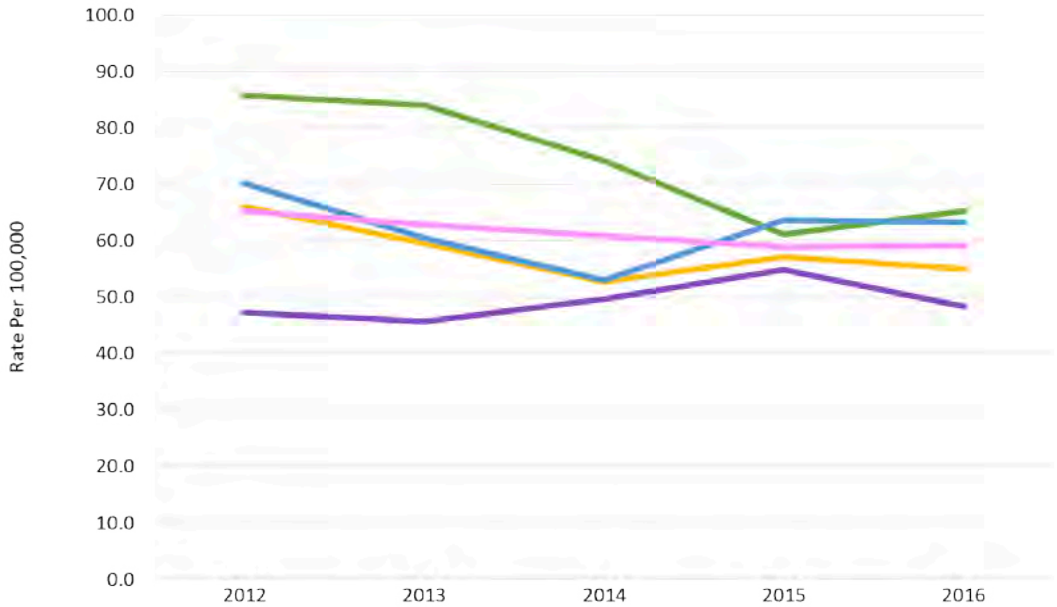
CHART 8.33: HISPANIC BREAST CANCER INCIDENCE (2012-2016)



	2012	2013	2014	2015	2016
LAKE	62.9	63.3	75.2	47.2	96.8
ORANGE	74.9	79.5	85.6	82.6	88.5
OSCEOLA	81.8	90.6	94.2	111.2	101.8
SEMINOLE	43.2	65.7	66.4	62.2	75.2
FLORIDA	88.2	87.0	89.1	87.1	92.0

Source: FLHealthCHARTS: University of Miami (FL) Medical School, Florida Cancer Data System

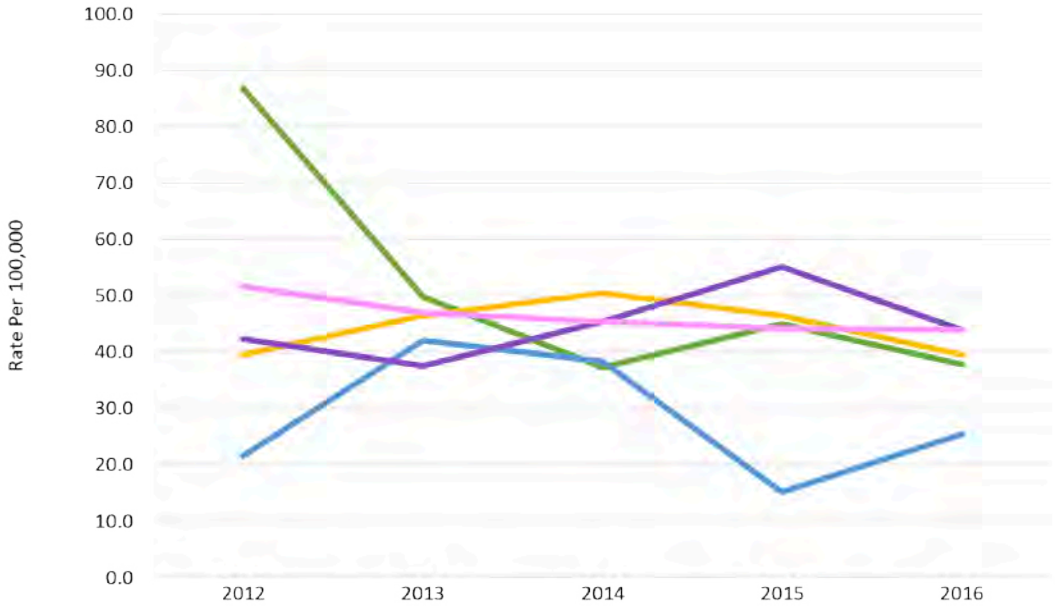
CHART 8.34: WHITE LUNG CANCER INCIDENCE (2012-2016)



	2012	2013	2014	2015	2016
LAKE	85.8	84.0	74.2	61.1	65.2
ORANGE	66.0	59.5	52.8	57.1	55.0
OSCEOLA	70.2	60.4	53.0	63.6	63.3
SEMINOLE	47.3	45.7	49.7	54.9	48.3
FLORIDA	65.3	62.9	60.9	58.9	59.1

Source: FLHealthCHARTS: University of Miami (FL) Medical School, Florida Cancer Data System

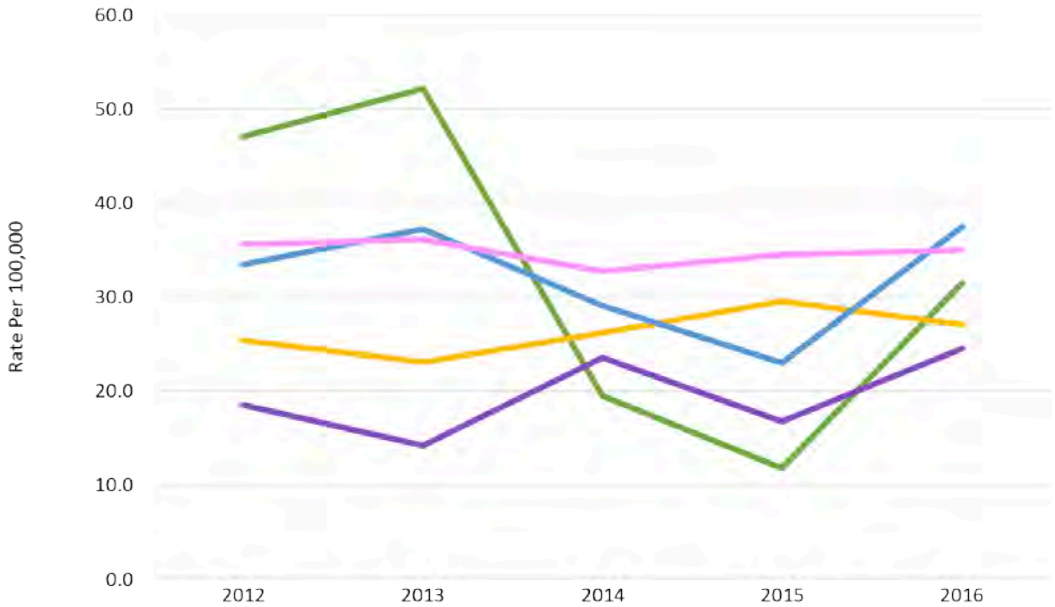
CHART 8.35: BLACK LUNG CANCER INCIDENCE (2012-2016)



	2012	2013	2014	2015	2016
LAKE	86.8	49.8	37.3	45.0	37.8
ORANGE	39.5	46.5	50.5	46.5	39.6
OSCEOLA	21.6	42.1	38.3	15.2	25.4
SEMINOLE	42.4	37.5	45.4	55.2	44.0
FLORIDA	51.7	47.0	45.4	44.2	43.9

Source: FLHealthCHARTS: University of Miami (FL) Medical School, Florida Cancer Data System

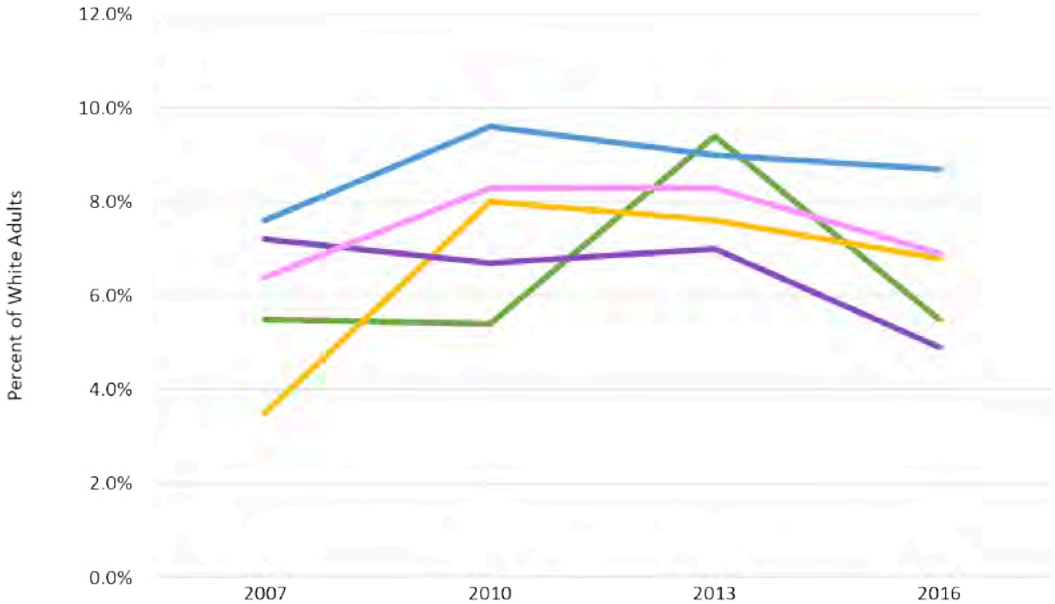
CHART 8.36: HISPANIC LUNG CANCER INCIDENCE (2012-2016)



	2012	2013	2014	2015	2016
LAKE	47.1	52.2	19.5	11.8	31.5
ORANGE	25.4	23.1	26.2	29.6	27.1
OSCEOLA	33.5	37.2	29.1	23.0	37.5
SEMINOLE	18.5	14.2	23.6	16.8	24.5
FLORIDA	35.6	36.1	32.8	34.5	35.0

Source: FLHealthCHARTS: University of Miami (FL) Medical School, Florida Cancer Data System

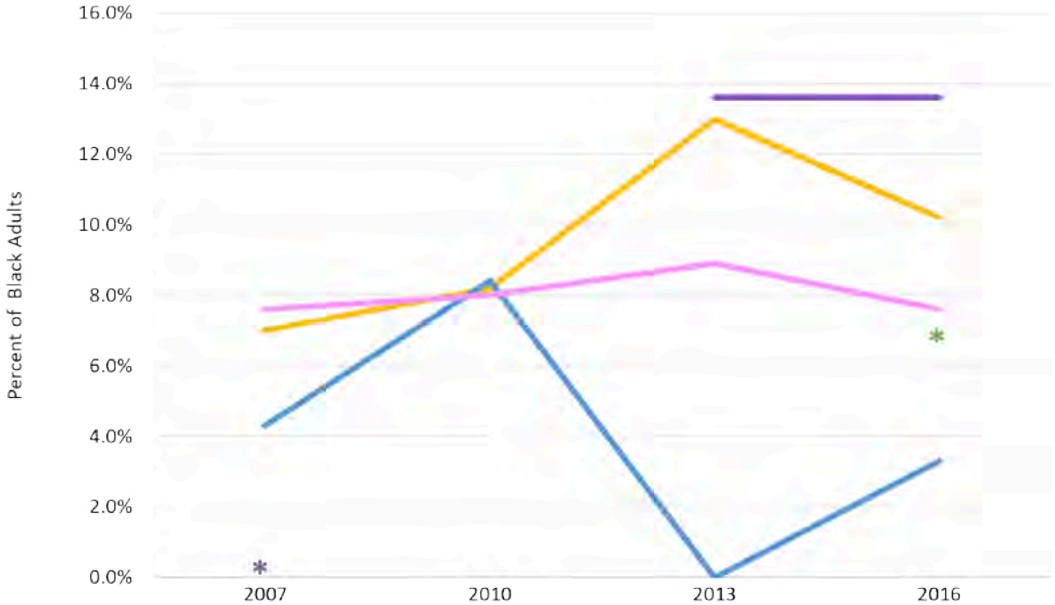
CHART 8.37: WHITE ADULTS CURRENTLY WITH ASTHMA (2007-2016)



	2007	2010	2013	2016
LAKE	5.5%	5.4%	9.4%	5.5%
ORANGE	3.5%	8.0%	7.6%	6.8%
OSCEOLA	7.6%	9.6%	9.0%	8.7%
SEMINOLE	7.2%	6.7%	7.0%	4.9%
FLORIDA	6.4%	8.3%	8.3%	6.9%

Source: FLHealthCHARTS: Florida Department of Health, Florida Behavioral Risk Factor Surveillance System

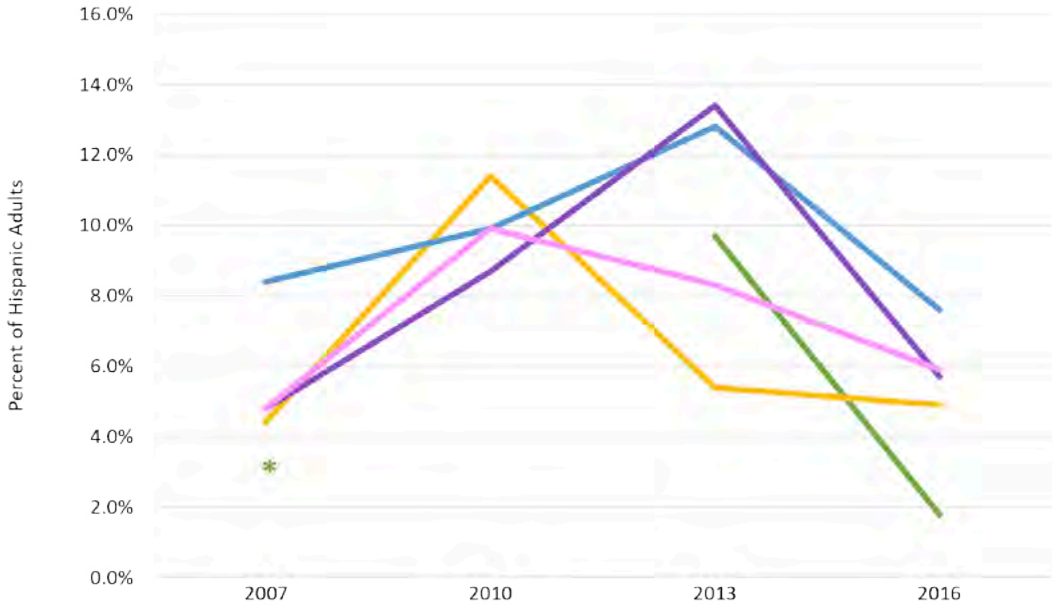
CHART 8.38: BLACK ADULTS CURRENTLY WITH ASTHMA (2007-2016)



	2007	2010	2013	2016
LAKE	N/A	N/A	N/A	7.4%
ORANGE	7.0%	8.2%	13.0%	10.2%
OSCEOLA	4.3%	8.4%	0.0%	3.3%
SEMINOLE	1.3%	N/A	13.6%	13.6%
FLORIDA	7.6%	8.0%	8.9%	7.6%

Source: FLHealthCHARTS: Florida Department of Health, Florida Behavioral Risk Factor Surveillance System
*Represents a single data point where there has been inconsistent data for a county

CHART 8.39: HISPANIC ADULTS CURRENTLY WITH ASTHMA (2007-2016)



	2007	2010	2013	2016
LAKE	2.7%	N/A	9.7%	1.8%
ORANGE	4.4%	11.4%	5.4%	4.9%
OSCEOLA	8.4%	9.9%	12.8%	7.6%
SEMINOLE	4.8%	8.7%	13.4%	5.7%
FLORIDA	4.8%	9.9%	8.3%	5.9%

Source: FLHealthCHARTS: Florida Department of Health, Florida Behavioral Risk Factor Surveillance System
*Represents a single data point where there has been inconsistent data for a county

TABLE 8.1: LEADING CAUSES OF DEATH BY RACE/ETHNICITY PER 100,000, LAKE COUNTY (2017)

Highest rates for each condition are highlighted in red.

	White	Black/ Other	White Hispanic	Black Hispanic
Heart diseases	227.0	207.2	82.7	32.9
Cancer	221.5	171.6	89.3	46.1
Cerebrovascular diseases	47.5	63.9	25.7	11.3
Chronic lower respiratory disease	47.4	25.6	12.2	7.3
Unintentional injury	69.4	43.0	33.2	15.3
Diabetes mellitus	22.5	45.5	21.7	9.8

Source: FLHealthCHARTS: Florida Department of Health, Bureau of Vital Statistics

TABLE 8.2: LEADING CAUSES OF DEATH BY RACE/ETHNICITY PER 100,000, ORANGE COUNTY (2017)

	White	Black/ Other	White Hispanic	Black Hispanic
Heart diseases	290.6	182.9	114.4	44.9
Cancer	262.1	165.4	110.0	41.6
Cerebrovascular diseases	58.4	53.5	31.4	11.8
Unintentional injury	55.8	29.2	31.1	12.6
Chronic lower respiratory disease	67.0	21.6	16.5	3.3
Diabetes mellitus	26.0	34.2	20.8	8.0

Source: FLHealthCHARTS: Florida Department of Health, Bureau of Vital Statistics

TABLE 8.3: LEADING CAUSES OF DEATH BY RACE/ETHNICITY PER 100,000, OSCEOLA COUNTY (2017)

	White	Black/ Other	White Hispanic	Black Hispanic
Heart diseases	313.2	147.2	126.9	40.8
Cancer	245.3	110.1	104.8	26.5
Cerebrovascular diseases	54.5	42.2	31.9	12.4
Unintentional injury	65.9	28.6	29.2	6.7
Chronic lower respiratory disease	70.6	16.3	17.5	3.1
Diabetes mellitus	29.3	28.2	18.6	5.3

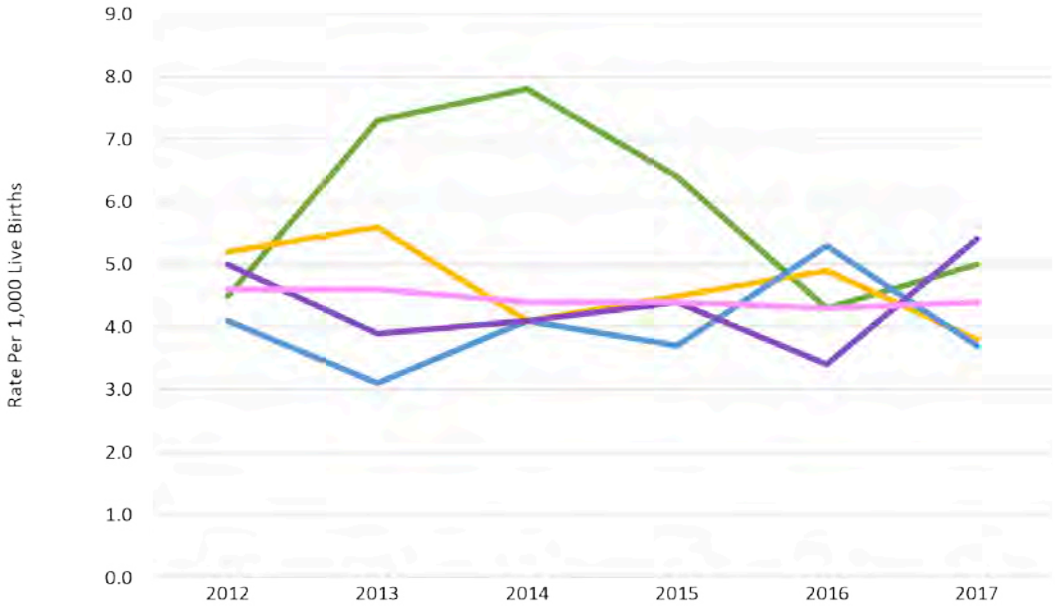
Source: FLHealthCHARTS: Florida Department of Health, Bureau of Vital Statistics

TABLE 8.4: LEADING CAUSES OF DEATH BY RACE/ETHNICITY PER 100,000, SEMINOLE COUNTY (2017)

	White	Black/ Other	White Hispanic	Black Hispanic
Heart diseases	247.2	201.6	106.9	45.1
Cancer	231.8	183.7	104.2	61.4
Cerebrovascular diseases	52.1	59.9	32.2	19.3
Chronic lower respiratory disease	56.9	27.6	15.1	4.9
Unintentional injury	49.5	31.1	23.6	14.5
Diabetes mellitus	23.8	44.5	19.5	10.5

Source: FLHealthCHARTS: Florida Department of Health, Bureau of Vital Statistics

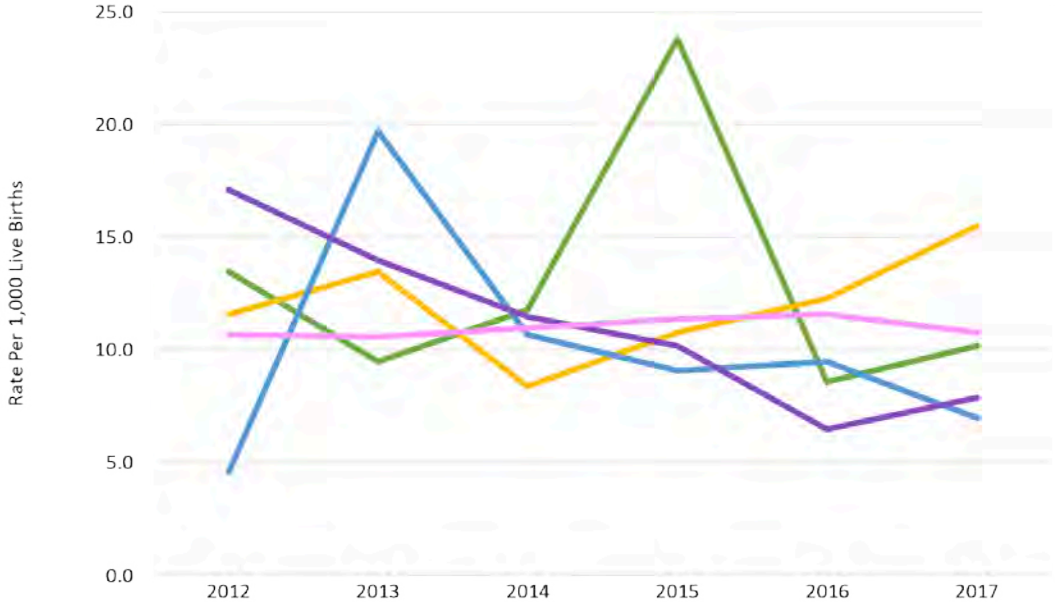
CHART 8.40: WHITE INFANT MORTALITY RATE (2012-2017)



	2012	2013	2014	2015	2016	2017
LAKE	4.5	7.3	7.8	6.4	4.3	5.0
ORANGE	5.2	5.6	4.1	4.5	4.9	3.8
OSCEOLA	4.1	3.1	4.1	3.7	5.3	3.7
SEMINOLE	5.0	3.9	4.1	4.4	3.4	5.4
FLORIDA	4.6	4.6	4.4	4.4	4.3	4.4

Source: FLHealthCHARTS: Florida Department of Health, Bureau of Vital Statistics

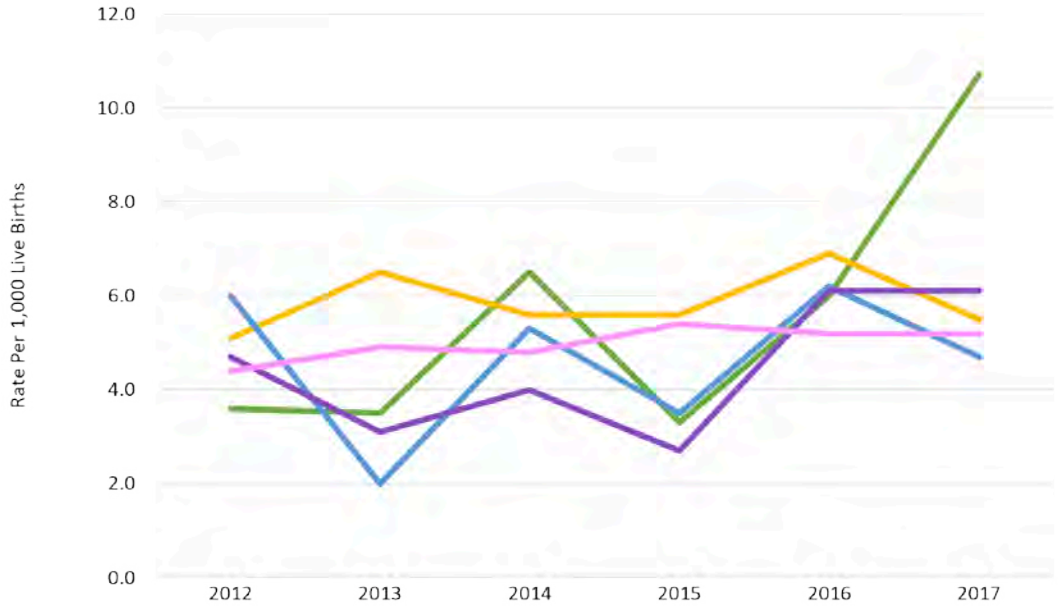
CHART 8.41: BLACK INFANT MORTALITY RATE (2012-2017)



	2012	2013	2014	2015	2016	2017
LAKE	13.5	9.5	11.8	23.8	8.6	10.2
ORANGE	11.6	13.5	8.4	10.8	12.3	15.5
OSCEOLA	4.6	19.7	10.7	9.1	9.5	7.0
SEMINOLE	17.1	14.0	11.5	10.2	6.5	7.9
FLORIDA	10.7	10.6	11.0	11.4	11.6	10.8

Source: FLHealthCHARTS: Florida Department of Health, Bureau of Vital Statistics

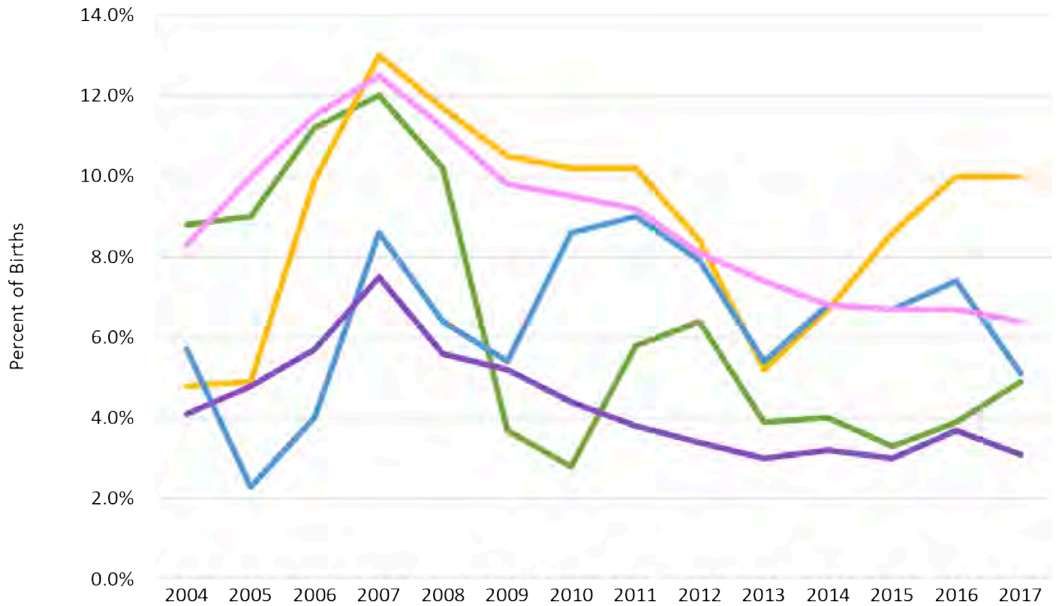
CHART 8.42: HISPANIC INFANT MORTALITY RATE (2012-2017)



	2012	2013	2014	2015	2016	2017
LAKE	3.6	3.5	6.5	3.3	6.0	10.7
ORANGE	5.1	6.5	5.6	5.6	6.9	5.5
OSCEOLA	6.0	2.0	5.3	3.5	6.2	4.7
SEMINOLE	4.7	3.1	4.0	2.7	6.1	6.1
FLORIDA	4.4	4.9	4.8	5.4	5.2	5.2

Source: FLHealthCHARTS: Florida Department of Health, Vital Statistics

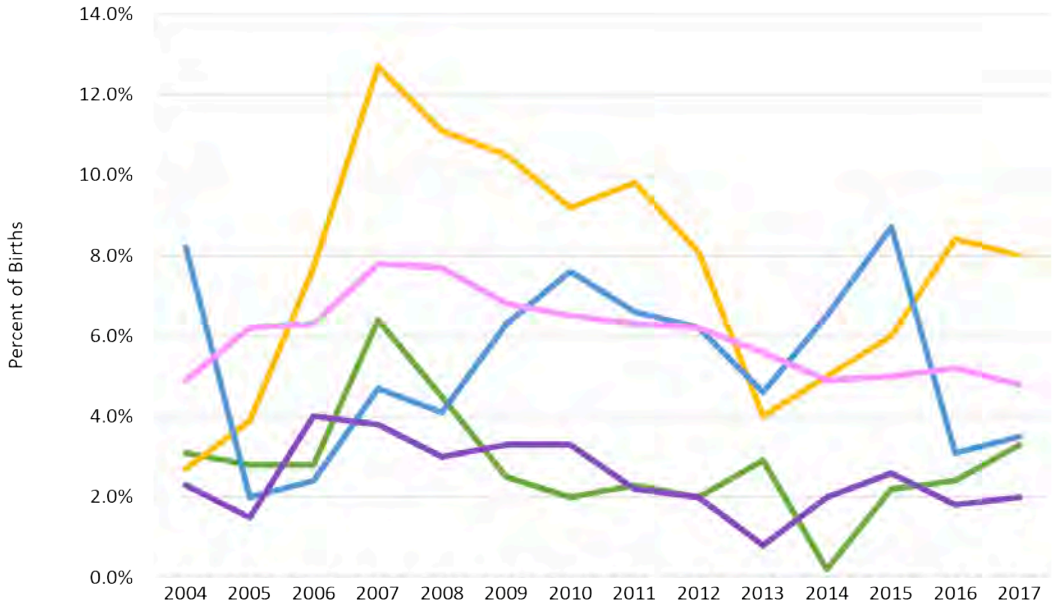
CHART 8.43: BIRTHS TO WHITE WOMEN WITH SELF-PAY FOR DELIVERY PAYMENT SOURCE (2004-2017)



	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
LAKE	8.8%	9.0%	11.2%	12.0%	10.2%	3.7%	2.8%	5.8%	6.4%	3.9%	4.0%	3.3%	3.9%	4.9%
ORANGE	4.8%	4.9%	9.9%	13.0%	11.7%	10.5%	10.2%	10.2%	8.4%	5.2%	6.7%	8.6%	10.0%	10.0%
OSCEOLA	5.7%	2.3%	4.0%	8.6%	6.4%	5.4%	8.6%	9.0%	7.9%	5.4%	6.8%	6.7%	7.4%	5.1%
SEMINOLE	4.1%	4.8%	5.7%	7.5%	5.6%	5.2%	4.4%	3.8%	3.4%	3.0%	3.2%	3.0%	3.7%	3.1%
FLORIDA	8.3%	10.0%	11.5%	12.5%	11.2%	9.8%	9.5%	9.2%	8.1%	7.4%	6.8%	6.7%	6.7%	6.4%

Source: FLHealthCHARTS: Florida Department of Health, Vital Statistics

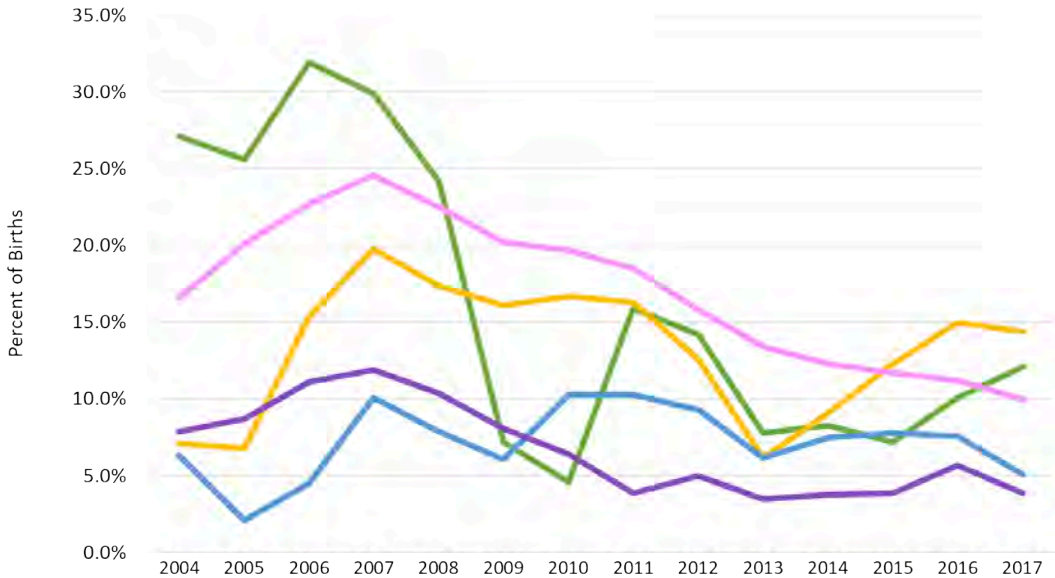
CHART 8.44: BIRTHS TO BLACK WOMEN WITH SELF-PAY FOR DELIVERY PAYMENT SOURCE (2004-2017)



	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
LAKE	3.1%	2.8%	2.8%	6.4%	4.5%	2.5%	2.0%	2.3%	2.0%	2.9%	0.2%	2.2%	2.4%	3.3%
ORANGE	2.7%	3.9%	7.7%	12.7%	11.1%	10.5%	9.2%	9.8%	8.1%	4.0%	5.0%	6.0%	8.4%	8.0%
OSCEOLA	8.2%	2.0%	2.4%	4.7%	4.1%	6.3%	7.6%	6.6%	6.2%	4.6%	6.5%	8.7%	3.1%	3.5%
SEMINOLE	2.3%	1.5%	4.0%	3.8%	3.0%	3.3%	3.3%	2.2%	2.0%	0.8%	2.0%	2.6%	1.8%	2.0%
FLORIDA	4.9%	6.2%	6.3%	7.8%	7.7%	6.8%	6.5%	6.3%	6.2%	5.6%	4.9%	5.0%	5.2%	4.8%

Source: FLHealthCHARTS: Florida Department of Health, Vital Statistics

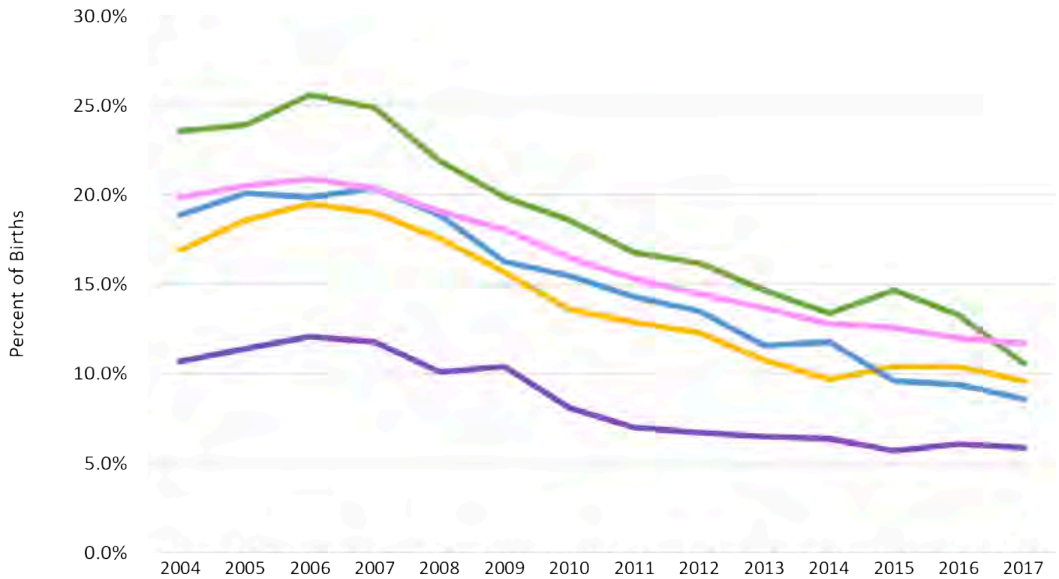
CHART 8.45: BIRTHS TO HISPANIC WOMEN WITH SELF-PAY FOR DELIVERY PAYMENT SOURCE (2004-2017)



	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
LAKE	27.1%	25.6%	31.9%	29.9%	24.2%	7.2%	4.6%	15.9%	14.2%	7.8%	8.3%	7.2%	10.1%	12.1%
ORANGE	7.1%	6.8%	15.4%	19.8%	17.4%	16.1%	16.7%	16.3%	12.6%	6.2%	9.1%	12.3%	15.0%	14.4%
OSCEOLA	6.3%	2.1%	4.5%	10.1%	7.9%	6.1%	10.3%	10.3%	9.3%	6.2%	7.5%	7.8%	7.6%	5.1%
SEMINOLE	7.9%	8.7%	11.1%	11.9%	10.4%	8.1%	6.4%	3.9%	5.0%	3.5%	3.8%	3.9%	5.7%	3.9%
FLORIDA	16.6%	20.1%	22.7%	24.6%	22.5%	20.2%	19.7%	18.5%	15.8%	13.4%	12.3%	11.7%	11.2%	10.0%

Source: FLHealthCHARTS: University of Miami (FL) Medical School, Florida Cancer Data System

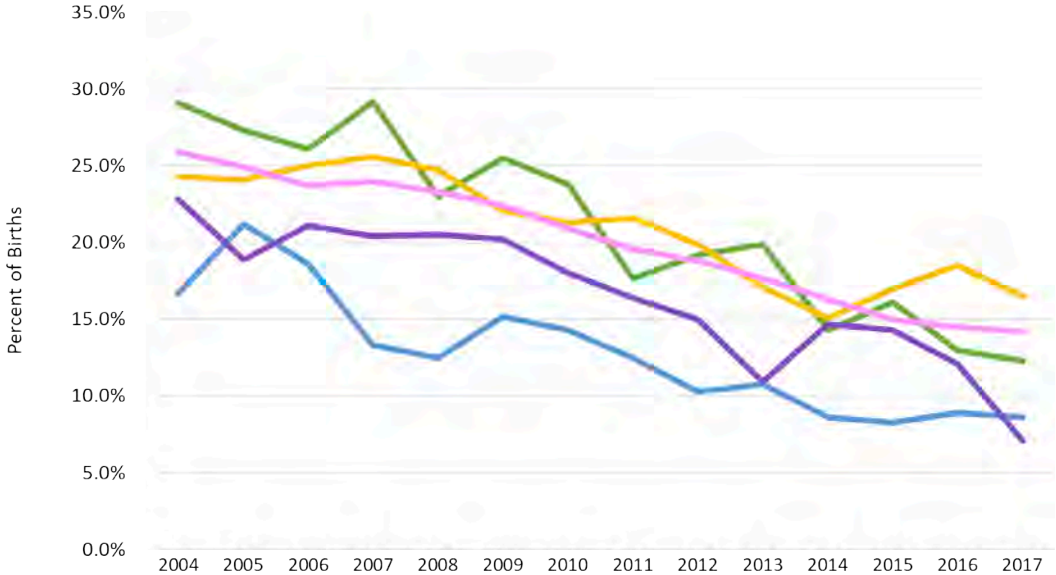
CHART 8.46: WHITE MOTHERS WITH LESS THAN A HIGH SCHOOL EDUCATION (2004-2017)



	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
LAKE	23.6%	23.9%	25.6%	24.9%	21.9%	19.9%	18.6%	16.8%	16.2%	14.7%	13.4%	14.7%	13.3%	10.6%
ORANGE	16.9%	18.6%	19.5%	19.0%	17.6%	15.7%	13.6%	12.9%	12.3%	10.8%	9.7%	10.4%	10.4%	9.6%
OSCEOLA	18.9%	20.1%	19.9%	20.4%	18.9%	16.3%	15.5%	14.3%	13.5%	11.6%	11.8%	9.6%	9.4%	8.6%
SEMINOLE	10.7%	11.4%	12.1%	11.8%	10.1%	10.4%	8.1%	7.0%	6.7%	6.5%	6.4%	5.7%	6.1%	5.9%
FLORIDA	19.9%	20.5%	20.9%	20.4%	19.1%	18.1%	16.5%	15.3%	14.5%	13.7%	12.8%	12.6%	12.0%	11.7%

Source: FLHealthCHARTS: Florida Department of Health, Vital Statistics

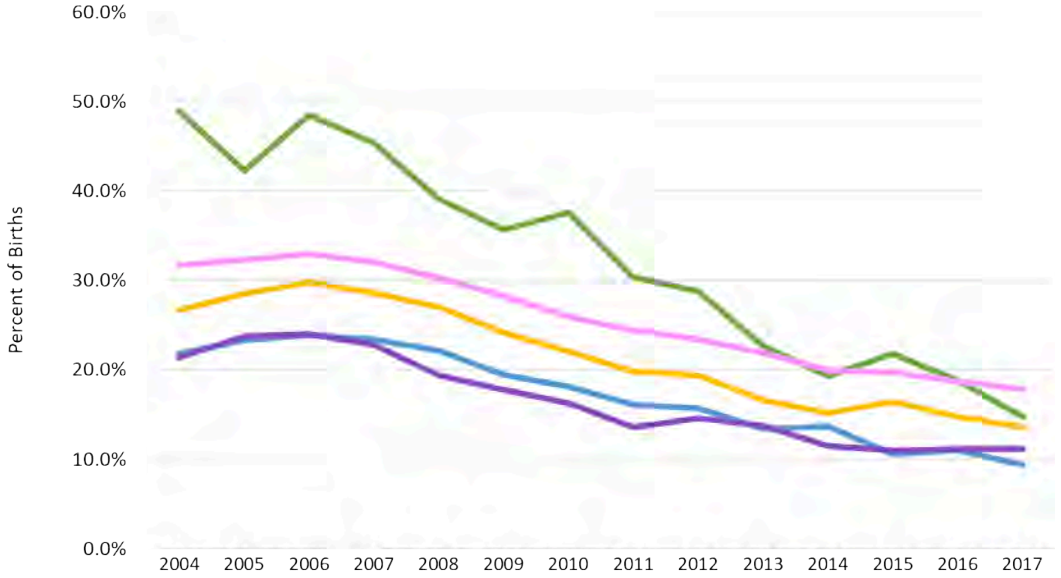
CHART 8.47: BLACK MOTHERS WITH LESS THAN A HIGH SCHOOL EDUCATION (2004-2017)



	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
LAKE	29.1%	27.3%	26.1%	29.2%	23.0%	25.5%	23.8%	17.7%	19.2%	19.9%	14.3%	16.1%	13.0%	12.3%
ORANGE	24.3%	24.1%	25.0%	25.6%	24.7%	22.1%	21.3%	21.6%	19.9%	17.1%	15.1%	17.0%	18.5%	16.5%
OSCEOLA	16.7%	21.2%	18.6%	13.3%	12.5%	15.2%	14.3%	12.5%	10.3%	10.8%	8.6%	8.3%	8.9%	8.6%
SEMINOLE	22.8%	18.9%	21.1%	20.4%	20.5%	20.2%	18.0%	16.4%	15.0%	10.9%	14.7%	14.3%	12.1%	7.1%
FLORIDA	25.9%	24.9%	23.7%	24.0%	23.3%	22.4%	20.9%	19.6%	18.8%	17.7%	16.3%	15.0%	14.5%	14.2%

Source: FLHealthCHARTS: Florida Department of Health, Vital Statistics

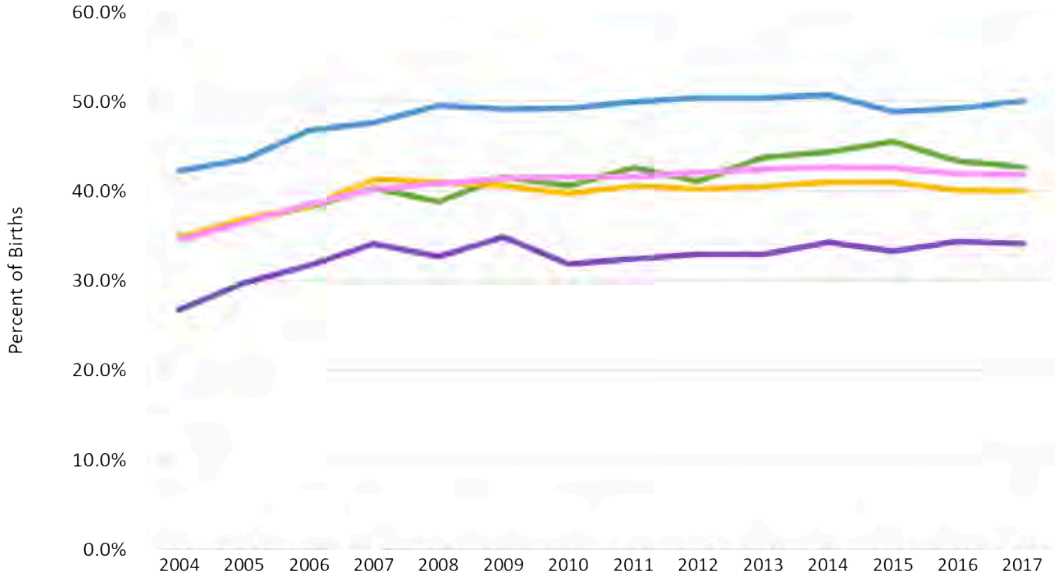
CHART 8.48: HISPANIC MOTHERS WITH LESS THAN A HIGH SCHOOL EDUCATION (2004-2017)



	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
LAKE	48.9%	42.3%	48.5%	45.4%	39.1%	35.7%	37.6%	30.4%	28.8%	22.7%	19.3%	21.8%	18.8%	14.8%
ORANGE	26.7%	28.5%	29.8%	28.6%	27.0%	24.2%	22.1%	19.8%	19.4%	16.6%	15.2%	16.5%	14.8%	13.6%
OSCEOLA	21.8%	23.3%	23.9%	23.4%	22.2%	19.5%	18.1%	16.1%	15.7%	13.4%	13.7%	10.6%	11.0%	9.4%
SEMINOLE	21.4%	23.8%	24.0%	22.8%	19.4%	17.8%	16.3%	13.6%	14.6%	13.8%	11.5%	11.0%	11.2%	11.2%
FLORIDA	31.7%	32.3%	33.0%	32.1%	30.3%	28.3%	25.9%	24.4%	23.4%	21.9%	20.0%	19.7%	18.7%	17.9%

Source: FLHealthCHARTS: Florida Department of Health, Vital Statistics

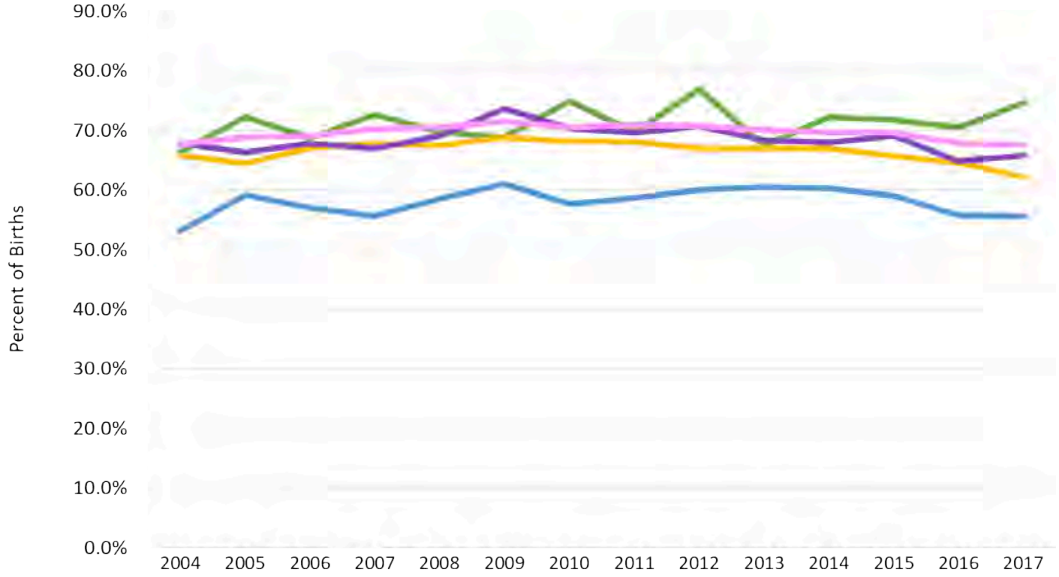
CHART 8.49: BIRTHS TO UNWED WHITE MOTHERS (2004-2017)



	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
LAKE	34.9%	36.8%	38.3%	40.4%	38.9%	41.6%	40.6%	42.6%	41.1%	43.8%	44.4%	45.6%	43.4%	42.7%
ORANGE	34.8%	36.9%	38.3%	41.4%	41.0%	40.6%	39.8%	40.6%	40.3%	40.5%	41.0%	41.0%	40.1%	40.0%
OSCEOLA	42.3%	43.6%	46.8%	47.7%	49.6%	49.2%	49.3%	50.0%	50.4%	50.4%	50.8%	48.9%	49.3%	50.1%
SEMINOLE	26.8%	29.8%	31.7%	34.2%	32.7%	34.9%	31.9%	32.5%	33.0%	33.0%	34.3%	33.3%	34.4%	34.2%
FLORIDA	34.6%	36.5%	38.6%	40.2%	40.9%	41.5%	41.6%	41.6%	42.1%	42.5%	42.7%	42.6%	42.0%	41.9%

Source: FLHealthCHARTS: University of Miami (FL) Medical School, Florida Cancer Data System

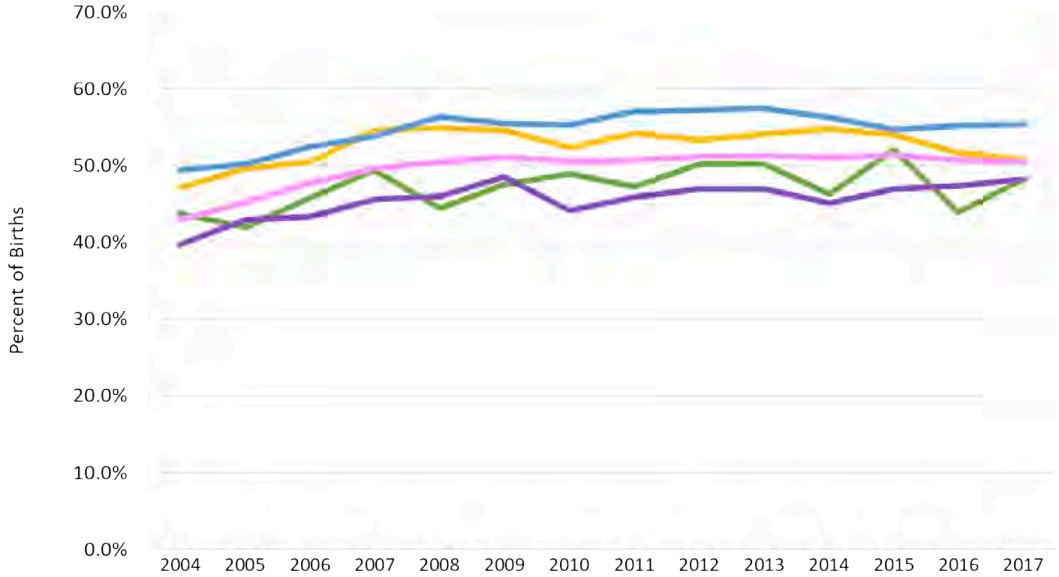
CHART 8.50: BIRTHS TO UNWED BLACK MOTHERS (2004-2017)



	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
LAKE	66.4%	72.2%	68.7%	72.6%	69.8%	68.9%	74.9%	69.8%	76.9%	67.5%	72.3%	71.7%	70.5%	74.7%
ORANGE	65.8%	64.5%	67.1%	67.8%	67.5%	68.9%	68.1%	68.1%	67.0%	67.0%	67.0%	65.7%	64.6%	62.2%
OSCEOLA	53.1%	59.2%	57.0%	55.7%	58.6%	61.0%	57.7%	58.7%	60.0%	60.5%	60.3%	59.1%	55.8%	55.7%
SEMINOLE	67.9%	66.3%	67.9%	67.0%	69.1%	73.7%	70.4%	69.6%	70.7%	68.3%	68.0%	69.1%	64.8%	65.8%
FLORIDA	67.7%	68.8%	69.1%	70.2%	70.5%	71.5%	70.5%	71.0%	70.7%	70.1%	69.6%	69.6%	67.9%	67.6%

Source: FLHealthCHARTS: Florida Department of Health, Vital Statistics

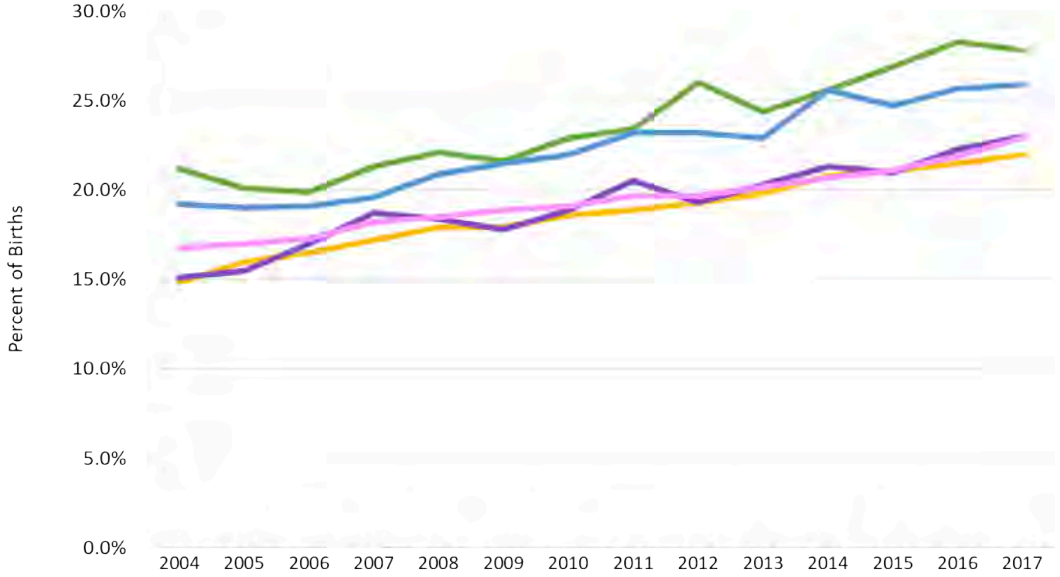
CHART 8.51: BIRTHS TO UNWED HISPANIC MOTHERS (2004-2017)



	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
LAKE	43.8%	42.0%	45.8%	49.4%	44.5%	47.6%	49.0%	47.3%	50.2%	50.2%	46.3%	52.1%	44.0%	48.3%
ORANGE	47.2%	49.6%	50.5%	54.6%	54.9%	54.6%	52.4%	54.2%	53.4%	54.1%	54.8%	54.0%	51.7%	50.8%
OSCEOLA	49.4%	50.2%	52.5%	53.9%	56.4%	55.5%	55.3%	57.1%	57.3%	57.5%	56.3%	54.7%	55.2%	55.4%
SEMINOLE	39.8%	43.0%	43.4%	45.6%	46.0%	48.6%	44.2%	45.9%	47.0%	47.0%	45.1%	47.0%	47.4%	48.3%
FLORIDA	43.0%	45.2%	47.8%	49.6%	50.5%	51.1%	50.6%	50.7%	51.2%	51.3%	51.1%	51.4%	50.7%	50.5%

Source: FLHealthCHARTS: Florida Department of Health, Vital Statistics

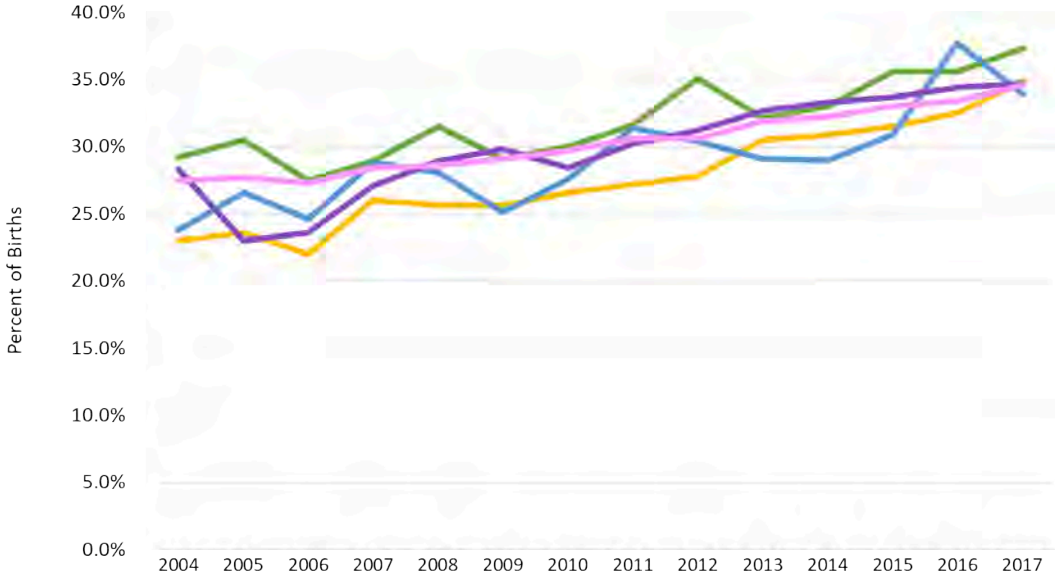
CHART 8.52: BIRTHS TO WHITE WOMEN WHO WERE OBESE DURING PREGNANCY (2004-2017)



	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
LAKE	21.2%	20.1%	19.9%	21.3%	22.1%	21.6%	22.9%	23.4%	26.0%	24.4%	25.6%	26.9%	28.3%	27.8%
ORANGE	14.8%	16.0%	16.5%	17.2%	17.9%	17.9%	18.6%	18.9%	19.3%	19.8%	20.8%	21.1%	21.5%	22.0%
OSCEOLA	19.2%	19.0%	19.1%	19.6%	20.9%	21.5%	22.0%	23.2%	23.2%	22.9%	25.6%	24.7%	25.7%	25.9%
SEMINOLE	15.1%	15.5%	17.0%	18.7%	18.4%	17.8%	18.9%	20.5%	19.3%	20.3%	21.3%	21.0%	22.3%	23.0%
FLORIDA	16.8%	17.0%	17.3%	18.2%	18.5%	18.9%	19.1%	19.7%	19.7%	20.2%	20.7%	21.1%	21.9%	22.9%

Source: FLHealthCHARTS: Florida Department of Health, Vital Statistics

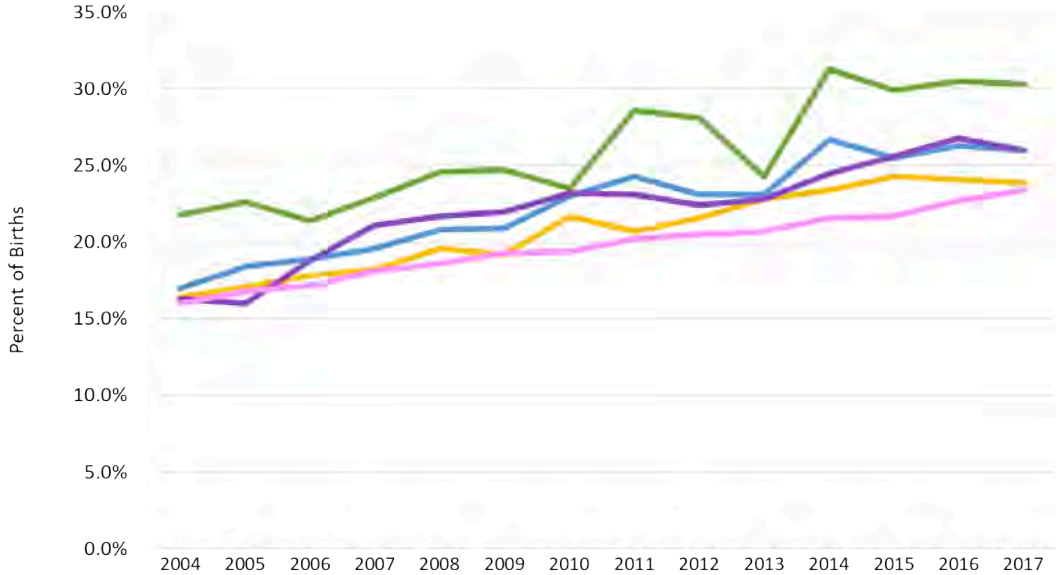
CHART 8.53: BIRTHS TO BLACK WOMEN WHO WERE OBESE DURING PREGNANCY (2004-2017)



	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
LAKE	29.2%	30.5%	27.5%	28.9%	31.5%	29.1%	30.0%	31.6%	35.1%	32.1%	33.0%	35.6%	35.6%	37.3%
ORANGE	23.0%	23.6%	22.0%	26.0%	25.6%	25.6%	26.6%	27.2%	27.8%	30.5%	30.9%	31.5%	32.5%	34.9%
OSCEOLA	23.8%	26.6%	24.6%	28.8%	28.1%	25.1%	27.6%	31.4%	30.4%	29.1%	29.0%	30.9%	37.7%	33.9%
SEMINOLE	28.3%	23.0%	23.6%	27.1%	28.9%	29.8%	28.4%	30.2%	31.2%	32.7%	33.3%	33.7%	34.4%	34.7%
FLORIDA	27.5%	27.7%	27.3%	28.4%	28.6%	29.1%	29.7%	30.6%	30.6%	31.9%	32.2%	33.0%	33.4%	34.6%

Source: FLHealthCHARTS: University of Miami (FL) Medical School, Florida Cancer Data System

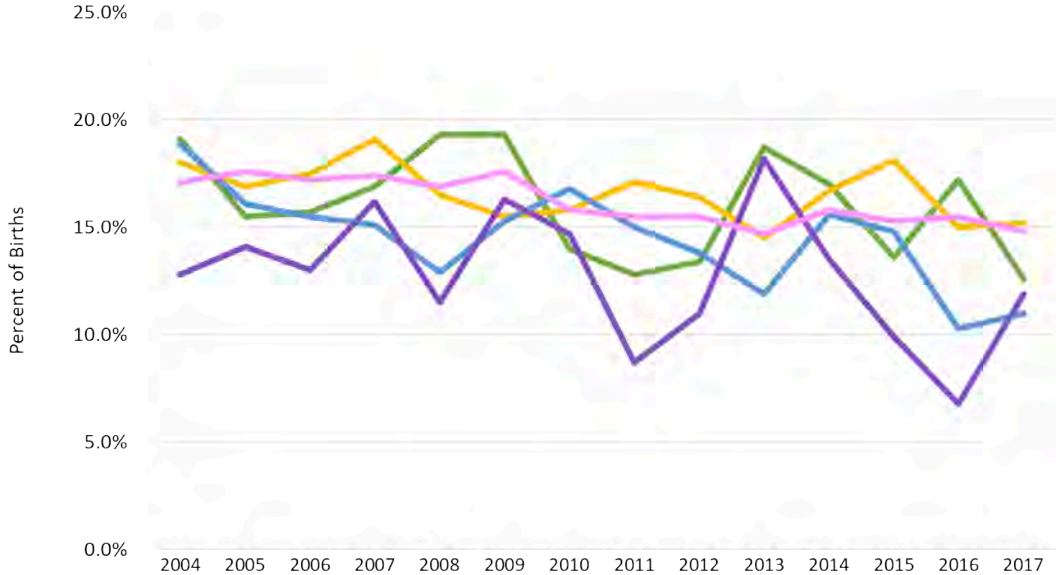
CHART 8.54: BIRTHS TO HISPANIC WOMEN WHO WERE OBESE DURING PREGNANCY (2004-2017)



	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
LAKE	21.8%	22.6%	21.4%	22.9%	24.6%	24.7%	23.5%	28.6%	28.1%	24.3%	31.3%	29.9%	30.5%	30.3%
ORANGE	16.4%	17.1%	17.8%	18.2%	19.6%	19.2%	21.7%	20.7%	21.6%	22.8%	23.4%	24.3%	24.1%	23.9%
OSCEOLA	17.0%	18.4%	18.9%	19.6%	20.8%	20.9%	23.0%	24.3%	23.1%	23.1%	26.7%	25.5%	26.3%	26.0%
SEMINOLE	16.3%	16.0%	18.8%	21.1%	21.7%	22.0%	23.2%	23.1%	22.4%	22.8%	24.5%	25.6%	26.8%	26.0%
FLORIDA	16.0%	16.8%	17.2%	18.1%	18.6%	19.3%	19.4%	20.2%	20.5%	20.7%	21.6%	21.7%	22.7%	23.4%

Source: FLHealthCHARTS: Florida Department of Health, Vital Statistics

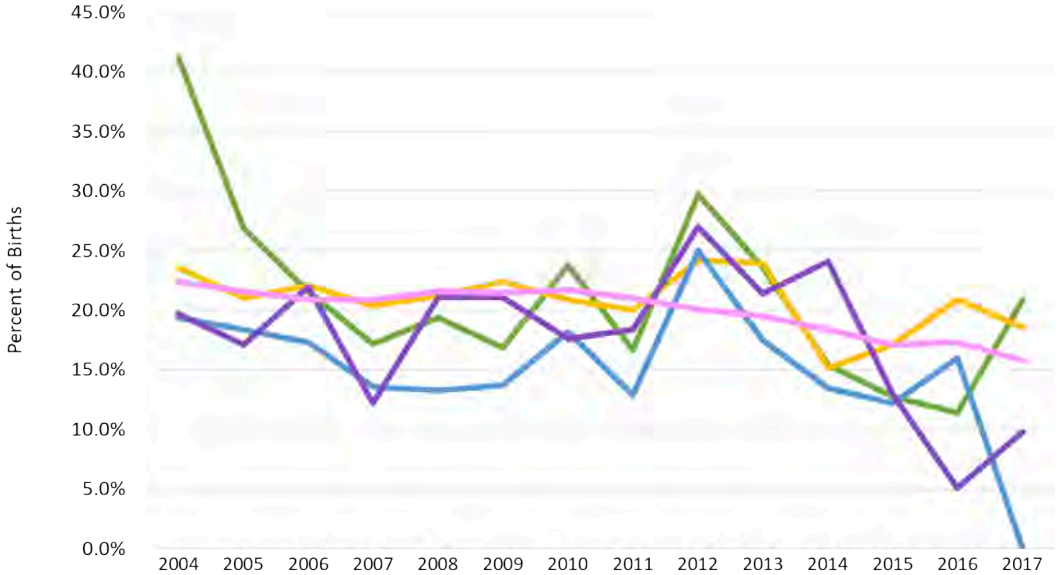
CHART 8.55: REPEAT BIRTHS TO WHITE MOTHERS AGES 15-19 (2004-2017)



	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
LAKE	19.1%	15.5%	15.7%	16.9%	19.3%	19.3%	14.0%	12.8%	13.4%	18.7%	17.0%	13.6%	17.2%	12.6%
ORANGE	18.0%	16.9%	17.5%	19.1%	16.5%	15.5%	15.8%	17.1%	16.4%	14.5%	16.7%	18.1%	15.0%	15.2%
OSCEOLA	18.9%	16.1%	15.5%	15.1%	12.9%	15.3%	16.8%	15.0%	13.8%	11.9%	15.6%	14.8%	10.3%	11.0%
SEMINOLE	12.8%	14.1%	13.0%	16.2%	11.5%	16.3%	14.7%	8.7%	11.0%	18.2%	13.5%	9.9%	6.8%	11.9%
FLORIDA	17.1%	17.6%	17.2%	17.4%	16.9%	17.6%	15.8%	15.5%	15.5%	14.7%	15.8%	15.3%	15.5%	14.8%

Source: FLHealthCHARTS: Florida Department of Health, Vital Statistics

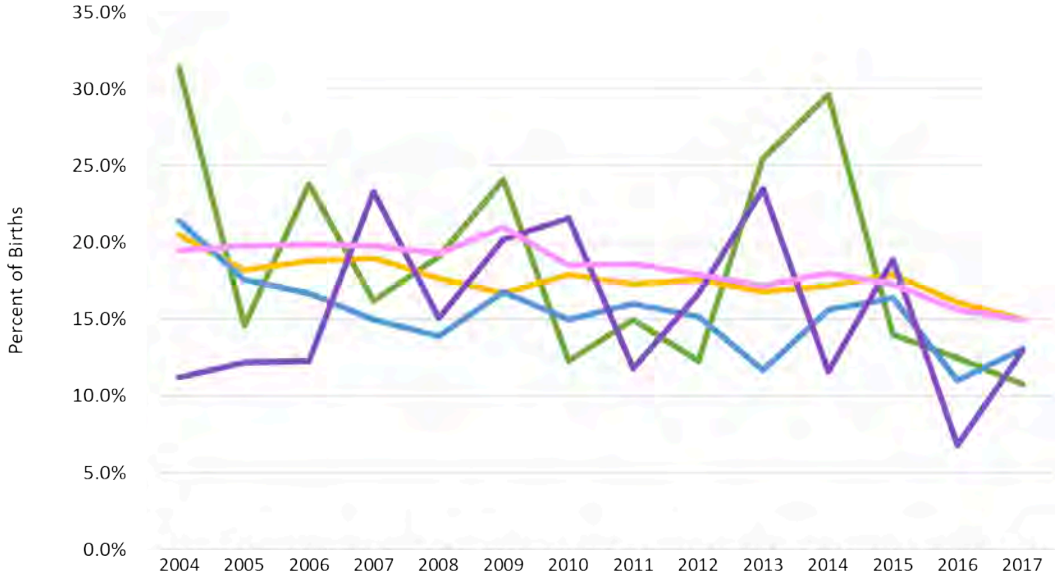
CHART 8.56: REPEAT BIRTHS TO BLACK MOTHERS AGES 15-19 (2004-2017)



	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
LAKE	41.2%	26.9%	21.6%	17.2%	19.4%	16.9%	23.8%	16.7%	29.7%	23.6%	15.4%	12.8%	11.4%	20.9%
ORANGE	23.6%	21.0%	22.1%	20.4%	21.2%	22.4%	20.9%	20.0%	24.2%	24.0%	15.2%	17.1%	20.9%	18.6%
OSCEOLA	19.4%	18.4%	17.3%	13.6%	13.3%	13.7%	18.2%	12.9%	25.0%	17.5%	13.5%	12.2%	16.0%	0.0%
SEMINOLE	19.7%	17.1%	22.0%	12.2%	21.1%	21.1%	17.6%	18.4%	27.0%	21.4%	24.1%	13.0%	5.1%	9.8%
FLORIDA	22.4%	21.6%	20.9%	20.9%	21.6%	21.5%	21.7%	21.0%	20.1%	19.5%	18.4%	17.1%	17.3%	15.8%

Source: FLHealthCHARTS: Florida Department of Health, Vital Statistics

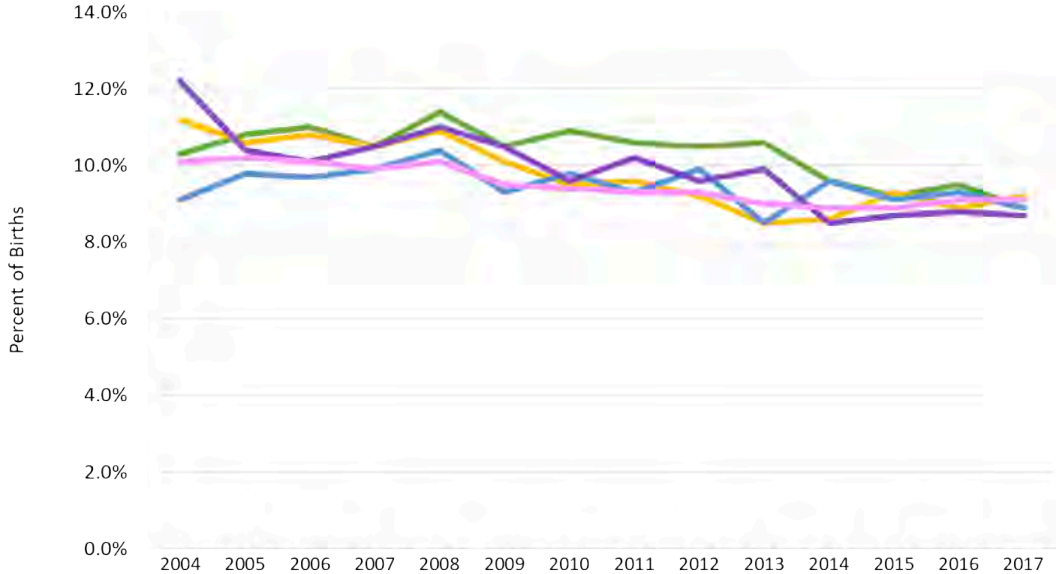
CHART 8.57: REPEAT BIRTHS TO HISPANIC MOTHERS AGES 15-19 (2004-2017)



	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
LAKE	31.4%	14.6%	23.8%	16.2%	19.1%	24.1%	12.3%	15.0%	12.3%	25.5%	29.6%	14.0%	12.5%	10.8%
ORANGE	20.5%	18.2%	18.8%	19.0%	17.7%	16.7%	17.9%	17.3%	17.6%	16.8%	17.2%	17.9%	16.1%	15.0%
OSCEOLA	21.4%	17.6%	16.7%	15.0%	13.9%	16.8%	15.0%	16.0%	15.2%	11.7%	15.6%	16.4%	11.0%	13.1%
SEMINOLE	11.2%	12.2%	12.3%	23.3%	15.1%	20.2%	21.6%	11.8%	16.7%	23.5%	11.6%	18.9%	6.8%	13.0%
FLORIDA	19.5%	19.8%	19.9%	19.8%	19.3%	21.0%	18.5%	18.6%	17.9%	17.2%	18.0%	17.3%	15.6%	15.0%

Source: FLHealthCHARTS: University of Miami (FL) Medical School, Florida Cancer Data System

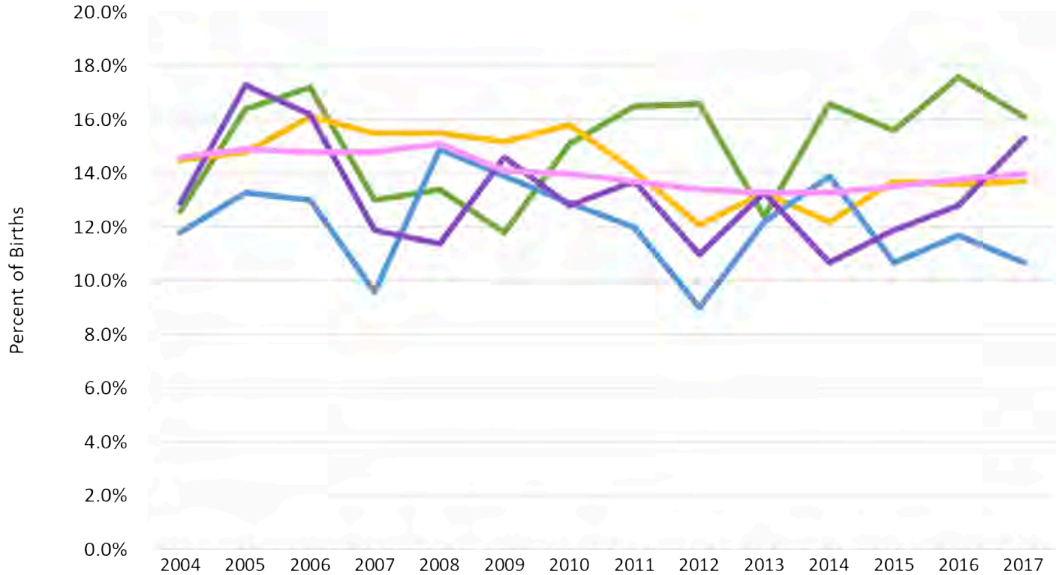
CHART 8.58: WHITE PRETERM BIRTH RATE <37 WEEKS (2004-2007)



	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
LAKE	10.3%	10.8%	11.0%	10.5%	11.4%	10.5%	10.9%	10.6%	10.5%	10.6%	9.6%	9.2%	9.5%	8.9%
ORANGE	11.2%	10.6%	10.8%	10.5%	10.9%	10.1%	9.5%	9.6%	9.2%	8.5%	8.6%	9.3%	8.9%	9.2%
OSCEOLA	9.1%	9.8%	9.7%	9.9%	10.4%	9.3%	9.8%	9.3%	9.9%	8.5%	9.6%	9.1%	9.3%	8.9%
SEMINOLE	12.2%	10.4%	10.1%	10.5%	11.0%	10.5%	9.6%	10.2%	9.6%	9.9%	8.5%	8.7%	8.8%	8.7%
FLORIDA	10.1%	10.2%	10.1%	9.9%	10.1%	9.5%	9.4%	9.3%	9.3%	9.0%	8.9%	8.9%	9.1%	9.1%

Source: FLHealthCHARTS: Florida Department of Health, Vital Statistics

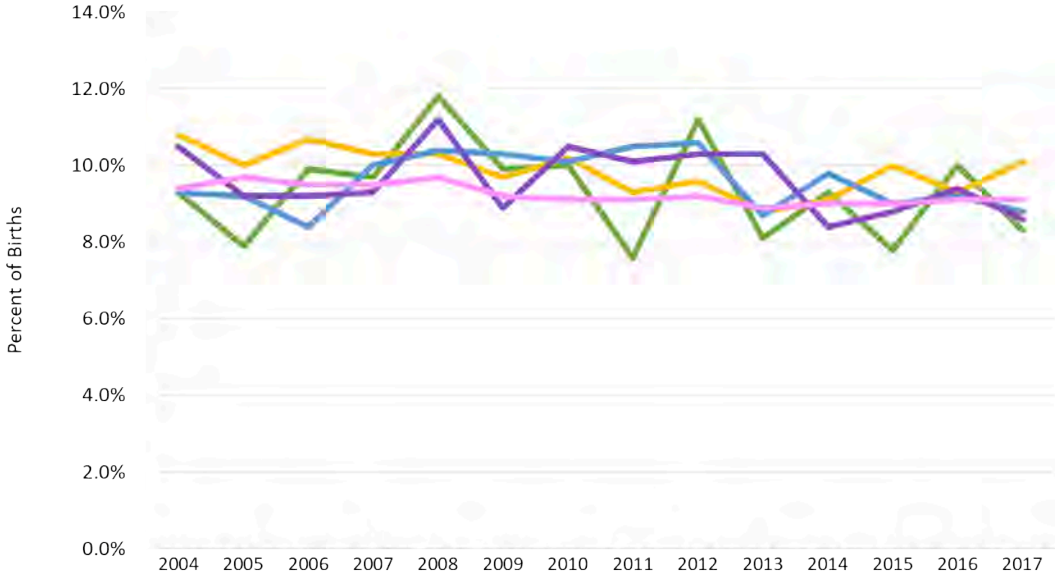
CHART 8.59: BLACK PRETERM BIRTH RATE <37 WEEKS (2004-2017)



	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
LAKE	12.6%	16.4%	17.2%	13.0%	13.4%	11.8%	15.1%	16.5%	16.6%	12.4%	16.6%	15.6%	17.6%	16.1%
ORANGE	14.5%	14.8%	16.1%	15.5%	15.5%	15.2%	15.8%	14.1%	12.1%	13.3%	12.2%	13.7%	13.6%	13.7%
OSCEOLA	11.8%	13.3%	13.0%	9.6%	14.9%	13.9%	12.9%	12.0%	9.0%	12.2%	13.9%	10.7%	11.7%	10.7%
SEMINOLE	12.9%	17.3%	16.2%	11.9%	11.4%	14.6%	12.8%	13.7%	11.0%	13.3%	10.7%	11.9%	12.8%	15.3%
FLORIDA	14.6%	14.9%	14.8%	14.8%	15.1%	14.1%	14.0%	13.7%	13.4%	13.3%	13.3%	13.5%	13.8%	14.0%

Source: FLHealthCHARTS: Florida Department of Health, Vital Statistics

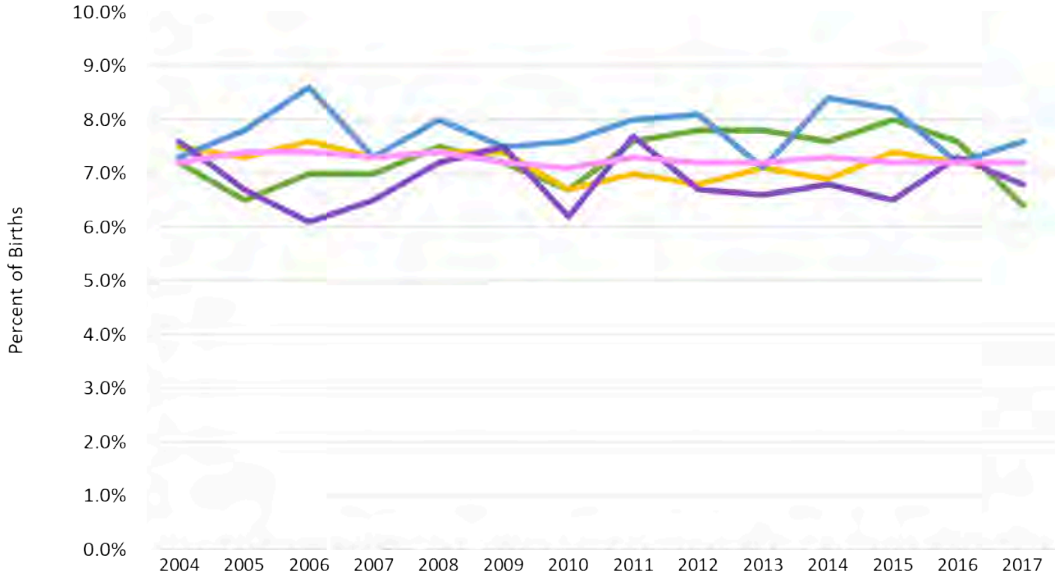
CHART 8.60: HISPANIC PRETERM BIRTH RATE <37 WEEKS (2004-2017)



	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
LAKE	9.3%	7.9%	9.9%	9.7%	11.8%	9.9%	10.0%	7.6%	11.2%	8.1%	9.3%	7.8%	10.0%	8.3%
ORANGE	10.8%	10.0%	10.7%	10.3%	10.3%	9.7%	10.2%	9.3%	9.6%	8.8%	9.1%	10.0%	9.3%	10.1%
OSCEOLA	9.3%	9.2%	8.4%	10.0%	10.4%	10.3%	10.1%	10.5%	10.6%	8.7%	9.8%	9.0%	9.2%	8.8%
SEMINOLE	10.5%	9.2%	9.2%	9.3%	11.2%	8.9%	10.5%	10.1%	10.3%	10.3%	8.4%	8.8%	9.4%	8.6%
FLORIDA	9.4%	9.7%	9.5%	9.5%	9.7%	9.2%	9.1%	9.1%	9.2%	8.9%	9.0%	9.0%	9.1%	9.1%

Source: FLHealthCHARTS: Florida Department of Health, Vital Statistics

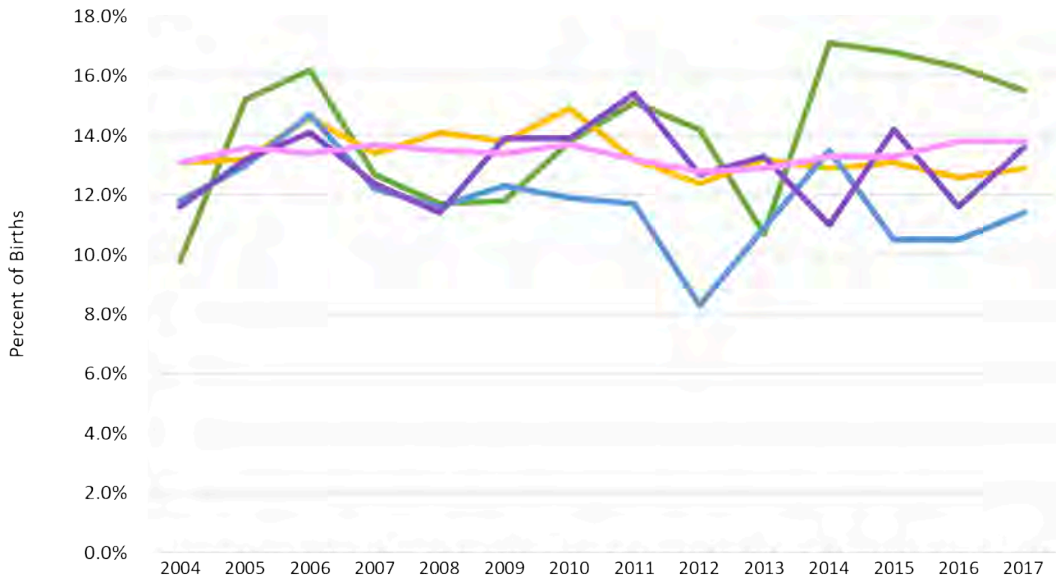
CHART 8.61: WHITE LOW BIRTH WEIGHT BIRTHS <2500 GRAMS (2004-2017)



	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
LAKE	7.2%	6.5%	7.0%	7.0%	7.5%	7.2%	6.7%	7.6%	7.8%	7.8%	7.6%	8.0%	7.6%	6.4%
ORANGE	7.5%	7.3%	7.6%	7.3%	7.4%	7.4%	6.7%	7.0%	6.8%	7.1%	6.9%	7.4%	7.2%	7.2%
OSCEOLA	7.3%	7.8%	8.6%	7.3%	8.0%	7.5%	7.6%	8.0%	8.1%	7.1%	8.4%	8.2%	7.2%	7.6%
SEMINOLE	7.6%	6.7%	6.1%	6.5%	7.2%	7.5%	6.2%	7.7%	6.7%	6.6%	6.8%	6.5%	7.3%	6.8%
FLORIDA	7.2%	7.4%	7.4%	7.3%	7.4%	7.2%	7.1%	7.3%	7.2%	7.2%	7.3%	7.2%	7.2%	7.2%

Source: FLHealthCHARTS: University of Miami (FL) Medical School, Florida Cancer Data System

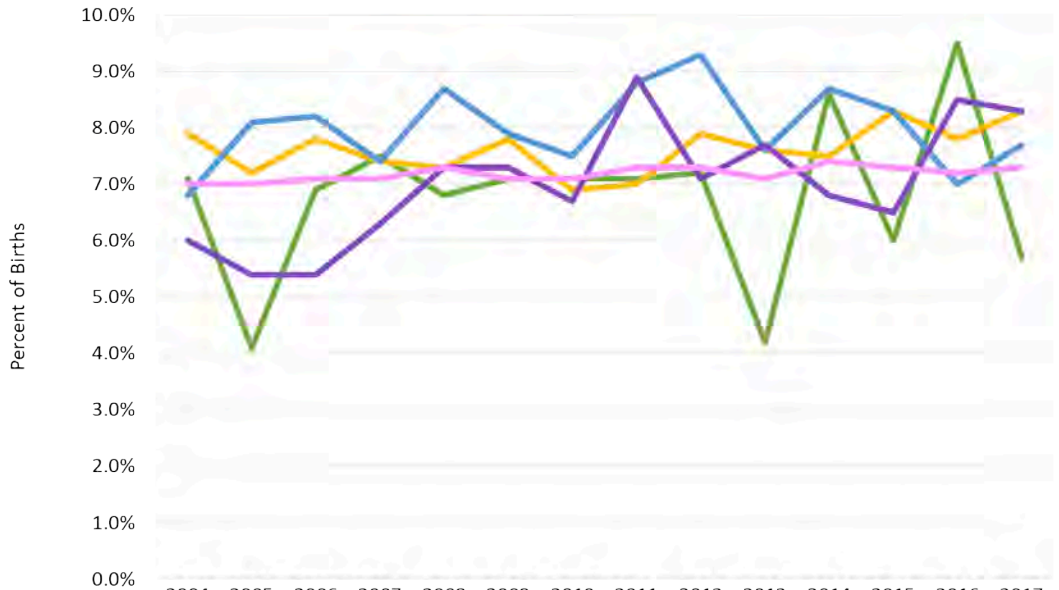
CHART 8.62: BLACK LOW BIRTH WEIGHT BIRTHS <2500 GRAMS (2004-2017)



	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
LAKE	9.8%	15.2%	16.2%	12.7%	11.7%	11.8%	13.8%	15.1%	14.2%	10.7%	17.1%	16.8%	16.3%	15.5%
ORANGE	13.1%	13.2%	14.6%	13.4%	14.1%	13.8%	14.9%	13.2%	12.4%	13.2%	12.9%	13.1%	12.6%	12.9%
OSCEOLA	11.8%	13.0%	14.7%	12.2%	11.6%	12.3%	11.9%	11.7%	8.3%	10.9%	13.5%	10.5%	10.5%	11.4%
SEMINOLE	11.6%	13.2%	14.1%	12.4%	11.4%	13.9%	13.9%	15.4%	12.7%	13.3%	11.0%	14.2%	11.6%	13.6%
FLORIDA	13.1%	13.6%	13.4%	13.7%	13.5%	13.4%	13.7%	13.2%	12.8%	12.9%	13.3%	13.3%	13.8%	13.8%

Source: FLHealthCHARTS: Florida Department of Health, Vital Statistics

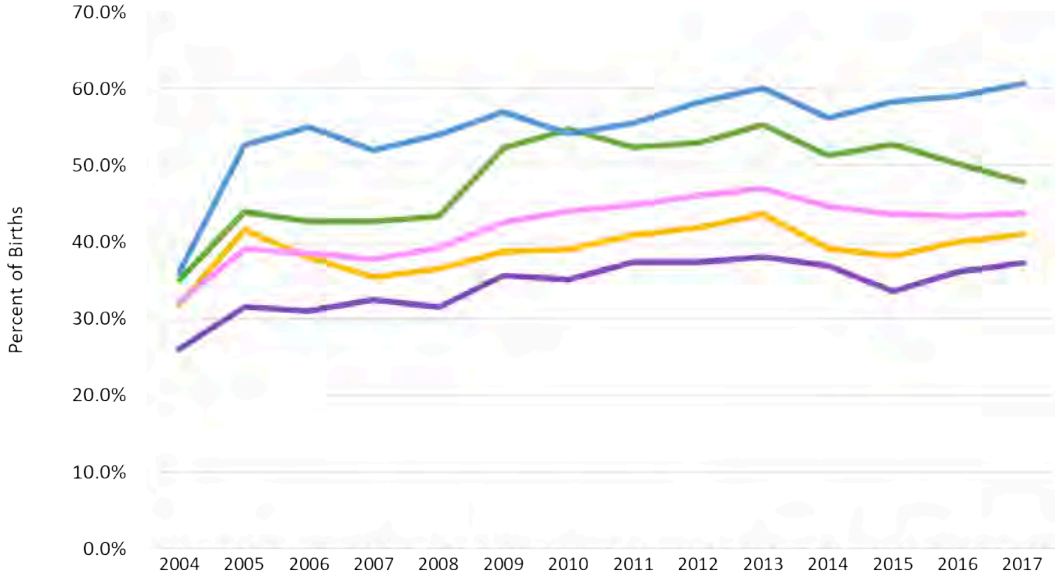
CHART 8.63: HISPANIC LOW BIRTH WEIGHT BIRTHS <2500 GRAMS (2004-2017)



	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
LAKE	7.1%	4.1%	6.9%	7.5%	6.8%	7.1%	7.1%	7.1%	7.2%	4.2%	8.6%	6.0%	9.5%	5.7%
ORANGE	7.9%	7.2%	7.8%	7.4%	7.3%	7.8%	6.9%	7.0%	7.9%	7.6%	7.5%	8.3%	7.8%	8.3%
OSCEOLA	6.8%	8.1%	8.2%	7.4%	8.7%	7.9%	7.5%	8.8%	9.3%	7.6%	8.7%	8.3%	7.0%	7.7%
SEMINOLE	6.0%	5.4%	5.4%	6.3%	7.3%	7.3%	6.7%	8.9%	7.1%	7.7%	6.8%	6.5%	8.5%	8.3%
FLORIDA	7.0%	7.0%	7.1%	7.1%	7.3%	7.1%	7.1%	7.3%	7.3%	7.1%	7.4%	7.3%	7.2%	7.3%

Source: FLHealthCHARTS: Florida Department of Health, Vital Statistics

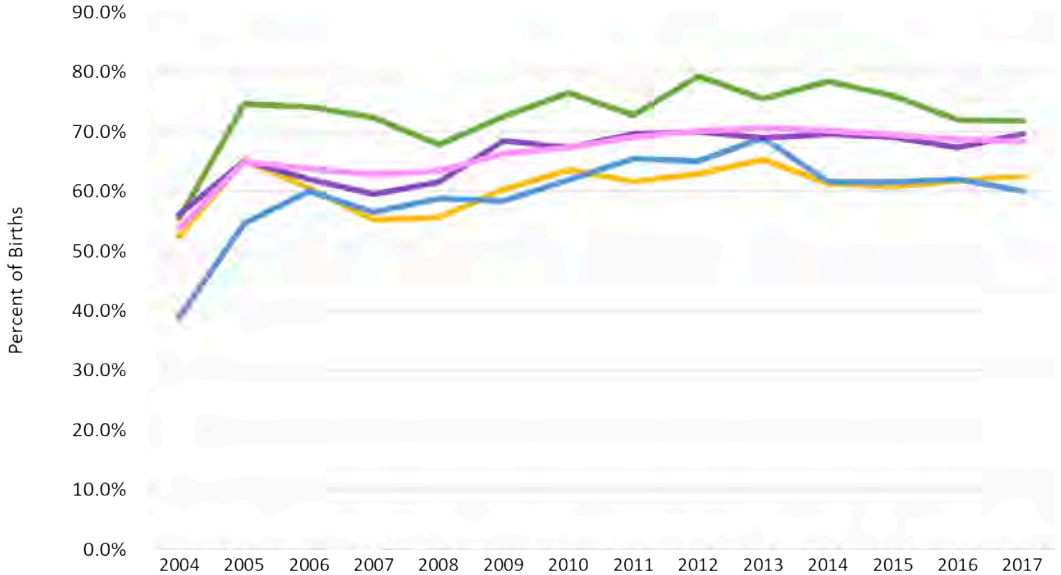
CHART 8.64: WHITE BIRTHS COVERED BY MEDICAID (2004-2017)



	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
LAKE	35.1%	44.0%	42.7%	42.7%	43.4%	52.3%	54.7%	52.4%	53.0%	55.3%	51.3%	52.8%	50.2%	47.9%
ORANGE	31.9%	41.6%	38.0%	35.5%	36.5%	38.8%	39.1%	40.9%	41.9%	43.7%	39.2%	38.2%	40.1%	41.0%
OSCEOLA	36.0%	52.7%	55.0%	52.0%	54.0%	57.0%	54.1%	55.5%	58.3%	60.1%	56.2%	58.4%	59.0%	60.7%
SEMINOLE	26.1%	31.5%	31.0%	32.5%	31.5%	35.6%	35.2%	37.4%	37.4%	38.1%	36.9%	33.6%	36.1%	37.3%
FLORIDA	32.2%	39.1%	38.6%	37.8%	39.3%	42.6%	44.1%	44.8%	46.1%	47.0%	44.7%	43.7%	43.4%	43.8%

Source: FLHealthCHARTS: Florida Department of Health, Vital Statistics

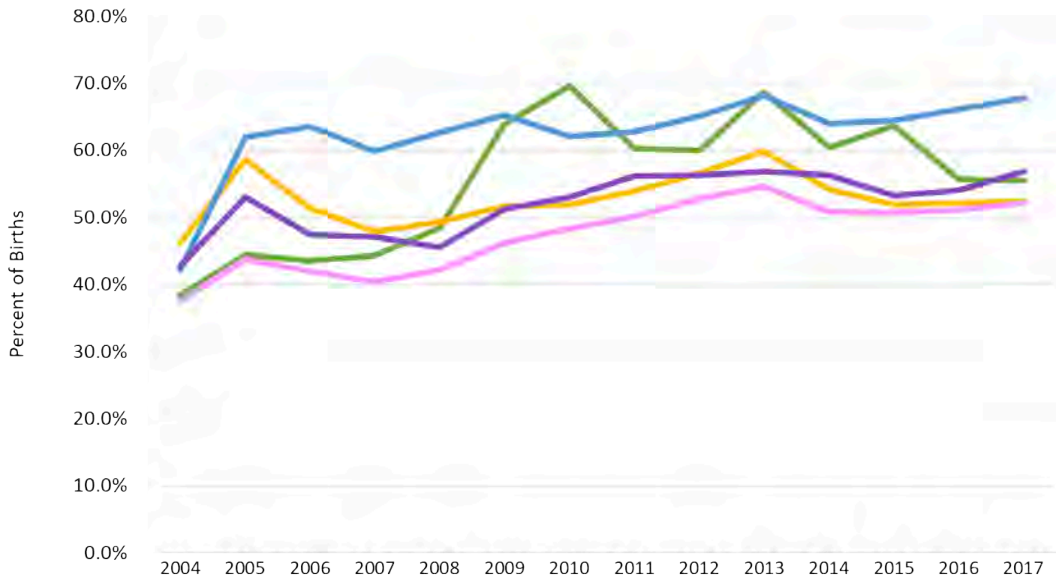
CHART 8.65: BLACK BIRTHS COVERED BY MEDICAID (2004-2017)



	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
LAKE	55.5%	74.7%	74.2%	72.4%	67.9%	72.5%	76.5%	72.8%	79.3%	75.5%	78.4%	76.0%	72.0%	71.8%
ORANGE	52.5%	65.2%	60.6%	55.3%	55.7%	60.3%	63.6%	61.7%	63.0%	65.4%	61.3%	60.8%	61.8%	62.6%
OSCEOLA	38.9%	54.7%	60.1%	56.5%	58.8%	58.4%	62.0%	65.5%	65.1%	69.0%	61.6%	61.6%	62.1%	60.1%
SEMINOLE	56.1%	65.1%	62.1%	59.5%	61.6%	68.5%	67.4%	69.6%	70.0%	69.0%	69.6%	69.1%	67.4%	69.6%
FLORIDA	53.7%	64.9%	63.8%	62.8%	63.5%	66.3%	67.3%	69.1%	70.1%	70.6%	70.2%	69.5%	68.7%	68.4%

Source: FLHealthCHARTS: University of Miami (FL) Medical School, Florida Cancer Data System

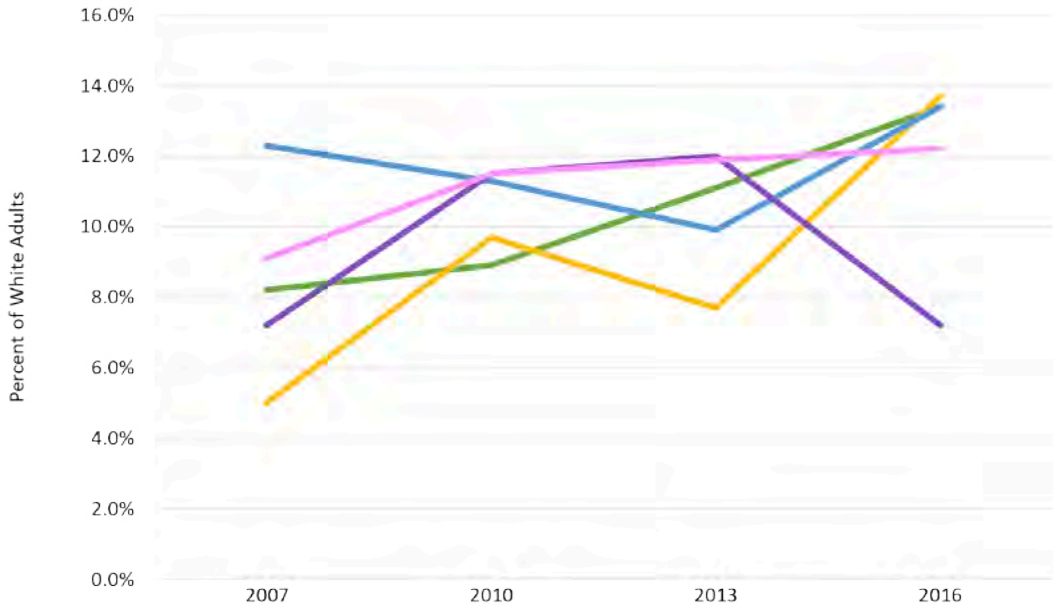
CHART 8.66: HISPANIC BIRTHS COVERED BY MEDICAID (2004-2017)



	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
LAKE	38.4%	44.4%	43.5%	44.3%	48.5%	63.9%	69.6%	60.3%	60.0%	68.7%	60.4%	63.7%	55.7%	55.5%
ORANGE	46.2%	58.6%	51.4%	47.9%	49.4%	51.7%	51.9%	53.9%	56.6%	59.9%	54.2%	51.9%	52.2%	52.5%
OSCEOLA	42.2%	62.0%	63.6%	59.9%	62.7%	65.2%	62.1%	62.8%	65.1%	68.2%	64.0%	64.5%	66.1%	67.8%
SEMINOLE	42.8%	53.1%	47.4%	47.1%	45.6%	51.3%	53.1%	56.2%	56.3%	56.8%	56.3%	53.3%	54.1%	56.9%
FLORIDA	37.6%	43.8%	42.0%	40.4%	42.2%	46.2%	48.3%	50.1%	52.8%	54.6%	50.8%	50.7%	51.1%	52.2%

Source: FLHealthCHARTS: Florida Department of Health, Vital Statistics

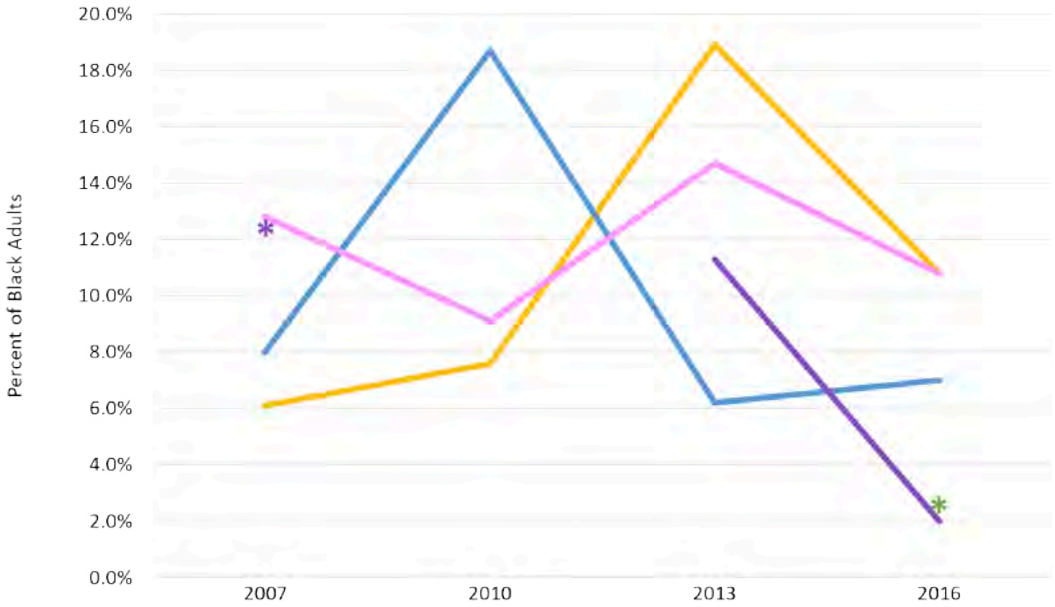
CHART 8.67: WHITE ADULTS WHO HAD POOR MENTAL HEALTH 14 OR MORE OF THE PAST 30 DAYS (2007-2016)



	2007	2010	2013	2016
LAKE	8.2%	8.9%	11.1%	13.4%
ORANGE	5.0%	9.7%	7.7%	13.7%
OSCEOLA	12.3%	11.3%	9.9%	13.4%
SEMINOLE	7.2%	11.5%	12.0%	7.2%
FLORIDA	9.1%	11.5%	11.9%	12.2%

Source: FLHealthCHARTS: Florida Department of Health, Florida Behavioral Risk Factor Surveillance System

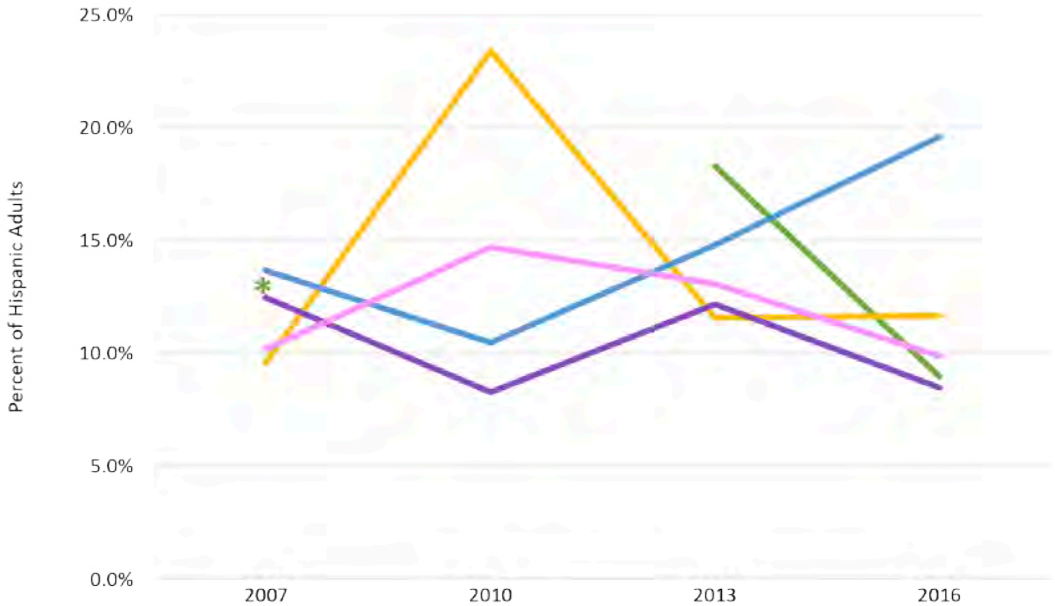
CHART 8.68: BLACK ADULTS WHO HAD POOR MENTAL HEALTH 14 OR MORE OF THE PAST 30 DAYS (2007-2016)



	2007	2010	2013	2016
LAKE	N/A	N/A	N/A	2.6%
ORANGE	6.1%	7.6%	18.9%	10.8%
OSCEOLA	8.0%	18.7%	6.2%	7.0%
SEMINOLE	12.4%	N/A	11.3%	2.0%
FLORIDA	12.8%	9.1%	14.7%	10.8%

Source: FLHealthCHARTS: Florida Department of Health, Florida Behavioral Risk Factor Surveillance System
*Represents a single data point where there has been inconsistent data for a county

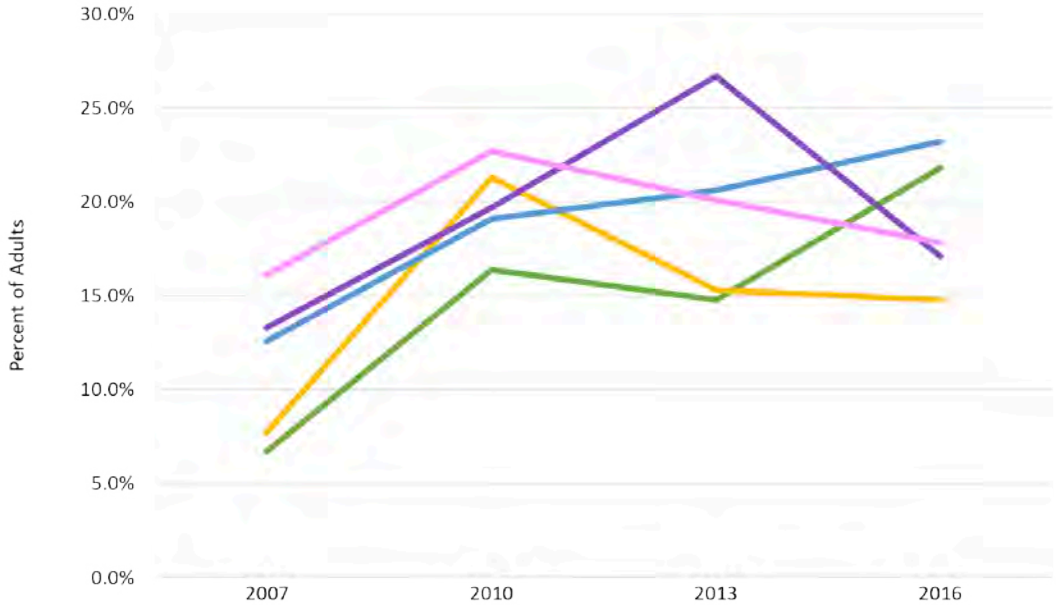
CHART 8.69: HISPANIC ADULTS WHO HAD POOR MENTAL HEALTH 14 OR MORE OF THE PAST 30 DAYS (2007-2016)



	2007	2010	2013	2016
LAKE	13.2%	N/A	18.3%	9.0%
ORANGE	9.6%	23.4%	11.6%	11.7%
OSCEOLA	13.7%	10.5%	14.8%	19.6%
SEMINOLE	12.5%	8.3%	12.2%	8.5%
FLORIDA	10.2%	14.7%	13.1%	9.9%

Source: FLHealthCHARTS: Florida Department of Health, Florida Behavioral Risk Factor Surveillance System

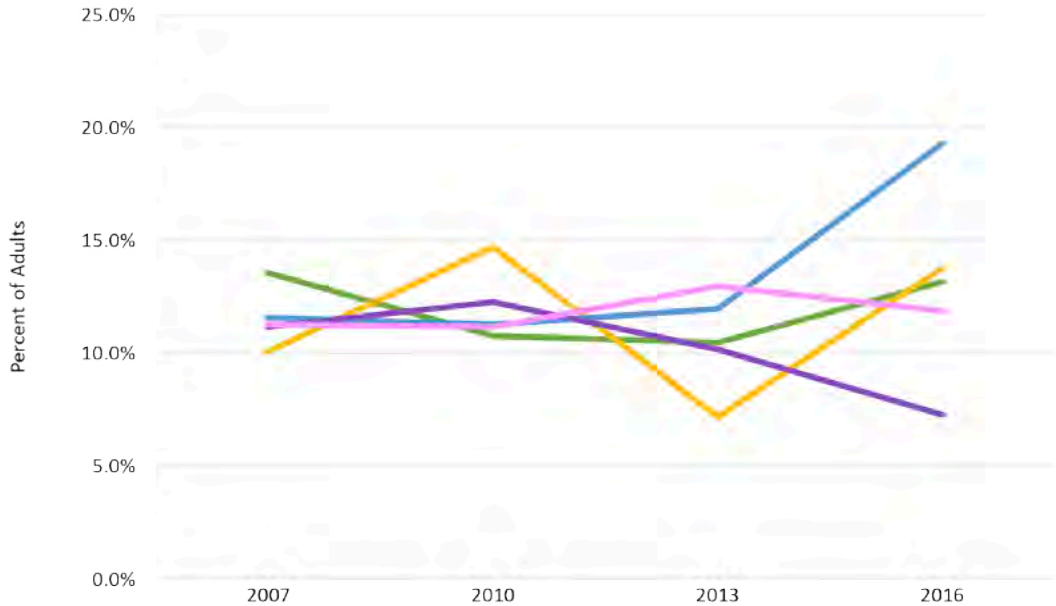
CHART 8.70: POOR MENTAL HEALTH, INCOME <25K (2007-2016)



	2007	2010	2013	2016
LAKE	6.7%	16.4%	14.8%	21.8%
ORANGE	7.7%	21.3%	15.3%	14.8%
OSCEOLA	12.6%	19.1%	20.6%	23.2%
SEMINOLE	13.3%	19.7%	26.7%	17.1%
FLORIDA	16.1%	22.7%	20.1%	17.8%

Source: FLHealthCHARTS: Florida Department of Health, Florida Behavioral Risk Factor Surveillance System

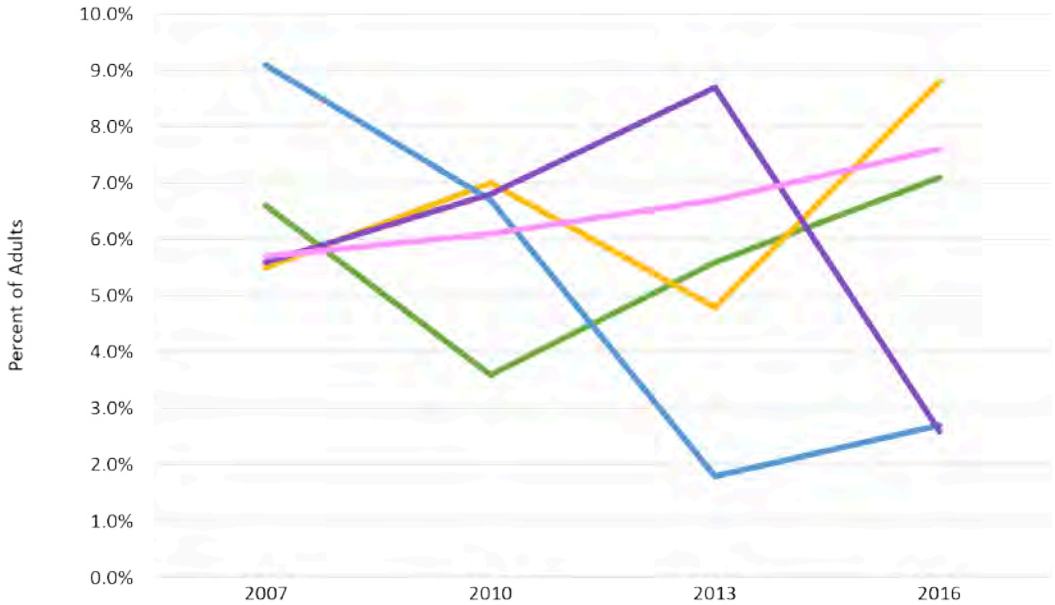
CHART 8.71: POOR MENTAL HEALTH, INCOME $25K-$49K (2007-2016)



	2007	2010	2013	2016
LAKE	13.6%	10.8%	10.5%	13.2%
ORANGE	10.1%	14.7%	7.2%	13.8%
OSCEOLA	11.6%	11.3%	12.0%	19.3%
SEMINOLE	11.2%	12.3%	10.2%	7.3%
FLORIDA	11.3%	11.2%	13.0%	11.9%

Source: FLHealthCHARTS: Florida Department of Health, Florida Behavioral Risk Factor Surveillance System

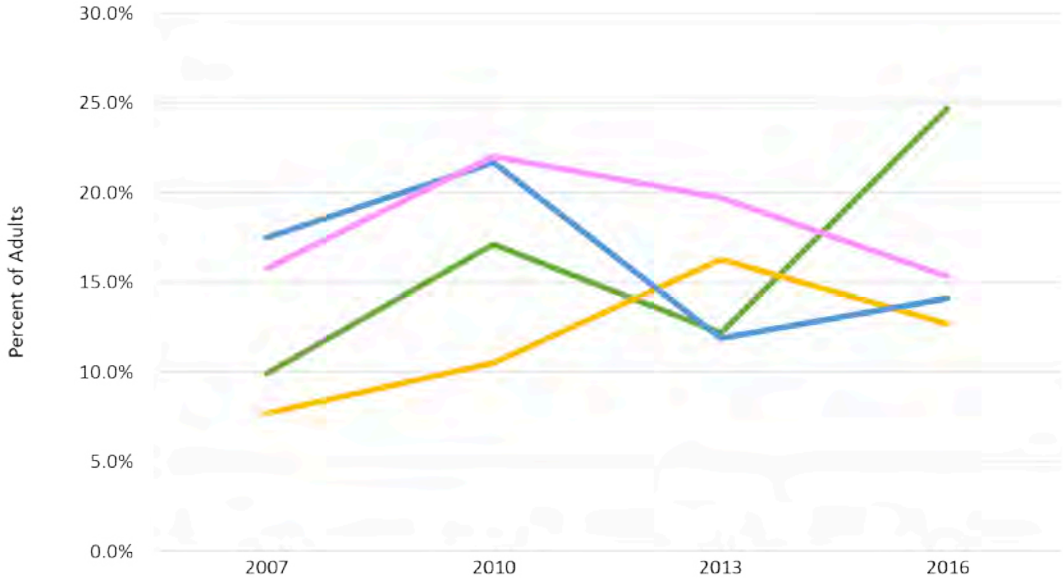
CHART 8.72: POOR MENTAL HEALTH, INCOME $50K+ (2007-2016)



	2007	2010	2013	2016
LAKE	6.6%	3.6%	5.6%	7.1%
ORANGE	5.5%	7.0%	4.8%	8.8%
OSCEOLA	9.1%	6.7%	1.8%	2.7%
SEMINOLE	5.6%	6.8%	8.7%	2.6%
FLORIDA	5.7%	6.1%	6.7%	7.6%

Source: FLHealthCHARTS: Florida Department of Health, Florida Behavioral Risk Factor Surveillance System

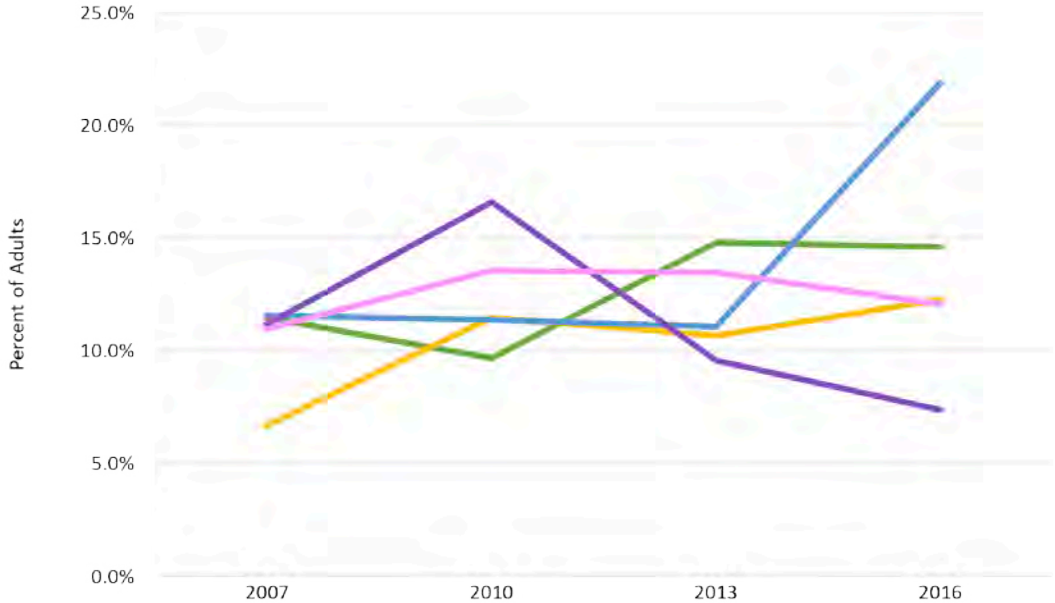
CHART 8.73: POOR MENTAL HEALTH, EDUCATION <HIGH SCHOOL (2007-2016)



	2007	2010	2013	2016
LAKE	9.9%	17.1%	12.2%	24.7%
ORANGE	7.7%	10.5%	16.3%	12.7%
OSCEOLA	17.5%	21.7%	11.9%	14.1%
SEMINOLE	N/A	N/A	N/A	N/A
FLORIDA	15.8%	22.0%	19.7%	15.3%

Source: FLHealthCHARTS: Florida Department of Health, Florida Behavioral Risk Factor Surveillance System

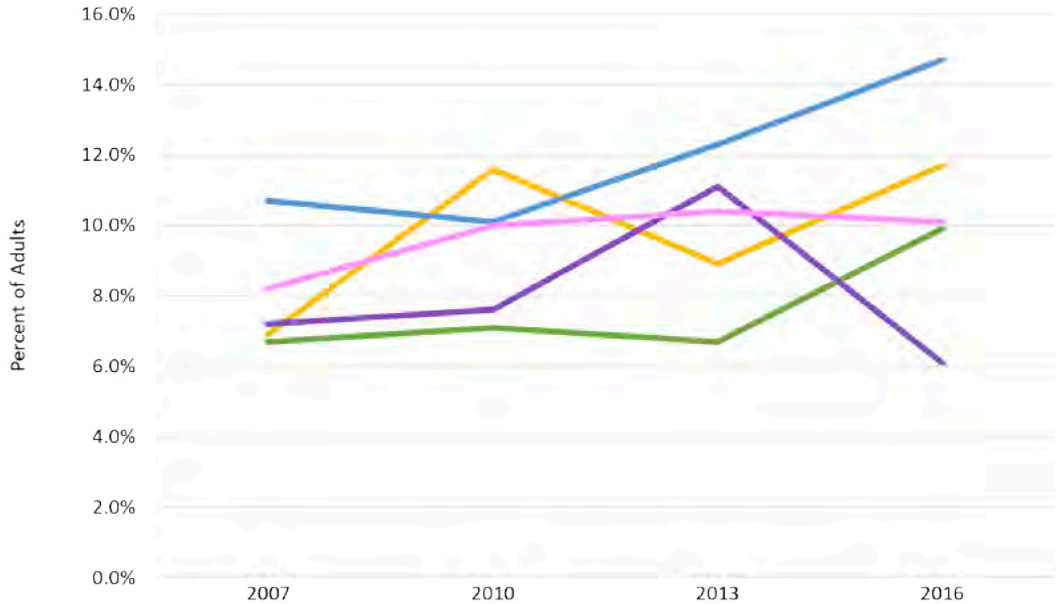
CHART 8.74: POOR MENTAL HEALTH, EDUCATION HIGH SCHOOL-GED (2007-2016)



	2007	2010	2013	2016
LAKE	11.5%	9.7%	14.8%	14.6%
ORANGE	6.7%	11.5%	10.7%	12.3%
OSCEOLA	11.6%	11.4%	11.1%	21.9%
SEMINOLE	11.2%	16.6%	9.6%	7.4%
FLORIDA	11.0%	13.6%	13.5%	12.1%

Source: FLHealthCHARTS: Florida Department of Health, Florida Behavioral Risk Factor Surveillance System

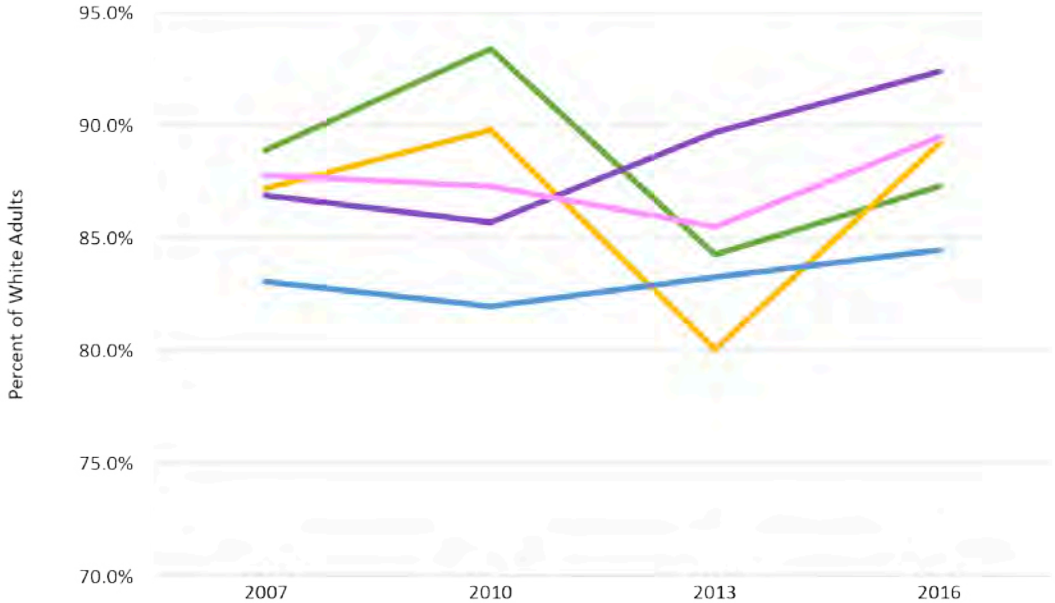
CHART 8.75: POOR MENTAL HEALTH, EDUCATION >HIGH SCHOOL (2007-2016)



	2007	2010	2013	2016
LAKE	6.7%	7.1%	6.7%	9.9%
ORANGE	6.9%	11.6%	8.9%	11.7%
OSCEOLA	10.7%	10.1%	12.3%	14.7%
SEMINOLE	7.2%	7.6%	11.1%	6.1%
FLORIDA	8.2%	10.0%	10.4%	10.1%

Source: FLHealthCHARTS: Florida Department of Health, Florida Behavioral Risk Factor Surveillance System

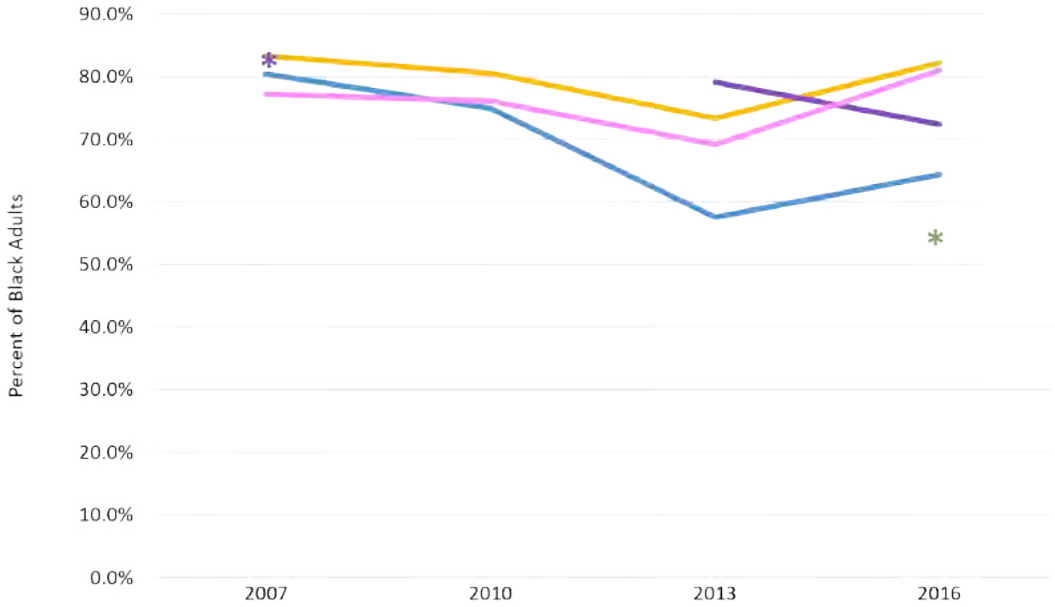
CHART 8.76: WHITE INSURANCE COVERAGE (2007-2016)



	2007	2010	2013	2016
LAKE	88.9%	93.4%	84.3%	87.3%
ORANGE	87.2%	89.8%	80.1%	89.2%
OSCEOLA	83.1%	82.0%	83.3%	84.5%
SEMINOLE	86.9%	85.7%	89.7%	92.4%
FLORIDA	87.8%	87.3%	85.5%	89.5%

Source: FLHealthCHARTS: Florida Department of Health, Florida Behavioral Risk Factor Surveillance System

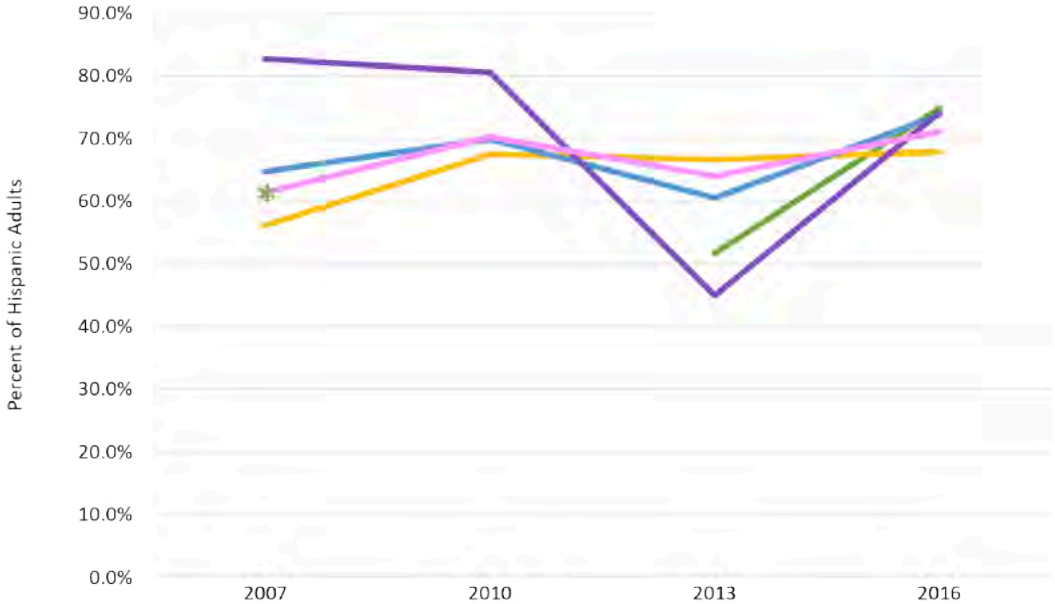
CHART 8.77: BLACK INSURANCE COVERAGE (2007-2016)



	2007	2010	2013	2016
LAKE	N/A	N/A	N/A	54.7%
ORANGE	83.3%	80.5%	73.4%	82.2%
OSCEOLA	80.4%	74.9%	57.5%	64.4%
SEMINOLE	82.8%	N/A	79.1%	72.4%
FLORIDA	77.2%	76.1%	69.2%	81.0%

Source: FLHealthCHARTS: Florida Department of Health, Florida Behavioral Risk Factor Surveillance System
*Represents a single data point where there has been inconsistent data for a county

CHART 8.78: HISPANIC INSURANCE COVERAGE (2007-2016)



	2007	2010	2013	2016
LAKE	61.6%	N/A	51.7%	74.8%
ORANGE	56.1%	67.5%	66.7%	67.9%
OSCEOLA	64.7%	69.9%	60.5%	73.7%
SEMINOLE	82.7%	80.5%	45.0%	74.1%
FLORIDA	61.4%	70.3%	64.0%	71.1%

Source: FLHealthCHARTS: Florida Department of Health, Florida Behavioral Risk Factor Surveillance System

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'Osceola County has a broad range of outdoor activity for the community to utilize.'

-Key Informant Survey Respondent

CHAPTER NINE

Hot Spotting Summary

Lake Louisa Sate Park
Clermont, FL

Lake County

Hospital Utilization: Hot Spotting

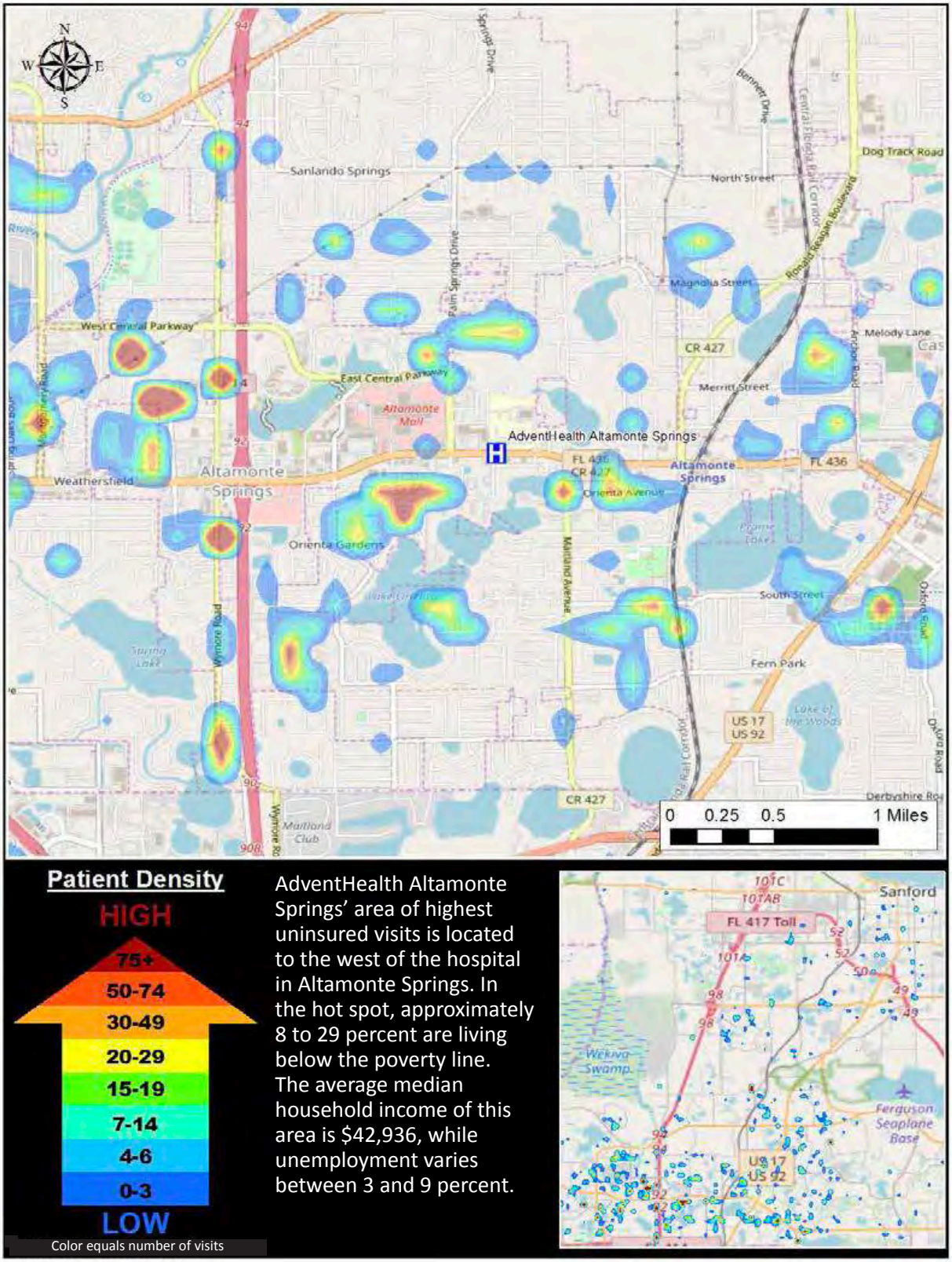
Hot spotting is a geographical analysis of uninsured visits to a hospital. These geographic areas were created from the addresses of uninsured visits and converted to census tracts for the purpose of generating the hot spot maps. The hot spotting analysis generates a color-coded map that illustrates the geographic areas within a census tract where there is high utilization among the uninsured. These indicators guide and support strategic program deployment to meet the needs of those who experience the most barriers to care. By addressing these needs in the community, it is possible to decrease needs and increase access. Please note that the patient density color bar on each hospital inpatient and outpatient map shows the number of visits that correspond to each hot spot color, with red indicating the highest patient density and blue the lowest.

Inpatient and outpatient (emergency department/triage) data for uninsured patients from each Collaborative member hospital for fiscal years 2016, 2017 and 2018 were included in the analysis. In addition to the standard hospital uninsured patient data in most hot spotting projects, this hot spotting analysis includes economic variables and conditions of the area to analyze the correlation between healthcare utilizations and the socioeconomic conditions in which people live. It is important to note that all data was received from the hospitals; therefore certain inconsistencies between the hospital systems may appear due to certain indicators within the tables being unique to that hospital or hospital system.

ADVENTHEALTH HOSPITAL HOT SPOTTING

Figure 9.1 illustrates the uninsured inpatient hot spot analysis for AdventHealth Altamonte Springs.

FIGURE 9.1: ADVENTHEALTH ALTAMONTE SPRINGS UNINSURED INPATIENT HOT SPOT ANALYSIS



Tables 9.1 through 9.6 outline the uninsured inpatient specific hot spot analysis for AdventHealth Altamonte Springs. The analysis includes all uninsured inpatient visits (Table 9.1) and focuses on those visits within the hot spot for fiscal years 2016 through 2018 (Tables 9.2 through 9.5). In the top five census tracts (the hot spot) from which the most frequent uninsured inpatient visits are generated, the average unemployment rate is about five percent; approximately 15 percent of the population is living below the federal poverty level. The average annual median household income is $42,936. Table 9.6 displays the census tracts, what zip code(s) they are in and the economic conditions for the hot spot. The 458 uninsured inpatient visits from within the hot spot cost the hospital more than $18.9 million and accounted for 18.2 percent of all uninsured inpatient visits between 2016 and 2018 (Table 9.1). More than half (64.7 percent) of uninsured inpatient visits were made by White patients. Additionally, patients aged 40-49 accounted for 26.9 percent of uninsured inpatient visits.

Sepsis, unspecified organism, was the most frequent primary diagnosis code and had the highest total cost from uninsured inpatient visits within this hot spot at 5.2 percent and with a total cost of more than $1.7 million between 2016 and 2018. Essential (primary) hypertension was the most frequent secondary diagnosis from uninsured inpatient visits within this hot spot at 5.2 percent and with a total cost of more than $700,000 for the same time period. Due to low numbers and/or to protect patient privacy, data was not reported for the primary diagnosis with the highest average cost per uninsured inpatient visit. To protect patient privacy, any analysis that resulted in fewer than five visits or if a certain diagnosis had less than 200,000 new cases per year is not included, except for total cost per diagnosis.

TABLE 9.1: ADVENTHEALTH ALTAMONTE SPRINGS UNINSURED INPATIENT VISIT COMPARISON, 2016-2018

Criteria*	Data Snapshot
Total uninsured inpatient visits	2,510
Total uninsured inpatient visits in hot spot	458
Total uninsured inpatient cost	$103,736,366
Total uninsured inpatient cost in hot spot	$18,922,818
Percent of uninsured inpatient visits in hot spot	18.2%
Total homeless uninsured inpatient visits	192
Homeless as a percentage of all uninsured inpatient visits	7.6%
Total cost for uninsured inpatient homeless visits	$7,036,282

*Note: Includes individuals listed as homeless, unknown or homeless shelter/service facility for each of the total uninsured rows above; however, these individuals are not included in hot spot specific rows.
Source: AdventHealth Altamonte Springs Uninsured Inpatient Data

TABLE 9.2: ADVENTHEALTH ALTAMONTE SPRINGS TOP 5 MOST FREQUENT UNINSURED INPATIENT PRIMARY DIAGNOSIS CODES, 2016-2018

Top 5 Primary Diagnosis Codes	Total Visits	Total Cost	% of all Visits in Hot Spot	Avg. Cost per Visit
A41.9 Sepsis, unspecified organism	24	$1,704,305	5.2%	$71,012.72
J45.901 Unspecified asthma with (acute) exacerbation	17	$392,288	3.7%	$23,076
R07.89 Other chest pain	15	$434,217	3.3%	$28,948
E11.65 Type 2 diabetes mellitus with hyperglycemia	9	$164,092	2.0%	$18,232
F10.239 Alcohol dependence with withdrawal, unspecified	9	$272,475	2.0%	$30,275

Source: AdventHealth Altamonte Springs Uninsured Inpatient Data

TABLE 9.3: ADVENTHEALTH ALTAMONTE SPRINGS TOP 5 MOST FREQUENT UNINSURED INPATIENT SECONDARY DIAGNOSIS CODES AND COSTS, 2016-2018

Top 5* Secondary Diagnosis Codes	Total Visits	Total Cost	% of all Visits in Hot Spot	Avg. Cost per Visit
I10 Essential (primary) hypertension	24	$715,840	5.2%	$29,827
E87.1 Hyperosmolality and hypernatremia	16	$520,288	3.5%	$32,518
F17.210 Nicotine dependence, cigarettes, uncomplicated	10	$391,001	2.2%	$ 39,100
Z68.41 Body mass index (BMI) 40.0-44.9, adult	9	$297,847	2.0%	$33,094
N39.0 Urinary tract infection, site not specified	9	$320,227	2.0%	$35,581
N17.9 Acute kidney failure, unspecified	9	$246,815	2.0%	$ 27,424
J18.9 Pneumonia, unspecified organism	9	$406,110	2.0%	$45,123

*Top 7 listed due to multiple diagnoses with same number of total visits.
Source: AdventHealth Altamonte Springs Uninsured Inpatient Data

TABLE 9.4: ADVENTHEALTH ALTAMONTE SPRINGS TOP 5 HIGHEST COST UNINSURED INPATIENT PRIMARY DIAGNOSIS CODES, 2016-2018

Top 5 Highest Cost Primary Diagnosis Codes	Total Visits	Total Cost	% of all Visits in Hot Spot	Avg. Cost per Visit
A41.9 Sepsis, unspecified organism	24	$ 1,704,305	5.2%	$71,013
I21.09 ST elevation (STEMI) myocardial infarction involving other coronary artery of anterior wall*		$615,214		
R07.89 Other chest pain	15	$434,217	3.3%	$28,948
I63.9 Cerebral infarction, unspecified*		$400,625		
J45.901 Unspecified asthma with (acute) exacerbation	17	$392,288	3.7%	$23,076

*To protect patient privacy, any analysis that resulted in fewer than five visits or if a certain diagnosis had less than 200,000 new cases per year is not included, except for total cost per diagnosis.
Source: AdventHealth Altamonte Springs Uninsured Inpatient Data

TABLE 9.5: ADVENTHEALTH ALTAMONTE SPRINGS UNINSURED INPATIENT VISITS BY RACE, ETHNICITY AND AGE, 2016-2018

Race	Number	%	Ethnic Group	Number	%	Age	Number	%
American Indian or Alaskan Native	1	0.3%	Hispanic or Latino	102	22.3%	0-18	12	2.5%
Asian	4	0.9%	Multiple	0	0.0%	19-29	80	17.5%
Black or African American	106	23.2%	Non-Hispanic or non-Latino	351	76.6%	30-39	94	20.5%
Multiple	2	0.5%	Unknown	5	1.1%	40-49	123	26.9%
Native Hawaiian or Pacific Islander	0	0.0%				50-59	108	23.6%
Other	46	10.0%				60-69	41	9.0%
Unknown	1	0.4%				70-79	0	0.0%
White	296	64.7%				80+	0	0.0%

Source: AdventHealth Altamonte Springs Uninsured Inpatient Data

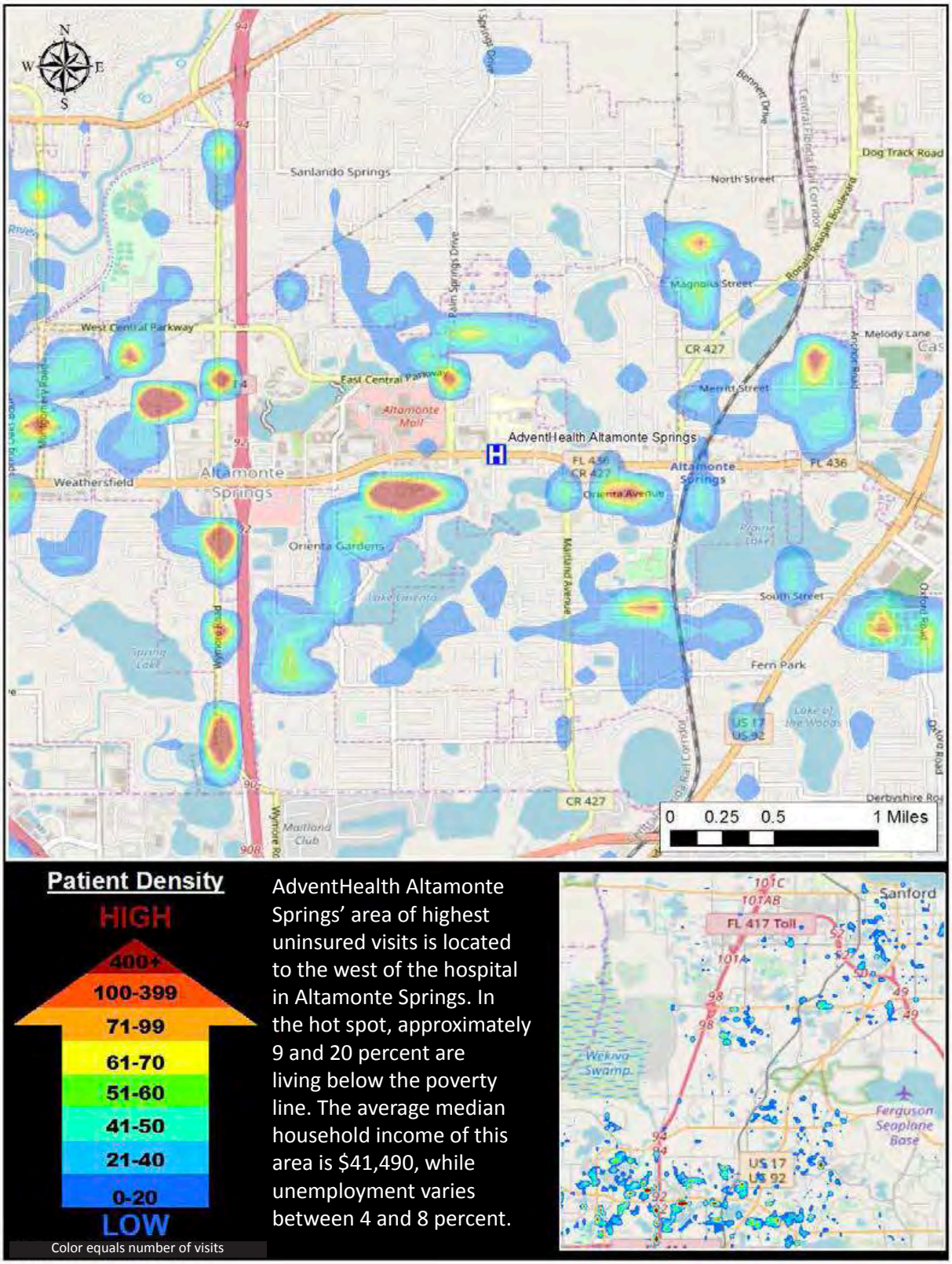
TABLE 9.6: ADVENTHEALTH ALTAMONTE SPRINGS ECONOMIC CHARACTERISTICS OF TOP 5 CENSUS TRACTS, 2012-2019

Census Tract	Census Tract within Zip Code(s)	% Unemployed	Median HH Income	% Below Poverty
12-117-21608	32701	4.0%	$42,942	19.8%
12-117-21705	32714	6.0%	$41,142	8.0%
12-117-22005	32707	4.0%	$50,765	9.2%
12-117-22001	32750	9.0%	$30,055	28.9%
12-117-21806	32714	3.0%	$49,777	7.3%
Average		5.2%	$42,936	14.6%

Source: ProximityOne
Source: U.S. Census Bureau

Figure 9.2 illustrates the uninsured outpatient hot spot analysis for AdventHealth Altamonte Springs.

FIGURE 9.2: ADVENTHEALTH ALTAMONTE SPRINGS UNINSURED OUTPATIENT HOT SPOT ANALYSIS



AdventHealth Altamonte Springs' area of highest uninsured visits is located to the west of the hospital in Altamonte Springs. In the hot spot, approximately 9 and 20 percent are living below the poverty line. The average median household income of this area is $41,490, while unemployment varies between 4 and 8 percent.

Tables 9.7 through 9.12 outline the uninsured outpatient specific hot spot analysis for AdventHealth Altamonte Springs. The analysis includes all uninsured outpatient visits (Table 9.7) and focuses on those visits within the hot spot for fiscal years 2016 through 2018 (Tables 9.8 through 9.11). In the top five census tracts (the hot spot) from which the most frequent uninsured outpatient visits are generated, the average unemployment rate is about five percent; approximately 17 percent of the population is living below the federal poverty level. The average annual median household income is $41,490. Table 9.12 displays the census tracts, what zip code(s) they are in and the economic conditions for the hot spot. The 4,283 uninsured outpatient visits from within the hot spot cost more than $19.6 million and accounted for 17.5 percent of all uninsured outpatient visits between 2016 and 2018 (Table 9.7). More than half (58.5 percent) of uninsured outpatient visits were made by White patients. Additionally, patients aged 19-29 accounted for 36.2 percent of uninsured outpatient visits.

Unspecified abdominal pain was the most frequent primary diagnosis code from uninsured outpatient visits within this hot spot at 3.2 percent and with a total cost of more than $1 million between 2016 and 2018. Essential (primary) hypertension was the most frequent secondary diagnosis from uninsured outpatient visits within this hot spot at 2.9 percent and with a total cost of more than $800,000 for the same time period. The primary diagnosis with the highest total cost from uninsured outpatient visits was chest pain, unspecified, at more than $1.6 million. The primary diagnosis with the highest average cost per uninsured outpatient visit was other chest pain with an average cost of $13,734.

TABLE 9.7: ADVENTHEALTH ALTAMONTE SPRINGS UNINSURED OUTPATIENT VISIT COMPARISON, 2016-2018

Criteria*	Data Snapshot
Total uninsured outpatient visits	24,433
Total uninsured outpatient visits in hot spot	4,283
Total uninsured outpatient cost	$119,489,286
Total uninsured outpatient cost in hot spot	$ 19,645,320
Percent of uninsured outpatient visits in hot spot	17.5%
Total homeless uninsured outpatient visits	767
Percent of uninsured outpatient homeless visits	3.1%
Total cost for uninsured outpatient homeless visits	$3,964,967

*Note: Includes individuals listed as homeless, unknown or homeless shelter/service facility for each of the total uninsured rows above; however, these individuals are not included in hot spot specific rows.
Source: AdventHealth Altamonte Springs Uninsured Outpatient Data

TABLE 9.8: ADVENTHEALTH ALTAMONTE SPRINGS TOP 5 MOST FREQUENT UNINSURED OUTPATIENT PRIMARY DIAGNOSIS CODES, 2016-2018

Top 5 Primary Diagnosis Codes	Total Visits	Total Cost	% of all Visits in Hot Spot	Avg. Cost per Visit
R10.9 Unspecified abdominal pain	136	$ 1,062,044	3.2%	$7,809
R07.9 Chest pain, unspecified	131	$ 1,664,251	3.1%	$12,704
N39.0 Urinary tract infection, site not specified	117	$567,854	2.7%	$4,853
J20.9 Acute bronchitis, unspecified	97	$227,000	2.3%	$2,340
J06.9 Acute upper respiratory infection, unspecified	95	$224,380	2.2%	$2,362

Source: AdventHealth Altamonte Springs Uninsured Outpatient Data

TABLE 9.9: ADVENTHEALTH ALTAMONTE SPRINGS TOP 5 MOST FREQUENT UNINSURED OUTPATIENT SECONDARY DIAGNOSIS CODES AND COSTS, 2016-2018

Top 5 Secondary Diagnosis Codes	Total Visits	Total Cost	% of all Visits in Hot Spot	Avg. Cost per Visit
I10 Essential (primary) hypertension	123	$854,585	2.9%	$6,948
R11.2 Nausea with vomiting, unspecified	71	$622,742	1.7%	$8,771
R10.9 Unspecified abdominal pain	65	$599,193	1.5%	$9,218
X58.XXXA Exposure to other specified factors, initial encounter	60	$118,472	1.4%	$1,975
Z72.0 Tobacco use	52	$206,014	1.2%	$3,962

Source: AdventHealth Altamonte Springs Uninsured Outpatient Data

TABLE 9.10: ADVENTHEALTH ALTAMONTE SPRINGS TOP 5 HIGHEST COST UNINSURED OUTPATIENT PRIMARY DIAGNOSIS CODES, 2016-2018

Top 5 Highest Cost Primary Diagnosis Codes	Total Visits	Total Cost	% of all Visits in Hot Spot	Avg. Cost per Visit
R07.9 Chest pain, unspecified	131	$ 1,664,251	3.1%	$12,704
R10.9 Unspecified abdominal pain	136	$ 1,062,044	3.2%	$7,809
R07.89 Other chest pain	57	$782,863	1.3%	$13,734
R51 Headache	93	$608,991	2.2%	$6,548
N39.0 Urinary tract infection, site not specified	117	$567,854	2.7%	$4,853

Source: AdventHealth Altamonte Springs Uninsured Outpatient Data

TABLE 9.11: ADVENTHEALTH ALTAMONTE SPRINGS UNINSURED OUTPATIENT VISITS BY RACE, ETHNICITY AND AGE, 2016-2018

Race	Number	%	Ethnic Group	Number	%	Age	Number	%
American Indian or Alaskan Native	7	0.3%	Hispanic or Latino	1,320	30.8%	0-18	310	7.2%
Asian	12	0.4%	Multiple	0	0.0%	19-29	1,549	36.2%
Black or African American	1,132	26.5%	Non-Hispanic or non-Latino	2,908	67.9%	30-39	993	23.2%
Multiple	31	0.8%	Unknown	55	1.3%	40-49	678	15.8%
Native Hawaiian or Pacific Islander	0	0.0%				50-59	566	13.2%
Other	571	13.3%				60-69	148	3.5%
Unknown	10	0.2%				70-79	31	0.7%
White	2,505	58.5%				80+	8	0.2%

Source: AdventHealth Altamonte Springs Uninsured Outpatient Data

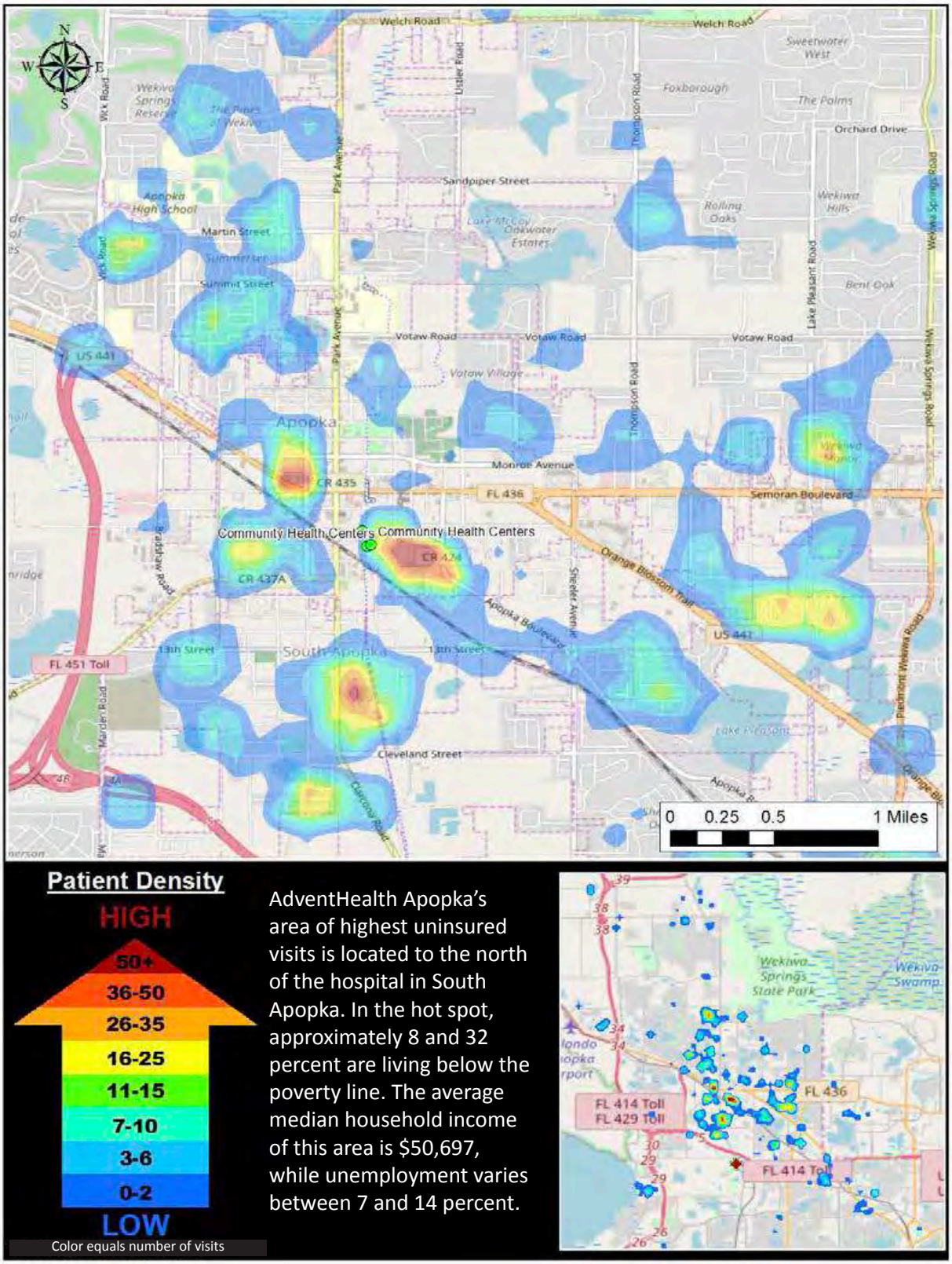
TABLE 9.12: ADVENTHEALTH ALTAMONTE SPRINGS ECONOMIC CHARACTERISTICS OF TOP 5 CENSUS TRACTS, 2012-2016

Census Tract	Census Tract within Zip Code(s)	% Unemployed	Median HH Income	% Below Poverty
12-117-21608	32701	4.0%	$42,942	19.8%
12-117-22005	32707	4.0%	$50,765	9.2%
12-117-20903	32773	8.0%	$44,261	19.4%
12-117-21902	32701	5.0%	$20,626	19.3%
12-117-20600	32771	5.0%	$48,856	18.3%
Average		5.2%	$41,490	17.2%

Source: ProximityOne
Source: U.S. Census Bureau

Figure 9.3 illustrates the uninsured inpatient hot spot analysis for AdventHealth Apopka.

FIGURE 9.3: ADVENTHEALTH APOPKA UNINSURED INPATIENT HOT SPOT ANALYSIS



AdventHealth Apopka's area of highest uninsured visits is located to the north of the hospital in South Apopka. In the hot spot, approximately 8 and 32 percent are living below the poverty line. The average median household income of this area is $50,697, while unemployment varies between 7 and 14 percent.

Tables 9.13 through 9.18 outline the uninsured inpatient specific hot spot analysis for AdventHealth Apopka. The analysis includes all uninsured inpatient visits (Table 9.13) and focuses on those visits within the hot spot for fiscal years 2016 through 2018 (Tables 9.14 through 9.17). In the top five census tracts (the hot spot) from which the most frequent uninsured inpatient visits are generated, the average unemployment rate is about 10 percent; approximately 21 percent of the population is living below the federal poverty level. The average annual median household income is $50,697. Table 9.18 displays the census tracts, what zip code(s) they are in and the economic conditions for the hot spot. The 349 uninsured inpatient visits from within the hot spot cost more than $13.3 million and accounted for 37.8 percent of all uninsured inpatient visits between 2016 and 2018 (Table 9.13). More than half (63.6 percent) of uninsured inpatient visits were made by White patients. Additionally, patients aged 40-49 accounted for 27.5 percent of uninsured inpatient visits.

Sepsis, unspecified organism, was the most frequent primary diagnosis code and had the highest total and average costs from uninsured inpatient visits within this hot spot at 8.3 percent with a total cost of more than $2.4 million and an average cost of $84,363 per visit between 2016 and 2018. Acute kidney failure, unspecified, was the most frequent secondary diagnosis from uninsured inpatient visits within this hot spot at 5.7 percent and with a total cost of more than $700,000 for the same time period.

TABLE 9.13: ADVENTHEALTH APOPKA UNINSURED INPATIENT VISIT COMPARISON, 2016-2018

Criteria*	Data Snapshot
Total uninsured inpatient visits	924
Total uninsured inpatient visits in hot spot	349
Total uninsured inpatient cost	$34,560,381
Total uninsured inpatient cost in hot spot	$13,334,508
Percent of uninsured inpatient visits in hot spot	37.8%
Total homeless uninsured inpatient visits	65
Homeless visits as a percent of all uninsured inpatient visits	7.0%
Total cost for uninsured inpatient homeless visits	$2,845,088

*Note: Includes individuals listed as homeless, unknown or homeless shelter/service facility for each of the total uninsured rows above; however, these individuals are not included in hot spot specific rows.
Source: AdventHealth Apopka Uninsured Inpatient Data

TABLE 9.14: ADVENTHEALTH APOPKA TOP 5 MOST FREQUENT UNINSURED INPATIENT PRIMARY DIAGNOSIS CODES, 2016-2018

Top 5 Primary Diagnosis Codes	Total Visits	Total Cost	% of all Visits in Hot Spot	Avg. Cost per Visit
A41.9 Sepsis, unspecified organism	29	$2,446,513	8.3%	$84,363
J44.1 Chronic obstructive pulmonary disease with (acute) exacerbation	12	$300,938	3.4%	$25,078
J45.901 Unspecified asthma with (acute) exacerbation	10	$410,565	2.9%	$41,056
J18.9 Pneumonia, unspecified organism	9	$529,249	2.6%	$58,805
N17.9 Acute kidney failure, unspecified	8	$180,522	2.3%	$22,565

Source: AdventHealth Apopka Uninsured Inpatient Data

TABLE 9.15: ADVENTHEALTH APOPKA TOP 5 MOST FREQUENT UNINSURED INPATIENT SECONDARY DIAGNOSIS CODES AND COSTS, 2016-2018

Top 5* Secondary Diagnosis Codes	Total Visits	Total Cost	% of all Visits in Hot Spot	Avg. Cost per Visit
N17.9 Acute kidney failure, unspecified	20	$711,824	5.7%	$35,591
E87.1 Hypo-osmolality and hyponatremia	14	$366,764	4.0%	$26,197
I10 Essential (primary) hypertension	14	$428,034	4.0%	$30,574
J18.9 Pneumonia, unspecified organism	12	$545,798	3.4%	$45,483
F11.20 Opioid dependence	8	$172,447	2.3%	$21,556
J96.01 Acute respiratory failure with hypoxia	8	$1,471,673	2.3%	$183,959

*Top 6 listed due to multiple diagnoses with same number of total visits.
Source: AdventHealth Apopka Uninsured Inpatient Data

TABLE 9.16: ADVENTHEALTH APOPKA TOP 5 HIGHEST COST UNINSURED INPATIENT PRIMARY DIAGNOSIS CODES, 2016-2018

Top 5 Highest Cost Primary Diagnosis Codes	Total Visits	Total Cost	% of all Visits in Hot Spot	Avg. Cost per Visit
A41.9 Sepsis, unspecified organism	29	$2,446,513	8.3%	$84,363
J18.9 Pneumonia, unspecified organism	9	$529,249	2.6%	$58,805
J45.901 Unspecified asthma with (acute) exacerbation	10	$410,565	2.9%	$41,056
J44.1 Chronic obstructive pulmonary disease with (acute) exacerbation	12	$300,938	3.4%	$25,078
K85.90 Acute pancreatitis without necrosis or infection, unspecified	5	$265,322	1.4%	$53,064

Source: AdventHealth Apopka Uninsured Inpatient Data

TABLE 9.17: ADVENTHEALTH APOPKA UNINSURED INPATIENT VISITS BY RACE, ETHNICITY AND AGE, 2016-2018

Race	Number	%	Ethnic Group	Number	%	Age	Number	%
American Indian or Alaskan Native	0	0.0%	Hispanic or Latino	83	23.8%	0-18	4	1.1%
Asian	3	1.0%	Multiple	1	0.3%	19-29	42	12.1%
Black or African American	83	23.9%	Non-Hispanic or non-Latino	265	75.9%	30-39	79	22.6%
Multiple	4	1.2%	Unknown	0	0.0%	40-49	96	27.5%
Native Hawaiian or Pacific Islander	0	0.0%				50-59	76	21.8%
Other	34	9.8%				60-69	45	12.9%
Unknown	1	0.5%				70-79	5	1.4%
White	222	63.6%				80+	2	0.6%

Source: AdventHealth Apopka Uninsured Inpatient Data

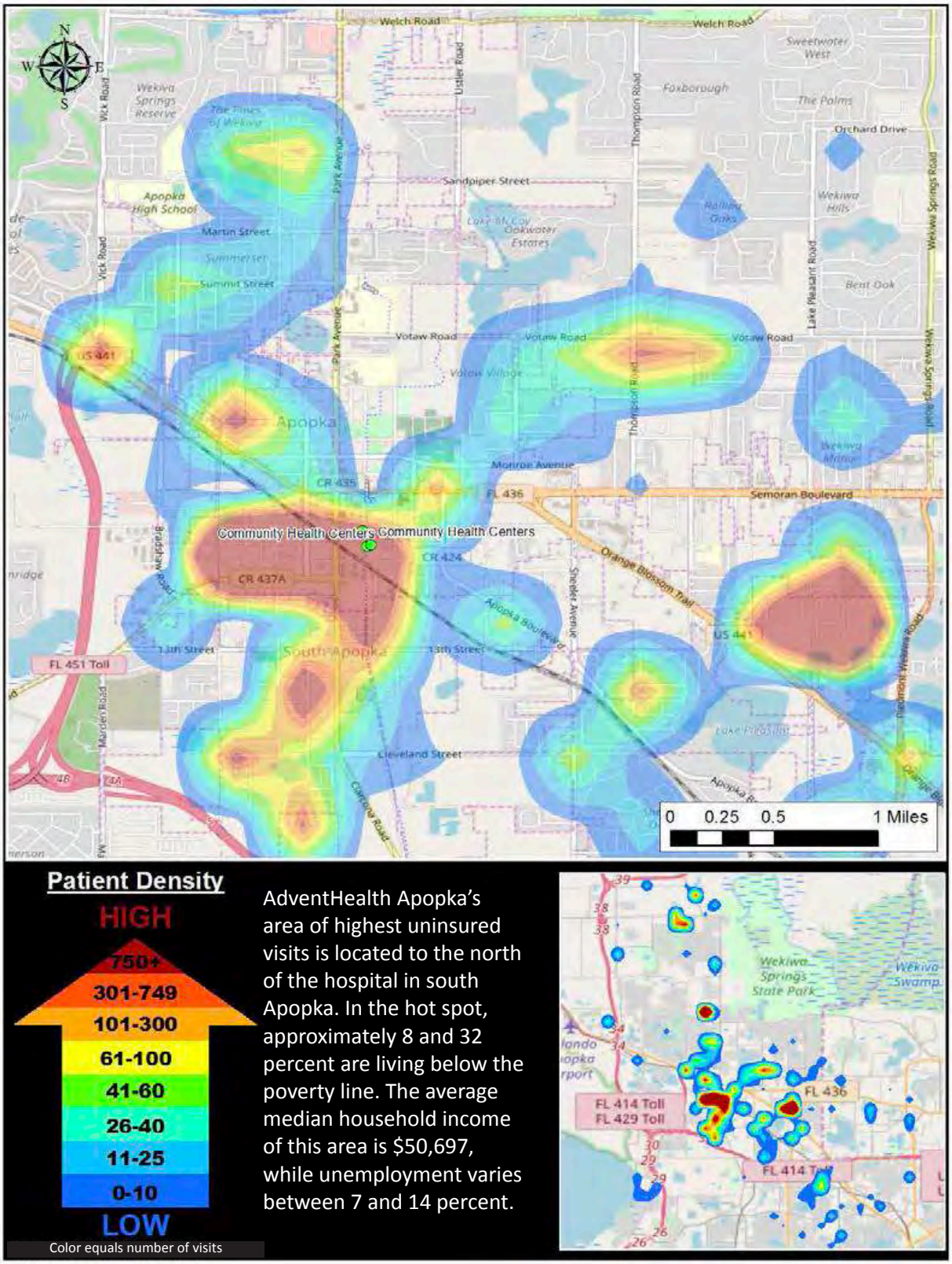
TABLE 9.18: ADVENTHEALTH APOPKA ECONOMIC CHARACTERISTICS OF TOP 5 CENSUS TRACTS, 2012-2019

Census Tract	Census Tract within Zip Code(s)	% Unemployed	Median HH Income	% Below Poverty
12-095-17600	32703, 32712	13.5%	$33,288	26.0%
12-095-17802	32703, 32712	6.7%	$68,514	7.8%
12-095-17501	32703, 32818, 34761	11.6%	$59,268	21.3%
12-095-17804	32712, 32776	8.8%	$57,000	15.4%
12-095-17503	32703	10.1%	$35,417	32.1%
Average		10.1%	$50,697	20.5%

Source: ProximityOne
Source: U.S. Census Bureau

Figure 9.4 illustrates the uninsured outpatient hot spot analysis for AdventHealth Apopka.

FIGURE 9.4: ADVENTHEALTH APOPKA UNINSURED OUTPATIENT HOT SPOT ANALYSIS



Tables 9.19 through 9.24 outline the uninsured outpatient specific hot spot analysis for AdventHealth Apopka. The analysis includes all uninsured outpatient patient visits (Table 9.19) and focuses on those visits within the hot spot for fiscal years 2016 through 2018 (Tables 9.20 through 9.23). In the top five census tracts (the hot spot) from which the most frequent uninsured outpatient visits are generated, the average unemployment rate is about 10 percent; approximately 21 percent of the population is living below the federal poverty level. The average annual median household income is $50,697. Table 9.24 displays the census tracts, what zip code(s) they are in and the economic conditions for the hot spot. The 6,433 uninsured outpatient visits from within the hot spot cost more than $25.7 million and accounted for 42.7 percent of all uninsured outpatient visits between 2016 and 2018 (Table 9.19). More than half (54.9 percent) of uninsured outpatient visits were made by White patients. Additionally, patients aged 19-29 accounted for 31.8 percent of uninsured outpatient visits.

Urinary tract infection, site not specified, was the most frequent primary diagnosis code from uninsured outpatient visits within this hot spot at 2.9 percent and with a total cost of more than $800,000 between 2016 and 2018. Essential (primary) hypertension was the most frequent secondary diagnosis from uninsured outpatient visits within this hot spot at three percent and with a total cost of more than $800,000 for the same time period. The primary diagnosis with the highest total and average costs per uninsured outpatient visit was chest pain, unspecified, with a total cost of more than $1.9 million and an average cost of $12,214.

TABLE 9.19: ADVENTHEALTH APOPKA UNINSURED OUTPATIENT VISIT COMPARISON, 2016-2018

Criteria*	Data Snapshot
Total uninsured outpatient visits	15,064
Total uninsured outpatient visits in hot spot	6,433
Total uninsured outpatient cost	$60,509,241
Total uninsured outpatient cost in hot spot	$25,767,325
Percent of uninsured outpatient visits in hot spot	42.7%
Total homeless uninsured outpatient visits	666
Homeless visits as a percent of all uninsured outpatient visits	4.4%
Total cost for uninsured outpatient homeless visits	$3,150,212

*Note: Includes individuals listed as homeless, unknown or homeless shelter/service facility for each of the total uninsured rows above; however, these individuals are not included in hot spot specific rows.
Source: AdventHealth Apopka Uninsured Outpatient Data

TABLE 9.20: ADVENTHEALTH APOPKA TOP 5 MOST FREQUENT UNINSURED OUTPATIENT PRIMARY DIAGNOSIS CODES, 2016-2018

Top 5 Primary Diagnosis Codes	Total Visits	Total Cost	% of all Visits in Hot Spot	Avg. Cost per Visit
N39.0 Urinary tract infection, site not specified	186	$803,408	2.9%	$4,319
R10.9 Unspecified abdominal pain	166	$1,351,681	2.6%	$8,143
R07.9 Chest pain, unspecified	159	$1,942,096	2.5%	$12,214
J06.9 Acute upper respiratory infection, unspecified	144	$272,059	2.2%	$1,889
R51 Headache	132	$692,437	2.1%	$5,246

Source: AdventHealth Apopka Uninsured Outpatient Data

TABLE 9.21: ADVENTHEALTH APOPKA TOP 5 MOST FREQUENT UNINSURED OUTPATIENT SECONDARY DIAGNOSIS CODES AND COSTS, 2016-2018

Top 5 Secondary Diagnosis Codes	Total Visits	Total Cost	% of all Visits in Hot Spot	Avg. Cost per Visit
I10 Essential (primary) hypertension	192	$878,989	3.0%	$4,578
X58.XXXA Exposure to other specified factors, initial encounter	110	$223,942	1.7%	$2,036
Z72.0 Tobacco use	98	$250,343	1.5%	$2,555
N39.0 Urinary tract infection, site not specified	82	$404,824	1.3%	$4,937
R10.9 Unspecified abdominal pain	74	$649,672	1.2%	$8,779

Source: AdventHealth Apopka Uninsured Outpatient Data

TABLE 9.22: ADVENTHEALTH APOPKA TOP 5 HIGHEST COST UNINSURED OUTPATIENT PRIMARY DIAGNOSIS CODES, 2016-2018

Top 5 Highest Cost Primary Diagnosis Codes	Total Visits	Total Cost	% of all Visits in Hot Spot	Avg. Cost per Visit
R07.9 Chest pain, unspecified	159	$ 1,942,096	2.5%	$12,214
R10.9 Unspecified abdominal pain	166	$ 1,351,681	2.6%	$8,143
R07.89 Other chest pain	76	$823,446	1.2%	$10,835
N39.0 Urinary tract infection, site not specified	186	$803,408	2.9%	$4,319
R51 Headache	132	$692,437	2.1%	$5,246

Source: AdventHealth Apopka Uninsured Outpatient Data

TABLE 9.23: ADVENTHEALTH APOPKA UNINSURED OUTPATIENT VISITS BY RACE, ETHNICITY AND AGE, 2016-2018

Race	Number	%	Ethnic Group	Number	%	Age	Number	%
American Indian or Alaskan Native	3	0.1%	Hispanic or Latino	2,113	32.8%	0-18	598	9.4%
Asian	22	0.4%	Multiple	4	0.1%	19-29	2,046	31.8%
Black or African American	1,965	30.6%	Non-Hispanic or non-Latino	4,295	66.8%	30-39	1,597	24.8%
Multiple	61	1.0%	Unknown	19	0.3%	40-49	1,161	18.0%
Native Hawaiian or Pacific Islander	0	0.0%				50-59	737	11.5%
Other	819	12.7%				60-69	228	3.5%
Unknown	14	0.3%				70-79	57	0.9%
White	3,534	54.9%				80+	9	0.1%

Source: AdventHealth Apopka Uninsured Outpatient Data

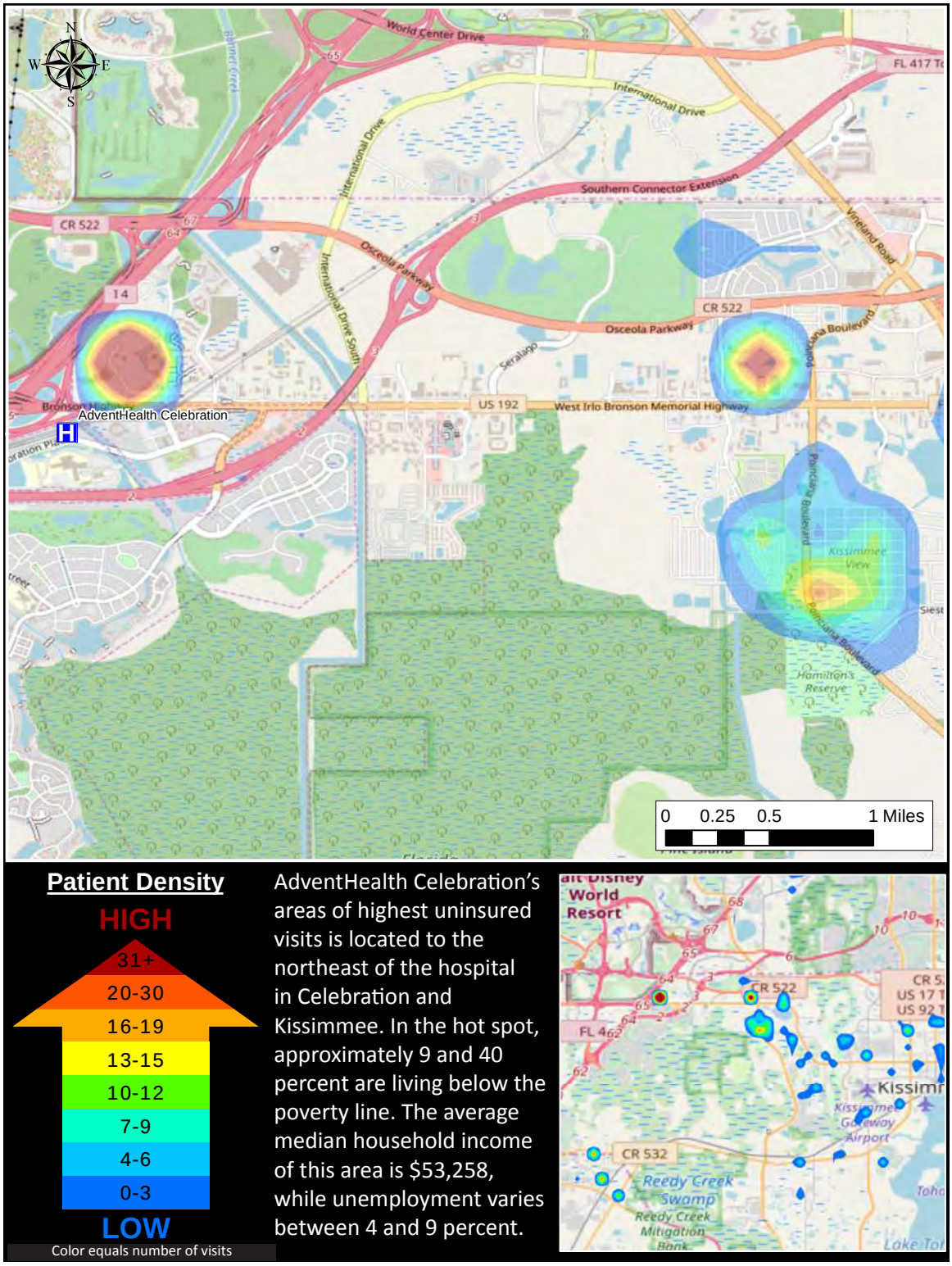
TABLE 9.24: ADVENTHEALTH APOPKA ECONOMIC CHARACTERISTICS OF TOP 5 CENSUS TRACTS, 2012-2019

Census Tract	Census Tract within Zip Code(s)	% Unemployed	Median HH Income	% Below Poverty
12-095-17501	32703, 32818	11.6%	$59,268	21.3%
12-095-17802	32703, 32712	6.7%	$68,514	7.8%
12-095-17804	32712, 32776	8.8%	$57,000	15.4%
12-095-17600	32703, 32712	13.5%	$33,288	26.0%
12-095-17503	32703	10.1%	$35,417	32.1%
Average		10.1%	$50,697	20.5%

Source: ProximityOne
Source: U.S. Census Bureau

Figure 9.5 illustrates the uninsured inpatient hot spot analysis for AdventHealth Celebration.

FIGURE 9.5: ADVENTHEALTH CELEBRATION UNINSURED INPATIENT HOT SPOT ANALYSIS



Tables 9.25 through 9.30 outline the uninsured inpatient specific hot spot analysis for AdventHealth Celebration. The analysis includes all uninsured inpatient visits (Table 9.25) and focuses on those visits within the hot spot for fiscal years 2016 through 2018 (Tables 9.26 through 9.29). In the top five census tracts (the hot spot) from which the most frequent uninsured inpatient visits are generated, the average unemployment rate is about six percent; approximately 21 percent of the population is living below the federal poverty level. The average annual median household income is $53,258. Table 9.30 displays the census tracts, what zip code(s) they are in and the economic conditions for the hot spot. The 452 uninsured inpatient visits from within the hot spot cost more than $17.5 million and accounted for 49.1 percent of all uninsured inpatient visits between 2016 and 2018 (Table 9.25). More than three-fourths (77.2 percent) of uninsured inpatient visits were made by White patients. Additionally, patients aged 40-49 accounted for 27.2 percent of uninsured outpatient visits.

Sepsis, unspecified organism, was the most frequent primary diagnosis code and had the highest total and average costs from uninsured inpatient visits within this hot spot at 5.5 percent with a total cost of more than $1.8 million and an average cost of $72,323. Essential (primary) hypertension was the most frequent secondary diagnosis from uninsured inpatient visits at 8.4 percent with a total cost of more than $1.3 million. To protect patient privacy, any analysis that resulted in fewer than five visits or if a certain diagnosis had less than 200,000 new cases per year is not included, except for total cost per diagnosis.

TABLE 9.25: ADVENTHEALTH CELEBRATION UNINSURED INPATIENT VISIT COMPARISON, 2016-2018

Criteria*	Data Snapshot
Total uninsured inpatient visits	920
Total uninsured inpatient visits in hot spot	452
Total uninsured inpatient cost	$36,193,224
Total uninsured inpatient cost in hot spot	$17,561,826
Percent of uninsured inpatient visits in hot spot	49.1%
Total homeless uninsured inpatient visits	116
Homeless visits as a percent of all uninsured inpatient visits	12.6%
Total cost for uninsured inpatient homeless visits	$3,589,922

*Note: Includes individuals listed as homeless, unknown or homeless shelter/service facility for each of the total uninsured rows above; however, these individuals are not included in hot spot specific rows.
Source: AdventHealth Celebration Uninsured Inpatient Data

TABLE 9.26: ADVENTHEALTH CELEBRATION TOP 5 MOST FREQUENT UNINSURED INPATIENT PRIMARY DIAGNOSIS CODES, 2016-2018

Top 5 Primary Diagnosis Codes	Total Visits	Total Cost	% of all Visits in Hot Spot	Avg. Cost per Visit
A41.9 Sepsis, unspecified organism	25	$1,808,065	5.5%	$72,323
Z38.00 Single liveborn infant, delivered vaginally	19	$93,644	4.2%	$4,929
K35.80 Unspecified acute appendicitis	12	$512,162	2.7%	$42,680
J44.1 Chronic obstructive pulmonary disease with (acute) exacerbation	11	$417,398	2.4%	$37,945
F10.229 Alcohol dependence with intoxication, unspecified	10	$201,717	2.2%	$20,172

Source: AdventHealth Celebration Uninsured Inpatient Data

TABLE 9.27: ADVENTHEALTH CELEBRATION TOP 5 MOST FREQUENT UNINSURED INPATIENT SECONDARY DIAGNOSIS CODES AND COSTS, 2016-2018

Top 5 Secondary Diagnosis Codes	Total Visits	Total Cost	% of all Visits in Hot Spot	Avg. Cost per Visit
I10 Essential (primary) hypertension	38	$1,365,101	8.4%	$35,924
E87.1 Hypo-osmolality and hyponatremia	36	$1,306,867	8.0%	$36,302
N17.9 Acute kidney failure, unspecified	26	$1,337,526	5.8%	$51,443
N39.0 Urinary tract infection, site not specified	20	$986,719	4.4%	$49,336
Z37.0 Single Live Birth	19	$420,157	4.2%	$22,114

Source: AdventHealth Celebration Uninsured Inpatient Data

TABLE 9.28: ADVENTHEALTH CELEBRATION TOP 5 HIGHEST COST UNINSURED INPATIENT PRIMARY DIAGNOSIS CODES, 2016-2018

Top 5 Highest Cost Primary Diagnosis Codes	Total Visits	Total Cost	% of all Visits in Hot Spot	Avg. Cost per Visit
A41.9 Sepsis, unspecified organism	25	$1,808,065	5.5%	$72,323
K35.80 Unspecified acute appendicitis	12	$512,162	2.7%	$42,680
J44.1 Chronic obstructive pulmonary disease with (acute) exacerbation	11	$417,398	2.4%	$37,945
I13.0 Hypertensive heart and chronic kidney disease with heart failure and stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease*		$331,687		
I21.4 Non-ST elevation myocardial infarction (NSTEMI)*		$316,453		

*To protect patient privacy, any analysis that resulted in fewer than five visits or if a certain diagnosis had less than 200,000 new cases per year is not included, except for total cost per diagnosis.
Source: AdventHealth Celebration Uninsured Inpatient Data

TABLE 9.29: ADVENTHEALTH CELEBRATION UNINSURED INPATIENT VISITS BY RACE, ETHNICITY AND AGE, 2016-2018

Race	Number	%	Ethnic Group	Number	%	Age	Number	%
American Indian or Alaskan Native	0	0.0%	Hispanic or Latino	197	34.7%	0-18	28	6.3%
Asian	6	1.3%	Multiple	0	0.0%	19-29	75	16.6%
Black or African American	25	5.5%	Non-Hispanic or non-Latino	292	64.6%	30-39	101	22.3%
Multiple	12	2.7%	Unknown	3	0.7%	40-49	123	27.2%
Native Hawaiian or Pacific Islander	0	0.0%				50-59	103	22.8%
Other	55	12.2%				60-69	16	3.5%
Unknown	5	1.1%				70-79	4	0.9%
White	349	77.2%				80+	2	0.4%

Source: AdventHealth Celebration Uninsured Inpatient Data

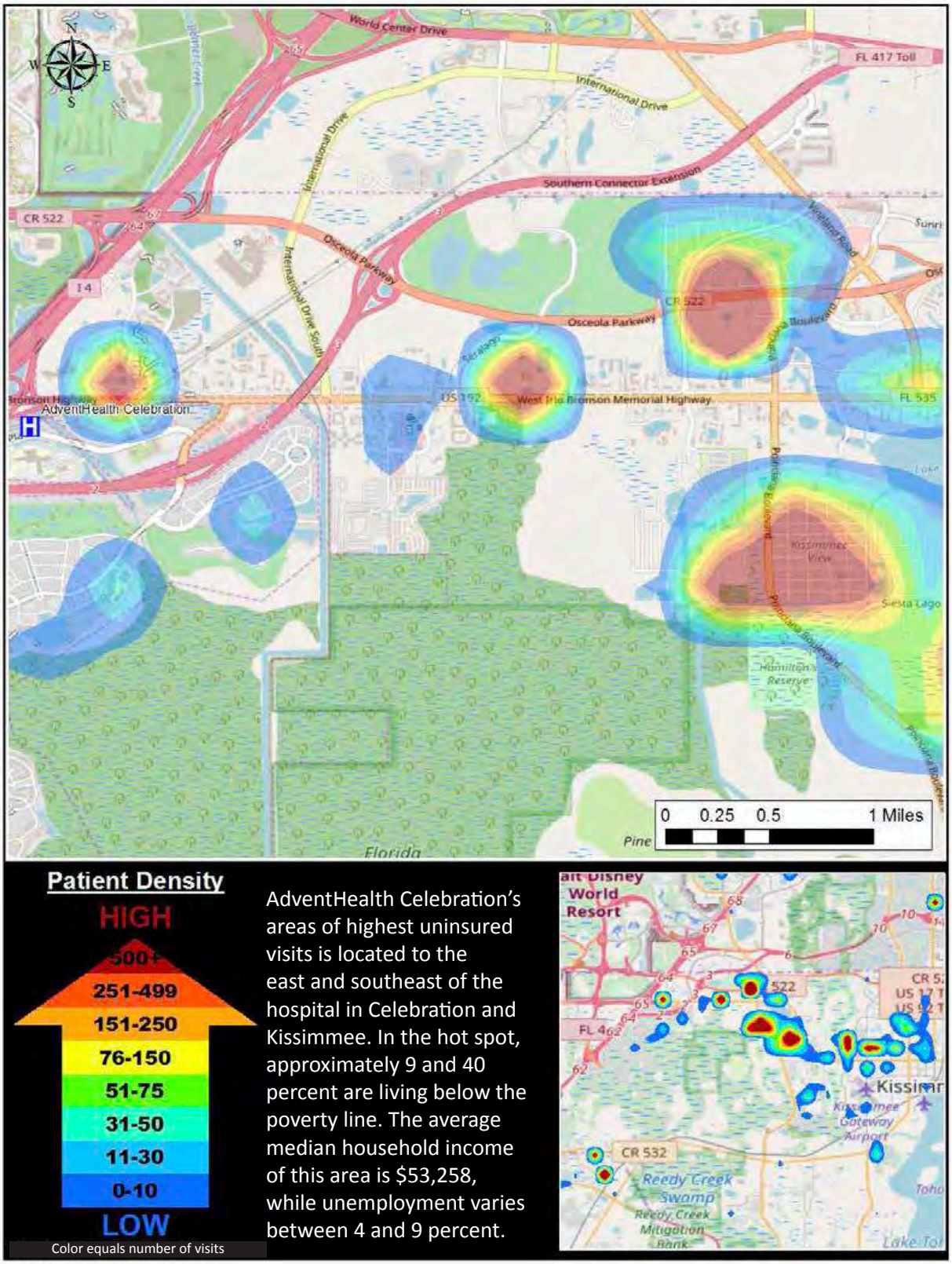
TABLE 9.30: ADVENTHEALTH CELEBRATION ECONOMIC CHARACTERISTICS OF TOP 5 CENSUS TRACTS, 2012-2019

Census Tract	Census Tract within Zip Code(s)	% Unemployed	Median HH Income	% Below Poverty
12-097-40902	34746	9.3%	$41,266	39.9%
12-097-40802	34747	4.0%	$56,732	17.3%
12-097-40804	33848, 33896, 34746	5.8%	$44,075	20.1%
12-097-40803	34747	4.8%	$76,512	8.8%
12-097-41002	33848, 33896, 34746, 34758	4.2%	$47,705	16.4%
Average		5.6%	$53,258	20.5%

Source: ProximityOne
Source: U.S. Census Bureau

Figure 9.6 illustrates the uninsured outpatient hot spot analysis for AdventHealth Celebration.

FIGURE 9.6: ADVENTHEALTH CELEBRATION UNINSURED OUTPATIENT HOT SPOT ANALYSIS



Tables 9.31 through 9.36 outline the uninsured outpatient specific hot spot analysis for AdventHealth Celebration. The analysis includes all uninsured outpatient visits (Table 9.31) and focuses on those visits within the hot spot for fiscal years 2016 through 2018 (Tables 9.32 through 9.35). In the top five census tracts (the hot spot) from which the most frequent uninsured outpatient visits are generated, the average unemployment rate is about six percent; approximately 21 percent of the population is living below the federal poverty level. The average annual median household income is $53,258. Table 9.36 displays the census tracts, what zip code(s) they are in and the economic conditions for the hot spot. The 4,765 uninsured outpatient visits from within the hot spot cost more than $20.6 million and accounted for 49.9 percent of all uninsured outpatient visits between 2016 and 2018 (Table 9.31). Almost three-fourths (72.7 percent) of uninsured outpatient visits were made by White patients. Additionally, patients aged 19-29 accounted for 30.3 percent of uninsured outpatient visits.

Chest pain, unspecified, was the most frequent primary diagnosis code and had the highest total and average costs from uninsured outpatient visits within this hot spot at three percent and with a total cost of more than $1.8 million and an average cost of $13,373 between 2016 and 2018. Essential (primary) hypertension was the most frequent secondary diagnosis from uninsured outpatient visits within this hot spot at 3.2 percent and with a total cost of more than $900,000 for the same time period.

TABLE 9.31: ADVENTHEALTH CELEBRATION UNINSURED OUTPATIENT VISIT COMPARISON, 2016-2018

Criteria*	Data Snapshot
Total uninsured outpatient visits	9,556
Total uninsured outpatient visits in hot spot	4,765
Total uninsured outpatient cost	$43,546,635
Total uninsured outpatient cost in hot spot	$20,651,064
Percent of uninsured outpatient visits in hot spot	49.9%
Total homeless uninsured outpatient visits	981
Homeless visits as a percent of all uninsured outpatient visits	10.3%
Total cost for uninsured outpatient homeless visits	$4,083,310

*Note: Includes individuals listed as homeless, unknown or homeless shelter/service facility for each of the total uninsured rows above; however, these individuals are not included in hot spot specific rows.
Source: AdventHealth Celebration Uninsured Outpatient Data

TABLE 9.32: ADVENTHEALTH CELEBRATION TOP 5 MOST FREQUENT UNINSURED OUTPATIENT PRIMARY DIAGNOSIS CODES, 2016-2018

Top 5 Primary Diagnosis Codes	Total Visits	Total Cost	% of all Visits in Hot Spot	Avg. Cost per Visit
R07.9 Chest pain, unspecified	141	$1,885,533	3.0%	$13,373
R10.9 Unspecified abdominal pain	114	$917,001	2.4%	$8,044
N39.0 Urinary tract infection, site not specified	104	$583,286	2.2%	$5,609
Z12.31 Encounter for screening mammogram for malignant neoplasm of breast	103	$46,762	2.2%	$454
R51 Headache	96	$653,835	2.0%	$6,811

Source: AdventHealth Celebration Uninsured Outpatient Data

TABLE 9.33: ADVENTHEALTH CELEBRATION TOP 5 MOST FREQUENT UNINSURED OUTPATIENT SECONDARY DIAGNOSIS CODES AND COSTS, 2016-2018

Top 5 Secondary Diagnosis Codes	Total Visits	Total Cost	% of all Visits in Hot Spot	Avg. Cost per Visit
I10 Essential (primary) hypertension	154	$934,670	3.2%	$6,069
R10.9 Unspecified abdominal pain	74	$667,847	1.6%	$9,025
R50.9 Fever, unspecified	66	$212,461	1.4%	$3,219
R11.2 Nausea with vomiting, unspecified	64	$458,724	1.3%	$7,168
X58.XXXA Exposure to other specified factors, initial encounter	60	$117,106	1.3%	$1,952

Source: AdventHealth Celebration Uninsured Outpatient Data

TABLE 9.34: ADVENTHEALTH CELEBRATION TOP 5 HIGHEST COST UNINSURED OUTPATIENT PRIMARY DIAGNOSIS CODES, 2016-2018

Top 5 Highest Cost Primary Diagnosis Codes	Total Visits	Total Cost	% of all Visits in Hot Spot	Avg. Cost per Visit
R07.9 Chest pain, unspecified	141	$1,885,533	3.0%	$13,373
R10.9 Unspecified abdominal pain	114	$917,001	2.4%	$8,044
R07.89 Other chest pain	76	$847,721	1.6%	$11,154
R51 Headache	96	$653,835	2.0%	$6,811
N39.0 Urinary tract infection, site not specified	104	$583,286	2.2%	$5,609

Source: AdventHealth Celebration Uninsured Outpatient Data

TABLE 9.35: ADVENTHEALTH CELEBRATION UNINSURED OUTPATIENT VISITS BY RACE, ETHNICITY AND AGE, 2016-2018

Race	Number	%	Ethnic Group	Number	%	Age	Number	%
American Indian or Alaskan Native	7	0.2%	Hispanic or Latino	2,177	45.7%	0-18	509	10.7%
Asian	73	1.6%	Multiple	1	0.0%	19-29	1,446	30.3%
Black or African American	484	10.2%	Non-Hispanic or non-Latino	2,521	52.9%	30-39	955	20.0%
Multiple	79	1.7%	Unknown	66	1.4%	40-49	913	19.2%
Native Hawaiian or Pacific Islander	0	0.0%				50-59	650	13.6%
Other	610	12.8%				60-69	176	3.7%
Unknown	31	0.8%				70-79	79	1.7%
White	3,466	72.7%				80+	37	0.8%

Source: AdventHealth Celebration Uninsured Outpatient Data

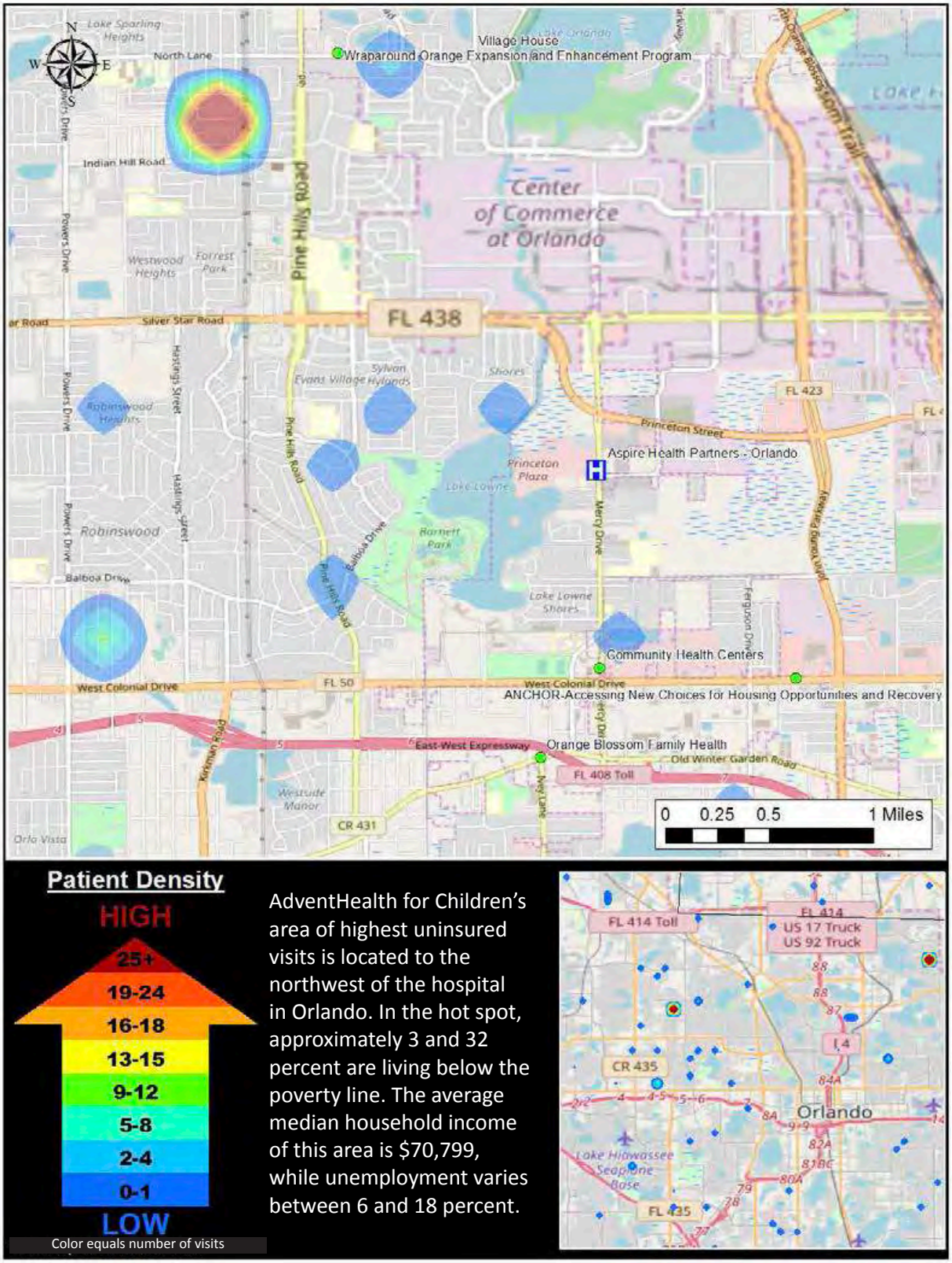
TABLE 9.36: ADVENTHEALTH CELEBRATION ECONOMIC CHARACTERISTICS OF TOP 5 CENSUS TRACTS, 2012-2019

Census Tract	Census Tract within Zip Code(s)	% Unemployed	Median HH Income	% Below Poverty
12-097-40902	34746	9.3%	$41,266	39.9%
12-097-40802	34747	4.0%	$56,732	17.3%
12-097-40804	33848, 33896, 34746	5.8%	$44,075	20.1%
12-097-40803	34747	4.8%	$76,512	8.8%
12-097-41002	33848, 33896, 34746, 34758	4.2%	$47,705	16.4%
Average		5.6%	$53,258	20.5%

Source: ProximityOne
Source: U.S. Census Bureau

Figure 9.7 illustrates the uninsured inpatient hot spot analysis for AdventHealth for Children.

FIGURE 9.7: ADVENTHEALTH FOR CHILDREN UNINSURED INPATIENT HOT SPOT ANALYSIS



AdventHealth for Children's area of highest uninsured visits is located to the northwest of the hospital in Orlando. In the hot spot, approximately 3 and 32 percent are living below the poverty line. The average median household income of this area is $70,799, while unemployment varies between 6 and 18 percent.

Tables 9.37 through 9.42 outline the uninsured inpatient specific hot spot analysis for AdventHealth for Children. The analysis includes all uninsured inpatient visits (Table 9.37) and focuses on those visits within the hot spot for fiscal years 2016 through 2018 (Tables 9.38 through 9.41). In the top six census tracts (the hot spot) from which the most frequent uninsured inpatient visits are generated, the average unemployment rate is about nine percent; approximately 17 percent of the population is living below the federal poverty level. The average annual median household income is $70,799. Table 9.42 displays the census tracts, what zip code(s) they are in and the economic conditions for the hot spot. The 37 uninsured inpatient visits from within the hot spot cost more than $2.3 million and accounted for 12.8 percent of all uninsured inpatient visits between 2016 and 2018 (Table 9.37). More than three-fourths (78.4 percent) of uninsured inpatient visits were made by White patients. Additionally, patients aged 5-9 accounted for 32.4 percent of uninsured inpatient visits.

Encounter for antineoplastic chemotherapy was the most frequent primary diagnosis code and total cost from uninsured inpatient visits within this hot spot at 18.9 percent and with a total cost of more than $800,000 between 2016 and 2018. Due to low numbers and/or to protect patient privacy, data was not reported for the most frequent secondary diagnosis and the primary diagnosis with the highest average cost per uninsured inpatient visit. To protect patient privacy, any analysis that resulted in fewer than five visits or if a certain diagnosis had less than 200,000 new cases per year is not included, except for total cost per diagnosis.

TABLE 9.37: ADVENTHEALTH FOR CHILDREN UNINSURED INPATIENT VISIT COMPARISON, 2016-2018

Criteria*	Data Snapshot
Total uninsured inpatient visits	288
Total uninsured inpatient visits in hot spot	37
Total uninsured inpatient cost	$11,863,716
Total uninsured inpatient cost in hot spot	$2,346,995
Percent of uninsured inpatient visits in hot spot	12.8%
Total homeless uninsured inpatient visits	3
Homeless visits as a percent of all uninsured inpatient visits	1.0%
Total cost for uninsured inpatient homeless visits	$64,984

*Note: Includes individuals listed as homeless, unknown or homeless shelter/service facility for each of the total uninsured rows above; however, these individuals are not included in hot spot specific rows.
Source: AdventHealth for Children Uninsured Inpatient Data

TABLE 9.38: ADVENTHEALTH FOR CHILDREN TOP 5 MOST FREQUENT UNINSURED INPATIENT PRIMARY DIAGNOSIS CODES, 2016-2018

Top 5** Primary Diagnosis Codes	Total Visits	Total Cost	% of all Visits in Hot Spot	Avg. Cost per Visit
Z51.11 Encounter for antineoplastic chemotherapy	7	$846,555	18.9%	$120,936
Z38.00 Single liveborn infant, delivered vaginally*		$24,567		
C91.02 Acute lymphoblastic leukemia, in relapse*		$550,495		
Z38.01 Single liveborn infant, delivered by cesarean*		$81,792		

*To protect patient privacy, any analysis that resulted in fewer than five visits or if a certain diagnosis had less than 200,000 new cases per year is not included, except for total cost per diagnosis.
**Top 4 listed due to all other diagnosis having total visits of one.
Source: AdventHealth for Children Uninsured Inpatient Data

TABLE 9.39: ADVENTHEALTH FOR CHILDREN TOP 5 MOST FREQUENT UNINSURED INPATIENT SECONDARY DIAGNOSIS CODES AND COSTS, 2016-2018

Top 5** Secondary Diagnosis Codes	Total Visits	Total Cost	% of all Visits in Hot Spot	Avg. Cost per Visit
C41.2 Malignant neoplasm of vertebral column*		$88,560		
C91.02 Acute lymphoblastic leukemia, in relapse*		$841,224		
P70.4 Other neonatal hypoglycemia*		$25,784		
C91.00 Acute lymphoblastic leukemia not having achieved remission*		$69,597		
E87.1 Hypo-osmolality and hyponatremia*		$73,894		
J98.5 Diseases of mediastinum, not elsewhere classified*		$148,725		

*To protect patient privacy, any analysis that resulted in fewer than five visits or if a certain diagnosis had less than 200,000 new cases per year is not included, except for total cost per diagnosis.
**Top 6 listed due to multiple diagnoses with same number of total visits.
Source: AdventHealth for Children Uninsured Inpatient Data

TABLE 9.40: ADVENTHEALTH FOR CHILDREN TOP 5 HIGHEST COST UNINSURED INPATIENT PRIMARY DIAGNOSIS CODES, 2016-2018

Top 5 Highest Cost Primary Diagnosis Codes	Total Visits	Total Cost	% of all Visits in Hot Spot	Avg. Cost per Visit
Z51.11 Encounter for antineoplastic chemotherapy	7	$846,555	18.9%	$120,936
C91.02 Acute lymphoblastic leukemia, in relapse*		$550,495		
D70.8 Other neutropenia*		$151,063		
N31.9 Neuromuscular dysfunction of bladder, unspecified*		$101,823		
A41.9 Sepsis, unspecified organism*		$96,940		

*To protect patient privacy, any analysis that resulted in fewer than five visits or if a certain diagnosis had less than 200,000 new cases per year is not included, except for total cost per diagnosis.
Source: AdventHealth for Children Uninsured Inpatient Data

TABLE 9.41: ADVENTHEALTH FOR CHILDREN UNINSURED INPATIENT VISITS BY RACE, ETHNICITY AND AGE, 2016-2018

Race	Number	%	Ethnic Group	Number	%	Age	Number	%
American Indian or Alaskan Native	0	0.0%	Hispanic or Latino	29	78.4%	0-4	10	27.0%
Asian	0	0.0%	Multiple	0	0.0%	5-9	12	32.5%
Black or African American	3	8.1%	Non-Hispanic or non-Latino	8	21.6%	10-14	10	27.0%
Multiple	0	0.0%	Unknown	0	0.0%	15+	5	13.5%
Native Hawaiian or Pacific Islander	0	0.0%						
Other	5	13.5%						
Unknown	0	0.0%						
White	29	78.4%						

Source: AdventHealth for Children Uninsured Inpatient Data

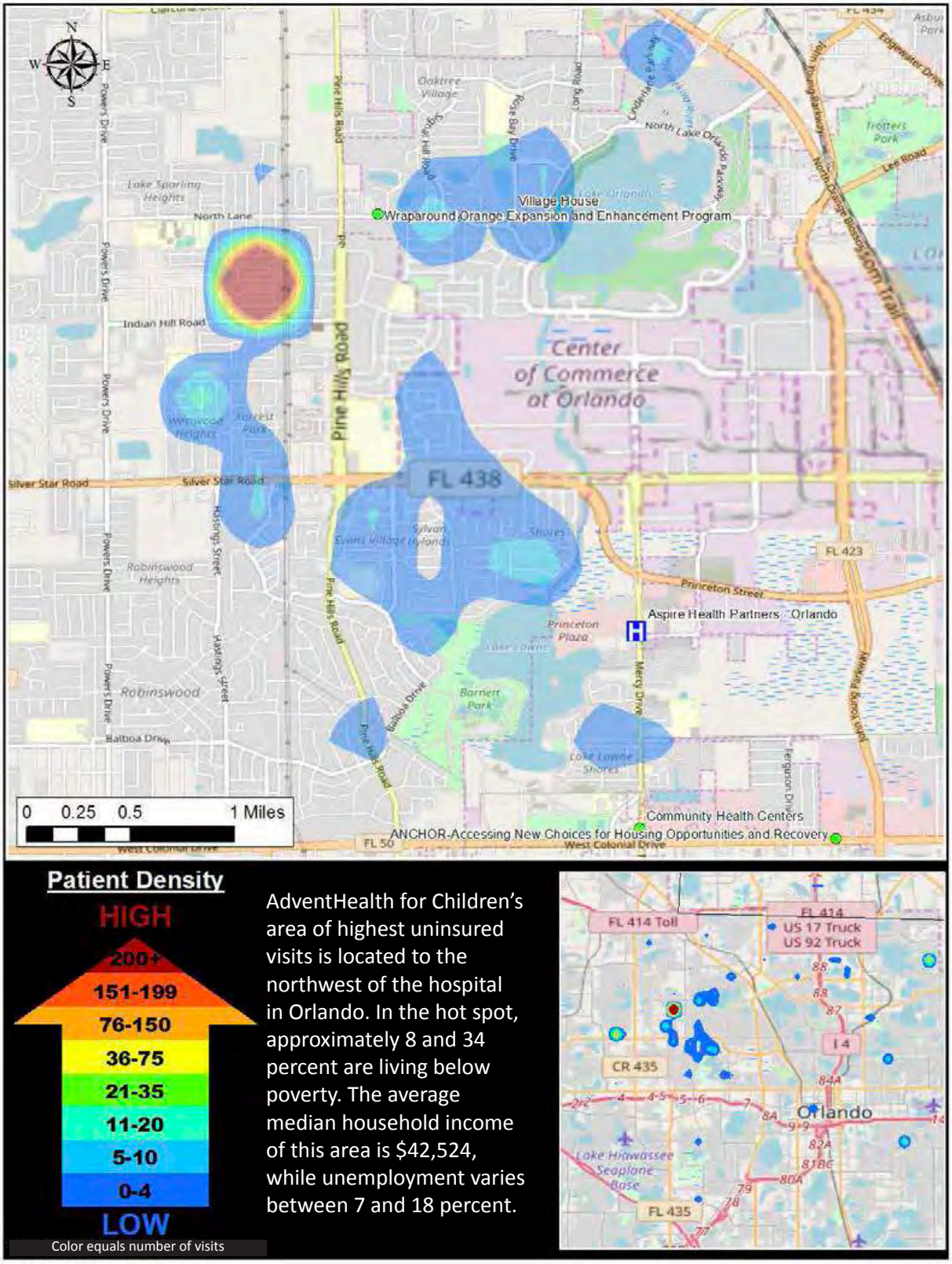
TABLE 9.42: ADVENTHEALTH FOR CHILDREN ECONOMIC CHARACTERISTICS OF TOP 5 CENSUS TRACTS, 2012-2019

Census Tract*	Census Tract within Zip Code(s)	% Unemployed	Median HH Income	% Below Poverty
12-095-015802	32789	5.5%	$171,250	2.7%
12-095-017802	32712	6.7%	$68,514	7.8%
12-095-014805	32818, 32835	7.8%	$40,891	16.7%
12-095-016730	32828	5.6%	$72,227	10.9%
12-095-012307	32808	17.8%	$35,644	28.9%
12-095-016712	32807, 32817	9.8%	$36,269	32.1%
Average		8.9%	$70,799	16.5%

*Top 6 listed due to multiple census tracts with same number of total visits.
Source: ProximityOne
Source: U.S. Census Bureau

Figure 9.8 illustrates the uninsured outpatient hot spot analysis for AdventHealth for Children.

FIGURE 9.8: ADVENTHEALTH FOR CHILDREN UNINSURED OUTPATIENT HOT SPOT ANALYSIS



Tables 9.43 through 9.48 outline the uninsured outpatient specific hot spot analysis for AdventHealth for Children. The analysis includes all uninsured outpatient visits (Table 9.43) and focuses on those visits within the hot spot for fiscal years 2016 through 2018 (Tables 9.44 through 9.47). In the top five census tracts (the hot spot) from which the most frequent uninsured outpatient visits are generated, the average unemployment rate is 14 percent; approximately 24 percent of the population is living below the federal poverty level. The average annual median household income is $42,524. Table 9.48 displays the census tracts, what zip code(s) they are in and the economic conditions for the hot spot. The 507 uninsured outpatient visits from within the hot spot cost more than $1.5 million and accounted for 13.9 percent of all uninsured outpatient visits between 2016 and 2018 (Table 9.43). More than half (54.5 percent) of uninsured outpatient visits were made by Black or African American patients. Additionally, patients aged 15 and over accounted for 29.4 percent of uninsured outpatient visits.

Malignant neoplasm of connective and soft tissue, unspecified, had the highest total cost from uninsured outpatient visits within this hot spot with a total cost of more than $200,000 between 2016 and 2018. Due to low numbers and/or to protect patient privacy, data was not reported for the most frequent primary diagnosis, the most frequent secondary diagnosis and it's associated cost and the primary diagnosis with the highest average cost per uninsured outpatient visit. To protect patient privacy, any analysis that resulted in fewer than five visits or if a certain diagnosis had less than 200,000 new cases per year is not included, except for total cost per diagnosis.

TABLE 9.43: ADVENTHEALTH FOR CHILDREN UNINSURED OUTPATIENT VISIT COMPARISON, 2016-2018

Criteria*	Data Snapshot
Total uninsured outpatient visits	3,658
Total uninsured outpatient visits in hot spot	507
Total uninsured outpatient cost	$13,695,275
Total uninsured outpatient cost in hot spot	$1,521,884
Percent of uninsured outpatient visits in hot spot	13.9%
Total homeless uninsured outpatient visits	56
Homeless visits as a percent of all uninsured outpatient visits	1.5%
Total cost for uninsured outpatient homeless visits	$416,084

*Note: Includes individuals listed as homeless, unknown or homeless shelter/service facility for each of the total uninsured rows above; however, these individuals are not included in hot spot specific rows.
Source: AdventHealth for Children Uninsured Outpatient Data

TABLE 9.44: ADVENTHEALTH FOR CHILDREN TOP 5 MOST FREQUENT UNINSURED OUTPATIENT PRIMARY DIAGNOSIS CODES, 2016-2018

Top 5 Primary Diagnosis Codes	Total Visits	Total Cost	% of all Visits in Hot Spot	Avg. Cost per Visit
C49.9 Malignant neoplasm of connective and soft tissue, unspecified*		$283,938		
J06.9 Acute upper respiratory infection, unspecified	37	$55,812	7.3%	$1,508
J11.1 Influenza due to unidentified influenza virus with other respiratory manifestations	17	$36,256	3.4%	$2,133
D70.9 Neutropenia, unspecified*		$81,378		
N39.0 Urinary tract infection, site not specified	14	$38,714	2.8%	$2,765

*To protect patient privacy, any analysis that resulted in fewer than five visits or if a certain diagnosis had less than 200,000 new cases per year is not included, except for total cost per diagnosis.
Source: AdventHealth for Children Uninsured Outpatient Data

TABLE 9.45: ADVENTHEALTH FOR CHILDREN TOP 5 MOST FREQUENT UNINSURED OUTPATIENT SECONDARY DIAGNOSIS CODES AND COSTS, 2016-2018

Top 5** Secondary Diagnosis Codes	Total Visits	Total Cost	% of all Visits in Hot Spot	Avg. Cost per Visit
D69.59 Other secondary thrombocytopenia*		$81,225		
R50.9 Fever, unspecified	15	$26,152	3.0%	$1,743
B34.9 Viral infection, unspecified	11	$14,262	2.2%	$1,297
R05 Cough	9	$15,303	1.8%	$1,700
C49.9 Malignant neoplasm of connective and soft tissue, unspecified*		$91,188		
D64.81 Anemia due to antineoplastic chemotherapy	6	$23,746	1.2%	$3,958
J06.9 Acute upper respiratory infection, unspecified	6	$21,743	1.2%	$3,624
R10.9 Unspecified abdominal pain	6	$22,234	1.2%	$3,706

*To protect patient privacy, any analysis that resulted in fewer than five visits or if a certain diagnosis had less than 200,000 new cases per year is not included, except for total cost per diagnosis.
**Top 8 listed due to multiple diagnoses with same number of total visits.
Source: AdventHealth for Children Uninsured Outpatient Data

TABLE 9.46: ADVENTHEALTH FOR CHILDREN TOP 5 HIGHEST COST UNINSURED OUTPATIENT PRIMARY DIAGNOSIS CODES, 2016-2018

Top 5 Highest Cost Primary Diagnosis Codes	Total Visits	Total Cost	% of all Visits in Hot Spot	Avg. Cost per Visit
C49.9 Malignant neoplasm of connective and soft tissue, unspecified*		$283,938		
D70.9 Neutropenia, unspecified*		$81,378		
K35.80 Unspecified acute appendicitis		$73,719		
J06.9 Acute upper respiratory infection, unspecified	37	$55,812	7.3%	$1,508
Z51.11 Encounter for antineoplastic chemotherapy*		$45,553		

*To protect patient privacy, any analysis that resulted in fewer than five visits or if a certain diagnosis had less than 200,000 new cases per year is not included, except for total cost per diagnosis.
Source: AdventHealth for Children Uninsured Outpatient Data

TABLE 9.47: ADVENTHEALTH FOR CHILDREN UNINSURED OUTPATIENT VISITS BY RACE, ETHNICITY AND AGE, 2016-2018

Race	Number	%	Ethnic Group	Number	%	Age	Number	%
American Indian or Alaskan Native	0	0.0%	Hispanic or Latino	145	28.6%	0-4	147	29.0%
Asian	1	0.3%	Multiple	0	0.0%	5-9	122	24.1%
Black or African American	276	54.5%	Non-Hispanic or non-Latino	355	70.0%	10-14	89	17.5%
Multiple	2	0.5%	Unknown	7	1.4%	15+	149	29.4%
Native Hawaiian or Pacific Islander	0	0.0%						
Other	121	24.0%						
Unknown	5	1.1%						
White	99	19.6%						

Source: AdventHealth for Children Uninsured Outpatient Data

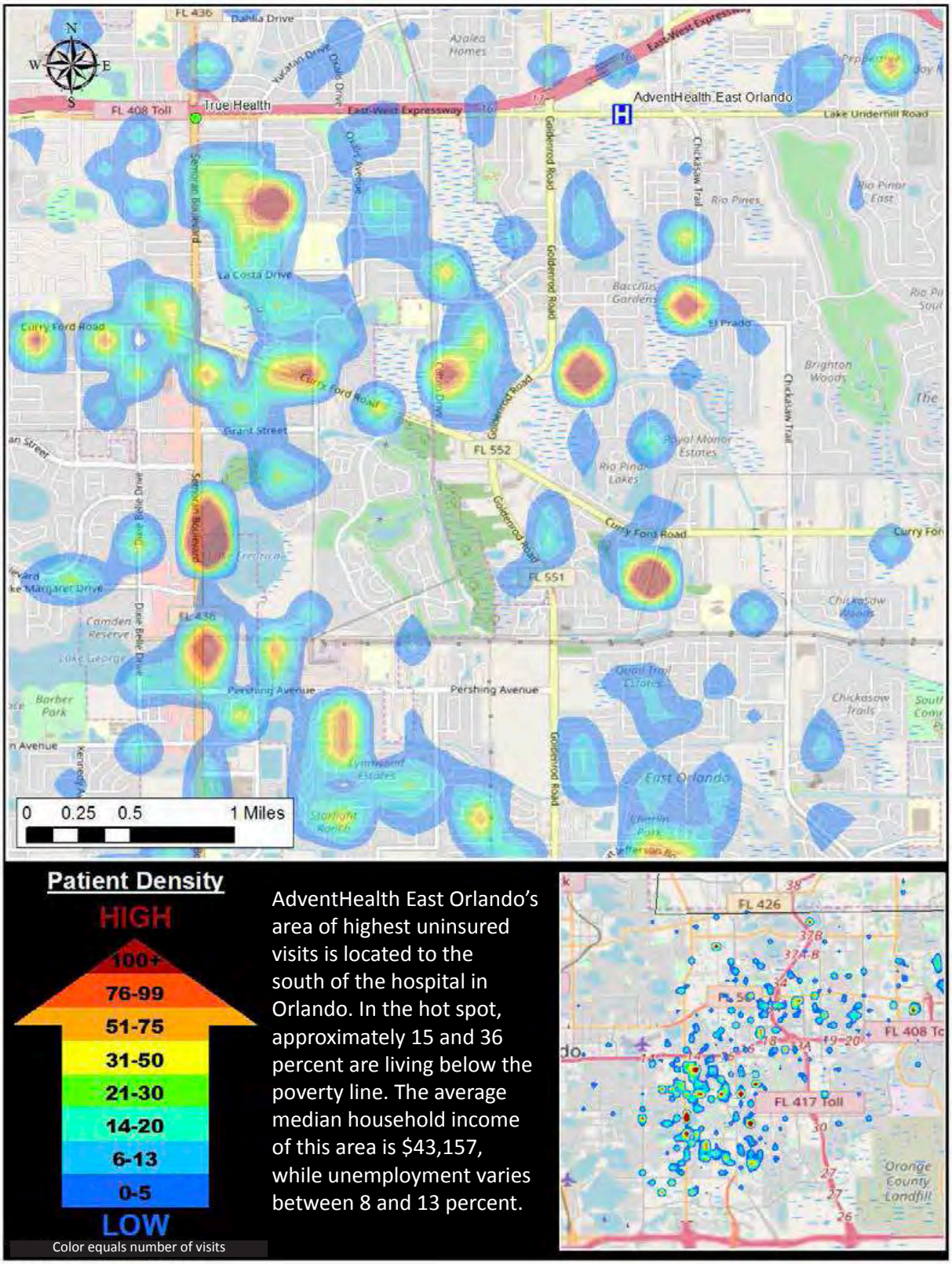
TABLE 9.48: ADVENTHEALTH FOR CHILDREN ECONOMIC CHARACTERISTICS OF TOP 5 CENSUS TRACTS, 2012-2019

Census Tract	Census Tract within Zip Code(s)	% Unemployed	Median HH Income	% Below Poverty
12-095-012307	32808	17.8%	$35,644	28.9%
12-095-012000	32808	17.1%	$28,912	34.4%
12-095-012401	32808, 32810	13.5%	$35,628	27.5%
12-095-015106	32810	15.2%	$43,924	19.9%
12-095-017802	32703, 32712	6.7%	$68,514	7.8%
Average		14.0%	$42,524	23.7%

Source: ProximityOne
Source: U.S. Census Bureau

Figure 9.9 illustrates the uninsured inpatient hot spot analysis for AdventHealth East Orlando.

FIGURE 9.9: ADVENTHEALTH EAST ORLANDO UNINSURED INPATIENT HOT SPOT ANALYSIS



AdventHealth East Orlando's area of highest uninsured visits is located to the south of the hospital in Orlando. In the hot spot, approximately 15 and 36 percent are living below the poverty line. The average median household income of this area is $43,157, while unemployment varies between 8 and 13 percent.

Tables 9.49 through 9.54 outline the uninsured inpatient specific hot spot analysis for AdventHealth East Orlando. The analysis includes all uninsured inpatient visits (Table 9.49) and focuses on those visits within the hot spot for fiscal years 2016 through 2018 (Tables 9.50 through 9.53). In the top five census tracts (the hot spot) from which the most frequent uninsured inpatient visits are generated, the average unemployment rate is about 10 percent; approximately 24 percent of the population is living below the federal poverty level. The average annual median household income is $43,157. Table 9.54 displays the census tracts, what zip code(s) they are in and the economic conditions for the hot spot. The 566 uninsured inpatient visits from within the hot spot cost more than $22.8 million and accounted for 16.1 percent of all uninsured inpatient visits between 2016 and 2018 (Table 9.49). Almost three-fourths (73.5 percent) of uninsured inpatient visits were made by White patients. Additionally, patients aged 50-59 accounted for 27.2 percent of uninsured inpatient visits.

Sepsis, unspecified organism, was the most frequent primary diagnosis code and had the highest total and average costs from uninsured inpatient visits within this hot spot at 7.8 percent and with a total cost of more than $2.5 million and an average cost of $57,342 between 2016 and 2018. Essential (primary) hypertension was the most frequent secondary diagnosis from uninsured inpatient visits within this hot spot at 7.1 percent and with a total cost of more than $1 million for the same time period.

TABLE 9.49: ADVENTHEALTH EAST ORLANDO UNINSURED INPATIENT VISIT COMPARISON, 2016-2018

Criteria*	Data Snapshot
Total uninsured inpatient visits	3,520
Total uninsured inpatient visits in hot spot	566
Total uninsured inpatient cost	$140,802,351
Total uninsured inpatient cost in hot spot	$22,896,488
Percent of uninsured inpatient visits in hot spot	16.1%
Total homeless uninsured inpatient visits	355
Homeless visits as a percent of all uninsured inpatient visits	10.1%
Total cost for uninsured inpatient homeless visits	$11,986,497

*Note: Includes individuals listed as homeless, unknown or homeless shelter/service facility for each of the total uninsured rows above; however, these individuals are not included in hot spot specific rows.
Source: AdventHealth East Orlando Uninsured Inpatient Data

TABLE 9.50: ADVENTHEALTH EAST ORLANDO TOP 5 MOST FREQUENT UNINSURED INPATIENT PRIMARY DIAGNOSIS CODES, 2016-2018

Top 5 Primary Diagnosis Codes	Total Visits	Total Cost	% of all Visits in Hot Spot	Avg. Cost per Visit
A41.9 Sepsis, unspecified organism	44	$2,523,031	7.8%	$57,342
J45.901 Unspecified asthma with (acute) exacerbation	19	$460,770	3.4%	$24,251
F10.239 Alcohol dependence with withdrawal, unspecified	14	$350,898	2.5%	$25,064
J44.1 Chronic obstructive pulmonary disease with (acute) exacerbation	14	$470,452	2.5%	$33,604
R07.89 Other chest pain	13	$385,820	2.3%	$29,678

Source: AdventHealth East Orlando Uninsured Inpatient Data

TABLE 9.51: ADVENTHEALTH EAST ORLANDO TOP 5 MOST FREQUENT UNINSURED INPATIENT SECONDARY DIAGNOSIS CODES AND COSTS, 2016-2018

Top 5 Secondary Diagnosis Codes	Total Visits	Total Cost	% of all Visits in Hot Spot	Avg. Cost per Visit
I10 Essential (primary) hypertension	40	$1,072,961	7.1%	$26,824
N17.9 Acute kidney failure, unspecified	26	$803,949	4.6%	$30,921
N39.0 Urinary tract infection, site not specified	20	$654,150	3.5%	$32,707
J18.9 Pneumonia, unspecified organism	19	$1,228,595	3.4%	$64,663
E87.1 Hypo-osmolality and hyponatremia	10	$433,707	1.8%	$43,371

Source: AdventHealth East Orlando Uninsured Inpatient Data

TABLE 9.52: ADVENTHEALTH EAST ORLANDO TOP 5 HIGHEST COST UNINSURED INPATIENT PRIMARY DIAGNOSIS CODES, 2016-2018

Top 5 Highest Cost Primary Diagnosis Codes	Total Visits	Total Cost	% of all Visits in Hot Spot	Avg. Cost per Visit
A41.9 Sepsis, unspecified organism	44	$2,523,031	7.8%	$57,342
J44.1 Chronic obstructive pulmonary disease with (acute) exacerbation	14	$470,452	2.5%	$33,604
K35.80 Unspecified acute appendicitis	10	$463,820	1.8%	$46,382
J45.901 Unspecified asthma with (acute) exacerbation	19	$460,770	3.4%	$24,251
K80.00 Calculus of gallbladder with acute cholecystitis without obstruction	9	$418,001	1.6%	$46,445

Source: AdventHealth East Orlando Uninsured Inpatient Data

TABLE 9.53: ADVENTHEALTH EAST ORLANDO UNINSURED INPATIENT VISITS BY RACE, ETHNICITY AND AGE, 2016-2018

Race	Number	%	Ethnic Group	Number	%	Age	Number	%
American Indian or Alaskan Native	0	0.0%	Hispanic or Latino	270	47.7%	0-18	3	0.5%
Asian	3	0.6%	Multiple	0	0.0%	19-29	93	16.4%
Black or African American	48	8.6%	Non-Hispanic or non-Latino	296	52.3%	30-39	113	20.0%
Multiple	8	1.5%	Unknown	0	0.0%	40-49	136	24.0%
Native Hawaiian or Pacific Islander	0	0.0%				50-59	154	27.3%
Other	89	15.8%				60-69	59	10.4%
Unknown	0	0.0%				70-79	3	0.5%
White	416	73.5%				80+	5	0.9%

Source: AdventHealth East Orlando Uninsured Inpatient Data

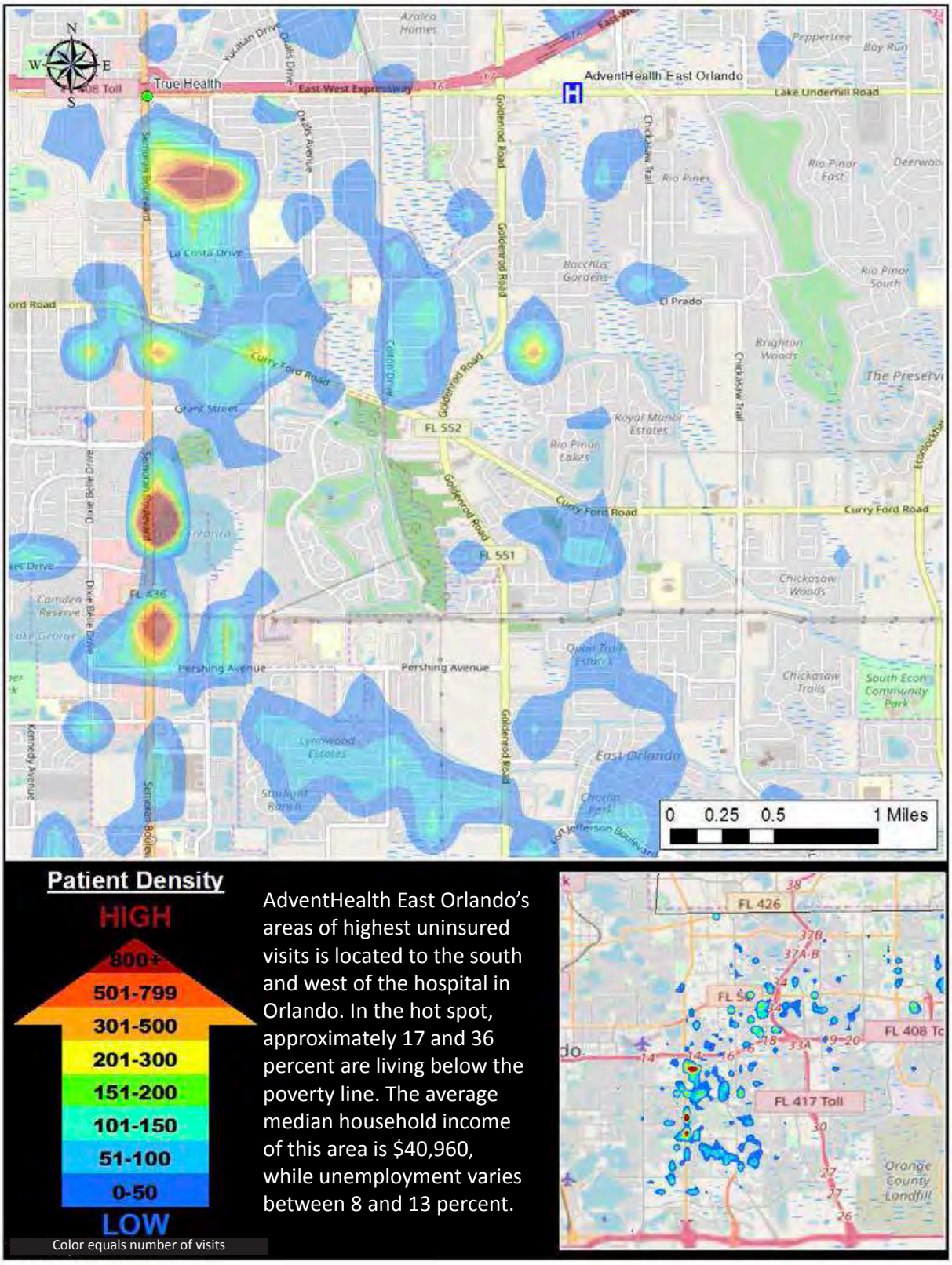
TABLE 9.54: ADVENTHEALTH EAST ORLANDO ECONOMIC CHARACTERISTICS OF TOP 5 CENSUS TRACTS, 2012-2019

Census Tract	Census Tract within Zip Code(s)	% Unemployed	Median HH Income	% Below Poverty
12-095-16712	32807, 32817, 32825	9.8%	$36,269	32.1%
12-095-13511	32822	12.9%	$29,538	36.3%
12-095-16713	32817, 32825	10.6%	$38,543	19.6%
12-095-16729	32826, 32828	9.2%	$60,333	16.8%
12-095-16602	32820, 32833	8.0%	$51,104	14.6%
Average		10.1%	$43,157	23.9%

Source: ProximityOne
Source: U.S. Census Bureau

Figure 9.10 illustrates the uninsured outpatient hot spot analysis for AdventHealth East Orlando.

FIGURE 9.10: ADVENTHEALTH EAST ORLANDO UNINSURED OUTPATIENT HOT SPOT ANALYSIS



Tables 9.55 through 9.60 outline the uninsured outpatient specific hot spot analysis for AdventHealth East Orlando. The analysis includes all uninsured outpatient visits (Table 9.55) and focuses on those visits within the hot spot for fiscal years 2016 through 2018 (Tables 9.56 through 9.59). In the top five census tracts (the hot spot) from which the most frequent uninsured outpatient visits are generated, the average unemployment rate is about 10 percent; approximately 27 percent of the population is living below the federal poverty level. The average annual median household income is $40,960. Table 9.60 displays the census tracts, what zip code(s) they are in and the economic conditions for the hot spot. The 7,749 uninsured outpatient visits from within the hot spot cost more than $34.9 million and accounted for 17.2 percent of all uninsured outpatient visits between 2016 and 2018 (Table 9.55). More than half (64.8 percent) of uninsured outpatient visits were made by White patients. Additionally, patients aged 19-29 accounted for 35.5 percent of uninsured outpatient visits.

Chest pain, unspecified, was the most frequent primary diagnosis code and had the highest total and average costs from uninsured outpatient visits within this hot spot at 3.4 percent and with a total cost of more than $3.2 million and an average cost of $12,263 between 2016 and 2018. Essential (primary) hypertension was the most frequent secondary diagnosis from uninsured outpatient visits within this hot spot at 3.3 percent and with a total cost of more than $1.8 million for the same time period.

TABLE 9.55: ADVENTHEALTH EAST ORLANDO UNINSURED OUTPATIENT VISIT COMPARISON, 2016-2018

Criteria*	Data Snapshot
Total uninsured outpatient visits	45,093
Total uninsured outpatient visits in hot spot	7,749
Total uninsured outpatient cost	$205,676,412
Total uninsured outpatient cost in hot spot	$34,911,696
Percent of uninsured outpatient visits in hot spot	17.2%
Total homeless uninsured outpatient visits	1929
Homeless visits as a percent of all uninsured outpatient visits	4.3%
Total cost for uninsured outpatient homeless visits	$11,957,107

*Note: Includes individuals listed as homeless, unknown or homeless shelter/service facility for each of the total uninsured rows above; however, these individuals are not included in hot spot specific rows.
Source: AdventHealth East Orlando Uninsured Outpatient Data

TABLE 9.56: ADVENTHEALTH EAST ORLANDO TOP 5 MOST FREQUENT UNINSURED OUTPATIENT PRIMARY DIAGNOSIS CODES, 2016-2018

Top 5 Primary Diagnosis Codes	Total Visits	Total Cost	% of all Visits in Hot Spot	Avg. Cost per Visit
R07.9 Chest pain, unspecified	266	$3,262,079	3.4%	$12,263
R10.9 Unspecified abdominal pain	227	$1,753,989	2.9%	$7,727
N39.0 Urinary tract infection, site not specified	190	$1,003,377	2.5%	$5,281
R51 Headache	179	$910,954	2.3%	$5,089
M54.5 Low back pain	158	$482,268	2.0%	$3,052

Source: AdventHealth East Orlando Uninsured Outpatient Data

TABLE 9.57: ADVENTHEALTH EAST ORLANDO TOP 5 MOST FREQUENT UNINSURED OUTPATIENT SECONDARY DIAGNOSIS CODES AND COSTS, 2016-2018

Top 5 Secondary Diagnosis Codes	Total Visits	Total Cost	% of all Visits in Hot Spot	Avg. Cost per Visit
I10 Essential (primary) hypertension	254	$1,835,158	3.3%	$7,225
R19.7 Diarrhea, unspecified	113	$535,868	1.5%	$4,742
X58.XXXA Exposure to other specified factors, initial encounter	109	$200,037	1.4%	$1,835
R10.9 Unspecified abdominal pain	106	$932,587	1.4%	$8,798
R11.2 Nausea with vomiting, unspecified	103	$635,238	1.3%	$6,167

Source: AdventHealth East Orlando Uninsured Outpatient Data

TABLE 9.58: ADVENTHEALTH EAST ORLAND TOP 5 HIGHEST COST UNINSURED OUTPATIENT PRIMARY DIAGNOSIS CODES, 2016-2018

Top 5 Highest Cost Primary Diagnosis Codes	Total Visits	Total Cost	% of all Visits in Hot Spot	Avg. Cost per Visit
R07.9 Chest pain, unspecified	266	$3,262,079	3.4%	$12,263
R10.9 Unspecified abdominal pain	227	$1,753,989	2.9%	$7,727
R07.89 Other chest pain	152	$1,639,442	2.0%	$10,786
N39.0 Urinary tract infection, site not specified	190	$1,003,377	2.5%	$5,281
R51 Headache	179	$910,954	2.3%	$5,089

Source: AdventHealth East Orlando Uninsured Outpatient Data

TABLE 9.59: ADVENTHEALTH EAST ORLANDO UNINSURED OUTPATIENT VISITS BY RACE, ETHNICITY AND AGE, 2016-2018

Race	Number	%	Ethnic Group	Number	%	Age	Number	%
American Indian or Alaskan Native	19	0.2%	Hispanic or Latino	5,070	65.4%	0-18	598	7.7%
Asian	37	0.5%	Multiple	2	0.0%	19-29	2,753	35.5%
Black or African American	904	11.8%	Non-Hispanic or non-Latino	2,632	34.0%	30-39	1,845	23.8%
Multiple	63	0.8%	Unknown	45	0.6%	40-49	1,365	17.6%
Native Hawaiian or Pacific Islander	8	0.1%				50-59	901	11.7%
Other	1,643	21.2%				60-69	243	3.1%
Unknown	38	0.6%				70-79	38	0.5%
White	5,019	64.8%				80+	6	0.1%

Source: AdventHealth East Orlando Uninsured Outpatient Data

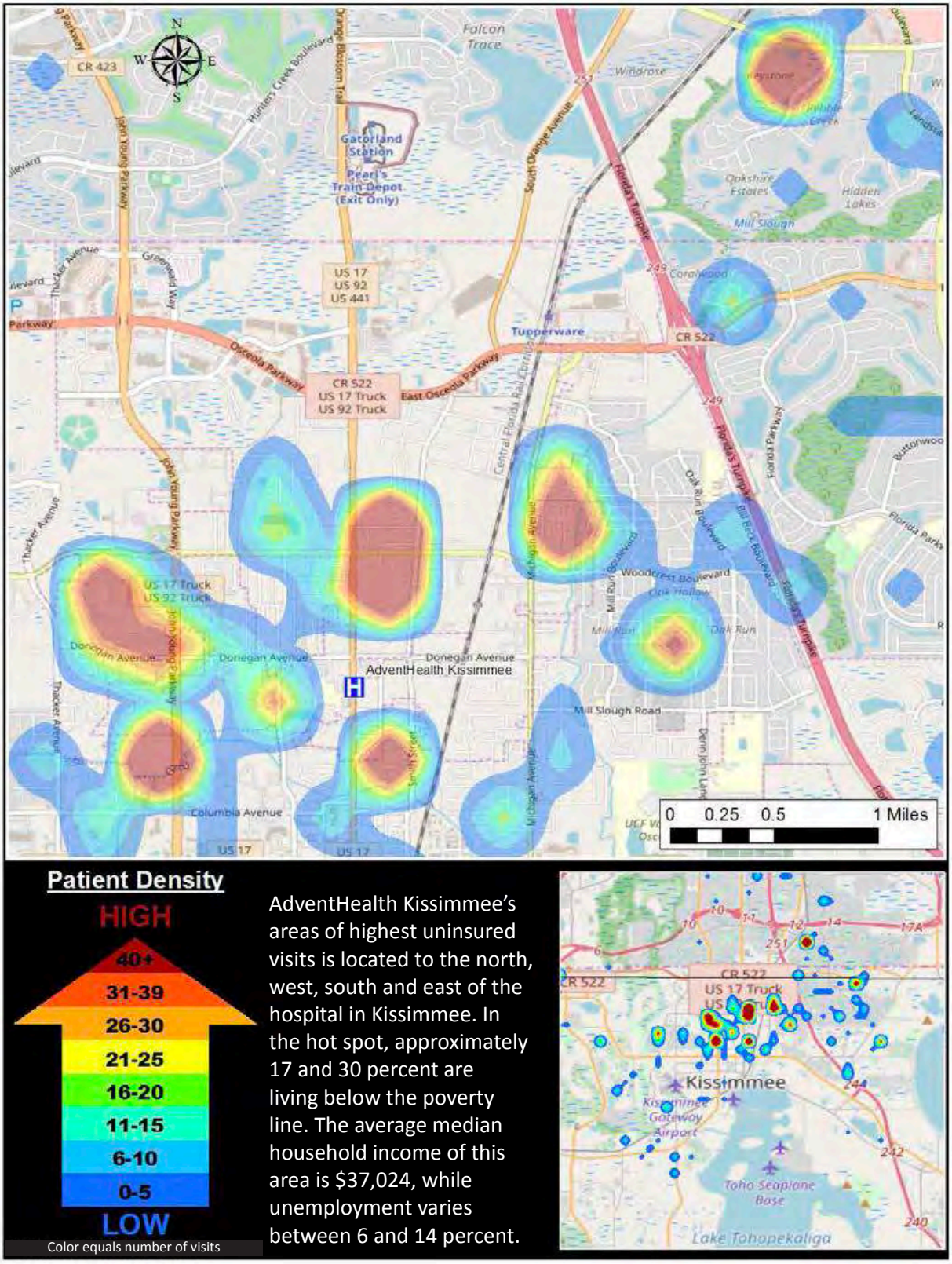
TABLE 9.60: ADVENTHEALTH EAST ORLANDO ECONOMIC CHARACTERISTICS OF TOP 5 CENSUS TRACTS, 2012-2019

Census Tract	Census Tract within Zip Code(s)	% Unemployed	Median HH Income	% Below Poverty
12-095-16712	32807, 32817, 32825	9.8%	$36,269	32.1%
12-095-16729	32826, 32828	9.2%	$60,333	16.8%
12-095-16508	32826	8.4%	$40,116	28.7%
12-095-16713	32817, 32825	10.6%	$38,543	19.6%
12-095-13511	32822	12.9%	$29,538	36.3%
Average		10.2%	$40,960	26.7%

Source: ProximityOne
Source: U.S. Census Bureau

Figure 9.11 illustrates the uninsured inpatient hot spot analysis for AdventHealth Kissimmee.

FIGURE 9.11: ADVENTHEALTH KISSIMMEE UNINSURED INPATIENT HOT SPOT ANALYSIS



AdventHealth Kissimmee's areas of highest uninsured visits is located to the north, west, south and east of the hospital in Kissimmee. In the hot spot, approximately 17 and 30 percent are living below the poverty line. The average median household income of this area is $37,024, while unemployment varies between 6 and 14 percent.

Tables 9.61 through 9.66 outline the uninsured inpatient specific hot spot analysis for AdventHealth Kissimmee. The analysis includes all uninsured inpatient visits (Table 9.61) and focuses on those visits within the hot spot for fiscal years 2016 through 2018 (Tables 9.62 through 9.65). In the top five census tracts (the hot spot) from which the most frequent uninsured inpatient visits are generated, the average unemployment rate is about nine percent; approximately 24 percent of the population is living below the federal poverty level. The average annual median household income is $37,024. Table 9.66 displays the census tracts, what zip code(s) they are in and the economic conditions for the hot spot. The 579 uninsured inpatient visits from within the hot spot cost more than $24.1 million and accounted for 39.2 percent of all uninsured inpatient visits between 2016 and 2018 (Table 9.61). More than half (53.4 percent) of uninsured inpatient visits were made by White patients. Additionally, patients aged 40-49 accounted for 30.2 percent of uninsured inpatient visits.

Sepsis, unspecified organism, was the most frequent primary diagnosis code and had the highest total cost from uninsured inpatient visits within this hot spot at 8.1 percent and with a total cost of more than $2.3 million between 2016 and 2018. Acute kidney failure was the most frequent secondary diagnosis from uninsured inpatient visits within this hot spot at five percent and with a total cost of more than $1.1 million for the same time period. The primary diagnosis with the highest average cost per uninsured inpatient visit was other pulmonary embolism without acute cor pulmonale, with an average cost of $105,968. To protect patient privacy, any analysis that resulted in fewer than five visits or if a certain diagnosis had less than 200,000 new cases per year is not included, except for total cost per diagnosis.

TABLE 9.61: ADVENTHEALTH KISSIMMEE UNINSURED INPATIENT VISIT COMPARISON, 2016-2018

Criteria*	Data Snapshot
Total uninsured inpatient visits	1477
Total uninsured inpatient visits in hot spot	579
Total uninsured inpatient cost	$62,103,901
Total uninsured inpatient cost in hot spot	$24,185,778
Percent of uninsured inpatient visits in hot spot	39.2%
Total homeless uninsured inpatient visits	126
Homeless visits as a percent of all uninsured inpatient visits	8.5%
Total cost for uninsured inpatient homeless visits	$5,652,395

*Note: Includes individuals listed as homeless, unknown or homeless shelter/service facility for each of the total uninsured rows above; however, these individuals are not included in hot spot specific rows.
Source: AdventHealth Kissimmee Uninsured Inpatient Data

TABLE 9.62: ADVENTHEALTH KISSIMMEE TOP 5 MOST FREQUENT UNINSURED INPATIENT PRIMARY DIAGNOSIS CODES, 2016-2018

Top 5* Primary Diagnosis Codes	Total Visits	Total Cost	% of all Visits in Hot Spot	Avg. Cost per Visit
A41.9 Sepsis, unspecified organism	47	$2,340,560	8.1%	$49,799
J44.1 Chronic obstructive pulmonary disease with (acute) exacerbation	19	$753,933	3.3%	$39,681
F10.239 Alcohol dependence with withdrawal, unspecified	12	$233,184	2.1%	$19,432
J45.901 Unspecified asthma with (acute) exacerbation	12	$232,789	2.1%	$19,399
K52.9 Noninfective gastroenteritis and colitis, unspecified	12	$328,942	2.1%	$27,412
N13.2 Hydronephrosis with renal and ureteral calculous obstruction	12	$348,924	2.1%	$29,077

*Top 6 listed due to multiple diagnoses with same number of total visits.
Source: AdventHealth Kissimmee Uninsured Inpatient Data

TABLE 9.63: ADVENTHEALTH KISSIMMEE TOP 5 MOST FREQUENT UNINSURED INPATIENT SECONDARY DIAGNOSIS CODES AND COSTS, 2016-2018

Top 5 Secondary Diagnosis Codes	Total Visits	Total Cost	% of all Visits in Hot Spot	Avg. Cost per Visit
N17.9 Acute kidney failure, unspecified	29	$1,191,429	5.0%	$41,084
E87.1 Hypo-osmolality and hyponatremia	27	$963,378	4.7%	$35,681
I10 Essential (primary) hypertension	25	$762,185	4.3%	$30,487
N39.0 Urinary tract infection, site not specified	21	$802,554	3.6%	$38,217
J18.9 Pneumonia, unspecified organism	17	$1,059,320	2.9%	$62,313

Source: AdventHealth Kissimmee Uninsured Inpatient Data

TABLE 9.64: ADVENTHEALTH KISSIMMEE TOP 5 HIGHEST COST UNINSURED INPATIENT PRIMARY DIAGNOSIS CODES, 2016-2018

Top 5 Highest Cost Primary Diagnosis Codes	Total Visits	Total Cost	% of all Visits in Hot Spot	Avg. Cost per Visit
A41.9 Sepsis, unspecified organism	47	$2,340,560	8.1%	$49,799
J44.1 Chronic obstructive pulmonary disease with (acute) exacerbation	19	$753,933	3.3%	$39,681
D69.3 Immune thrombocytopenic purpura*		$677,436		
I33.0 Acute and subacute infective endocarditis*		$657,427		
I26.99 Other pulmonary embolism without acute cor pulmonale	5	$529,841	0.9%	$105,968

*To protect patient privacy, any analysis that resulted in fewer than five visits or if a certain diagnosis had less than 200,000 new cases per year is not included, except for total cost per diagnosis.
Source: AdventHealth Kissimmee Uninsured Inpatient Data

TABLE 9.65: ADVENTHEALTH KISSIMMEE UNINSURED INPATIENT VISITS BY RACE, ETHNICITY AND AGE, 2016-2018

Race	Number	%	Ethnic Group	Number	%	Age	Number	%
American Indian or Alaskan Native	11	1.9%	Hispanic or Latino	315	54.3%	0-18	3	0.5%
Asian	6	1.1%	Multiple	0	0.0%	19-29	66	11.4%
Black or African American	96	16.6%	Non-Hispanic or non-Latino	244	42.1%	30-39	126	21.8%
Multiple	16	2.9%	Unknown	20	3.5%	40-49	175	30.2%
Native Hawaiian or Pacific Islander	0	0.0%				50-59	145	25.1%
Other	123	21.2%				60-69	55	9.5%
Unknown	16	2.9%				70-79	6	1.0%
White	309	53.4%				80+	3	0.5%

Source: AdventHealth Kissimmee Uninsured Inpatient Data

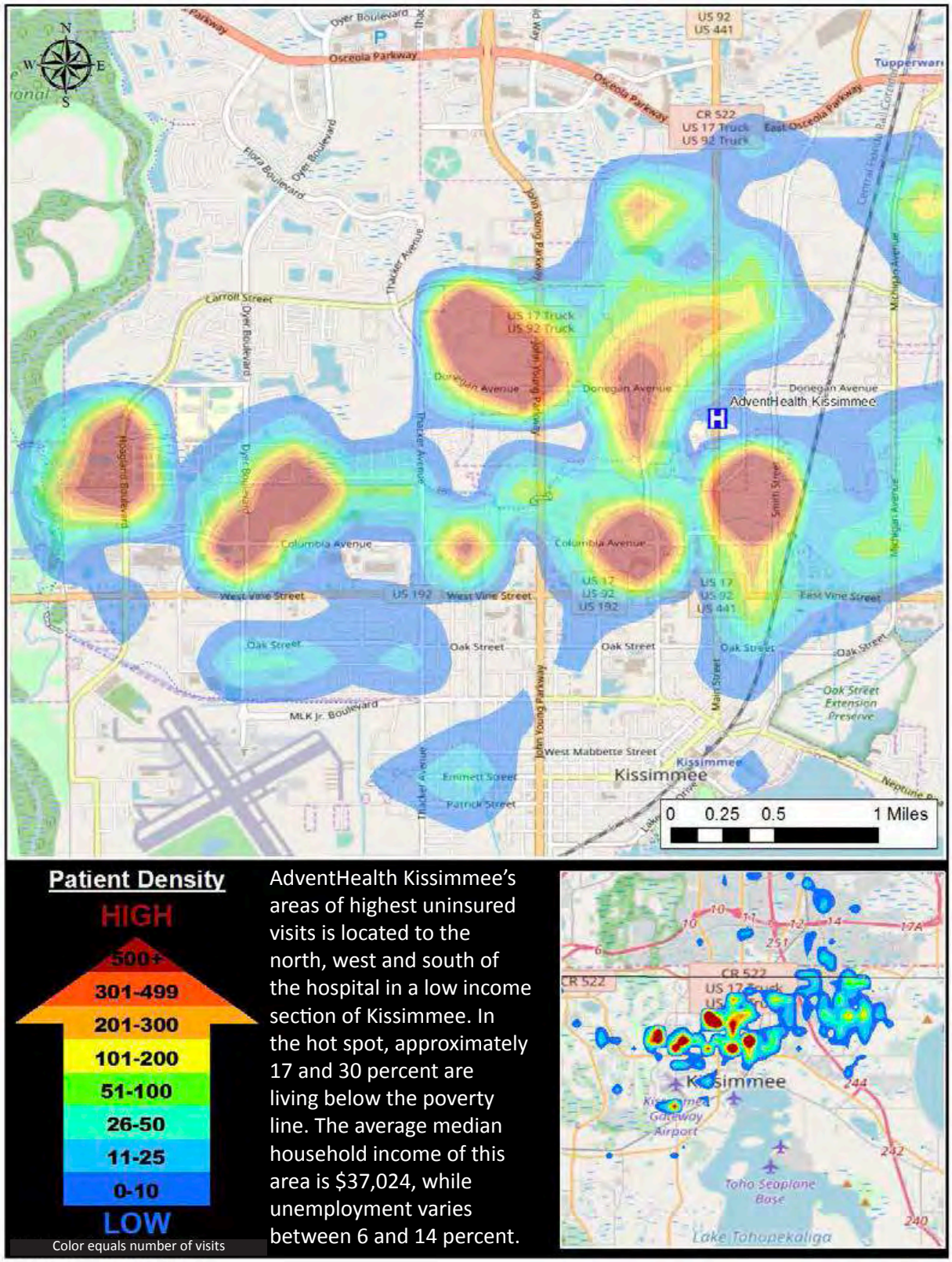
TABLE 9.66: ADVENTHEALTH KISSIMMEE ECONOMIC CHARACTERISTICS OF TOP 5 CENSUS TRACTS, 2012-2019

Census Tract	Census Tract within Zip Code(s)	% Unemployed	Median HH Income	% Below Poverty
12-09-742300	34744	13.5%	$38,056	18.6%
12-097-42200	34741, 34744	9.6%	$33,400	28.5%
12-097-42900	34744	6.1%	$43,750	17.4%
12-097-41900	34741	6.5%	$29,898	29.8%
12-097-42602	34743, 34744	10.3%	$40,018	26.4%
Average		9.2%	$37,024	24.1%

Source: ProximityOne | Source: U.S. Census Bureau

Figure 9.12 illustrates the uninsured outpatient hot spot analysis for AdventHealth Kissimmee.

FIGURE 9.12: ADVENTHEALTH KISSIMMEE UNINSURED OUTPATIENT HOT SPOT ANALYSIS



AdventHealth Kissimmee's areas of highest uninsured visits is located to the north, west and south of the hospital in a low income section of Kissimmee. In the hot spot, approximately 17 and 30 percent are living below the poverty line. The average median household income of this area is $37,024, while unemployment varies between 6 and 14 percent.

Tables 9.67 through 9.72 outline the uninsured outpatient specific hot spot analysis for AdventHealth Kissimmee. The analysis includes all uninsured outpatient visits (Table 9.67) and focuses on those visits within the hot spot for fiscal years 2016 through 2018 (Tables 9.68 through 9.71). In the top five census tracts (the hot spot) from which the most frequent uninsured outpatient visits are generated, the average unemployment rate is about nine percent; approximately 24 percent of the population is living below the federal poverty level. The average annual median household income is $37,024. Table 9.72 displays the census tracts, what zip code(s) they are in and the economic conditions for the hot spot. The 6,805 uninsured outpatient visits from within the hot spot cost more than $35.6 million and accounted for 38.6 percent of all uninsured outpatient visits between 2016 and 2018 (Table 9.67). More than half (51.7 percent) of uninsured outpatient visits were made by White patients. Additionally, patients aged 19-29 accounted for 30.2 percent of uninsured outpatient visits.

Chest pain, unspecified, was the most frequent primary diagnosis code and had the highest total and average costs from uninsured outpatient visits within this hot spot at 3.8 percent and with a total cost of more than $4.1 million and an average cost of $16,294 between 2016 and 2018. Essential (primary) hypertension was the most frequent secondary diagnosis from uninsured outpatient visits within this hot spot at 3.4 percent and with a total cost of more than $1.9 million for the same time period.

TABLE 9.67: ADVENTHEALTH KISSIMMEE UNINSURED OUTPATIENT VISIT COMPARISON, 2016-2018

Criteria*	Data Snapshot
Total uninsured outpatient visits	17,609
Total uninsured outpatient visits in hot spot	6,805
Total uninsured outpatient cost	$92,295,636
Total uninsured outpatient cost in hot spot	$35,605,315
Percent of uninsured outpatient visits in hot spot	38.6%
Total homeless uninsured outpatient visits	556
Homeless visits as a percent of all uninsured outpatient visits	3.2%
Total cost for uninsured outpatient homeless visits	$3,130,301

*Note: Includes individuals listed as homeless, unknown or homeless shelter/service facility for each of the total uninsured rows above; however, these individuals are not included in hot spot specific rows.
Source: AdventHealth Kissimmee Uninsured Outpatient Data

TABLE 9.68: ADVENTHEALTH KISSIMMEE TOP 5 MOST FREQUENT UNINSURED OUTPATIENT PRIMARY DIAGNOSIS CODES, 2016-2018

Top 5 Primary Diagnosis Codes	Total Visits	Total Cost	% of all Visits in Hot Spot	Avg. Cost per Visit
R07.9 Chest pain, unspecified	256	$4,171,364	3.8%	$16,294
N39.0 Urinary tract infection, site not specified	219	$1,271,997	3.2%	$5,808
R51 Headache	183	$1,147,204	2.7%	$6,269
R10.9 Unspecified abdominal pain	171	$1,358,707	2.5%	$7,946
J02.9 Acute pharyngitis, unspecified	163	$322,007	2.4%	$1,976

Source: AdventHealth Kissimmee Uninsured Outpatient Data

TABLE 9.69: ADVENTHEALTH KISSIMMEE TOP 5 MOST FREQUENT UNINSURED OUTPATIENT SECONDARY DIAGNOSIS CODES AND COSTS, 2016-2018

Top 5 Secondary Diagnosis Codes	Total Visits	Total Cost	% of all Visits in Hot Spot	Avg. Cost per Visit
I10 Essential (primary) hypertension	231	$1,973,853	3.4%	$8,545
R11.2 Nausea with vomiting, unspecified	118	$815,623	1.7%	$6,912
R51 Headache	110	$782,056	1.6%	$7,110
N39.0 Urinary tract infection, site not specified	108	$838,825	1.6%	$7,767
R10.9 Unspecified abdominal pain	107	$911,742	1.6%	$8,521

Source: AdventHealth Kissimmee Uninsured Outpatient Data

TABLE 9.70: ADVENTHEALTH KISSIMMEE TOP 5 HIGHEST COST UNINSURED OUTPATIENT PRIMARY DIAGNOSIS CODES, 2016-2018

Top 5 Highest Cost Primary Diagnosis Codes	Total Visits	Total Cost	% of all Visits in Hot Spot	Avg. Cost per Visit
R07.9 Chest pain, unspecified	256	$4,171,364	3.8%	$16,294
R07.89 Other chest pain	116	$1,725,876	1.7%	$14,878
R10.9 Unspecified abdominal pain	171	$1,358,707	2.5%	$7,946
N39.0 Urinary tract infection, site not specified	219	$1,271,997	3.2%	$5,808
R51 Headache	183	$1,147,204	2.7%	$6,269

Source: AdventHealth Kissimmee Uninsured Outpatient Data

TABLE 9.71: ADVENTHEALTH KISSIMMEE UNINSURED OUTPATIENT VISITS BY RACE, ETHNICITY AND AGE, 2016-2018

Race	Number	%	Ethnic Group	Number	%	Age	Number	%
American Indian or Alaskan Native	49	0.7%	Hispanic or Latino	4,680	68.8%	0-18	512	7.5%
Asian	36	0.5%	Multiple	0	0.0%	19-29	2,057	30.2%
Black or African American	1,116	16.5%	Non-Hispanic or non-Latino	1,976	29.0%	30-39	1,501	22.1%
Multiple	97	1.5%	Unknown	149	2.2%	40-49	1,448	21.2%
Native Hawaiian or Pacific Islander	34	0.5%				50-59	974	14.3%
Other	1,729	25.5%				60-69	270	4.0%
Unknown	199	3.0%				70-79	24	0.4%
White	3,519	51.8%				80+	19	0.3%

Source: AdventHealth Kissimmee Uninsured Outpatient Data

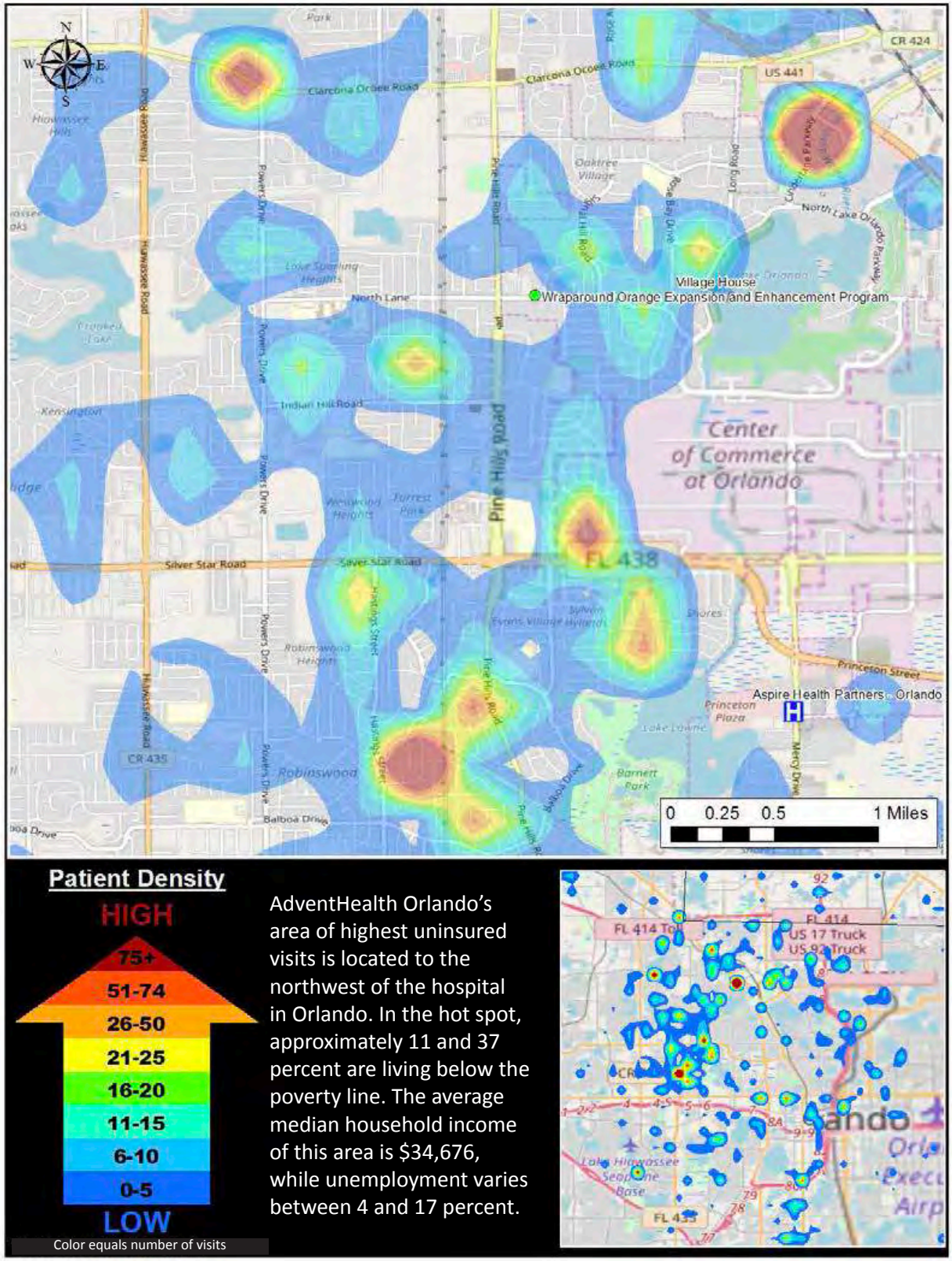
TABLE 9.72: ADVENTHEALTH KISSIMMEE ECONOMIC CHARACTERISTICS OF TOP 5 CENSUS TRACTS, 2012-2019

Census Tract	Census Tract within Zip Code(s)	% Unemployed	Median HH Income	% Below Poverty
12-097-42200	34741, 34744	9.6%	$33,400	28.5%
12-097-42300	34744	13.5%	$38,056	18.6%
12-097-41900	34741	6.5%	$29,898	29.8%
12-097-42900	34744	6.1%	$43,750	17.4%
12-097-42602	34743, 34744	10.3%	$40,018	26.4%
Average		9.2%	$37,024	24.1%

Source: ProximityOne
Source: U.S. Census Bureau

Figure 9.13 illustrates the uninsured inpatient hot spot analysis for AdventHealth Orlando.

FIGURE 9.13: ADVENTHEALTH ORLANDO UNINSURED INPATIENT HOT SPOT ANALYSIS



Tables 9.73 through 9.78 outline the uninsured inpatient specific hot spot analysis for AdventHealth Orlando. The analysis includes all uninsured inpatient visits (Table 9.73) and focuses on those visits within the hot spot for fiscal years 2016 through 2018 (Tables 9.74 through 9.77). In the top five census tracts (the hot spot) from which the most frequent uninsured inpatient visits are generated, the average unemployment rate is about 13 percent; approximately 27 percent of the population is living below the federal poverty level. The average annual median household income is $34,676. Table 9.78 displays the census tracts, what zip code(s) they are in and the economic conditions for the hot spot. The 595 uninsured inpatient visits from within the hot spot cost more than $31.9 million and accounted for 8.5 percent of all uninsured inpatient visits between 2016 and 2018 (Table 9.73). Just under half (47.9 percent) of uninsured inpatient visits were made by Black or African American patients. Additionally, patients aged 30-39 accounted for 26.4 percent of uninsured inpatient visits.

Sepsis, unspecified organism, was the most frequent primary diagnosis code and had the highest total cost from uninsured inpatient visits within this hot spot at 4.9 percent and with a total cost of more than $3.1 million between 2016 and 2018. Acute kidney failure, unspecified, was the most frequent secondary diagnosis from uninsured inpatient visits within this hot spot at 5.4 percent and with a total cost of more than $2.2 million for the same time period. The primary diagnosis with the highest average cost per uninsured inpatient visit was non-ST elevation (NSTEMI) myocardial infarction with an average cost of $174,926. To protect patient privacy, any analysis that resulted in fewer than five visits or if a certain diagnosis had less than 200,000 new cases per year is not included, except for total cost per diagnosis.

TABLE 9.73: ADVENTHEALTH ORLANDO ADVENTHEALTH ORLANDO UNINSURED INPATIENT VISIT COMPARISON, 2016-2018

Criteria*	Data Snapshot
Total uninsured inpatient visits	6,970
Total uninsured inpatient visits in hot spot	595
Total uninsured inpatient cost	$420,958,957
Total uninsured inpatient cost in hot spot	$31,964,981
Percent of uninsured inpatient visits in hot spot	8.5%
Total homeless uninsured inpatient visits	558
Homeless visits as a percent of all uninsured inpatient visits	8.0%
Total cost for uninsured inpatient homeless visits	$26,878,069

*Note: Includes individuals listed as homeless, unknown or homeless shelter/service facility for each of the total uninsured rows above; however, these individuals are not included in hot spot specific rows.
Source: AdventHealth Orlando Uninsured Inpatient Data

TABLE 9.74: ADVENTHEALTH ORLANDO TOP 5 MOST FREQUENT UNINSURED INPATIENT PRIMARY DIAGNOSIS CODES, 2016-2018

Top 5* Primary Diagnosis Codes	Total Visits	Total Cost	% of all Visits in Hot Spot	Avg. Cost per Visit
A41.9 Sepsis, unspecified organism	29	$3,180,573	4.9%	$109,675
N17.9 Acute kidney failure, unspecified	12	$298,646	2.0%	$24,887
Z38.00 Single liveborn infant, delivered vaginally	11	$67,214	1.8%	$6,110
E10.10 Type 1 diabetes mellitus with ketoacidosis without coma	10	$479,876	1.7%	$47,988
F33.9 Major depressive disorder, recurrent, unspecified	8	$282,409	1.3%	$35,301
J18.9 Pneumonia, unspecified organism	8	$309,422	1.3%	$38,678

*Top 6 listed due to multiple diagnoses with same number of total visits.
Source: AdventHealth Orlando Uninsured Inpatient Data

TABLE 9.75: ADVENTHEALTH ORLANDO TOP 5 MOST FREQUENT UNINSURED INPATIENT SECONDARY DIAGNOSIS CODES AND COSTS, 2016-2018

Top 5 Secondary Diagnosis Codes	Total Visits	Total Cost	% of all Visits in Hot Spot	Avg. Cost per Visit
N17.9 Acute kidney failure, unspecified	32	$2,208,973	5.4%	$69,030
I10 Essential (primary) hypertension	22	$688,531	3.7%	$31,297
J18.9 Pneumonia, unspecified organism	18	$2,257,949	3.0%	$125,442
E87.1 Hypo-osmolality and hyponatremia	14	$884,637	2.4%	$63,188
E11.65 Type 2 diabetes mellitus with hyperglycemia	12	$453,399	2.0%	$37,783

Source: AdventHealth Orlando Uninsured Inpatient Data

TABLE 9.76: ADVENTHEALTH ORLANDO TOP 5 HIGHEST COST UNINSURED INPATIENT PRIMARY DIAGNOSIS CODES, 2016-2018

Top 5 Highest Cost Primary Diagnosis Codes	Total Visits	Total Cost	% of all Visits in Hot Spot	Avg. Cost per Visit
A41.9 Sepsis, unspecified organism	29	$3,180,573	4.9%	$109,675
I21.4 Non-ST elevation (NSTEMI) myocardial infarction	7	$1,224,484	1.2%	$174,926
I25.110 Atherosclerotic heart disease of native coronary artery with unstable angina pectoris*		$654,536		
C91.50 Adult T-cell lymphoma/leukemia (HTLV-1-associated) not having achieved remission*		$628,768		
E10.10 Type 1 diabetes mellitus with ketoacidosis without coma	10	$479,876	1.7%	$47,988

*To protect patient privacy, any analysis that resulted in fewer than five visits or if a certain diagnosis had less than 200,000 new cases per year is not included, except for total cost per diagnosis.
Source: AdventHealth Orlando Uninsured Inpatient Data

TABLE 9.77: ADVENTHEALTH ORLANDO UNINSURED INPATIENT VISITS BY RACE, ETHNICITY AND AGE, 2016-2018

Race	Number	%	Ethnic Group	Number	%	Age	Number	%
American Indian or Alaskan Native	0	0.0%	Hispanic or Latino	79	13.3%	0-18	22	3.7%
Asian	4	0.7%	Multiple	0	0.0%	19-29	101	17.0%
Black or African American	285	47.9%	Non-Hispanic or non-Latino	507	85.2%	30-39	157	26.4%
Multiple	13	2.2%	Unknown	9	1.5%	40-49	126	21.2%
Native Hawaiian or Pacific Islander	0	0.0%				50-59	135	22.7%
Other	35	5.9%				60-69	46	7.7%
Unknown	8	1.3%				70-79	6	1.0%
White	250	42.0%				80+	2	0.3%

Source: AdventHealth Orlando Uninsured Inpatient Data

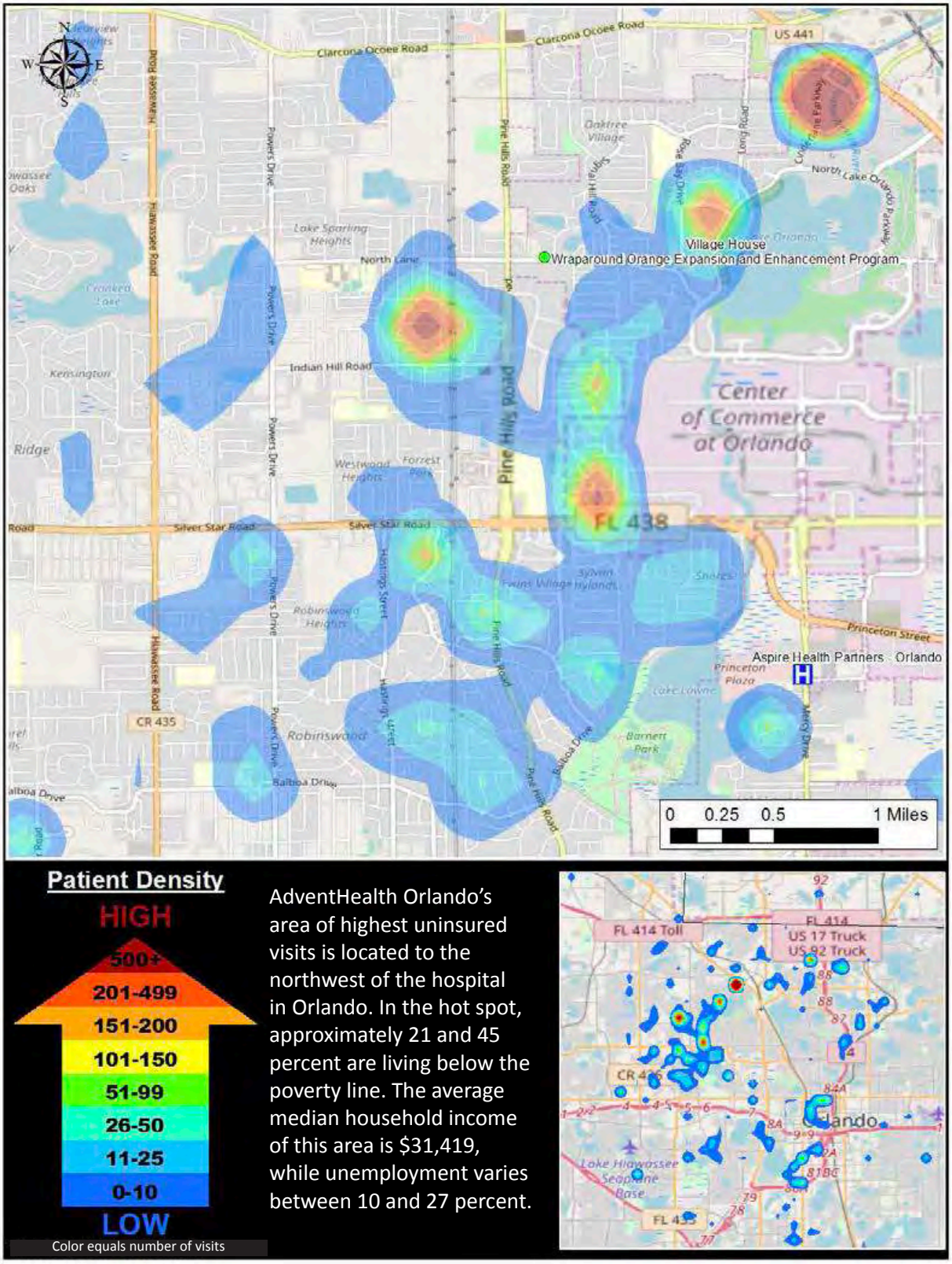
TABLE 9.78: ADVENTHEALTH ORLANDO ECONOMIC CHARACTERISTICS OF TOP 5 CENSUS TRACTS, 2012-2019

Census Tract	Census Tract within Zip Code(s)	% Unemployed	Median HH Income	% Below Poverty
12-095-15202	32810	15.5%	$28,458	37.1%
12-095-12000	32808	17.1%	$28,912	34.4%
12-095-12100	32808	12.7%	$31,330	26.7%
12-095-12401	32808, 32810	13.5%	$35,628	27.5%
12-095-15103	32703, 32810	4.1%	$49,053	11.1%
Average		12.6%	$34,676	27.3%

Source: ProximityOne | Source: U.S. Census Bureau

Figure 9.14 illustrates the uninsured outpatient hot spot analysis for AdventHealth Orlando.

FIGURE 9.14: ADVENTHEALTH ORLANDO UNINSURED OUTPATIENT HOT SPOT ANALYSIS



AdventHealth Orlando's area of highest uninsured visits is located to the northwest of the hospital in Orlando. In the hot spot, approximately 21 and 45 percent are living below the poverty line. The average median household income of this area is $31,419, while unemployment varies between 10 and 27 percent.

Tables 9.79 through 9.84 outline the uninsured outpatient specific hot spot analysis for AdventHealth Orlando. The analysis includes all uninsured outpatient visits (Table 9.79) and focuses on those visits within the hot spot for fiscal years 2016 through 2018 (Tables 9.80 through 9.83). In the top five census tracts (the hot spot) from which the most frequent uninsured outpatient visits are generated, the average unemployment rate is about 16 percent; approximately 30 percent of the population is living below the federal poverty level. The average annual median household income is $31,419. Table 9.84 displays the census tracts, what zip code(s) they are in and the economic conditions for the hot spot. The 5,542 uninsured outpatient visits from within the hot spot cost more than $24.8 million and accounted for 13 percent of all uninsured outpatient visits between 2016 and 2018 (Table 9.79). Almost three-fourths (71.5 percent) of uninsured outpatient visits were made by Black or African American patients. Additionally, patients aged 19-29 accounted for 36.2 percent of uninsured outpatient visits.

Unspecified abdominal pain was the most frequent primary diagnosis code from uninsured outpatient visits within this hot spot at three percent and with a total cost of more than $1.2 million between 2016 and 2018. Essential (primary) hypertension was the most frequent secondary diagnosis from uninsured outpatient visits within this hot spot at 4.3 percent and with a total cost of more than $1.3 million for the same time period. The primary diagnosis with the highest total and average costs per uninsured outpatient visit was chest pain, unspecified, with a total cost of more than $2 million and an average cost of $12,707 per uninsured outpatient visit.

TABLE 9.79: ADVENTHEALTH ORLANDO UNINSURED OUTPATIENT VISIT COMPARISON, 2016-2018

Criteria*	Data Snapshot
Total uninsured outpatient visits	42,698
Total uninsured outpatient visits in hot spot	5,542
Total uninsured outpatient cost	$244,752,855
Total uninsured outpatient cost in hot spot	$24,846,806
Percent of uninsured outpatient visits in hot spot	13.0%
Total homeless uninsured outpatient visits	2,802
Homeless visits as a percent of all uninsured outpatient visits	6.6%
Total cost for uninsured outpatient homeless visits	$15,466,834

*Note: Includes individuals listed as homeless, unknown or homeless shelter/service facility for each of the total uninsured rows above; however, these individuals are not included in hot spot specific rows.
Source: AdventHealth Orlando Uninsured Outpatient Data

TABLE 9.80: ADVENTHEALTH ORLANDO TOP 5 MOST FREQUENT UNINSURED OUTPATIENT PRIMARY DIAGNOSIS CODES, 2016-2018

Top 5 Primary Diagnosis Codes	Total Visits	Total Cost	% of all Visits in Hot Spot	Avg. Cost per Visit
R10.9 Unspecified abdominal pain	169	$1,254,193	3.0%	$7,421
R07.9 Chest pain, unspecified	158	$2,007,670	2.9%	$12,707
R51 Headache	133	$632,008	2.4%	$4,752
N39.0 Urinary tract infection, site not specified	128	$612,388	2.3%	$4,784
J02.9 Acute pharyngitis, unspecified	115	$187,670	2.1%	$1,632

Source: AdventHealth Orlando Uninsured Outpatient Data

TABLE 9.81: ADVENTHEALTH ORLANDO TOP 5 MOST FREQUENT UNINSURED OUTPATIENT SECONDARY DIAGNOSIS CODES AND COSTS, 2016-2018

Top 5 Secondary Diagnosis Codes	Total Visits	Total Cost	% of all Visits in Hot Spot	Avg. Cost per Visit
I10 Essential (primary) hypertension	236	$1,374,698	4.3%	$5,825
R10.9 Unspecified abdominal pain	92	$192,448	1.7%	$2,092
R11.2 Nausea with vomiting, unspecified	77	$523,481	1.4%	$6,798
Z72.0 Tobacco use	73	$234,376	1.3%	$3,211
R51 Headache	63	$404,422	1.1%	$6,419

Source: AdventHealth Orlando Uninsured Outpatient Data

TABLE 9.82: ADVENTHEALTH ORLANDO TOP 5 HIGHEST COST UNINSURED OUTPATIENT PRIMARY DIAGNOSIS CODES, 2016-2018

Top 5 Highest Cost Primary Diagnosis Codes	Total Visits	Total Cost	% of all Visits in Hot Spot	Avg. Cost per Visit
R07.9 Chest pain, unspecified	158	$2,007,670	2.9%	$12,707
R10.9 Unspecified abdominal pain	169	$1,254,193	3.0%	$7,421
R07.89 Other chest pain	93	$923,570	1.7%	$9,931
R51 Headache	133	$632,008	2.4%	$4,752
N39.0 Urinary tract infection, site not specified	128	$612,388	2.3%	$4,784

Source: AdventHealth Orlando Uninsured Outpatient Data

TABLE 9.83: ADVENTHEALTH ORLANDO UNINSURED OUTPATIENT VISITS BY RACE, ETHNICITY AND AGE, 2016-2018

Race	Number	%	Ethnic Group	Number	%	Age	Number	%
American Indian or Alaskan Native	3	0.1%	Hispanic or Latino	730	13.2%	0-18	537	9.7%
Asian	9	0.2%	Multiple	0	0.0%	19-29	2,006	36.2%
Black or African American	3,963	71.5%	Non-Hispanic or non-Latino	4,784	86.3%	30-39	1,256	22.7%
Multiple	37	0.7%	Unknown	28	0.5%	40-49	825	14.9%
Native Hawaiian or Pacific Islander	3	0.1%				50-59	712	12.8%
Other	390	7.0%				60-69	171	3.1%
Unknown	21	0.4%				70-79	30	0.5%
White	1,108	20.0%				80+	5	0.1%

Source: AdventHealth Orlando Uninsured Outpatient Data

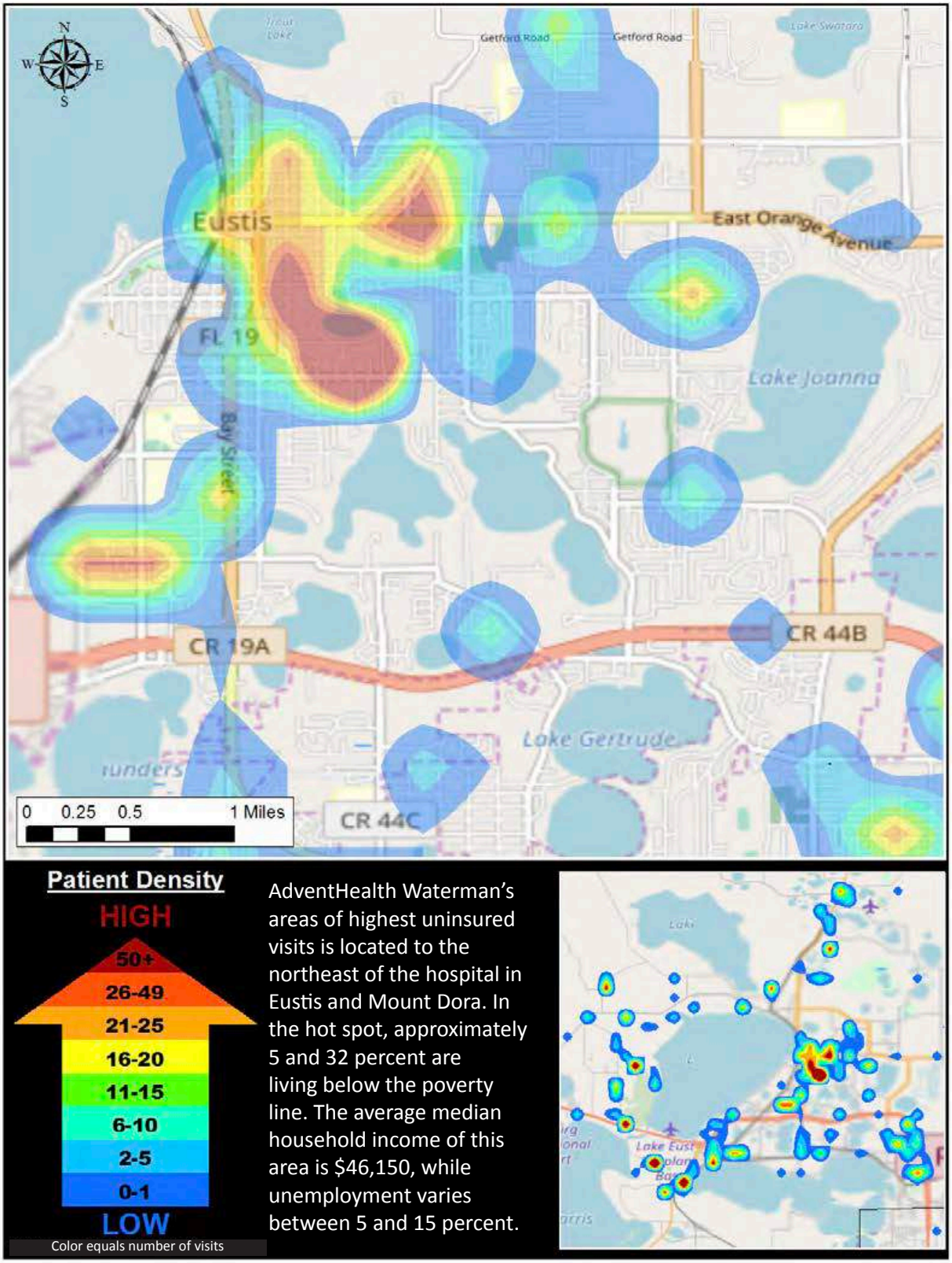
TABLE 9.84: ADVENTHEALTH ORLANDO ECONOMIC CHARACTERISTICS OF TOP 5 CENSUS TRACTS, 2012-2019

Census Tract	Census Tract within Zip Code(s)	% Unemployed	Median HH Income	% Below Poverty
12-095-12000	32808	12.7%	$31,330	26.7%
12-095-12401	32808, 32810	13.5%	$35,628	27.5%
12-095-12307	32808	17.8%	$35,644	28.9%
12-095-12403	32804, 32808	9.8%	$32,924	20.6%
12-095-18700	32804, 32808	26.8%	$21,568	45.0%
Average		16.1%	$31,419	29.7%

Source: ProximityOne
Source: U.S. Census Bureau

Figure 9.15 illustrates the uninsured inpatient hot spot analysis for AdventHealth Waterman.

FIGURE 9.15: ADVENTHEALTH WATERMAN UNINSURED INPATIENT HOT SPOT ANALYSIS



AdventHealth Waterman's areas of highest uninsured visits is located to the northeast of the hospital in Eustis and Mount Dora. In the hot spot, approximately 5 and 32 percent are living below the poverty line. The average median household income of this area is $46,150, while unemployment varies between 5 and 15 percent.

Tables 9.85 through 9.90 outline the uninsured inpatient specific hot spot analysis for AdventHealth Waterman. The analysis includes all uninsured inpatient visits (Table 9.85) and focuses on those visits within the hot spot for fiscal years 2016 through 2018 (Tables 9.86 through 9.89). In the top five census tracts (the hot spot) from which the most frequent uninsured inpatient visits are generated, the average unemployment rate is about nine percent; approximately 19 percent of the population is living below the federal poverty level. The average annual median household income is $46,150. Table 9.90 displays the census tracts, what zip code(s) they are in and the economic conditions for the hot spot. The 354 uninsured inpatient visits from within the hot spot cost more than $13 million and accounted for 12.1 percent of all uninsured inpatient visits between 2016 and 2018 (Table 9.85). Almost three-fourths (74.1 percent) of uninsured inpatient visits were made by White patients. Additionally, patients aged 50-59 accounted for 27.1 percent of uninsured inpatient visits.

Sepsis, unspecified organism, was the most frequent primary diagnosis code and had the highest total cost from uninsured inpatient visits within this hot spot at 4.5 percent and with a total cost of more than $600,000 between 2016 and 2018. Acidosis and essential (primary) hypertension were the most frequent secondary diagnoses from uninsured inpatient visits within this hot spot at 3.4 percent each and with a total cost of more than $300,000 and $290,347, respectively, for the same time period. The primary diagnosis with the highest average cost per uninsured inpatient visit was non-ST elevation (NSTEMI) myocardial infarction with an average cost of $102,048. To protect patient privacy, any analysis that resulted in fewer than five visits or if a certain diagnosis had less than 200,000 new cases per year is not included, except for total cost per diagnosis.

TABLE 9.85: ADVENTHEALTH WATERMAN UNINSURED INPATIENT VISIT COMPARISON, 2016-2018

Criteria*	Data Snapshot
Total uninsured inpatient visits	2,917
Total uninsured inpatient visits in hot spot	354
Total uninsured inpatient cost	$99,300,718
Total uninsured inpatient cost in hot spot	$13,081,885
Percent of uninsured inpatient visits in hot spot	12.1%
Total homeless uninsured inpatient visits	22
Homeless visits as a percent of all uninsured inpatient visits	0.8%
Total cost for uninsured inpatient homeless visits	$761,076

*Note: Includes individuals listed as homeless, unknown or homeless shelter/service facility for each of the total uninsured rows above; however, these individuals are not included in hot spot specific rows.
Source: AdventHealth Waterman Uninsured Inpatient Data

TABLE 9.86: ADVENTHEALTH WATERMAN TOP 5 MOST FREQUENT UNINSURED INPATIENT PRIMARY DIAGNOSIS CODES, 2016-2018

Top 5* Primary Diagnosis Codes	Total Visits	Total Cost	% of all Visits in Hot Spot	Avg. Cost per Visit
A41.9 Sepsis, unspecified organism	16	$685,361	4.5%	$42,835
R07.89 Other chest pain	15	$391,346	4.2%	$26,090
K80.00 Calculus of gallbladder with acute cholecystitis without obstruction	7	$317,241	2.0%	$45,320
N17.9 Acute kidney failure, unspecified	7	$95,832	2.0%	$13,690
I21.4 Non-ST elevation (NSTEMI) myocardial infarction	6	$612,290	1.7%	$102,048
I25.110 Atherosclerotic heart disease of native coronary artery with unstable angina pectoris	6	$466,610	1.7%	$77,768
L03.113 Cellulitis of right upper limb	6	$138,440	1.7%	$23,073

*Top 7 listed due to multiple diagnoses with same number of total visits.
Source: AdventHealth Waterman Uninsured Inpatient Data

TABLE 9.87: ADVENTHEALTH WATERMAN TOP 5 MOST FREQUENT UNINSURED INPATIENT SECONDARY DIAGNOSIS CODES AND COSTS, 2016-2018

Top 5* Secondary Diagnosis Codes	Total Visits	Total Cost	% of all Visits in Hot Spot	Avg. Cost per Visit
E87.2 Acidosis	12	$312,652	3.4%	$26,054
I10 Essential (primary) hypertension	12	$290,347	3.4%	$24,196
E87.1 Hypo-osmolality and hyponatremia	11	$238,651	3.1%	$21,696
N39.0 Urinary tract infection, site not specified	10	$237,985	2.8%	$23,799
F17.210 Nicotine dependence, cigarettes, uncomplicated	7	$116,830	2.0%	$16,690
J18.9 Pneumonia, unspecified organism	7	$233,333	2.0%	$33,333

*Top 6 listed due to multiple diagnoses with same number of total visits.
Source: AdventHealth Waterman Uninsured Inpatient Data

TABLE 9.88: ADVENTHEALTH WATERMAN TOP 5 HIGHEST COST UNINSURED INPATIENT PRIMARY DIAGNOSIS CODES, 2016-2018

Top 5 Highest Cost Primary Diagnosis Codes	Total Visits	Total Cost	% of all Visits in Hot Spot	Avg. Cost per Visit
A41.9 Sepsis, unspecified organism	16	$685,361	4.5%	$42,835
I33.0 Acute and subacute infective endocarditis*		$646,267		
I21.4 Non-ST elevation (NSTEMI) myocardial infarction	6	$612,290	1.7%	$102,048
I25.110 Atherosclerotic heart disease of native coronary artery with unstable angina pectoris	6	$466,610	1.7%	$77,768
R07.89 Other chest pain	15	$391,346	4.2%	$26,090

*To protect patient privacy, any analysis that resulted in fewer than five visits or if a certain diagnosis had less than 200,000 new cases per year is not included, except for total cost per diagnosis.
Source: AdventHealth Waterman Uninsured Inpatient Data

TABLE 9.89: ADVENTHEALTH WATERMAN UNINSURED INPATIENT VISITS BY RACE, ETHNICITY AND AGE, 2016-2018

Race	Number	%	Ethnic Group*	Number*	%*	Age	Number	%
American Indian or Alaskan Native	0	0.0%	Hispanic or Latino			0-18	10	2.8%
Asian	1	0.3%	Multiple			19-29	52	14.7%
Black or African American	65	18.4%	Non-Hispanic or non-Latino			30-39	83	23.4%
Multiple	0	0.0%	Unknown			40-49	89	25.1%
Native Hawaiian or Pacific Islander	0	0.0%				50-59	96	27.2%
Other	24	6.8%				60-69	22	6.2%
Unknown	1	0.4%				70-79	0	0.0%
White	262	74.1%				80+	2	0.6%

*Due to individual hospitals conducting their own data pulls, no ethnic group data from AdventHealth Waterman is available.
Source: AdventHealth Waterman Uninsured Inpatient Data

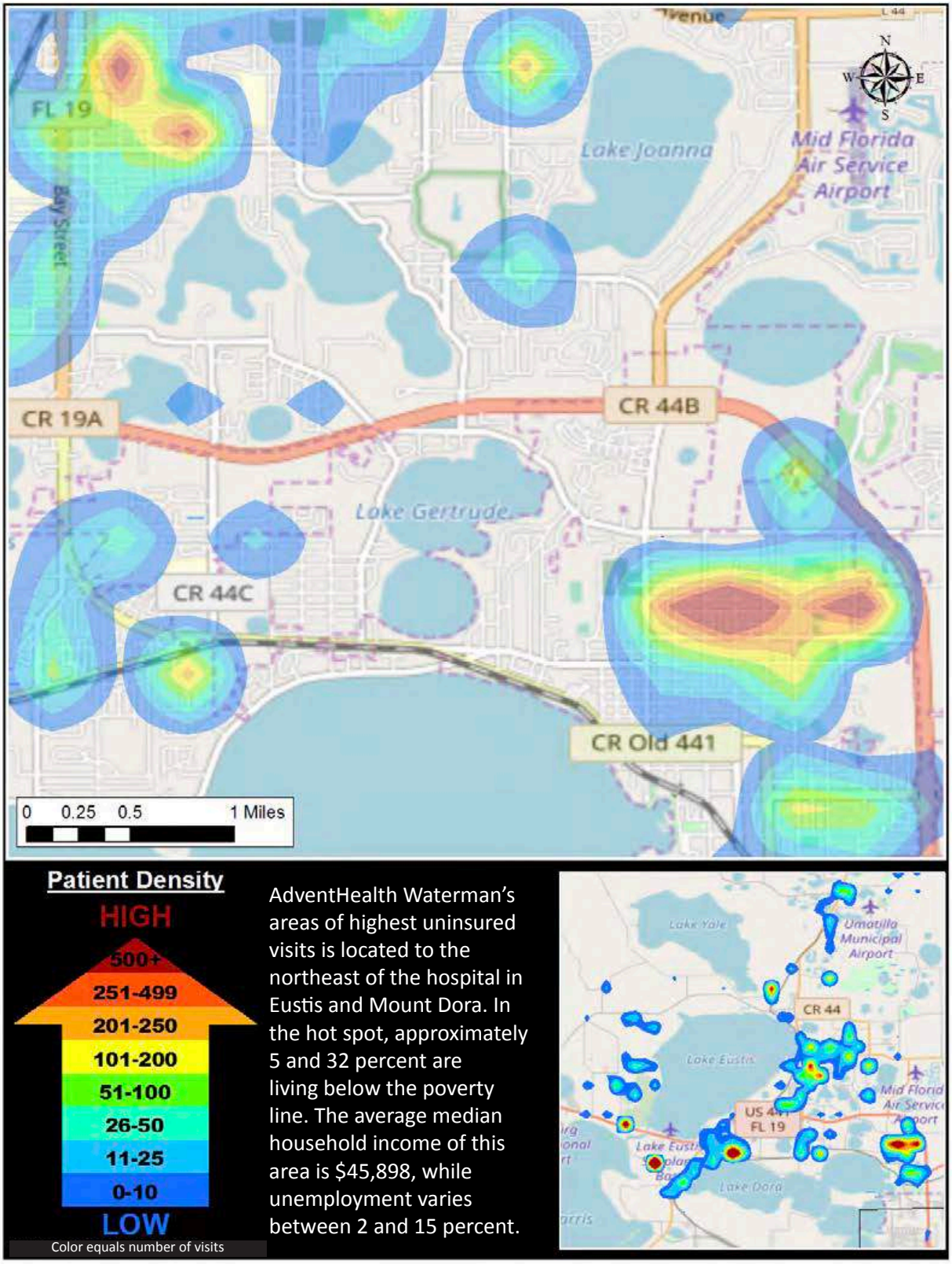
TABLE 9.90: ADVENTHEALTH WATERMAN ECONOMIC CHARACTERISTICS OF TOP 5 CENSUS TRACTS, 2012-2019

Census Tract	Census Tract within Zip Code(s)	% Unemployed	Median HH Income	% Below Poverty
12-069-030902	32732, 32757, 32776	4.7%	$70,122	4.7%
12-069-030105	32702, 32726, 32736, 32784	7.0%	$46,900	13.6%
12-069-030204	32726	8.6%	$38,693	26.6%
12-069-030206	32726, 32736	14.8%	$30,395	31.9%
12-069-030914	32757	9.7%	$44,638	17.4%
Average		8.9%	$46,150	18.8%

Source: ProximityOne | Source: U.S. Census Bureau

Figure 9.16 illustrates the uninsured outpatient hot spot analysis for AdventHealth Waterman.

FIGURE 9.16: ADVENTHEALTH WATERMAN UNINSURED OUTPATIENT HOT SPOT ANALYSIS



AdventHealth Waterman's areas of highest uninsured visits is located to the northeast of the hospital in Eustis and Mount Dora. In the hot spot, approximately 5 and 32 percent are living below the poverty line. The average median household income of this area is $45,898, while unemployment varies between 2 and 15 percent.

Tables 9.91 through 9.96 outline the uninsured outpatient specific hot spot analysis for AdventHealth Waterman. The analysis includes all uninsured outpatient visits (Table 9.91) and focuses on those visits within the hot spot for fiscal years 2016 through 2018 (Tables 9.92 through 9.95). In the top five census tracts (the hot spot) from which the most frequent uninsured outpatient visits are generated, the average unemployment rate is about eight percent; approximately 18 percent of the population is living below the federal poverty level. The average annual median household income is $45,898. Table 9.96 displays the census tracts, what zip code(s) they are in and the economic conditions for the hot spot. The 3,649 uninsured outpatient visits from within the hot spot cost more than $14.9 million and accounted for 13.5 percent of all uninsured outpatient visits between 2016 and 2018 (Table 9.91). More than half (62.7 percent) of uninsured outpatient visits were made by White patients. Additionally, patients aged 19-29 accounted for 33.3 percent of uninsured outpatient visits.

Urinary tract infection, site not specified, was the most frequent primary diagnosis code and had the highest total cost from uninsured outpatient visits within this hot spot at 2.8 percent and with a total cost of more than $600,000 between 2016 and 2018. Essential (primary) hypertension was the most frequent secondary diagnosis from uninsured outpatient visits within this hot spot at 3.4 percent and with a total cost of more than $300,000 for the same time period. The primary diagnosis with the highest average cost per uninsured outpatient visit was unspecified abdominal pain with an average cost of $7,492.

TABLE 9.91: ADVENTHEALTH WATERMAN UNINSURED OUTPATIENT VISIT COMPARISON, 2016-2018

Criteria*	Data Snapshot
Total uninsured outpatient visits	26,975
Total uninsured outpatient visits in hot spot	3,649
Total uninsured outpatient cost	$112,724,859
Total uninsured outpatient cost in hot spot	$14,955,204
Percent of uninsured outpatient visits in hot spot	13.5%
Total homeless uninsured outpatient visits	364
Homeless visits as a percent of all uninsured outpatient visits	1.3%
Total cost for uninsured outpatient homeless visits	$1,160,520

*Note: Includes individuals listed as homeless, unknown or homeless shelter/service facility for each of the total uninsured rows above; however, these individuals are not included in hot spot specific rows.
Source: AdventHealth Waterman Uninsured Outpatient Data

TABLE 9.92: ADVENTHEALTH WATERMAN TOP 5 MOST FREQUENT UNINSURED OUTPATIENT PRIMARY DIAGNOSIS CODES, 2016-2018

Top 5* Primary Diagnosis Codes	Total Visits	Total Cost	% of all Visits in Hot Spot	Avg. Cost per Visit
N39.0 Urinary tract infection, site not specified	101	$613,548	2.8%	$6,075
J06.9 Acute upper respiratory infection, unspecified	82	$182,921	2.2%	$2,231
J40 Bronchitis, not specified as acute or chronic	69	$220,534	1.9%	$3,196
K08.89 Other specified disorders of teeth and supporting structures	64	$50,136	1.8%	$783
K04.7 Periapical abscess without sinus	63	$64,321	1.7%	$1,021
R07.89 Other chest pain	63	$396,679	1.7%	$6,296

*Top 6 listed due to multiple diagnoses with same number of total visits.
Source: AdventHealth Waterman Uninsured Outpatient Data

TABLE 9.93: ADVENTHEALTH WATERMAN TOP 5 MOST FREQUENT UNINSURED OUTPATIENT SECONDARY DIAGNOSIS CODES AND COSTS, 2016-2018

Top 5 Secondary Diagnosis Codes	Total Visits	Total Cost	% of all Visits in Hot Spot	Avg. Cost per Visit
I10 Essential (primary) hypertension	123	$398,550	3.4%	$3,240
Z72.0 Tobacco use	108	$300,741	3.0%	$2,785
F17.200 Nicotine dependence, unspecified, uncomplicated	71	$200,136	1.9%	$2,819
R11.2 Nausea with vomiting, unspecified	66	$425,802	1.8%	$6,452
K02.9 Dental caries, unspecified	63	$96,183	1.7%	$1,527

Source: AdventHealth Waterman Uninsured Outpatient Data

TABLE 9.94: ADVENTHEALTH WATERMAN TOP 5 HIGHEST COST UNINSURED OUTPATIENT PRIMARY DIAGNOSIS CODES, 2016-2018

Top 5 Highest Cost Primary Diagnosis Codes	Total Visits	Total Cost	% of all Visits in Hot Spot	Avg. Cost per Visit
N39.0 Urinary tract infection, site not specified	101	$613,548	2.8%	$6,075
R10.9 Unspecified abdominal pain	59	$442,050	1.6%	$7,492
R07.89 Other chest pain	63	$396,679	1.7%	$6,296
F10.129 Alcohol abuse with intoxication, unspecified	41	$288,825	1.1%	$7,045
R51 Headache	54	$242,311	1.5%	$4,487

Source: AdventHealth Waterman Uninsured Outpatient Data

TABLE 9.95: ADVENTHEALTH WATERMAN UNINSURED OUTPATIENT VISITS BY RACE, ETHNICITY AND AGE, 2016-2018

Race	Number	%	Ethnic Group*	Number*	%*	Age	Number	%
American Indian or Alaskan Native	3	0.1%	Hispanic or Latino			0-18	309	8.5%
Asian	8	0.2%	Multiple			19-29	1,215	33.3%
Black or African American	832	22.8%	Non-Hispanic or non-Latino			30-39	971	26.6%
Multiple	25	0.7%	Unknown			40-49	640	17.6%
Native Hawaiian or Pacific Islander						50-59	392	10.7%
Other	480	13.3%				60-69	110	3.0%
Unknown	7	0.2%				70-79	8	0.2%
White	2,289	62.7%				80+	4	0.1%

*Due to individual hospitals conducting their own data pulls, no ethnic group data from AdventHealth Waterman is available.

Source: AdventHealth Waterman Uninsured Outpatient Data

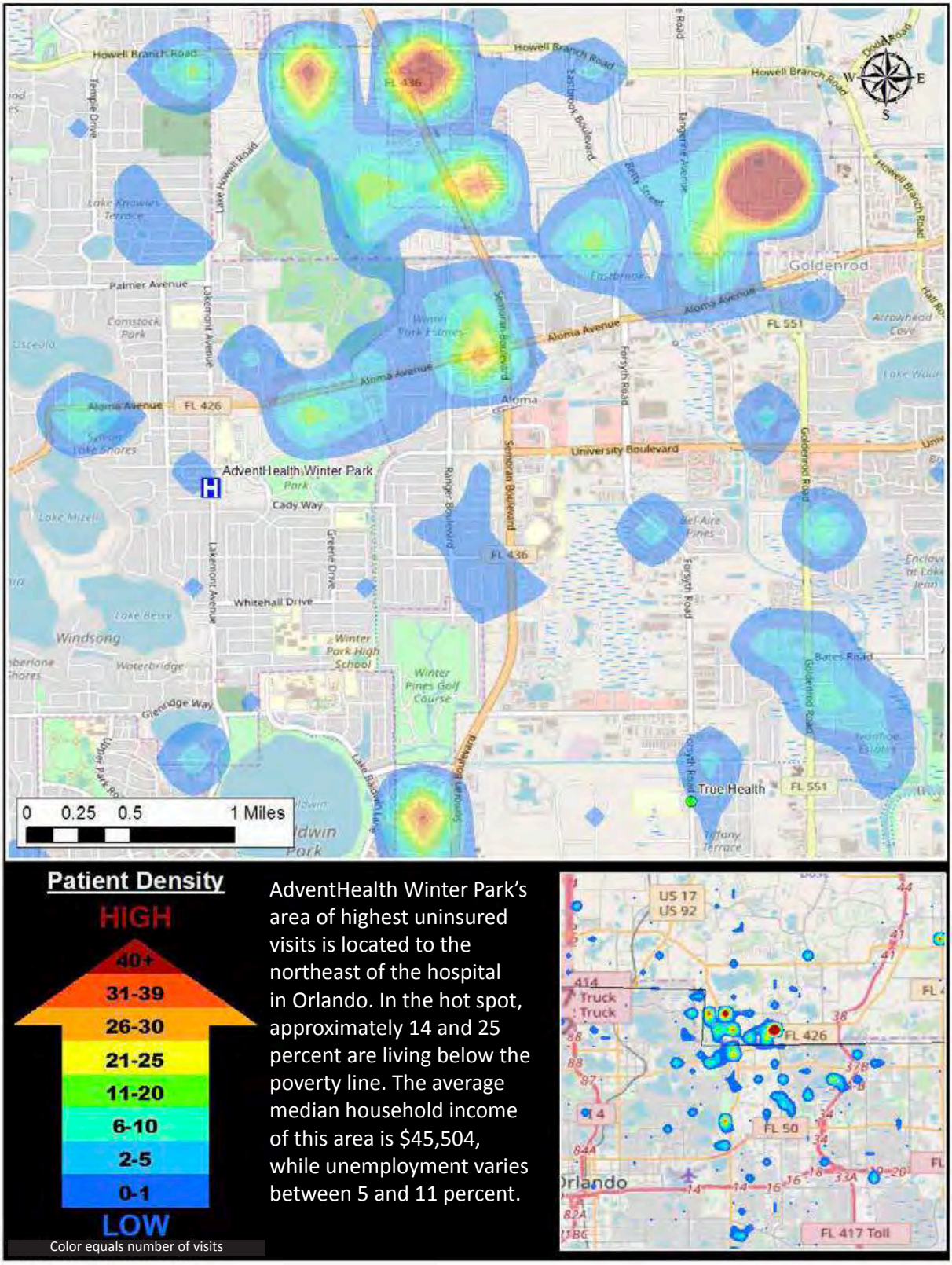
TABLE 9.96: ADVENTHEALTH WATERMAN ECONOMIC CHARACTERISTICS OF TOP 5 CENSUS TRACTS, 2012-2019

Census Tract	Census Tract within Zip Code(s)	% Unemployed	Median HH Income	% Below Poverty
12-069-030206	32726, 32736	14.8%	$30,395	31.9%
12-069-030105	32702, 32726, 32736, 32784	7.0%	$46,900	13.6%
12-069-030902	32736, 32757, 32776	4.7%	$70,122	4.7%
12-069-030912	32757	2.4%	$43,380	14.8%
12-069-030204	32726	8.6%	$38,693	26.6%
Average		7.5%	$45,898	18.3%

Source: ProximityOne
Source: U.S. Census Bureau

Figure 9.17 illustrates the uninsured inpatient hot spot analysis for AdventHealth Winter Park.

FIGURE 9.17: ADVENTHEALTH WINTER PARK UNINSURED INPATIENT HOT SPOT ANALYSIS



AdventHealth Winter Park's area of highest uninsured visits is located to the northeast of the hospital in Orlando. In the hot spot, approximately 14 and 25 percent are living below the poverty line. The average median household income of this area is $45,504, while unemployment varies between 5 and 11 percent.

Tables 9.97 through 9.102 outline the uninsured inpatient specific hot spot analysis for AdventHealth Winter Park. The analysis includes all uninsured inpatient visits (Table 9.97) and focuses on those visits within the hot spot for fiscal years 2016 through 2018 (Tables 9.98 through 9.101). In the top five census tracts (the hot spot) from which the most frequent uninsured inpatient visits are generated, the average unemployment rate is about seven percent; approximately 18 percent of the population is living below the federal poverty level. The average annual median household income is $45,504. Table 9.102 displays the census tracts, what zip code(s) they are in and the economic conditions for the hot spot. The 209 uninsured inpatient visits from within the hot spot cost more than $7.7 million and accounted for 19.2 percent of all uninsured inpatient visits between 2016 and 2018 (Table 9.97). Almost three-fourths (68.9 percent) of uninsured inpatient visits were made by White patients. Additionally, patients aged 30-39 accounted for 24.9 percent of uninsured inpatient visits.

Sepsis, unspecified organism, was the most frequent primary diagnosis code and had the highest total and average costs from uninsured inpatient visits within this hot spot at 11 percent and with a total cost of more than $900,000 and an average cost of $42,063 between 2016 and 2018. Essential (primary) hypertension was the most frequent secondary diagnosis from uninsured inpatient visits within this hot spot at 5.3 percent and with a total cost of more than $200,000 for the same time period. To protect patient privacy, any analysis that resulted in fewer than five visits or if a certain diagnosis had less than 200,000 new cases per year is not included, except for total cost per diagnosis.

TABLE 9.97: ADVENTHEALTH WINTER PARK UNINSURED INPATIENT VISIT COMPARISON, 2016-2018

Criteria*	Data Snapshot
Total uninsured inpatient visits	1,087
Total uninsured inpatient visits in hot spot	209
Total uninsured inpatient cost	$40,916,179
Total uninsured inpatient cost in hot spot	$7,710,060
Percent of uninsured inpatient visits in hot spot	19.2%
Total homeless uninsured inpatient visits	23
Homeless visits as a percent of all uninsured inpatient visits	2.1%
Total cost for uninsured inpatient homeless visits	$900,807

*Note: Includes individuals listed as homeless, unknown or homeless shelter/service facility for each of the total uninsured rows above; however, these individuals are not included in hot spot specific rows.
Source: AdventHealth Winter Park Uninsured Inpatient Data

TABLE 9.98: ADVENTHEALTH WINTER PARK TOP 5 MOST FREQUENT UNINSURED INPATIENT PRIMARY DIAGNOSIS CODES, 2016-2018

Top 5* Primary Diagnosis Codes	Total Visits	Total Cost	% of all Visits in Hot Spot	Avg. Cost per Visit
A41.9 Sepsis, unspecified organism	23	$967,458	11.0%	$42,063
Z38.00 Single liveborn infant, delivered vaginally	9	$31,933	4.3%	$3,548
F10.239 Alcohol dependence with withdrawal, unspecified	7	$253,494	3.3%	$36,213
E10.65 Type 1 diabetes mellitus with hyperglycemia	6	$102,485	2.9%	$17,081
E10.10 Type 1 diabetes mellitus with ketoacidosis without coma	5	$70,784	2.4%	$14,157
J45.901 Unspecified asthma with (acute) exacerbation	5	$134,457	2.4%	$26,891

*Top 6 listed due to multiple diagnoses with same number of total visits.
Source: AdventHealth Winter Park Uninsured Inpatient Data

TABLE 9.99: ADVENTHEALTH WINTER PARK TOP 5 MOST FREQUENT UNINSURED INPATIENT SECONDARY DIAGNOSIS CODES AND COSTS, 2016-2018

Top 5 Secondary Diagnosis Codes	Total Visits	Total Cost	% of all Visits in Hot Spot	Avg. Cost per Visit
I10 Essential (primary) hypertension	11	$257,203	5.3%	$23,382
E87.1 Hypo-osmolality and hyponatremia	8	$283,197	3.8%	$35,400
J96.01 Acute respiratory failure with hypoxia	5	$514,965	2.4%	$102,993
L03.116 Cellulitis of left lower limb	5	$167,967	2.4%	$33,593
N17.9 Acute kidney failure, unspecified	5	$148,586	2.4%	$29,717

Source: AdventHealth Winter Park Uninsured Inpatient Data

TABLE 9.100: ADVENTHEALTH WINTER PARK TOP 5 HIGHEST COST UNINSURED INPATIENT PRIMARY DIAGNOSIS CODES, 2016-2018

Top 5 Highest Cost Primary Diagnosis Codes	Total Visits	Total Cost	% of all Visits in Hot Spot	Avg. Cost per Visit
A41.9 Sepsis, unspecified organism	23	$967,458	11.0%	$42,063
A40.8 Other streptococcal sepsis*		$315,976		
F10.239 Alcohol dependence with withdrawal, unspecified	7	$253,494	3.3%	$36,213
K70.31 Alcoholic cirrhosis of liver with ascites*		$201,611		
K80.00 Calculus of gallbladder with acute cholecystitis without obstruction*		$185,068		

*To protect patient privacy, any analysis that resulted in fewer than five visits or if a certain diagnosis had less than 200,000 new cases per year is not included, except for total cost per diagnosis.
Source: AdventHealth Winter Park Uninsured Inpatient Data

TABLE 9.101: ADVENTHEALTH WINTER PARK UNINSURED INPATIENT VISITS BY RACE, ETHNICITY AND AGE, 2016-2018

Race	Number	%	Ethnic Group	Number	%	Age	Number	%
American Indian or Alaskan Native	1	0.6%	Hispanic or Latino	59	28.2%	0-18	12	5.7%
Asian	4	1.9%	Multiple	0	0.0%	19-29	38	18.2%
Black or African American	20	9.7%	Non-Hispanic or non-Latino	147	70.4%	30-39	52	24.9%
Multiple	1	0.6%	Unknown	3	1.4%	40-49	43	20.6%
Native Hawaiian or Pacific Islander	0	0.0%				50-59	41	19.6%
Other	35	16.8%				60-69	22	10.5%
Unknown	3	1.5%				70-79	0	0.0%
White	144	68.9%				80+	1	0.5%

Source: AdventHealth Winter Park Uninsured Inpatient Data

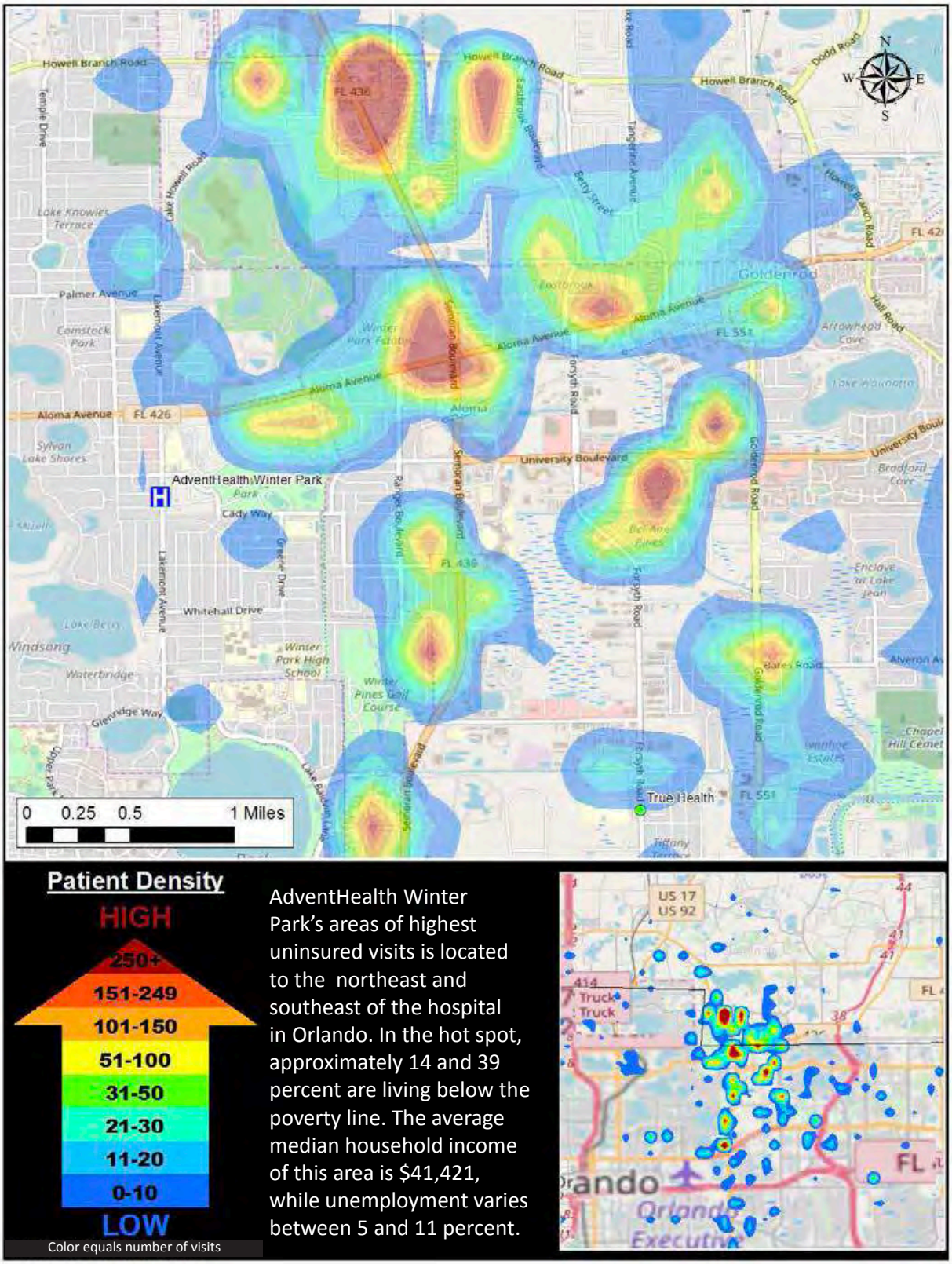
TABLE 9.102: ADVENTHEALTH WINTER PARK ECONOMIC CHARACTERISTICS OF TOP 5 CENSUS TRACTS, 2012-2019

Census Tract	Census Tract within Zip Code(s)	% Unemployed	Median HH Income	% Below Poverty
12-095-16200	32789, 32792	5.6%	$48,183	15.5%
12-095-18200	32789, 32803, 32807, 32814	7.6%	$65,459	14.3%
12-095-16301	32792	4.8%	$39,944	16.0%
12-095-16410	32792, 32807, 32817	5.7%	$44,101	20.8%
12-095-16302	32792	10.8%	$29,832	24.7%
Average		6.9%	$45,504	18.3%

Source: ProximityOne
Source: U.S. Census Bureau

Figure 9.18 illustrates the uninsured outpatient hot spot analysis for AdventHealth Winter Park.

FIGURE 9.18: ADVENTHEALTH WINTER PARK UNINSURED OUTPATIENT HOT SPOT ANALYSIS



AdventHealth Winter Park's areas of highest uninsured visits is located to the northeast and southeast of the hospital in Orlando. In the hot spot, approximately 14 and 39 percent are living below the poverty line. The average median household income of this area is $41,421, while unemployment varies between 5 and 11 percent.

Tables 9.103 through 9.108 outline the uninsured outpatient specific hot spot analysis for AdventHealth Winter Park. The analysis includes all uninsured outpatient visits (Table 9.103) and focuses on those visits within the hot spot for fiscal years 2016 through 2018 (Tables 9.104 through 9.107). In the top five census tracts (the hot spot) from which the most frequent uninsured outpatient visits are generated, the average unemployment rate is about seven percent; approximately 23 percent of the population is living below the federal poverty level. The average annual median household income is $41,421. Table 9.108 displays the census tracts, what zip code(s) they are in and the economic conditions for the hot spot. The 2,063 uninsured outpatient visits from within the hot spot cost more than $10 million and accounted for 24.2 percent of all uninsured outpatient visits between 2016 and 2018 (Table 9.103). More than half (62.7 percent) of uninsured outpatient visits were made by White patients. Additionally, patients aged 19-29 accounted for 38.1 percent of uninsured outpatient visits.

Unspecified abdominal pain was the most frequent primary diagnosis code from uninsured outpatient visits within this hot spot at 3.1 percent and with a total cost of more than $500,000 between 2016 and 2018. Essential (primary) hypertension was the most frequent secondary diagnosis from uninsured outpatient visits within this hot spot at 2.8 percent and with a total cost of more than $500,000 for the same time period. The primary diagnosis with the highest total cost from uninsured outpatient visits was chest pain, unspecified, at 2.9% and with a total cost of more than $800,000. The primary diagnosis with the highest average cost per uninsured outpatient visit was other chest pain with an average cost of $14,421.

TABLE 9.103: ADVENTHEALTH WINTER PARK UNINSURED OUTPATIENT VISIT COMPARISON, 2016-2018

Criteria*	Data Snapshot
Total uninsured outpatient visits	8,514
Total uninsured outpatient visits in hot spot	2,063
Total uninsured outpatient cost	$43,768,451
Total uninsured outpatient cost in hot spot	$10,057,182
Percent of uninsured outpatient visits in hot spot	24.2%
Total homeless uninsured outpatient visits	456
Homeless visits as a percent of all uninsured outpatient visits	5.4%
Total cost for uninsured outpatient homeless visits	$2,371,661

*Note: Includes individuals listed as homeless, unknown or homeless shelter/service facility for each of the total uninsured rows above; however, these individuals are not included in hot spot specific rows.
Source: AdventHealth Winter Park Uninsured Outpatient Data

TABLE 9.104: ADVENTHEALTH WINTER PARK TOP 5 MOST FREQUENT UNINSURED OUTPATIENT PRIMARY DIAGNOSIS CODES, 2016-2018

Top 5 Primary Diagnosis Codes	Total Visits	Total Cost	% of all Visits in Hot Spot	Avg. Cost per Visit
R10.9 Unspecified abdominal pain	63	$571,337	3.1%	$9,069
R07.9 Chest pain, unspecified	60	$832,345	2.9%	$13,872
J06.9 Acute upper respiratory infection, unspecified	44	$121,447	2.1%	$2,760
N39.0 Urinary tract infection, site not specified	44	$246,202	2.1%	$5,595
Z12.31 Encounter for screening mammogram for malignant neoplasm of breast	36	$16,879	1.7%	$469

Source: AdventHealth Winter Park Uninsured Outpatient Data

TABLE 9.105: ADVENTHEALTH WINTER PARK TOP 5 MOST FREQUENT UNINSURED OUTPATIENT SECONDARY DIAGNOSIS CODES AND COSTS, 2016-2018

Top 5 Secondary Diagnosis Codes	Total Visits	Total Cost	% of all Visits in Hot Spot	Avg. Cost per Visit
I10 Essential (primary) hypertension	57	$506,785	2.8%	$8,891
R10.9 Unspecified abdominal pain	36	$414,485	1.7%	$11,513
X58.XXXA Exposure to other specified factors, initial encounter	24	$52,599	1.2%	$2,192
R06.02 Shortness of breath	23	$343,514	1.1%	$14,935
R05 Cough	20	$119,057	1.0%	$5,953

Source: AdventHealth Winter Park Uninsured Outpatient Data

TABLE 9.106: ADVENTHEALTH WINTER PARK TOP 5 HIGHEST COST UNINSURED OUTPATIENT PRIMARY DIAGNOSIS CODES, 2016-2018

Top 5 Highest Cost Primary Diagnosis Codes	Total Visits	Total Cost	% of all Visits in Hot Spot	Avg. Cost per Visit
R07.9 Chest pain, unspecified	60	$832,345	2.9%	$13,872
R10.9 Unspecified abdominal pain	63	$571,337	3.1%	$9,069
R07.89 Other chest pain	25	$360,521	1.2%	$14,421
N39.0 Urinary tract infection, site not specified	44	$246,202	2.1%	$5,595
R51 Headache	28	$183,063	1.4%	$6,538

Source: AdventHealth Winter Park Uninsured Outpatient Data

TABLE 9.107: ADVENTHEALTH WINTER PARK UNINSURED OUTPATIENT VISITS BY RACE, ETHNICITY AND AGE, 2016-2018

Race	Number	%	Ethnic Group	Number	%	Age	Number	%
American Indian or Alaskan Native	0	0.0%	Hispanic or Latino	786	38.1%	0-18	164	7.9%
Asian	28	1.5%	Multiple	1	0.0%	19-29	785	38.2%
Black or African American	377	18.3%	Non-Hispanic or non-Latino	1,261	61.2%	30-39	449	21.8%
Multiple	25	1.3%	Unknown	15	0.7%	40-49	326	15.8%
Native Hawaiian or Pacific Islander	3	0.1%				50-59	238	11.5%
Other	322	15.7%				60-69	85	4.1%
Unknown	6	0.4%				70-79	9	0.4%
White	1,293	62.7%				80+	7	0.3%

Source: AdventHealth Winter Park Uninsured Outpatient Data

TABLE 9.108: ADVENTHEALTH WINTER PARK ECONOMIC CHARACTERISTICS OF TOP 5 CENSUS TRACTS, 2012-2019

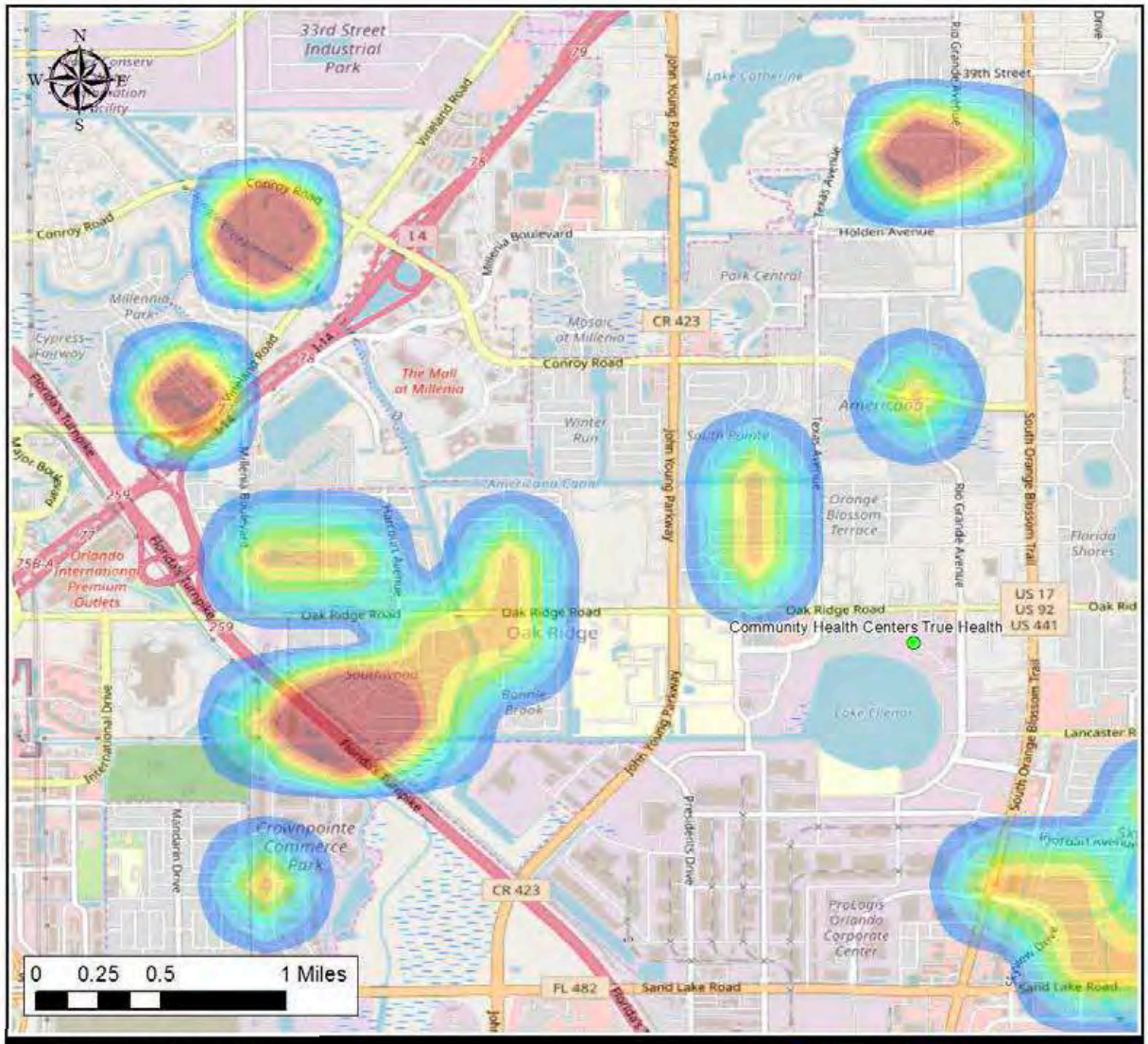
Census Tract	Census Tract within Zip Code(s)	% Unemployed	Median HH Income	% Below Poverty
12-095-18200	32789, 32803, 32807, 32814	7.6%	$65,459	14.3%
12-095-16410	32792, 32807, 32817	5.7%	$44,101	20.8%
12-095-16302	32792	10.8%	$29,832	24.7%
12-095-16407	32792, 32807	7.3%	$27,770	38.5%
12-095-16301	32792	4.8%	$39,944	16.0%
Average		7.2%	$41,421	22.8%

Source: ProximityOne
Source: U.S. Census Bureau

ORLANDO HEALTH HOSPITAL HOT SPOTTING

Figure 9.19 illustrates the uninsured inpatient hot spot analysis for Orlando Health Arnold Palmer Hospital for Children (Orlando Health Arnold Palmer).

FIGURE 9.19: ORLANDO HEALTH ARNOLD PALMER UNINSURED INPATIENT HOT SPOT ANALYSIS



Orlando Health Arnold Palmer's area of highest uninsured visits is located to the southwest of the hospital in Orlando. In the hot spot, approximately 6 and 35 percent are living below the poverty line. The average median household income of this area is $47,191, while unemployment varies between 5 and 23 percent.

Tables 9.109 through 9.113 outline the uninsured inpatient specific hot spot analysis for Orlando Health Arnold Palmer. The analysis includes all uninsured inpatient visits (Table 9.109) and focuses on those visits within the hot spot for fiscal years 2016 through 2018 (Tables 9.110 through 9.112). In the top eight census tracts (the hot spot) from which the most frequent uninsured inpatient visits are generated, the average unemployment rate is about 12 percent; approximately 20 percent of the population is living below the federal poverty level. The average annual median household income is $47,191. Table 9.113 displays the census tracts, what zip code(s) they are in and the economic conditions for the hot spot. The 30 uninsured inpatient visits from within the hotspot cost more than $600,000 and accounted for 19.6 percent of all uninsured inpatient visits between 2016 and 2018 (Table 9.109). Almost three fourths (66.7 percent) of uninsured inpatient visits were made by uninsured patients who consider their race to be Other. Additionally, patients aged 0-5 accounted for 46.7 percent of uninsured inpatient visits.

Tubulo-interstitial nephritis, not specified as acute or chronic, had the highest total cost from uninsured inpatient visits within this hot spot at a total cost of more than $78,000 between 2016 and 2018. Due to low numbers and/or to protect patient privacy, data was not reported for the most frequent primary diagnosis, the most frequent secondary diagnosis and it's associated cost and the primary diagnosis with the highest average cost per uninsured inpatient visit. To protect patient privacy, any analysis that resulted in fewer than five visits or if a certain diagnosis had less than 200,000 new cases per year is not included, except for total cost per diagnosis.

TABLE 9.109: ORLANDO HEALTH ARNOLD PALMER UNINSURED INPATIENT VISIT COMPARISON, 2016-2018

Criteria*	Data Snapshot
Total uninsured inpatient visits	153
Total uninsured inpatient visits in hot spot	30
Total uninsured inpatient cost	$4,394,970
Total uninsured inpatient cost in hot spot	$649,581
Percent of uninsured inpatient visits in hot spot	19.6%
Total homeless uninsured inpatient visits	13
Homeless visits as a percent of all uninsured inpatient visits	8.5%
Total cost for uninsured inpatient homeless visits	$213,470

*Note: Includes individuals listed as homeless, unknown or homeless shelter/service facility for each of the total uninsured rows above; however, these individuals are not included in hot spot specific rows.
Source: Orlando Health Arnold Palmer Uninsured Inpatient Data

TABLE 9.110: ORLANDO HEALTH ARNOLD PALMER TOP 5 MOST FREQUENT UNINSURED INPATIENT PRIMARY DIAGNOSIS CODES, 2016-2018

Top 5** Primary Diagnosis Codes	Total Visits	Total Cost	% of all Visits in Hot Spot	Avg. Cost per Visit
N12 Tubulo-interstitial nephritis, not specified as acute or chronic*		$78,382		
P59.9 Neonatal jaundice, unspecified*		$18,649		

*To protect patient privacy, any analysis that resulted in fewer than five visits or if a certain diagnosis had less than 200,000 new cases per year is not included, except for total cost per diagnosis.
**Top 2 listed due to all other diagnosis having total visits of one.
Source: Orlando Health Arnold Palmer Uninsured Inpatient Data

TABLE 9.111: ORLANDO HEALTH ARNOLD PALMER TOP 5 HIGHEST COST UNINSURED INPATIENT PRIMARY DIAGNOSIS CODES, 2016-2018

Top 5 Highest Cost Primary Diagnosis Codes	Total Visits	Total Cost	% of all Visits in Hot Spot	Avg. Cost per Visit
N12 Tubulo-interstitial nephritis, not specified as acute or chronic*		$78,382		
A15.0 Tuberculosis of lung*		$66,603		
S42.452A Displaced fracture of lateral condyle of left humerus, initial encounter for closed fracture*		$49,442		
Q37.9 Unspecified cleft palate with unilateral cleft lip*		$47,644		
K35.2 Acute appendicitis with generalized peritonitis*		$46,741		

*To protect patient privacy, any analysis that resulted in fewer than five visits or if a certain diagnosis had less than 200,000 new cases per year is not included, except for total cost per diagnosis.
Source: Orlando Health Arnold Palmer Uninsured Inpatient Data

TABLE 9.112: ORLANDO HEALTH ARNOLD PALMER UNINSURED INPATIENT VISITS BY RACE, ETHNICITY AND AGE, 2016-2018

Race	Number	%	Ethnic Group	Number	%	Age	Number	%
American Indian or Alaskan Native	0	0.0%	Hispanic or Latino	15	50.0%	0-5	14	46.7%
Asian	0	0.0%	Non-Hispanic or non-Latino	11	36.7%	6-10	5	16.6%
Black or African American	2	6.7%	Unknown or not given	4	13.3%	11-15	3	10.0%
Caucasian	5	16.7%				16-18	8	26.7%
East Indian	0	0.0%				Over 18	0	0.0%
Hispanic	2	6.7%						
Native Hawaiian or Pacific Islander	0	0.0%						
Oriental	0	0.0%						
Other	20	66.6%						
Unknown	1	3.3%						

Source: Orlando Health Arnold Palmer Uninsured Inpatient Data

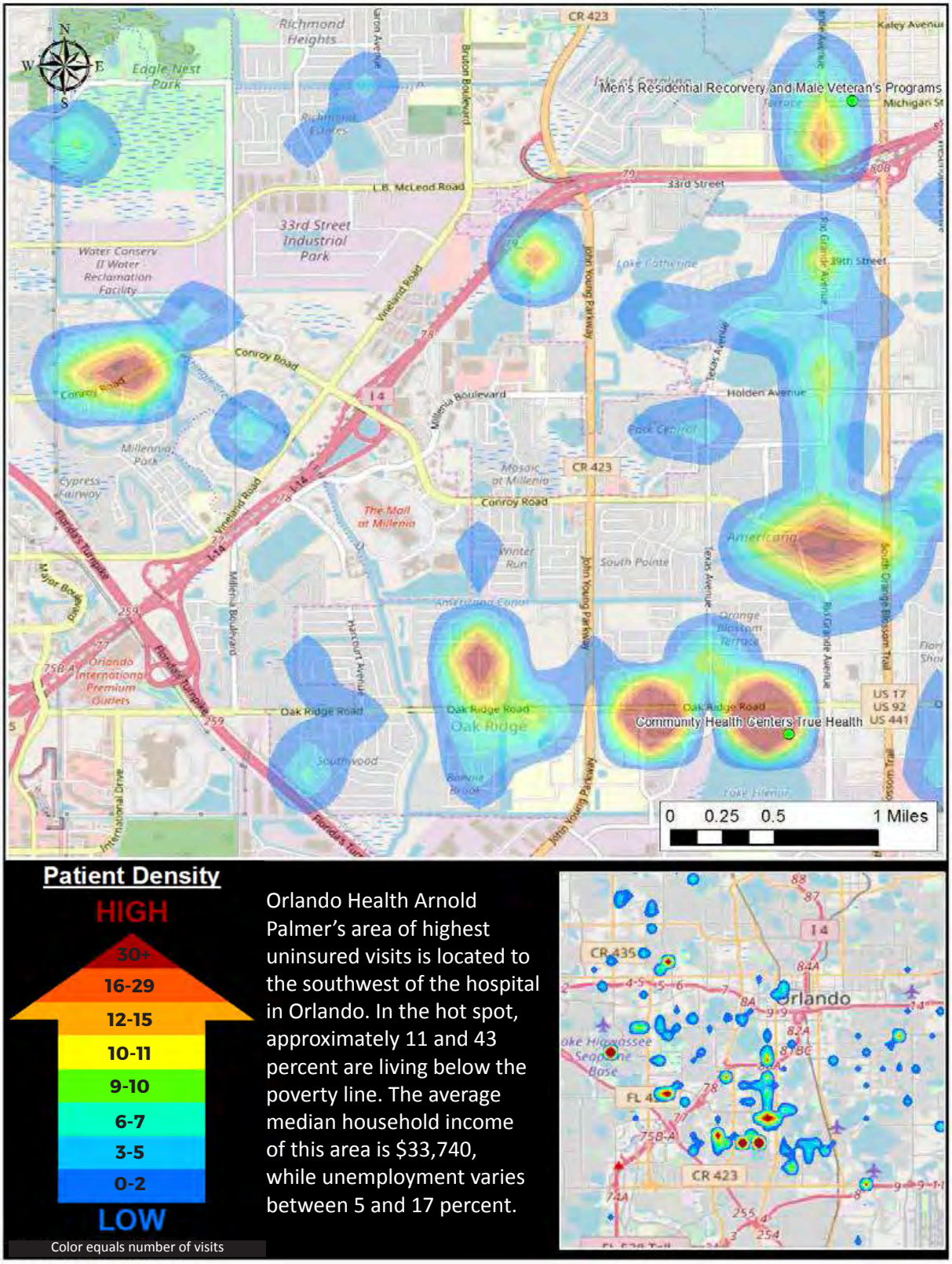
TABLE 9.113: ORLANDO HEALTH ARNOLD PALMER ECONOMIC CHARACTERISTICS OF TOP 5 CENSUS TRACTS, 2012-2019

Census Tract*	Census Tract within Zip Code(s)	% Unemployed	Median HH Income	% Below Poverty
12-095-16902	32809	10.9%	$31,596	35.1%
12-095-14607	32811	22.6%	$37,500	15.2%
12-095-16730	32828	5.6%	$72,227	10.9%
12-069-31309	34715	7.1%	$58,824	7.3%
12-095-12307	32808	17.8%	$35,644	28.9%
12-095-14200	32809	13.5%	$34,734	29.5%
12-095-16732	32825, 32829	12.5%	$72,760	6.3%
12-095-16903	32809, 32839	5.2%	$34,239	24.4%
Average		11.9%	$47,191	19.7%

*Top 8 listed due to multiple census tracts with same number of total visits.
Source: ProximityOne
Source: U.S. Census Bureau

Figure 9.20 illustrates the uninsured outpatient hot spot analysis for Orlando Health Arnold Palmer.

FIGURE 9.20: ORLANDO HEALTH ARNOLD PALMER UNINSURED OUTPATIENT HOT SPOT ANALYSIS



Tables 9.114 through 9.119 outline the uninsured outpatient specific hot spot analysis for Orlando Health Arnold Palmer. The analysis includes all uninsured outpatient visits (Table 9.114) and focuses on those visits within the hot spot for fiscal years 2016 through 2018 (Tables 9.115 through 9.118). In the top five census tracts (the hot spot) from which the most frequent uninsured outpatient visits are generated, the average unemployment rate is about 11 percent; approximately 29 percent of the population is living below the federal poverty level. The average annual median household income is $33,740. Table 9.119 displays the census tracts, what zip code(s) they are in and the economic conditions for the hot spot. The 697 uninsured outpatient visits from within the hot spot cost more than $1.2 million and accounted for 15.5 percent of all uninsured outpatient visits between 2016 and 2018 (Table 9.114). More than half (55.1 percent) of uninsured outpatient visits were made by patients who consider their race as Other. Additionally, patients aged 0-5 accounted for 48.2 percent of uninsured outpatient visits.

Fever, unspecified, was the most frequent primary diagnosis code from uninsured outpatient visits within this hot spot at 7.7 percent and with a total cost from at more than $61,000 between 2016 and 2018. Cough was the most frequent secondary diagnosis from uninsured outpatient visits within this hot spot at 3.4 percent and with a total cost of more than $26,000 for the same time period. The primary diagnosis with the highest total cost per uninsured outpatient visit was acute upper respiratory infection, unspecified, with a total cost of more than $62,000. The primary diagnosis with the highest average cost per uninsured outpatient visit was headache with an average cost of $3,549.

TABLE 9.114: ORLANDO HEALTH ARNOLD PALMER UNINSURED OUTPATIENT VISIT COMPARISON, 2016-2018

Criteria*	Data Snapshot
Total uninsured outpatient visits	4,498
Total uninsured outpatient visits in hot spot	697
Total uninsured outpatient cost	$7,908,917
Total uninsured outpatient cost in hot spot	$1,224,365
Percent of uninsured outpatient visits in hot spot	15.5%
Total homeless uninsured outpatient visits	99
Homeless visits as a percent of all uninsured outpatient visits	2.2%
Total cost for uninsured outpatient homeless visits	$184,362

*Note: Includes individuals listed as homeless, unknown or homeless shelter/service facility for each of the total uninsured rows above; however, these individuals are not included in hot spot specific rows.
Source: Orlando Health Arnold Palmer Uninsured Outpatient Data

TABLE 9.115: ORLANDO HEALTH ARNOLD PALMER TOP 5 MOST FREQUENT UNINSURED OUTPATIENT PRIMARY DIAGNOSIS CODES, 2016-2018

Top 5 Primary Diagnosis Codes	Total Visits	Total Cost	% of all Visits in Hot Spot	Avg. Cost per Visit
R50.9 Fever, unspecified	54	$61,186	7.7%	$1,133
J06.9 Acute upper respiratory infection, unspecified	45	$62,373	6.5%	$1,386
B34.9 Viral infection, unspecified	24	$25,956	3.4%	$1,082
R05 Cough	24	$44,092	3.4%	$1,837
R11.10 Vomiting, unspecified	23	$25,494	3.3%	$1,108

Source: Orlando Health Arnold Palmer Uninsured Outpatient Data

TABLE 9.116: ORLANDO HEALTH ARNOLD PALMER TOP 5 MOST FREQUENT UNINSURED OUTPATIENT SECONDARY DIAGNOSIS CODES AND COSTS, 2016-2018

Top 5 Secondary Diagnosis Codes	Total Visits	Total Cost	% of all Visits in Hot Spot	Avg. Cost per Visit
R05 Cough	24	$26,912	3.4%	$1,121
R11.10 Vomiting, unspecified	23	$32,144	3.3%	$1,398
R50.9 Fever, unspecified	23	$35,346	3.3%	$1,537
R19.7 Diarrhea, unspecified	14	$13,810	2.0%	$986
X58.XXXA Exposure to other specified factors, initial encounter	11	$19,491	1.6%	$1,772

Source: Orlando Health Arnold Palmer Uninsured Outpatient Data

TABLE 9.117: ORLANDO HEALTH ARNOLD PALMER TOP 5 HIGHEST COST UNINSURED OUTPATIENT PRIMARY DIAGNOSIS CODES, 2016-2018

Top 5 Highest Cost Primary Diagnosis Codes	Total Visits	Total Cost	% of all Visits in Hot Spot	Avg. Cost per Visit
J06.9 Acute upper respiratory infection, unspecified	45	$62,373	6.5%	$1,386
R50.9 Fever, unspecified	54	$61,186	7.7%	$1,133
R05 Cough	24	$44,092	3.4%	$1,837
R51 Headache	12	$42,585	1.7%	$3,549
R10.9 Unspecified abdominal pain	13	$37,583	1.9%	$2,891

Source: Orlando Health Arnold Palmer Uninsured Outpatient Data

TABLE 9.118: ORLANDO HEALTH ARNOLD PALMER UNINSURED OUTPATIENT VISITS BY RACE, ETHNICITY AND AGE, 2016-2018

Race	Number	%	Ethnic Group	Number	%	Age	Number	%
American Indian or Alaskan Native	0	0.0%	Hispanic or Latino	347	49.8%	0-5	336	48.2%
Asian	5	0.7%	Non-Hispanic or non-Latino	277	39.7%	6-10	180	25.8%
Black or African American	237	34.0%	Unknown or not given	75	10.5%	11-15	120	17.3%
Caucasian	41	6.0%				16-18	54	7.7%
East Indian	10	1.4%				Over 18	7	1.0%
Hispanic	10	1.4%						
Native Hawaiian or Pacific Islander	0	0.0%						
Oriental	3	0.4%						
Other	384	55.1%						
Unknown	7	1.0%						

Source: Orlando Health Arnold Palmer Uninsured Outpatient Data

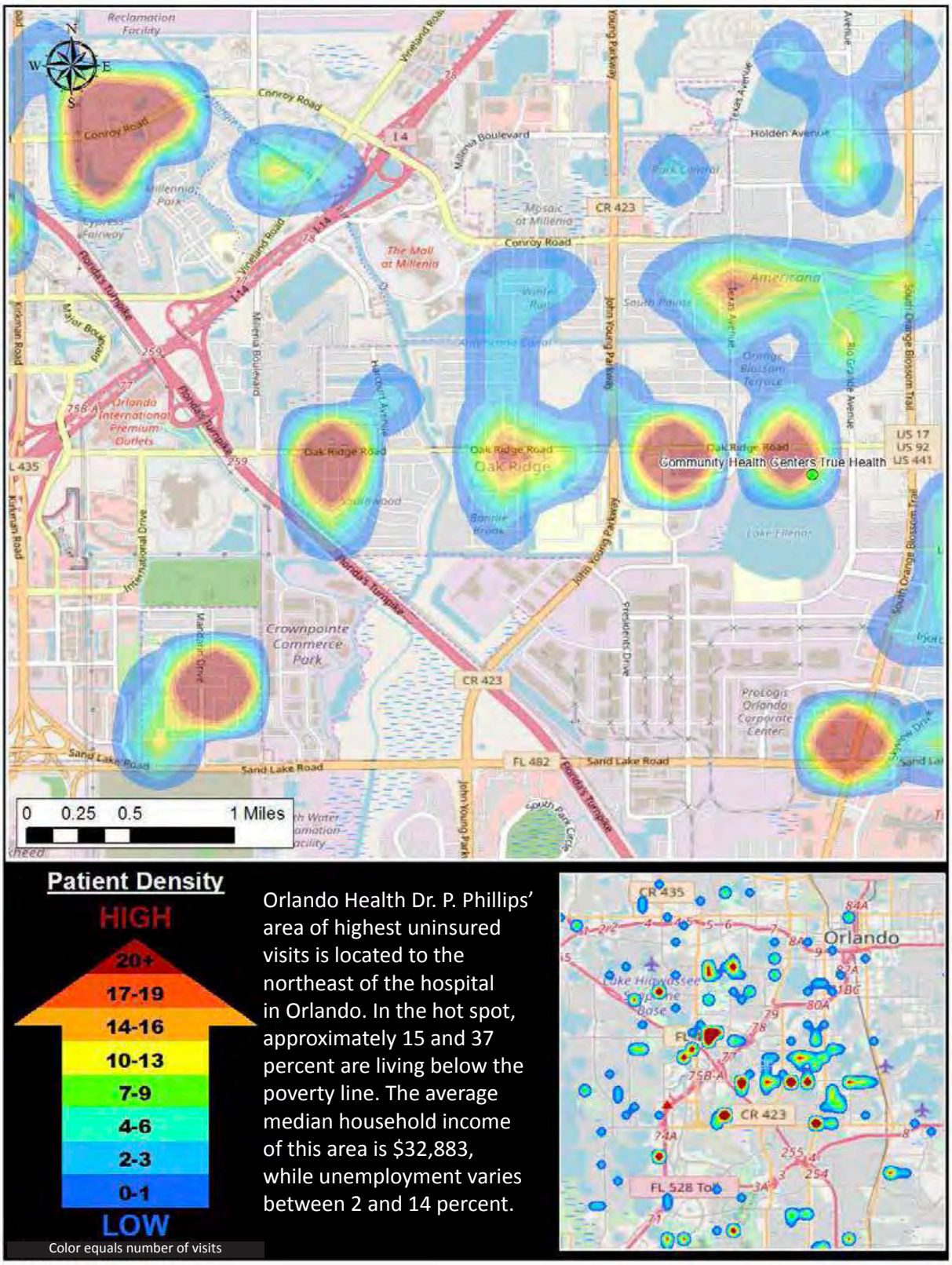
TABLE 9.119: ORLANDO HEALTH ARNOLD PALMER ECONOMIC CHARACTERISTICS OF TOP 5 CENSUS TRACTS, 2012-2019

Census Tract	Census Tract within Zip Code(s)	% Unemployed	Median HH Income	% Below Poverty
12-095-16903	32809, 32839	5.2%	$34,239	24.4%
12-095-14200	32809	13.5%	$34,734	29.5%
12-095-16907	32809, 32839	7.3%	$27,000	37.2%
12-095-14704	32811, 32835	10.1%	$48,083	10.7%
12-095-14601	32811	17.4%	$24,642	42.6%
Average		10.7%	$33,740	28.9%

Source: ProximityOne
Source: U.S. Census Bureau

Figure 9.21 illustrates the uninsured inpatient hot spot analysis for Orlando Health Dr. P. Phillips Hospital (Orlando Health Dr. P. Phillips).

FIGURE 9.21: ORLANDO HEALTH DR. P. PHILLIPS UNINSURED INPATIENT HOT SPOT ANALYSIS



Tables 9.120 through 9.125 outline the uninsured inpatient specific hot spot analysis for Orlando Health Dr. P. Phillips. The analysis includes all uninsured inpatient visits (Table 9.120) and focuses on those visits within the hot spot for fiscal years 2016 through 2018 (Tables 9.121 through 9.124) In the top six census tracts (the hot spot) from which the most frequent uninsured inpatient visits are generated, the average unemployment rate is about eight percent; approximately 27 percent of the population is living below the federal poverty level. The average annual median household income is $32,883. Table 9.125 displays the census tracts, what zip code(s) they are in and the economic conditions for the hot spot. The 339 uninsured inpatient visits from within the hot spot cost more than $17.2 million and accounted for 23.9 percent of all uninsured inpatient visits between 2016 to 2018 (Table 9.120). More than half (51 percent) of uninsured inpatient visits were made by patients who consider their race Other. Additionally, patients aged 40-49 accounted for 24.8 percent of uninsured inpatient visits.

Sepsis, unspecified organism, was the most frequent primary diagnosis code and had the highest total and average costs from uninsured inpatient visits within this hot spot at 7.7 percent and with a total cost of more than $2.4 million and an average cost of $92,747 between 2016 and 2018. Hypo-osmolality and hyponatremia was the most frequent secondary diagnosis from uninsured inpatient visits within this hot spot at 5.3 percent and with a total cost of more than $700,000 for the same time period. To protect patient privacy, any analysis that resulted in fewer than five visits or if a certain diagnosis had less than 200,000 new cases per year is not included, except for total cost per diagnosis.

TABLE 9.120: ORLANDO HEALTH DR. P. PHILLIPS UNINSURED INPATIENT VISIT COMPARISON, 2016-2018

Criteria*	Data Snapshot
Total uninsured inpatient visits	1,418
Total uninsured inpatient visits in hot spot	339
Total uninsured inpatient cost	$72,297,158
Total uninsured inpatient cost in hot spot	$17,297,895
Percent of uninsured inpatient visits in hot spot	23.9%
Total homeless uninsured inpatient visits	53
Homeless visits as a percent of all uninsured inpatient visits	3.7%
Total cost for uninsured inpatient homeless visits	$3,203,472

*Note: Includes individuals listed as homeless, unknown or homeless shelter/service facility for each of the total uninsured rows above; however, these individuals are not included in hot spot specific rows.
Source: Orlando Health Dr. P. Phillips Uninsured Inpatient Data

TABLE 9.121: ORLANDO HEALTH DR. P. PHILLIPS TOP 5 MOST FREQUENT UNINSURED INPATIENT PRIMARY DIAGNOSIS CODES, 2016-2018

Top 5 Primary Diagnosis Codes	Total Visits	Total Cost	% of all Visits in Hot Spot	Avg. Cost per Visit
A41.9 Sepsis, unspecified organism	26	$2,411,427	7.7%	$92,747
J18.9 Pneumonia, unspecified organism	8	$375,693	2.4%	$46,962
K52.9 Noninfective gastroenteritis and colitis, unspecified	8	$309,960	2.4%	$38,745
K57.32 Diverticulitis of large intestine without perforation or abscess without bleeding	8	$225,576	2.4%	$28,197
K35.80 Unspecified acute appendicitis	7	$428,595	2.1%	$61,228

Source: Orlando Health Dr. P. Phillips Uninsured Inpatient Data

TABLE 9.122: ORLANDO HEALTH DR. P. PHILLIPS TOP 5 MOST FREQUENT UNINSURED INPATIENT SECONDARY DIAGNOSIS CODES AND COSTS, 2016-2018

Top 5* Secondary Diagnosis Codes	Total Visits	Total Cost	% of all Visits in Hot Spot	Avg. Cost per Visit
E87.1 Hypo-osmolality and hyponatremia	18	$706,558	5.3%	$39,253
N17.9 Acute kidney failure, unspecified	15	$521,371	4.4%	$34,758
N39.0 Urinary tract infection, site not specified	12	$562,343	3.5%	$46,862
J18.9 Pneumonia, unspecified organism	8	$400,445	2.4%	$50,056
I10 Essential (primary) hypertension	7	$280,536	2.1%	$40,077
J96.01 Acute respiratory failure with hypoxia	7	$512,493	2.1%	$73,213
Z68.41 Body mass index (BMI) 40.0-44.9, adult	7	$258,664	2.1%	$36,952

*Top 7 listed due to multiple diagnoses with same number of total visits.
Source: Orlando Health Dr. P. Phillips Uninsured Inpatient Data

TABLE 9.123: ORLANDO HEALTH DR. P. PHILLIPS TOP 5 HIGHEST COST UNINSURED INPATIENT PRIMARY DIAGNOSIS CODES, 2016-2018

Top 5 Highest Cost Primary Diagnosis Codes	Total Visits	Total Cost	% of all Visits in Hot Spot	Avg. Cost per Visit
A41.9 Sepsis, unspecified organism	26	$2,411,427	7.7%	$92,747
K35.80 Unspecified acute appendicitis	7	$428,595	2.1%	$61,228
J18.9 Pneumonia, unspecified organism	8	$375,693	2.4%	$46,962
K80.00 Calculus of gallbladder with acute cholecystitis without obstruction	6	$338,107	1.8%	$56,351
I21.4 Non-ST elevation (NSTEMI), myocardial infarction*		$316,227		

*To protect patient privacy, any analysis that resulted in fewer than five visits or if a certain diagnosis had less than 200,000 new cases per year is not included, except for total cost per diagnosis.
Source: Orlando Health Dr. P. Phillips Uninsured Inpatient Data

TABLE 9.124: ORLANDO HEALTH DR. P. PHILLIPS UNINSURED INPATIENT VISITS BY RACE, ETHNICITY AND AGE, 2016-2018

Race	Number	%	Ethnic Group	Number	%	Age	Number	%
American Indian or Alaskan Native	0	0.0%	Hispanic or Latino	147	43.4%	0-18	1	0.3%
Asian	0	0.0%	Non-Hispanic or non-Latino	169	49.8%	19-29	58	17.1%
Black or African American	102	30.1%	Unknown or not given	23	6.8%	30-39	79	23.3%
Caucasian	58	17.1%				40-49	84	24.8%
East Indian	2	0.6%				50-59	72	21.2%
Hispanic	3	0.9%				60-69	32	9.4%
Native Hawaiian or Pacific Islander	0	0.0%				70-79	7	2.1%
Oriental	0	0.0%				80+	6	1.8%
Other	173	51.0%						
Unknown	1	0.3%						

Source: Orlando Health Dr. P. Phillips Uninsured Inpatient Data

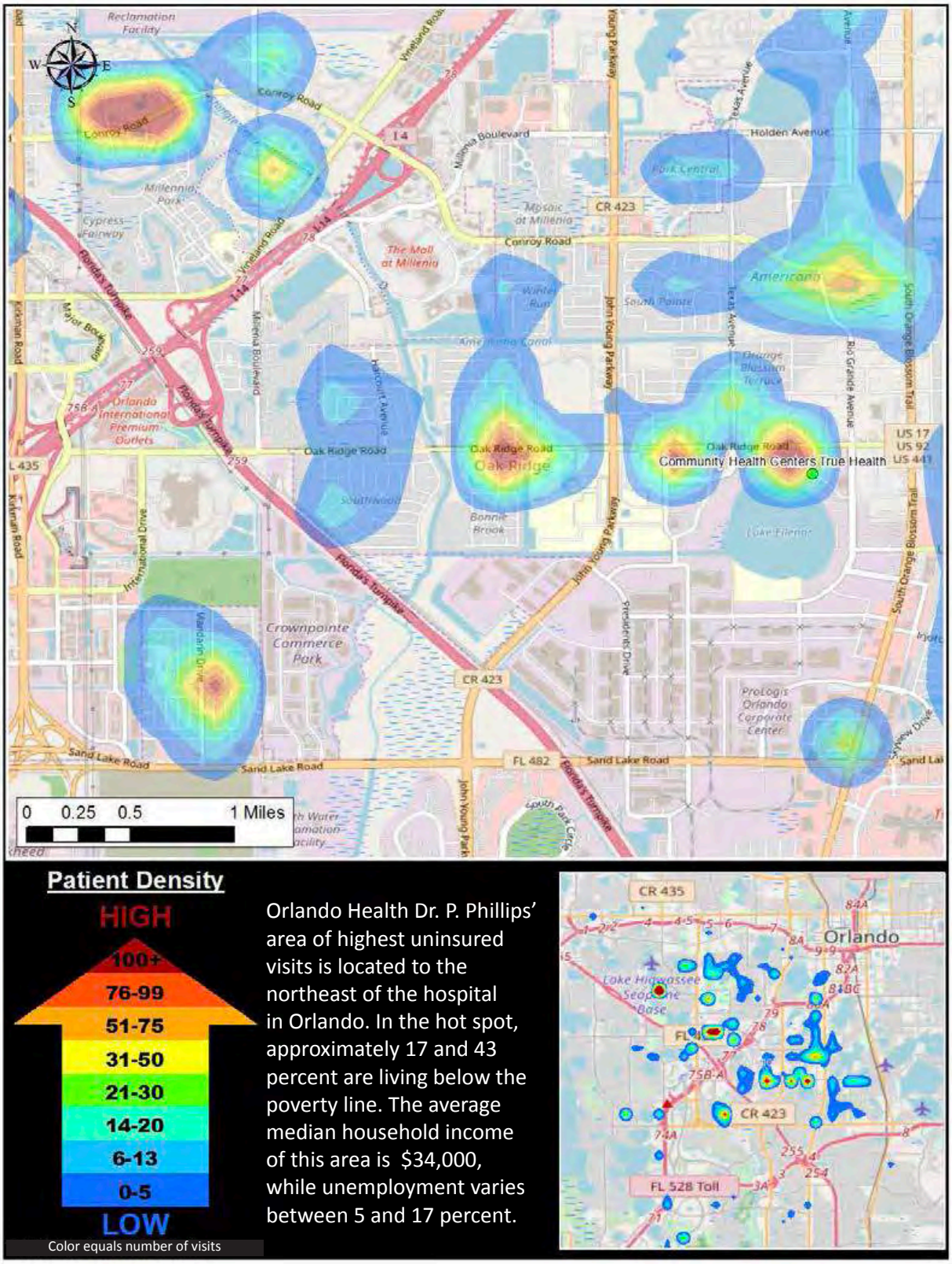
TABLE 9.125: ORLANDO HEALTH DR. P. PHILLIPS ECONOMIC CHARACTERISTICS OF TOP 5 CENSUS TRACTS, 2012-2019

Census Tract*	Census Tract within Zip Code(s)	% Unemployed	Median HH Income	% Below Poverty
12-095-014200	32809	13.5%	$34,734	29.5%
12-095-014606	32805, 32811	7.9%	$32,229	19.0%
12-095-014607	32811	2.3%	$37,500	15.2%
12-095-016902	32809	10.9%	$31,596	35.1%
12-095-016903	32809, 32839	5.2%	$34,239	24.4%
12-095-016907	32809, 32839	7.3%	$27,000	37.2%
Average		7.9%	$32,883	26.7%

*Top 6 listed due to multiple census tracts with same number of total visits.
Source: ProximityOne
Source: U.S. Census Bureau

Figure 9.22 illustrates the uninsured outpatient hot spot analysis for Orlando Health Dr. P. Phillips.

FIGURE 9.22: ORLANDO HEALTH DR. P. PHILLIPS UNINSURED OUTPATIENT HOT SPOT ANALYSIS



Tables 9.126 through 9.131 outline the uninsured outpatient specific hot spot analysis for Orlando Health Dr. P. Phillips. The analysis includes all uninsured outpatient visits (Table 9.126) and focuses on those visits within the hot spot for fiscal years 2016 through 2018 (Tables 9.127 through 9.130). In the top five census tracts (the hot spot) from which the most frequent uninsured outpatient visits are generated, the average unemployment rate is about 11 percent; approximately 27 percent of the population is living below the federal poverty level. The average annual median household income is $34,000. Table 9.131 displays the census tracts, what zip code(s) they are in and the economic conditions for the hot spot. The 5,807 uninsured outpatient visits from within the hot spot cost more than $19.8 million and accounted for 23.3 percent of all uninsured outpatient visits between 2016 and 2018 (Table 9.126). Just under half (45.2 percent) of uninsured outpatient visits were made by patients who consider their race Other. Additionally, patients aged 19-29 accounted for 38.5 percent of uninsured outpatient visits.

Urinary tract infection, site not specified, was the most frequent primary diagnosis code from uninsured outpatient visits within this hot spot at 3.1 percent and with a total cost of more than $700,000 between 2016 and 2018. Essential (primary) hypertension was the most frequent secondary diagnosis from uninsured outpatient visits within this hot spot at 4.1 percent and with a total cost of more than $700,000 for the same time period. The primary diagnosis with the highest total and average costs per uninsured outpatient visit was unspecified abdominal pain with a total cost of more than $800,000 and an average cost of $6,841.

TABLE 9.126: ORLANDO HEALTH DR. P. PHILLIPS UNINSURED OUTPATIENT VISIT COMPARISON, 2016-2018

Criteria*	Data Snapshot
Total uninsured outpatient visits	24,926
Total uninsured outpatient visits in hot spot	5,807
Total uninsured outpatient cost	$87,835,462
Total uninsured outpatient cost in hot spot	$19,866,706
Percent of uninsured outpatient visits in hot spot	23.3%
Total homeless uninsured outpatient visits	831
Homeless visits as a percent of all uninsured outpatient visits	3.3%
Total cost for uninsured outpatient homeless visits	$3,384,840

*Note: Includes individuals listed as homeless, unknown or homeless shelter/service facility for each of the total uninsured rows above; however, these individuals are not included in hot spot specific rows.
Source: Orlando Health Dr. P. Phillips Uninsured Outpatient Data

TABLE 9.127: ORLANDO HEALTH DR. P. PHILLIPS TOP 5 MOST FREQUENT UNINSURED OUTPATIENT PRIMARY DIAGNOSIS CODES, 2016-2018

Top 5 Primary Diagnosis Codes	Total Visits	Total Cost	% of all Visits in Hot Spot	Avg. Cost per Visit
N39.0 Urinary tract infection, site not specified	178	$762,084	3.1%	$4,281
R51 Headache	167	$844,742	2.9%	$5,058
J02.9 Acute pharyngitis, unspecified	166	$291,554	2.9%	$1,756
M54.5 Low back pain	124	$371,480	2.1%	$2,996
R10.9 Unspecified abdominal pain	124	$848,293	2.1%	$6,841

Source: Orlando Health Dr. P. Phillips Uninsured Outpatient Data

TABLE 9.128: ORLANDO HEALTH DR. P. PHILLIPS TOP 5 MOST FREQUENT UNINSURED OUTPATIENT SECONDARY DIAGNOSIS CODES AND COSTS, 2016-2018

Top 5* Secondary Diagnosis Codes	Total Visits	Total Cost	% of all Visits in Hot Spot	Avg. Cost per Visit
I10 Essential (primary) hypertension	238	$764,517	4.1%	$3,212
F17.210 Nicotine dependence, cigarettes, uncomplicated	204	$619,915	3.5%	$3,039
R51 Headache	78	$375,526	1.3%	$4,814
X58.XXXA Exposure to other specified factors, initial encounter	67	$128,977	1.2%	$1,925
R19.7 Diarrhea, unspecified	66	$337,843	1.1%	$5,119
R50.9 Fever, unspecified	66	$210,852	1.1%	$3,195

*Top 6 listed due to multiple diagnoses with same number of total visits.
Source: Orlando Health Dr. P. Phillips Uninsured Outpatient Data

TABLE 9.129: ORLANDO HEALTH DR. P. PHILLIPS TOP 5 HIGHEST COST UNINSURED OUTPATIENT PRIMARY DIAGNOSIS CODES, 2016-2018

Top 5 Highest Cost Primary Diagnosis Codes	Total Visits	Total Cost	% of all Visits in Hot Spot	Avg. Cost per Visit
R10.9 Unspecified abdominal pain	124	$848,293	2.1%	$6,841
R51 Headache	167	$844,742	2.9%	$5,058
N39.0 Urinary tract infection, site not specified	178	$762,084	3.1%	$4,281
R10.13 Epigastric pain	61	$410,698	1.1%	$6,733
R07.89 Other chest pain	86	$385,880	1.5%	$4,487

Source: Orlando Health Dr. P. Phillips Uninsured Outpatient Data

TABLE 9.130: ORLANDO HEALTH DR. P. PHILLIPS UNINSURED OUTPATIENT VISITS BY RACE, ETHNICITY AND AGE, 2016-2018

Race	Number	%	Ethnic Group	Number	%	Age	Number	%
American Indian or Alaskan Native	1	0.0%	Hispanic or Latino	1,984	34.2%	0-18	406	7.0%
Asian	22	0.4%	Non-Hispanic or non-Latino	2,790	48.0%	19-29	2,235	38.5%
Black or African American	2,358	40.6%	Unknown or not given	1,033	17.8%	30-39	1,472	25.3%
Caucasian	680	11.7%				40-49	985	17.0%
East Indian	25	0.4%				50-59	512	8.8%
Hispanic	15	0.3%				60-69	163	2.8%
Native Hawaiian or Pacific Islander	0	0.0%				70-79	24	0.4%
Oriental	8	0.1%				80+	10	0.2%
Other	2,625	45.2%						
Unknown	73	1.3%						

Source: Orlando Health Dr. P. Phillips Uninsured Outpatient Data

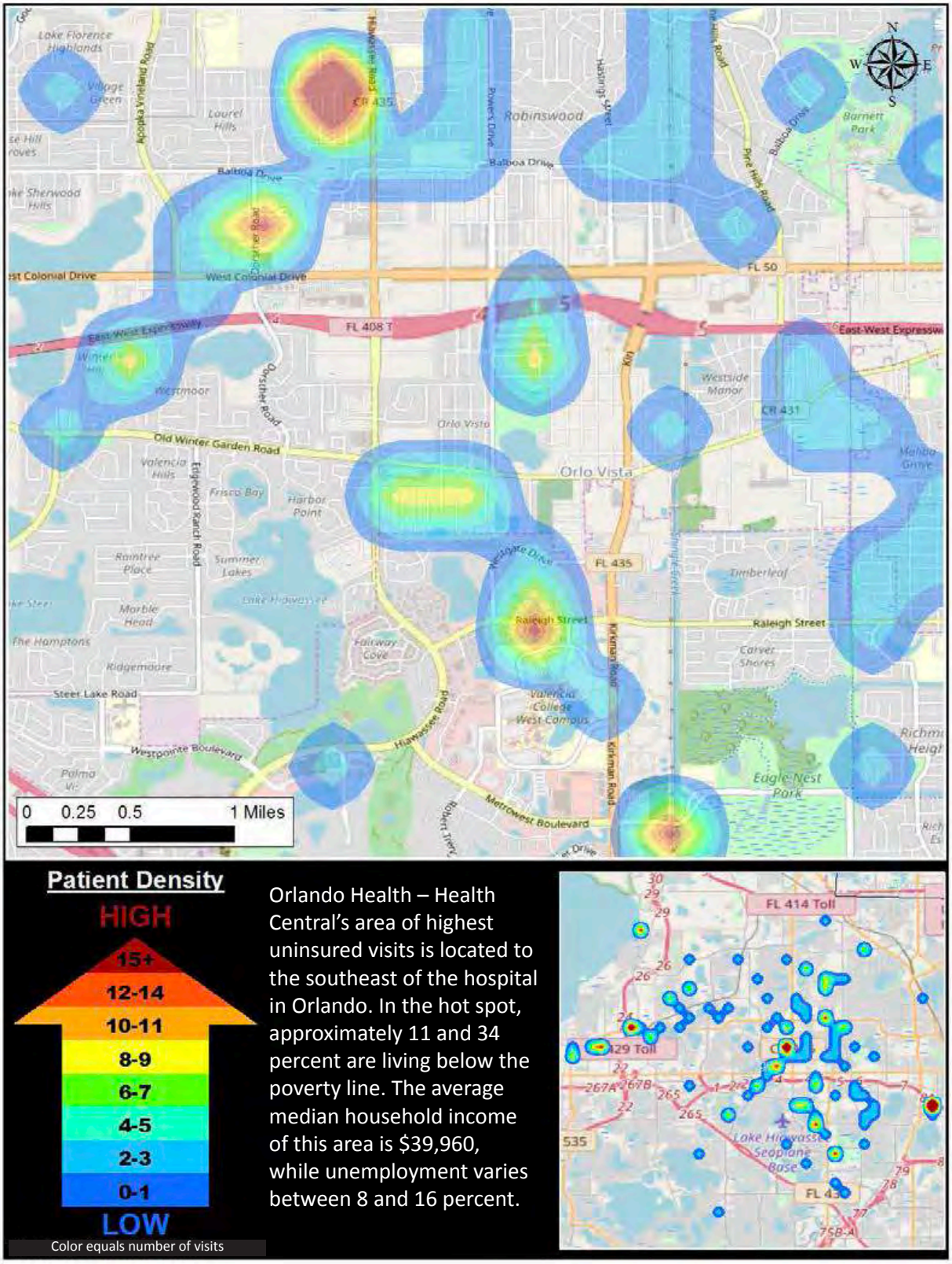
TABLE 9.131: ORLANDO HEALTH DR. P. PHILLIPS ECONOMIC CHARACTERISTICS OF TOP 5 CENSUS TRACTS, 2012-2019

Census Tract	Census Tract within Zip Code(s)	% Unemployed	Median HH Income	% Below Poverty
12-095-014200	32809	13.5%	$34,734	29.5%
12-095-014601	32811	17.4%	$24,642	42.6%
12-095-014606	32805, 32811	7.9%	$32,229	19.0%
12-095-016903	32809, 32839	5.2%	$34,239	24.4%
12-095-017001	32819	8.5%	$44,157	17.3%
Average		10.5%	$34,000	26.6%

Source: ProximityOne
Source: U.S. Census Bureau

Figure 9.23 illustrates the uninsured inpatient hot spot analysis for Orlando Health – Health Central Hospital (Orlando Health – Health Central).

FIGURE 9.23: ORLANDO HEALTH – HEALTH CENTRAL UNINSURED INPATIENT HOT SPOT ANALYSIS



Tables 9.132 through 9.137 outline the uninsured inpatient specific hot spot analysis for Orlando Health – Health Central. The analysis includes all uninsured inpatient visits (Table 9.132) and focuses on those visits within the hot spot for fiscal years 2016 through 2018 (Tables 9.133 through 9.136). In the top six census tracts (the hot spot) from which the most frequent uninsured inpatient visits are generated, the average unemployment rate is about 10 percent; approximately 20 percent of the population is living below the federal poverty level. The average annual median household income is $39,960. Table 9.137 displays the census tracts, what zip code(s) they are in and the economic conditions for the hot spot. The 180 uninsured inpatient visits from within the hot spot cost more than $5.6 million and accounted for 14 percent of all uninsured inpatient visits between 2016 and 2018 (Table 9.132). More than half (58.9 percent) of uninsured inpatient visits were made by Black or African American patients. Additionally, patients aged 30-39 accounted for 22.2 percent of uninsured inpatient visits.

Single liveborn infant, delivered vaginally, was the most frequent primary diagnosis code from uninsured inpatient visits within this hot spot at 6.1 percent and with a total cost of more than $74,000 between 2016 and 2018. Essential (primary) hypertension was the most frequent secondary diagnosis from uninsured inpatient visits within this hot spot at five percent and with a total cost of more than $700,000 for the same time period. The primary diagnosis with the highest total and average costs per visit was pneumonia, unspecified organism, with a total cost of more than $600,000 and an average cost of $125,138. To protect patient privacy, any analysis that resulted in fewer than five visits or if a certain diagnosis had less than 200,000 new cases per year is not included, except for total cost per diagnosis.

TABLE 9.132: ORLANDO HEALTH – HEALTH CENTRAL UNINSURED INPATIENT VISIT COMPARISON, 2016-2018

Criteria*	Data Snapshot
Total uninsured inpatient visits	1243
Total uninsured inpatient visits in hot spot	180
Total uninsured inpatient cost	$36,322,890
Total uninsured inpatient cost in hot spot	$5,669,011
Percent of uninsured inpatient visits in hot spot	14.0%
Total homeless uninsured inpatient visits	78
Homeless visits as a percent of all uninsured inpatient visits	6.3%
Total cost for uninsured inpatient homeless visits	$2,969,681

*Note: Includes individuals listed as homeless, unknown or homeless shelter/service facility for each of the total uninsured rows above; however, these individuals are not included in hot spot specific rows.
Source: Orlando Health – Health Central Uninsured Inpatient Data

TABLE 9.133: ORLANDO HEALTH – HEALTH CENTRAL TOP 5 MOST FREQUENT UNINSURED INPATIENT PRIMARY DIAGNOSIS CODES, 2016-2018

Top 5* Primary Diagnosis Codes	Total Visits	Total Cost	% of all Visits in Hot Spot	Avg. Cost per Visit
Z38.00 Single liveborn infant, delivered vaginally	11	$74,695	6.1%	$6,790
J45.901 Unspecified asthma with (acute) exacerbation	6	$134,740	3.3%	$22,457
I21.4 Non-ST elevation (NSTEMI) myocardial infarction	5	$431,566	2.8%	$86,313
J18.9 Pneumonia, unspecified organism	5	$625,690	2.8%	$125,138
J44.1 Chronic obstructive pulmonary disease with (acute) exacerbation	5	$111,005	2.8%	$22,201
N13.2 Hydronephrosis with renal and ureteral calculous obstruction	5	$214,417	2.8%	$42,883
R07.89 Other chest pain	5	$203,634	2.8%	$40,727

*Top 7 listed due to multiple diagnoses with same number of total visits.
Source: Orlando Health – Health Central Uninsured Inpatient Data

TABLE 9.134: ORLANDO HEALTH – HEALTH CENTRAL TOP 5 MOST FREQUENT UNINSURED INPATIENT SECONDARY DIAGNOSIS CODES AND COSTS, 2016-2018

Top 5** Secondary Diagnosis Codes	Total Visits	Total Cost	% of all Visits in Hot Spot	Avg. Cost per Visit
I10 Essential (primary) hypertension	9	$789,641	5.0%	$87,738
N17.9 Acute kidney failure, unspecified	9	$260,271	5.0%	$28,919
N39.0 Urinary tract infection, site not specified	5	$125,247	2.8%	$25,049
E11.65 Type 2 diabetes mellitus with hyperglycemia (combination)*		$77,836		
E11.9 Type 2 diabetes mellitus without complications*		$78,943		
J18.9 Pneumonia, unspecified organism*		$290,385		
P59.9 Neonatal jaundice, unspecified*		$22,390		

*To protect patient privacy, any analysis that resulted in fewer than five visits or if a certain diagnosis had less than 200,000 new cases per year is not included, except for total cost per diagnosis.
**Top 7 listed due to multiple diagnoses with same number of total visits.
Source: Orlando Health – Health Central Uninsured Inpatient Data

TABLE 9.135: ORLANDO HEALTH – HEALTH CENTRAL TOP 5 HIGHEST COST UNINSURED INPATIENT PRIMARY DIAGNOSIS CODES, 2016-2018

Top 5 Highest Cost Primary Diagnosis Codes	Total Visits	Total Cost	% of all Visits in Hot Spot	Avg. Cost per Visit
J18.9 Pneumonia, unspecified organism	5	$625,690	2.8%	$125,138
I21.4 Non-ST elevation (NSTEMI) myocardial infarction	5	$431,567	2.8%	$86,313
N13.2 Hydronephrosis with renal and ureteral calculous obstruction	5	$214,418	2.8%	$42,884
R07.89 Other chest pain	5	$203,634	2.8%	$40,727
L03.115 Cellulitis of right lower limb*		$191,970		

*To protect patient privacy, any analysis that resulted in fewer than five visits or if a certain diagnosis had less than 200,000 new cases per year is not included, except for total cost per diagnosis.
Source: Orlando Health – Health Central Uninsured Inpatient Data

TABLE 9.136: ORLANDO HEALTH – HEALTH CENTRAL UNINSURED INPATIENT VISITS BY RACE, ETHNICITY AND AGE, 2016-2018

Race	Number	%	Ethnic Group	Number	%	Age	Number	%
American Indian or Alaskan Native	0	0.0%	Hispanic or Latino	39	21.7%	0-18	14	7.8%
Asian	2	1.1%	Non-Hispanic or non-Latino	136	75.5%	19-29	34	18.9%
Black or African American	106	58.9%	Unknown or not given	5	2.8%	30-39	40	22.2%
Caucasian	55	30.6%				40-49	30	16.7%
East Indian	0	0.0%				50-59	34	18.9%
Hispanic	1	0.6%				60-69	19	10.6%
Native Hawaiian or Pacific Islander	0	0.0%				70-79	7	3.8%
Oriental	0	0.0%				80+	2	1.1%
Other	16	8.8%						
Unknown	0	0.0%						

Source: Orlando Health – Health Central Uninsured Inpatient Data

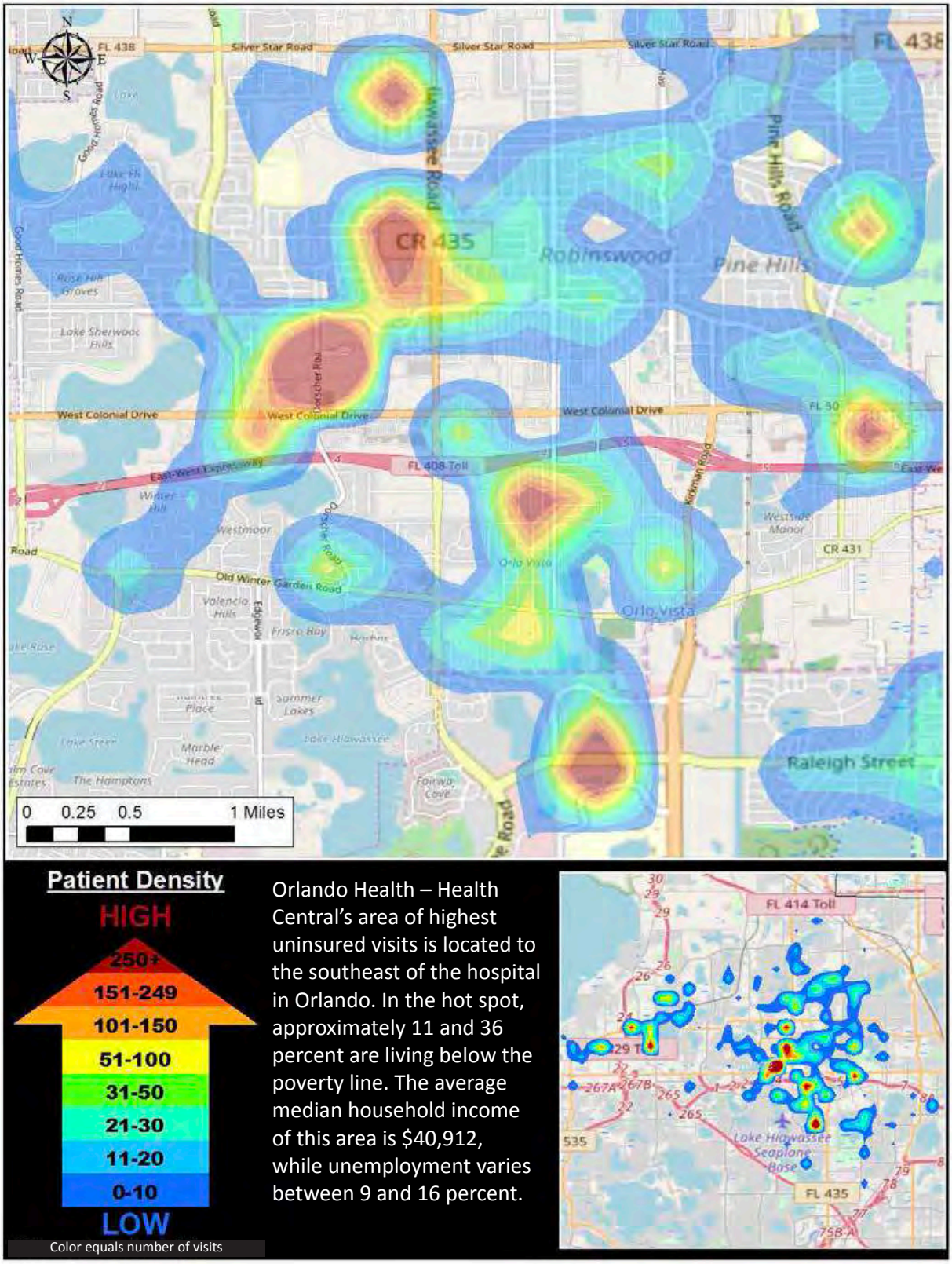
TABLE 9.137: ORLANDO HEALTH – HEALTH CENTRAL ECONOMIC CHARACTERISTICS OF TOP 5 CENSUS TRACTS, 2012-2019

Census Tract*	Census Tract within Zip Code(s)	% Unemployed	Median HH Income	% Below Poverty
12-095-14704	32811, 32835	10.1%	$48,083	10.7%
12-095-14609	32811	7.5%	$41,272	15.1%
12-095-14805	32818, 32835	7.8%	$40,891	16.7%
12-095-14904	32818	16.3%	$35,423	25.8%
12-095-14908	32818	9.3%	$43,841	16.3%
12-095-15001	34761	7.5%	$30,250	33.5%
Average		9.8%	$39,960	19.7%

*Top 6 listed due to multiple census tracts with same number of total visits.
Source: ProximityOne
Source: U.S. Census Bureau

Figure 9.24 illustrates the uninsured outpatient hot spot analysis for Orlando Health – Health Central.

FIGURE 9.24: ORLANDO HEALTH – HEALTH CENTRAL UNINSURED OUTPATIENT HOT SPOT ANALYSIS



Tables 9.138 through 9.143 outline the uninsured outpatient specific hot spot analysis for Orlando Health – Health Central. The analysis includes all uninsured outpatient visits (Table 9.138) and focuses on those visits within the hot spot for fiscal years 2016 through 2018 (Tables 9.139 through 9.142). In the top five census tracts (the hot spot) from which the most frequent uninsured outpatient visits are generated, the average unemployment rate is about 11 percent; approximately 18 percent of the population is living below the federal poverty level. The average annual median household income is $40,912. Table 9.143 displays the census tracts, what zip code(s) they are in and the economic conditions for the hot spot. The 3,492 uninsured outpatient visits from within the hot spot cost more than $14 million and accounted for 13.7 percent of all uninsured outpatient visits between 2016 and 2018 (Table 9.138). More than half (57.8 percent) of uninsured outpatient visits were made by Black or African American patients. Additionally, patients aged 19-29 accounted for 27.9 percent of uninsured outpatient visits.

End stage renal disease was the most frequent primary diagnosis code and had the highest total cost from uninsured outpatient visits within this hot spot at 18.5 percent and with a total cost of more than $1.7 million between 2016 and 2018. Dependence on renal dialysis was the most frequent secondary diagnosis from uninsured outpatient visits within this hot spot at 13.1 percent and with a total cost of more than $1.2 million for the same time period. The primary diagnosis with the highest average cost per uninsured outpatient visit was other chest pain with an average cost of $12,945.

TABLE 9.138: ORLANDO HEALTH – HEALTH CENTRAL UNINSURED OUTPATIENT VISIT COMPARISON, 2016-2018

Criteria*	Data Snapshot
Total uninsured outpatient visits	25,495
Total uninsured outpatient visits in hot spot	3,492
Total uninsured outpatient cost	$106,371,388
Total uninsured outpatient cost in hot spot	$14,026,680
Percent of uninsured outpatient visits in hot spot	13.7%
Total homeless uninsured outpatient visits	694
Homeless visits as a percent of all uninsured outpatient visits	2.7%
Total cost for uninsured outpatient homeless visits	$3,324,641

*Note: Includes individuals listed as homeless, unknown or homeless shelter/service facility for each of the total uninsured rows above; however, these individuals are not included in hot spot specific rows.
Source: Orlando Health – Health Central Uninsured Outpatient Data

TABLE 9.139: ORLANDO HEALTH – HEALTH CENTRAL TOP 5 MOST FREQUENT UNINSURED OUTPATIENT PRIMARY DIAGNOSIS CODES, 2016-2018

Top 5* Primary Diagnosis Codes	Total Visits	Total Cost	% of all Visits in Hot Spot	Avg. Cost per Visit
N18.6 End stage renal disease	646	$1,786,307	18.5%	$2,765
R07.89 Other chest pain	90	$1,165,056	2.6%	$12,945
M54.5 Low back pain	71	$278,465	2.0%	$3,922
N39.0 Urinary tract infection, site not specified	68	$314,438	1.9%	$4,624
J06.9 Acute upper respiratory infection, unspecified	58	$146,203	1.7%	$2,521
R51 Headache	58	$273,501	1.7%	$4,716

*Top 6 listed due to multiple diagnoses with the same number of total visits.
Source: Orlando Health – Health Central Uninsured Outpatient Data

TABLE 9.140: ORLANDO HEALTH – HEALTH CENTRAL TOP 5 MOST FREQUENT UNINSURED OUTPATIENT SECONDARY DIAGNOSIS CODES AND COSTS, 2016-2018

Top 5* Secondary Diagnosis Codes	Total Visits	Total Cost	% of all Visits in Hot Spot	Avg. Cost per Visit
Z99.2 Dependence on renal dialysis	458	$1,281,054	13.1%	$2,797
D63.1 Anemia in chronic kidney disease	183	$503,603	5.2%	$2,752
I10 Essential (primary) hypertension	177	$944,875	5.1%	$5,338
F17.210 Nicotine dependence, cigarettes, uncomplicated	65	$243,305	1.9%	$3,743
R51 Headache	40	$250,455	1.1%	$6,261
X58.XXXA Exposure to other specified factors, initial encounter	40	$105,254	1.1%	$2,631

*Top 6 listed due to multiple diagnoses with the same number of total visits.
Source: Orlando Health – Health Central Uninsured Outpatient Data

TABLE 9.141: ORLANDO HEALTH – HEALTH CENTRAL TOP 5 HIGHEST COST UNINSURED OUTPATIENT PRIMARY DIAGNOSIS CODES, 2016-2018

Top 5 Highest Cost Primary Diagnosis Codes	Total Visits	Total Cost	% of all Visits in Hot Spot	Avg. Cost per Visit
N18.6 End stage renal disease	646	$1,786,308	18.5%	$2,765
R07.89 Other chest pain	90	$1,165,057	2.6%	$12,945
R07.9 Chest pain, unspecified	41	$321,106	1.2%	$7,832
N39.0 Urinary tract infection, site not specified	68	$314,438	1.9%	$4,624
M54.5 Low back pain	71	$278,466	2.0%	$3,922

Source: Orlando Health – Health Central Uninsured Outpatient Data

TABLE 9.142: ORLANDO HEALTH – HEALTH CENTRAL UNINSURED OUTPATIENT VISITS BY RACE, ETHNICITY AND AGE, 2016-2018

Race	Number	%	Ethnic Group	Number	%	Age	Number	%
American Indian or Alaskan Native	0	0.0%	Hispanic or Latino	827	23.6%	0-18	216	6.2%
Asian	4	0.1%	Non-Hispanic or non-Latino	2,642	75.7%	19-29	976	27.9%
Black or African American	2,019	57.8%	Unknown or not given	23	0.7%	30-39	699	20.0%
Caucasian	1,244	35.6%				40-49	866	24.8%
East Indian	0	0.0%				50-59	563	16.1%
Hispanic	10	0.3%				60-69	122	3.5%
Native Hawaiian or Pacific Islander	0	0.0%				70-79	27	0.8%
Oriental	0	0.0%				80+	23	0.7%
Other	215	6.2%						
Unknown	0	0.0%						

Source: Orlando Health – Health Central Uninsured Outpatient Data

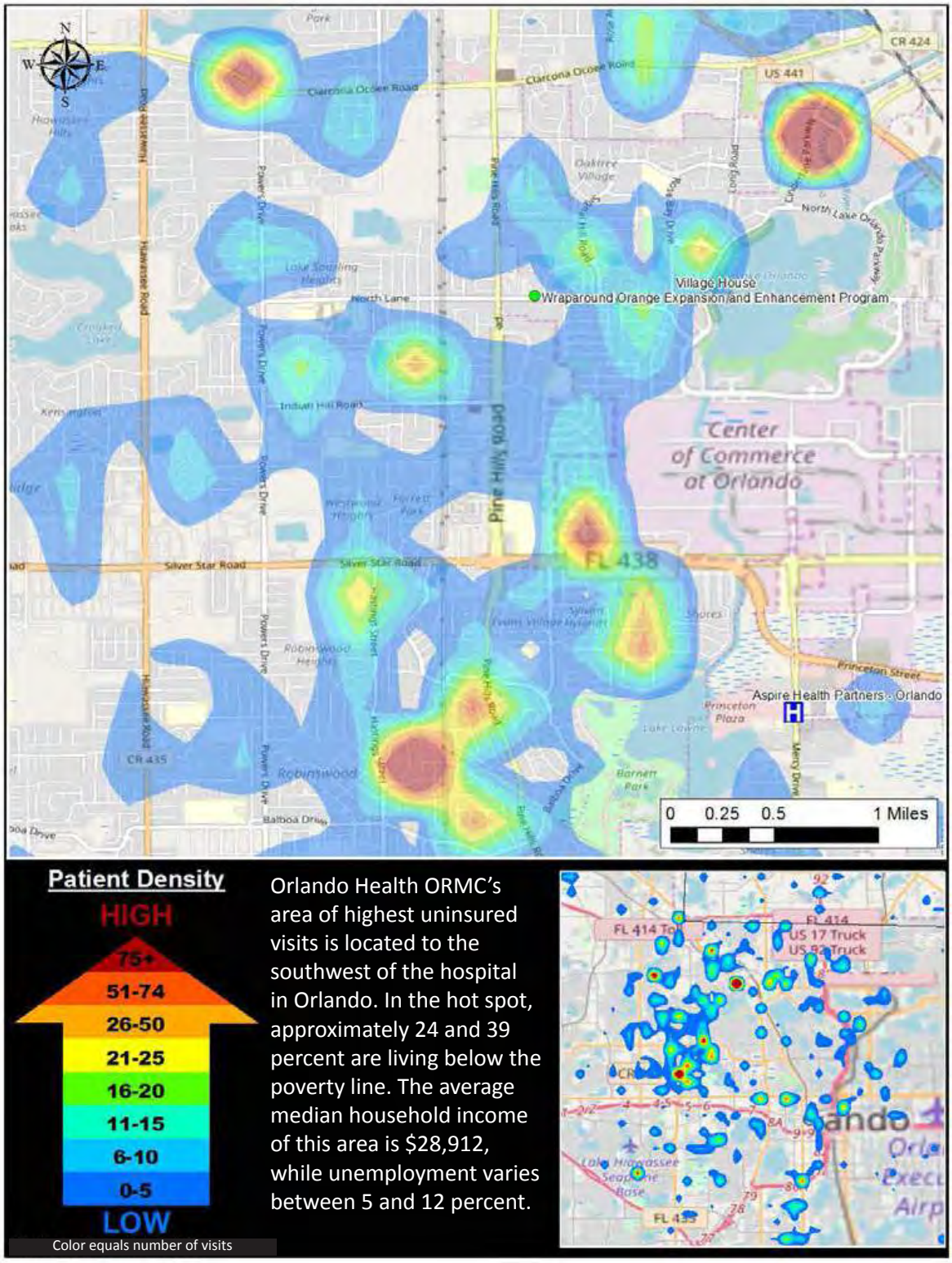
TABLE 9.143: ORLANDO HEALTH – HEALTH CENTRAL ECONOMIC CHARACTERISTICS OF TOP 5 CENSUS TRACTS, 2012-2019

Census Tract	Census Tract within Zip Code(s)	% Unemployed	Median HH Income	% Below Poverty
12-095-14502	32839	10.6%	$23,984	35.7%
12-095-14904	32818	16.3%	$35,423	25.8%
12-095-17300	34787	9.0%	$36,301	20.9%
12-095-14704	32811, 32835	10.1%	$48,083	10.7%
12-095-14908	32818	9.3%	$43,841	16.3%
Average		11.2%	$40,912	18.4%

Source: ProximityOne
Source: U.S. Census Bureau

Figure 9.25 illustrates the uninsured inpatient hot spot analysis for Orlando Health Orlando Regional Medical Center (Orlando Health ORMC).

FIGURE 9.25: ORLANDO HEALTH ORMC UNINSURED INPATIENT HOT SPOT ANALYSIS



Orlando Health ORMC's area of highest uninsured visits is located to the southwest of the hospital in Orlando. In the hot spot, approximately 24 and 39 percent are living below the poverty line. The average median household income of this area is $28,912, while unemployment varies between 5 and 12 percent.

Tables 9.144 through 9.149 outline the uninsured inpatient specific hot spot analysis for Orlando Health ORMC. The analysis includes all uninsured inpatient visits (Table 9.144) and focuses on those visits within the hot spot for fiscal years 2016 through 2018 (Tables 9.145 through 9.148). In the top five census tracts (the hot spot) from which the most frequent uninsured inpatient visits are generated, the average unemployment rate is about 10 percent; approximately 32 percent of the population is living below the federal poverty level. The average annual median household income is $28,912. Table 9.149 displays the census tracts, what zip code(s) they are in and the economic conditions for the hot spot. The 371 uninsured inpatient visits from within the hot spot cost more than $32.2 million and accounted for 13.3 percent of all uninsured inpatient visits between 2016 and 2018 (Table 9.144). More than half (53.1 percent) of uninsured inpatient visits were made by Black or African American patients. Additionally, patients aged 50-59 accounted for 28 percent of uninsured inpatient visits.

Sepsis, unspecified organism, was the most frequent primary diagnosis code from uninsured inpatient visits within this hot spot at 3.8 percent and with a total cost of more than $1.5 million between 2016 and 2018. Hypo-osmolality and hyponatremia was the most frequent secondary diagnosis from uninsured inpatient visits within this hot spot at 5.4 percent and with a total cost of more than $1 million for the same time period. The primary diagnosis with the highest total cost per uninsured inpatient visit was osteomyelitis of vertebra, thoracic region, with a total cost of more than $2.5 million per uninsured inpatient visit. To protect patient privacy, any analysis that resulted in fewer than five visits or if a certain diagnosis had less than 200,000 new cases per year is not included, except for total cost per diagnosis.

TABLE 9.144: ORLANDO HEALTH ORMC UNINSURED INPATIENT VISIT COMPARISON, 2016-2018

Criteria*	Data Snapshot
Total uninsured inpatient visits	2,786
Total uninsured inpatient visits in hot spot	371
Total uninsured inpatient cost	$236,253,745
Total uninsured inpatient cost in hot spot	$32,276,769
Percent of uninsured inpatient visits in hot spot	13.3%
Total homeless uninsured inpatient visits	467
Homeless visits as a percent of all uninsured inpatient visits	16.8%
Total cost for uninsured inpatient homeless visits	$31,984,005

*Note: Includes individuals listed as homeless, unknown or homeless shelter/service facility for each of the total uninsured rows above; however, these individuals are not included in hot spot specific rows.
Source: Orlando Health ORMC Uninsured Inpatient Data

TABLE 9.145: ORLANDO HEALTH ORMC TOP 5 MOST FREQUENT UNINSURED INPATIENT PRIMARY DIAGNOSIS CODES, 2016-2018

Top 5 Primary Diagnosis Codes	Total Visits	Total Cost	% of all Visits in Hot Spot	Avg. Cost per Visit
A41.9 Sepsis, unspecified organism	14	$1,555,915	3.8%	$111,136
I11.0 Hypertensive heart disease with heart failure	11	$602,146	3.0%	$54,741
B20 Human immunodeficiency virus (HIV) disease*		$752,020		
R07.89 Other chest pain	7	$422,574	1.9%	$60,368
D57.00 Hb-SS disease with crisis, unspecified*		$361,122		

* To protect patient privacy, any analysis that resulted in fewer than five visits or if a certain diagnosis had less than 200,000 new cases per year is not included, except for total cost per diagnosis.
Source: Orlando Health ORMC Uninsured Inpatient Data

TABLE 9.146: ORLANDO HEALTH ORMC TOP 5 MOST FREQUENT UNINSURED INPATIENT SECONDARY DIAGNOSIS CODES AND COSTS, 2016-2018

Top 5** Secondary Diagnosis Codes	Total Visits	Total Cost	% of all Visits in Hot Spot	Avg. Cost per Visit
E87.1 Hypo-osmolality and hyponatremia	20	$1,029,348	5.4%	$51,467
N17.9 Acute kidney failure, unspecified	18	$1,020,526	4.9%	$56,696
J96.01 Acute respiratory failure with hypoxia	13	$4,337,815	3.5%	$333,678
B20 Human immunodeficiency virus (HIV) disease*		$1,001,331		
D62 Acute posthemorrhagic anemia	6	$293,314	1.6%	$48,886
F17.210 Nicotine dependence, cigarettes, uncomplicated	6	$210,972	1.6%	$35,162
I10 Essential (primary) hypertension	6	$335,327	1.6%	$55,888
J18.9 Pneumonia, unspecified organism	6	$300,070	1.6%	$50,012

* To protect patient privacy, any analysis that resulted in fewer than five visits or if a certain diagnosis had less than 200,000 new cases per year is not included, except for total cost per diagnosis.
**Top 8 listed due to multiple diagnoses with same number of total visits.
Source: Orlando Health ORMC Uninsured Inpatient Data

TABLE 9.147: ORLANDO HEALTH ORMC TOP 5 HIGHEST COST UNINSURED INPATIENT PRIMARY DIAGNOSIS CODES, 2016-2018

Top 5 Highest Cost Primary Diagnosis Codes	Total Visits	Total Cost	% of all Visits in Hot Spot	Avg. Cost per Visit
M46.24 Osteomyelitis of vertebra, thoracic region*		$2,581,795		
A41.9 Sepsis, unspecified organism	14	$1,555,915	3.8%	$111,137
S06.5X9A Traumatic subdural hemorrhage with loss of consciousness of unspecific duration, initial encounter*		$999,356		
S27.2XXA Traumatic hemopneumothorax, initial encounter*		$767,413		
B20 Human immunodeficiency virus (HIV) disease*		$752,020		

*To protect patient privacy, any analysis that resulted in fewer than five visits or if a certain diagnosis had less than 200,000 new cases per year is not included, except for total cost per diagnosis.
Source: Orlando Health ORMC Uninsured Inpatient Data

TABLE 9.148: ORLANDO HEALTH ORMC UNINSURED INPATIENT VISITS BY RACE, ETHNICITY AND AGE, 2016-2018

Race	Number	%	Ethnic Group	Number	%	Age	Number	%
American Indian or Alaskan Native	0	0.0%	Hispanic or Latino	69	18.6%	0-18	3	0.8%
Asian	0	0.0%	Non-Hispanic or non-Latino	273	73.6%	19-29	62	16.7%
Black or African American	197	53.1%	Unknown or not given	29	7.8%	30-39	71	19.1%
Caucasian	89	24.0%				40-49	83	22.4%
East Indian	0	0.0%				50-59	104	28.1%
Hispanic	0	0.0%				60-69	40	10.8%
Native Hawaiian or Pacific Islander	0	0.0%				70-79	3	0.8%
Oriental	0	0.0%				80+	5	1.3%
Other	82	22.1%						
Unknown	3	0.8%						

Source: Orlando Health ORMC Uninsured Inpatient Data

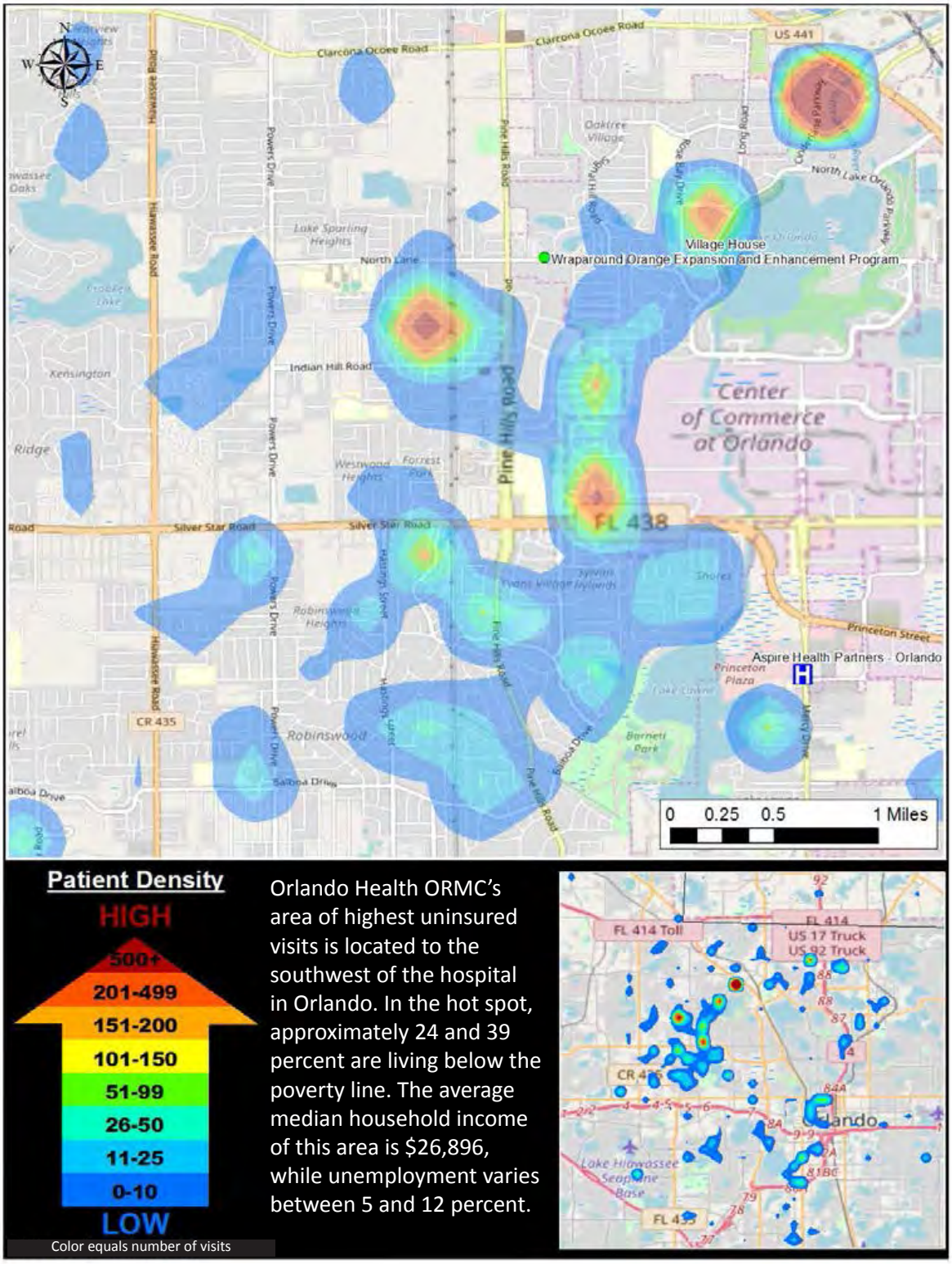
TABLE 9.149: ORLANDO HEALTH ORMC ECONOMIC CHARACTERISTICS OF TOP 5 CENSUS TRACTS, 2012-2019

Census Tract	Census Tract within Zip Code(s)	% Unemployed	Median HH Income	% Below Poverty
12-095-011600	32805	12.4%	$22,955	39.1%
12-095-016903	32809, 32839	5.2%	$34,239	24.4%
12-095-016907	32809, 32839	7.3%	$27,000	37.2%
12-095-018300	32804, 32805, 32808, 32811	11.1%	$34,063	24.0%
12-095-018500	32805, 32806	11.9%	$26,301	34.6%
Average		9.6%	$28,912	31.9%

Source: ProximityOne
Source: U.S. Census Bureau

Figure 9.26 illustrates the uninsured outpatient hot spot analysis for Orlando Health ORMC.

FIGURE 9.26: ORLANDO HEALTH ORMC UNINSURED OUTPATIENT HOT SPOT ANALYSIS



Tables 9.150 through 9.155 outline the uninsured outpatient specific hot spot analysis for Orlando Health ORMC. The analysis includes all uninsured outpatient visits (Table 9.150) and focuses on those visits within the hot spot for fiscal years 2016 through 2018 (Tables 9.151 through 9.154). In the top five census tracts (the hot spot) from which the most frequent uninsured outpatient visits are generated, the average unemployment rate is about 10 percent; approximately 34 percent of the population is living below the federal poverty level. The average annual median household income is $26,896. Table 9.155 displays the census tracts, what zip code(s) they are in and the economic conditions for the hot spot. The 5,872 uninsured outpatient visits from within the hot spot cost more than $20.9 million and accounted for 18.6 percent of all uninsured outpatient visits between 2016 and 2018 (Table 9.150). More than half (55.7 percent) of uninsured outpatient visits were made by Black or African American patients. Additionally, patients aged 19-29 accounted for 34.5 percent of uninsured outpatient visits.

Low back pain was the most frequent primary diagnosis code from uninsured outpatient visits within this hot spot at 3.2 percent and with a total cost of more than $500,000 between 2016 and 2018. Nicotine dependence, cigarettes, uncomplicated, was the most frequent secondary diagnosis from uninsured outpatient visits within this hot spot at 6.3 percent and with a total cost of more than $1 million for the same time period. The primary diagnosis with the highest total and average costs per uninsured outpatient visit was unspecified abdominal pain with a total cost of more than $800,000 and an average cost of $5,751.

TABLE 9.150: ORLANDO HEALTH ORMC UNINSURED OUTPATIENT VISIT COMPARISON, 2016-2018

Criteria*	Data Snapshot
Total uninsured outpatient visits	31,587
Total uninsured outpatient visits in hot spot	5,872
Total uninsured outpatient cost	$118,192,071
Total uninsured outpatient cost in hot spot	$20,931,905
Percent of uninsured outpatient visits in hot spot	18.6%
Total homeless uninsured outpatient visits	3,944
Homeless visits as a percent of all uninsured outpatient visits	12.5%
Total cost for uninsured outpatient homeless visits	$17,085,797

*Note: Includes individuals listed as homeless, unknown or homeless shelter/service facility for each of the total uninsured rows above; however, these individuals are not included in hot spot specific rows.
Source: Orlando Health ORMC Uninsured Outpatient Data

TABLE 9.151: ORLANDO HEALTH ORMC TOP 5 MOST FREQUENT UNINSURED OUTPATIENT PRIMARY DIAGNOSIS CODES, 2016-2018

Top 5 Primary Diagnosis Codes	Total Visits	Total Cost	% of all Visits in Hot Spot	Avg. Cost per Visit
M54.5 Low back pain	188	$566,186	3.2%	$3,012
R51 Headache	186	$841,829	3.2%	$4,526
R10.9 Unspecified abdominal pain	156	$897,100	2.7%	$5,751
R07.9 Chest pain, unspecified	135	$631,274	2.3%	$4,676
J06.9 Acute upper respiratory infection, unspecified	117	$237,415	2.0%	$2,029

Source: Orlando Health ORMC Uninsured Outpatient Data

TABLE 9.152: ORLANDO HEALTH ORMC TOP 5 MOST FREQUENT UNINSURED OUTPATIENT SECONDARY DIAGNOSIS CODES AND COSTS, 2016-2018

Top 5 Secondary Diagnosis Codes	Total Visits	Total Cost	% of all Visits in Hot Spot	Avg. Cost per Visit
F17.210 Nicotine dependence, cigarettes, uncomplicated	369	$1,088,480	6.3%	$2,950
I10 Essential (primary) hypertension	304	$1,155,040	5.2%	$3,799
Z72.0 Tobacco use	112	$366,376	1.9%	$3,271
R11.2 Nausea with vomiting, unspecified	83	$516,362	1.4%	$6,221
G89.29 Other chronic pain	80	$221,327	1.4%	$2,767

Source: Orlando Health ORMC Uninsured Outpatient Data

TABLE 9.153: ORLANDO HEALTH ORMC TOP 5 HIGHEST COST UNINSURED OUTPATIENT PRIMARY DIAGNOSIS CODES, 2016-2018

Top 5 Highest Cost Primary Diagnosis Codes	Total Visits	Total Cost	% of all Visits in Hot Spot	Avg. Cost per Visit
R10.9 Unspecified abdominal pain	156	$897,100	2.7%	$5,751
R51 Headache	186	$841,829	3.2%	$4,526
R07.9 Chest pain, unspecified	135	$631,274	2.3%	$4,676
M54.5 Low back pain	188	$566,186	3.2%	$3,012
R07.89 Other chest pain	109	$487,459	1.9%	$4,472

Source: Orlando Health ORMC Uninsured Outpatient Data

TABLE 9.154: ORLANDO HEALTH ORMC UNINSURED OUTPATIENT VISITS BY RACE, ETHNICITY AND AGE, 2016-2018

Race	Number	%	Ethnic Group	Number	%	Age	Number	%
American Indian or Alaskan Native	2	0.0%	Hispanic or Latino	1,271	21.6%	0-18	91	1.5%
Asian	5	0.1%	Non-Hispanic or non-Latino	3,681	62.7%	19-29	2,024	34.5%
Black or African American	3,272	55.7%	Unknown or not given	920	15.7%	30-39	1,553	26.4%
Caucasian	914	15.6%				40-49	1,246	21.3%
East Indian	12	0.2%				50-59	759	12.9%
Hispanic	27	0.5%				60-69	174	3.0%
Native Hawaiian or Pacific Islander	0	0.0%				70-79	19	0.3%
Oriental	8	0.1%				80+	6	0.1%
Other	1,548	26.4%						
Unknown	84	1.4%						

Source: Orlando Health ORMC Uninsured Outpatient Data

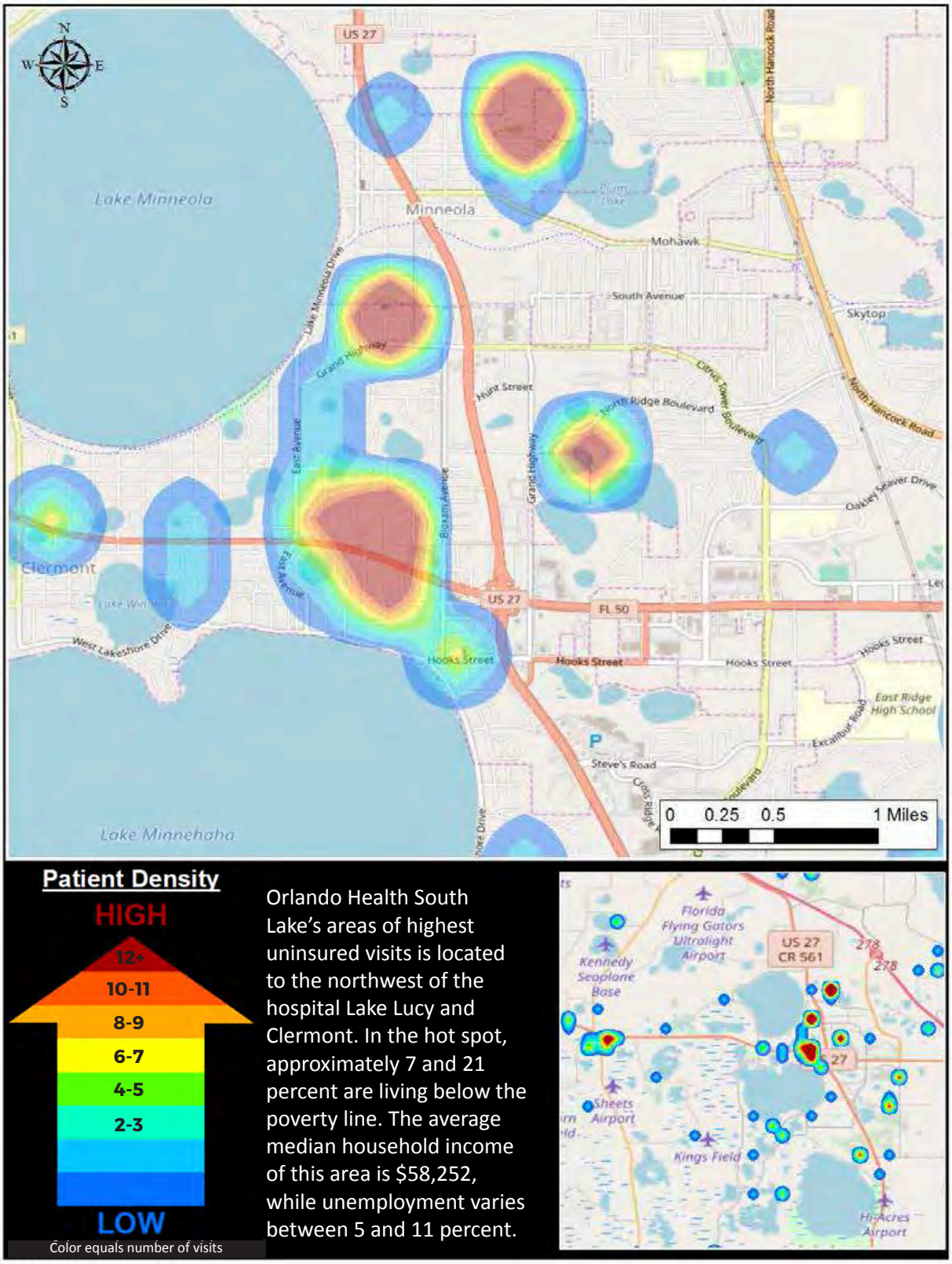
TABLE 9.155: ORLANDO HEALTH ORMC ECONOMIC CHARACTERISTICS OF TOP 5 CENSUS TRACTS, 2012-2019

Census Tract	Census Tract within Zip Code(s)	% Unemployed	Median HH Income	% Below Poverty
12-095-011600	32805	12.4%	$22,955	39.1%
12-095-014502	32839	10.6%	$23,984	35.7%
12-095-016903	32809, 32839	5.2%	$34,239	24.4%
12-095-016907	32809, 32839	7.3%	$27,000	37.2%
12-095-018500	32805, 32806	11.9%	$26,301	34.6%
Average		9.5%	$26,896	34.2%

Source: ProximityOne
Source: U.S. Census Bureau

Figure 9.27 illustrates the uninsured inpatient hot spot analysis for Orlando Health South Lake Hospital (Orlando Health South Lake).

FIGURE 9.27: ORLANDO HEALTH SOUTH LAKE UNINSURED INPATIENT HOT SPOT ANALYSIS



Orlando Health South Lake's areas of highest uninsured visits is located to the northwest of the hospital Lake Lucy and Clermont. In the hot spot, approximately 7 and 21 percent are living below the poverty line. The average median household income of this area is $58,252, while unemployment varies between 5 and 11 percent.

Tables 9.156 through 9.161 outline the uninsured inpatient specific hot spot analysis for Orlando Health South Lake. The analysis includes all uninsured inpatient visits (Table 9.156) and focuses on those visits within the hot spot for fiscal years 2016 through 2018 (Tables 9.157 through 9.160). In the top five census tracts (the hot spot) from which the most frequent uninsured inpatient visits are generated, the average unemployment rate is about seven percent; approximately 12 percent of the population is living below the federal poverty level. The average annual median household income is $58,252. Table 9.161 displays the census tracts, what zip code(s) they are in and the economic conditions for the hot spot. The 551 uninsured inpatient visits from within the hot spot cost more than $23.6 million and accounted for 66 percent of all uninsured inpatient visits between 2016 and 2018 (Table 9.156). More than half (55.9 percent) of uninsured inpatient visits were made by Caucasian patients. Additionally, patients aged 40-49 accounted for 24 percent of uninsured inpatient visits.

Sepsis, unspecified organism, was the most frequent primary diagnosis code and had the highest total cost from uninsured inpatient visits within this hot spot at 6.4 percent and with a total cost of more than $1.7 million between 2016 and 2018. Acute kidney failure, unspecified, was the most frequent secondary diagnosis from uninsured inpatient visits within this hot spot at 3.3 percent and with a total cost of more than $800,000 for the same time period. The primary diagnosis with the highest average cost per uninsured inpatient visit was non-ST elevation (NSTEMI) myocardial infarction with an average cost of $112,168. To protect patient privacy, any analysis that resulted in fewer than five visits or if a certain diagnosis had less than 200,000 new cases per year is not included, except for total cost per diagnosis.

TABLE 9.156: ORLANDO HEALTH SOUTH LAKE UNINSURED INPATIENT VISIT COMPARISON, 2016-2018

Criteria*	Data Snapshot
Total uninsured inpatient visits	835
Total uninsured inpatient visits in hot spot	551
Total uninsured inpatient cost	$37,278,006
Total uninsured inpatient cost in hot spot	$23,651,206
Percent of uninsured inpatient visits in hot spot	66.0%
Total homeless uninsured inpatient visits	19
Homeless visits as a percent of all uninsured inpatient visits	2.3%
Total cost for uninsured inpatient homeless visits	$969,361

*Note: Includes individuals listed as homeless, unknown or homeless shelter/service facility for each of the total uninsured rows above; however, these individuals are not included in hot spot specific rows.
Source: Orlando Health South Lake Uninsured Inpatient Data

TABLE 9.157: ORLANDO HEALTH SOUTH LAKE TOP 5 MOST FREQUENT UNINSURED INPATIENT PRIMARY DIAGNOSIS CODES, 2016-2018

Top 5* Primary Diagnosis Codes	Total Visits	Total Cost	% of all Visits in Hot Spot	Avg. Cost per Visit
A41.9 Sepsis, unspecified organism	35	$1,749,956	6.4%	$49,998
Z38.00 Single liveborn infant, delivered vaginally	26	$125,172	4.7%	$4,814
R07.89 Other chest pain	14	$538,560	2.5%	$38,469
Z38.01 Single liveborn infant, delivered by cesarean	14	$128,004	2.5%	$9,143
I21.4 Non-ST elevation (NSTEMI) myocardial infarction	13	$1,458,183	2.4%	$112,168
J44.1 Chronic obstructive pulmonary disease with (acute) exacerbation	13	$535,253	2.4%	$41,173

*Top 6 listed due to multiple diagnoses with same number of total visits.
Source: Orlando Health South Lake Uninsured Inpatient Data

TABLE 9.158: ORLANDO HEALTH SOUTH LAKE TOP 5 MOST FREQUENT UNINSURED INPATIENT SECONDARY DIAGNOSIS CODES AND COSTS, 2016-2018

Top 5* Secondary Diagnosis Codes	Total Visits	Total Cost	% of all Visits in Hot Spot	Avg. Cost per Visit
N17.9 Acute kidney failure, unspecified	18	$876,544	3.3%	$48,697
E87.1 Hypo-osmolality and hyponatremia	16	$617,641	2.9%	$38,603
I10 Essential (primary) hypertension	16	$623,762	2.9%	$38,985
F17.210 Nicotine dependence, cigarettes, uncomplicated	10	$307,704	1.8%	$30,770
E87.6 Hypokalemia	8	$183,269	1.5%	$22,909
J96.01 Acute respiratory failure with hypoxia	8	$486,344	1.5%	$60,793
N17.0 Acute kidney failure with tubular necrosis	8	$601,342	1.5%	$75,168

*Top 7 listed due to multiple diagnoses with same number of total visits.
Source: Orlando Health South Lake Uninsured Inpatient Data

TABLE 9.159: ORLANDO HEALTH SOUTH LAKE TOP 5 HIGHEST COST UNINSURED INPATIENT PRIMARY DIAGNOSIS CODES, 2016-2018

Top 5 Highest Cost Primary Diagnosis Codes	Total Visits	Total Cost	% of all Visits in Hot Spot	Avg. Cost per Visit
A41.9 Sepsis, unspecified organism	35	$1,749,956	6.4%	$49,999
I21.4 Non-ST elevation (NSTEMI) myocardial infarction	13	$1,458,183	2.4%	$112,168
I21.19 ST elevation (STEMI) myocardial infarction involving other coronary artery of inferior wall*		$679,988		
R07.89 Other chest pain	14	$538,560	2.5%	$38,469
J44.1 Chronic obstructive pulmonary disease with (acute) exacerbation	13	$535,253	2.4%	$41,173

*To protect patient privacy, any analysis that resulted in fewer than five visits or if a certain diagnosis had less than 200,000 new cases per year is not included, except for total cost per diagnosis.
Source: Orlando Health South Lake Uninsured Inpatient Data

TABLE 9.160: ORLANDO HEALTH SOUTH LAKE UNINSURED INPATIENT VISITS BY RACE, ETHNICITY AND AGE, 2016-2018

Race	Number	%	Ethnic Group	Number	%	Age	Number	%
American Indian or Alaskan Native	0	0.0%	Hispanic or Latino	92	16.7%	0-18	43	7.8%
Asian	15	2.7%	Non-Hispanic or non-Latino	418	75.9%	19-29	71	12.8%
Black or African American	88	16.0%	Unknown or not given	41	7.4%	30-39	109	19.8%
Caucasian	308	55.9%				40-49	132	24.0%
East Indian	15	2.7%				50-59	129	23.4%
Hispanic	2	0.4%				60-69	54	9.8%
Native Hawaiian or Pacific Islander	1	0.2%				70-79	6	1.1%
Oriental	2	0.4%				80+	7	1.3%
Other	117	21.2%						
Unknown	3	0.5%						

Source: Orlando Health South Lake Uninsured Inpatient Data

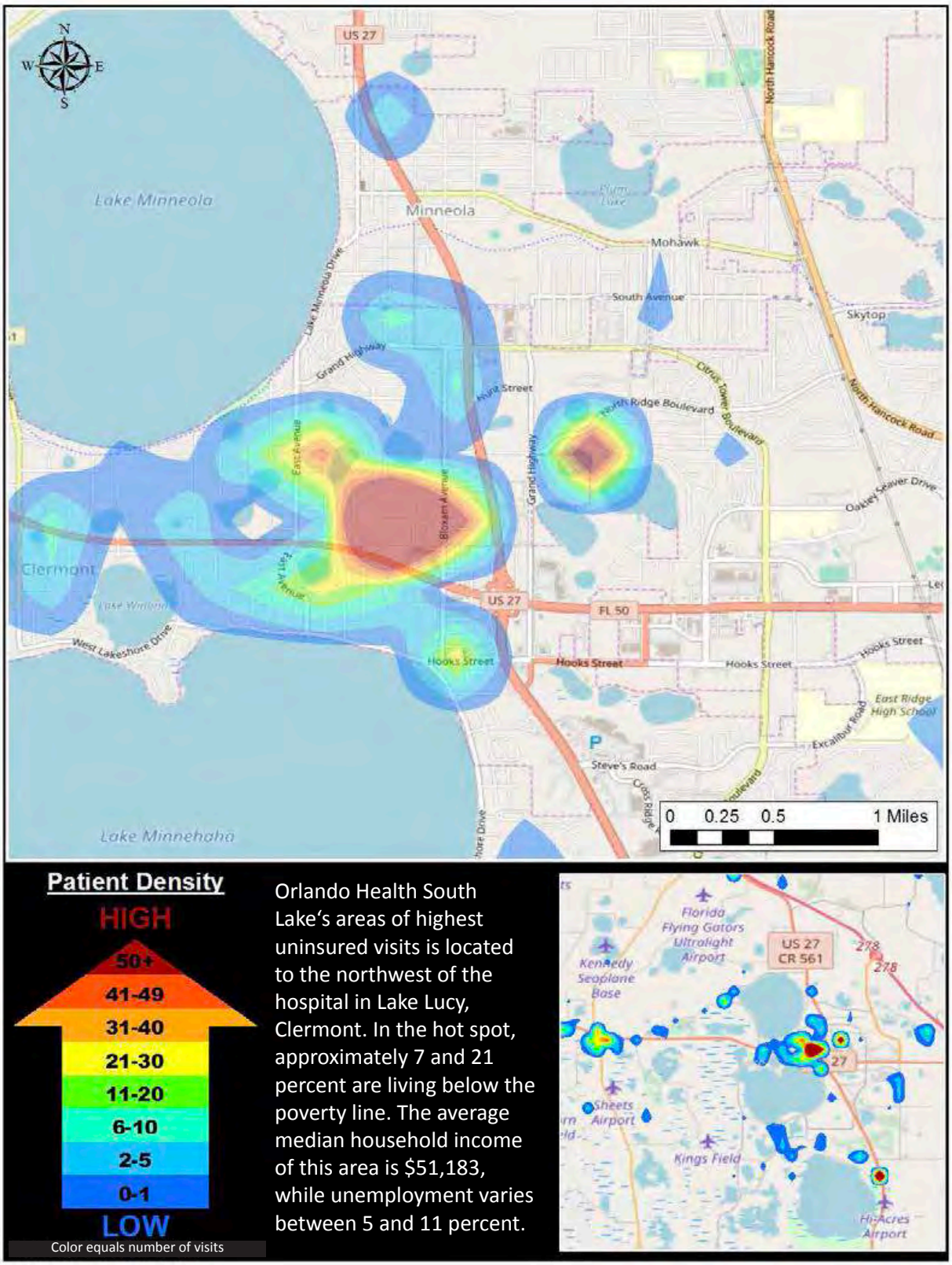
TABLE 9.161: ORLANDO HEALTH SOUTH LAKE ECONOMIC CHARACTERISTICS OF TOP 5 CENSUS TRACTS, 2012-2016

Census Tract	Census Tract within Zip Code(s)	% Unemployed	Median HH Income	% Below Poverty
12-069-031204	34711, 34715, 34736, 34748	11.0%	$56,718	11.1%
12-069-031305	34711	5.4%	$40,901	20.6%
12-069-031307	34711, 34715, 34787	7.1%	$57,265	9.5%
12-069-031309	34711, 34715	7.1%	$58,824	7.3%
12-069-031310	34711	6.3%	$77,551	9.5%
Average		7.4%	$58,252	11.6%

Source: ProximityOne
Source: U.S. Census Bureau

Figure 9.28 illustrates the uninsured outpatient hot spot analysis for Orlando Health South Lake.

FIGURE 9.28: ORLANDO HEALTH SOUTH LAKE UNINSURED OUTPATIENT HOT SPOT ANALYSIS



Tables 9.162 through 9.167 outline the uninsured outpatient specific hot spot analysis for Orlando Health South Lake. The analysis includes all uninsured outpatient visits (Table 9.162) and focuses on those visits within the hot spot for fiscal years 2016 through 2018 (Tables 9.163 through 9.166). In the top five census tracts (the hot spot) from which the most frequent uninsured outpatient visits are generated, the average unemployment rate is about seven percent; approximately 13 percent of the population is living below the federal poverty level. The average annual median household income is $51,183. Table 9.167 displays the census tracts, what zip code(s) they are in and the economic conditions for the hot spot. The 7,104 uninsured outpatient visits from within the hot spot cost more than $26.5 million and accounted for 64.2 percent of all uninsured outpatient visits between 2016 and 2018 (Table 9.162). More than half (52.1 percent) of uninsured outpatient visits were made by Caucasian patients. Additionally, patients aged 19-29 accounted for 32.3 percent of uninsured outpatient visits.

Urinary tract infection, site not specified, was the most frequent primary diagnosis code from uninsured outpatient visits within this hot spot at 2.7 percent and with a total cost of more than $900,000 between 2016 and 2018. Nicotine dependence, cigarettes, uncomplicated, was the most frequent secondary diagnosis from uninsured outpatient visits within this hot spot at 2.3 percent and with a total cost of more than $400,000 for the same time period. The primary diagnosis with the highest total and average costs per uninsured outpatient visit was unspecified abdominal pain with a total cost of more than $1 million and an average cost of $7,792.

TABLE 9.162: ORLANDO HEALTH SOUTH LAKE UNINSURED OUTPATIENT VISIT COMPARISON, 2016-2018

Criteria*	Data Snapshot
Total uninsured outpatient visits	11,063
Total uninsured outpatient visits in hot spot	7,104
Total uninsured outpatient cost	$41,582,510
Total uninsured outpatient cost in hot spot	$26,545,842
Percent of uninsured outpatient visits in hot spot	64.2%
Total homeless uninsured outpatient visits	154
Homeless visits as a percent of all uninsured outpatient visits	1%
Total cost for uninsured outpatient homeless visits	$688,975

*Note: Includes individuals listed as homeless, unknown or homeless shelter/service facility for each of the total uninsured rows above; however, these individuals are not included in hot spot specific rows.
Source: Orlando Health South Lake Uninsured Outpatient Data

TABLE 9.163: ORLANDO HEALTH SOUTH LAKE TOP 5 MOST FREQUENT UNINSURED OUTPATIENT PRIMARY DIAGNOSIS CODES, 2016-2018

Top 5 Primary Diagnosis Codes	Total Visits	Total Cost	% of all Visits in Hot Spot	Avg. Cost per Visit
N39.0 Urinary tract infection, site not specified	195	$936,515	2.7%	$4,803
R51 Headache	180	$860,588	2.5%	$4,781
M54.5 Low back pain	169	$567,141	2.4%	$3,356
J06.9 Acute upper respiratory infection, unspecified	167	$320,146	2.4%	$1,917
J02.9 Acute pharyngitis, unspecified	153	$294,464	2.2%	$1,925

Source: Orlando Health South Lake Uninsured Outpatient Data

TABLE 9.164: ORLANDO HEALTH SOUTH LAKE TOP 5 MOST FREQUENT UNINSURED OUTPATIENT SECONDARY DIAGNOSIS CODES AND COSTS, 2016-2018

Top 5 Secondary Diagnosis Codes	Total Visits	Total Cost	% of all Visits in Hot Spot	Avg. Cost per Visit
F17.210 Nicotine dependence, cigarettes, uncomplicated	163	$410,407	2.3%	$2,518
I10 Essential (primary) hypertension	135	$478,240	1.9%	$3,543
R51 Headache	128	$686,738	1.8%	$5,365
R10.9 Unspecified abdominal pain	120	$971,886	1.7%	$8,099
R50.9 Fever, unspecified	112	$354,010	1.6%	$3,161

Source: Orlando Health South Lake Uninsured Outpatient Data

TABLE 9.165: ORLANDO HEALTH SOUTH LAKE TOP 5 HIGHEST COST UNINSURED OUTPATIENT PRIMARY DIAGNOSIS CODES, 2016-2018

Top 5 Highest Cost Primary Diagnosis Codes	Total Visits	Total Cost	% of all Visits in Hot Spot	Avg. Cost per Visit
R10.9 Unspecified abdominal pain	133	$1,036,295	1.9%	$7,792
N39.0 Urinary tract infection, site not specific	195	$936,515	2.7%	$4,803
R51 Headache	180	$860,588	2.5%	$4,781
R11.10 Vomiting, unspecified	2126	$601,666	29.9%	$283
M54.5 Low back pain	169	$567,141	2.4%	$3,356

Source: Orlando Health South Lake Uninsured Outpatient Data

TABLE 9.166: ORLANDO HEALTH SOUTH LAKE UNINSURED OUTPATIENT VISITS BY RACE, ETHNICITY AND AGE, 2016-2018

Race	Number	%	Ethnic Group	Number	%	Age	Number	%
American Indian or Alaskan Native	0	0.0%	Hispanic or Latino	1,509	21.2%	0-18	744	10.5%
Asian	25	0.4%	Non-Hispanic or non-Latino	4,701	66.2%	19-29	2,297	32.3%
Black or African American	1,371	19.3%	Unknown or not given	894	12.6%	30-39	1,643	23.1%
Caucasian	3,703	52.1%				40-49	1,297	18.3%
East Indian	134	1.9%				50-59	860	12.1%
Hispanic	53	0.7%				60-69	228	3.2%
Native Hawaiian or Pacific Islander	0	0.0%				70-79	23	0.3%
Oriental	1	0.0%				80+	12	0.2%
Other	1,810	25.5%						
Unknown	6	0.1%						

Source: Orlando Health South Lake Uninsured Outpatient Data

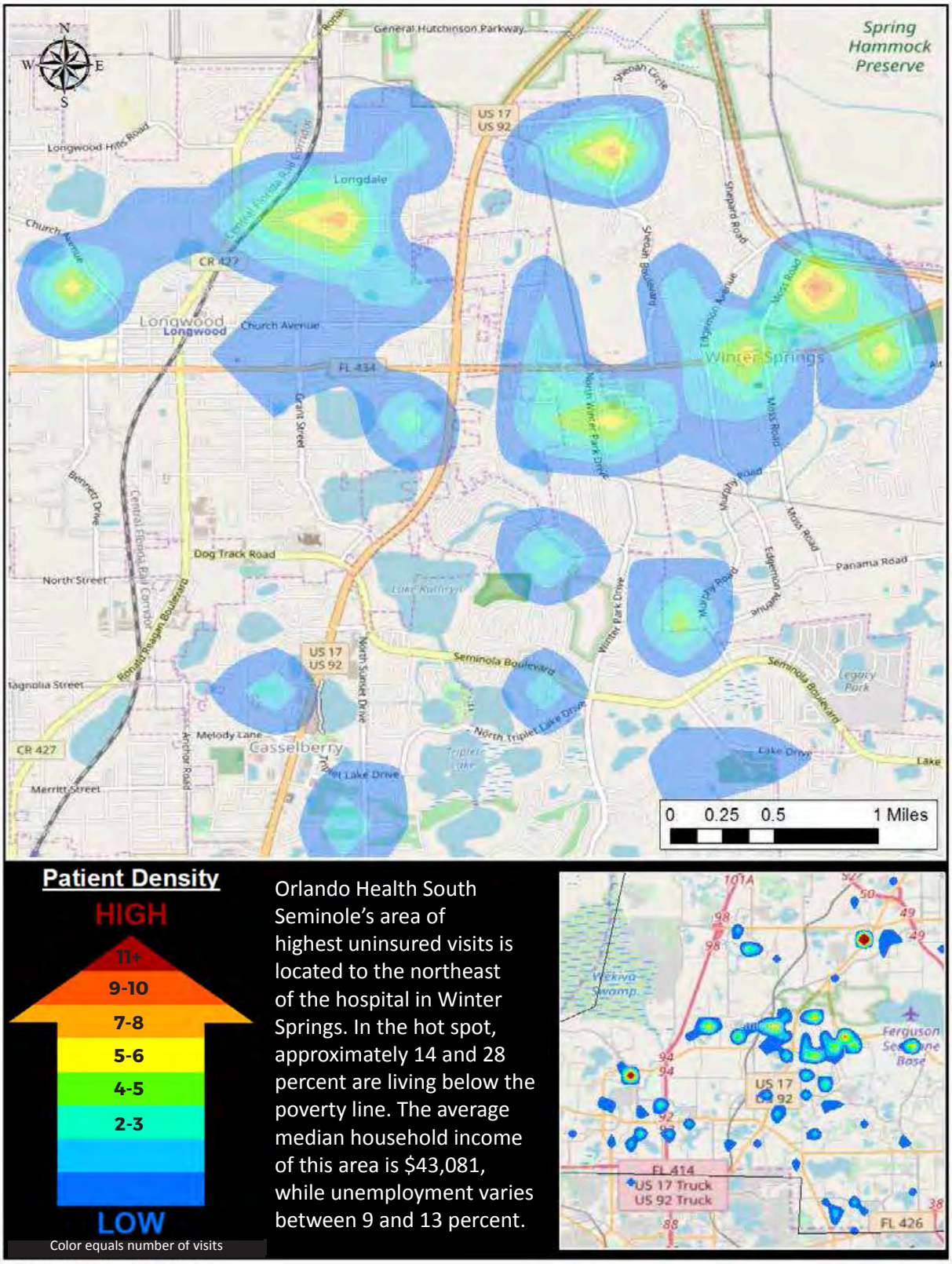
TABLE 9.167: ORLANDO HEALTH SOUTH LAKE ECONOMIC CHARACTERISTICS OF TOP 5 CENSUS TRACTS, 2012-2019

Census Tract	Census Tract within Zip Code(s)	% Unemployed	Median HH Income	% Below Poverty
12-069-031202	34711, 34714, 34736	6.3%	$42,208	14.0%
12-069-031204	34711, 34715, 34736, 34748	11.0%	$56,718	11.1%
12-069-031305	34711	5.4%	$40,901	20.6%
12-069-031307	34711, 34715, 34787	7.1%	$57,265	9.5%
12-069-031309	34711, 34715	7.1%	$58,824	7.3%
Average		7.4%	$51,183	12.5%

Source: ProximityOne
Source: U.S. Census Bureau

Figure 9.29 illustrates the uninsured inpatient hot spot analysis for Orlando Health South Seminole Hospital (Orlando Health South Seminole).

FIGURE 9.29: ORLANDO HEALTH SOUTH SEMINOLE UNINSURED INPATIENT HOT SPOT ANALYSIS



Tables 9.168 through 9.173 outline the uninsured inpatient specific hot spot analysis for Orlando Health South Seminole. The analysis includes all uninsured inpatient visits (Table 9.168) and focuses on those visits within the hot spot for fiscal years 2016 through 2018 (Tables 9.169 through 9.172). In the top five census tracts (the hot spot) from which the most frequent uninsured inpatient visits are generated, the average unemployment rate is about 11 percent; approximately 19 percent of the population is living below the federal poverty level. The average annual median household income is $43,081. Table 9.173 displays the census tracts, what zip code(s) they are in and the economic conditions for the hot spot. The 362 uninsured inpatient visits from within the hot spot cost more than $12.5 million and accounted for 27.2 percent of all uninsured inpatient visits between 2016 and 2018 (Table 9.168). Over three fourths (76.5 percent) of uninsured inpatient visits were made by Caucasian patients. Additionally, patients aged 40-49 accounted for 26.5 percent of uninsured inpatient visits.

Major depressive disorder, recurrent severe without psychotic features, was the most frequent primary diagnosis code and had the highest total cost from uninsured inpatient visits within this hot spot at 10.5 percent and with a total cost of more than $700,000 between 2016 and 2018. Suicidal ideations was the most frequent secondary diagnosis from uninsured inpatient visits within this hot spot at 14.9 percent and with a total cost of more than $1 million for the same time period. The primary diagnosis with the highest average cost per uninsured inpatient visit was hypertensive heart disease with heart failure, with an average cost of $81,799. To protect patient privacy, any analysis that resulted in fewer than five visits or if a certain diagnosis had less than 200,000 new cases per year is not included, except for total cost per diagnosis.

TABLE 9.168: ORLANDO HEALTH SOUTH SEMINOLE UNINSURED INPATIENT VISIT COMPARISON, 2016-2018

Criteria*	Data Snapshot
Total uninsured inpatient visits	1,330
Total uninsured inpatient visits in hot spot	362
Total uninsured inpatient cost	$40,598,472
Total uninsured inpatient cost in hot spot	$12,520,646
Percent of uninsured inpatient visits in hot spot	27.2%
Total homeless uninsured inpatient visits	632
Homeless visits as a percent of all uninsured inpatient visits	47.5%
Total cost for uninsured inpatient homeless visits	$15,343,053

*Note: Includes individuals listed as homeless, unknown or homeless shelter/service facility for each of the total uninsured rows above; however, these individuals are not included in hot spot specific rows.
Source: Orlando Health South Seminole Uninsured Inpatient Data

TABLE 9.169: ORLANDO HEALTH SOUTH SEMINOLE TOP 5 MOST FREQUENT UNINSURED INPATIENT PRIMARY DIAGNOSIS CODES, 2016-2018

Top 5 Primary Diagnosis Codes	Total Visits	Total Cost	% of all Visits in Hot Spot	Avg. Cost per Visit
F33.2 Major depressive disorder, recurrent severe without psychotic features	38	$746,693	10.5%	$19,649
F32.9 Major depressive disorder, single episode, unspecified	27	$386,406	7.5%	$14,311
F33.1 Major depressive disorder, recurrent, moderate	16	$309,854	4.4%	$19,366
F31.9 Bipolar disorder, unspecified	13	$324,186	3.6%	$24,937
R07.89 Other chest pain	12	$419,539	3.3%	$34,962

Source: Orlando Health South Seminole Uninsured Inpatient Data

TABLE 9.170: ORLANDO HEALTH SOUTH SEMINOLE TOP 5 MOST FREQUENT UNINSURED INPATIENT SECONDARY DIAGNOSIS CODES AND COSTS, 2016-2018

Top 5 Secondary Diagnosis Codes	Total Visits	Total Cost	% of all Visits in Hot Spot	Avg. Cost per Visit
R45.851 Suicidal ideations	54	$1,034,731	14.9%	$19,162
F10.239 Alcohol dependence with withdrawal, unspecified	14	$369,003	3.9%	$26,357
E87.1 Hypo-osmolality and hyponatremia	11	$574,597	3.0%	$52,236
F10.230 Alcohol dependence with withdrawal, uncomplicated	9	$233,911	2.5%	$25,990
F11.20 Opioid dependence, uncomplicated	9	$205,183	2.5%	$22,798

Source: Orlando Health South Seminole Uninsured Inpatient Data

TABLE 9.171: ORLANDO HEALTH SOUTH SEMINOLE TOP 5 HIGHEST COST UNINSURED INPATIENT PRIMARY DIAGNOSIS CODES, 2016-2018

Top 5 Highest Cost Primary Diagnosis Codes	Total Visits	Total Cost	% of all Visits in Hot Spot	Avg. Cost per Visit
F33.2 Major depressive disorder, recurrent severe without psychotic features	38	$746,693	10.5%	$19,650
E11.69 Type 2 diabetes mellitus with other specific complication*		$454,153		
R07.89 Other chest pain	12	$419,539	3.3%	$34,962
I11.0 Hypertensive heart disease with heart failure	5	$408,995	1.4%	$81,799
J44.1 Chronic obstructive pulmonary disease with (acute) exacerbation	10	$403,440	2.8%	$40,344

*To protect patient privacy, any analysis that resulted in fewer than five visits or if a certain diagnosis had less than 200,000 new cases per year is not included, except for total cost per diagnosis.
Source: Orlando Health South Seminole Uninsured Inpatient Data

TABLE 9.172: ORLANDO HEALTH SOUTH SEMINOLE UNINSURED INPATIENT VISITS BY RACE, ETHNICITY AND AGE, 2016-2018

Race	Number	%	Ethnic Group	Number	%	Age	Number	%
American Indian or Alaskan Native	0	0.0%	Hispanic or Latino	54	14.9%	0-18	5	1.4%
Asian	2	0.6%	Non-Hispanic or non-Latino	267	73.8%	19-29	72	19.8%
Black or African American	17	4.6%	Unknown or not given	41	11.3%	30-39	71	19.6%
Caucasian	277	76.5%				40-49	96	26.5%
East Indian	0	0.0%				50-59	89	24.6%
Hispanic	1	0.3%				60-69	25	6.9%
Native Hawaiian or Pacific Islander	0	0.0%				70-79	2	0.6%
Oriental	1	0.3%				80+	2	0.6%
Other	64	17.7%						
Unknown	0	0.0%						

Source: Orlando Health South Seminole Uninsured Inpatient Data

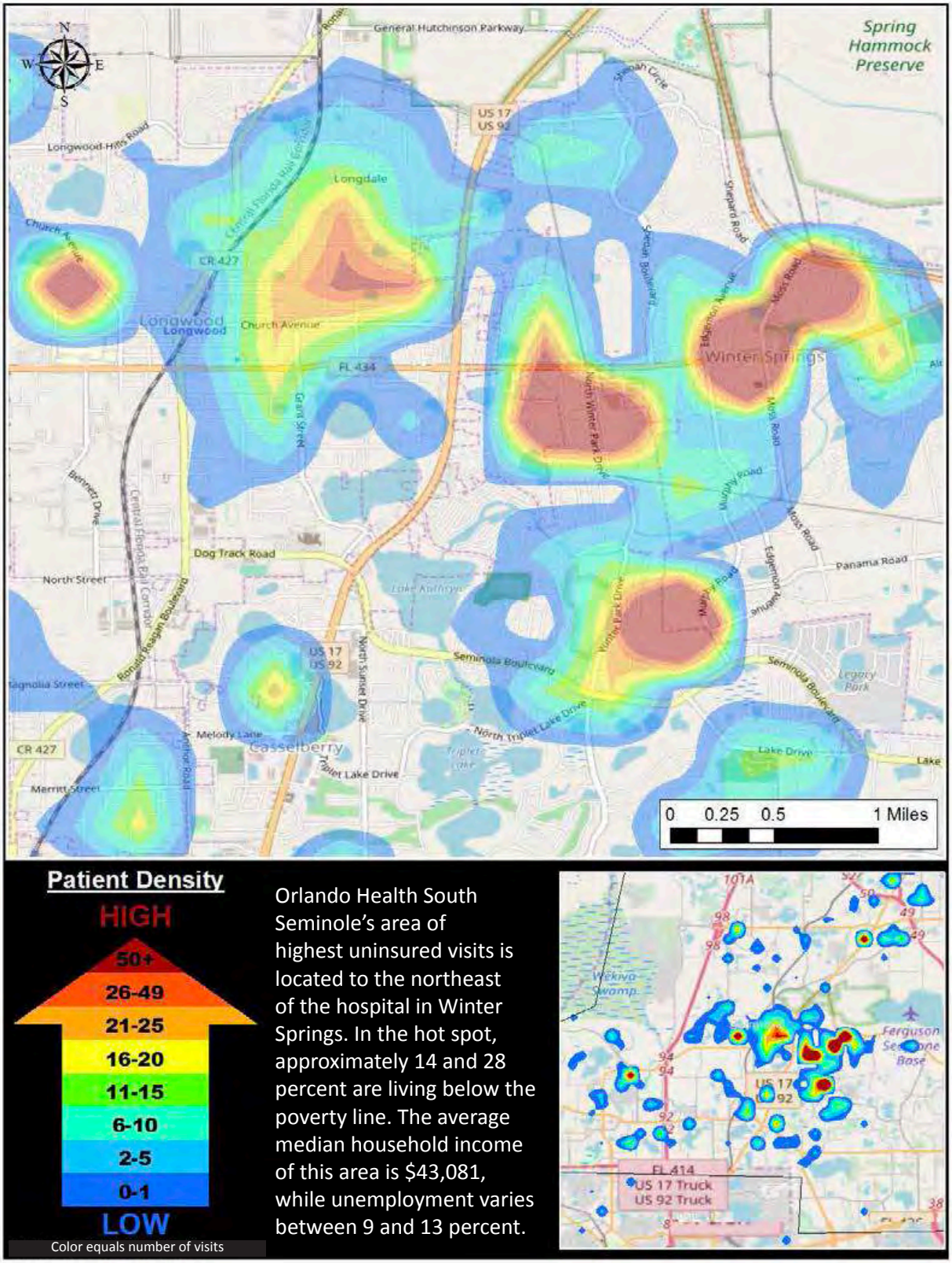
TABLE 9.173: ORLANDO HEALTH SOUTH SEMINOLE ECONOMIC CHARACTERISTICS OF TOP 5 CENSUS TRACTS, 2012-2019

Census Tract	Census Tract within Zip Code(s)	% Unemployed	Median HH Income	% Below Poverty
12-117-021502	32746, 32750	9.4%	$52,616	18.2%
12-117-021401	32708, 32750	10.7%	$43,728	14.4%
12-117-022101	32707, 32708, 32750	9.8%	$30,245	18.4%
12-117-021404	32707, 32808	12.2%	$51,029	14.6%
12-117-020903	32750, 32773	12.7%	$37,786	28.1%
Average		10.9%	$43,081	18.7%

Source: ProximityOne
Source: U.S. Census Bureau

Figure 9.30 illustrates the uninsured outpatient hot spot analysis for Orlando Health South Seminole.

FIGURE 9.30: ORLANDO HEALTH SOUTH SEMINOLE UNINSURED OUTPATIENT HOT SPOT ANALYSIS



Tables 9.174 through 9.179 outline the uninsured outpatient specific hot spot analysis for Orlando Health South Seminole. The analysis includes all uninsured outpatient visits (Table 9.174) and focuses on those visits within the hot spot for fiscal years 2016 through 2018 (Tables 9.175 through 9.178) In the top five census tracts (the hot spot) from which the most frequent uninsured outpatient visits are generated, the average unemployment rate is about 11 percent; approximately 19 percent of the population is living below the federal poverty level. The average annual median household income is $43,081. Table 9.179 displays the census tracts, what zip code(s) they are in and the economic conditions for the hot spot. The 3,582 uninsured outpatient visits from within the hot spot cost more than $13.1 million and accounted for 38.9 percent of all uninsured outpatient visits between 2016 and 2018 (Table 9.174). More than half (62.1 percent) of uninsured outpatient visits were made by Caucasian patients. Additionally, patients aged 19-29 accounted for 34.3 percent of uninsured outpatient visits.

Acute upper respiratory infection, unspecified, was the most frequent primary diagnosis code from uninsured outpatient visits within this hot spot at 3.3 percent and with a total cost of more than $300,000 between 2016 and 2018. Nicotine dependence, cigarettes, uncomplicated, was the most frequent secondary diagnosis from uninsured outpatient visits within this hot spot at 8.4 percent and with a total cost of more than $800,000 for the same time period. The primary diagnosis with the highest total and average costs per uninsured outpatient visit was unspecified abdominal pain with a total cost of more than $500,000 and an average cost of $7,392.

TABLE 9.174: ORLANDO HEALTH SOUTH SEMINOLE UNINSURED OUTPATIENT VISIT COMPARISON, 2016-2018

Criteria*	Data Snapshot
Total uninsured outpatient visits	9,216
Total uninsured outpatient visits in hot spot	3,582
Total uninsured outpatient cost	$34,038,667
Total uninsured outpatient cost in hot spot	$13,156,465
Percent of uninsured outpatient visits in hot spot	38.9%
Total homeless uninsured outpatient visits	434
Homeless visits as a percent of all uninsured outpatient visits	4.7%
Total cost for uninsured outpatient homeless visits	$1,766,265

*Note: Includes individuals listed as homeless, unknown or homeless shelter/service facility for each of the total uninsured rows above; however, these individuals are not included in hot spot specific rows.
Source: Orlando Health South Seminole Uninsured Outpatient Data

TABLE 9.175: ORLANDO HEALTH SOUTH SEMINOLE TOP 5 MOST FREQUENT UNINSURED OUTPATIENT PRIMARY DIAGNOSIS CODES, 2016-2018

Top 5 Primary Diagnosis Codes	Total Visits	Total Cost	% of all Visits in Hot Spot	Avg. Cost per Visit
J06.9 Acute upper respiratory infection, unspecified	119	$305,295	3.3%	$2,566
R10.9 Unspecified abdominal pain	77	$569,151	2.1%	$7,392
N39.0 Urinary tract infection, site not specified	67	$412,983	1.9%	$6,164
R51 Headache	67	$325,384	1.9%	$4,856
K08.89 Other specified disorders of teeth and supporting structures	65	$93,114	1.8%	$1,433

Source: Orlando Health South Seminole Uninsured Outpatient Data

TABLE 9.176: ORLANDO HEALTH SOUTH SEMINOLE TOP 5 MOST FREQUENT UNINSURED OUTPATIENT SECONDARY DIAGNOSIS CODES AND COSTS, 2016-2018

Top 5 Secondary Diagnosis Codes	Total Visits	Total Cost	% of all Visits in Hot Spot	Avg. Cost per Visit
F17.210 Nicotine dependence, cigarettes, uncomplicated	302	$879,166	8.4%	$2,911
I10 Essential (primary) hypertension	135	$450,208	3.8%	$3,335
Z72.0 Tobacco use	72	$208,215	2.0%	$2,892
R11.2 Nausea with vomiting, unspecified	57	$309,633	1.6%	$5,432
R19.7 Diarrhea, unspecified	42	$184,868	1.2%	$4,402

Source: Orlando Health South Seminole Uninsured Outpatient Data

TABLE 9.177: ORLANDO HEALTH SOUTH SEMINOLE TOP 5 HIGHEST COST UNINSURED OUTPATIENT PRIMARY DIAGNOSIS CODES, 2016-2018

Top 5 Highest Cost Primary Diagnosis Codes	Total Visits	Total Cost	% of all Visits in Hot Spot	Avg. Cost per Visit
R10.9 Unspecified abdominal pain	77	$569,151	2.1%	$7,392
N39.0 Urinary tract infection, site not specified	67	$412,983	1.9%	$6,164
R51 Headache	67	$325,384	1.9%	$4,856
J06.9 Acute upper respiratory infection, unspecified	119	$305,295	3.3%	$2,566
R10.13 Epigastric pain	47	$269,745	1.3%	$5,739

Source: Orlando Health South Seminole Uninsured Outpatient Data

TABLE 9.178: ORLANDO HEALTH SOUTH SEMINOLE UNINSURED OUTPATIENT VISITS BY RACE, ETHNICITY AND AGE, 2016-2018

Race	Number	%	Ethnic Group	Number	%	Age	Number	%
American Indian or Alaskan Native	0	0.0%	Hispanic or Latino	718	20.0%	0-18	244	6.8%
Asian	6	0.2%	Non-Hispanic or non-Latino	2,186	61.0%	19-29	1,228	34.3%
Black or African American	395	11.0%	Unknown or not given	678	19.0%	30-39	888	24.8%
Caucasian	2,224	62.1%				40-49	655	18.3%
East Indian	12	0.3%				50-59	438	12.2%
Hispanic	15	0.4%				60-69	119	3.3%
Native Hawaiian or Pacific Islander	0	0.0%				70-79	9	0.3%
Oriental	6	0.2%				80+	1	0.0%
Other	920	25.7%						
Unknown	4	0.1%						

Source: Orlando Health South Seminole Uninsured Outpatient Data

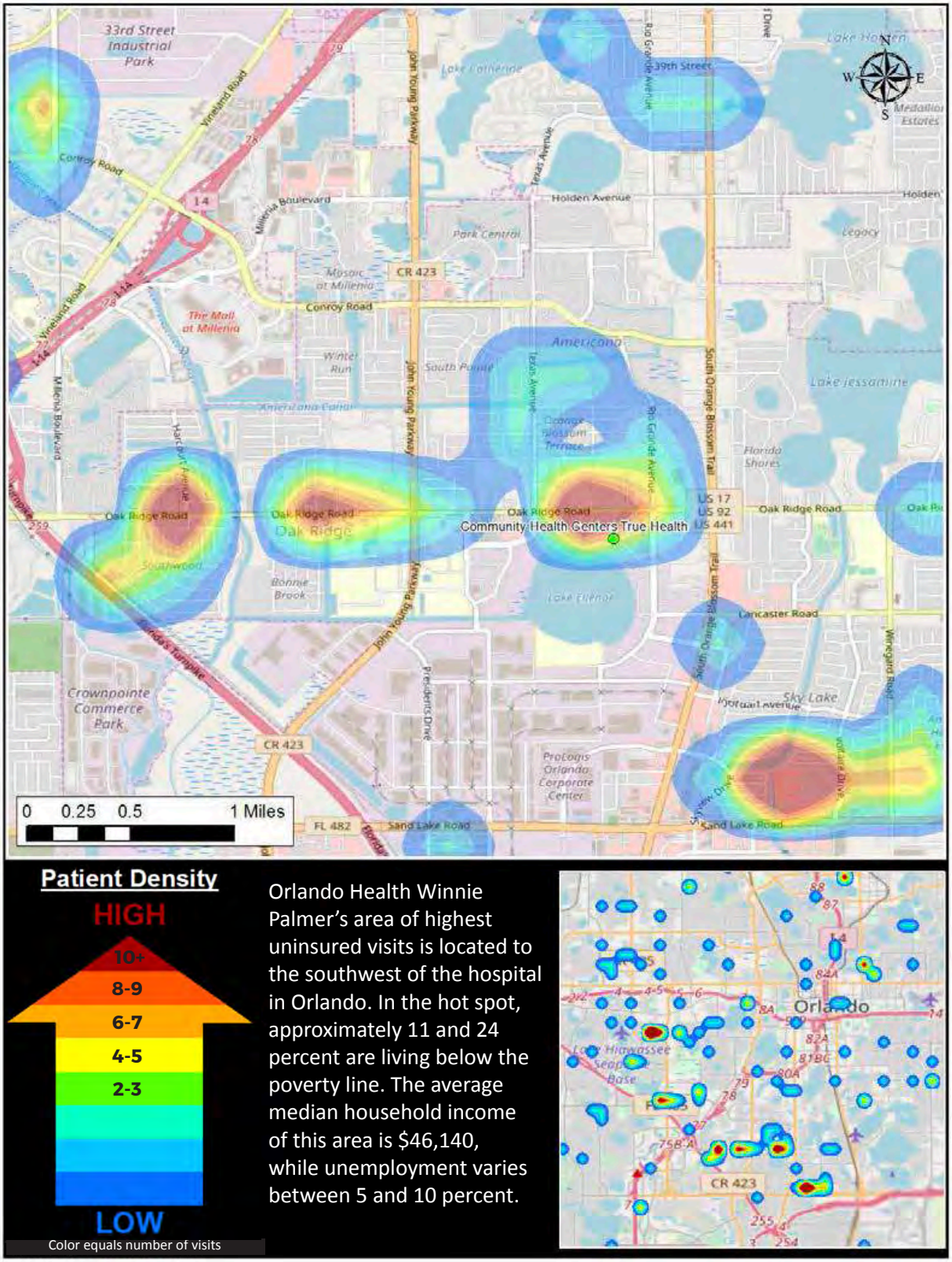
TABLE 9.179: ORLANDO HEALTH SOUTH SEMINOLE ECONOMIC CHARACTERISTICS OF TOP 5 CENSUS TRACTS, 2012-2019

Census Tract	Census Tract within Zip Code(s)	% Unemployed	Median HH Income	% Below Poverty
12-117-022101	32707, 32708, 32750	9.8%	$30,245	18.4%
12-117-021502	32746, 32750	9.4%	$52,616	18.2%
12-11-7021401	32708, 32750	10.7%	$43,728	14.4%
12-117-020903	32750, 32773	12.7%	$37,786	28.1%
12-117-021404	32707, 32808	12.2%	$51,029	14.6%
Average		10.9%	$43,081	18.7%

Source: ProximityOne
Source: U.S. Census Bureau

Figure 9.31 illustrates the uninsured inpatient hot spot analysis for Orlando Health Winnie Palmer Hospital for Women & Babies (Orlando Health Winnie Palmer).

FIGURE 9.31: ORLANDO HEALTH WINNIE PALMER UNINSURED INPATIENT HOT SPOT ANALYSIS



Tables 9.180 through 9.185 outline the uninsured inpatient specific hot spot analysis for Orlando Health Winnie Palmer. The analysis includes all uninsured inpatient visits (Table 9.180) and focuses on those visits within the hot spot for fiscal years 2016 through 2018 (Tables 9.181 through 9.184). In the top five census tracts (the hot spot) from which the most frequent uninsured inpatient visits are generated, the average unemployment rate is about eight percent; approximately 16 percent of the population is living below the federal poverty level. The average annual median household income is $46,140. Table 9.185 displays the census tracts, what zip code(s) they are in and the economic conditions for the hot spot. The 159 uninsured inpatient visits from within the hot spot cost more than $3.1 million and accounted for 12.8 percent of all uninsured inpatient visits between 2016 and 2018 (Table 9.180). More than half (56.6 percent) of uninsured inpatient visits were made by patients who consider their race to be Other. Additionally, patients aged 0-18 accounted for 58.5 percent of uninsured inpatient visits.

Single liveborn infant, delivered vaginally, was the most frequent primary diagnosis code from uninsured inpatient visits within this hot spot at 33.3 percent and with a total cost of more than $300,000 between 2016 and 2018. Encounter for immunization was the most frequent secondary diagnosis from uninsured inpatient visits within this hot spot at 10.1 percent and with a total cost of more than $85,000 for the same time period. The primary diagnosis with the highest total cost per uninsured inpatient visit was maternal care for scar from previous cesarean delivery at a total cost of more than $300,000. The primary diagnosis with the highest average cost per uninsured inpatient visit was maternal care for low transverse scar from previous cesarean delivery with an average cost of $47,444. To protect patient privacy, any analysis that resulted in fewer than five visits or if a certain diagnosis had less than 200,000 new cases per year is not included, except for total cost per diagnosis.

TABLE 9.180: ORLANDO HEALTH WINNIE PALMER UNINSURED INPATIENT VISIT COMPARISON, 2016-2018

Criteria*	Data Snapshot
Total uninsured inpatient visits	1,239
Total uninsured inpatient visits in hot spot	159
Total uninsured inpatient cost	$22,966,142
Total uninsured inpatient cost in hot spot	$3,198,452
Percent of uninsured inpatient visits in hot spot	12.8%
Total homeless uninsured inpatient visits	13
Homeless visits as a percent of all uninsured inpatient visits	1.0%
Total cost for uninsured inpatient homeless visits	$482,632

*Note: Includes individuals listed as homeless, unknown or homeless shelter/service facility for each of the total uninsured rows above; however, these individuals are not included in hot spot specific rows.
Source: Orlando Health Winnie Palmer Uninsured Inpatient Data

TABLE 9.181: ORLANDO HEALTH WINNIE PALMER TOP 5 MOST FREQUENT UNINSURED INPATIENT PRIMARY DIAGNOSIS CODES, 2016-2018

Top 5 Primary Diagnosis Codes	Total Visits	Total Cost	% of all Visits in Hot Spot	Avg. Cost per Visit
Z38.00 Single liveborn infant, delivered vaginally	53	$343,649	33.3%	$6,483
Z38.01 Single liveborn infant, delivered by cesarean	34	$287,838	21.4%	$8,466
O34.21 Maternal care for scar from previous cesarean delivery	8	$351,948	5.0%	$43,994
O34.211 Maternal care for low transverse scar from previous cesarean delivery	7	$332,108	4.4%	$47,444
O48.0 Post-term pregnancy	7	$222,128	4.4%	$31,733

Source: Orlando Health Winnie Palmer Uninsured Inpatient Data

TABLE 9.182: ORLANDO HEALTH WINNIE PALMER TOP 5 MOST FREQUENT UNINSURED INPATIENT SECONDARY DIAGNOSIS CODES AND COSTS, 2016-2018

Top 5** Secondary Diagnosis Codes	Total Visits	Total Cost	% of all Visits in Hot Spot	Avg. Cost per Visit
Z23 Encounter for immunization	16	$85,810	10.1%	$5,363
Z37.0 Single live birth	10	$315,073	6.3%	$31,507
P59.9 Neonatal jaundice, unspecified	9	$54,686	5.7%	$6,076
Q82.8 Other specified congenital malformations of skin	6	$38,068	3.8%	$6,345
D62 Acute post hemorrhagic anemia*		$150,915		
O41.1230 Chorioamnionitis, third trimester, not applicable or unspecified*		$141,431		
P02.7 Newborn affected by chorioamnionitis*		$22,735		
Z3A.39 39 weeks gestation of pregnancy*		$178,684		

*To protect patient privacy, any analysis that resulted in fewer than five visits or if a certain diagnosis had less than 200,000 new cases per year is not included, except for total cost per diagnosis.
**Top 8 listed due to multiple diagnoses with same number of total visits.
Source: Orlando Health Winnie Palmer Uninsured Inpatient Data

TABLE 9.183: ORLANDO HEALTH WINNIE PALMER TOP 5 HIGHEST COST UNINSURED INPATIENT PRIMARY DIAGNOSIS CODES, 2016-2018

Top 5 Highest Cost Primary Diagnosis Codes	Total Visits	Total Cost	% of all Visits in Hot Spot	Avg. Cost per Visit
O34.21 Maternal care for scar from previous cesarean delivery	8	$351,948	5.0%	$43,994
O34.211 Maternal care for low transverse scar from previous cesarean delivery	7	$332,108	4.4%	$47,444
O48.0 Post-term pregnancy	7	$222,128	4.4%	$31,733
Z38.00 Single liveborn infant, delivered vaginally	53	$343,649	33.3%	$6,484
Z38.01 Single liveborn infant, delivered by cesarean	34	$287,838	21.4%	$8,466

Source: Orlando Health Winnie Palmer Uninsured Inpatient Data

TABLE 9.184: ORLANDO HEALTH WINNIE PALMER UNINSURED INPATIENT VISITS BY RACE, ETHNICITY AND AGE, 2016-2018

Race	Number	%	Ethnic Group	Number	%	Age	Number	%
American Indian or Alaskan Native	0	0.0%	Hispanic or Latino	93	58.5%	0-18	93	58.5%
Asian	5	3.1%	Non-Hispanic or non-Latino	61	38.5%	19-29	29	18.2%
Black or African American	31	19.6%	Unknown or not given	5	3.1%	30-39	34	21.4%
Caucasian	26	16.4%				40-49	3	1.9%
East Indian	1	0.6%				50-59	0	0.0%
Hispanic	0	0.0%				60-69	0	0.0%
Native Hawaiian or Pacific Islander	0	0.0%				70-79	0	0.0%
Oriental	5	3.1%				80+	0	0.0%
Other	90	56.6%						
Unknown	1	0.6%						

Source: Orlando Health Winnie Palmer Uninsured Inpatient Data

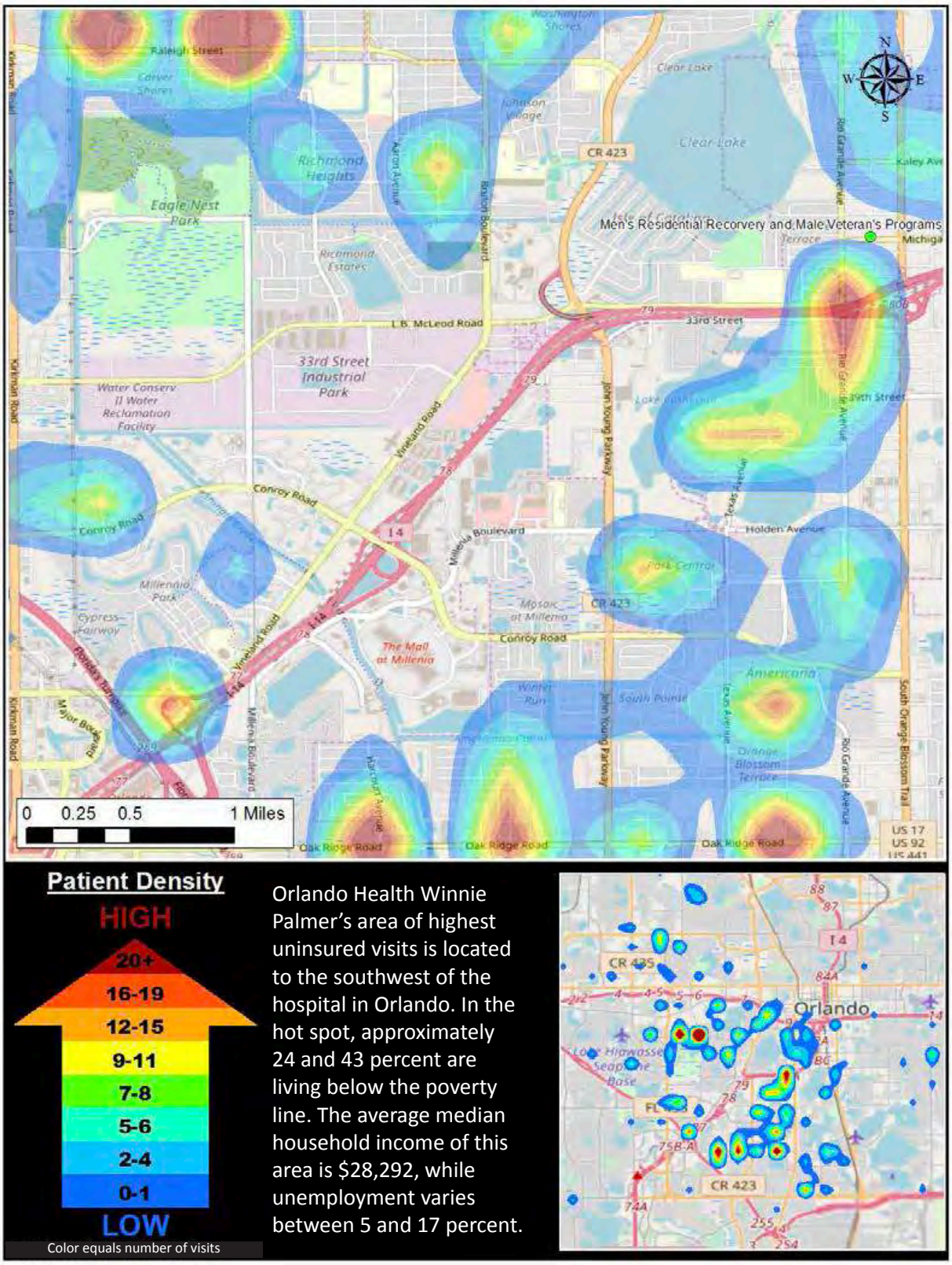
TABLE 9.185: ORLANDO HEALTH WINNIE PALMER ECONOMIC CHARACTERISTICS OF TOP 5 CENSUS TRACTS, 2012-2019

Census Tract	Census Tract within Zip Code(s)	% Unemployed	Median HH Income	% Below Poverty
12-095-016903	32809, 32839	5.2%	$34,239	24.4%
12-095-014704	32809	10.1%	$48,083	10.7%
12-095-017103	32811	5.7%	$63,038	11.2%
12-095-016806	32839	9.8%	$53,113	15.6%
12-095-014606	32809, 32839	7.9%	$32,229	19.0%
Average		7.7%	$46,140	16.2%

Source: ProximityOne
Source: U.S. Census Bureau

Figure 9.32 illustrates the uninsured outpatient hot spot analysis for Orlando Health Winnie Palmer.

FIGURE 9.32: ORLANDO HEALTH WINNIE PALMER UNINSURED OUTPATIENT HOT SPOT ANALYSIS



Orlando Health Winnie Palmer's area of highest uninsured visits is located to the southwest of the hospital in Orlando. In the hot spot, approximately 24 and 43 percent are living below the poverty line. The average median household income of this area is $28,292, while unemployment varies between 5 and 17 percent.

Tables 9.186 through 9.191 outline the uninsured outpatient specific hot spot analysis for Orlando Health Winnie Palmer. The analysis includes all uninsured outpatient visits (Table 9.186) and focuses on those visits within the hot spot for fiscal years 2016 through 2018 (Tables 9.187 through 9.190). In the top five census tracts (the hot spot) from which the most frequent uninsured outpatient visits are generated, the average unemployment rate is about 10 percent; approximately 35 percent of the population is living below the federal poverty level. The average annual median household income is $28,292. Table 9.191 displays the census tracts, what zip code(s) they are in and the economic conditions for the hot spot. The 566 uninsured outpatient visits from within the hot spot cost more than $1.8 million and accounted for 17 percent of all uninsured outpatient visits between 2016 and 2018 (Table 9.186). More than half (53.7 percent) of uninsured outpatient visits were made by Black or African American patients. Additionally, patients aged 19-29 accounted for 59.5 percent of uninsured outpatient visits.

Threatened abortion was the most frequent primary diagnosis code and had the highest total cost from uninsured outpatient visits within this hot spot at 9.2 percent and with a total cost of more than $180,000 between 2016 and 2018. Less than eight weeks of gestation of pregnancy was the most frequent secondary diagnosis from uninsured outpatient visits within this hot spot at 7.4 percent and with a total cost of more than $100,000 for the same time period. The primary diagnosis with the highest average cost per uninsured outpatient visit was other specified pregnancy-related conditions, third trimester, with an average cost of $3,758.

TABLE 9.186: ORLANDO HEALTH WINNIE PALMER UNINSURED OUTPATIENT VISIT COMPARISON, 2016-2018

Criteria*	Data Snapshot
Total uninsured outpatient visits	3,323
Total uninsured outpatient visits in hot spot	566
Total uninsured outpatient cost	$10,972,908
Total uninsured outpatient cost in hot spot	$1,804,469
Percent of uninsured outpatient visits in hot spot	17.0%
Total homeless uninsured outpatient visits	44
Homeless visits as a percent of all uninsured outpatient visits	1.3%
Total cost for uninsured outpatient homeless visits	$148,808

*Note: Includes individuals listed as homeless, unknown or homeless shelter/service facility for each of the total uninsured rows above; however, these individuals are not included in hot spot specific rows.
Source: Orlando Health Winnie Palmer Uninsured Outpatient Data

TABLE 9.187: ORLANDO HEALTH WINNIE PALMER TOP 5 MOST FREQUENT UNINSURED OUTPATIENT PRIMARY DIAGNOSIS CODES, 2016-2018

Top 5* Primary Diagnosis Codes	Total Visits	Total Cost	% of all Visits in Hot Spot	Avg. Cost per Visit
O20.0 Threatened abortion	52	$185,199	9.2%	$3,562
O99.89 Other specified diseases and condition complicating pregnancy, childbirth and the puerperium	51	$152,693	9.0%	$2,994
O03.9 Complete or unspecified spontaneous abortion without complication	21	$67,731	3.7%	$3,225
O21.9 Vomiting of pregnancy, unspecified	17	$57,989	3.0%	$3,411
N76.0 Acute vaginitis	15	$28,035	2.7%	$1,869
O26.893 Other specified pregnancy related conditions, third trimester	15	$56,377	2.7%	$3,758
O47.1 False labor at or after 37 completed weeks of gestation	15	$46,666	2.7%	$3,111

*Top 7 listed due to multiple diagnoses with same number of total visits.
Source: Orlando Health Winnie Palmer Uninsured Outpatient Data

TABLE 9.188: ORLANDO HEALTH WINNIE PALMER TOP 5 MOST FREQUENT UNINSURED OUTPATIENT SECONDARY DIAGNOSIS CODES AND COSTS, 2016-2018

Top 5 Secondary Diagnosis Codes	Total Visits	Total Cost	% of all Visits in Hot Spot	Avg. Cost per Visit
Z3A.01 Less than 8 weeks of gestation of pregnancy	42	$153,136	7.4%	$3,646
R10.2 Pelvic and perineal pain	31	$107,002	5.5%	$3,452
R10.9 Unspecified abdominal pain	20	$75,107	3.5%	$3,755
Z3A.40 40 weeks of gestation of pregnancy	14	$40,287	2.5%	$2,878
Z3A.00 Weeks of gestation of pregnancy not specified	12	$44,458	2.1%	$3,705

Source: Orlando Health Winnie Palmer Uninsured Outpatient Data

TABLE 9.189: ORLANDO HEALTH WINNIE PALMER TOP 5 HIGHEST COST UNINSURED OUTPATIENT PRIMARY DIAGNOSIS CODES, 2016-2018

Top 5 Highest Cost Primary Diagnosis Codes	Total Visits	Total Cost	% of all Visits in Hot Spot	Avg. Cost per Visit
O20.0 Threatened abortion	52	$185,199	9.2%	$3,562
O99.89 Other specified diseases and condition complicating pregnancy, childbirth and the puerperium	51	$152,693	9.0%	$2,994
O03.9 Complete or unspecified spontaneous abortion without complication	21	$67,731	3.7%	$3,225
O21.9 Vomiting of pregnancy, unspecified	17	$57,989	3.0%	$3,411
O26.893 Other specified pregnancy related conditions, third trimester	15	$56,377	2.7%	$3,758

Source: Orlando Health Winnie Palmer Uninsured Outpatient Data

TABLE 9.190: ORLANDO HEALTH WINNIE PALMER UNINSURED OUTPATIENT VISITS BY RACE, ETHNICITY AND AGE, 2016-2018

Race	Number	%	Ethnic Group	Number	%	Age	Number	%
American Indian or Alaskan Native	0	0.0%	Hispanic or Latino	196	34.6%	0-18	17	3.0%
Asian	0	0.0%	Non-Hispanic or non-Latino	318	56.2%	19-29	337	59.5%
Black or African American	304	53.7%	Unknown or not given	52	9.2%	30-39	166	29.3%
Caucasian	38	6.6%				40-49	35	6.2%
East Indian	2	0.4%				50-59	10	1.8%
Hispanic	0	0.0%				60-69	1	0.2%
Native Hawaiian or Pacific Islander	0	0.0%				70-79	0	0.0%
Oriental	0	0.0%				80+	0	0.0%
Other	216	38.2%						
Unknown	6	1.1%						

Source: Orlando Health Winnie Palmer Uninsured Outpatient Data

TABLE 9.191: ORLANDO HEALTH WINNIE PALMER ECONOMIC CHARACTERISTICS OF TOP 5 CENSUS TRACTS, 2016-2019

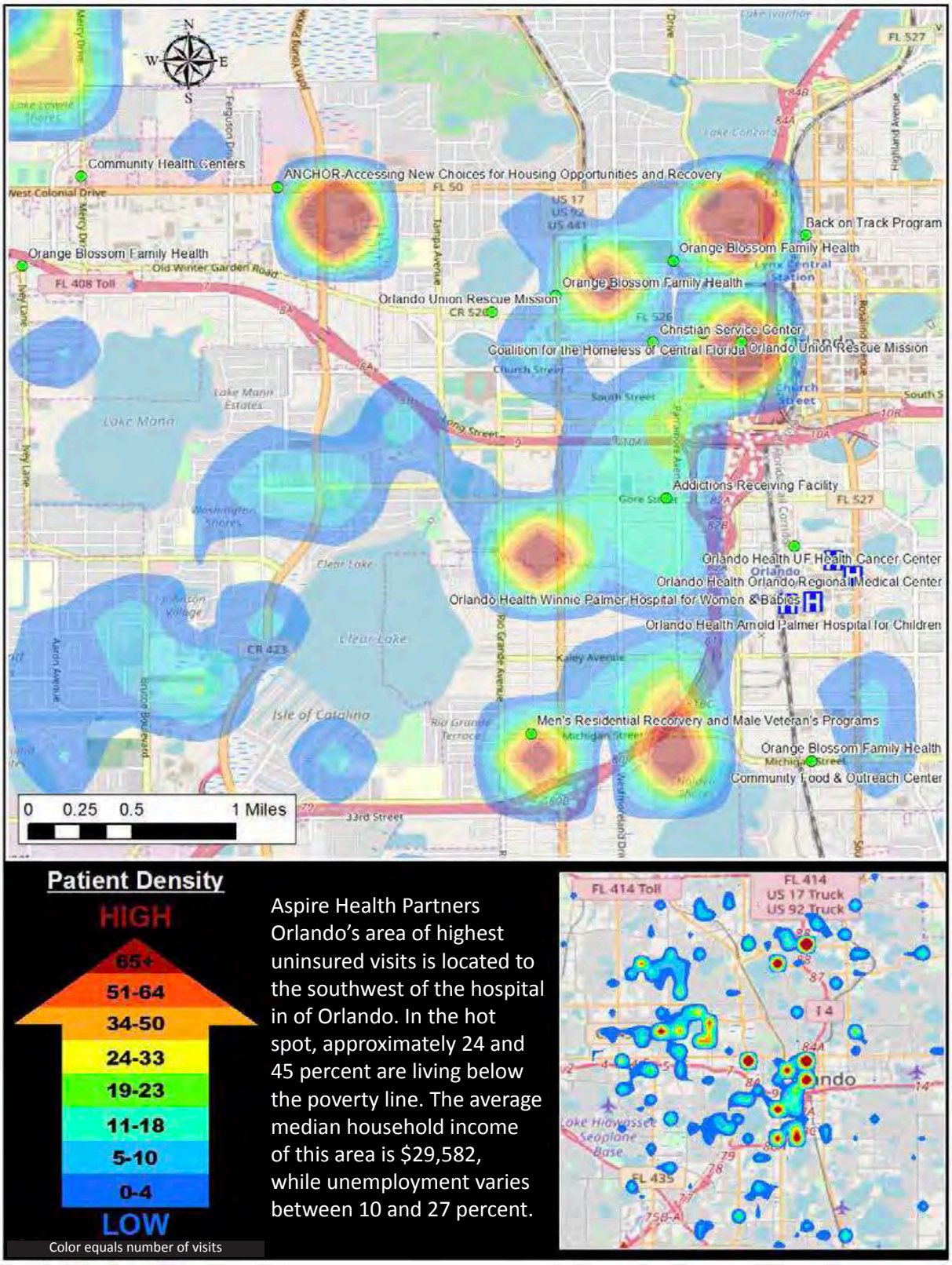
Census Tract	Census Tract within Zip Code(s)	% Unemployed	Median HH Income	% Below Poverty
12-09-5016903	32809, 32839	5.2%	$34,239	24.4%
12-095-016902	32809	10.9%	$31,596	35.1%
12-095-014601	32811	17.4%	$24,642	42.6%
12-095-014502	32839	10.6%	$23,984	35.7%
12-095-016907	32809, 32839	7.3%	$27,000	37.2%
Average		10.3%	$28,292	35.0%

Source: ProximityOne
Source: U.S. Census Bureau

ASPIRE HEALTH PARTNERS HOT SPOTTING

Figure 9.33 illustrates the uninsured inpatient hot spot analysis for Aspire Health Partners Orlando.

FIGURE 9.33: ASPIRE HEALTH PARTNERS ORLANDO UNINSURED INPATIENT HOT SPOT ANALYSIS



Aspire Health Partners Orlando's area of highest uninsured visits is located to the southwest of the hospital in of Orlando. In the hot spot, approximately 24 and 45 percent are living below the poverty line. The average median household income of this area is $29,582, while unemployment varies between 10 and 27 percent.

Tables 9.192 through 9.197 outline the uninsured inpatient specific hot spot analysis, for Aspire Health Partners Orlando. The analysis includes all uninsured inpatient visits (Table 9.192) and focuses on those visits within the hot spot for fiscal years 2016 through 2018 (Tables 9.193 through 9.196). In the top five census tracts (the hot spot) from which the most frequent uninsured inpatient visits are generated, the average unemployment rate is about 15 percent; approximately 35 percent of the population is living below the federal poverty level. The average annual median household income is $29,582. Table 9.197 displays the census tracts, what zip code(s) they are in and the economic conditions for the hot spot. The 1,462 uninsured inpatient visits from within the hot spot cost more than $7.8 million and accounted for 9.7 percent of all uninsured inpatient visits between 2016 and 2018 (Table 9.192). More than half (58.3 percent) of uninsured inpatient visits were made by Black or African American patients. Additionally, patients aged 50-59 accounted for 23 percent of uninsured inpatient visits.

Schizophrenia, unspecified, was the most frequent primary diagnosis code and had the highest total and average costs from uninsured inpatient visits within this hot spot at 13.3 percent and with a total cost of more than $1.5 million and an average cost of $8,227 between 2016 and 2018. Alcohol dependence, uncomplicated, was the most frequent secondary diagnosis from uninsured inpatient visits within this hot spot at 4.5 percent and with a total cost of more than $400,000 for the same time period.

TABLE 9.192: ASPIRE HEALTH PARTNERS ORLANDO UNINSURED INPATIENT VISIT COMPARISON, 2016-2018

Criteria*	Data Snapshot
Total uninsured inpatient visits	15,099
Total uninsured inpatient visits in hot spot	1,462
Total uninsured inpatient cost	$86,127,341
Total uninsured inpatient cost in hot spot	$7,895,089
Percent of uninsured inpatient visits in hot spot	9.7%
Total homeless uninsured inpatient visits	8,001
Homeless visits as a percent of all uninsured inpatient visits	53.0%
Total cost for uninsured inpatient homeless visits	$49,474,986

*Note: Includes individuals listed as homeless, unknown or homeless shelter/service facility for each of the total uninsured rows above; however, these individuals are not included in hot spot specific rows.
Source: Aspire Health Partners Orlando Uninsured Inpatient Data

TABLE 9.193: ASPIRE HEALTH PARTNERS ORLANDO TOP 5 MOST FREQUENT UNINSURED INPATIENT PRIMARY DIAGNOSIS CODES, 2016-2018

Top 5 Primary Diagnosis Codes	Total Visits	Total Cost	% of all Visits in Hot Spot	Avg. Cost per Visit
F20.0 Schizophrenia, unspecified	194	$1,596,032	13.3%	$8,227
F32.9 Major depressive disorder, single episode, unspecified	162	$617,761	11.1%	$3,813
F31.9 Bipolar disorder, unspecified	139	$609,609	9.5%	$4,386
F25.0 Schizoaffective disorder, bipolar type	128	$669,882	8.8%	$5,233
F29 Unspecified psychosis not due to a substance or known physiological condition	80	$460,149	5.5%	$5,752

Source: Aspire Health Partners Orlando Uninsured Inpatient Data

TABLE 9.194: ASPIRE HEALTH PARTNERS ORLANDO TOP 5 MOST FREQUENT UNINSURED INPATIENT SECONDARY DIAGNOSIS CODES AND COSTS, 2016-2018

Top 5 Secondary Diagnosis Codes	Total Visits	Total Cost	% of all Visits in Hot Spot	Avg. Cost per Visit
F10.20 Alcohol dependence, uncomplicated	66	$436,261	4.5%	$6,610
F14.10 Cocaine abuse, uncomplicated	62	$361,601	4.2%	$5,832
F14.20 Cocaine dependence, uncomplicated	52	$365,811	3.6%	$7,035
F12.10 Cannabis abuse, uncomplicated	47	$252,440	3.2%	$5,371
F19.10 Other psychoactive substance abuse, uncomplicated	25	$92,200	1.7%	$3,688

Source: Aspire Health Partners Orlando Uninsured Inpatient Data

TABLE 9.195: ASPIRE HEALTH PARTNERS ORLANDO TOP 5 HIGHEST COST UNINSURED INPATIENT PRIMARY DIAGNOSIS CODES, 2016-2018

Top 5 Highest Cost Primary Diagnosis Codes	Total Visits	Total Cost	% of all Visits in Hot Spot	Avg. Cost per Visit
F20.9 Schizophrenia, unspecified	194	$1,596,032	13.3%	$8,227
F25.0 Schizoaffective disorder, bipolar type	128	$669,882	13.3%	$5,233
F32.9 Major depressive disorder, single episode, unspecified	162	$617,761	13.3%	$3,813
F31.9 Bipolar disorder, unspecified	139	$609,609	13.3%	$4,386
F29 Unspecified psychosis not due to a substance or known physiological condition	81	$510,299	13.3%	$6,300

Source: Aspire Health Orlando Uninsured Inpatient Data

TABLE 9.196: ASPIRE HEALTH PARTNERS ORLANDO UNINSURED INPATIENT VISITS BY RACE, ETHNICITY AND AGE, 2016-2018

Race	Number	%	Ethnic Group	Number	%	Age	Number	%
American Indian	2	0.1%	Haitian	26	1.8%	0-18	120	8.2%
Asian	0	0.0%	Mexican	0	0.0%	19-29	334	22.8%
Black or African American	852	58.2%	None of the Above	831	56.8%	30-39	302	20.8%
Multi-Racial	70	4.8%	Other Hispanic	127	8.7%	40-49	259	17.7%
Native Hawaiian/ Other Pacific Islander	1	0.1%	Puerto Rican	47	3.2%	50-59	336	23.0%
Other	74	5.1%	Spanish / Latino	35	2.4%	60-69	103	7.0%
White/Caucasian	463	31.7%	Unknown	396	27.1%	70-79	8	0.5%
						80+	0	0.0%

Source: Aspire Health Partners Orlando Uninsured Inpatient Data

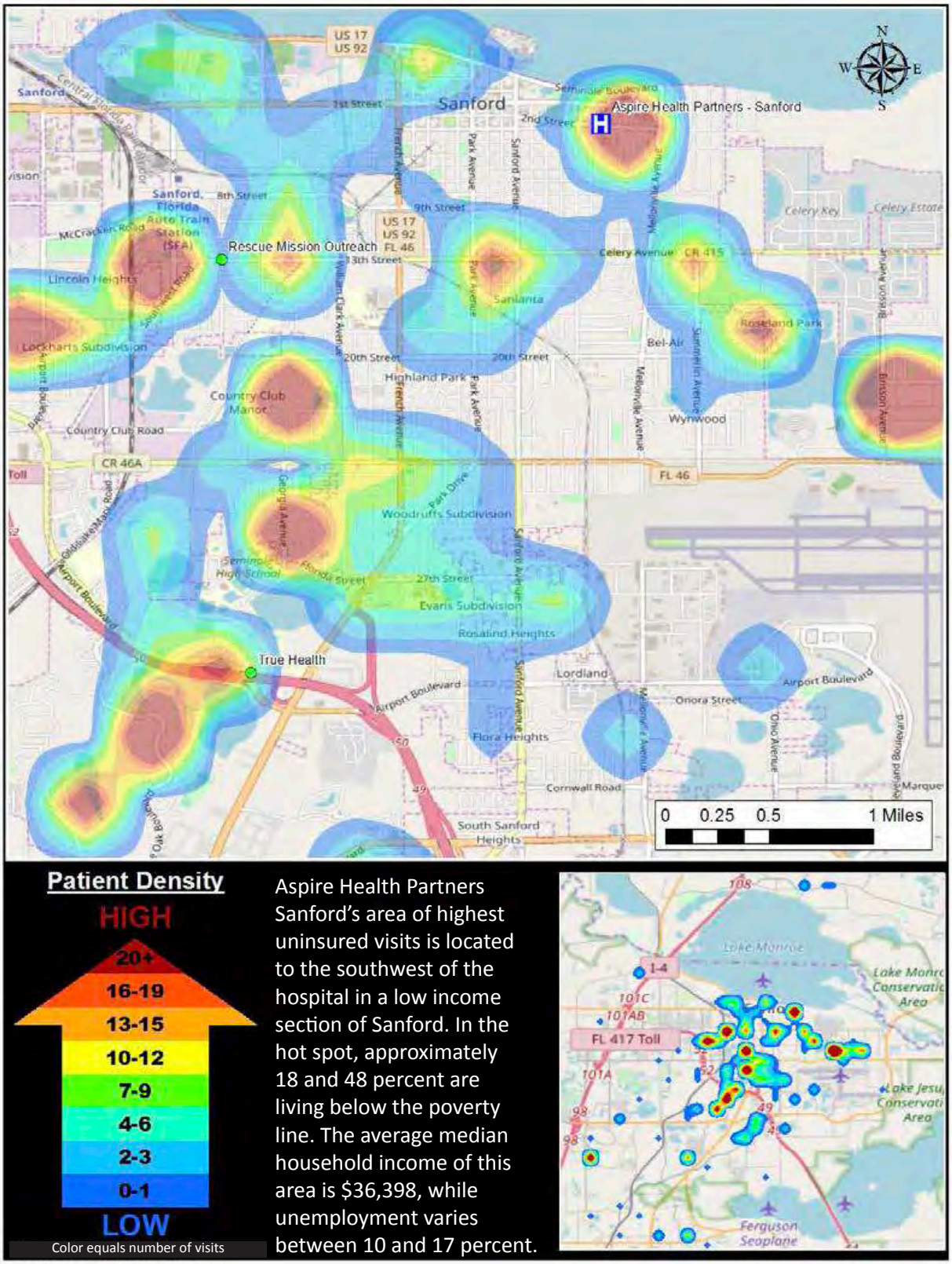
TABLE 9.197: ASPIRE HEALTH PARTNERS ORLANDO ECONOMIC CHARACTERISTICS OF TOP 5 CENSUS TRACTS, 2012-2019

Census Tract	Census Tract within Zip Code(s)	% Unemployed	Median HH Income	% Below Poverty
12-095-18300	32804, 32805, 32808, 32811	11.1%	$34,063	24.0%
12-095-18900	32801, 32804	9.7%	$40,412	32.4%
12-095-11600	32805	12.4%	$22,955	39.1%
12-095-12000	32808	17.1%	$28,912	34.4%
12-095-18700	32804, 32808	26.8%	$21,568	45.0%
Average		15.4%	$29,582	35.0%

Source: ProximityOne
Source: U.S. Census Bureau

Figure 9.34 illustrates the uninsured inpatient hot spot analysis for Aspire Health Partners Sanford.

FIGURE 9.34: ASPIRE HEALTH PARTNERS SANFORD UNINSURED INPATIENT HOT SPOT ANALYSIS



Aspire Health Partners Sanford's area of highest uninsured visits is located to the southwest of the hospital in a low income section of Sanford. In the hot spot, approximately 18 and 48 percent are living below the poverty line. The average median household income of this area is $36,398, while unemployment varies between 10 and 17 percent.

Tables 9.198 through 9.203 outline the uninsured inpatient specific hot spot analysis, for Aspire Health Partners Sanford. The analysis includes all uninsured inpatient visits (Table 9.198) and focuses on those visits within the hot spot for fiscal years 2016 through 2018 (Tables 9.199 through 9.202). In the top five census tracts (the hot spot) from which the most frequent uninsured inpatient visits are generated, the average unemployment rate is about 12 percent; approximately 27 percent of the population is living below the federal poverty level. The average annual median household income is $36,398. Table 9.203 displays the census tracts, what zip code(s) they are in and the economic conditions for the hot spot. The 279 uninsured inpatient visits from within the hot spot cost more than $5.2 million and accounted for 23.3 percent of all uninsured inpatient visits between 2016 and 2018 (Table 9.198). More than half (51.3 percent) of uninsured inpatient visits were made by Black or African American patients. Additionally, patients aged 19-29 accounted for 29.7 percent of uninsured inpatient visits.

Schizophrenia, unspecified, was the most frequent primary diagnosis code and had the highest total and average costs from uninsured inpatient visits within this hot spot at 26.5 percent and with a total cost of more than $3.3 million and an average cost of $45,129 between 2016 and 2018. Cocaine dependence, uncomplicated, was the most frequent secondary diagnosis from uninsured inpatient visits within this hot spot at 8.2 percent and with a total cost of more than $500,000 for the same time period.

TABLE 9.198: ASPIRE HEALTH PARTNERS SANFORD UNINSURED INPATIENT VISIT COMPARISON, 2016-2018

Criteria*	Data Snapshot
Total uninsured inpatient visits	1,196
Total uninsured inpatient visits in hot spot	279
Total uninsured inpatient cost	$17,850,520
Total uninsured inpatient cost in hot spot	$5,265,894
Percent of uninsured inpatient visits in hot spot	23.3%
Total homeless uninsured inpatient visits	640
Homeless visits as a percent of all uninsured inpatient visits	54%
Total cost for uninsured inpatient homeless visits	$4,951,717

*Note: Includes individuals listed as homeless, unknown or homeless shelter/service facility for each of the total uninsured rows above; however, these individuals are not included in hot spot specific rows.
Source: Aspire Health Partners Sanford Uninsured Inpatient Data

TABLE 9.199: ASPIRE HEALTH PARTNERS SANFORD TOP 5 MOST FREQUENT UNINSURED INPATIENT PRIMARY DIAGNOSIS CODES, 2016-2018

Top 5 Primary Diagnosis Codes	Total Visits	Total Cost	% of all Visits in Hot Spot	Avg. Cost per Visit
F20.9 Schizophrenia, unspecified	74	$3,339,533	26.5%	$45,129
F25.0 Schizoaffective disorder, bipolar type	44	$587,400	15.8%	$13,350
F32.9 Major depressive disorder, single episode, unspecified	22	$95,355	7.9%	$4,334
F31.9 Bipolar disorder, unspecified	17	$528,092	6.1%	$31,064
F43.21 Adjustment disorder with depressed mood	9	$20,300	3.2%	$2,256

Source: Aspire Health Partners Sanford Uninsured Inpatient Data

TABLE 9.200: ASPIRE HEALTH PARTNERS SANFORD TOP 5 MOST FREQUENT UNINSURED INPATIENT SECONDARY DIAGNOSIS CODES AND COSTS, 2016-2018

Top 5 Secondary Diagnosis Codes	Total Visits	Total Cost	% of all Visits in Hot Spot	Avg. Cost per Visit
F14.20 Cocaine dependence, uncomplicated	23	$568,370	8.2%	$24,712
F10.20 Alcohol dependence, uncomplicated	22	$143,600	7.9%	$6,527
F12.20 Cannabis dependence, uncomplicated	17	$174,300	6.1%	$10,253
F12.10 Cannabis abuse, uncomplicated	14	$94,300	5.0%	$6,736
F10.10 Alcohol abuse, uncomplicated	13	$68,800	4.7%	$5,292

Source: Aspire Health Partners Sanford Uninsured Inpatient Data

TABLE 9.201: ASPIRE HEALTH PARTNERS SANFORD TOP 5 HIGHEST COST UNINSURED INPATIENT PRIMARY DIAGNOSIS CODES, 2016-2018

Top 5 Highest Cost Primary Diagnosis Codes	Total Visits	Total Cost	% of all Visits in Hot Spot	Avg. Cost per Visit
F20.9 Schizophrenia, unspecified	74	$3,339,533	26.5%	$45,129
F25.0 Schizoaffective disorder, bipolar type	44	$587,400	15.8%	$13,350
F31.9 Bipolar disorder, unspecified	17	$528,092	6.1%	$31,064
F29 Unspecified psychosis not due to a substance or known physiological condition	8	$152,200	2.9%	$19,025
F32.9 Major depressive disorder, single episode, unspecified	22	$95,355	7.9%	$4,334

Source: Aspire Health Partners Sanford Uninsured Inpatient Data

TABLE 9.202: ASPIRE HEALTH PARTNERS SANFORD UNINSURED INPATIENT VISITS BY RACE, ETHNICITY AND AGE, 2016-2018

Race	Number	%	Ethnic Group	Number	%	Age	Number	%
American Indian	1	0.4%	Haitian	0	0.0%	0-18	8	2.9%
Asian	1	0.4%	Mexican	1	0.4%	19-29	83	29.7%
Black or African American	143	51.3%	None of the Above	231	82.8%	30-39	81	29.0%
Multi-Racial	29	10.3%	Other Hispanic	14	5.0%	40-49	47	16.8%
Native Hawaiian/ Other Pacific Islander	0	0.0%	Puerto Rican	19	6.8%	50-59	32	11.5%
Other	4	1.4%	Spanish / Latino	0	0.0%	60-69	20	7.2%
White/Caucasian	0	36.2%	Unknown	14	5.0%	70-79	7	2.5%
						80+	1	0.4%

Source: Aspire Health Partners Sanford Uninsured Inpatient Data

TABLE 9.203: ASPIRE HEALTH PARTNERS SANFORD ECONOMIC CHARACTERISTICS OF TOP 5 CENSUS TRACTS, 2012-2019

Census Tract	Census Tract within Zip Code(s)	% Unemployed	Median HH Income	% Below Poverty
12-117-21100	32771	10.6%	$34,962	22.0%
12-117-20202	32771	12.4%	$39,628	17.5%
12-117-20903	32750, 32771	12.7%	$37,786	28.1%
12-117-20500	32771	16.6%	$22,668	48.2%
12-117-20807	32746, 32773	9.6%	$46,944	16.8%
Average		12.4%	$36,398	26.5%

Source: ProximityOne
Source: U.S. Census Bureau

'Osceola County has a broad range of outdoor activity for the community to utilize.'

-Key Informant Survey Respondent

CHAPTER TEN

Regional Needs Assessment Summary

Shingle Creek Regional Park
Kissimmee, FL

Osceola County

REGIONAL NEEDS ASSESSMENT SUMMARY BASED ON DATA PRESENTED IN REPORT

In general, the health and overall well-being of residents in the four-county region varies by county. As evidenced by the secondary data compiled in this report, residents of Seminole County continue to have the best overall outcomes when compared to the other counties in the four-county region, with the most encouraging county health rankings and positive student indicators (including graduation rates and low violence). The county has had improvements in several indicators related to chronic conditions, hospitalizations, birth characteristics, mental health, behavioral risk and access. Seminole County also has the highest median household income.

When looking at the secondary data, Seminole County has shown improvement in many areas. The county consistently had the lowest rate per 100,000 of preventable hospitalizations for those under the age of 65 from congestive heart failure when compared to the other counties in the four-county region. The prevalence of lung cancer has decreased as has the percentage of adults who currently have asthma. The percentage of births to mothers with less than a high school education has decreased. The percentage of adults who have ever been told they have a depressive disorder has decreased as has the number of children receiving mental health treatment services. Smoking has decreased in adults and middle and school students. Binge drinking among middle and high school students has decreased. The percentage of adults with health care insurance has increased. However, there are numerous areas for improvement related to immunizations and preventative screenings. There has been an increase in obesity, diabetes, breast cancer, hospitalizations for non-fatal unintentional injuries, unintentional poisonings and infant mortality. There has been a decrease in the percentage of mothers receiving first trimester prenatal care. In recent years the county has had an increase in the suicide rate for children ages 12-18 as well as those ages 19-21. The percentage of adults who binge drink has increased as have heroin and fentanyl-related deaths.

Orange County presents an interesting mix of encouraging indicators and room for improvement as evidenced by the secondary data compiled in this report. There is an encouraging trend for population growth and median household income. Improvement has also been shown with a decrease in poverty rates and unemployment. High school graduation rates have increased. Diabetes, hypertension and some asthma and cancer rates are down. Birth characteristics and mental health indicators have improved slightly. Although there are several areas with improving trends there are areas for improvement. Breast cancer incidence and high school asthma continue to increase. Orange County has had the highest rate of new HIV and new AIDS cases reported when compared to the counties in the four-county region and the state. In 2017, the infant death rate per 1,000 live births as well as the percentage of births to uninsured mothers was highest in Orange County compared to the other counties in the four-county region as well as the state. Heroin use among middle school students has been increasing since 2014 at a rate much higher than the other counties in the four-county region and the state.

Osceola County has shown encouraging trends as population growth and median household income have increased; poverty has decreased slightly. Osceola County is also the most diverse of the four-county region with a high percentage of residents speaking a language other than English at home. High school graduation rates are up, while the number of homeless students is down. Birth characteristics have improved in recent years and the infant death rate per 1,000 live births is the lowest in the four-county region and below the state rate. There has been an increase in the percentage of women who received a pap test in the past year as well as the percentage of adults who have received a blood stool test in the past year. Osceola County often has the highest rates of various conditions (as shown in the secondary data) in the four-county region. A few areas where Osceola County is higher compared to the four-county region and state, with room for improvement, include: diabetes, heart disease mortality, colorectal cancer prevalence, asthma, cardiovascular disease mortality, infectious disease mortality, births to unwed mothers, births covered by Medicaid, sedentary adults and drug arrests.

Secondary data indicates that Lake County is the least populated county in the four-county region and is the third largest by area. In 2016, Lake County had the highest influenza and pneumonia vaccination rates in the four-county region. In 2017, Lake County was also the lowest in the four-county region for new HIV and AIDS cases reported. Lake County also had the lowest asthma hospitalizations for children ages 12-18. However, Lake County's challenges include hypertension prevalence (although highest in the four-county region the percentage is decreasing), high cholesterol, stroke, breast and lung cancer incidence. Lake County currently has the lowest high school graduation rates in the four-county region.

When looking at the secondary data for the four-county region improvements have been seen in the past few years across the four-county region. There has been an increase in the percentage of adults age 65 and older who have received the influenza vaccination as well as women receiving a mammogram and adults who have had a blood stool test. Diabetes and asthma hospitalizations have decreased as has the prevalence of asthma, colorectal cancer and lung cancer. Unintentional fall deaths have also decreased. When looking at birth characteristics the percentage of births to mothers with less than a high school education, unwed mothers and repeat births to mothers ages 15-19 have decreased. Several mental health and quality of life indicators have seen improvement including adults with depressive disorder, children receiving mental health services, children with an emotional/behavioral disability, children experiencing sexual or physical abuse. There has been a decrease in smoking and binge drinking among middle and high school students. While much has been done to improve the health of the community there are continued opportunities. There has been a decrease in the percentage of kindergartners receiving immunizations as well as adults over the age of 65 who are receiving the pneumonia vaccination. Adults receiving preventive screenings including Pap test, PSA test and sigmoidoscopy or colonoscopy have also decreased. The rate for new HIV cases reported has continued to increase. Obesity among adults and middle school students has increased as have diabetes and asthma hospitalizations for children ages 12-18. The breast cancer rate has also increased. When looking at maternal indicators the percentage of births to uninsured mothers and obese mothers has increased. There has also been a decrease in the percentage of mothers receiving prenatal care in the first trimester. Students and adults lack physical activity and the percentage of adults who binge drink has increased. There has been an increase in both firearm discharge deaths as well as domestic violence deaths.

Affordability of care is a common theme across the four-county region throughout all primary and secondary data. This includes the affordability of doctor visits, prescriptions, hospital visits and insurance. As reported in the primary data, many residents have skipped doctor visits due to cost, especially at lower income levels. The cost of care and challenge of scheduling appointments may also contribute to the decreasing levels of preventative care, immunizations and early detection of health issues. Almost half of community survey respondents indicate they wait to see a doctor until they are sick. The primary research participants commented that when preventative care is not feasible or accessible, people wait to seek medical care until they are in an emergency situation.

Another factor discussed widely in the primary research is the limited access to mental health services. Providers and stakeholders agree that too many residents are utilizing the emergency department to address under-treated and untreated mental illness. The need for mental health services is another theme that was consistent across the four-county region with nearly all data collection sources.

Substance use is also a concern separate from the general umbrella of mental and behavioral health that was frequently noted by primary research participants. Providers and some residents are concerned about heroin and other opioids in the community, a concern that is prominent on the national stage.

Primary research participants discussed the connection between mental health, substance use and homelessness. Homelessness is a major concern identified across the four-county region. Primary research participants discussed the link between mental health and substance use issues that make it difficult to secure stable housing. Primary research participants also commented that they believe homelessness exacerbates substance use and mental health conditions. These participants added that untreated mental illness and substance use make it difficult to maintain gainful employment and stable housing. Another major contributor to the issue of homelessness that primary research participants commented on is a lack of affordable housing. When looking at the secondary data there are high levels of cost burden among renters and primary data sources continue to lament the cost of housing.

While the percentage of population living in poverty has decreased in recent years in the four-county region, overall it is higher than it was in 2000. Just under half of households in the four-county region are cost burdened with between 16.7 percent and 25.1 percent severely cost burdened. Between 24.1 percent and 32.5 percent of renters are spending 50 percent or more of their income on rent. Over half of renter households are cost burdened with between 27.9 percent and 32.7 percent severely cost burdened.

Community survey respondents indicated that cost has impacted their ability to access care, housing and healthful foods. Stakeholders identified individuals living in poverty among the top populations experiencing barriers accessing health care. Stakeholders also identified individuals living in poverty among the populations facing barriers to care. Stakeholders also talked about difficulty accessing transportation and other services due to limited income. Focus group participants talked about the challenges those living in poverty experience noting that a high number of the population works minimum wage jobs. Focus group participants talked about the stress that poverty can place on an individual, an example provided was that people often have to choose between filling a prescription or feeding their family.

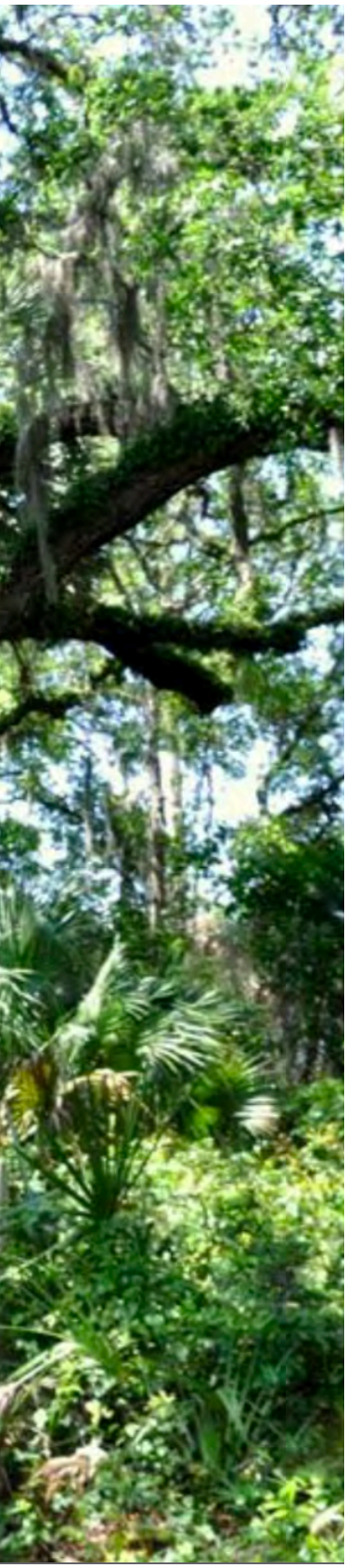
There are numerous food deserts in the four-county region, and many of them overlap with census tracts where a high proportion of residents receive public food assistance. Primary research participants note that in the absence of nearby supermarkets and other fresh food providers, residents turn to fast food and convenience stores. They went on to comment that these establishments often offer calorie-dense, low-nutrient foods. According to the World Health Organization, a diet primarily composed of these foods contributes to the three chronic diseases most often mentioned in all data collection sources used for this CHNA: obesity, diabetes and heart disease. Residents and community stakeholders who participated in the primary research have concerns about access to quality and nutritious foods and had much discussion about the affordability of healthy foods.

As evidenced by the secondary data, when paired with limited recreation/fitness and park opportunities, as well as built environment issues such as walkability and bike-friendly infrastructure, residents are more likely to have a sedentary lifestyle. Research has shown that this sedentary lifestyle can lead to chronic diseases such as obesity, diabetes, and cardiovascular disease. These chronic diseases appear to consistently and disproportionately affect minority populations. Specifically, when looking at the secondary data, diabetes is an issue in the Black and Hispanic communities, particularly in Lake, Orange and Seminole counties. Black adults in Seminole County are also more likely to have high blood pressure as are Hispanic adults in Osceola and Seminole counties. The rate for strokes is highest among the White communities especially in Lake County. Residents and community stakeholders who participated in the primary research have concerns about access to quality and nutritious foods and had much discussion about the affordability of healthy foods.

Finally, there are serious concerns about infant mortality in minority populations, particularly among Black residents which are observed in the secondary data as well as reported by primary research participants. When looking at the secondary data, the four-county region and state rates are near the Healthy People 2020 target, Black residents have infant mortality rates about 50 percent higher than White and Hispanic rates. In Lake County, the Hispanic infant mortality rate tripled between 2012 and 2017. Additionally, the rate of births to uninsured Hispanic women tends to be higher than the White and Black rate. The births to unwed Black mothers have been consistently higher than White and Hispanic rates over the past 14 years.

'The awareness we have had in the last few years has been key for people to be informed and act upon it. Now if you know about food and transportation as a health care provider, you can link to other services.'

- Stakeholder Interview Respondent



CHAPTER ELEVEN

Needs Assessment Summary By County

Lake Griffin State Park
Fruitland Park, FL

Lake County

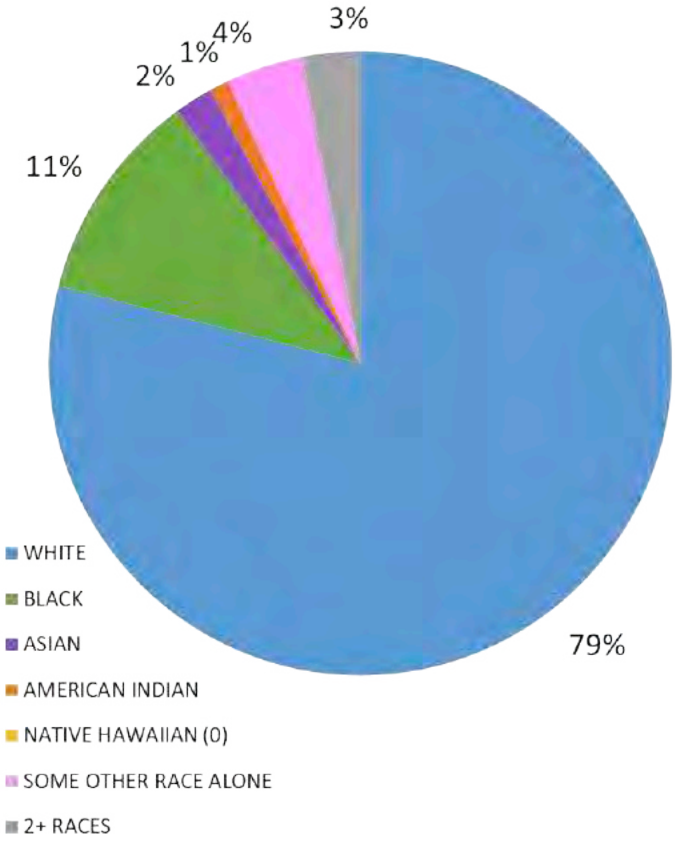
The county assessment summaries that follow include basic demographic information for each county in the four-county region, as well as high-level overviews of the four assessment components of the MAPP (Mobilizing Action Through Planning and Partnerships) model: community health status, community themes and strengths, local public health systems and forces of change. For each county in the four-county region, there is also a list of themes selected by the Collaborative based on a prioritization exercise each participated in. Dozens of themes were generated based on the identified needs that emerged from the data. The Collaborative completed a prioritization exercise using OptionFinder, an audience response polling system, to rate the identified needs. These prioritized needs will be used by members of the Collaborative in their individual implementation strategies.

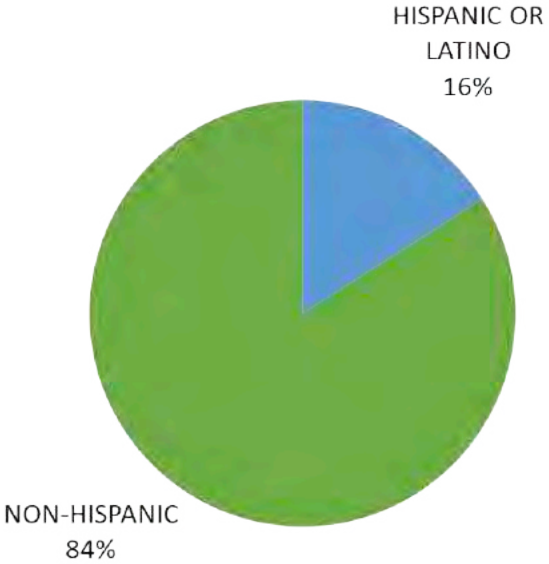
LAKE COUNTY

The majority of residents in Lake County are White (79 percent) and 11 percent of residents are Black. The other races account for 10 percent or less of the county population. Less than one in five residents (16 percent) are Hispanic or Latino.

Age is relatively equally distributed in the county, with residents age 0-14 years accounting for the largest percentage (16 percent) followed by residents age 65-74 (15 percent). There are slightly more female residents (52 percent) than male residents (48 percent).

CHART 11.1: LAKE COUNTY POPULATION BY RACE/ETHNICITY 2019





Source: Claritas- Pop-Facts Premier 2019, Environics Analytics

CHART 11.2: LAKE COUNTY POPULATION BY AGE

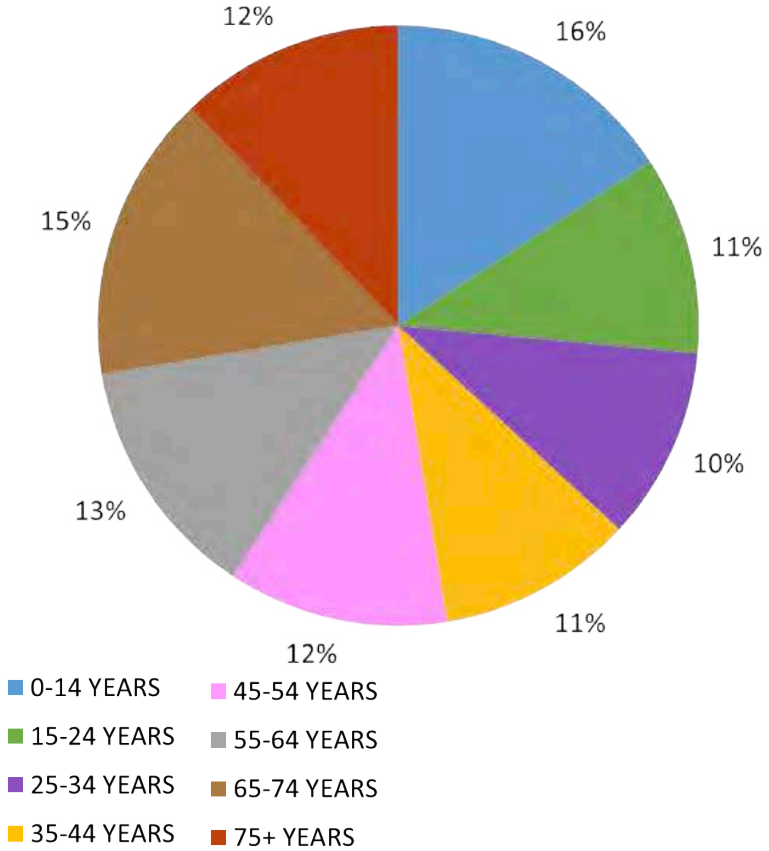
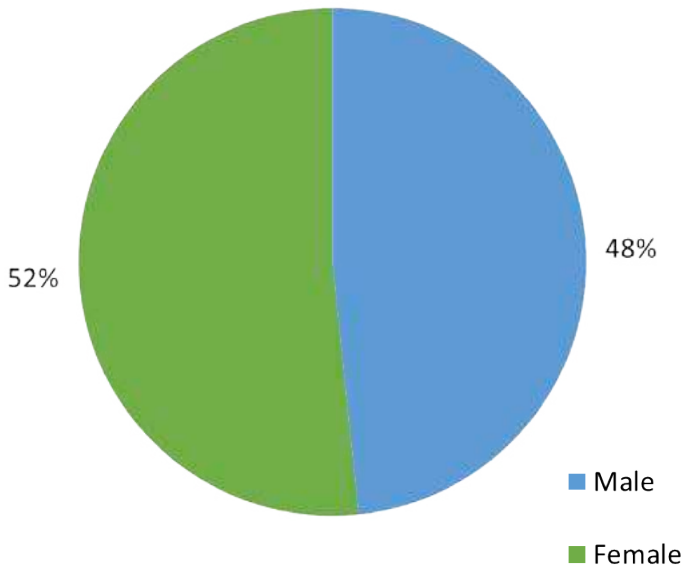


CHART 11.3: LAKE COUNTY POPULATION BY GENDER



Source: Claritas- Pop-Facts Premier 2019, Environics Analytics

COMMUNITY THEMES ASSESSMENT

The themes were compiled using data from the community surveys, stakeholder interviews, focus groups, key informant surveys and intercept surveys conducted for this CHNA as areas in need of improvement:

- Need for and access to mental health services
  - Address stigma
- Prevalence of opioids/substance use
- Access to affordable health care
  - Poor access to pharmacies and cost of medications
  - Inappropriate use of emergency department
  - Better transportation
  - Lack of dental care
  - Lack of adequate geriatric services
  - Insurance affordability issues: uninsured/underinsured
- Food insecurity including access to quality/nutritious foods
- Living in poverty
  - Prevalence of stress
  - Lack of family support
  - Need for affordable housing
  - Residents receive low wages
  - Employment opportunities/lack of jobs
- Chronic conditions of concern
  - Overweight/obesity
  - Diabetes
  - Obesity
  - Heart disease
  - High cholesterol
  - Asthma
  - Cancer

Community Themes Assessment, Continued:

- Built Environment
  - Poor water quality and supply
  - Need for better transportation
- Inactivity
  - Need more and better bike-and pedestrian-friendly infrastructure
- Injury
  - Injury prevention for children and older adults

COMMUNITY STRENGTHS ASSESSMENT

The strengths were compiled using secondary data for this CHNA from indicators that have improved since the last CHNA:

- Community Characteristics
  - Population increased
  - Median household income increased
  - Poverty decreased
  - Unemployment decreased
- Communicable Diseases
  - Influenza vaccinations in adults increased
  - Pneumonia vaccinations in adults increased
- Preventative Care
  - Blood stool tests
- Chronic Conditions
  - High school obesity decreased
  - Adults with diabetes decreased
  - Congestive heart failure hospitalizations under age 65 decreased
  - Lung cancer incidence decreased
  - Adults with asthma decreased
  - Middle school students with asthma decreased
  - Heart diseasee age adjusted decreased
  - Colorectal cancer incidence decreased
- Injury
  - Motor vehicle crashes decreased
  - Unintentional drowning deaths decreased
  - Unintentional falls deaths decreased
- Birth Characteristics
  - Infant deaths decreased
  - Births to unwed mothers decreased
  - Preterm births decreased
  - Repeat births to mothers age 15-19 decreased
  - Low birthweight babies decreased
  - Births to mothers with less than a high school education decreased
- Quality of Life/Mental Health
  - Adults with depressive disorder decreased
  - Children ages 5-11 years old experiencing sexual violence or sexual abuse decreased
  - Children experiencing abuse decreased
- Behavioral Risk Factors
  - Binge drinking middle school and high school decreased
  - Heroin use middle school and high school decreased
  - High school smokers quitting increased
- Built Environment
  - 82 percent of residents have access to exercise opportunities
- Access to Quality Health Care
  - Could not see a doctor due to costs decreased
  - Insurance coverage ages 45-64 increased
  - Insurance coverage individuals with less than a high school education increased
  - Insurance coverage incomes under $25K increased
  - Licensed physician rate increase

COMMUNITY HEALTH STATUS ASSESSMENT

The following key findings were identified using the secondary data gathered for this CHNA from indicators that offer opportunities for improvement:

- Affordability of healthcare
  - Couldn't see doctor due to cost
  - Access to quality, nutritious foods
  - Ratio of mental health providers
  - insurance coverage age 18-44 and 65+
- Chronic conditions
  - Breast cancer
  - Diabetes hospitalizations ages 5-11 and 12-18
  - High school asthma and asthma hospitalizations 12-18
- Maternal and child health
  - Births to uninsured women
  - Births to women who were obese during pregnancy
  - Births to mothers with first trimester care
- Preventative
  - Childhood immunizations, kindergarten
- Injury
  - Unintentional poisoning
  - Hospitalizations unintentional falls
  - Domestic violence
- Quality of life/mental health
  - Suicide rates 12-18 and 19-21
- Preventative care
  - Mammograms
  - Pap tests
  - PSA tests
  - Colonoscopy/sigmoidoscopy
- Behavioral risk factors
  - Current and middle school smokers/adults quitting
  - Firearm deaths
- Inactivity
  - Sedentary adults
  - Middle school and high school students without sufficient vigorous physical activity

FORCES OF CHANGE ASSESSMENT

The Forces of Change Assessment focuses on identifying forces such as legislation, technology and other impending changes that affect the context in which the community and its public health system operate. The Assessment answers the questions: "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 Forces of Change Assessment is one of the steps in the Mobilizing for Action through Planning and Partnerships (MAPP) process that the Florida Department of Health in Lake County follows.

MAPP is a community-driven strategic planning process for improving community health. Based on the Forces of Change Assessment the following key findings were identified using data from the primary and secondary research. Prioritization exercises conducted for this CHNA by leaders representing Lake County resulted in these top priorities:

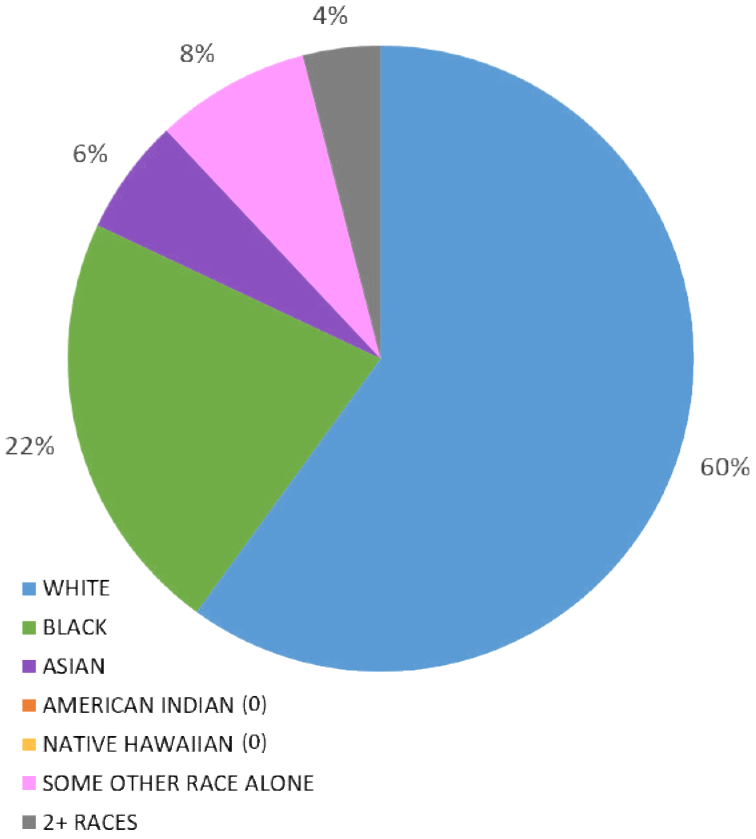
1. Prevention: general preventative care (screenings, well visits, etc.)
2. Chronic disease: diabetes (children and adults)
3. Chronic disease: obesity
4. Birth characteristics: infant mortality
5. Chronic disease: childhood obesity
6. Leading cause of death: cancer
7. Leading cause of death: cardiovascular disease
8. Economic conditions: employment and livable wage
9. Access to health care: cost of care, insurance, medications
10. Communicable disease: childhood immunizations

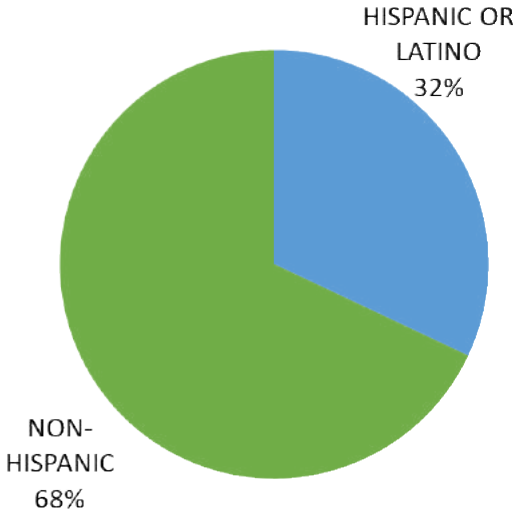
ORANGE COUNTY

Just under two-thirds of residents in Orange County are White (60 percent) and 22 percent are Black. Approximately one-third of the residents (32 percent) are Hispanic or Latino.

The population is slightly skewed towards younger residents, with 18 percent of residents age 0-14. Very few residents (five percent) are age 75 and older. There are slightly more female residents (51 percent) than male residents (49 percent).

CHART 11.4: ORANGE COUNTY POPULATION BY RACE/ETHNICITY (2019)





Source: Claritas- Pop-Facts Premier 2019, Environics Analytics

CHART 11.5: ORANGE COUNTY POPULATION BY AGE

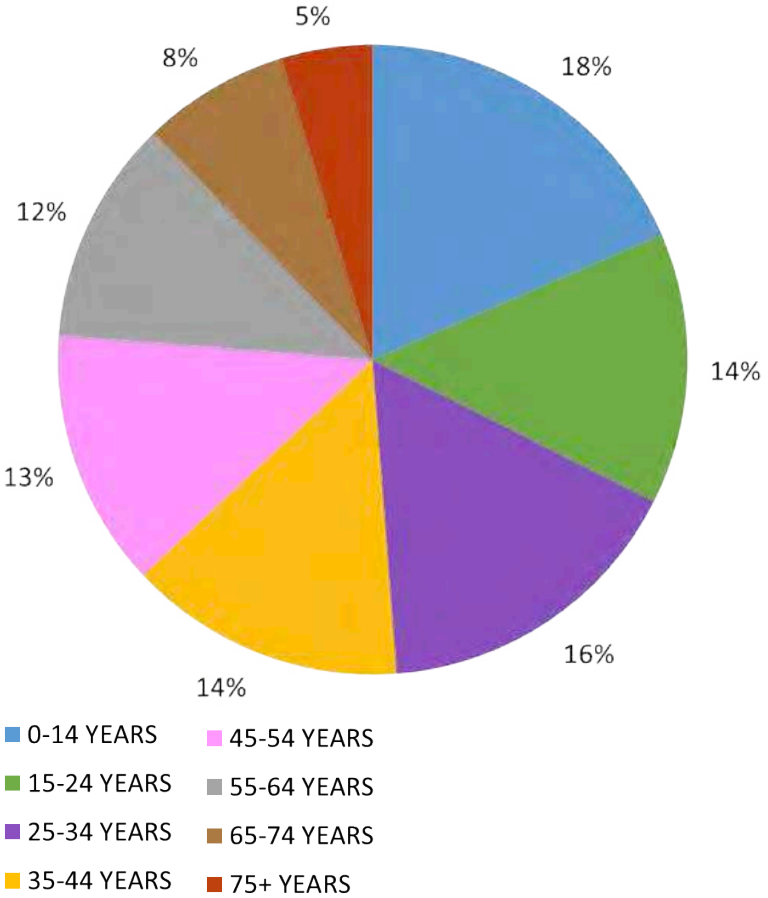
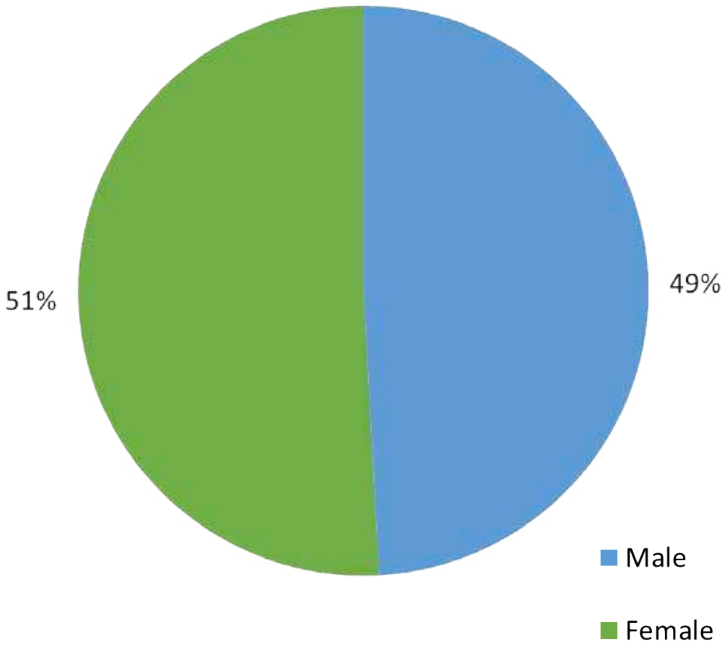


CHART 11.6: ORANGE COUNTY POPULATION BY GENDER



Source: Claritas- Pop-Facts Premier 2019, Environics Analytics

COMMUNITY THEMES ASSESSMENT

The following key findings were compiled using data from the community surveys, stakeholder interviews, focus groups, key informant survey and intercept surveys conducted for this CHNA as areas in need of improvement:

- Need for and access to mental health services
- Access to affordable healthcare
  - Health care costs
  - Inappropriate use of emergency department
  - Lack of trust in seeking of medical care due to undocumented status
  - Coordination of services for seniors
  - Access to dental care
  - Health education/health literacy
- Chronic conditions of concern
  - Diabetes
  - Obesity
  - Asthma/COPD
  - Heart disease
  - Cancer
  - High cholesterol
- Food insecurity including access to quality/nutritious foods
- Prevalence of substance use
  - Opioid use
  - Smoking prevalence

Community Themes Assessment, Continued:

- Living in poverty
  - Prevalence of stress
  - Lack of family support
  - Need for affordable housing
  - Residents receiving low wages
  - Lack of employment opportunities
  - Homelessness/affordable housing
- Transportation

COMMUNITY STRENGTHS ASSESSMENT

The strengths were compiled using secondary data for this CHNA from indicators that have improved since the last CHNA:

- Community Characteristics
  - Population increased
  - Median household income increased
  - Poverty decreased
  - Unemployment decreased
- School and Student Characteristics
  - Number of homeless students decreased
  - High school graduation rates increased
  - Gang activity decreased
- Communicable Diseases
  - Rates of influenza vaccinations ages 65+ increased
  - New AIDS cases decreased
- Preventative Care
  - Mammograms for women ages 40+ increased
  - Stool blood tests for adults ages 50+ increased
- Chronic Conditions
  - Adults with diabetes decreased
  - Adults with congestive heart failure hospitalizations decreased
  - Colorectal cancer incidences decreased
  - Lung cancer incidences decreased
  - Adults with asthma decreased
  - Asthma hospitalizations for children ages 1-4 and 5-11 decreased
  - Diabetes hospitalizations for children ages 5-11 and 12-18 decreased
  - Adults ever told had a stroke decreased
  - Breast cancer incidences decreased
  - Middle and high school students with asthma decreased
- Injury
  - Unintentional drowning deaths decreased
- Quality of Life/Mental Health
  - Children ages 5-11 years old experiencing sexual violence or sexual abuse decreased
  - Students in grades K-12 with an emotional or behavioral disability decreased
  - Suicide rate for youth ages 12-18 decreased
  - Child abuse decreased
  - Adults with depressive disorder decreased
- Behavioral Risk Factors
  - Adult smoking decreased
  - Adults who quit smoking at least once increased
  - Heroin deaths decreased
  - Domestic violence decreased
  - Heroin use among high school students decreased
  - Middle school students who smoke decreased
  - Binge drinking among adults, middle and high school students decreased

Community Strengths Assessment, Continued:

- Birth Characteristics
  - Births to repeat mothers decreased
  - Births to unwed mothers decreased
  - Births to mothers with less than a high school education decreased
- Built Environment
  - 93 percent of residents have access to exercise opportunities
- Access to Quality Health Care
  - Insurance coverage for adults, ages 18-24 and ages 45-64 increased
  - Insurance coverage less than a high school education increased
  - Licensed physician rate increased
  - Insurance coverage has increased for adults with incomes less than $25,000, $25,000-49,000 and $50,000 and over
  - Adults who could not see a doctor due to cost decreased

COMMUNITY HEALTH STATUS ASSESSMENT

The following key findings were identified using the secondary data gathered for this CHNA from indicators that offer opportunities for improvement:

- Need for and access to mental health services
  - Depressive disorder, adults ages 45-64
- Affordability of healthcare
  - Couldn't see doctor due to cost
- Access to quality, nutritious foods
- Poverty
  - Income inequality
  - Cost burden of households
  - Homeowner cost burden
  - Homelessness
- Chronic conditions
  - Heart disease
  - Adults, middle and high school students who are obese
  - Heart disease age adjusted death rate
- Preventative care
  - Pap tests
  - PSA tests
- Maternal and child health
  - Infant mortality
  - Births to uninsured women
  - Births to women who were obese during pregnancy
  - Births to mothers less than high school education
  - Repeat births to mothers ages 15-19
  - Mothers receiving first trimester prenatal care
  - Pre-term births
  - Low birthweight babies
  - Births covered by Medicaid
- Inactivity
  - Sedentary adults
  - Middle school students without sufficient vigorous physical activity
  - High school students without sufficient vigorous physical activity
- Communicable Disease
  - Two year olds and Kindergarten immunizations
  - Pneumonia vaccinations for adults ages 65 and older
  - New HIV cases

Community Health Status Assessment, Continued:

- Behavior risks
  - Heroin use in middle school students
  - Insurance coverage ages 65 and older
  - Adults who report binge drinking
  - Firearms deaths
- Healthcare providers and facilities
  - Licensed dentists
  - Licensed mental health providers
- Quality of life mental health
  - Suicide rate ages 19-21
- Injury
  - Motor vehicle crash deaths
  - Unintentional falls death
  - Unintentional poisonings

FORCES OF CHANGE ASSESSMENT

The Forces of Change Assessment focuses on identifying forces such as legislation, technology and other impending changes that affect the context in which the community and its public health system operate. The Assessment answers the questions: "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 Forces of Change Assessment is one of the steps in the Mobilizing for Action through Planning and Partnerships (MAPP) process that the Florida Department of Health in Orange County follows.

MAPP is a community-driven strategic planning process for improving community health. Based on the Forces of Change Assessment the following key findings were identified using data from the primary and secondary research. Prioritization exercises conducted for this CHNA by leaders representing Orange County resulted in these top priorities:

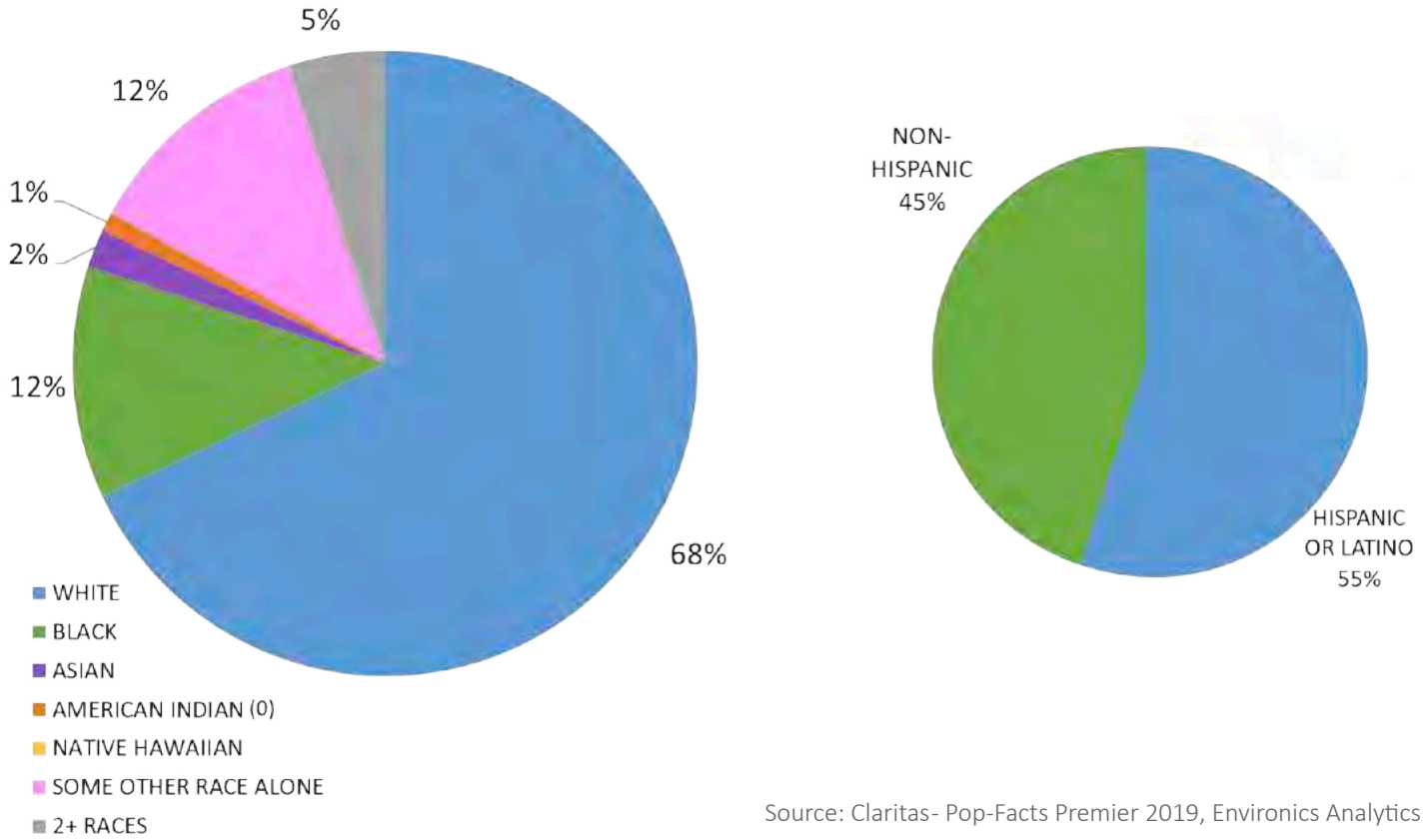
1. Prevention: chronic disease screenings
2. Communicable disease: HIV/AIDS
3. Prevention: general preventative and wellness screenings (i.e. mammogram, PSA)
4. Chronic disease: diabetes (children and adults)
5. Communicable disease: child and adult immunizations
6. Chronic disease: childhood obesity
7. Leading cause of death: cancer
8. Communicable disease: hepatitis
9. Prevention: risk reduction and health education
10. Chronic disease: obesity

OSCEOLA COUNTY

Almost three-quarters of residents in Osceola County are White (68 percent) and 12 percent are Black. The remaining races account for less than 20 percent of the population. More than half of the residents are Hispanic or Latino (55 percent).

One in five residents (20 percent) are age 0-14. The population is younger with almost half of the residents under the age of 35 (48 percent). There are slightly more female residents (51 percent) than male residents (49 percent).

CHART 11.7: OSCEOLA COUNTY POPULATION BY RACE/ETHNICITY (2019)



Source: Claritas- Pop-Facts Premier 2019, Environics Analytics

CHART 11.8: OSCEOLA COUNTY POPULATION BY AGE

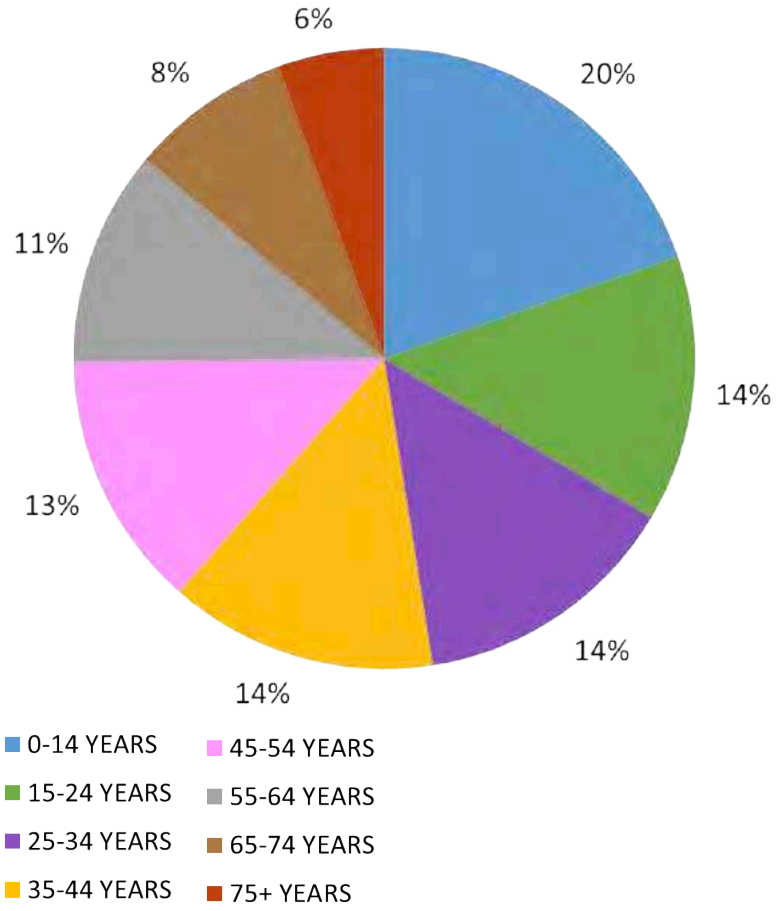
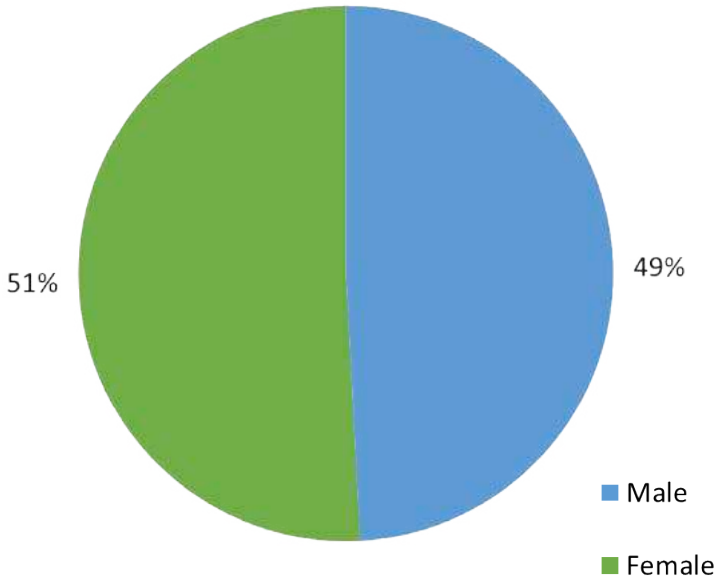


CHART 11.9: OSCEOLA COUNTY POPULATION BY GENDER



Source: Claritas- Pop-Facts Premier 2019, Environics Analytics

COMMUNITY THEMES ASSESSMENT

The following key findings were compiled using data from the community surveys, stakeholder interviews, focus groups, key informant survey and intercept surveys conducted for this CHNA as areas in need of improvement:

- Access to affordable health care services
  - Inappropriate use of emergency department
  - Services for seniors
  - Lack of Medicaid expansion
  - Language
  - Culture
- Need for and access to mental health services
- Living in poverty or receiving low wages
  - Homelessness and need for affordable housing
  - Lack of family support
  - Lack of employment opportunities/lack of jobs
- Food insecurity including access to quality, nutritious foods
- Prevalence of substance use
- Lack of transportation
- Inactivity
  - Need more and better bike-and pedestrian-friendly infrastructure

Community Themes Assessment, Continued:

- Chronic conditions
  - Diabetes
  - Obesity
  - Heart disease
  - Cardiovascular disease
  - High cholesterol
- Sexually transmitted infections
- HIV

COMMUNITY STRENGTHS ASSESSMENT

The strengths were compiled using secondary data for this CHNA from indicators that have improved since the previous CHNA:

- Community Characteristics
  - Population increased
  - Median household income increased
  - Poverty decreased
  - Unemployment decreased
- School and Student Characteristics
  - Number of homeless students decreased
  - High school graduation rates increased
- Communicable Diseases
  - Immunization rates for two year olds increased
  - Rates of influenza vaccinations ages 65+ increased
  - Births to uninsured mothers, mothers with less than a high school education and unwed mothers decreased
  - Repeat births to mothers ages 15-19 decreased
  - Pre-term births decreased
- Preventative Care
  - Pap tests for women ages 18+ increased
  - Mammograms for women ages 40+ increased
  - Stool blood tests for adults ages 50+ increased
- Chronic Conditions
  - High school obesity decreased
  - Hospitalizations for congestive heart failure decreased
  - Hospitalizations for youth ages 12-18 years with diabetes decreased
  - Lung cancer incidences increased
  - Adults with asthma decreased
  - Asthma hospitalizations for children ages 1-4 decreased
  - Asthma hospitalizations for children ages 5-11 decreased
- Injury
  - Motor vehicle crash deaths decreased
- Birth Characteristics
  - Infant mortality decreased
  - Low birth weight births decreased
- Behavioral Risk Factors
  - Adult smoking decreased
  - Middle school binge drinking decreased
- Built Environment
  - 76 percent of residents have access to exercise opportunities
- Access to Quality Health Care
  - Insurance coverage less than high school education increased
  - Insurance coverage high school degree or GED increased
  - Insurance coverage incomes under $25K
  - Insurance coverage household income level of $25K-$49K
  - Insurance coverage ages 45-64

COMMUNITY HEALTH STATUS ASSESSMENT

The following key findings were identified using the secondary data gathered for this CHNA from indicators that offer opportunities for improvement:

- Need for and access to mental health services
  - Depressive disorder, adults ages 45-64
  - Depressive disorder, income <$25k
- Food insecurity including access to quality, nutritious foods
- Poverty
  - Cost burden of households
  - Homeowner cost burden
- Chronic conditions
  - Colorectal cancer incidence
  - Breast cancer incidence
  - Diabetes
  - Obesity
- Preventative
  - PSA test
  - Colonoscopy/sigmoidoscopy
- Maternal and child health
  - Births to mothers who were obese during pregnancy
- HIV
- Inactivity
  - Sedentary adults
  - Middle school students without sufficient vigorous physical activity
  - High school students without sufficient vigorous physical activity

FORCES OF CHANGE ASSESSMENT

The Forces of Change Assessment focuses on identifying forces such as legislation, technology and other impending changes that affect the context in which the community and its public health system operate. This answers the questions: "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 Forces of Change Assessment is one of the steps in the Mobilizing for Action through Planning and Partnerships (MAPP) process that the Florida Department of Health in Osceola County follows.

MAPP is a community-driven strategic planning process for improving community health. Based on the Forces of Change Assessment the following key findings were identified using data from the primary and secondary research. Prioritization exercises conducted for this CHNA by leaders representing Osceola County resulted in these top priorities:

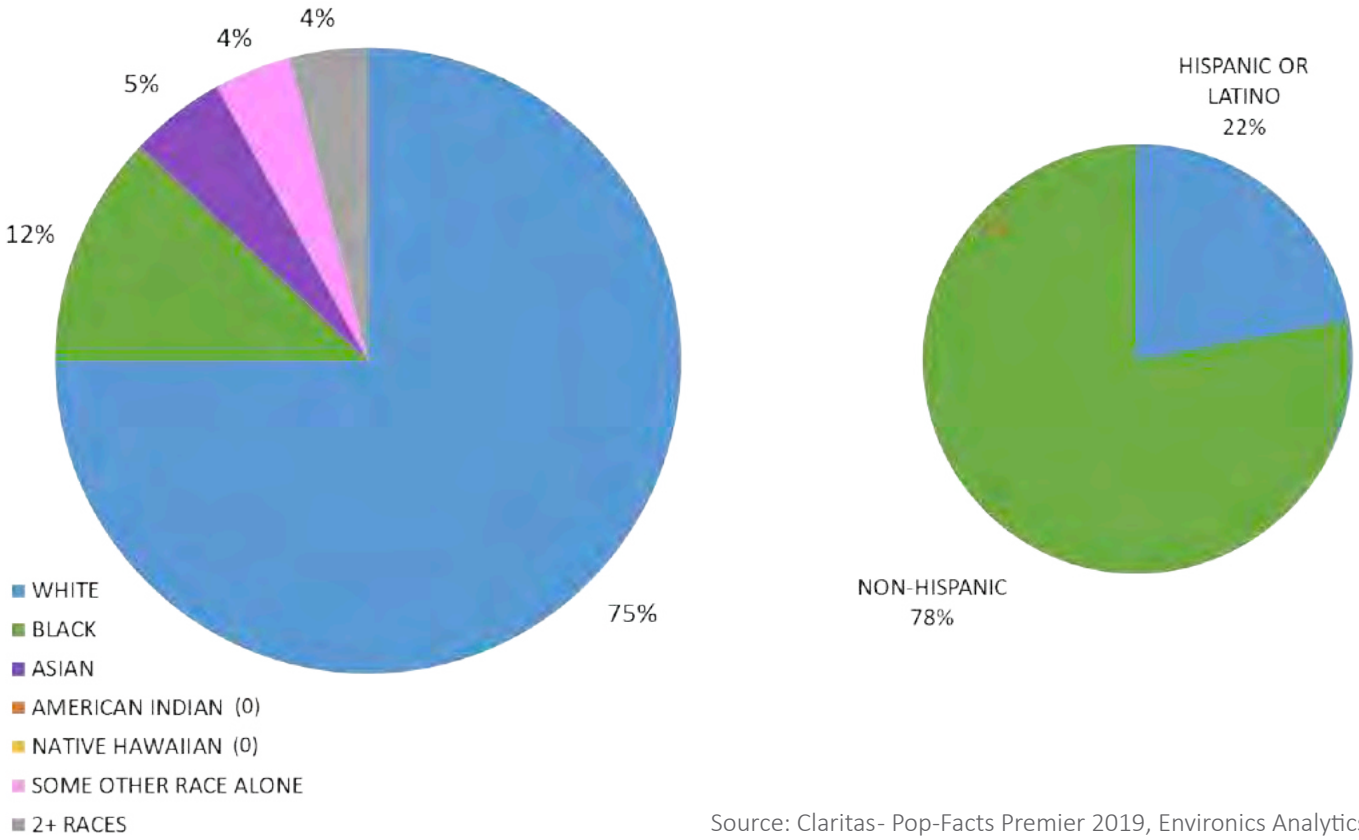
1. Economic conditions: housing, homeless
2. Economic conditions: employment, livable wage
3. Economic conditions: crime, violence
4. Communicable disease: childhood immunizations
5. Student and school: social media risk behaviors
6. Communicable disease: HIV/AIDS
7. Prevention: general preventative care (screenings, well visits, etc.)
8. Chronic disease: obesity
9. Chronic disease: childhood obesity
10. Chronic disease: diabetes (children and adults)

SEMINOLE COUNTY

Three-quarters of Seminole County residents are White (75 percent) and 12 percent are Black. Just over one in five residents (22 percent) are Hispanic or Latino.

Age is distributed relatively evenly in the county with the highest percentage of residents ages 0-14 (17 percent), with the lowest percentage of residents age 75 and older (seven percent). There are slightly more female residents (52 percent) than male residents (48 percent).

CHART 11.10: SEMINOLE COUNTY POPULATION BY RACE/ETHNICITY (2019)



Source: Claritas- Pop-Facts Premier 2019, Environics Analytics

CHART 11.11: SEMINOLE COUNTY POPULATION BY AGE

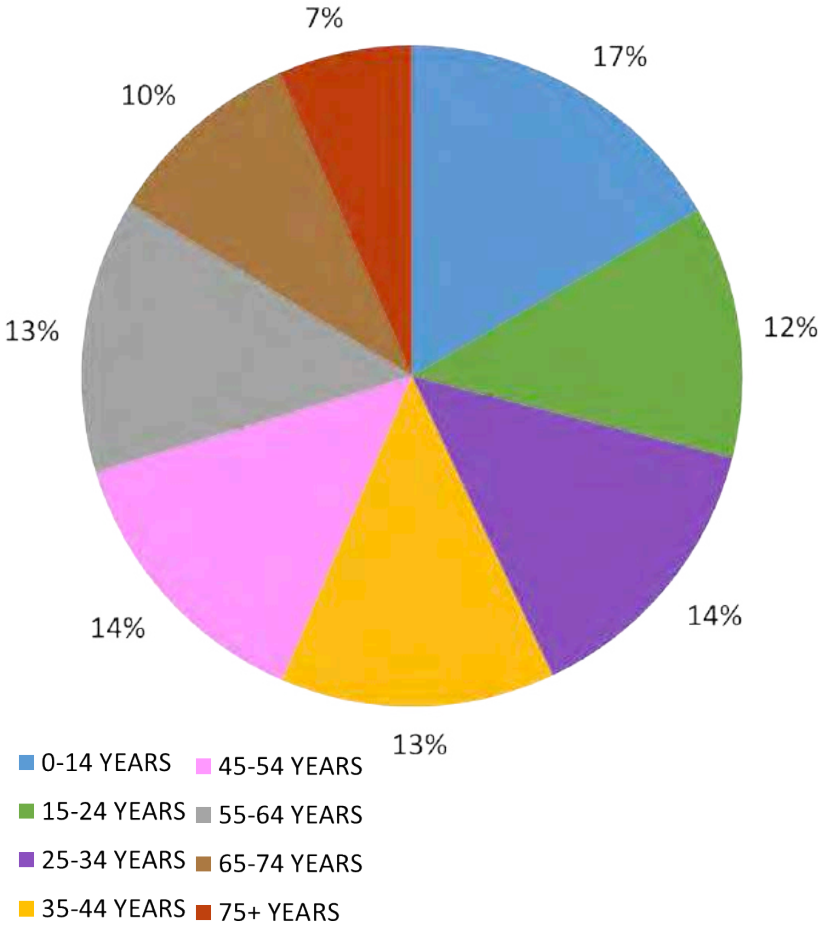
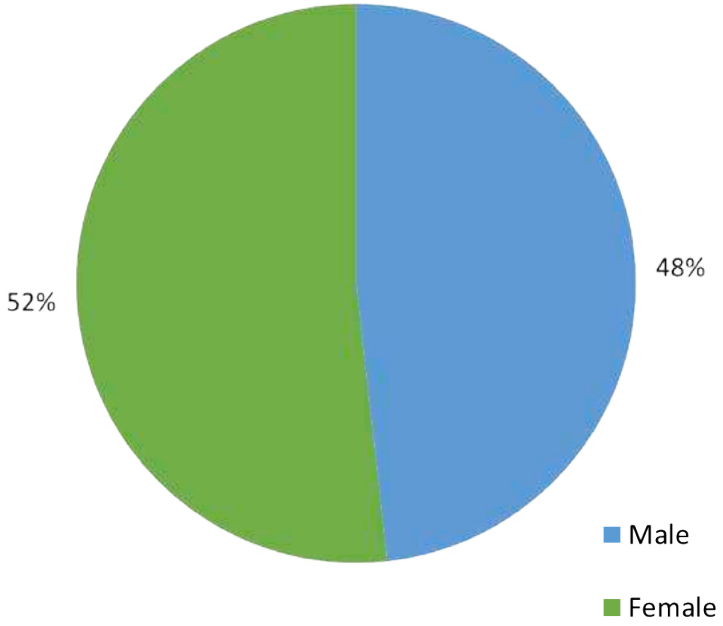


CHART 11.12: SEMINOLE COUNTY POPULATION BY GENDER



Source: Claritas- Pop-Facts Premier 2019, Environics Analytics

COMMUNITY THEMES ASSESSMENT

The following key findings were compiled using data from the community surveys, stakeholder interviews, focus groups, key informant survey and intercept surveys conducted for this CHNA:

- Chronic conditions
  - Obesity and overweight
  - Cancer
  - Hypertension/high blood pressure
  - Cardiovascular diseases
  - Diabetes
- Access to affordable healthcare
  - Availability of specialty medical care
  - Inappropriate use of the emergency department
  - Uninsured
  - Health literacy
  - Navigating the health care system
  - Dental hygiene/dental care
- Need for and access to mental health services
- Lack of exercise/physical health
  - Inactivity due to physical pain or poor emotional health
  - Need more and better bike- and pedestrian-friendly infrastructure
- High prevalence of substance use
- Food insecurity including access to quality, nutritious foods
- Poverty/low wages
  - Need more affordable housing
- Transportation

COMMUNITY STRENGTHS ASSESSMENT

The strengths were compiled using secondary data for this CHNA from indicators that have improved since the previous CHNA:

- Community Characteristics
  - Population increased
  - Median household income increased
  - Poverty decreased
  - Unemployment decreased
- School and Student Characteristics
  - Number of homeless students decreased
- Preventative Care
  - Mammograms for women ages 40+ increased
  - Stool blood tests for adults ages 50+ increased
- Chronic Conditions
  - Colorectal cancer incidences decreased
  - Adults with asthma decreased
  - Asthma hospitalizations for children ages 1-4 and 5-11 decreased
  - Adults who have been told they had a stroke decreased
  - Heart disease age-adjusted death rates decreased
  - Congestive heart failure hospitalizations decreased
- Birth Characteristics
  - Births to unwed mothers decreased
  - Births to mothers with less than high school education, repeat births to mothers ages 15-19 and births to mothers decreased
- Quality of Life/Mental Health
  - Adults with depressive disorder decreased
  - Ratio of mental health providers increased
  - Children receiving mental health treatment services increased
  - Children experiencing sexual violence and child abuse decreased
- Behavioral Risk Factors
  - High school binge drinking decreased
  - Middle and high school students smoking decreased
  - Middle and high school students binge drinking decreased
- Inactivity
  - Middle school students without sufficient physical activity decreased
- Built Environment
  - 91 percent of residents have access to exercise opportunities
- Access to Quality Health Care
  - Insurance coverage ages 18-44 increased
  - Insurance coverage high school degree or GED increased
  - Insurance coverage household income level of less than $25k and $25K-$49K increased
  - Rate of adults who could not see a doctor due to cost decreased
  - Insurance coverage education beyond high school increased
- Communicable Diseases
  - Immunization rates for two year olds increased
  - Influenza vaccinations for adults ages 65 and older increased
- Injury
  - Unintentional fall deaths decreased

COMMUNITY HEALTH STATUS ASSESSMENT

The following key findings were identified using the secondary data gathered for this CHNA from indicators that offer opportunities for improvement:

- Affordability of healthcare
  - Could not see doctor due to cost
  - Rates of physician and dentist
  - Insurance coverage decreased for adults with an income $50K+
- Access to quality, nutritious foods
- Inactivity
  - Sedentary adults

Community Health Assessment, Continued:

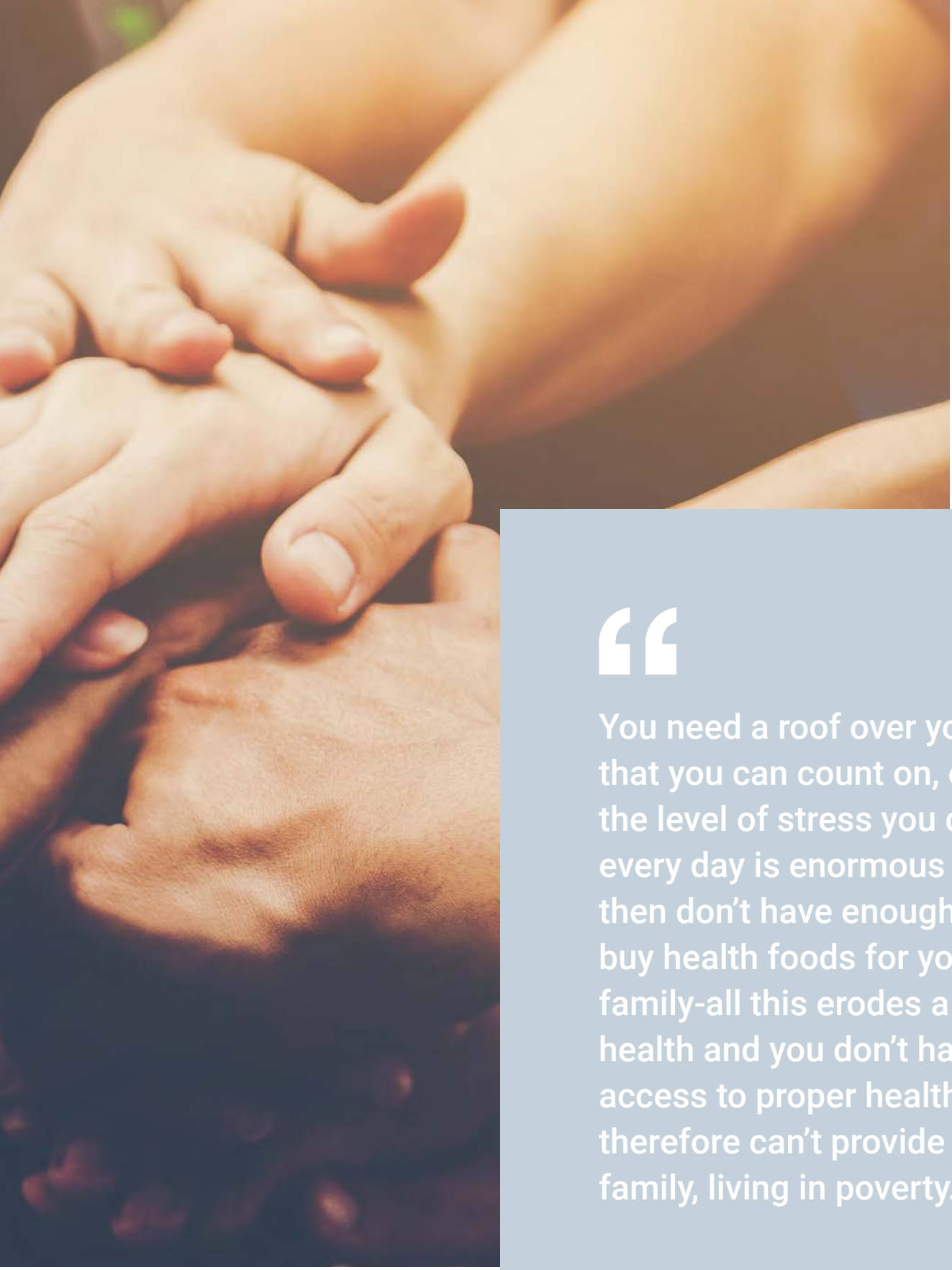
- Chronic conditions
  - Adult diabetes
  - Adult, middle school and high school obesity
  - Lung cancer incidence
  - Breast cancer incidence
  - Diabetes hospitalizations ages 12-18 decreased
- Poverty
  - Income inequality
  - Homelessness
- Communicable diseases
  - Pneumonia vaccinations for adults ages 65 and older decreased
  - HIV/AIDS cases increased
- Preventative care
  - Pap tests
  - Sigmoidoscopy/colonoscopy
  - PSA test
- Birth characteristics
  - Infant mortality
  - Births to mothers who were obese
  - Preterm births and low birthweight births
- Injury
  - Motor vehicle crash deaths
  - Hospitalization for non-fatal unintentional falls
  - Unintentional poisoning
  - Domestic violence
- Behavioral risk factors
  - Adults who are current smokers
  - Adult current smokers who quit smoking at least once in the past year
  - Fentanyl-related deaths
  - Binge drinking adults
  - Firearms discharge

FORCES OF CHANGE ASSESSMENT

The Forces of Change Assessment focuses on identifying forces such as legislation, technology and other impending changes that affect the context in which the community and its public health system operate. This answers the questions: "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 Forces of Change Assessment is one of the steps in the Mobilizing for Action through Planning and Partnerships (MAPP) process that the Florida Department of Health in Seminole County follows.

MAPP is a community-driven strategic planning process for improving community health. Based on the Forces of Change Assessment the following key findings were identified using data from the primary and secondary research. Prioritization exercises conducted for this CHNA by leaders representing Seminole County resulted in these top priorities:

1. Access to quality care: access to healthcare (undocumented and in general)
2. Communicable diseases: childhood immunizations
3. Communicable diseases: sexually transmitted infections
4. Communicable diseases: HIV/AIDS
5. Access to quality care: access to affordable healthcare
6. Prevention: screenings
7. Physical activity/nutrition: promoting wellness through health education
8. Physical activity/nutrition: access to healthy food
9. Mental health: access to mental health services
10. Prevention: prevention initiatives for substance use (start at a young age)
11. Mental health: suicide prevention (targeting youth)



“You need a roof over your head that you can count on, otherwise the level of stress you deal with every day is enormous and you then don’t have enough money to buy health foods for yourself and family-all this erodes a person’s health and you don’t have access to proper healthcare and therefore can’t provide for your family, living in poverty.”

Stakeholder Interview Participant

2019 Community Health Needs Assessment Appendix

CENTRAL FLORIDA COMMUNITY COLLABORATIVE

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APPENDIX A

Community Survey Results Summary

Appendix A is a summary of the responses received from the Collaborative's 2019 community survey. Surveys were made available in English, Latin American Spanish, Brazilian Portuguese and Haitian Creole. The survey was launched January 7, 2019 and closed on March 4, 2019. A total of 2,708 surveys were completed and usable, 656 from Lake County, 1,240 from Orange County, 289 from Osceola County and 523 from Seminole County. Some surveys were not usable because respondents lived outside of the four-county region. The majority of surveys (2,539) were completed in English, while 135 were Latin American Spanish, 10 were Brazilian Portuguese and 24 were Haitian Creole.

Table Q.1 shows the breakdown by question of community survey respondents by county and survey language.

TABLE Q.1: COMMUNITY SURVEY RESPONDENTS BREAKDOWN

County	English	Latin American Spanish	Brazilian Portuguese	Haitian Creole	Total
Lake County	653	3	0	0	656
Orange County	1,120	89	7	24	1,240
Osceola County	250	36	3	0	289
Seminole County	516	7	0	0	523
Totals	2,539	135	10	24	2,708

The following tables and responses are a summary of the data collected through the Central Florida Community Collaborative Community Survey. Please note that the first community survey question was what zip code do you reside in. This was used to break out the surveys by county and identify any survey respondents who did not reside in the four-county region, as they were not included in the analysis.

TABLE Q.2: HOW WOULD YOU RATE YOUR (PERSONAL) OVERALL HEALTH?

County	Excellent	Very Good	Good	Fair	Poor
Lake County	14.6%	40.6%	37.2%	6.8%	0.8%
Orange County	14.0%	43.4%	34.0%	7.3%	1.3%
Osceola County	13.1%	38.4%	36.7%	9.3%	2.4%
Seminole County	16.2%	40.2%	34.8%	8.1%	0.6%
4-County Region	14.5%	41.6%	35.2%	7.6%	1.2%

TABLE Q.3: HOW WOULD YOU RATE THE HEALTH STATUS OF YOUR COMMUNITY?

County	Excellent	Very Good	Good	Fair	Poor
Lake County	1.9%	14.0%	52.4%	28.9%	2.8%
Orange County	4.5%	20.5%	50.9%	21.9%	2.2%
Osceola County	3.8%	12.5%	47.9%	30.9%	4.9%
Seminole County	2.5%	25.2%	55.9%	15.5%	0.8%
4-County Region	3.4%	19.0%	51.9%	23.3%	2.4%

TABLE Q.4: HOW DO YOU PAY FOR YOUR HEALTH CARE? (Check all that apply)

Payment	Lake County	Orange County	Osceola County	Seminole County	4-County Region
I have Health Insurance through my employer	73.9%	73.7%	68.5%	82.4%	72.1%
I have Medicare	17.2%	6.0%	7.6%	6.5%	8.7%
I pay cash	4.1%	8.0%	4.8%	5.9%	6.1%
I have Medicaid	1.2%	6.0%	4.8%	2.1%	3.8%
I currently do not have health care coverage	2.3%	5.1%	5.2%	2.7%	3.8%
I purchased health insurance through FL Department of Health	2.1%	4.5%	9.7%	1.5%	3.8%
I am covered by the VA	3.2%	1.6%	1.0%	0.8%	1.7%

TABLE Q.5: WHAT STOPS YOU FROM SEEKING MEDICAL CARE FOR YOURSELF AND/OR YOUR FAMILY? (Check all that apply)

Barriers to Medical Care	Lake County	Orange County	Osceola County	Seminole County	4-County Region
I do not have any barriers that keep me from seeking medical care for myself and/or my family	42.4%	35.3%	28.7%	38.6%	20.6%
Cost of medical care	23.2%	25.8%	28.7%	24.7%	14.1%
Cost of copay	20.9%	23.2%	27.0%	18.2%	12.3%
Hours – They weren't open when I could get there	13.9%	19.8%	19.7%	21.0%	10.4%
I couldn't get an appointment for a long time	16.0%	16.3%	14.2%	17.4%	9.0%
I can't get time off from work	14.0%	14.7%	10.7%	14.0%	7.8%
Cost of medications	12.2%	11.9%	18.0%	9.6%	6.8%
Other (please specify)	7.6%	6.9%	7.3%	10.9%	4.4%
Lack of local specialists	7.9%	5.6%	11.4%	4.4%	3.7%
Lack of health care providers	5.6%	5.7%	10.4%	2.3%	3.1%
I had no one to watch my children	1.7%	6.2%	7.3%	2.3%	2.5%
I decided not to go because I don't like going to doctors	4.6%	3.5%	4.8%	4.8%	2.1%
I didn't know where to get the care I needed	1.8%	4.6%	3.8%	3.8%	2.1%
I don't have transportation	0.6%	1.5%	2.8%	1.9%	0.8%
The medical staff didn't speak my language	0.6%	0.5%	0.7%	0.8%	0.3%

Other (please specify) comments included:

- Not all providers take all insurances
- Doctor's not taking the time with a patient
- Cost of health insurance
- Emergency Room is being used since can't get into primary care doctor
- High cost of deductibles
- Can't afford to seek medical care as don't get paid for taking time off to see the doctor
- I don't have time to take care of myself and seek medical care
- Need more autism services in the area: groups, therapies, specialists, clinics
- Hard to find a doctor that you like and trust
- No local providers that take my insurance so have to travel out of my neighborhood

TABLE Q.6: HOW OFTEN DO YOU SEE A DOCTOR OR OTHER HEALTHCARE PROVIDER? (Mark only one)

Frequency	Lake County	Orange County	Osceola County	Seminole County	4-County Region
A few times per year	56.6%	44.9%	39.2%	49.8%	48.0%
Once per year	19.6%	25.4%	26.4%	23.9%	23.8%
Only when I am sick	15.7%	20.5%	26.7%	17.1%	19.4%
Other (please specify)	5.7%	6.7%	4.8%	6.6%	6.2%
I don’t go to the doctor	2.4%	2.5%	2.9%	2.7%	2.6%

Other (please specify) comments included:

- Every 3 months
- Twice a year
- Every 3 months
- Twice a year
- 2-3 times a year
- Once a month
- Only when sick or pregnant
- When needed

TABLE Q.7: HAVE YOU HAD ANY OF THE FOLLOWING TESTS IN THE LAST TWO YEARS? (Check all that apply)

Tests	Lake County	Orange County	Osceola County	Seminole County	4-County Region
Blood Pressure Screening	58.2%	54.0%	43.9%	59.7%	55.0%
Annual Exam	75.2%	68.8%	67.5%	71.1%	15.9%
Lab Screenings or Lab Work	76.4%	68.3%	66.4%	70.6%	15.8%
Dental Exam	66.6%	62.2%	55.0%	63.7%	14.1%
Eye Exam	66.6%	55.6%	54.3%	58.5%	13.2%
Cholesterol Screening	54.4%	49.1%	40.5%	55.1%	11.4%
Pap Test	38.0%	43.1%	45.7%	40.3%	9.3%
Mammogram	44.1%	35.2%	38.4%	39.2%	8.6%
Diabetic Screening	27.4%	30.6%	23.2%	28.9%	6.4%
Colonoscopy	16.9%	11.5%	11.1%	14.0%	3.0%
Prostate Specific Antigen Test (PSA Test)	7.0%	4.0%	0.3%	5.4%	1.0%
Other (please specify)	4.0%	4.1%	3.8%	4.2%	0.9%
Sigmoidoscopy	1.1%	1.2%	0.3%	1.7%	0.3%

Other (please specify) comments included:

- Bone density
- Dexa scan [DXA Scan- Dual-energy X-ray absorptiometry]
- EKG [Electrocardiogram]
- Endoscopy
- MRI [Magnetic resonance imaging]
- CT Scan [Computed Tomography Scan]
- Biometrics
- X-ray
- PET scan [Positron emission tomography]
- Cologuard test
- Cystoscopy
- Depression screening
- Endoscopy
- Dermatology screening of skin
- STD
- HIV
- Stress Test
- Foot Exam
- Hearing Exam

TABLE Q.8: WHERE DO YOU USUALLY SEEK MEDICAL CARE? (Mark only one)

Location	Lake County	Orange County	Osceola County	Seminole County	4-County Region
At my doctor's office	88.4%	75.9%	74.5%	84.9%	80.5%
I use urgent care	3.7%	9.8%	11.1%	7.0%	7.9%
At a free clinic/sliding scale clinic	1.8%	4.5%	6.3%	1.9%	3.5%
Other (please specify)	2.7%	2.9%	3.7%	1.9%	2.8%
I go to the emergency room	1.6%	3.7%	2.2%	1.9%	2.7%
I do not seek medical care	1.8%	3.2%	2.2%	2.5%	2.6%

Other (please specify) comments included:

- VA [Veterans Affairs]
- Telehealth
- OB/GYN [Obstetrics and Gynecology]
- County health department
- Employee clinic
- E-care
- Specialists

TABLE Q.9: ACCESS: HAVE THE FOLLOWING DIRECTLY AFFECTED YOU OR YOUR FAMILY IN THE LAST 2 YEARS? (Consider things like coverage under your health benefit plan, cost of service, location, transportation, knowledge of providers, etc.)

County	Very Serious Affect	Serious Affect	Somewhat of an Affect	Small Affect	No Affect	Not Applicable
Access to adult immunizations						
Lake County	1.3%	4.1%	6.3%	6.8%	70.1%	11.4%
Orange County	3.0%	2.7%	7.2%	6.9%	63.8%	16.4%
Osceola County	2.0%	3.3%	6.5%	8.1%	59.8%	20.3%
Seminole County	2.2%	2.3%	6.5%	6.6%	69.5%	12.9%
4-County Region	2.2%	3.1%	6.9%	6.9%	66.0%	14.9%
Access to childhood immunizations						
Lake County	1.1%	1.6%	2.4%	3.8%	40.6%	50.5%
Orange County	2.1%	2.1%	3.6%	3.1%	45.8%	43.3%
Osceola County	3.7%	2.5%	3.7%	2.5%	45.9%	41.7%
Seminole County	2.1%	0.9%	2.1%	2.5%	43.2%	49.3%
4-County Region	2.1%	2.1%	3.0%	3.1%	44.0%	46.0%
Access to general health screenings (including blood pressure, cholesterol, colorectal cancer and diabetes)						
Lake County	3.1%	4.8%	6.7%	8.1%	74.1%	3.2%
Orange County	4.9%	5.4%	7.3%	6.6%	36.6%	39.2%
Osceola County	6.9%	5.3%	12.1%	10.1%	55.5%	10.1%
Seminole County	2.7%	3.0%	8.4%	8.9%	72.6%	4.3%
4-County Region	4.3%	4.4%	9.1%	8.3%	68.0%	5.9%
Access to mental health care services						
Lake County	4.7%	5.0%	8.5%	5.2%	37.9%	38.7%
Orange County	4.9%	5.4%	7.3%	6.6%	36.6%	39.2%
Osceola County	6.5%	5.7%	8.2%	4.5%	39.6%	35.5%
Seminole County	5.7%	3.0%	7.3%	5.4%	37.4%	41.2%
4-County Region	5.2%	4.8%	7.7%	5.8%	37.4%	39.1%
Access to prenatal care						
Lake County	0.9%	0.5%	0.8%	1.1%	22.4%	74.3%
Orange County	1.8%	1.3%	2.6%	1.8%	28.0%	64.5%
Osceola County	2.0%	0.8%	2.9%	4.5%	28.3%	61.5%
Seminole County	0.9%	0.0%	1.4%	2.0%	26.8%	68.9%
4-County Region	1.5%	0.8%	1.9%	1.9%	26.5%	67.4%
Access to transportation to medical care providers and services						
Lake County	1.3%	1.1%	1.8%	3.4%	47.9%	44.5%
Orange County	1.7%	2.1%	3.6%	5.3%	3.2%	3.3%
Osceola County	1.6%	3.3%	5.3%	4.1%	44.1%	41.6%
Seminole County	1.6%	1.3%	3.2%	3.0%	49.1%	41.8%
4-County Region	1.5%	1.8%	3.3%	3.6%	47.9%	41.9%

County	Very Serious Affect	Serious Affect	Somewhat of an Affect	Small Affect	No Affect	Not Applicable
Access to women's health services						
Lake County	2.6%	3.8%	7.6%	5.8%	64.6%	15.6%
Orange County	4.2%	5.2%	7.4%	8.4%	59.4%	15.4%
Osceola County	6.9%	4.9%	9.4%	10.6%	50.6%	17.6%
Seminole County	3.0%	3.2%	9.1%	6.4%	65.8%	12.5%
4-County Region	4.0%	4.4%	8.0%	7.6%	60.9%	15.1%
Access to primary medical care providers						
Lake County	3.6%	7.0%	9.4%	8.8%	65.8%	5.4%
Orange County	5.8%	5.6%	10.6%	9.5%	60.4%	8.1%
Osceola County	8.6%	7.7%	11.4%	8.1%	55.3%	8.9%
Seminole County	3.7%	3.9%	10.1%	9.2%	67.4%	5.7%
4-County Region	5.2%	5.8%	10.3%	9.1%	62.5%	7.1%
Availability of specialists/specialty medical care						
Lake County	6.1%	8.7%	12.7%	11.6%	53.3%	7.6%
Orange County	7.0%	6.3%	11.8%	10.5%	53.4%	11.0%
Osceola County	11.0%	8.1%	15.4%	9.3%	44.1%	12.1%
Seminole County	5.7%	5.9%	12.0%	11.8%	56.9%	7.7%
4-County Region	6.9%	7.0%	12.4%	10.9%	53.1%	9.7%
Access to affordable health care (related to copays and deductibles)						
Lake County	9.9%	10.5%	11.4%	10.3%	50.1%	7.8%
Orange County	9.9%	9.9%	14.9%	11.8%	42.2%	11.3%
Osceola County	16.8%	9.8%	16.0%	9.0%	36.5%	11.9%
Seminole County	12.4%	5.7%	14.1%	12.7%	47.2%	7.9%
4-County Region	11.1%	9.3%	14.0%	11.3%	44.4%	9.9%
Access to dementia care services						
Lake County	1.3%	1.1%	1.6%	2.4%	23.2%	70.4%
Orange County	1.6%	1.8%	2.5%	1.1%	27.0%	66.0%
Osceola County	2.9%	2.0%	2.9%	4.1%	30.3%	57.8%
Seminole County	1.0%	1.8%	2.3%	0.9%	25.6%	68.4%
4-County Region	1.5%	1.7%	2.3%	1.7%	26.2%	66.6%
Access to dental care						
Lake County	6.5%	6.9%	8.0%	7.3%	62.0%	9.3%
Orange County	7.1%	7.9%	11.3%	9.1%	55.2%	9.4%
Osceola County	13.3%	5.7%	13.0%	9.8%	48.4%	9.8%
Seminole County	6.6%	5.5%	10.7%	8.9%	62.6%	5.7%
4-County Region	7.5%	7.0%	10.6%	8.7%	57.5%	8.7%
Access to emergency shelter in the area						
Lake County	0.9%	1.8%	1.1%	3.5%	33.0%	59.7%
Orange County	1.6%	1.5%	2.8%	2.3%	34.7%	57.1%
Osceola County	5.4%	1.6%	4.1%	4.5%	39.1%	45.3%
Seminole County	1.0%	0.2%	2.0%	1.8%	37.5%	57.5%
4-County Region	1.7%	1.3%	2.4%	2.7%	35.3%	56.6%

TABLE Q.10: HEALTH ISSUES: HAVE THE FOLLOWING DIRECTLY AFFECTED YOU OR YOUR FAMILY IN THE LAST 2 YEARS?

County	Very Serious Affect	Serious Affect	Somewhat of an Affect	Small Affect	No Affect	Not Applicable
Asthma/COPD-related issues						
Lake County	3.6%	7.6%	9.1%	7.1%	45.9%	26.7%
Orange County	4.2%	4.7%	9.1%	6.1%	46.0%	29.9%
Osceola County	4.7%	7.2%	12.7%	7.2%	37.3%	30.9%
Seminole County	4.2%	5.9%	8.45%	7.0%	48.0%	26.5%
4-County Region	4.1%	5.9%	9.4%	6.6%	45.4%	28.6%
Cancer						
Lake County	7.3%	4.9%	5.4%	6.5%	46.9%	29.0%
Orange County	7.4%	6.0%	5.4%	4.2%	46.9%	30.1%
Osceola County	9.1%	3.9%	4.7%	6.9%	41.8%	33.6%
Seminole County	6.9%	4.7%	4.9%	4.2%	50.6%	28.7%
4-County Region	7.6%	5.2%	5.2%	5.0%	47.1%	29.9%
Diabetes						
Lake County	6.0%	7.1%	11.0%	8.4%	42.5%	25.0%
Orange County	5.3%	8.2%	10.8%	7.1%	42.2%	26.4%
Osceola County	8.9%	8.5%	10.6%	9.4%	34.9%	27.7%
Seminole County	6.7%	5.2%	7.7%	9.6%	46.9%	23.9%
4-County Region	6.2%	7.4%	10.2%	8.1%	42.4%	25.7%
Influenza and pneumonia						
Lake County	3.1%	7.9%	10.7%	9.9%	47.7%	20.7%
Orange County	2.1%	4.5%	11.0%	9.2%	47.9%	25.3%
Osceola County	3.9%	6.8%	11.1%	10.7%	42.3%	25.12%
Seminole County	2.1%	4.2%	9.2%	12.9%	52.1%	19.5%
4-County Region	2.5%	5.5%	10.6%	10.2%	48.1%	23.1%
Heart disease						
Lake County	4.8%	6.5%	10.5%	9.2%	46.2%	22.8%
Orange County	3.5%	5.1%	7.2%	7.6%	49.0%	27.6%
Osceola County	7.2%	6.8%	8.9%	6.8%	41.9%	28.4%
Seminole County	4.1%	3.5%	8.9%	10.1%	50.9%	22.5%
4-County Region	4.4%	5.3%	8.5%	8.3%	47.9%	25.6%
Obesity and overweight						
Lake County	8.0%	12.4%	18.2%	19.5%	26.9%	15.0%
Orange County	7.5%	8.9%	16.2%	14.8%	32.7%	19.9%
Osceola County	11.5%	5.1%	17.0%	16.6%	27.7%	22.1%
Seminole County	6.4%	11.0%	18.7%	16.6%	32.1%	15.2%
4-County Region	7.7%	9.8%	17.2%	16.5%	30.7%	18.1%

County	Very Serious Affect	Serious Affect	Somewhat of an Affect	Small Affect	No Affect	Not Applicable
Childhood obesity						
Lake County	1.5%	1.1%	3.4%	3.4%	36.9%	53.7%
Orange County	1.2%	1.5%	2.6%	2.9%	44.6%	47.2%
Osceola County	1.8%	3.0%	4.7%	3.8%	37.6%	49.1%
Seminole County	1.7%	0.9%	2.6%	2.6%	46.0%	46.2%
4-County Region	1.5%	1.5%	3.0%	3.0%	42.3%	48.7%
Cardiovascular disease						
Lake County	4.8%	7.4%	10.6%	10.9%	42.9%	23.4%
Orange County	3.4%	3.9%	6.6%	8.5%	49.4%	28.2%
Osceola County	5.6%	6.8%	5.5%	7.2%	43.8%	31.1%
Seminole County	4.3%	2.8%	7.5%	11.2%	48.9%	25.3%
4-County Region	4.2%	4.8%	7.6%	9.4%	26.8%	47.2%
Stroke						
Lake County	1.9%	1.9%	4.3%	3.4%	54.7%	33.8%
Orange County	1.5%	2.0%	2.7%	2.3%	55.3%	36.2%
Osceola County	3.5%	3.4%	5.1%	3.4%	48.7%	35.9%
Seminole County	2.3%	1.7%	3.1%	2.1%	57.3%	33.5%
4-County Region	2.0%	2.1%	3.4%	2.6%	54.8%	35.1%
High cholesterol						
Lake County	2.8%	8.8%	15.8%	24.0%	33.0%	15.6%
Orange County	3.7%	6.5%	14.3%	18.4%	36.4%	20.7%
Osceola County	7.6%	8.0%	12.2%	13.4%	39.1%	19.7%
Seminole County	2.9%	4.9%	16.2%	24.2%	34.4%	17.4%
4-County Region	3.8%	6.9%	14.8%	20.3%	35.5%	18.7%
Hypertension/high blood pressure						
Lake County	4.4%	10.7%	21.4%	20.1%	30.0%	13.4%
Orange County	5.7%	8.1%	16.5%	19.1%	33.2%	17.4%
Osceola County	9.6%	14.2%	13.8%	15.1%	29.3%	18.0%
Seminole County	4.7%	6.5%	17.8%	22.0%	34.3%	14.7%
4-County Region	5.7%	9.1%	17.6%	19.4%	32.2%	16.0%
Dental hygiene/dental problems						
Lake County	5.1%	8.7%	13.5%	17.6%	43.0%	12.1%
Orange County	6.4%	8.5%	13.3%	15.9%	41.0%	14.9%
Osceola County	9.3%	8.4%	16.9%	11.0%	40.1%	14.3%
Seminole County	6.2%	5.4%	14.3%	16.2%	45.7%	12.2%
4-County Region	6.2%	8.0%	13.9%	15.9%	42.3%	13.7%
Allergies						
Lake County	6.2%	12.4%	18.7%	19.8%	29.0%	13.9%
Orange County	7.5%	9.9%	15.8%	17.1%	33.1%	16.6%
Osceola County	12.1%	11.7%	12.6%	15.5%	28.9%	19.2%
Seminole County	6.1%	9.8%	19.6%	17.1%	32.2%	15.2%
4-County Region	7.4%	10.7%	16.9%	17.6%	31.5%	15.9%

County	Very Serious Affect	Serious Affect	Somewhat of an Affect	Small Affect	No Affect	Not Applicable
Mental health						
Lake County	5.2%	7.1%	7.8%	7.6%	39.4%	32.9%
Orange County	5.4%	4.8%	7.7%	8.6%	41.8%	31.7%
Osceola County	5.5%	6.8%	9.0%	9.0%	35.9%	33.8%
Seminole County	4.8%	3.8%	7.1%	10.9%	39.9%	33.5%
4-County Region	5.3%	5.5%	7.7%	8.8%	40.2%	32.5%
Chronic depression						
Lake County	3.8%	5.4%	6.5%	8.6%	42.8%	32.9%
Orange County	3.9%	4.0%	7.4%	7.0%	44.8%	32.9%
Osceola County	4.2%	6.4%	8.5%	6.8%	41.3%	32.8%
Seminole County	3.1%	3.8%	7.3%	8.7%	46.0%	31.1%
4-County Region	3.7%	4.7%	7.3%	7.7%	44.1%	32.5%
Hepatitis C						
Lake County	0.5%	0.4%	0.7%	1.3%	46.4%	50.7%
Orange County	0.2%	0.5%	0.9%	0.8%	53.3%	44.3%
Osceola County	0.0%	0.9%	0.4%	0.4%	50.4%	47.9%
Seminole County	0.0%	0.3%	0.2%	0.2%	54.6%	44.7%
4-County Region	0.3%	0.4%	0.7%	0.8%	51.6%	46.2%
Sexually Transmitted Diseases						
Lake County	0.4%	0.7%	0.6%	1.3%	44.8%	52.2%
Orange County	0.3%	0.4%	0.9%	2.2%	51.9%	44.3%
Osceola County	0.9%	0.4%	0.8%	0.4%	50.2%	47.3%
Seminole County	0.5%	0.2%	0.5%	0.5%	54.0%	44.3%
4-County Region	0.5%	0.4%	0.7%	1.5%	50.4%	46.5%

TABLE Q.11: HOW WOULD YOU DETERMINE YOUR PERSONAL WEIGHT?

Personal Weight	Lake County	Orange County	Osceola County	Seminole County	4-County Region
Underweight	0.9%	1.7%	29%	1.4%	1.6%
Normal weight	42.7%	48.2%	40.2%	47.1%	45.8%
Overweight	56.4%	50.1%	56.9%	51.5%	52.6%

TABLE Q.12: SOCIAL AND ENVIRONMENTAL FACTORS: HAVE THE FOLLOWING DIRECTLY AFFECTED YOU OR YOUR FAMILY IN THE LAST 2 YEARS?

County	Very Serious Affect	Serious Affect	Somewhat of an Affect	Small Affect	No Affect	Not Applicable
Affordable and adequate housing						
Lake County	4.9%	5.0%	4.7%	6.9%	60.1%	18.4%
Orange County	5.9%	4.8%	7.6%	8.1%	55.9%	17.7%
Osceola County	11.5%	7.2%	6.4%	8.5%	48.5%	17.9%
Seminole County	3.5%	3.1%	7.3%	8.5%	58.8%	18.8%
4-County Region	5.8%	4.8%	6.7%	7.9%	56.7%	18.1%
Homelessness						
Lake County	1.0%	0.7%	1.5%	1.7%	55.2%	39.9%
Orange County	1.0%	1.2%	1.3%	2.1%	57.3%	37.1%
Osceola County	2.2%	1.7%	2.6%	5.2%	47.4%	40.9%
Seminole County	1.4%	0.2%	0.7%	0.5%	59.2%	38.0%
4-County Region	1.1%	1.0%	1.4%	2.0%	56.1%	38.4%
Employment opportunities/lack of jobs						
Lake County	2.2%	3.9%	8.6%	5.6%	52.7%	27.0%
Orange County	4.4%	5.0%	9.1%	9.7%	50.7%	21.1%
Osceola County	9.5%	8.2%	10.3%	7.8%	41.4%	22.8%
Seminole County	2.4%	3.3%	7.6%	10.6%	53.2%	22.9%
4-County Region	4.0%	4.8%	8.8%	8.7%	50.7%	23.0%
Poverty						
Lake County	1.6%	2.1%	3.0%	5.6%	56.9%	30.8%
Orange County	2.3%	2.4%	5.3%	6.1%	56.6%	27.3%
Osceola County	2.2%	6.1%	5.7%	8.8%	51.8%	25.4%
Seminole County	1.7%	0.9%	2.8%	5.2%	58.8%	30.6%
4-County Region	2.0%	2.4%	4.3%	6.1%	56.6%	28.6%
Lack of recreational opportunities						
Lake County	1.5%	3.2%	6.9%	11.0%	56.2%	21.2%
Orange County	1.7%	3.7%	7.7%	10.9%	54.9%	21.1%
Osceola County	5.7%	5.2%	10.8%	11.7%	47.6%	19.0%
Seminole County	0.9%	1.7%	7.1%	9.0%	61.3%	20.0%
4-County Region	1.9%	3.3%	7.7%	10.7%	55.7%	20.7%
Lack of safe roads and sidewalks						
Lake County	3.5%	4.3%	7.3%	11.0%	53.8%	20.1%
Orange County	3.0%	3.4%	7.1%	11.3%	53.8%	21.4%
Osceola County	9.4%	9.1%	6.5%	13.8%	43.5%	17.7%
Seminole County	1.2%	1.4%	5.2%	11.7%	58.9%	21.6%
4-County Region	3.5%	3.8%	6.7%	11.6%	53.7%	20.7%

County	Very Serious Affect	Serious Affect	Somewhat of an Affect	Small Affect	No Affect	Not Applicable
Lack of early childhood development/child care						
Lake County	1.9%	0.7%	2.4%	2.1%	41.5%	51.4%
Orange County	2.3%	1.7%	3.4%	4.0%	44.3%	44.3%
Osceola County	4.3%	4.7%	5.2%	3.4%	39.9%	42.5%
Seminole County	0.2%	1.2%	1.6%	1.9%	46.4%	48.7%
4-County Region	2.0%	1.7%	3.0%	3.1%	43.6%	46.6%
Access to high quality, affordable healthy food						
Lake County	3.0%	7.1%	12.1%	10.8%	52.4%	14.6%
Orange County	5.8%	5.3%	10.7%	11.9%	50.1%	16.2%
Osceola County	13.3%	7.7%	8.1%	12.8%	45.3%	12.8%
Seminole County	2.3%	4.7%	8.5%	10.3%	55.4%	18.8%
4-County Region	5.2%	5.9%	10.3%	11.4%	51.2%	16.0%
Access to fresh, available drinking water						
Lake County	1.5%	1.3%	1.7%	4.1%	71.1%	20.3%
Orange County	2.6%	1.5%	2.2%	4.3%	67.6%	21.8%
Osceola County	3.9%	3.4%	6.0%	6.5%	58.2%	22.0%
Seminole County	1.2%	0.9%	1.9%	2.6%	70.9%	22.5%
4-County Region	2.2%	1.6%	2.4%	4.1%	68.1%	21.6%

TABLE Q.13: HAVE THE FOLLOWING DIRECTLY AFFECTED YOU OR YOUR FAMILY?

Response	Lake County	Orange County	Osceola County	Seminole County	4-County Region
Within the past 12 months, we worried whether our food would run out before we got money to buy more					
Yes	10.5%	17.2%	25.4%	11.6%	15.4%
No	88.4%	80.2%	72.5%	86.7%	82.6%
Don't know	1.1%	2.6%	2.1%	1.7%	2.0%
Within the past 12 months, the food we bought just didn't last and we didn't have money to buy more					
Yes	8.4%	11.2%	22.6%	7.8%	11.1%
No	90.7%	86.4%	76.1%	89.8%	87.0%
Don't know	0.9%	2.4%	1.3%	2.4%	1.9%
In the past 12 months, has your utility company shut off your service for not paying your bills?					
Yes	5.0%	6.3%	9.0%	6.4%	6.3%
No	93.9%	92.0%	90.1%	92.4%	92.3%
Don't know	1.1%	1.7%	0.9%	1.2%	1.4%
Are you worried or concerned that in the next two months, you may not have stable housing that you own, rent, or stay in as part of a household?					
Yes	6.2%	10.4%	18.1%	4.6%	9.1%
No	91.3%	86.3%	78.0%	93.3%	87.9%
Don't know	2.5%	3.3%	3.9%	2.1%	3.0%
Are you afraid you may be hurt in your apartment building or house?					
Yes	2.1%	3.7%	7.4%	2.1%	3.4%
No	96.2%	92.9%	90.4%	94.8%	93.8%
Don't know	1.7%	3.4%	2.2%	3.1%	2.8%
Do problems getting childcare make it difficult for you to work or study?					
Yes	5.4%	10.0%	15.2%	3.3%	8.2%
No	83.6%	79.9%	73.5%	87.9%	81.6%
Don't know	11.0%	10.1%	11.3%	8.8%	10.2%

TABLE Q.14: HAVE THE FOLLOWING DIRECTLY AFFECTED YOU OR YOUR FAMILY IN THE LAST 2 YEARS?

County	Very Serious Affect	Serious Affect	Somewhat of an Affect	Small Affect	No Affect	Not Applicable
Alcohol abuse						
Lake County	2.5%	2.3%	4.0%	4.0%	60.0%	27.2%
Orange County	2.7%	2.5%	3.9%	2.8%	57.1%	31.0%
Osceola County	1.8%	1.7%	0.9%	4.3%	55.2%	36.1%
Seminole County	1.2%	2.4%	5.4%	5.1%	57.6%	28.3%
4-County Region	2.2%	2.4%	3.9%	3.7%	57.7%	30.1%
Prescription drug abuse						
Lake County	1.4%	0.8%	0.8%	1.7%	65.5%	29.8%
Orange County	1.2%	0.9%	1.1%	1.5%	62.3%	33.0%
Osceola County	2.7%	0.9%	1.3%	1.3%	57.7%	36.1%
Seminole County	0.7%	0.5%	1.5%	1.5%	65.5%	30.3%
4-County Region	1.4%	0.8%	1.1%	1.5%	63.2%	32.0%
Illegal drug use						
Lake County	2.0%	1.7%	1.9%	2.1%	60.9%	31.4%
Orange County	1.4%	1.3%	1.6%	0.9%	60.1%	34.7%
Osceola County	2.2%	1.8%	0.4%	2.2%	54.4%	39.0%
Seminole County	0.7%	0.7%	1.0%	1.5%	63.3%	32.8%
4-County Region	1.6%	1.3%	1.4%	1.4%	60.3%	34.0%
Crime						
Lake County	1.0%	1.3%	2.3%	5.4%	64.3%	25.7%
Orange County	1.3%	1.3%	2.5%	5.6%	59.3%	30.0%
Osceola County	1.3%	2.6%	2.2%	4.8%	53.3%	35.8%
Seminole County	0.5%	1.0%	1.7%	3.4%	67.3%	26.1%
4-County Region	1.0%	1.3%	2.3%	5.1%	61.4%	28.9%
Delinquency/youth crime						
Lake County	0.2%	0.4%	1.5%	2.5%	63.6%	31.8%
Orange County	0.7%	0.8%	1.9%	2.7%	59.6%	34.3%
Osceola County	0.5%	1.3%	2.2%	5.7%	53.9%	36.4%
Seminole County	0.2%	1.0%	0.5%	2.2%	64.1%	32.0%
4-County Region	0.5%	0.7%	1.6%	2.9%	60.8%	33.5%
Domestic violence						
Lake County	0.8%	0.0%	0.2%	1.9%	65.5%	31.6%
Orange County	0.9%	0.5%	1.2%	0.7%	62.5%	34.2%
Osceola County	0.3%	0.9%	2.2%	2.2%	56.8%	37.6%
Seminole County	0.3%	0.7%	1.2%	1.2%	65.9%	30.7%
4-County Region	0.6%	0.5%	1.1%	1.2%	63.3%	33.3%

County	Very Serious Affect	Serious Affect	Somewhat of an Affect	Small Affect	No Affect	Not Applicable
Sexual abuse						
Lake County	0.2%	0.2%	0.0%	0.2%	67.2%	32.2%
Orange County	0.3%	0.4%	0.8%	0.6%	63.6%	34.3%
Osceola County	0.5%	0.4%	0.4%	0.0%	59.1%	39.6%
Seminole County	0.2%	0.2%	0.5%	0.5%	67.1%	31.5%
4-County Region	0.3%	0.3%	0.5%	0.4%	64.7%	33.8%
Child physical abuse						
Lake County	0.0%	0.4%	0.0%	0.2%	56.4%	43.0%
Orange County	0.4%	0.1%	0.3%	0.2%	57.7%	41.3%
Osceola County	0.0%	0.9%	0.0%	0.4%	54.4%	44.3%
Seminole County	0.0%	0.0%	0.6%	0.7%	58.5%	40.2%
4-County Region	0.3%	0.2%	0.2%	0.3%	57.2%	41.8%
Child sexual abuse						
Lake County	0.0%	0.1%	0.0%	0.4%	55.9%	43.6%
Orange County	0.3%	0.1%	0.5%	0.1%	57.9%	41.1%
Osceola County	0.4%	0.9%	0.0%	0.4%	54.6%	43.7%
Seminole County	0.0%	0.0%	0.5%	0.5%	58.8%	40.2%
4-County Region	0.2%	0.2%	0.3%	0.3%	57.2%	41.8%
Child emotional abuse						
Lake County	0.1%	0.4%	0.6%	0.8%	54.9%	43.2%
Orange County	0.7%	0.3%	0.9%	0.5%	57.0%	40.6%
Osceola County	0.0%	2.1%	0.9%	0.9%	52.2%	43.9%
Seminole County	0.3%	0.7%	0.7%	0.5%	57.8%	40.0%
4-County Region	0.0%	0.6%	0.8%	0.6%	56.1%	41.4%
Child neglect						
Lake County	0.2%	0.6%	0.2%	0.0%	56.0%	43.0%
Orange County	0.8%	0.2%	0.5%	0.5%	57.5%	40.5%
Osceola County	0.0%	0.5%	1.3%	0.4%	53.7%	44.1%
Seminole County	0.0%	0.0%	0.3%	0.5%	59.0%	40.2%
4-County Region	0.3%	0.3%	0.5%	0.4%	57.1%	41.4%
Violence						
Lake County	0.3%	0.4%	1.3%	1.7%	65.7%	30.6%
Orange County	0.8%	0.6%	1.7%	1.6%	62.5%	32.8%
Osceola County	0.4%	1.7%	0.9%	4.4%	55.5%	37.1%
Seminole County	0.2%	0.7%	0.7%	1.5%	67.1%	29.8%
4-County Region	0.5%	0.7%	1.3%	1.9%	63.4%	32.2%

County	Very Serious Affect	Serious Affect	Somewhat of an Affect	Small Affect	No Affect	Not Applicable
Gun violence						
Lake County	0.4%	0.2%	1.4%	1.9%	66.5%	29.6%
Orange County	0.8%	0.8%	1.7%	2.2%	61.8%	32.7%
Osceola County	0.9%	0.9%	0.9%	2.6%	55.7%	39.0%
Seminole County	0.6%	0.2%	0.7%	1.2%	68.4%	28.9%
4-County Region	0.7%	0.6%	1.3%	2.0%	63.5%	31.9%
Lack of exercise/physical activity						
Lake County	3.5%	8.0%	17.6%	22.8%	37.4%	10.7%
Orange County	4.4%	8.2%	18.0%	21.9%	33.3%	14.2%
Osceola County	7.3%	9.2%	17.0%	16.2%	34.1%	16.2%
Seminole County	4.4%	9.1%	17.9%	21.1%	36.5%	11.0%
4-County Region	4.4%	8.4%	17.8%	21.4%	35.0%	13.0%
Sexual behaviors (unprotected, irresponsible/risky)						
Lake County	0.0%	0.1%	0.8%	0.8%	64.7%	33.6%
Orange County	0.7%	0.9%	1.4%	2.9%	61.0%	33.1%
Osceola County	0.0%	0.0%	1.3%	4.3%	58.7%	35.7%
Seminole County	0.0%	0.8%	1.2%	1.0%	65.5%	31.5%
4-County Region	0.3%	0.6%	1.2%	2.2%	62.5%	33.2%
Teenage pregnancy						
Lake County	0.0%	0.0%	0.0%	0.2%	53.9%	45.9%
Orange County	0.5%	0.3%	0.6%	0.5%	54.1%	44.0%
Osceola County	0.5%	0.5%	0.4%	1.7%	51.7%	45.2%
Seminole County	0.0%	0.0%	0.0%	0.5%	57.8%	41.7%
4-County Region	0.3%	0.2%	0.3%	0.6%	54.5%	44.1%
Tobacco use						
Lake County	2.3%	3.3%	5.0%	2.9%	50.8%	35.8%
Orange County	1.8%	2.4%	2.9%	2.5%	54.4%	36.0%
Osceola County	2.2%	2.2%	4.8%	3.1%	49.3%	38.4%
Seminole County	0.3%	3.7%	3.4%	4.4%	55.6%	32.6%
4-County Region	1.7%	2.8%	3.7%	3.0%	53.2%	35.6%
Tobacco use in pregnancy						
Lake County	0.1%	0.4%	0.0%	0.2%	51.2%	48.1%
Orange County	0.6%	0.3%	0.3%	0.5%	53.8%	44.5%
Osceola County	0.4%	0.0%	0.0%	0.9%	53.1%	45.6%
Seminole County	0.0%	0.0%	0.3%	0.5%	56.1%	43.1%
4-County Region	0.4%	0.2%	0.2%	0.5%	53.5%	45.2%

County	Very Serious Affect	Serious Affect	Somewhat of an Affect	Small Affect	No Affect	Not Applicable
Driving under the influence of drugs or alcohol						
Lake County	0.7%	1.0%	0.8%	1.7%	60.0%	35.8%
Orange County	0.8%	1.1%	0.9%	2.2%	58.8%	36.2%
Osceola County	1.0%	1.3%	0.4%	1.3%	56.3%	39.7%
Seminole County	0.0%	0.5%	1.2%	2.7%	61.6%	34.0%
4-County Region	0.6%	1.0%	0.9%	2.1%	59.4%	36.0%
Texting and driving						
Lake County	1.2%	3.6%	5.0%	14.9%	52.0%	23.3%
Orange County	2.1%	2.2%	5.6%	14.2%	48.5%	27.4%
Osceola County	4.3%	2.2%	3.9%	12.2%	46.5%	30.9%
Seminole County	1.4%	1.7%	4.9%	17.4%	49.4%	25.2%
4-County Region	2.1%	2.4%	5.4%	14.7%	49.3%	26.4%
Motor vehicle crash deaths						
Lake County	0.9%	1.1%	0.6%	1.9%	62.5%	33.0%
Orange County	0.9%	0.3%	1.1%	1.0%	61.9%	34.8%
Osceola County	1.8%	0.9%	3.0%	1.3%	53.9%	39.1%
Seminole County	0.0%	0.3%	0.2%	1.7%	64.1%	33.7%
4-County Region	0.8%	0.6%	1.0%	1.4%	61.6%	34.6%
Gambling						
Lake County	0.6%	0.2%	0.4%	1.5%	61.2%	36.1%
Orange County	0.2%	0.1%	0.8%	1.3%	60.3%	37.3%
Osceola County	0.0%	0.2%	0.0%	1.7%	62.2%	35.6%
Seminole County	0.3%	0.2%	0.0%	1.7%	62.2%	35.6%
4-County Region	0.4%	0.2%	0.6%	1.4%	60.2%	37.2%

TABLE Q.15: HOW OFTEN DO YOU USE TOBACCO PRODUCTS? (Mark only one)

Frequency	Lake County	Orange County	Osceola County	Seminole County	4-County Region
Once a day	0.0%	0.2%	0.4%	0.5%	0.2%
Several times a week	0.5%	0.8%	1.3%	1.7%	1.0%
Multiple times a day	3.7%	2.9%	4.3%	2.7%	3.2%
I do not use any tobacco or vapor/e-cig products	94.8%	95.8%	92.7%	94.9%	95.1%
Other (please specify)	1.0%	0.3%	1.3%	0.2%	0.5%

Other (please specify) comments included:

- One to two times month
- Cigar about every four to five months
- Group outings/social events
- I quit smoking within the last year
- Occasionally

TABLE Q.16: HOW OFTEN DO YOU USE VAPOR/E-CIG PRODUCTS? (Mark only one)

Frequency	Lake County	Orange County	Osceola County	Seminole County	4-County Region
Once a day	0.0%	0.0%	0.0%	0.0%	0.0%
Several times a week	0.2%	0.4%	0.4%	0.3%	0.3%
Multiple times a day	0.0%	0.3%	1.7%	0.2%	0.4%
I do not use any tobacco or vapor/e-cig products	99.2%	98.9%	96.6%	98.0%	98.6%
Other (please specify)	0.6%	0.4%	1.3%	1.5%	0.7%

Other (please specify) comments included:

- Couple times a month
- Every once in awhile
- Occasionally

TABLE Q.17: HOW OFTEN ARE YOU PHYSICALLY ACTIVE FOR 30 MINUTES OR MORE? (Mark only one)

Frequency	Lake County	Orange County	Osceola County	Seminole County	4-County Region
1-2 times per week	20.7%	21.8%	23.0%	21.4%	21.6%
3-5 times per week	32.0%	30.9%	21.3%	33.7%	30.7%
6-7 times per week	12.2%	8.0%	12.2%	9.8%	9.8%
I try to add physical activity when possible (taking the stairs, parking farther away, etc.)	21.9%	24.9%	29.6%	21.2%	24.0%
None beyond regular daily activity	13.2%	14.4%	13.9%	13.9%	13.9%

TABLE Q.18: WHICH, IF ANY, OF THE FOLLOWING WOULD HELP YOU BECOME MORE ACTIVE? (Check all that apply)

Response	Lake County	Orange County	Osceola County	Seminole County	4-County Region
Transportation	0.8%	3.0%	4.8%	0.8%	1.3%
Safe place to walk or exercise	17.2%	21.6%	23.2%	15.5%	10.5%
Walking or Exercise Groups	18.4%	23.1%	25.3%	18.9%	11.5%
Information about programs in your community	10.5%	14.1%	18.7%	14.5%	7.4%
Workshops or Classes	11.7%	16.9%	21.1%	17.0%	8.7%
Activities you can do with your children	10.5%	16.7%	17.0%	11.7%	7.7%
Discounts for exercise programs or gym	22.9%	33.0%	36.7%	30.0%	16.4%
Low cost sneakers, sweat suites, or other equipment	10.2%	12.6%	14.5%	10.1%	6.3%
A friend to exercise with	28.4%	30.7%	24.6%	27.9%	15.6%
Not applicable, I am physically active!	20.1%	16.0%	14.9%	18.9%	9.4%
Other (please specify)	11.1%	9.7%	6.6%	9.4%	5.2%

Other (please specify) comments included:

- Motivation
- More time in the day
- A safe place to exercise
- A fitness center at work
- Affordable gym with childcare
- Bicycle paths and/or trails separate from motor vehicles
- More convenient class times

TABLE Q.19: WHAT KEEPS YOU FROM EATING FRESH FRUITS AND VEGETABLES EVERY DAY? (Mark only one)

Barrier	Lake County	Orange County	Osceola County	Seminole County	4-County Region
Time it takes to prepare	15.1%	13.3%	10.0%	11.7%	13.0%
My family does not like to eat healthy	0.8%	0.8%	1.7%	1.0%	0.9%
Cost	18.6%	22.2%	33.9%	16.2%	21.5%
I am not sure how to cook/prepare fresh fruits and vegetables	1.8%	1.3%	3.0%	2.0%	1.7%
The stores near me don't sell fresh fruits and vegetables	1.0%	0.7%	0.9%	0.7%	0.8%
I do not like to eat healthy food	1.0%	7.2%	9.6%	2.5%	5.1%
I DO eat fresh fruits and vegetables	57.5%	50.4%	37.0%	62.4%	52.9%
Other (please specify)	4.2%	4.1%	3.9%	3.5%	4.1%

Other (please specify) comments included:

- Laziness
- Fresh fruits and vegetables are expensive
- Cost of fruits and vegetables and poor shelf life
- Forget to eat fruits and vegetables
- Time it take to prepare the fresh fruits and vegetables
- Cannot shop daily as fresh fruits and vegetables spoil

TABLE Q.20: WHAT DO YOU DRINK MORE OFTEN?

Beverage Type	Lake County	Orange County	Osceola County	Seminole County	4-County Region
Water	75.7%	80.6%	76.8%	79.6%	78.8%
100% Juice	2.1%	3.4%	4.8%	2.7%	3.1%
Pop or Soda	11.5%	8.7%	11.4%	9.6%	9.8%
Beer, Wine, Liquor	0.8%	0.3%	0.9%	0.7%	0.6%
Other (please specify)	9.9%	7.0%	6.1%	7.4%	7.7%

Other (please specify) comments included:

- Coffee
- Tea (hot and cold)
- Milk
- Flavored waters/sparkling water
- Gatorade/Powerade

TABLE Q.21: MENTAL HEALTH/SUBSTANCE USE DISORDER: DO YOU FEEL OUR COMMUNITY HAS/IS:

Response	Lake County	Orange County	Osceola County	Seminole County	4-County Region
There is a sufficient number and range of mental health services in the area					
Yes	13.2%	13.4%	9.6%	16.1%	13.5%
No	43.5%	40.3%	50.2%	32.4%	40.6%
Don't know	43.3%	46.3%	40.2%	51.5%	45.9%
Community members know how to access local mental health services					
Yes	10.0%	9.3%	10.9%	12.8%	10.3%
No	42.4%	43.5%	50.9%	35.7%	42.5%
Don't know	47.6%	47.2%	38.2%	51.5%	47.2%
There is a sufficient number and range of substance abuse resources in the area					
Yes	8.9%	10.1%	9.2%	11.6%	9.9%
No	38.2%	35.8%	40.6%	27.1%	35.3%
Don't know	52.9%	54.1%	50.2%	61.3%	54.8%
The local community is doing well in managing the nationwide opioid epidemic					
Yes	5.7%	7.4%	5.5%	9.5%	7.1%
No	43.9%	41.5%	43.8%	35.8%	41.3%
Don't know	50.4%	51.1%	50.7%	54.7%	51.6%

TABLE Q.22: HOW HAS ANY OF THE FOLLOWING AFFECTED YOU IN THE PAST TWO WEEKS?

Response	Lake County	Orange County	Osceola County	Seminole County	4-County Region
How often do you have trouble falling asleep, staying asleep, or sleeping too much?					
Often	26.3%	23.0%	27.5%	23.4%	24.4%
Some of the time	39.0%	36.2%	35.1%	37.3%	36.9%
Hardly ever	23.0%	26.4%	19.4%	24.6%	24.5%
Never	11.7%	14.4%	18.0%	14.7%	14.2%
How often do you feel that you lack companionship?					
Often	6.7%	7.3%	9.9%	8.2%	7.6%
Some of the time	18.4%	19.6%	20.5%	18.0%	19.1%
Hardly ever	28.9%	27.4%	25.5%	29.9%	28.0%
Never	46.0%	45.7%	44.1%	43.9%	45.3%
How often do you feel left out?					
Often	4.5%	5.6%	7.7%	5.6%	5.5%
Some of the time	19.8%	17.8%	17.3%	19.8%	18.6%
Hardly ever	34.8%	31.9%	28.6%	32.2%	32.3%
Never	40.9%	44.7%	46.4%	42.4%	43.6%
How often do you feel isolated from others?					
Often	4.0%	5.2%	8.2%	4.3%	5.0%
Some of the time	16.0%	15.4%	16.8%	15.7%	15.8%
Hardly ever	30.1%	27.6%	24.5%	30.5%	28.4%
Never	49.9%	51.8%	50.5%	49.5%	50.8%
How often have you been bothered by feeling down, depressed, or hopeless?					
Often	4.1%	6.4%	7.2%	6.4%	5.9%
Some of the time	22.5%	15.4%	25.6%	17.0%	18.5%
Hardly ever	37.2%	34.1%	24.7%	34.9%	34.0%
Never	36.2%	44.1%	42.5%	41.7%	41.6%
How often have you been bothered by little or no interest or pleasure in doing things?					
Often	4.5%	5.5%	8.2%	5.0%	5.5%
Some of the time	17.1%	15.5%	22.7%	15.8%	16.7%
Hardly ever	35.7%	33.0%	25.9%	33.1%	32.9%
Never	42.7%	46.0%	43.2%	46.1%	44.9%

TABLE Q.23: WHAT DO YOU FEEL ARE THE TOP THREE HEALTH PROBLEMS IN THE COMMUNITY YOU LIVE? (For example, cancer, diabetes, obesity, etc.). Your response does not need to be listed to topics in previous questions. Note: top 10 listed.

Lake County	Orange County	Osceola County	Seminole County	4-County Region
Health problem #1				
1. Obesity 2. Cancer 3. Diabetes 4. Mental health 5. Alcohol/drugs 6. Heart disease 7. Alcohol abuse 8. COPD 9. Hypertension 10. Smoking/vaping	1. Obesity 2. Cancer 3. Diabetes 4. Mental health 5. Heart disease 6. Homelessness 7. Hypertension 8. Alcohol/drugs 9. Substance abuse 10. Access to care	1. Obesity 2. Cancer 3. Diabetes 4. Mental health 5. Alcohol/drugs 6. High blood pressure 7. Affordable health insurance 8. Heart disease 9. Homelessness 10. STDs	1. Obesity 2. Cancer 3. Diabetes 4. Alcohol/drugs 5. Mental health 6. Heart disease 7. Access to affordable care 8. Smoking/vaping 9. Dementia 10. Homelessness	1. Obesity 2. Diabetes 3. Cancer 4. Mental health 5. Alcohol/drugs 6. Heart disease 7. Homelessness 8. Hypertension 9. High blood pressure 10. Smoking/ vaping
Health problem #2				
1. Diabetes 2. Obesity 3. Cancer 4. Heart disease 5. Alcohol/drugs 6. Mental health 7. COPD 8. Smoking 9. Dementia 10. Smoking/vaping	1. Diabetes 2. Obesity 3. Cancer 4. Alcohol/drugs 5. Mental health 6. Heart disease 7. High blood pressure 8. Hypertension 9. Lack of exercise 10. Smoking/ vaping	1. Diabetes 2. Obesity 3. Cancer 4. Mental health 5. Heart disease 6. High blood pressure 7. Alcohol/drugs 8. STDs/HIV 9. Lack of physical activity 10. Smoking/vaping	1. Diabetes 2. Obesity 3. Cancer 4. Heart disease 5. Alcohol/drugs 6. Mental health 7. Lack of exercise 8. High blood pressure 9. Smoking/vaping 10. Hypertension	1. Diabetes 2. Obesity 3. Cancer 4. Heart disease 5. Mental health 6. Alcohol/drugs 7. High blood pressure 8. Hypertension 9. Smoking/ vaping 10. Lack of exercise
Health problem #3				
1. Diabetes 2. Cancer 3. Obesity 4. Heart disease 5. Alcohol/drugs 6. Mental health 7. Dementia/ 8. Alzheimer's 9. Respiratory issues 10. Smoking/vaping	1. Diabetes 2. Obesity 3. Cancer 4. Mental health 5. Heart disease 6. Alcohol/drugs 7. Food insecurity 8. Homelessness 9. High blood pressure 10. Access to care	1. Obesity 2. Diabetes 3. Cancer 4. Mental health 5. Heart disease 6. Alcohol/drugs 7. Hypertension 8. Smoking/vaping 9. High blood pressure 10. Food insecurity	1. Diabetes 2. Obesity 3. Mental health 4. Heart disease 5. Cancer 6. Alcohol/drugs 7. Smoking/vaping 8. High blood pressure 9. Food insecurity 10. Hypertension	1. Diabetes 2. Obesity 3. Cancer 4. Heart disease 5. Mental health 6. Alcohol/drugs 7. High blood pressure 8. Homelessness 9. Hypertension 10. Smoking/ vaping

TABLE Q.24: WHAT DO YOU FEEL ARE THE TOP THREE SOCIAL OR ENVIRONMENTAL PROBLEMS IN THE COMMUNITY YOU LIVE? (For example, high rates of drug use, language, lack of jobs, etc.). Your response does not need to be listed to topics in previous questions. Note: top 10 listed.

Lake County	Orange County	Osceola County	Seminole County	4-County Region
Social or environmental problem #1				
1. Drug use 2. Lack of jobs 3. Homelessness 4. Violence/crime 5. Language barriers 6. Affordable housing 7. Alcohol 8. Education 9. Poverty 10. Lack transportation	1. Drug use 2. Lack of jobs 3. Language barriers 4. Violence/crime 5. Homelessness 6. Affordable housing 7. Poverty 8. Smoking/ vaping 9. Cost of living 10. Mental health	1. Lack of jobs 2. Drugs/addiction 3. Language barriers 4. Homelessness 5. Affordable housing 6. Lack of transportation 7. Affordable healthcare 8. Mental health 9. Violence/crime 10. Racism	1. Drugs/alcohol use 2. Lack of jobs 3. Homelessness 4. Language barriers 5. Affordable housing 6. Drugs/addiction 7. Traffic 8. Crime/gun violence 9. Lack of education 10. Mental health	1. Drug use 2. Lack of jobs 3. Language 4. Homelessness 5. Violence/crime 6. Affordable housing 7. Poverty 8. Lack of education 9. Language barriers 10. Lack of transportation
Social or environmental problem #2				
1. Drugs/alcohol 2. Lack of jobs 3. Language barriers 4. Crime/violence 5. Poverty 6. Affordable housing 7. Homelessness 8. Mental health 9. Poverty 10. Child abuse/neglect	1. Drugs/alcohol 2. Lack of jobs 3. Language barriers 4. Crime/violence 5. Homelessness 6. Affordable housing 7. Poverty 8. Mental health 9. Lack of transportation 10. Access to affordable and healthy food	1. Drug use 2. Language barriers 3. Homelessness 4. Affordable housing 5. Lack of jobs 6. Crime/violence 7. Lack of transportation 8. Lack of recreational activities 9. Child abuse/neglect 10. Mental health	1. Lack of jobs 2. Drugs/alcohol 3. Crime/violence 4. Homelessness 5. Affordable housing 6. Language barriers 7. Lack of education 8. Poverty 9. Lack of transportation 10. Mental health	1. Drugs/alcohol 2. Lack of jobs 3. Language barriers 4. Poverty 5. Homelessness 6. Crime/violence 7. Affordable housing 8. Lack of education 9. Lack of transportation 10. Unemployment

Lake County	Orange County	Osceola County	Seminole County	4-County Region
Social or environmental problem #3				
1. Drugs/alcohol 2. Lack of jobs 3. Lack of education 4. Language barriers 5. Crime/violence 6. Affordable housing 7. Lack of transportation 8. Homelessness 9. Poverty 10. Mental health	1. Drugs/alcohol 2. Lack of jobs 3. Language barriers 4. Homelessness 5. Crime/violence 6. Mental health 7. Affordable housing 8. Poverty 9. Lack of transportation 10. Lack of education	1. Lack of jobs 2. Drugs/alcohol 3. Language barriers 4. Homelessness 5. Crime/violence 6. Affordable health care 7. Access to affordable and healthy food 8. Affordable housing 9. Lack of transportation 10. Mental Health	1. Drugs/alcohol 2. Lack of jobs 3. Language barriers 4. Homelessness 5. Crime/violence 6. Lack of education 7. Lack of Affordable and healthy food 8. Affordable housing 9. Poverty 10. Affordable health care	1. Drug/alcohol abuse 2. Lack of jobs 3. Language barriers 4. Homelessness 5. Crime/violence 6. Poverty 7. Mental health 8. Lack of education 9. Affordable housing 10. Lack of transportation

APPENDIX B

Stakeholder Interview Listing

Table B.1 lists the stakeholder interviews that were conducted in the four-county region for the Central Florida Community Collaborative.

TABLE B.1: STAKEHOLDER INTERVIEW LISTING, FOUR-COUNTY REGION

Interview Date	Stakeholder Name	Organization	Lake County	Orange County	Osceola County	Seminole County
01/07/19	Debbie Quick	Central Florida YMCA	X	X	X	X
01/07/19	Rebecca Sayago	Primary Care Access Network		X		
01/08/19	Katherine Schroeder	Aspire Health Partners		X	X	X
01/08/19	Ken Peach	Health Council of East Central Florida		X	X	X
01/10/19	Elizabeth Whitton	Metro Plan Orlando		X	X	X
01/11/19	Karen Broussard	Second Harvest Food Bank of Central Florida	X	X	X	X
01/11/19	Shelley Lauten	Central Florida Commission on Homelessness		X	X	X
01/15/19	Bill D'Aiuto	Florida Department of Children and Families - Regional Director	X	X	X	X
01/17/19	Sue Ring	Community Vision			X	
01/22/19	Dr. Kevin Sherin	Florida Department of Health in Orange County		X		
01/22/19	Jill Krohn	Florida Department of Children and Families- Substance Abuse	X	X	X	X
01/24/19	Bret Smith	Florida Department of Health in Osceola County			X	
01/25/19	Belinda Johnson-Cornett	Osceola Community Health Center			X	
01/28/19	Jason Martinez	Florida Department of Health in Osceola County			X	
01/29/19	Chris Falkowski	The Transition House			X	
01/29/19	Wendy Brandon	University of Central Florida Hospital	X			X
01/29/19	Xan Nowakowski	Florida State University College of Medicine		X		

Interview Date	Stakeholder Name	Organization	Lake County	Orange County	Osceola County	Seminole County
01/31/19	Jon Cherry	Lifestream Behavioral Center, Inc.	X			
02/06/19	Candy Crawford	Mental Health Association of Central Florida	X	X	X	X
02/12/19	Latrice Stewart	True Health		X		X
02/20/19	Todd Husty, MD	Seminole County EMS				X
02/21/19	Carol Millwater Ryan	We Care Lake County	X			
02/21/19	Donna Wyche	Orange County Government		X		
02/28/19	Kristine Landry	Lake County Schools	X			
02/28/19	Jean Zambrano	Shepherd's Hope		X	X	X
03/01/19	Ericka Dickerson	Boys and Girls Club of Central FL		X		X
03/06/19	Peyton Grinnell	Lake County Sheriff	X			
03/19/19	Michael Harris	Park Place Behavioral Health Care			X	
05/02/19	Margaret Brennan	Community Health Centers	X	X		
05/03/19	John Simpson	Lake County EMS	X			
05/06/19	David Drape	Florida Department of Children and Families - Refugee Services	X	X	X	X
05/06/19	Sue Aboul-Hosn	Florida Department of Children and Families - Human Trafficking	X	X	X	X
05/07/19	Lance Morgan	Florida Department of Children and Families - Adult Services	X	X	X	X
05/07/19	Fawn Moore	Florida Department of Children and Families - Foster Care	X	X	X	X

APPENDIX C

Focus Group Listing

Table C.1 lists the focus groups that were conducted in the four-county region for the Central Florida Community Collaborative.

TABLE C.1: FOCUS GROUP LISTING, FOUR-COUNTY REGION

Location	Focus Area	Date	# of Participants	Lake County	Orange County	Osceola County	Seminole County
UP Orlando	Food Security Skills Training Assistance	10/11/2018	9		X		
UP Orlando – Step Program	Food Security Skills Training Assistance	10/11/2018	16		X		
Health and Hunger Task Force	Food Security	10/12/2018	15	X	X	X	X
Lake County CHIP Group	Access Social Determinants	12/11/2018	16	X			
Osceola Council on Aging	Health Care Access Food Security Assistance	12/12/2018	22			X	
Multi-County Focus Group	Mental/Behavioral Health	12/13/2018	23	X	X	X	X
Multi-County Focus Group	Homelessness	12/13/2018	20	X	X	X	X
Multi-County Focus Group	Emergency Personnel	12/13/2018	19	X	X	X	X
Multi-County Focus Group	Senior Care	12/13/2018	13	X	X	X	X
Seminole County Correctional Facility – Male Inmates	Social Determinants	12/14/2018	8				X
Seminole County Correction Facility – Female Inmates	Social Determinants	12/14/2018	10				X
Advent Care Center	Health Care Access Food Security Assistance	12/14/2018	16	X	X	X	X
Healthy Seminole (CHIP)	Access Social Determinants	01/19/2019	33				X
Aspire Health Partners	Mental/Behavioral Health Access Social Determinants	02/08/2019	9		X	X	X

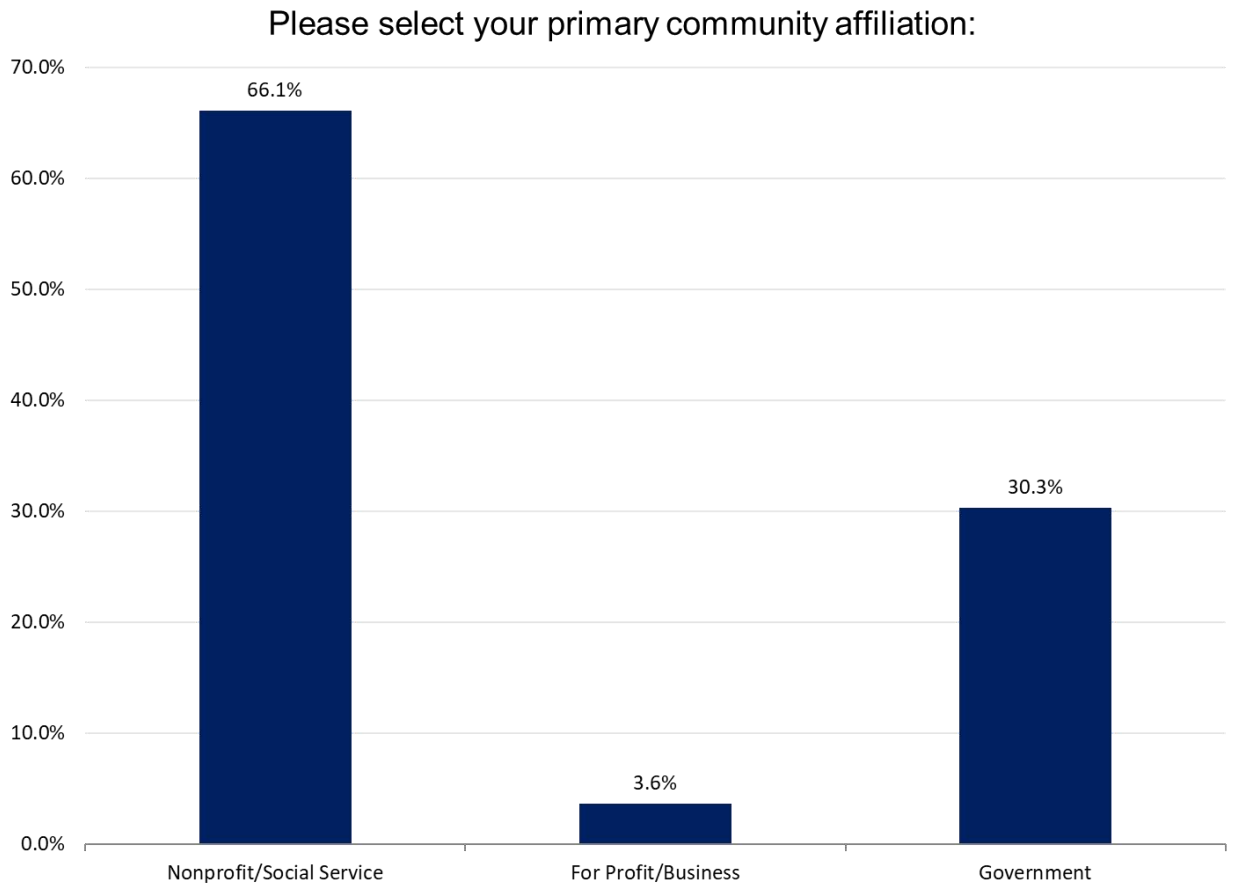
Location	Focus Area	Date	# of Participants	Lake County	Orange County	Osceola County	Seminole County
Osceola Community Health Center	Uninsured/Underinsured Health Care Access	04/04/19	6			X	
Total Focus Groups and Participants			15 (235)	7 (122)	9 (140)	9 (143)	10 (166)

APPENDIX D

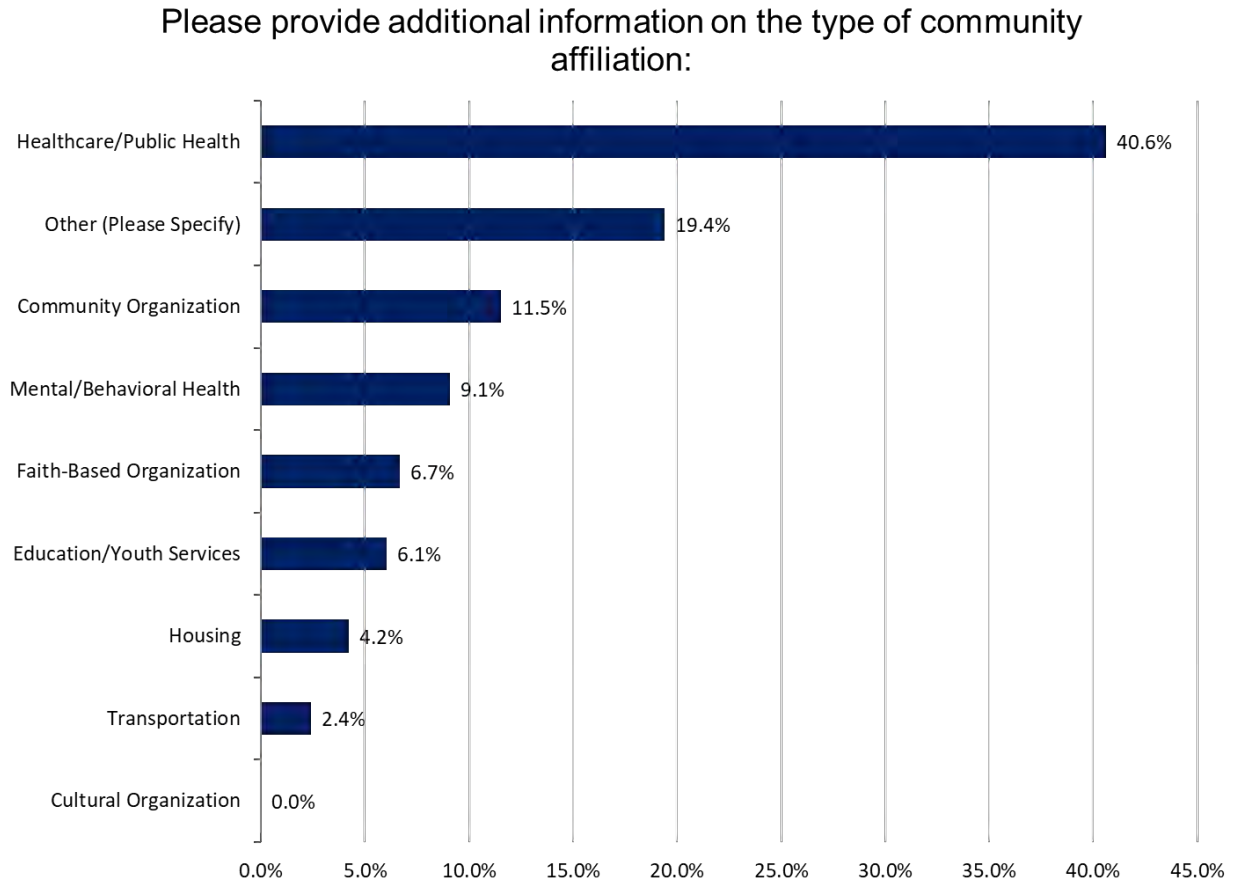
Key Informant Survey Summary

The following is a summary of the key informant survey by four-county region and individual counties. This summary was exported from SurveyMonkey, the online survey tool used to launch and collect the key informant survey data. Strategy Solutions, Inc. created, ran, and analyzed the key informant survey data.

QUESTION 1 – CHART D.1: PLEASE SELECT YOUR PRIMARY COMMUNITY AFFILIATION



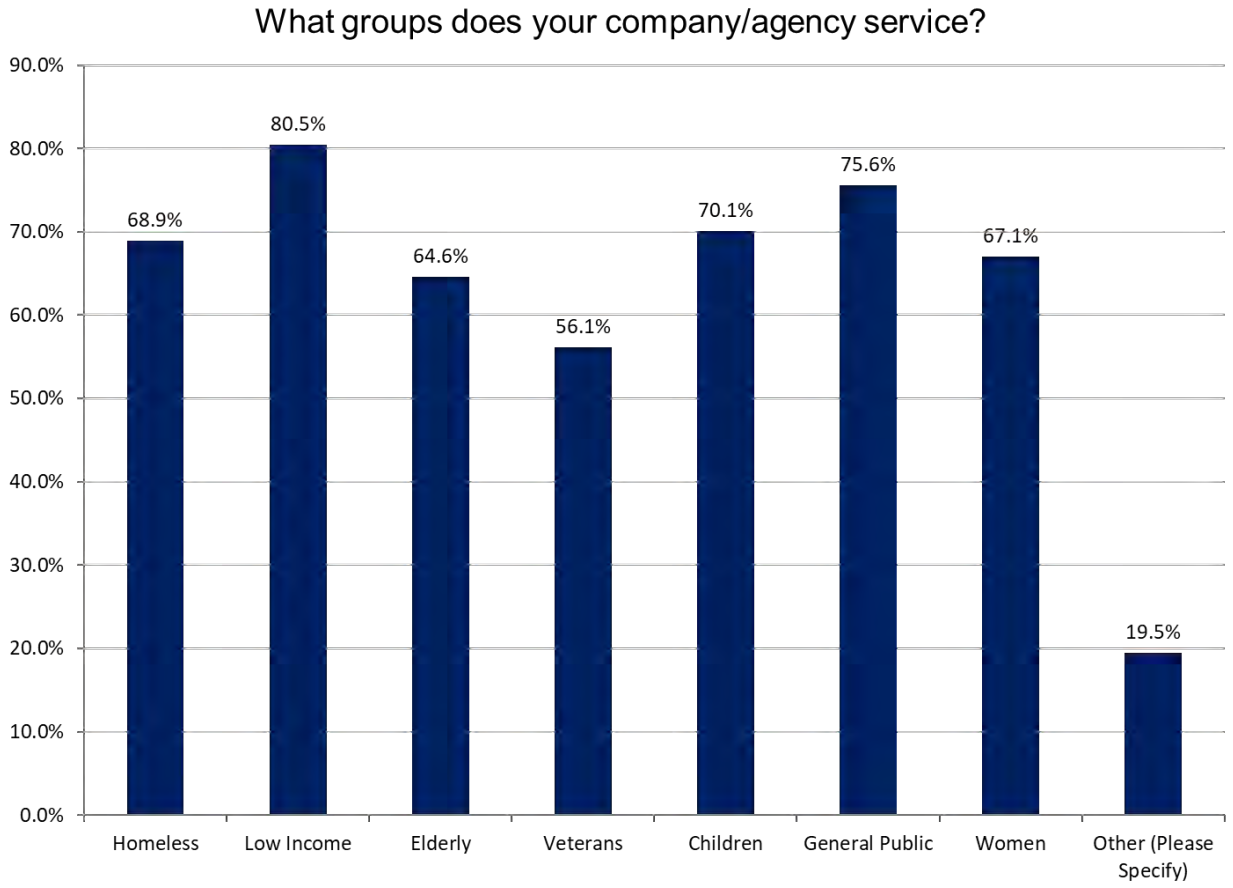
QUESTION 2 – CHART D.2: PLEASE PROVIDE ADDITIONAL INFORMATION ON THE TYPE OF COMMUNITY AFFILIATION



QUESTION 2- PLEASE PROVIDE ADDITIONAL INFORMATION ON THE TYPE OF COMMUNITY AFFILIATION – OTHER, PLEASE SPECIFY:
Community health investor
Law enforcement
Fire Department /ALS Provider
Child welfare
Municipal Fire Rescue Department
Corrections
Case management and food pantry
Children grief support and children wish granting
Regional
Emergency management & disaster response
Victim service/crisis response
Law enforcement
Human Services, shelter, housing, case management
Senior home & community-based funder
Law enforcement
Public safety
Foundation

QUESTION 2- PLEASE PROVIDE ADDITIONAL INFORMATION ON THE TYPE OF COMMUNITY AFFILIATION – OTHER, PLEASE SPECIFY:
Food co-op/ nutritional information
Orange County jail health services
Human services and food security
Child advocacy/mental health
Preventative and emergency dental care
Law enforcement
Fire Department EMS service
Emergency management
Supportive services for permanent housing
Law enforcement
Community development
We are a faith-based organization that provides healthcare, housing, behavioral health, immigration and refugee services and food and financial assistance.
Research/behavioral science
Law enforcement
Funder of programs to keep seniors in their homes

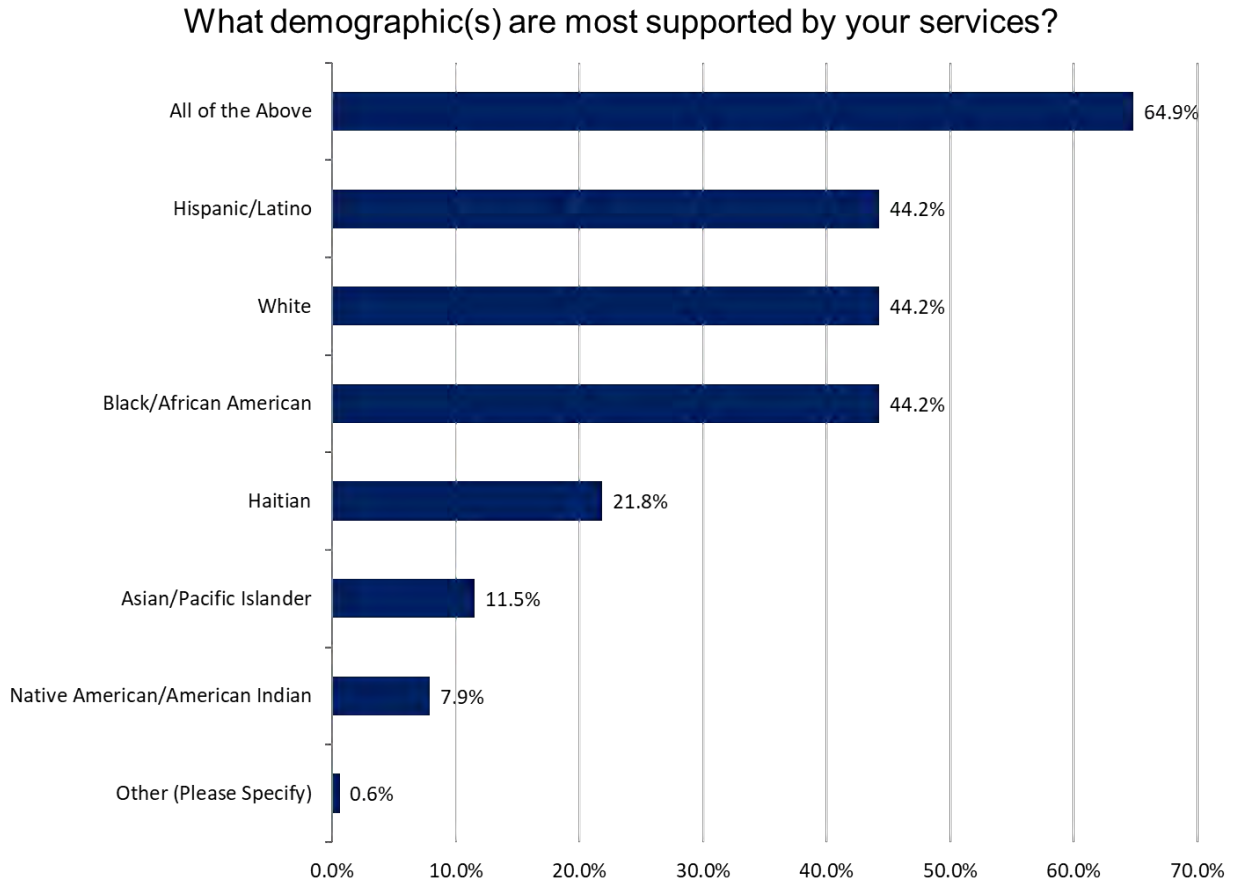
QUESTION 3 – CHART D.3: WHAT GROUPS DOES YOUR COMPANY/ORGANIZATION SERVICE? (Mark all that apply)



QUESTION 3- WHAT GROUPS DOES YOUR COMPANY/AGENCY SERVICE? OTHER, PLEASE SPECIFY:
Community leadership development, facilitating collective impact
We serve all people
911
All
Students K-12
All
All of the above
Families
Family caregivers
At-risk pregnant women and Infants, regardless of income
Uninsured
LGBTQ youth
All emergency department patients
Families
All Orange county citizens
Defined community neighborhood
Families

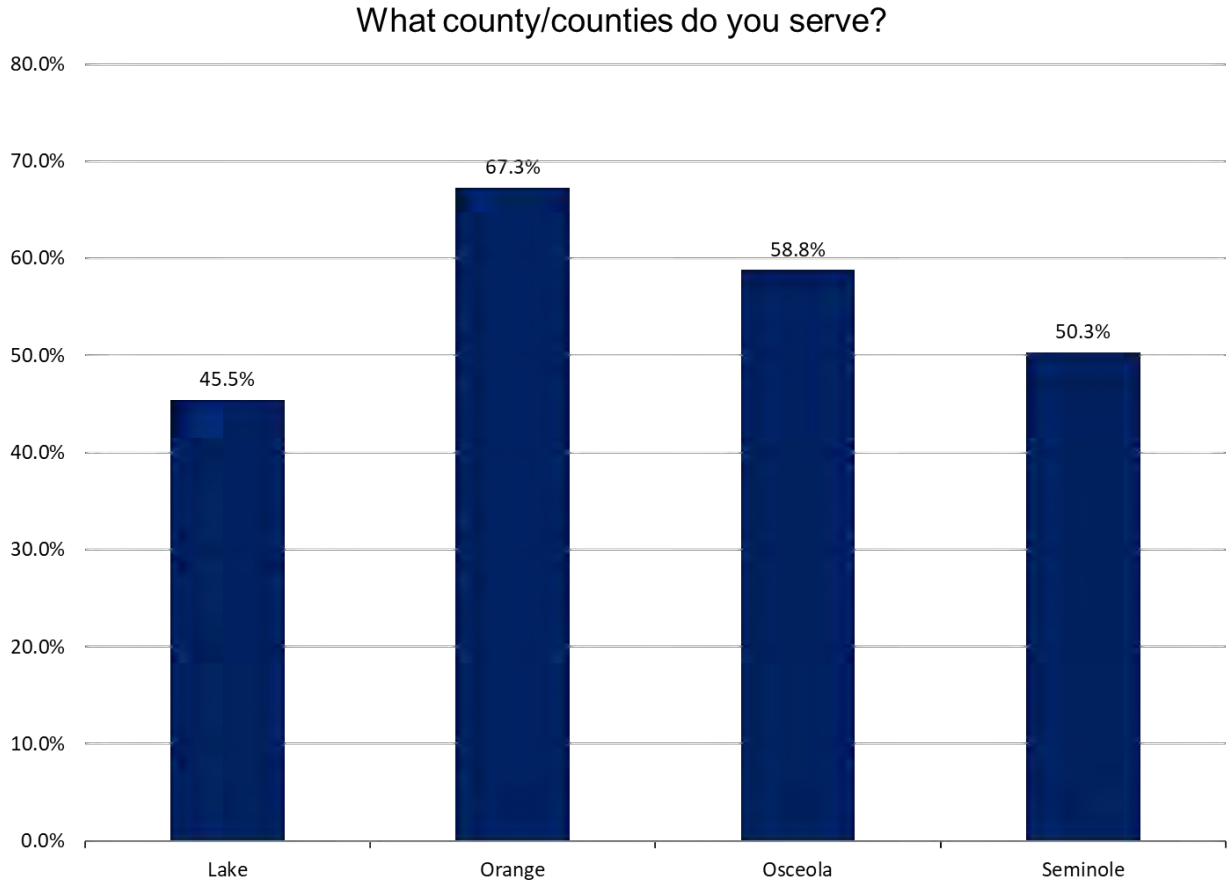
QUESTION 3- WHAT GROUPS DOES YOUR COMPANY/AGENCY SERVICE? OTHER, PLEASE SPECIFY:
Emergency Department patients
All public school children
Homeless. disabled
All of these through grants and initiatives.
Fathers, grandparents
All populations - we are a healthcare system
Uninsured
Uninsured patients
Disabled adults
All people in need
People living with HIV
Disabled
First responders
All persons affected by dementia, professionally or personally
Provide applied research and consulting services to community-based organizations, governmental entities, and educational institutions

QUESTION 4 – CHART D.4: WHAT DEMOGRAPHIC(S) ARE MOST SUPPORTED BY YOUR SERVICES? (Please mark all that apply)

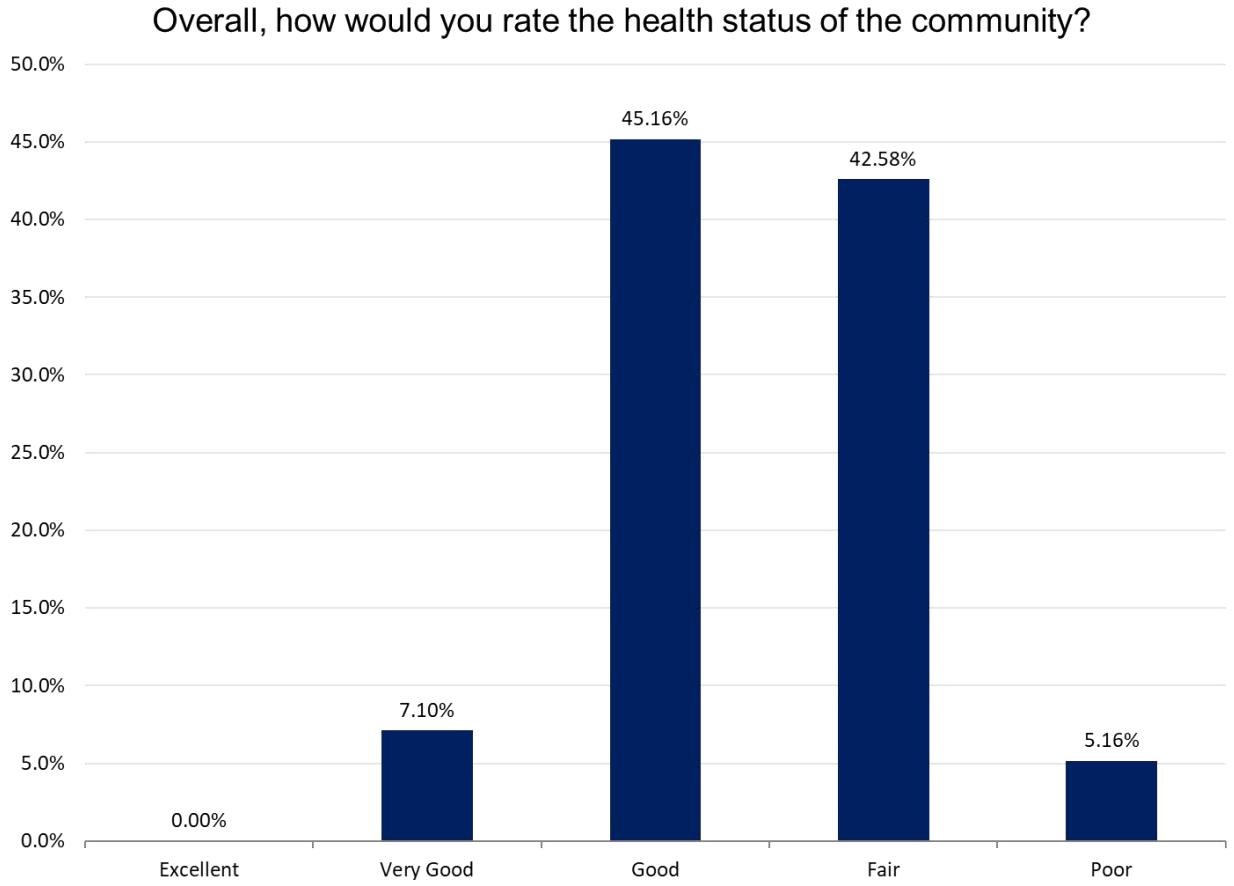


QUESTION 4- WHAT DEMOGRAPHIC(S) ARE MOST SUPPORTED BY YOUR SERVICES? OTHER, PLEASE SPECIFY
We take care of everyone

QUESTION 5 – CHART D.5: WHAT COUNTY/COUNTIES DO YOU SERVE? Please mark all that apply.



QUESTION 6 – CHART D.6: OVERALL, HOW WOULD YOU RATE THE HEALTH STATUS OF THE COMMUNITY?



QUESTION 7- WHY DID YOU RATE THE HEALTH STATUS OF THE COMMUNITY THE WAY YOU DID?
Many of our low-income tenants have ongoing health issues.
There are several patients who are unable to afford quality healthcare services which contributes to an increased number of comorbidities and untreated chronic conditions.
Poverty and lack of access to secondary care
Heavily Medicare population. A lower income county.
Our mission is to provide quality care and we do.
Increase in patients with chronic diseases
There needs to be greater access to health care (including dental) services for the uninsured population.
There is a large percentage of our adult and pediatric patients with chronic diseases. Most of these patients have comorbidities including hypertension and diabetes and are non-compliant regarding their providers' recommendations.
Individuals have not sought care for a long time, did not follow through with needed care, moved without completing treatment, etc.
Large population of uninsured/underinsured. High rates of diabetes and obesity
Many obese with diabetes and high blood pressure
Income and Access to resources
lots of access points, good education

QUESTION 7- WHY DID YOU RATE THE HEALTH STATUS OF THE COMMUNITY THE WAY YOU DID?
Our community still unfortunately uses the emergency department for primary care services and isn't as connected to preventative care as they should be.
Strong community partnerships, local government leadership
Psych services lacking/Post discharge services lacking
Average health predominately senior population.
People with resources tend to be relatively health. But this does not break evenly across populations.
Statistics and personal observation.
RWJ rates us that way
My current knowledge suggests this is the case.
Like the rest of the US, we continue to deal with issues of obesity and the related medical conditions
I have experience in the field for 15 years. I also study healthcare delivery.
Overall positive healthy behaviors with many active citizens along with access to health and education and a community feel
Various health related issues.
It is neither excellent nor terrible.
Many uninsured. In particular, those who are homeless do not have access to quality housing / healthcare.
Published reports
Lots of health disparity and overall health issues in the community
There are great number of health care agencies doing incredible work. Of course, more is needed but compared to other cities I think we are in good shape.
Based on the types of patients we serve.
Health status indicators are trending in the right direction.
In the population that our agency serves there is a lack of access to certain health care services, especially for more chronic or severe health needs.
Based on county heath rankings
Rates of smoking are still over 15% and obesity rates are high and increasing. Low incomes are the norm in Orlando and these families have harder times affording nutritionally dense food. Medicaid is only available to adults in households earning below poverty (65% USP)
Most people we deal with go to the hospital but are not admitted. Minor injuries or illnesses
Personal, non-scientific opinion
The Bithlo community continues to suffer with a lack of a quality clean water supply and other basic infrastructure. Substandard housing continues to be a critical issue. Additionally, there continues to be a lack of access to permanent dental care for adults and children.
Due to lifestyle choices and demographics
Osceola County has a broad range of outdoor activity for the community to utilize
Independent community survey data results suggest higher than previously reported rates of residents without annual preventive care and about 33% of low-income residents surveyed indicated utilization of emergency room for issues other than accident or injury. Disparities continue to exist, though slight progress has been reported.
Stressors of poverty negatively affecting health. High incidence of obesity and chronic disease. In spite of that there is resilience and hope and many people choosing a healthy path.

QUESTION 7- WHY DID YOU RATE THE HEALTH STATUS OF THE COMMUNITY THE WAY YOU DID?
Access to appropriate and affordable healthcare is not available to all.
My area of expertise is human trafficking, so I strictly based it on health/mental health services available to that population.
Due to a very diverse mix of young and elderly populations.
While there is always room for improvement in all communities, I believe Central Florida is better positioned than others to address the underlying causes of health disparities and issues
I feel that the community is in need of more community health providers, behavioral health providers, and integrated care. Osceola County is lacking in options for CSU's, and often times the only option available is Park Place. Many of my clients have complained about Park Place's services as well.
Based on information from Health Leaders in this community.
Seniors are at higher risk of poor health status based on factors such as obesity, diabetes, malnutrition, low income, isolation, depression, etc.
The makeup of the county
Our students lack adequate insurance and the opportunities to get regular updates.
Many clients lack adequate health insurance
The majority of people I care for do not have insurance. They often come to us after a visit to the ED or hospitalization. Most of them have chronic diseases that I help to control by secondary prevention. Others need specialist care that they do not have access to because of expensive office visit fees. Specialists charge anywhere from $75 to $2,000 for an office consultation. Few of the people I see are so sick that they become candidates for hospice care.
Osceola county and Florida as a whole lack so much in community support for the mentally ill. The programs that are available are way behind and underfunded.
Infant mortality rate remains high for some targeted populations in our community
It can be better
Our infant mortality rate in 2017, in Osceola, was one of the lowest in the state at 3.9 but we still have challenges...our Hispanic fetal deaths markedly increased, and our low birth weight births have increased. Also, we need women to be healthy before becoming pregnant, where we are dealing with obesity, chronic diseases, dangerous lifestyle choices, etc. Also, opioid addiction and other substance abuse.
On average the majority of our community has access to some level of healthcare but not full coverage.
A significant portion lacks adequate access to health care and other needed services.
Based on the number of diseases, few with medical insurance/primary physician, poor nutrition
Osceola county's health ranking for health outcomes is 30th and health factors is 32 out of 67 counties
It's an average. Certain individuals and certain subsets of the community should be rated as poor health. Other individuals and subsets are in excellent health. The question was prefaced with the word "Overall."
Too many people overweight.
Still many people without health care coverage.
I feel there are so many ways to improve in the health of our community.
There is a huge need for an increase in mental health services.

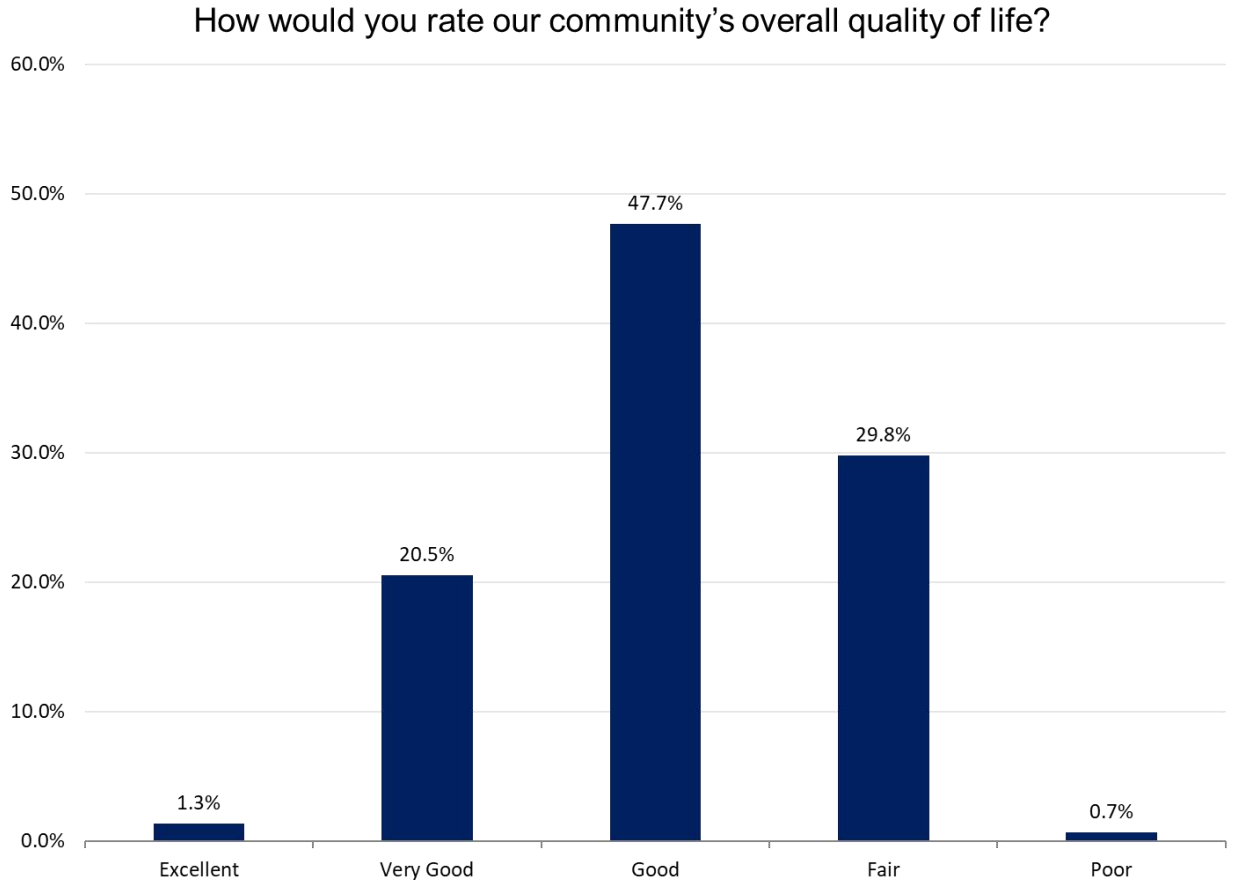
QUESTION 7- WHY DID YOU RATE THE HEALTH STATUS OF THE COMMUNITY THE WAY YOU DID?
Overall, we have great hospital systems in and around the area. The EMS and FD programs are also a big part of prevention and do excellent work as a system with the hospitals.
Experience
State and national metrics, including overall health rate (as determined by Health Department standards) and trends for improvement over time.
There are many people in our community who are uninsured and lack access to healthcare. Moreover, for many people working in the low-wage service industry, health care is still unattainable because of affordability.
While we have several effective health initiatives in our community many populations and neighborhoods lack the built environment that is necessary for a truly healthy community.
Central Florida has excellent hospitals and associated medical facilities and physicians which are available to insured individuals and families but many of the low income families we serve do not have health insurance. Services for low income individuals and families is limited.
Access to healthcare and healthcare costs
High levels of stress (impacting physical and emotional health)
Limited resources available to meet all needs. Community agencies need to improve on collaboration
The Bithlo community continues to suffer with a lack of a quality clean water supply and other basic infrastructure. Substandard housing continues to be a critical issue. Additionally, there continues to be a lack of access to permanent dental care for adults and children.
I believe there are sufficient health services in our area.
Rampant overweight/obesity & pre-diabetes/diabetes.
There are areas that need to be worked on, however, overall, we do a lot to help and it shows
Central Florida has excellent hospitals and associated medical practices but access to health care and especially mental health services is limited for people with low incomes.
We are fortunate to have many health-related initiatives in our community however many populations and communities lack the adequate built environment to truly foster healthy living.
The majority of citizens have a fairly good lifestyle and access to health/community resources
Our experience with employees and their families
There is always room for improvement and better health initiatives.
We did a Health Impact analysis on our last Corridor study. It indicated average health status of the population.
Reviewing local and state data; participation on district level Community Health Improvement Planning team
Lack of affordable resources
Scores are low in comparison to local, state and national levels. Also, significantly different outcomes for disparate/disadvantaged populations.
I think people are still in need of access to more affordable care.
The lack of primary care utilization in this community puts a heavy stress on the emergency department, forcing the hospital to treat patients for non-emergent needs. More effective solutions to primary care and access to these healthcare providers would keep the community healthier and catch dangerous diseases before they get too far down the path
The increase in health-related education with in our community

QUESTION 7- WHY DID YOU RATE THE HEALTH STATUS OF THE COMMUNITY THE WAY YOU DID?
Overall, I believe the community is taking better care of themselves from previous years.
Lack of services
While I believe we have good healthcare systems, we still have many people uninsured and under-insured who are not seeking medical attention early.
so many uninsured and underinsured
Overall, our community is active with available medical resources to consult for medical needs. Some area of our community is transit due to tourism and the health status of those are unknown.
High incidence of hypertension and diabetes
great communication from hospitals, some physicians are passionate and engaged, seeing shift in patient centered care
Low income community limits access to good health care services.
Judging by what we see coming in through the front door of the Jail, there is a lot of diseases in the community.
Given my line of work, I'm aware of pockets throughout the community where populations experience poor health outcomes i.e., homeless, birth outcomes of African-Americans, those experiencing behavioral health issues including substance use disorder.
More is being done about community health, however, we have a long way to go. There is still somewhat of a disconnect among service providers.
Lifestyle choices
Lack of access, poor social determinants
Most patients are in poor health or referred by agencies treating the patient for other health concerns. Our younger patients are typically in good overall health.
Disjointed. Need more innovation and partnership. Needs to be more family and individual driven.
Residents in Celebration are for the most part well educated and have financial means, so our local community is rated very good in health status. We also service residents in Osceola County with other programs and their health status would be fair.
The community is usually aware of needs but often do not have the means to care for themselves properly, education to know how, or access to care.
Need more options for homeless and people on limited income
Uninsured patients have poor access to medical care
Looking at access to care, when they get in, sometimes it is too late for some residents. We have a community with a lot of chronic diseases, proper/self-management, cost of medications, proper diet and other social factors impact their health outcome.
Some of the people we come across do not have a Primary Care Physician and some have difficulty getting transportation to medical appointments. Getting dental care is difficult for people. However, some people do seem to get good health care, especially if they are over 65 and have Medicare.
Cost of health services makes it prohibitive for many people in need.
Overall access is poor for most, especially with respect to Mental Health services
Reports
Our department handles an average number of requests for assistance.

QUESTION 7- WHY DID YOU RATE THE HEALTH STATUS OF THE COMMUNITY THE WAY YOU DID?
Some health indicators are above expectations or better than average for the state, while others are below the average for the state. Additionally, there are disparities in health based on socioeconomic status, race and other factors that affect the health and wellbeing of some residents while not affecting the health of others.
The Community Viral Suppression rate is below 90% (current rate is 61.7%) and retention in care is below 85% (current rate is 66.4%).
there is a huge gap for access to care, especially in regard to mental health and homelessness
Knowledge of the current care of services in the county
Limited access to high quality primary care and specialists.
There are many issues in our community that lower the quality of lives for our community members.
Even though there is a large volume of citizens now aware of their health care status. There is a younger group that is being missed and those that don't receive our services.
We are located in Eatonville and major strides have been made in this community to educate and support healthy choices in the last several years. Our agency has been able to benefit from this effort. We have partnered with health agencies and have increased the resources available to our residents.
Mental health is a huge part of homelessness, and yet we have poor resources for help in that area - 49th out of 50 states.
So many people unable to access the services they need due to limited providers and people with little to no insurance.
Most people are doing ok, but there is an expanding percentage of the population facing the challenges of homelessness, health challenges, and financial vulnerability.
As the Sheriff's Office serves all citizens of the county (460,000+ residents), I would say a majority are in good health. However, we have certain people that are not, such as drug addicts, those diagnosed with mental health issues, elderly suffering the infirmities of aging, etc.
There is a mix throughout the region. I see the region as average health status. Good = average based on the ratings provided.
Based on community health statistics and updates provide to us from administration.
There are resources available, but not everyone has access. Those who are able to receive consistent care have fairly good health, but those who are uninsured or underinsured do not.
Excellent resources and facilities in the community. However, not all communities/groups are able to easily and effectively access those services.
there is still a lot of room for better hygiene, dietary, health practices, and more education for nature healthcare and prevention.
Mental health services are woefully lacking - no dollars to spend -
There is limited access to quality physical and behavioral health services for some segments of our population. Low wages, challenges with insurance and inability or organizations to provide culturally and linguistically competent services exacerbates the problems with health care.
Our youth have challenges accessing appropriate health care options and engaging in preventative care, however they often make use of emergency departments and crisis care for urgent health matters.

QUESTION 7- WHY DID YOU RATE THE HEALTH STATUS OF THE COMMUNITY THE WAY YOU DID?
Because it is what I believe
There are pockets of people with good health but there are just as many with multiple chronic diseases that do not have access to quality care.
People don't take advantage of preventive medicine offered to them to keep themselves well.
We have a significant portion of our population who don't have access to quality health service centers.
We do the eligibility screening for Medicaid and many of the people we serve are both low income and frail.
Limited access to specialty care locally.
Some services missing or low access but overall healthcare good
Opportunity exists for preventative care, annual visits, relationships with PCP, outreach for a large homeless population.
Below national average in all community health indicators. Vast social, economic, and racial disparities regarding health.

QUESTION 8 – CHART D.7: HOW WOULD YOU RATE OUR COMMUNITY'S OVERALL QUALITY OF LIFE?



QUESTION 9- WHAT DO YOU THINK WOULD HELP IMPROVE THE OVERALL QUALITY OF LIFE IN OUR COMMUNITY?
Increased access to health and mental health care will improve the overall quality of life.
High growth and infrastructure not keeping pace
More low cost or free exercise options.
More resources for low income and homeless
Better access to health care and nutrition.
Addressing homelessness and unemployment needs.
Access to specialty care, access to more fruit and vegetables. Education regarding the correlation of proper diet, health and exercise.
Education, access to care and more providers who treat the underserved
Increased areas for physical activity, improvement in transportation, more access for mental health services
Health education and promotion efforts
Better paying jobs, better schools and more resources
More active engagement with wellness. Community plans around treating mental illness and addiction. Better plan for homeless adults and teens
Access to cost effective healthcare.
Better public transportation, STD awareness education in schools

QUESTION 9- WHAT DO YOU THINK WOULD HELP IMPROVE THE OVERALL QUALITY OF LIFE IN OUR COMMUNITY?
Cleaner lakes
Better access to parks and trails and outdoor activities
Improved facilities, programs and services to engage residents to meet others and stay active.
Our county scores moderately in this field
Emphasizing tele-health and public health. Effort from the AdventHealth CIN to provide population health is one example.
Easier access to healthier food and better transportation along with education opportunities in our schools
A focus on health of our youth
Better access to specialty care.
Universal access to health care; access to housing relative to wages
Decreased homelessness and marginally housed
Less disparity, some enjoy a very high quality of life, yet many have very low quality of life. Broader awareness and accessibility to resources.
More transit options to connect within and to other cities.
Greater outreach into lower income areas
Equalize social justice
Many of the families that our agency supports are living in crisis situations. Most of our families are homeless or on the verge of becoming homeless.
Affordable housing, access to specialty care for the uninsured
Vastly enhanced public transportation, incentives to builders to provide more affordable housing, a commitment from public school systems to ensure those students not going to college (65%) are going into a certification program, military service or some advanced skills training.
More transportation and housing choices
For every community to have basic infrastructure and systems to be working properly. When these don't work properly, they negatively impact our most challenged communities. We need to get beyond treating the symptoms of poverty and address the structural deficiencies that lead to poverty and poor community health outcomes.
Affordable health food
There is a lot of poverty
Community-specific strategies and plans that focus on individual communities within the Central Florida community. Focusing on measures to optimize community-specific assets while collaborating with entities and residents to identify and address gaps and needs could prove beneficial to overall quality of life for our Central Florida community as a whole.
Income levels not working out well and the neighborhood lacks healthy affordable food. It's not just availability of jobs, it's the kind of jobs, the location, the preparation, and emotional stability.
Access to food services, appropriate medical care and financial assistance for individuals that fall into the category of the working poor.
More affordable health care options. Public wellness programs and education. Better mass transportation options.

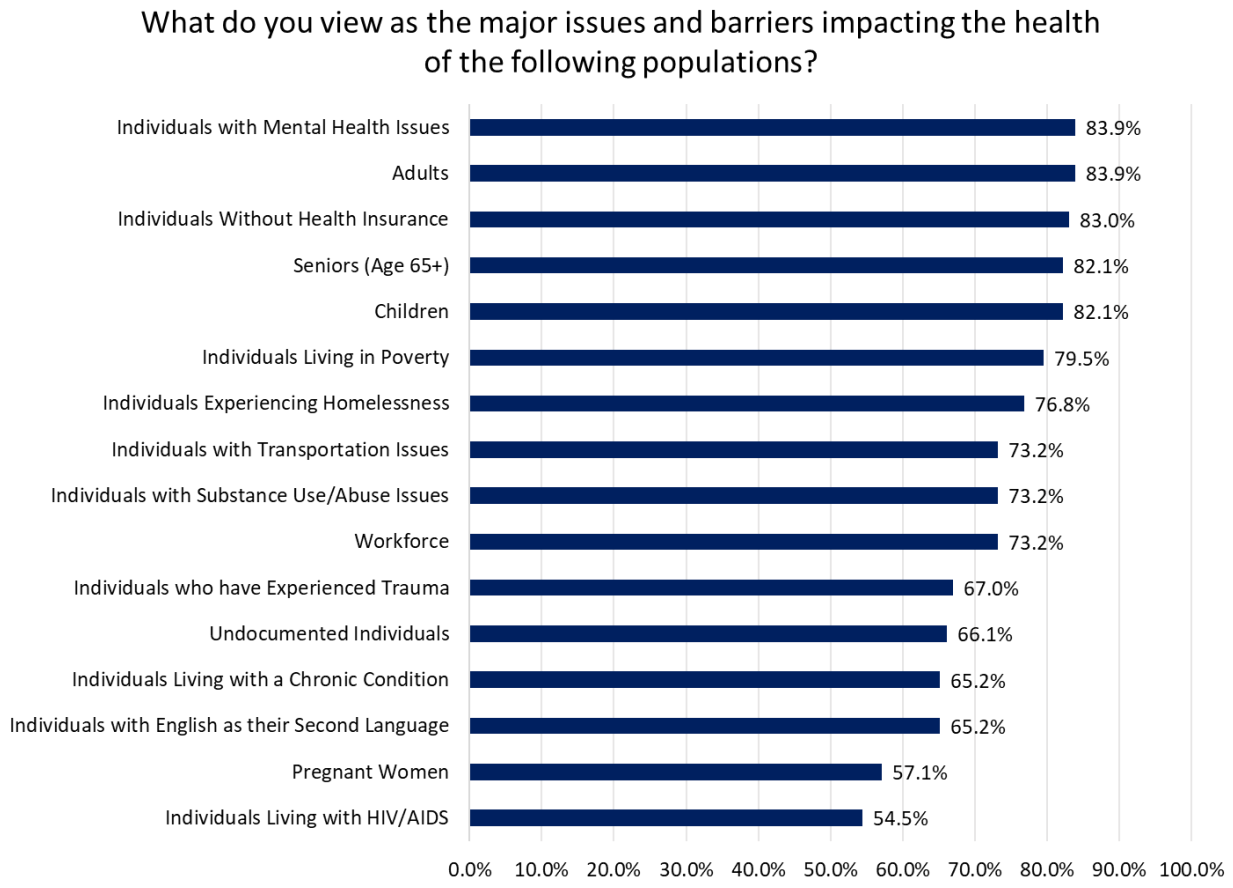
QUESTION 9- WHAT DO YOU THINK WOULD HELP IMPROVE THE OVERALL QUALITY OF LIFE IN OUR COMMUNITY?
Address income inequality, which is at the root of so many other quality of life issues impacting the community.
More options for health providers of all kinds, easier access to care, more individuals working who speak Spanish.
For seniors, more financial support, education, awareness, and resources to support independent living among the aging population to delay and/or avoid costly institutional care.
The makeup of the county
Better access to specialists for clients who have more prominent health issues; access to healthier foods
There are many issues plaguing the community causing poor health issues.
Encourage more people to get involved in community projects so they can take ownership of how their neighborhoods are functioning
Access to basic needs such as food, shelter and public transportation would improve quality of life for the population I serve.
Achieving Health Equity for all
Living wages, access to healthcare for all, reduced transportation and childcare costs, better protection of environment (air, water, land), and provision of green space.
Communication
Better quality more affordable housing options.
Improved education and access to health care and other services.
More accessible and relevant family lifestyle programs/Lifestyle Center in Spanish, Creole, and English. Target the children and adolescents with afterschool STEM program, robotics classes, sports, health programs.
Every person access to quality healthcare would be a great help. Even though Medicaid is a great help to a segment of the population, the complexities related to availing themselves of medical service can be daunting--and that's before they even arrive at the premises of a caregiver. Transportation can be complicated and extremely time-consuming. Contacting the healthcare provided can be a problem. Acquisition of prescriptions can likewise be a complicated and time-consuming process. Of course, for the uninsured or underinsured working poor, the problem may include the foregoing but may also be complicated because of an inability to miss work for appointments. And many people can't afford insurance without high deductibles, so unless it's a life-and-death matter, they don't go to get healthcare because they would be paying the first $6,000 or so out of pocket. So, the issue is much more complex than just having some sort of health insurance.
Affordable housing, access to affordable specialty care
Higher wages
Improved Health care for all; open and honest government
More community awareness.
Low living affordability/housing crisis/low wages
Less congestion

QUESTION 9- WHAT DO YOU THINK WOULD HELP IMPROVE THE OVERALL QUALITY OF LIFE IN OUR COMMUNITY?
More discharge information and resources made available from hospitals. Especially for those with reoccurring or chronic illnesses.
Transportation improvement (most notably roads, but to include public transportation access points).
Higher wage jobs and a more centralized case management of services so that nonprofits can better coordinate services. It would have to be something more robust/accurate/bidirectional than 2-1-1.
Affordable housing and livable wages
The creation of more affordable housing and shared workforce housing would help many low-income families in our community.
Better access to Mental Health services
Higher wage-earning opportunities such as middle and upper management jobs per ratio of entry level jobs; more social service funding as a viable community asset; increased long-lasting housing options and reasonable housing costs based on actualized income rates.
Underserved populations such as the homeless are unable to have quality of life
In order for our community for every community to have basic infrastructure and systems to be working properly. We need to get beyond treating the symptoms of poverty and address the structural deficiencies that leads to poverty and poor community health outcomes.
Continued partnership between local government and the citizens they serve.
Areas need to be worked on, but overall it is a good place
Better public transportation network and better roads.
Truly affordable housing and paying a living wage.
The median population has access to good institutions and community safety net organizations
The weather is what most people focus on however, Central Florida's diversity and access to social, cultural, health services is unique
Focus more on improvement of mental and physical health.
More options for transportation
Lower childhood obesity, lower risk for diabetes, lower substance abuse, increase access to mental health (wellness) services
Equal opportunity and access to all populations. Affordable options and funding to support the organizations who are trying to serve these populations.
Lack of social services
Access to more services and affordable housing.
Overall it is a lower socioeconomic area in Kissimmee, but it is a very tightknit community that enjoys being together and spending time with each other.
Deal with obesity
Affordable housing, increased transportation
Better access to healthcare
Better transportation; higher wages
Jobs with a living wage and affordable housing

QUESTION 9- WHAT DO YOU THINK WOULD HELP IMPROVE THE OVERALL QUALITY OF LIFE IN OUR COMMUNITY?
Continuation of healthy activities and programs promoting outdoor venues and health conscious restaurants. Healthcare organizations can provide health screening and health fairs at venues to promote a healthy and safe community.
Better food supply chain, better information, better job opportunity
More resources for seniors, proactive health initiatives
Increased community resources.
Too complicated a question for this box!
More affordable healthcare coverage, housing prices/rentals that are more reflective of wages earned, more resources and more affordable services related to behavioral health
More mental health services! More food access to lower income people.
I do believe that our community makes more effort today to be healthy.
Promote activity at work, home, play
Adult patients having access to affordable preventative dental care 2x per year to receive cleanings, fillings, exams and x-rays. Parents of children being educated on the importance of preventative dental care and passing that education on to their children.
Transportation options, housing options, health care options for uninsured
More arts and cultural activities which would engage the community and provide an important means of socialization.
Improved social and occupational justice - having the freedom to participate in the activities that give them a sense of purpose
Have a better selection of affordable housing so the homeless have a chance at getting off the streets.
Better socioeconomic status
I am in between Good and Fair for my answer for # 8. Quality of life is hard to define; a lot of factors get into the picture: if we are dealing with someone with immigration status versus someone who is a legal resident. Their state of mind will be different. What you see on the outside does not match what taking place inside that person. Looking at the Caribbean community, they will not talk, they will have that stoic face because they are proud. This is a case by case issue in regard to quality of life for different communities in those Counties mentioned above. First, I will survey the different communities and ask them how do they define quality of life.
More affordable housing.
A complete revamp of the medical and pharmaceutical industry
Higher minimum wages, housing opportunities and access to quality health / mental health care (also, Medicaid expansion!)
High rate of homelessness
More higher paying jobs
Same as for the last response. There are factors that affect the quality of life for some residents that may not be the same for others.
Increase access to and retention in quality medical care for all.
higher wage jobs, access to necessary care, and housing
Increased care management for needy persons

QUESTION 9- WHAT DO YOU THINK WOULD HELP IMPROVE THE OVERALL QUALITY OF LIFE IN OUR COMMUNITY?
I think if we addressed and worked to fix the built environment, i.e. transport, community members would have an easier time leading a happier, healthier life.
There are pockets of groups that continue to smoke all types of substance and obesity are key areas that will impact their life span.
More affordable housing options, better access to education.
More mental health services, more affordable housing, more efforts to end generational poverty
Better health care
More high-quality early childhood programs, early social-emotional support, more recreational opportunities for low income communities
For the people who have to help the people who don't have...including them in personal communities of care.
The quality of life in Seminole County is very good to excellent, but we cannot assign a "perfect score" of excellent when there are areas for improvement. There is always work to be done to improve the quality of life in Seminole County.
There are various opportunities available to all, regardless of race, color, or income, to have a good quality of life. There are pockets of course where QOL is poor.
More primary care physicians as well as specialists in areas such as nephrology, endocrinology, neurology and dermatology, which are not readily available here in Clermont.
Less crime. More services for the mentally ill and homeless.
Better coordination of services for elders. Easier and more easily understood access to services for non-English speakers.
Better healthcare, housing, education, community health awareness events, media coverage for better health. (air loaded with drug commercials)
Employees being paid a living wage, parity in access to green spaces, walking trails, more collaboration between community organizations, and concerted efforts to address adverse childhood experiences, and the social determinants of health.
More affordable housing, stronger mental health services, more efficient public transportation
Improved access to healthcare options, additional education of options and preventative care. Also, specific providers competent in the care of marginalized populations.
More fitness and access to affordable healthcare
Fresh food in food deserts, diabetes education that was easily accessible
Safe and stable home environment for children.
Overall health care in orange county is very good.
We have a high standard of living for the most part, our seniors however, do not have all the same advantages.
Access to preventative care, education beginning with school age children. Coordination with churches and community centers to offer services.
Equality in all aspects.
Access to care and healthy food

QUESTION 10 – CHART D.8: CONSIDERING THIS OVERALL LOOK AT WHAT IT TAKES TO HAVE A HEALTHY COMMUNITY, WHAT DO YOU VIEW AS THE MAJOR ISSUES AND BARRIERS IMPACTING THE HEALTH OF THE FOLLOWING POPULATIONS?



QUESTION 10- CONSIDERING THIS OVERALL LOOK AT WHAT IT TAKES TO HAVE A HEALTHY COMMUNITY, WHAT DO YOU VIEW AS THE MAJOR ISSUES AND BARRIERS IMPACTING THE HEALTH OF THE FOLLOWING POPULATIONS? (CHILDREN)
Lack of attachment to positive role models
Obesity
Parental involvement
Access to parks, proper air and equitable opportunities
Access to parks and open spaces
Parents lack of knowledge
Education, parks & open space, housing, social networks
Instability and family income
Access to preventative care.
STD awareness
Access to care
Poor school system
Access to coverage
Screen time, less family time

QUESTION 10- CONSIDERING THIS OVERALL LOOK AT WHAT IT TAKES TO HAVE A HEALTHY COMMUNITY, WHAT DO YOU VIEW AS THE MAJOR ISSUES AND BARRIERS IMPACTING THE HEALTH OF THE FOLLOWING POPULATIONS? (CHILDREN)
Obesity
Inactivity and Social Media
Education opportunities
Obesity
Access to Care
Access to nutritional foods; preventative medical care; housing stability
Too many children living in motels
Lack of knowledge of resources and ability to access them for children. Impact of ACES on children and lack of coordinated focus on reducing them and mitigating impact is also an issue.
CHIP Access
Obesity, inactivity, bullying, school violence
A public school focus too heavy on college and not encouraging advanced skills training and certification
Driven by car to school
Home environment, access to education, access to medical care, opportunities for activities, nutrition education
Safe environments conducive to play and exercise; preventive screening compliance; asthma risk
Stressors and strain on the family unit (people). Cultural competency of social service agencies who don't seem to understand norms and challenges.
Access to local Pediatricians, Parent status, & lack of health insurance.
Equitable opportunity and health care services
Health care, Behavioral health care, need more CAT teams & crisis services
Access
Poverty
Access
Parents having access to being able to take their children for appropriate medical care. Majority of children without private insurance can get Medicaid.
Premature/low weight birth
Lack of specialty healthcare
Childcare, housing, education, healthcare
Unstable housing and struggling family finances
Lack of activity, increase in technology use without supervision, poor nutrition, attitude.
More adequate income, more adequate food (both qualitatively and quantitatively), more time for outdoor exercise and more availability of safe places for such exercise
Balanced diet
Lack of transportation or fear of deportation for undocumented children.
Central Florida has a large number of homeless children living in places not fit for human habitation, shelters, hotels and motels and couch surfing. Homeless children are more likely to have mental and physical health issues, behavioral problems and poor academic outcomes.

QUESTION 10- CONSIDERING THIS OVERALL LOOK AT WHAT IT TAKES TO HAVE A HEALTHY COMMUNITY, WHAT DO YOU VIEW AS THE MAJOR ISSUES AND BARRIERS IMPACTING THE HEALTH OF THE FOLLOWING POPULATIONS? (CHILDREN)
Health care access/poverty reduction
Obesity
Quality of schools, including school nurse/health programs and education
Employment and living status of the parent
Education for parents
Employment status of the parents and access to affordable and decent housing
Education - nutrition, physical, and mental health.
Lack of safe mobility options
Social Determinates of Health negative impacts
Prevention services
Housing
Parents
Poverty
Families with unmet needs
Safe homes, healthy meals, and inclusive education opportunities
Food deserts
Availability of services post incarceration
Lack of healthy lifestyle and quality education
Lack of healthy food. areas for exercise.
Affordable Insurance
Preventative dental access and oral hygiene education
Access to healthcare, safety, daycare, early diagnosis, prevention
More post-secondary educational opportunities for low income families
Need for consistency, security, and activity
Costs of services
Prevention and early mental health intervention
Lack of providers accepting Medicaid due the low rate of reimbursement
Ignorant or poorly educated parents
Equitable opportunity
Prevention and access
Lack of social justice and access to services.
Racism, unequal educational structures and leaders who lack creative thinking - they work on maintaining status quo
Housing, Food, Security, Access to quality care
Dynamics of working parents that keep kids in the home instead of playing outside
Health insurance coverage
Education, personal hygiene, dietary, recreation
Availability of enough pediatricians who accept Medicaid for children
Immunizations, healthy eating and well visits
Quality low cost food,
Stable home environment rather than motel living

QUESTION 10- CONSIDERING THIS OVERALL LOOK AT WHAT IT TAKES TO HAVE A HEALTHY COMMUNITY, WHAT DO YOU VIEW AS THE MAJOR ISSUES AND BARRIERS IMPACTING THE HEALTH OF THE FOLLOWING POPULATIONS? (CHILDREN)
Access to behavioral health
Access

QUESTION 10- CONSIDERING THIS OVERALL LOOK AT WHAT IT TAKES TO HAVE A HEALTHY COMMUNITY, WHAT DO YOU VIEW AS THE MAJOR ISSUES AND BARRIERS IMPACTING THE HEALTH OF THE FOLLOWING POPULATIONS? (ADULTS)
Lack of affordable housing and transportation
Obesity, access to lower cost options
Transportation
Access to healthcare and education
Access to health care services including preventative care and specialty care
Not enough providers to treat them or that take Medicaid
Access to health care, equitable reasonable paying jobs, housing and transportation
Instability and income
Access to cost effective care.
Care for diabetes patient
Predominately senior and bedroom community
Nutrition and fitness
Not active, poor nutrition options
Mental health
Time Management, Misaligned Priorities, Poor Diet and Exercise
Education and housing
Access to care
Access to Care
Preventative medical care; housing stability
Under employed
Equitable opportunities and knowledge and aptitude for how to access what does exist
Access to health & Social services
Obesity, inactivity, Chronic disease prevention and management
Lowest median wage among individual workers among top 50 metros
Healthy food choices
Housing, affordability of and access to medical care, substance abuse issues
Accessible primary care; preventive screening compliance; obesity; health literacy; transportation; job security
Equitable opportunity and the support structures to pursue these opportunities
Economic challenges and lack of health insurance.
More health care and behavioral health care providers, more MAT for substance use
Access
Cost

QUESTION 10- CONSIDERING THIS OVERALL LOOK AT WHAT IT TAKES TO HAVE A HEALTHY COMMUNITY, WHAT DO YOU VIEW AS THE MAJOR ISSUES AND BARRIERS IMPACTING THE HEALTH OF THE FOLLOWING POPULATIONS? (ADULTS)
Family-sustaining jobs
Access
Access to AFFORDABLE health insurance with decent plans including low deductible with low copays.
Poverty, no healthcare, health equity
Equitable opportunities and universal healthcare
Lack of affordable healthcare for uninsured
Housing, jobs, education, healthcare
Question 10- Considering this overall look at what it takes to have a healthy community, what do you view as the major issues and barriers impacting the health of the following populations? (Adults)
The lack of personal communities of support (most feel "on their own")
Indifference to consequences of today's actions.
More adequate income, education about the resources and practices that could make their life so much more productive and rewarding
more exercising
Lack of access to preventive services due to insurance status - particularly with oral health.
The lack of affordable housing, jobs that pay a living wage and public transportation make it difficult for adult heads of households to succeed. We need to develop the political and social will to create a dedicated public source of funding to develop affordable housing and public transportation.
Poverty/healthcare/housing/mental health
Obesity
Ease of transportation for access in both rural and urban communities
Affordable housing living wage
Poverty and lack of insurance
Lack of insurance / employment
Affordable housing and pay of living wages
Balance of physical and mental health.
Lack of safe mobility options
Social Determinates of Health negative impacts
Equitable access to health services
Housing
Time
Wages being enough to afford necessities
Low income jobs
Employment, Inclusive healthcare options, affordable housing and healthy lifestyle options
Education
Cost & Education
Availability of aftercare services
Affordable healthcare, participating in preventive care

QUESTION 10- CONSIDERING THIS OVERALL LOOK AT WHAT IT TAKES TO HAVE A HEALTHY COMMUNITY, WHAT DO YOU VIEW AS THE MAJOR ISSUES AND BARRIERS IMPACTING THE HEALTH OF THE FOLLOWING POPULATIONS? (ADULTS)
Lack of healthy food and access to it. Nutrition education.
Affordable Insurance
Access to affordable preventative dental care in their early adulthood
Housing, crime, well-paying jobs
Lack of arts and cultural opportunities
Access to healthcare and fair wages
Access to affordable health and dental care.
Costs of services
Access to quality care
Lack of health insurance
Poor life choices
Question 10- Considering this overall look at what it takes to have a healthy community, what do you view as the major issues and barriers impacting the health of the following populations? (Adults)
Equitable opportunity
Treatment services, living wages and housing
Lack of social justice and access to services.
Lack of Affordable Housing, training opportunities.
Racism, lack of volunteerism and efforts towards common good
Sedentary life
Health insurance coverage
Dietary, income, education
Lack of access to healthcare, primarily being uninsured
Access to healthcare- understanding cultures and their specific needs and housing
Quality low cost food, lack of access to chronic disease care
Employment with health insurance
Access to health care
Access

QUESTION 10- CONSIDERING THIS OVERALL LOOK AT WHAT IT TAKES TO HAVE A HEALTHY COMMUNITY, WHAT DO YOU VIEW AS THE MAJOR ISSUES AND BARRIERS IMPACTING THE HEALTH OF THE FOLLOWING POPULATIONS? (WORKFORCE)
Primarily service jobs with lower pay and little to no insurance
Wellness
Advancing their education while working
Need lower level providers - Nurse Practitioners, LPN, MA's Dental Therapists
education, high paying jobs

QUESTION 10- CONSIDERING THIS OVERALL LOOK AT WHAT IT TAKES TO HAVE A HEALTHY COMMUNITY, WHAT DO YOU VIEW AS THE MAJOR ISSUES AND BARRIERS IMPACTING THE HEALTH OF THE FOLLOWING POPULATIONS? (WORKFORCE)
Better paying jobs would encourage Lake County residents to pursue employment in Lake County
Travel, bedroom community
Extend some sort of primary coverage or discounted healthcare
Health insurance
Over worked to not spend time enjoying life
Sick days
Lack of Work Life Balance
Training and available jobs locally
High Premiums
Wages that provide access to attainable housing
Under trained
Overall employer cost of benefits
Access to appropriate resources
Often, wages do not align with housing costs
No reliable public transportation that gets riders point to point within an hour, available at least 20 hours daily.
Safe work environment
Inadequate wages; limited opportunities near low-income communities
Racial justice and viewing the solution as jobs. Jobs are important but careers are better and there are a myriad of factors which both help and inhibit the pursuit and advancement in careers.
Availability of job-paid health insurance benefits.
Equitable opportunity, access to healthcare
Not enough unions
Access
Opportunities
Only able to obtain part time jobs so they don't qualify for health insurance through work
Same as above
Job training, poor wages
Competitive pay
Good paying jobs
Jobs and training
Access and encouragement to the skill upgrades needed for livable wage
Long hours at job(s), health not a priority.
Question 10- Considering this overall look at what it takes to have a healthy community, what do you view as the major issues and barriers impacting the health of the following populations? (Workforce)
Better wages, more inviting work environments that are more supportive of employee needs--such as day care, discretionary time off to meet family needs, safer and more health-conscious workplace

QUESTION 10- CONSIDERING THIS OVERALL LOOK AT WHAT IT TAKES TO HAVE A HEALTHY COMMUNITY, WHAT DO YOU VIEW AS THE MAJOR ISSUES AND BARRIERS IMPACTING THE HEALTH OF THE FOLLOWING POPULATIONS? (WORKFORCE)
Low-wage, service-industry jobs.
Again, affordable and possibly shared housing as well as public transportation would improve the quality of life for many of the people working in the service industry.
Low wages
Traffic
Wages/health insurance coverage
Limited employment opportunities for low-skilled workers with criminal offenses
High cost of insurance
Jobs that pay living wages.
Lack of a skilled workforce
Economic impact of our work sector/environment
Equity
Housing
Better job growth and wages
Low paying jobs
Healthcare, reasonable wages, and longevity
Job training
Education & Backgrounds
Lack of healthy lifestyle and affordability
Lack of training for technical skills and jobs
Insurance options
Available jobs are low pay. Those that require degrees are hired away by school systems and government that can pay more
Need for higher wages and skilled jobs
Community supported by low wage positions
Costs of services
Wages
Lack of trained
Lack of understanding of human health
Equitable opportunity
Limited wage appropriate jobs
Lack of social justice and access to services.
Lack of Transportation, training,
More affordable housing and better public transportation
Commutes
Skilled employees, housing
Safety, environment, advancement opportunity, transportation, skills training
Low-paying wages

QUESTION 10- CONSIDERING THIS OVERALL LOOK AT WHAT IT TAKES TO HAVE A HEALTHY COMMUNITY, WHAT DO YOU VIEW AS THE MAJOR ISSUES AND BARRIERS IMPACTING THE HEALTH OF THE FOLLOWING POPULATIONS? (WORKFORCE)
Availability of affordable insurance benefits-
Clinics that are only open during working hours.
Full time jobs
Access to transportation

QUESTION 10- CONSIDERING THIS OVERALL LOOK AT WHAT IT TAKES TO HAVE A HEALTHY COMMUNITY, WHAT DO YOU VIEW AS THE MAJOR ISSUES AND BARRIERS IMPACTING THE HEALTH OF THE FOLLOWING POPULATIONS? (SENIORS AGE 65+)
Lack of affordable housing, transportation, high medication costs and uncertainty about long term care options
Limited access to active lifestyle options.
Lifestyle support
Access to social networks and transportation
Transportation and social networks
Social networks, transportation, housing
Access and knowledge
Ease of access. Overly complex system to navigate.
Access to social activities, public transportation
Post discharge care, end of life conversations
Need more senior support services, more primary care services
Chronic disease care
Opportunities to meet others
Fixed income
Lack of Support in Home Setting
Transportation
Access to Care
Community integration
Lack of senior services
Social connectedness
Transportation to appointments/ education
Access to health & Social services
More income options for a growing older adult population
Accessible and affordable health care
Housing, medical care, nutrition
Health literacy; flu and pneumonia risk
Being treated with respect and dignity
Losing their independence and transportation challenges.

QUESTION 10- CONSIDERING THIS OVERALL LOOK AT WHAT IT TAKES TO HAVE A HEALTHY COMMUNITY, WHAT DO YOU VIEW AS THE MAJOR ISSUES AND BARRIERS IMPACTING THE HEALTH OF THE FOLLOWING POPULATIONS? (SENIORS AGE 65+)
Transportation, providers who specialize in geriatric care, language barriers, need more psychoeducation on medication
Access
Access to affordable housing, transportation, nutritious food, and support services not covered by insurance.
Programs
Safe housing
On a fixed income and they don't have any extra money when health issues arise
If a US citizen hasn't worked enough quarters to receive Medicare, they are uninsured. And like all other adults without insurance, it needs to be affordable. Some have Part A only and cannot afford Part B which is just as important in prevention.
Lack of comprehensive care, no support
Affordable Housing
Access to healthcare
Simple explanations of how to navigate Medicare
Not of aware of resources, lack of activity, increase number of diseases/health issues, lack of money.
Education about the services available
Maintain an active life
Lack of a system to truly connect people with social service agencies.
Health care
Traffic
Knowledge on how to navigate the healthcare system amidst heavy commercial insurance and healthcare advertising
Dental
Lack of support groups
Access to dental services and healthy meals
Affordable housing and medical needs.
Lack of safe mobility options
Aging population
Housing
Transportation
Loneliness
Isolation and affordable housing
Affordable housing, healthcare, and transportation. Seniors need stress free access to medical appointments and delivery service of medications and health needs
Lack of known resources
Support in non-Medicare services such as transportation, meal service and private duty nursing
Transportation
Social isolation and living on a budget

QUESTION 10- CONSIDERING THIS OVERALL LOOK AT WHAT IT TAKES TO HAVE A HEALTHY COMMUNITY, WHAT DO YOU VIEW AS THE MAJOR ISSUES AND BARRIERS IMPACTING THE HEALTH OF THE FOLLOWING POPULATIONS? (SENIORS AGE 65+)
Few socializing opportunities. Healthy foods.
Medicare, funds
Finances and transport
Access to affordable dental treatment
Housing, transportation
Need for volunteer driven programs to allow folks to age in place
Limitations of the Medicare and SS system to address QOL
Affordable in-home services to prevent or delay nursing home placement.
Costs of services
Access and opportunity around activity/inclusion
Increased services directed to that age group
Equitable opportunity, emergency response
Housing and supports
Lack of social justice and access to services.
Access to high quality care coordinated and easily navigable
Lack of Affordable Housing, Transportation, Community Engagement
Home confinement due to lack of family dynamics during the day
Family support, transportation
Housing, transportation, access to care
Spread out community geographically, so hard to connect with other seniors
Need for better education regarding options and available services
Transportation that is easy to use and inexpensive
Group activities and healthy meals
Access to healthcare and medication
Access

QUESTION 10- CONSIDERING THIS OVERALL LOOK AT WHAT IT TAKES TO HAVE A HEALTHY COMMUNITY, WHAT DO YOU VIEW AS THE MAJOR ISSUES AND BARRIERS IMPACTING THE HEALTH OF THE FOLLOWING POPULATIONS? (INDIVIDUALS WITHOUT HEALTH INSURANCE)
Access to care
Limited transportation, limited options
Unaware of resources
Access to healthcare
Access to all types of health services
Access to health and human services
Access to health services
Resources and access
Access to Care
Primary preventive care
Need more primary care
Primary care access
Options for taking care of themselves
Access to care

QUESTION 10- CONSIDERING THIS OVERALL LOOK AT WHAT IT TAKES TO HAVE A HEALTHY COMMUNITY, WHAT DO YOU VIEW AS THE MAJOR ISSUES AND BARRIERS IMPACTING THE HEALTH OF THE FOLLOWING POPULATIONS? (INDIVIDUALS WITHOUT HEALTH INSURANCE)
Access to Care
Access to preventative care
Medicaid expansion;
Too many
Transportation to where accessibility exists
This is a barrier
Access to health & Social services
Access to primary and/or specialty care, substance abuse and affordable medications
No access to free services
Access to adequate medical care
Accessible health services; limited knowledge of resources; limited access/opportunities for Preventive care
Health insurance is the biggest scam in our country. Now that business and government are colluding to keep prices high, many can't afford it. Meanwhile health insurance nonprofits give away millions in community benefit to serve those who can't afford their services. It's a joke.
Access to clinics and Primary Care Physicians.
Access to Preventative services
Need access to care, more sliding scale or low cost-free providers
Access
See above in Seniors category.
Cost
Support with chronic illness
Companies nowadays offer jobs full time without providing affordable benefits. It perpetuates the cycle of unable to care for medical needs which in turn prevents people from being able to work because they are sick.
No preventative care
Affordable healthcare
Affordable healthcare
More faith-based/volunteer community health centers (distributed)
Not aware of resources.
Access to care
Education about the options that exist for getting insurance or, alternatively for getting healthcare without insurance
Lower premiums
Sliding fee scale at FQHCs, transportation, access to preventive services.
The failure of the Florida legislature to expand Medicaid under the Affordable Care Act has left and estimated 850,000 Floridians without healthcare insurance. People who fall in this gap often have to make tough decisions about health care vs. rent or food.
Access to affordable medication/health care
Illness
Cost of care and access to specialists
Access to specialty care services

QUESTION 10- CONSIDERING THIS OVERALL LOOK AT WHAT IT TAKES TO HAVE A HEALTHY COMMUNITY, WHAT DO YOU VIEW AS THE MAJOR ISSUES AND BARRIERS IMPACTING THE HEALTH OF THE FOLLOWING POPULATIONS? (INDIVIDUALS WITHOUT HEALTH INSURANCE)
Lack of access to needed services
Access to specialty and dental services
Affordable health access.
Lack of treatment options
Access to affordable insurance
Housing
Costs-fear of inquiring debt
Health in general
Access to care
Affordable options for coverage that is stable and consistent. Options that are manageable with upfront information.
Health insurance
Cost
Lack of preventive and routine care, affordability
Lack of Healthy foods
Resources, funds
Overall access to preventative dental cleanings and screenings
Access, prevention
Need more preventive care clinics
No access to rehabilitative services
Yes, this is the population I serve
Access to affordable health and dental care.
Costs of services
Non-ED based care
Too high a number
Equitable opportunity, health care services
Access to affordable healthcare
Lack of social justice and access to services.
Hours of Service, transportation, information regarding available services
Support organizations like Grace Medical Home and Shepherd's Hope, create incentives for Others to fill that same space
Financial ability to afford preventative care
Lack of free clinics
Affordability
Cannot afford care, suffer from preventable complications because they do not have Preventative and ongoing care.
Access to safe and affordable healthcare, and education and assistance in identifying best Insurance options
Access to care, healthy foods, transportation, affordable medications
access to free chronic disease healthcare
Access to specialists
Access to affordable insurance
Insurance

QUESTION 10- CONSIDERING THIS OVERALL LOOK AT WHAT IT TAKES TO HAVE A HEALTHY COMMUNITY, WHAT DO YOU VIEW AS THE MAJOR ISSUES AND BARRIERS IMPACTING THE HEALTH OF THE FOLLOWING POPULATIONS? (INDIVIDUALS WITH MENTAL HEALTH ISSUES)
Consistency with medication, appointment availability, access to affordable care
Limited options for treatment
Lack of resources
Mental health counseling, social support
Access to mental health counseling services and social networks
Access to mental health services
Desperately need more resources
Access to Care.
Difficult system to navigate
Lack of psych services
Poor mental health professional services/ physicians
Lack of services
Need to be directed to appropriate programs
Stability
Access to Care
Access to preventative care
Tremendous lack of access to care
Access to ongoing MH care
Lack of access to services
Lack of services and resources across the community and understanding of the implications to all other health issues
There is a huge gap in services for these patients.
Access to health & Social services
insufficient number mental health providers
Coordinated resources to meet their needs, case management, housing, medical care, advocacy
Limited providers; accessible care; diversity in treatment options
Being treated with respect
Local access to mental health professionals.
Preventative Services, Affordable care, transportation to providers
Access to care, transportation, case management, more behavioral health options OTHER THAN Park Place
Access
Available programs
Use of up to date evidence-based practices and treatment that is not centered around medications only.
Access, reasonable costs
Very little access to affordable counseling and psychiatry services. These people often have poor follow up because they are discouraged by the system and don't see a point in medication compliance.
Jail cycle, homelessness, no comprehensive care
Stigmatism of services

QUESTION 10- CONSIDERING THIS OVERALL LOOK AT WHAT IT TAKES TO HAVE A HEALTHY COMMUNITY, WHAT DO YOU VIEW AS THE MAJOR ISSUES AND BARRIERS IMPACTING THE HEALTH OF THE FOLLOWING POPULATIONS? (INDIVIDUALS WITH MENTAL HEALTH ISSUES)
Lack of providers
Adequate education about mental health and need for treatment
Short amount of time in treatment, lack of support system.
Access to care
Free or sliding-scale counseling should be readily available and well-advertised
Lack of attention to providing support
Not enough access points for those with limited incomes.
Many of the clients we serve have long histories of poverty, abuse and trauma which effect their self-esteem. Failure to address these fundamental causes of their physical, mental and social health problems only compound their housing and employment barriers.
access to affordable mental health services
Care
Location and availability of onsite resources (keeping travel under 10 miles distance in urban settings)
Outpatient counseling and medications
Uninsured cannot access medications; lack of housing due to low income or no income
Access to outpatient counseling and medications
Access to adequate mental health treatment.
Lack of treatment options
Limited access to assistance & Stigma
Early access and treatment; prevention programs
Housing
No follow up treatment
Access to care and follow up
Access to care
Availability and access to psych specialists without judgement
Stigma
Lack of resources and affordable services
Minimal counseling
Resources, funds for mental health
Access to counseling and treatment
Terrible system to access, minimal coverage unless on Medicaid
Huge issue...more mental health living facilities...in patients care with outpatient support
lack of access to ongoing counseling and care other than acute services or Rx
Support in the community following hospitalization for mental health issues.
Costs of services
Access and Stigma
Lack of services
Lack of knowledge or available services
Equitable opportunity, emergency response
Access to quality care
Lack of social justice and access to services.
Limited access to care

QUESTION 10- CONSIDERING THIS OVERALL LOOK AT WHAT IT TAKES TO HAVE A HEALTHY COMMUNITY, WHAT DO YOU VIEW AS THE MAJOR ISSUES AND BARRIERS IMPACTING THE HEALTH OF THE FOLLOWING POPULATIONS? (INDIVIDUALS WITH MENTAL HEALTH ISSUES)
Medication management, Better access and choice of service providers, follow-up care, lack of support groups
Better emergency care, more facilities, more training, more doctors, more beds, more money
Lack of mental health resources and stigma
Lack of inpatient services
The system most referred to is so large and "corporate" that people can get overwhelmed or lost in the system. Not enough follow up after baker acts.
More quality providers, better access
Stigmas with pursuing mental health care, and a lack of diversity in options of providers.
Inadequate services available for persons with mental health issues
Access to care
Education on where to access help
Access to prevention and all mental health services

QUESTION 10- CONSIDERING THIS OVERALL LOOK AT WHAT IT TAKES TO HAVE A HEALTHY COMMUNITY, WHAT DO YOU VIEW AS THE MAJOR ISSUES AND BARRIERS IMPACTING THE HEALTH OF THE FOLLOWING POPULATIONS? (INDIVIDUALS WITH SUBSTANCE USE/ABUSE ISSUES)
Lack of affordable treatment options
Limited options for treatment
Lack of resources
Mental health counseling, social support
Access to mental health counseling services and social networks
Access to mental health and substance abuse services
Desperately need more resources
Supportive Care.
Difficult system to navigate
Lack of services
Need to be directed to appropriate programs
Stability
Access to Care
Access to preventative care
Access to care
Access to day services and residential treatment
Lack of access to services
Lack of services and resources across the community and understanding of the implications to all other health issues and comprehensive support to enable staying clean
Access to treatment services
Being judged for getting help
Support, counseling, stable relationships
Limited resources; lack of awareness of treatment options; unfair/unequitable law enforcement practices

QUESTION 10- CONSIDERING THIS OVERALL LOOK AT WHAT IT TAKES TO HAVE A HEALTHY COMMUNITY, WHAT DO YOU VIEW AS THE MAJOR ISSUES AND BARRIERS IMPACTING THE HEALTH OF THE FOLLOWING POPULATIONS? (INDIVIDUALS WITH SUBSTANCE USE/ABUSE ISSUES)
Substance abuse is a health issue, not a criminal one. People should not be in jail for drug offenses. Treat people who abuse drugs, don't incarcerate them.
Local programs to treat individuals and assist families.
Affordable care, lack of in-home service options
More MAT options, more treatment centers that provide MAT, residential options that include MAT
Access
Available programs
Very, very poor affordable access to receive appropriate inpatient rehab treatment. Virtually inaccessible to uninsured individuals who do not work or have a support system to fund their treatment.
Additions, overdoses, rehab, poor choices for their infants
Universal screening for all
Lack of providers
Access to treatment and rehab
Friends and family with same issues. Treatment sessions short duration or expensive.
Free or sliding-scale assistance with substance-abuse issues should be readily available and well-advertised
Focus on expanding community support resources
Not enough access points for those with limited incomes.
The substance use/abuse crisis in America is affecting neighborhoods within Orlando in adverse ways. Crime continues to be a problem in these neighborhoods.
Access to affordable substance abuse issues
Mental weakness
Accountability and impact for outpatient support groups (post hospital discharge)
Effective treatment programs
Uninsured cannot access services; lack of housing due to low income or no income
Effective treatment facilities
Access to adequate substance abuse treatment.
Lack of treatment options
Limited access to assistance
Equitable access to programs
Housing
Real solutions
Access to timely care
Availability and access to substance abuse specialists without judgement. Long term solution to rehabilitation with a social work component
Stigma
Lack of resources and affordable services
Minimal counseling
Funds
Counseling and medical treatment

QUESTION 10- CONSIDERING THIS OVERALL LOOK AT WHAT IT TAKES TO HAVE A HEALTHY COMMUNITY, WHAT DO YOU VIEW AS THE MAJOR ISSUES AND BARRIERS IMPACTING THE HEALTH OF THE FOLLOWING POPULATIONS? (INDIVIDUALS WITH SUBSTANCE USE/ABUSE ISSUES)
Minimal coverage for services unless low income
Same as mental health issues
Lack of services for those struggling financially
Support in the community following hospitalization.
Costs of services
Quality accessible care
Lack of services
Equitable opportunity
Access to quality care
Lack of social justice and access to services.
Lack of affordable resources
Inability to get out of the addiction cycle.
Lack of resources
Not enough resources to treat substance abuse and abuse issues
Access to care
Education on where to access help
Access to prevention and early intervention services

QUESTION 10- CONSIDERING THIS OVERALL LOOK AT WHAT IT TAKES TO HAVE A HEALTHY COMMUNITY, WHAT DO YOU VIEW AS THE MAJOR ISSUES AND BARRIERS IMPACTING THE HEALTH OF THE FOLLOWING POPULATIONS? (INDIVIDUALS WITH TRANSPORTATION ISSUES)
Lack of public transportation
Limited public transit
Lack of resources
Lack of reliable and cost-effective transportation
Public transportation that is reliable and cost effective
Access to jobs, access to health care, social networks
Need more bus routes
Cost
Lack of public transportation
Need options close to them
Time money
Access to Care
Major challenge
Central Florida has poor transportation infrastructure. While improvement have been made, planner continue to prioritize personal vehicle transportation. Planners are also failing to create safe, pedestrian friendly traffic designs
Greatly improved Lynx
Accessibility and Quality of public transportation,
Access to transportation
Unable to access health care, seek/maintain employment

QUESTION 10- CONSIDERING THIS OVERALL LOOK AT WHAT IT TAKES TO HAVE A HEALTHY COMMUNITY, WHAT DO YOU VIEW AS THE MAJOR ISSUES AND BARRIERS IMPACTING THE HEALTH OF THE FOLLOWING POPULATIONS? (INDIVIDUALS WITH TRANSPORTATION ISSUES)
Dedicated source of funding for LYNC
Information on choices with limited options
Access to employment, access to beneficial services, access to medical care, lack of Adequate nutrition food access
Lack of awareness of resources; limited resources near low-income communities
We need public investment in public transportation like every other major city does in order to deliver a quality product that can serve as a legitimate substitute for a car. Stop developing infrastructure around the automobile and make things more accessible to alternative Transportation methods.
Poor local and regional mass transportation options.
Lack of in-home service options
Case management needs
Access
Availability
Access to a more widespread public transportation
Central Florida has poor public transportation access. Some patients tell me that the closest bus stop is a mile away. I have a few patients who have told me it takes them 3 hours to get to me from Kissimmee to FH Orlando
Cost, time, missed appts
Expansion of affordable transportation
Education on how to use the available transit
Access to affordable transportation
Network of volunteer drivers
Limited public transportation, time consuming
We need investment in high-grade public transportation that's of a caliber that not just the poor will find it attractive and a viable alternative to driving one's own car to work.
Expand community referral sources
Not enough public transportation, especially over broad geographic areas.
The lack of public transportation diminishes opportunity for housing and employment for many individuals and families.
Access to public transportation
Transit
Affordable, close-by public transportation
Unable to access services
Inability to access mental and physical health treatments.
Lack of safe mobility options
Limitations to accessing public transit systems
Housing
Better transportation
Lack of affordable and accessible public transportation
Better transit options, i.e. rail system
Lack of reliable public transportation
Timely, convenient and affordable options

QUESTION 10- CONSIDERING THIS OVERALL LOOK AT WHAT IT TAKES TO HAVE A HEALTHY COMMUNITY, WHAT DO YOU VIEW AS THE MAJOR ISSUES AND BARRIERS IMPACTING THE HEALTH OF THE FOLLOWING POPULATIONS? (INDIVIDUALS WITH TRANSPORTATION ISSUES)
Poor public transportation. Isolates shut-in folks
Resources
Agencies looking to do the same old without innovation like telehealth
Better public transportation options are needed in Osceola County
Unreliable community transportation services
Lack of affordable housing
Yes
Improved public transportation
No high-speed rail, bus system is poor at best
Equitable opportunity
More responsive transportation system to get them to jobs
Lack of social justice and access to services.
More affordable options for medical appointment, employment seeking
Efficient and effective transit for all needs
Lack of public transportation for people in wheelchairs
Bus system can be very cumbersome and overwhelming
Coordinated transportation networks
Access to care
Public transportation not available in outlying areas
Easy access to transportation

QUESTION 10- CONSIDERING THIS OVERALL LOOK AT WHAT IT TAKES TO HAVE A HEALTHY COMMUNITY, WHAT DO YOU VIEW AS THE MAJOR ISSUES AND BARRIERS IMPACTING THE HEALTH OF THE FOLLOWING POPULATIONS? (INDIVIDUALS WITH ENGLISH AS THEIR SECOND LANGUAGE)
Difficulty communicating
Limited educational assistance
Social networks
Access to health care, social networks and support
More education
Understanding proper care.
Need more interpretation and education at community level
Cultural context
Communication
Access to Care
Access to preventative care
Improving
Lack of language support and individuals with English as their second language are often illiterate in their native language
Access to culturally and linguistically appropriate services
Lack of cultural competency among healthcare and social programs
Staff fluent in their first language
Employment opportunities, education,

QUESTION 10- CONSIDERING THIS OVERALL LOOK AT WHAT IT TAKES TO HAVE A HEALTHY COMMUNITY, WHAT DO YOU VIEW AS THE MAJOR ISSUES AND BARRIERS IMPACTING THE HEALTH OF THE FOLLOWING POPULATIONS? (INDIVIDUALS WITH ENGLISH AS THEIR SECOND LANGUAGE)
Culturally astute policies and resources
Classes to learn English should be free and readily acceptable. Immigrants should be expected to learn basic English over time
Local programs to provide education and assistance.
Need more individuals who speak Spanish (or their native language), material offered in other languages, or more translating lines
Access
Education
Encouraging retirees to tutor these folks and help navigate the community
The barrier in our clinic is resolved by translation iPads. But in the hospital, I find that the communication barrier often causes providers to miss what patients actually go to the hospital for and they end up going back and forth. Until the person becomes very sick, then they admit.
Fear, closed off, translations
Universal healthcare
Translators at service providers
Education to facilitate learning English and need for translators
Network of volunteer interpreters, hopefully connected to a community of support group
Lack of awareness of resources, feel they are not understood, feel alone in the health community
Better assistance with learning English--but first, just better advertising of all the help that's already available
Direct individuals to adult literacy organizations
Health care entities need to increase their cultural competency and communication ability for many languages and cultures.
Assistance with ESL services
Learn
Education availability for equal opportunity (children and adults)
Lack of bilingual counselors
Inability to access adequate employment, income, health needs
Diversity - cost of translation services
Access due to language barriers
Housing
Literacy
Diversity in employees to offer assistance with language translation
Help with navigating resources
Health literacy and access to relatable providers
Inclusion within the classroom
Translators to help find resources
Culturally competent services
Need more educational opportunities to become more fluent
Difficulty with health literacy

QUESTION 10- CONSIDERING THIS OVERALL LOOK AT WHAT IT TAKES TO HAVE A HEALTHY COMMUNITY, WHAT DO YOU VIEW AS THE MAJOR ISSUES AND BARRIERS IMPACTING THE HEALTH OF THE FOLLOWING POPULATIONS? (INDIVIDUALS WITH ENGLISH AS THEIR SECOND LANGUAGE)
This is not a health issue as much as it being that of a social issue
Services
Lack of assistance in learning English
Equitable opportunity
Robust training programs
Lack of social justice and access to services.
Resources to teach adults
Lack of translators
Should be mandatory for all American citizens to speak English
If Spanish is their primary language, they likely will have enough opportunity to communicate well, but if it is another language, the resources are few.
Culturally appropriate education
Access to care
Some professional jobs
Access to ESOL training

QUESTION 10- CONSIDERING THIS OVERALL LOOK AT WHAT IT TAKES TO HAVE A HEALTHY COMMUNITY, WHAT DO YOU VIEW AS THE MAJOR ISSUES AND BARRIERS IMPACTING THE HEALTH OF THE FOLLOWING POPULATIONS? (INDIVIDUALS WHO HAVE EXPERIENCED TRAUMA)
Access to care
Access to care is far from home
Access to needed health services post medical treatment
Access to mental health services
Supportive services
Lack of resources
Access to care and living conditions
Access to care
Access to preventative care
Transportation
Service providers need to use trauma informed care best practices
Lack of mental health resources
Access to trauma-informed care
Insufficient number mental health providers
Stable relationships, support to overcome this
Provider proficiency in resources
Trauma informed care is the most significant gap right social services
Local access for mental health treatment & support groups
Cultural competency
Need trauma-informed care

QUESTION 10- CONSIDERING THIS OVERALL LOOK AT WHAT IT TAKES TO HAVE A HEALTHY COMMUNITY, WHAT DO YOU VIEW AS THE MAJOR ISSUES AND BARRIERS IMPACTING THE HEALTH OF THE FOLLOWING POPULATIONS? (INDIVIDUALS WHO HAVE EXPERIENCED TRAUMA)
Access
available programs
Availability of trained personnel to help them deal with their issues
No treatment, basis for many life experiences is skewed
An understanding of their issues
Access to counseling and healthcare
Basic training for faith/civic groups as well as distributed Mental Health Centers
Limited duration of treatment, better awareness of support groups
Better support--but first, better advertising/communication about the service that already exists
Provide qualified community support
More access points for mental health services for the low-income.
Our clients who have histories of trauma and abuse suffer from low self-esteem and are often unable to envision a positive future for themselves and their families. While we can provide shelter, rental assistance and case management services, until the individuals face their past trauma and the impact it has had on their decisions, they are often unable to move beyond a crisis mentality.
Mental health services
Recovery
Low quality scores of post-acute care settings (e.g. skilled nursing)
The ignorance about trauma and the impact that it has on people
Getting the support/ clinical care (overcoming whatever the person stigma may be)
Support groups
The general understanding of trauma and how it impacts people
Inability to access employment, income, health needs.
ACES -- understanding impact
Poor community education regarding impacts of trauma
Housing
Lack of trauma informed care (we are getting better)
Access to mental health
Availability and access to psych specialists without judgement
Mental health counseling
Trauma informed practitioners
Resources to address and treat post-trauma
Minimal services available
Resource knowledge
General society believing them
More support groups are needed
Lack of professionals trained to understand and respond to needs
Costs of services
Access

QUESTION 10- CONSIDERING THIS OVERALL LOOK AT WHAT IT TAKES TO HAVE A HEALTHY COMMUNITY, WHAT DO YOU VIEW AS THE MAJOR ISSUES AND BARRIERS IMPACTING THE HEALTH OF THE FOLLOWING POPULATIONS? (INDIVIDUALS WHO HAVE EXPERIENCED TRAUMA)
Lack of services
Cultural competency, health care services
Prevention and intervention services
Lack of social justice and access to services
This is related to mental health needs - same thing
Trauma- Informed health care professionals, and locations to receive care
Access to care
Education on where to access help
Trauma informed care and therapy

QUESTION 10- CONSIDERING THIS OVERALL LOOK AT WHAT IT TAKES TO HAVE A HEALTHY COMMUNITY, WHAT DO YOU VIEW AS THE MAJOR ISSUES AND BARRIERS IMPACTING THE HEALTH OF THE FOLLOWING POPULATIONS? (INDIVIDUALS LIVING IN POVERTY)
Lack of affordable housing, transportation, cost of care and cost of medication
Few job opportunities with higher income potential
Lack of resources
Access to all basic elements of community health
Access to health, proper dietary needs, housing etc.
Access to health and human services
Access to housing, good education, transportation, healthcare limitations
Knowledge of resources and access
Access to Affordable Care.
Higher than FL average
Primary care access
Access to care and living conditions
Access to Care
Affordable housing
Access
Access to attainable/affordable housing continues to be the biggest barrier for those experiencing poverty
Increased number of income restricted apartments with social
Lack of equitable opportunities
Lack of social justice and access to services.
Housing, education pathways, transportation
More affordable housing needed, and significant investment in public transportation
No access to free services
Good nutrition, stable housing, access to healthcare, education, transportation
Lack of awareness of resources; limited access to services/care; minimal income opportunities

QUESTION 10- CONSIDERING THIS OVERALL LOOK AT WHAT IT TAKES TO HAVE A HEALTHY COMMUNITY, WHAT DO YOU VIEW AS THE MAJOR ISSUES AND BARRIERS IMPACTING THE HEALTH OF THE FOLLOWING POPULATIONS? (INDIVIDUALS LIVING IN POVERTY)
Be treated with respect and with an expectation of using their gifts and assets to improve their station should they want to
Local programs to assist individuals and families.
Equitable opportunity
Case management needs, access to care
Access
Housing and employment
Access to basic needs as well as employment
Indirect contributing factor in infant mortality and morbidity
Housing, employment and competitive pay
Breaking the cycle within the family unit
Access to social services
Comprehensive, long-term personal/family advocate to navigate the various issues
Lack of awareness of resources, fear, limited opportunities.
Work harder on the hand-up model rather than the hand-out model
Job placement low income housing
Higher wages, opportunities for job-training, and a roust social service network.
Individuals living in poverty have to make difficult choices between health care and putting food on the table or paying rent. Many teeter on the brink of homelessness.
Mental health/health care
Work
Access to affordable health insurance
Employment and affordable housing
Employment opportunities/lack of housing
Living wages, affordable housing, child care
Inability to access employment, income, health needs.
Lack of safe mobility options
Cycle of inability to improve economic situation
Connection within social realm; equity
Housing
Ladder to get out
Low paying jobs, lack of needed skills, affordable housing
Training and job placement with a social work aspect
Access to resources
Safe, timely access to resources
Lack of education, lack of resources
Lack of transportation and money to buy healthy foods
Money, jobs
General population trying to apply their value systems on others that have different experiences and opportunities
Avoid allowing situational poverty to become generational poverty
having to make the choice between survival and participation in life

QUESTION 10- CONSIDERING THIS OVERALL LOOK AT WHAT IT TAKES TO HAVE A HEALTHY COMMUNITY, WHAT DO YOU VIEW AS THE MAJOR ISSUES AND BARRIERS IMPACTING THE HEALTH OF THE FOLLOWING POPULATIONS? (INDIVIDUALS LIVING IN POVERTY)
Lack of affordable housing
Costs of services
Housing & food access
Too high a number
Equitable opportunity, emergency response, transportation
Training programs, employment with higher wages
Lack of social justice and access to services.
Lack of Affordable Housing, training opportunities.
We spend millions on entertainment and sports venues - we can figure out how to fix blighted neighborhoods
Cradle to higher education opportunities lacking to pull out of cycle at early age
Poor understanding of healthy lifestyles and lack of ability to afford healthy food
Access to affordable housing, employment, Training in social and job skills, access to surround help organizations, case management to work toward sustainability and self-sufficiency
Extremely difficult to break out of generational poverty. Lack of education, good paying jobs, healthcare, childcare and transportation.
Access and diversity of health care options
Access to free chronic disease healthcare, low cost fresh food
Healthy meals
Access to job skills training and affordable housing

QUESTION 10- CONSIDERING THIS OVERALL LOOK AT WHAT IT TAKES TO HAVE A HEALTHY COMMUNITY, WHAT DO YOU VIEW AS THE MAJOR ISSUES AND BARRIERS IMPACTING THE HEALTH OF THE FOLLOWING POPULATIONS? (INDIVIDUALS EXPERIENCING HOMELESSNESS)
Transportation
Infrastructure to lift them into a self-sustaining life
Transportation, housing, social networks and jobs
Access to jobs, mental health services, affordable housing, healthcare services
Access to health and human services
Access to social networks, transportation, jobs, healthcare
Knowledge of resources and access
Access to Affordable Care
Poor community resources for the homeless
Lack of housing
Service knowledge
Access to Care
Affordable housing
Information and access
Need to scale current system improvements to serving chronically homeless individuals
Lack of equitable opportunities

QUESTION 10- CONSIDERING THIS OVERALL LOOK AT WHAT IT TAKES TO HAVE A HEALTHY COMMUNITY, WHAT DO YOU VIEW AS THE MAJOR ISSUES AND BARRIERS IMPACTING THE HEALTH OF THE FOLLOWING POPULATIONS? (INDIVIDUALS EXPERIENCING HOMELESSNESS)
Access to affordable housing units
Housing (shelters), transportation lack of healthcare and substance abuse
Insufficient number of transitional housing
Employment opportunities, resources, housing, medical case, nutritious food, transportation
Unaffordable housing; limited health care options
Housing first
Local programs to assist individuals and families.
Lack of stability
There is a huge lack of shelters in Osceola county... also not many transitional programs or programs to help the homeless
Access
Housing and employment
Limited transportation to get to healthcare providers
Access to healthcare
Homeless Shelters
Affordable housing and temporary shelters
Support for our current commission's system, which is working well, to expand
Trauma of past experiences, mental illness, fear, lack of resources for long-term support and community integration.
Better coordination between all the service providers
More low-income housing
More affordable housing
Once a family or individual becomes homeless, it causes additional trauma for the parents and children in the household. Homeless children are far less likely to succeed in school and it has the potential for long lasting negative impact.
Mental health/heath care
Support
Form of personal identification (e.g. driver's license)
Affordable housing, barriers to renting such as criminal history and credit
Basic needs are unmet making difficult to stabilize mental health issues
Mental health assistance
Affordable housing, rental restrictions such as felonies and credit
Inability to access employment, income, health needs
Lack of safe mobility options
Affordable housing is needed
Social connection; lack of knowledge of resources
Housing
Lack of housing and money
Lack of affordable housing and living wage
Safe and affordable subsidized housing
Affordable housing
Transportation and safe, timely access to resources

QUESTION 10- CONSIDERING THIS OVERALL LOOK AT WHAT IT TAKES TO HAVE A HEALTHY COMMUNITY, WHAT DO YOU VIEW AS THE MAJOR ISSUES AND BARRIERS IMPACTING THE HEALTH OF THE FOLLOWING POPULATIONS? (INDIVIDUALS EXPERIENCING HOMELESSNESS)
Behavioral issues, not enough housing first initiatives
Need more job training and counseling
Money, jobs
Doing a pretty good job here
Housing with mandated financial literacy, job skills training, parenting skills training
Inability to access care, find and maintain employment, and to navigate the work force
Lack of affordable housing
Affordable housing
Costs of services
Homes!?!
Too high
Equitable opportunity
Housing and supports
Lack of social justice and access to services.
Lack of Affordable Supportive Housing, training opportunities.
Support housing first model - jurisdictions must provide a sustainable funding source for services - easily could come from hotel tax with legislative approval
Affordable housing
Access to the many homelessness organizations assisting in housing for all
Untreated mental health issues
Providers knowledgeable of the additional barriers and health challenges that come with living in homelessness
Housing
Access to care
Safe place for themselves and their children. No access to wash clothes.
Access to housing first

QUESTION 10- CONSIDERING THIS OVERALL LOOK AT WHAT IT TAKES TO HAVE A HEALTHY COMMUNITY, WHAT DO YOU VIEW AS THE MAJOR ISSUES AND BARRIERS IMPACTING THE HEALTH OF THE FOLLOWING POPULATIONS? (INDIVIDUALS LIVING WITH A CHRONIC CONDITION)
Limited access to care, medication assistance, transportation
Information and support
Access to specialty care
Access to specialty ancillary health services, jobs
Resources
Supportive services
Cheap or discounted medications
Need more primary care options
Lack of coordinated care
Access to specialists
Chronic disease management by lifestyle

QUESTION 10- CONSIDERING THIS OVERALL LOOK AT WHAT IT TAKES TO HAVE A HEALTHY COMMUNITY, WHAT DO YOU VIEW AS THE MAJOR ISSUES AND BARRIERS IMPACTING THE HEALTH OF THE FOLLOWING POPULATIONS? (INDIVIDUALS LIVING WITH A CHRONIC CONDITION)
Access to preventative care
Transportation
Lack of education and access to treatment services, and cultural competency
Access to health & Social services
Healthcare costs
Access to quality medical care, economic opportunities, behavioral health support
Lack of awareness of resources; limited access to services/care; medication compliance
Health insurance should be available whether or not you have a chronic condition
Access to local Physicians and support groups.
Affordable care
Access
Medical assistance
Access to medication and appropriate treatment
Access to primary care is more available than specialty services
Evaluated but not tended to
Access to educational programs to teach them how to manage their condition
Access to affordable healthcare and health education
Support of trained outreach workers
Believe that all conditions will worsen, many medications without lifestyle changes as treatment plan
Better education concerning existing support groups and assistance programs
Need a support system
Health navigators/coaches who coordinate their services.
Health care/prescription drug costs
Practical availability of support groups
Behavioral change techniques
Physical health
Lack of treatment options
Avoidance of care - leads to high cost later stage illness
Housing
Healthcare access and payment
Access to care
Availability and access to specialists
Medical education
Nutritional support in the home/ALF
Lack of care focused on behavior, lack of affordable care
Lack of health insurance
Funds
Insurance barriers, cost of treatment and medication
Outpatient clinics
Challenge finding healthcare providers who are willing to accept the clients under their care

QUESTION 10- CONSIDERING THIS OVERALL LOOK AT WHAT IT TAKES TO HAVE A HEALTHY COMMUNITY, WHAT DO YOU VIEW AS THE MAJOR ISSUES AND BARRIERS IMPACTING THE HEALTH OF THE FOLLOWING POPULATIONS? (INDIVIDUALS LIVING WITH A CHRONIC CONDITION)
Costs of services
Lack of specialized care
Emergency response
Access to appropriate level of care
Lack of social justice and access to services
Poor care coordination
Access to homeless taskforce organizations that can walk them through processes to get help
Not enough knowledge or motivation for self-management to reduce preventable complications.
Access to chronic disease healthcare
Access to individualized medical care

QUESTION 10- CONSIDERING THIS OVERALL LOOK AT WHAT IT TAKES TO HAVE A HEALTHY COMMUNITY, WHAT DO YOU VIEW AS THE MAJOR ISSUES AND BARRIERS IMPACTING THE HEALTH OF THE FOLLOWING POPULATIONS? (INDIVIDUALS LIVING WITH HIV/AIDS)
Limited access to specialized care
Access to specialty care and social networks
Access to specialty care, social networks, jobs
Resources
Supportive treatment
Stigma
Education and access
Fear of Judgement
Lack of education and negative stigma of the disease, lack of access to treatment services, and cultural competency
Access to health & Social services
Lack of primary care physicians that manage condition
Community, good medical care, support
Ongoing stigma; Lack of awareness of resources; compliance with care;
Local programs to assist individuals and families.
Specialized HIV/AIDS care (PCP, Psych, etc.)
Access
Medical assistance and counseling
Education and pharmaceutical support
Fair treatment for housing, employment
Treatment and support services
Need to be monitored
Affordable medications
Prevention/prescription medication
Care

QUESTION 10- CONSIDERING THIS OVERALL LOOK AT WHAT IT TAKES TO HAVE A HEALTHY COMMUNITY, WHAT DO YOU VIEW AS THE MAJOR ISSUES AND BARRIERS IMPACTING THE HEALTH OF THE FOLLOWING POPULATIONS? (INDIVIDUALS LIVING WITH HIV/AIDS)
Early diagnosis and prevention
Insured versus uninsured makes a difference to access
Prevention and early diagnosis
Physical health
Lack of treatment options
Cost of medications
Housing
Availability and access to specialists
Education about available resources
Patients not maintaining ARVs
Image that AIDS has been solved
Resources, education awareness
Outpatient clinics
Lack of understanding in the community and growing number of new cases in the state
Costs of services
Services seem to be okay, but still too many people
Health care services
Ryan white access
Lack of social justice and access to services
Housing, nursing homes for indigent with HIV/AIDS
Access to housing and medical care with medication

QUESTION 10- CONSIDERING THIS OVERALL LOOK AT WHAT IT TAKES TO HAVE A HEALTHY COMMUNITY, WHAT DO YOU VIEW AS THE MAJOR ISSUES AND BARRIERS IMPACTING THE HEALTH OF THE FOLLOWING POPULATIONS? (PREGNANT WOMEN)
Affordable prenatal care
Available quality care
Access to prenatal care
Access to affordable prenatal care
Access to housing, jobs, healthcare
Resources
Lack of prenatal care
Access to convenient care
Support systems
Lack of education and access to treatment services, and cultural competency
Access to health & Social services
Early access to prenatal care
Late prenatal care; limited use of resources such as Healthy Start
There should be parenting classes in public schools in addition to access to basic health care
Access to local physicians and proper prenatal care.
Lack of housing services

QUESTION 10- CONSIDERING THIS OVERALL LOOK AT WHAT IT TAKES TO HAVE A HEALTHY COMMUNITY, WHAT DO YOU VIEW AS THE MAJOR ISSUES AND BARRIERS IMPACTING THE HEALTH OF THE FOLLOWING POPULATIONS? (PREGNANT WOMEN)
More high-risk OB's, MAT for mothers with Opioid Use Dx, more facilities that can care for mothers on MAT
Access
Medical assistance
Undocumented immigrants have poor access to prenatal care. One of my patients miscarried because of uncontrolled gestational diabetes.
Chronic conditions, obesity, infections, SA, genetics, birth complications
Access to universal healthcare
Affordable prenatal care
Early prenatal care and health education
Medical history, lack of support system, poor diet, work many hours.
Better and a great number of service centers--but education about what services already exist
Have no idea
Access to prenatal care for all pregnant women.
Health care access
Care
Pre-natal care
Work opportunities, physical health
Late entry into prenatal care and low infant birthweight
Housing
Early pre-natal care, birth control access, poverty in some cases
Affordability of care if uninsured or underinsured
Availability and access to specialists
Education about health and recommended visits
Lack of prenatal care, substance use disorder
More access to WIC and nutritional education
Resources, education and awareness
Access to cleanings and education on the importance of oral hygiene during pregnancy
Outpatient clinics
Awareness of maternity fitness and nutrition
Costs of services
Lack of specialized care
Lack of knowledge of available services
Health care services
Prenatal education and care
Lack of social justice and access to services
Pregnancy support and counselling groups for healthy practices for mind and body
Access to pre-natal care towards the end of pregnancy, if they have not had access to prenatal care throughout majority of their pregnancy.
Access to healthcare
Access to prenatal care and proper nutrition

QUESTION 10- CONSIDERING THIS OVERALL LOOK AT WHAT IT TAKES TO HAVE A HEALTHY COMMUNITY, WHAT DO YOU VIEW AS THE MAJOR ISSUES AND BARRIERS IMPACTING THE HEALTH OF THE FOLLOWING POPULATIONS? (PREGNANT WOMEN)
Access

QUESTION 10- CONSIDERING THIS OVERALL LOOK AT WHAT IT TAKES TO HAVE A HEALTHY COMMUNITY, WHAT DO YOU VIEW AS THE MAJOR ISSUES AND BARRIERS IMPACTING THE HEALTH OF THE FOLLOWING POPULATIONS? (UNDOCUMENTED INDIVIDUALS)
Limited access to services due to fear
Road to documentation
Access to all basic community health
Access to all social services including healthcare
Access to health and human services
Equitable opportunity, jobs, healthcare, education
Resources
Access to Care
Need more indigent support and medical services.
Fear
Access to care
Access to care
Access to preventative care/financial means
Fear of deportation and language barriers, losing their children
It is very hard to get services covered for these patients
Access to health & Social services
Access to care, housing and social programs,
Employment opportunities, housing, transportation
Fear of being deported; Lack of awareness of resources; limited access to services/care;
Pathways to citizenship or deportation depending on circumstances
Local office to provide information and assistance.
Case management needs, or maybe more legal aid services offered in several languages
Access
Concerns about how seeking assistance will affect their status
Access to health care as well as basic needs. When they are disabled or become critically/chronically ill, many do not have a support system and these people become neglected
Fear, no information, access to care
Access to universal healthcare
Fear of deportation
Access to healthcare, learning English, translation services
Fear of deportation if help is inquired, lack of awareness of resources available.
Document who they are
The biggest barrier is the current climate of immigration and fear of deportation. This is causing undocumented individuals from not seeking routine or preventive care.
Law
Form of personal identification (e.g. Driver's license)

QUESTION 10- CONSIDERING THIS OVERALL LOOK AT WHAT IT TAKES TO HAVE A HEALTHY COMMUNITY, WHAT DO YOU VIEW AS THE MAJOR ISSUES AND BARRIERS IMPACTING THE HEALTH OF THE FOLLOWING POPULATIONS? (UNDOCUMENTED INDIVIDUALS)
Eligibility for mainstream programs
Being ineligible for mainstream benefits
Inability to access employment, income, health needs.
Lack of safe mobility options
Fearful of accessing health services
Housing
Lack of legal status to live and work
Affordability of care and access issues
Availability and access to specialists with clear direction to legal documentation and possible citizenship
Limited access to resources
Lack of access to care
Need access to all services, they are living underground
Specialty care services
Fear
Case management to become documented
Fear of accessing healthcare and work force services
This is not a health issue as much as it being that of a social issue
Compassion
Agree with Trump
The cure for this problem is deportation
Equitable opportunity, emergency response, cultural competency
Access to public care
Lack of social justice and access to services.
Lack of ability to provide long term care
Fear is the greatest issue for the undocumented right now
Access to healthcare ad medications
Access to free healthcare
Employment
Access to legal assistance

Q 11 - IN THE POPULATIONS YOUR AGENCY SERVES, WHAT ISSUES DO YOUR CLIENTELE STRUGGLE WITH? (PLEASE MARK ALL THAT APPLY FOR THE COUNTIES YOU SERVE) N=Number of key informant survey respondents who identified as an issue clientele struggle with								
	Lake County		Orange County		Osceola County		Seminole County	
	Percent	N	Percent	N	Percent	N	Percent	N
Access to dental care	41.6%	37	64.0%	57	52.8%	47	46.1%	41
Access to health insurance	39.5%	30	67.1%	51	54.0%	41	48.7%	37
Access to mental health care	45.3%	43	66.3%	63	55.8%	53	44.2%	42
Access to primary care	45.1%	37	59.8%	49	52.4%	43	39.0%	32
Access to secondary care	41.3%	33	61.3%	49	58.8%	47	42.5%	34
Affordability of healthcare	42.4%	42	66.7%	66	51.5%	51	44.4%	44
Asthma	37.8%	17	66.7%	30	48.9%	22	40.0%	18
Cancer	49.0%	24	67.4%	33	46.9%	23	38.8%	19
Diabetes	47.9%	34	62.0%	44	49.3%	35	45.1%	32
Food Security (accessibility to nutritious food)	43.2%	35	65.4%	53	56.8%	46	45.7%	37
Heart Disease	46.8%	29	69.4%	43	48.4%	30	46.8%	29
Homelessness	40.2%	37	65.2%	60	54.4%	50	47.8%	44
Housing security (affordable housing)	36.3%	33	67.0%	61	59.3%	54	50.6%	46
Human Trafficking	34.0%	17	68.0%	34	64.0%	32	48.0%	24
Inappropriate ER use	46.3%	38	72.0%	59	54.9%	45	48.8%	40
Injury prevention/falls	48.7%	19	61.5%	24	48.7%	19	43.6%	17
Lack of Medicaid expansion	43.1%	31	68.1%	49	59.7%	43	50.0%	36
Living with a disability	46.7%	28	70.0%	42	53.3%	32	55.0%	33
Maternal and child health	50.9%	28	63.6%	35	41.8%	23	34.6%	19
Mental Health/ Illness	43.6%	41	64.9%	61	54.3%	51	45.7%	43
Obesity	45.1%	37	62.2%	51	47.6%	39	42.7%	35
Older adult safety/mobility	52.6%	30	56.1%	32	47.4%	27	38.6%	22
Poor birth outcomes	35.1%	13	75.7%	28	46.0%	17	37.8%	14
Poverty/low wages	37.8%	37	64.3%	63	55.1%	54	45.9%	45
Rise in vapes and e-cigarettes	50.0%	26	55.8%	29	44.2%	23	34.6%	18
STIs & HIV	42.0%	21	72.0%	36	52.0%	26	50.0%	25
Stressed infrastructure due to increased population	39.0%	23	66.1%	39	59.3%	35	47.5%	28
Substance Abuse	37.6%	35	62.4%	58	49.5%	46	41.9%	39
Transportation	43.3%	42	63.9%	62	56.7%	55	47.4%	46

Q 12 - DOES YOUR AGENCY PROVIDE SERVICES TO ADDRESS THESE ISSUES? (PLEASE MARK ALL THAT APPLY) N=Number of key informant survey respondents who identified that their agency provides services to address this issue								
	Lake County		Orange County		Osceola County		Seminole County	
	Percent	N	Percent	N	Percent	N	Percent	N
Access to dental care	43.2%	16	67.6%	25	35.1%	13	32.4%	12
Access to health insurance	34.3%	12	68.6%	24	54.3%	19	34.3%	12
Access to mental health care	29.6%	16	68.5%	37	44.4%	24	40.7%	22
Access to primary care	44.7%	21	63.8%	30	46.8%	22	36.2%	17
Access to secondary care	47.4%	18	65.8%	25	57.9%	22	42.1%	16
Affordability of healthcare	43.2%	19	63.6%	28	52.3%	23	36.4%	16
Asthma	35.7%	10	71.4%	20	28.6%	8	32.1%	9
Cancer	46.2%	12	61.5%	16	26.9%	7	34.6%	9
Diabetes	43.1%	22	72.6%	37	39.2%	20	35.3%	18
Food Security (accessibility to nutritious food)	26.9%	14	59.6%	31	36.5%	19	46.2%	24
Heart Disease	45.5%	20	75.0%	33	36.4%	16	34.1%	15
Homelessness	29.4%	10	61.8%	21	47.1%	16	50.0%	17
Housing security (affordable housing)	37.0%	10	59.3%	16	51.9%	14	48.2%	13
Human Trafficking	25.9%	7	59.3%	16	55.6%	15	44.4%	12
Inappropriate ER use	39.4%	13	78.8%	26	36.4%	12	36.4%	12
Injury prevention/falls	50.0%	12	66.7%	16	50.0%	12	37.5%	9
Lack of Medicaid expansion	38.1%	8	81.0%	17	42.9%	9	33.3%	7
Living with a disability	54.2%	13	66.7%	16	54.2%	13	45.8%	11
Maternal and child health	45.5%	15	66.7%	22	36.4%	12	27.3%	9
Mental Health/ Illness	38.6%	22	71.9%	41	50.9%	29	50.9%	29
Obesity	42.2%	19	68.9%	31	37.8%	17	31.1%	14
Older adult safety/mobility	45.8%	11	62.5%	15	54.2%	13	50.0%	12
Poor birth outcomes	35.3%	6	64.7%	11	23.5%	4	23.5%	4
Poverty/low wages	45.8%	11	79.2%	19	50.0%	12	41.7%	10
Rise in vapes and e-cigarettes	50.0%	5	50.0%	5	20.0%	2	10.0%	1
STI's& HIV	40.6%	13	65.6%	21	46.9%	15	37.5%	12
Stressed infrastructure due to increased population	36.4%	4	90.9%	10	36.4%	4	27.3%	3
Substance Abuse	25.6%	11	67.4%	29	48.8%	21	46.5%	20
Transportation	27.5%	11	70.0%	28	50.0%	20	42.5%	17

QUESTION 13- WHAT OTHER VULNERABLE POPULATIONS EXIST IN YOUR COMMUNITY?
Persons who may be exposed to some violent criminal elements
Working poor population
Single elderly
Homelessness
Migrant communities
Hypertension
Those experiencing homelessness, poverty, domestic abuse, human trafficking, mental illness and other disabling conditions
Functional addicts and financially unstable middle class scraping by but avoiding health costs to survive
Bicyclists and pedestrians vulnerable to motorists' vehicles
Senior
Limited education and limited job opportunities
Gay and lesbian
Unsure, perhaps HT survivors, survivors of trauma, children with ASD?
Children and adults living with autism.
LGBTQ
Domestic violence victims, non-citizens
Working poor
LGBTQ youth, unstably house students, working families one emergency away from homelessness
Population (Venezuela, Puerto Rico) seeking asylum due to political/natural disaster reasons.
Ethnic, religious and sexually-different minorities that easily can become recipients of hate and violence
Grieving families
The "unemployable" who need basic job training/interview skills.
I don't know. I believe we need to do a better needs assessment of Lake & Sumter Counties.
Sexual Assault, Domestic abuse
Underinsured patients (unable to pay copay/deductible amount, often thousands of dollars)
LGBTQ
Transgender; culturally-specific victims of crime (i.e. Due to incest, gender bias, etc.)
LGBTQ
Women, children, elderly, veterans, immigrants
Low income, frail elders with no transportation and inadequate food supply.
Illegal immigrant populations arriving from central and south America.
Teenagers
Elderly, children, homeless
We help the community through grants and strategy.
Teens with lack of family planning knowledge
Low income
LGBTQ+, those with substance use disorder,
New immigrants from Venezuela and Brazil
Newly released individuals from the corrections system
Teens

QUESTION 13- WHAT OTHER VULNERABLE POPULATIONS EXIST IN YOUR COMMUNITY?
Isolated rural communities
Foster kids and juvenile justice populations
Older adults; young same gender loving individuals.
Seniors > 65 years of age living alone; seniors with dementia living alone
Teaching people how to be self-sufficient and not just provide services.
Homeless youth (18-24) and children (12-18)
Disabled adults, mentally handicapped adults
Rural populations (often combined with English as a second language)
Transitional- Aged Youth, LGBTQ+ youth
Homeless
Poor minorities
Low income children

QUESTION 14- WHAT ARE THE MAJOR ISSUES/BARRIERS IMPACTING THESE POPULATIONS?
Lack of reliable public transportation. Access to affordable dental care for adults. Lack of specialty care. Lack of some preventative healthcare services
Some criminal elements in some of the communities. Lack of jobs that pay a livable wage.
High deductibles and high copayments
Knowledge and access
Living at home with no support
Food, shelter, medical resources.
Language
Affordable treatments.
Access to affordable permanent housing and preventative health services
Under reported numbers with need because of hidden vulnerability. Avoiding prevention due to cost of care.
Auto-centric land development and transportation corridors
Low income
Limited options lead to limited income and increased risk of poor health outcomes
Acceptance
Poverty, homelessness/unstable housing, transportation
Accessibility to care, needing Spanish-speaking staff at agencies and providers
Not enough programs
Poor support and options for these clients and their families.
Family discordance due to their sexual orientation and preferences
Fear, lack of information and communication, lack of outreach
Housing, healthcare, good paying jobs
Lack of recruitment, training, and coordination of the many community organizations and individuals willing to help
They do not know where to start or where to go for assistance. Language barrier. Lack of money and resources.

QUESTION 14- WHAT ARE THE MAJOR ISSUES/BARRIERS IMPACTING THESE POPULATIONS?
Ignorance on the part of many within the populace--the minorities are known only through myth, rumor and secondhand information. Few haters actually know many--if any--from the group/s they hate
Emotional and psychological turmoil.
Unable to get jobs or stabilize their economic condition.
No clear path to services.
Mental Health Services
Full knowledge of insurance coverage being attained; fiscal resources
Inclusive services
Providers who are comfortable / confident in care. Safe access to services as the first step.
Lack of inclusive services and the threat of violence
Transportation, Child Care, Employment, Education, Income, Housing
Matching General Revenue dollars to pull down more Medicaid dollars
Fleeing their countries.
Lack of safe mobility options
Language
Available services
Criminal backgrounds, access to higher wage jobs, housing, mental health.
Misinformation and resistance to giving realistic information to them
Knowledge and accessibility of resources
Affordable access to care and services, lack of understanding by greater community
Language and lack of money and social capital
Education and awareness
Addiction to drugs and prescription recovery
Lack of training and awareness in healthy leisure interests, financial management, healthcare access, jobs open to convicted individuals, and mental health/substance abuse
Lack of affordable housing and lack of higher paying employment
Lack of medical care, basic needs, transportation
Access to health care, affordable housing, job opportunities
Affordability and access
Transportation, poverty, lack of providers, food deserts
Lack of suitable homes for foster kids and more intervention and treatment programs for justice involved individuals
Lack of Social Justice and access to services
Lack of access to timely diagnosis and support for dementia
Education level/literacy, lack of motivation, mental health issues not addressed
Lack of supportive affordable housing, education opportunities, transportation, low wages, lack of full-time employment with benefits.
Homelessness, jobs, transportation, education
Lack of quality facilities for care
Transportation, access to services, affordability of quality healthcare
Education on preventative care, access to providers with appropriate cultural competencies
Housing and Healthcare
Lack of resources and ways to find out about what resources are available

QUESTION 15- IN GENERAL, WHERE DO YOU THINK PEOPLE IN THE COMMUNITY GO TO RECEIVE HEALTH CARE?
Health department or low-income clinics
Physician office or ED
Both area providers and health centers
Community health centers and the Health Dept
At the health department or an FQHC
Emergency Departments, community health centers
Nonprofit, CHC's, hospitals
Many without healthcare access emergency departments. Those with insurance utilize private providers
ED
The hospital.
PC, health clinics, health department
ED
ED
Primary care physicians or the hospital.
Their provider
Hospital or primary care physician
Hospital, health department
Hospital ER.
Within the population we serve, Orange Blossom Health (Healthcare Center for the Homeless) and ERs
Emergency rooms
Primary Care or ER
Private providers (if insured); Uninsured- ER and free or reduced cost clinics
Emergency rooms
Community Health Centers and Florida Hospital
ER
Public health entities and Emergency rooms
Primary care or emergency room
Primary care physician, clinics, emergency rooms.
For our population, most go to the ER
For the people we serve, FQHCs
ER or PCP
Health departments, FQHC, emergency rooms
Emergency rooms
Hospitals
Unfortunately, the ER
Free clinics
In people without insurance, generally their first stop is the emergency department. People with insurance are more likely to go to a primary care doctor
Private providers, health department, Osceola Community Health Services

QUESTION 15- IN GENERAL, WHERE DO YOU THINK PEOPLE IN THE COMMUNITY GO TO RECEIVE HEALTH CARE?
Community Health Departments and/or Community Health Centers
ER primarily
Free clinics, ER, private sector
Either to their own doctors or to the emergency rooms/care centers
Emergency rooms.
The insured go to urgent cares and PCPs and specialists; the uninsured go to charitable clinics and hospital ERs
Where they can afford to get help.
Hospital Emergency Room or emergency outpatient clinic.
Emergency room
Doctors
Primary care doctors
Youth tend to avoid primary health care services and go to the ER when there is an emergency
Primary care doctors (health department, urgent care, Emergency Department being secondary)
The hospital
Insured - Primary care provider. Uninsured - Delayed care and the ED if no relationship with a FQHC
Depends on person. ER or PCP or self-medicate.
Their PCP, clinic or ED
Community health centers
Department of health
Local emergency room visit or County Health Services
This depends of the insurance status of the individual seeking the health care services. Insured people go to their primary care provider, uninsured in general will delay care and seek it out in the emergency departments, while some utilize the FQHC system.
Affordable health clinics
Various places; in Orange Co, the Pecan Clinics are an excellent opportunity. Osceola and Seminole do not have quite the same capacity for care.
A significant amount come FQHCs, and faith-based organizations provide services to the uninsured and underinsured. Some to hospitals, jails and mental health agencies. Private sector to their medical services providers.
Primary care physicians
Private providers and dept of health
Variety of places. Emergency departments would be first access point for those who need help quickly.
Emergency room
Urgent care, ER, primary care
Private doctors if insured---health dept or ED if uninsured
Emergency rooms
Emergency room and health clinics
Hospital
Community health clinic

QUESTION 15- IN GENERAL, WHERE DO YOU THINK PEOPLE IN THE COMMUNITY GO TO RECEIVE HEALTH CARE?
Primary care physician
Emergency rooms
ER dental access due to lack of funds to pay immediately at the time of tooth infection and pain
Depends on if they have insurance or not
The hospitals
Primary care and free-standing emergent care settings like CentraCare
Hospitals or clinics
ED
Emergency room, Federally Qualified Community Health Centers, Shepherd Hope
PCPs or ERs
Depends on if they can afford it or not
Emergency departments
ER's and Health Dept
Hospital emergency department
Private providers, FQHCs
Clinics and hospital eds
The Emergency rooms.
They often don't get the care they need. Emergency rooms when it’s bad enough.
Community Health Center, Florida Hospital Transition Clinic and Grace Medical Center.
Personal Doctors, primary care.
ER
ER and Clinics
The uninsured and under insured usually go to the hospital emergency room
PCPs, walk in clinics, ER
Urgent care, primary provider (insured), ER
Primary care doctors, walk-in clinics, ER
About 60% go to PCP and the other 40% utilize emergency rooms, urgent care
Emergency rooms
Emergency Departments, walk-in clinics
PMD
ERs
Health dept. and Community Health Center
Emergency rooms, private practice, PCAN providers, behavioral health providers, FQHCs
Emergency room
ED's, clinics

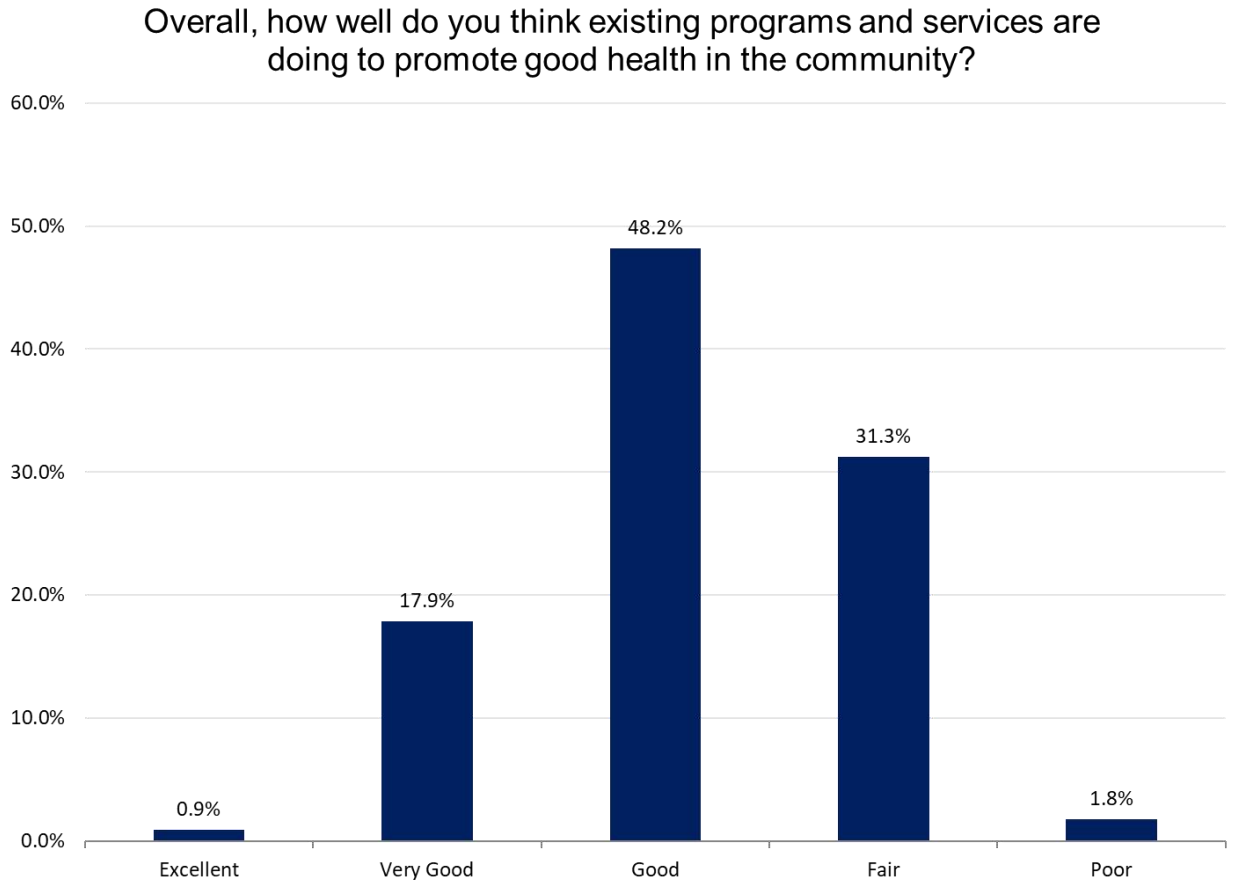
QUESTION 16- IN GENERAL, WHAT BARRIERS DO YOU THINK PEOPLE IN THE COMMUNITY EXPERIENCE ACCESSING HEALTH CARE?
Cost
Information about where to get care
Access to primary and preventative care services and adult dental services.
Lack of health insurance and social support to encourage compliance. Not enough primary care providers.
Transportation, language, affordability of specialty care services
Transportation issues, unable to leave work to attend appointments or bring children in, lack of appointments at facilities
Scheduling appointment, follow up visits in a timely manner, insurance companies
Availability
Affordability
Transportation
Lack of primary care providers.
Costs, knowing where best to go, wait time
Convenience and cost
Access to specialists
Transportation
Availability
No insurance; No Medicaid expansion; lack of medical home
Long waits to get appointments, approvals from insurance where it exists, cost barriers, and communication barriers.
Transportation
Lack of specialists, lack of insurance or inability to pay out of pocket on sliding fee schedule
Maintaining a patient-doctor relationship
Capacity and access
Based on independent community survey results, residents indicated cost of care; transportation; available health providers/facilities near home; doctors open at times needed; and lack of insurance as top barriers to accessible care.
Cost
Lack of health insurance and affordable health care options.
Limited knowledge of appropriate care, not have established primary care, poor or no health insurance
Affordability, transportation, lack of insurance, complexity of the healthcare system
Transportation, language barriers, case management needs, etc.
Transportation
Affordability and transportation.
Afraid of costs
Affordability
Location, hours; needing more than primary care; help with medication costs

QUESTION 16- IN GENERAL, WHAT BARRIERS DO YOU THINK PEOPLE IN THE COMMUNITY EXPERIENCE ACCESSING HEALTH CARE?
It is all about access and knowing about resources. Even FQHCs charge sliding scale fees for their office visits that people still cannot afford. One patient told me her one office visit at an FQHC was $75 with additional fees for labs
Lack of understanding or information...perhaps more outreach is needed.
Lack of insurance or self-payment
Affordability, access
Financial, lack of insurance, health education, transportation, language barrier, physical & mental disabilities, shortage of providers, affordability of health care
Lack of personal support, awareness of potential health solutions, and lack of transportation
Lack of awareness of treatments available at a low cost in community centers, health departments, clinics.
No insurance and too much complexity navigating the system and getting to and from point of service
It is too expensive
Affordability even with private insurance. Lack of care coordination for comprehensive disease management and prevention.
Income; cannot afford good insurance.
Not many
Lack of health insurance
Money
Affordable insurance coverage. Some issues in wait times or accessibility.
Financial and Education
Depends: Could be long wait times for sick visits; high cost of co-pays and/or deductibles; denial of the symptoms as a coping mechanism; work schedule prevents them from accessing care; lack of transportation or insurance or gas money to get to the provider...
Transportation, money, healthcare insurance
Capacity and access
Limited access to quality care
Transportation, cost
Access and affordability
Transportation, health insurance.
Transportation, Adequate insurance, availability of caregivers to assist during recoveries.
Affordable care and funds to support the agencies that provide the care to this population. Also lack of specialty care for cancer etc.
Lack of safe mobility options
Issues related to insurance/cost of services
Appointments that are convenient, or places that accept insurance. Many people cannot afford co-pays, so they come to ED's because they know that they do not have to pay up front before someone evaluates them.
Low income clinics
Fear, money
Cost, transportation, lack of knowledge on what is available
Affordability
Funding and number of people going to health clinics

QUESTION 16- IN GENERAL, WHAT BARRIERS DO YOU THINK PEOPLE IN THE COMMUNITY EXPERIENCE ACCESSING HEALTH CARE?
Communication to all involved in the healthcare team/process
Rising cost of healthcare
Affordability, transportation, shortage of providers
Expense
Affordable Insurance options
Affordability
Access, providers, time of day, missing work/school, transportation
Financial barriers, transportation, access to prevention management
Physicians who are rushed, unable to provide care to those with various insurance coverages, overuse of emergency settings, and lack of communication between healthcare providers
Lack of funds to pay for care
Lack of access to resources
Financial limitation. Waiting 3 months to get first appointment. No health insurance. Can't afford co-payment. Payment each time for doctor visit
Financial and transportation.
Costs
Affordable and accessible options (beyond ED's)
No insurance and a State that has blocked Medicaid expansion
Transportation, cost, access (especially to dental, there is a lack of providers in Lake County)
Lack of insurance coverage
Lack of health insurance and a lack of knowledge on knowing how to use health care services
1)Limited availability of quality primary care 2)Navigating system for specialist visits, medications, diagnostics, therapy, etc.
1) The delay response in receiving an appointment at the CHC. 2) No healthcare in the area. Everyone have to be sent to other communities.
Lack of insurance, doctors accepting insurances and new clients, limited clinic hours, wait times for office visits
No medical home - a different person sees them every time, so no one is actually tracking their health; poor nutrition, lack of exercise or access to it
Affordability and transportation/free time to go to preventative HC appointments
Health insurance, education on where to go
Lack of insurance, lack of available physicians, uninsured, cost of diagnostics and treatments
Affordability, transportation, insurance regulations
Availability of appointments when people need, access to physicians on the weekend, flexed hours to meet needs of people who get off after 6p
Limited finances, lack of providers accepting Medicaid (non-private forms of insurance), inequitable way in which some individuals are treated, lack of services in languages other than English.
Cost
Cost. Transportation
Knowledge of where to go
Transportation, stigma, fear of what they will hear, takes too long. Overall, denial of health problems
Transportation and cost

QUESTION 16- IN GENERAL, WHAT BARRIERS DO YOU THINK PEOPLE IN THE COMMUNITY EXPERIENCE ACCESSING HEALTH CARE?
Transportation, insurance, costs

QUESTION 17 – CHART D.9: OVERALL, HOW WELL DO YOU THINK EXISTING PROGRAMS AND SERVICES ARE DOING TO PROMOTE GOOD HEALTH IN THE COMMUNITY?



QUESTION 18- WHO IN OUR COMMUNITY DOES A GOOD JOB OF PROMOTING HEALTH?
Waterman hospital
CHC
Community Health Centers
FQHC and some other not for profit community organizations that are a referral source.
Orlando health, Florida Hospital
Second Harvest Food Bank, non-profit organizations, Community Health Centers, Inc., Orange Blossom Clinic, True Health, hospitals, churches
Some nonprofit agencies, hospitals, health centers, community resources
AdventHealth
AdventHealth
Florida Hospital, health department
Both hospital systems promote
City of Tavares, City of Mount Dora, Livestream, Waterman
Health department, life stream, human services, community health centers
South Lake hospital, NTC, fitness centers

QUESTION 18- WHO IN OUR COMMUNITY DOES A GOOD JOB OF PROMOTING HEALTH?
Orlando Health
Health department.
Orange Blossom Family Health (Healthcare Center for the Homeless)
Orange County Public Health for the resources they have
The hospitals
FQHCs, Council on Aging, St. Thomas, Advent Health, Healthy Start Coalition, Florida Department of Health
Department of Health County Offices
United Global Outreach, Community Health Centers, Aspire Health Partners, Florida Hospital, Florida Department of Health in Orange County
Aspire health
Healthcare Access Alliance; Florida Hospital/Advent Health; Orange County Health Department; University of Central Florida
Healthy Central Florida, Hebni Nutrition
Florida hospital winter garden, community health center, west orange health care district, Matthew's hope, shepherd's hope.
Florida Hospital, Orlando Health, Orange Blossom Health Care
Aspire Health Partners (CAT Team), PCP's and their staff?
FQHCs, private hospitals
Hospitals, health plans, and medical community.
Programs
Health department
Shepherd's Hope
Perhaps I am biased, but Florida Hospital and its clinics provide good healthcare
Most of the non-profits, Florida Hospital
Those with health promotion dedicated staff. We recently started a Coordinated Information and Referral for Medicaid pregnant women and others.
Local healthcare providers, including local health departments and community health centers.
Social Service organizations
The major healthcare organizations and our local public officials, along with some faith organizations
Government agencies, nonprofits and hospitals
Health care organizations
Advent Health Orlando and Orlando Health, Grace Medical Home.
Everyone thinks they are doing a good job, but the real question is who is working together.
Hospitals
Health Care Center for the Homeless
City of Orlando
Community Vision, Osceola County Health Department, local hospital systems (CHS, HCA, Orlando Health, AdventHealth, UCF, Nemours, VA)
FD, EMS, PD and hospitals
FQHC's, health departments, hospitals
Health insurance companies (large scale), hospitals (local)

QUESTION 18- WHO IN OUR COMMUNITY DOES A GOOD JOB OF PROMOTING HEALTH?
UGO, CHC, aspire health partners, Florida Hospital, health department
Osceola regional hospital
FQHC's, Local Health Departments, Hospitals and other free programs
Celebration Health, Florida Hospital, Osceola Regional, St. Cloud Regional, Winnie Palmer, etc.
Community health centers Inc.
Orlando health & Florida Hospital, pecan clinics
Lake County Connection - paratransit transportation
Lake Dept of Health, Lake County Schools
Health Care Center for the Homeless, Community Health Centers, Shepherd's Hope, Grace, our hospital systems.
Home visiting programs for pregnant and parenting families like Healthy Start and Healthy Families--DOH Orange, PCAN
Florida Hospital
DOH
Healthcare systems, health departments, Primary Care Access Network
AdventHealth, Orlando Health, Nemours, health depts, FQHCs
AdventHealth
All PCAN agencies
Major hospitals
Celebration health
Florida Hospital, YMCA, Blue Cross
Health department
FH community medicine clinic
Center for Multicultural Wellness and Prevention, Center for Change, Hebni Nutrition, Simeon Resource for men
Society in general does a great job in overall health awareness, in particularly, social media
Major hospitals, community-based programs
Department of Health, FQHCs
American Heart Association
The service providers
Healthy Eatonville Place -Florida Hospital soon to be AdventHealth. Community Health Centers. Macedonia Health & Wellness Ministry. Hebni Nutritional Consultants
Florida Hospital, Adventist university, healthy Eatonville
YMCA, OHS, Adventist Health, OCPS, 4 Rivers Foundation
All of the hospitals, health providers, DOH, etc.
Florida Hospital, Florida Regional, CentraCare, Seminole County Health Department, Orange Blossom Family Health, others
South Lake hospital
Orlando Health, AdventHealth
Center for Multicultural Wellness and Prevention, Florida Hospital
Florida Hospital
Doctors
Florida hospital

QUESTION 18- WHO IN OUR COMMUNITY DOES A GOOD JOB OF PROMOTING HEALTH?
School district, health dept., community vision, hospitals
AdventHealth, Orlando Health
Florida Hospital & the various MD practices that Florida Hospital own that folks do not know about.
The two hospitals

QUESTION 19- WHO IN OUR COMMUNITY DOES NOT PROMOTE GOOD HEALTH?
Vape and e-cig businesses.
Employers who do not offer reasonable insurance coverage, lack of affordable housing
Alcohol & tobacco companies
Fast food restaurants
Fast food restaurants, movie theaters, schools
State of Florida's unwillingness to fund health services to those who cannot afford them.
Hospitals attempt to promote good health but tend to focus on driving business and competing with one another versus end consumers
Big box retailers
Orange County government
Cannot fairly state; however, there exists a great opportunity for greater collaboration among varied entities in Central Florida to improve overall health of the community.
Churches
Companies that provide goods and services promoting poor health and dietary choices.
Hospitals need to take a more active role.
Orange Blossom Family Health, they have poor access to care and patients often tell me that they are turned away because they are told their clinics cannot help them. Sometimes they tell me that they feel that their providers don't care or don't provide them good care
Those lacking funds to do so.
Hospitals
Most individuals, busy with their own lives
Our society is caught up in practices that most would consider standard but that are highly counterproductive to good health--fast foods, junk food, lack of exercise, inadequate rest. Preventive care is a society-wide need.
Drug abusers
Fast food industries or tobacco industry.
I know all agencies are trying. If the people are important than why cannot our community health care agencies and hospitals work together.
Low quality scores for post-acute care providers (e.g. Skilled nursing, home health). Significant complaints around commercial Medicare/Medicaid plans.
Sometimes within business demands of staff become too high and at those times self-care, wellness initiatives may fade.
Orange County government
Well-meaning organizations/programs that conduct "screenings" and offer partial services (a few days a week and/or quarterly but do not provide full services thus leaving patients to move from one organization to another seeking care
Employers that are unable to provide Health insurance benefits due to high costs.

QUESTION 19- WHO IN OUR COMMUNITY DOES NOT PROMOTE GOOD HEALTH?
Businesses that do not provide health benefits.
Media and companies pushing fast food and high salt and sugar foods
Businesses, employers, restaurants,
Convenience stores and fast food restaurants
Schools
Medicaid (CMS), Mental Health care providers
The hospitals
True Health - patients complain that their office visit rates are too expensive
Not who, individual, corporate and industrial greed hampers fair and equitable access to good health.
McDonald's
There is a rise in e-cigarettes and vapes being advertised and sold by gas stations and convenience stores
State of Florida re what is available and prevention of illnesses. Early identification
The schools
Additional partnerships with both major Healthcare systems with the community mostly impacted. Both promote programs, but more funding could be provided to those who are making a difference. I would not characterize that they don't promote health.
ERs
Leaders that make housing and transportation available to low income frail elders.

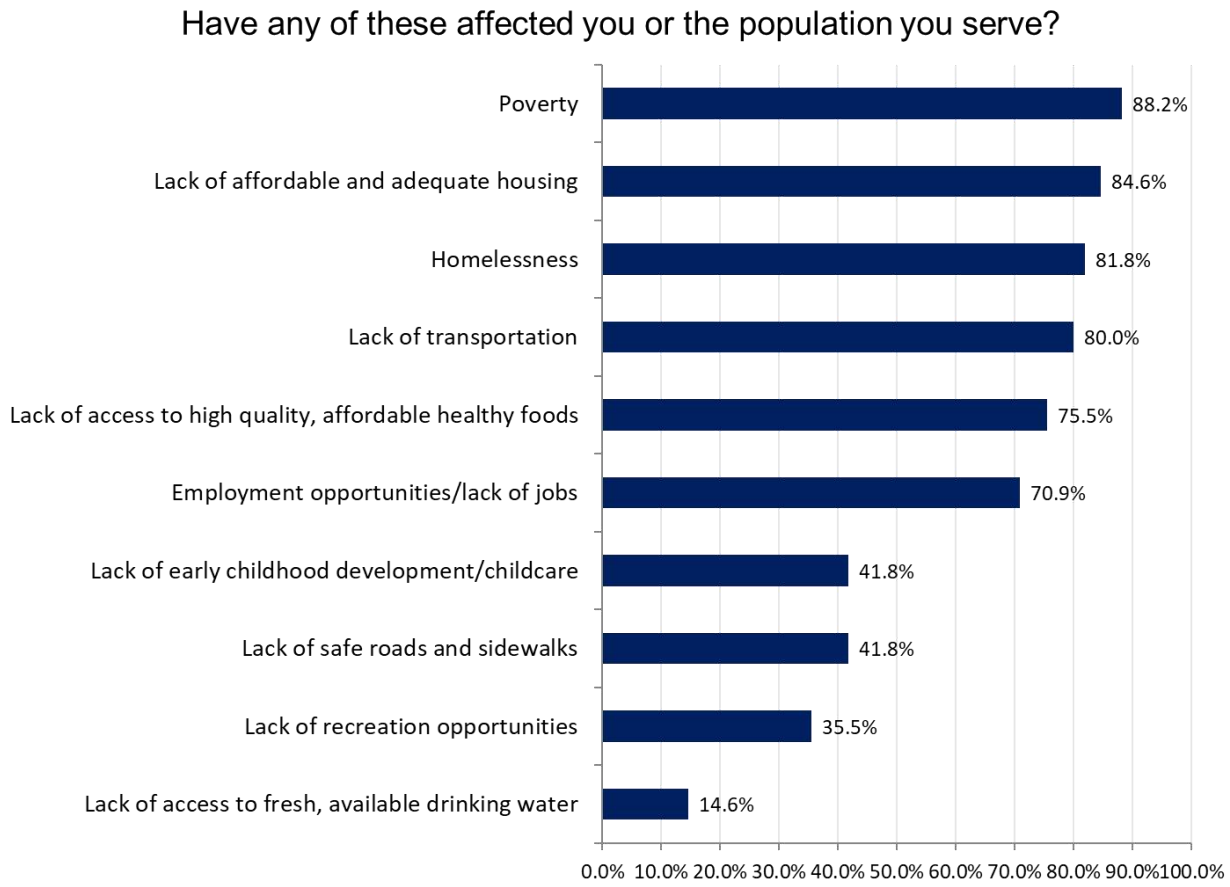
QUESTION 20- WHAT MORE COULD BE DONE TO PROMOTE GOOD HEALTH IN THE COMMUNITY?
More awareness and community care going to the people.
More access points
Provide services of a Nutritionist to promote healthy living
Having nutritionists in the Community Health centers to assist patients with their nutritional needs.
Better access to produce and other nutritious foods in underserved/poverty areas. Employers providing health workplaces and access to health care, collaboration and pooling resources to improve outreach and provide less fragmented services
More education and collaboration
Free seminars on the importance of preventative medicine.
Incentives for living healthy lifestyle such as covered parking away from stores to make individuals walk, free public transportation to parks/social events.
Primary care aid, indigent care clinics support.
Events and programs
Communication about availability
Access to facilities for students along with education of foods in schools
Creating accessible programs for target populations
Remedy the issue of availability.
Medicaid Expansion; Medicaid wavier for those who are chronically homeless; appropriate discharge planning from hospital ERs for those experiencing homelessness. Better coordination between service providers and hospitals.

QUESTION 20- WHAT MORE COULD BE DONE TO PROMOTE GOOD HEALTH IN THE COMMUNITY?
Unified messaging and focus
More access to education
Mix of land uses, increased density, and greater transportation choices
Water and sewer infrastructure, environmental cleanup, Lynx expansion, and other transportation improvements i.e. Sidewalks, street lights, crosswalks, etc...
All the resource are there
Collaborative planning and engagement followed by action to engage populations in public health plans and services. Community mobilization is key.
Doing things together that are active that include healthy food
Affordable health care options and better mass transportation options.
Education
Cross sector collaboration to stop all the silos - we all serve the same people
Accessibility to care and insurance
Awareness
Increased research and funding together with improved collaboration/partnerships between hospitals, providers, the medical community, etc.
Expand programs and mobile clinics to the areas needed.
Health fairs, promote case management to those in need
From the state and county level, educating our people about diabetes, heart disease and obesity. Offering inexpensive healthy foods that aren't carbohydrate loaded and discouraging fast food.
Outreach to various populations
Universal healthcare for all regardless of insurance, income and/or citizenship status.
Make it affordable and easier to access
Building an expansive network of community leaders, providers, and influencers to promote good health...so that we change the local culture to supporting good health practices
Meeting/partnership between Adventist Health System, Community Health Center, churches, and other local businesses.
Educational facilities, houses of faith, employers and medical providers could all do much to help chip away at bad health practices.
PSA's
Invest in a centralized, web-based care coordination platform that connect social service agencies that all impact health.
Work together.
Not sure
Increase primary care availability
More awareness, commercials, etc.
A coordinated approach that considers the diversity of our community.
One of the biggest issues is that Florida is a right to work state where persons can be (basically) let go for an reason. Any person who is afraid to be let go from their job is unlikely to focus on their health care needs over working. Just a thought.
Money to aid the resources that exist.
Water and sewer infrastructure, environmental clean up, Lynx expansion, and other transportation improvements i.e. Sidewalks, street lights, crosswalks, etc...

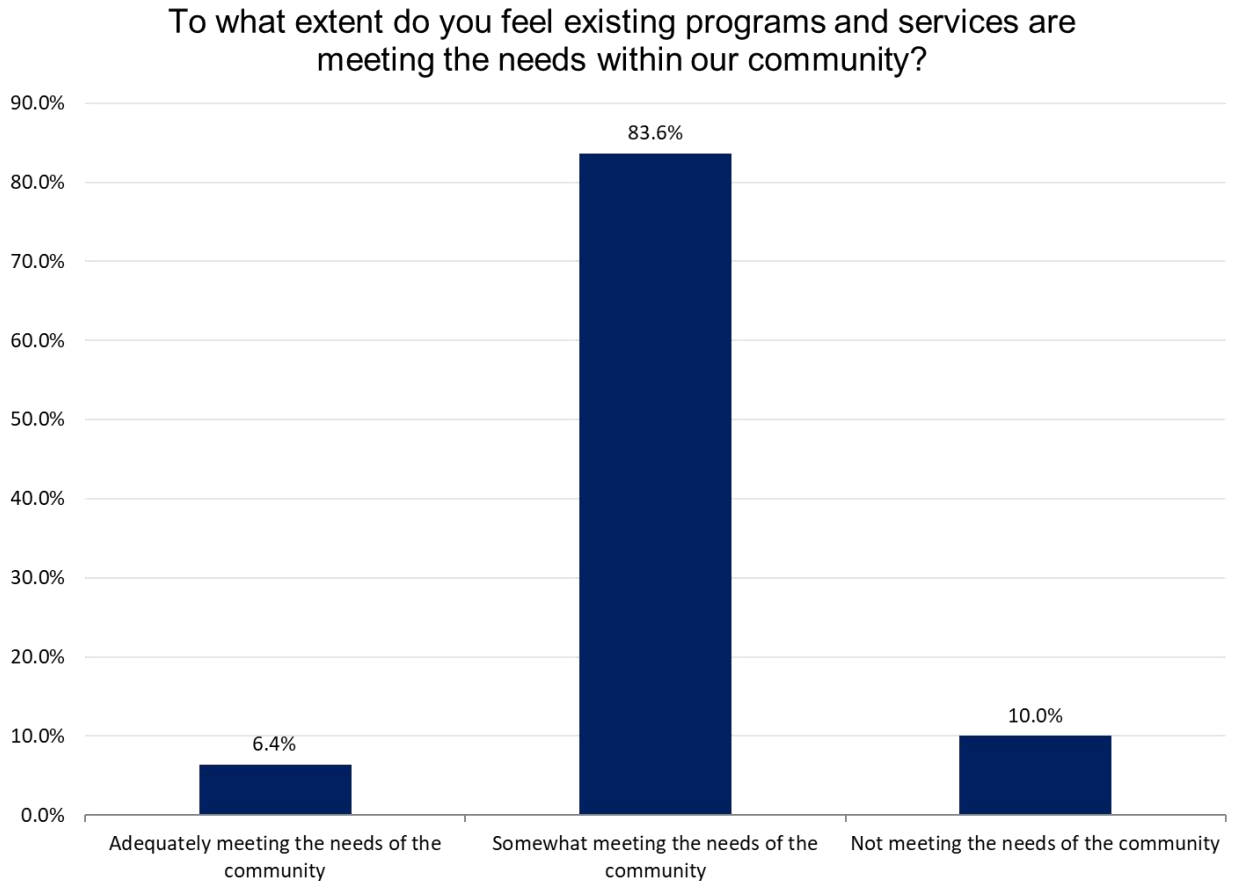
QUESTION 20- WHAT MORE COULD BE DONE TO PROMOTE GOOD HEALTH IN THE COMMUNITY?
Collaboration with public funded behavioral health providers
Community Health Fair events
A truly coordinated community approach that considers all populations and their unique circumstances.
More community health events, initiatives, advertisements.
Encourage and support FQHC's and the medical home model were patients have full access to comprehensive care model with preventative and restorative services to include education, case management, and cost-effective pharmaceuticals.
Pressure the FEDS to create a Health Insurance environment driven by the Private sector with safety nets for those low-income users.
Provide multimodal transportation options
Literature in grocery stores could be helpful-appropriate food selections. Promote health in schools, churches, sports events etc.
Making sure people know where and how to access the systems. What are the right doors? Good nutrition, early intervention.
PSAs on what healthy looks like and consists of
Mobile free health clinics
Community presence should be increased by attending community events
Incentivizing public, employers making health a priority for workforce,
Making healthy foods more accessible in food deserts
Continue to educate all resource centers and families
Increased school-aged health information promotion
Innovative practices such as telehealth
More outreach, more education, more volunteer services
Hospitals could team up with clinics to offer those living in homelessness better care and access to medications they need
More affordable access to care
More community outreaches. Targeted community events such as Caribbean health summit, where primary health promotion is the main focus during this event.
A complete revamp of how healthcare to reduce individual, corporate and industrial greed and improve health
Increased alliances/coalitions around specific areas (e.g., mental health)
Incentive for both providers and clients
Less expensive health insurance for people that work
Boosting the number of providers, especially dental providers, and increasing access to transportation or providers particularly in more rural areas
More emphasis on early prevention and intervention. Teaching on disease concepts
Expanding access to health insurance by expanding Medicaid
Disease registries for serious chronic illnesses. E.g. Alzheimer's/Dementia and databases for vulnerable elders =those living alone
As mentioned above seek partnerships with the smaller 501(c) (3) groups that are making an impact and, in the communities, but don't have the funding. Adequately fund the organizations that have proven outcomes. Establish true outcomes that we all should be looking for and how to reach them. Provide incentive for those who make a difference.

QUESTION 20- WHAT MORE COULD BE DONE TO PROMOTE GOOD HEALTH IN THE COMMUNITY?
More education and more access to medication management, and follow up care, more in-home services for those with communication and transportation barriers.
Better access to food and exercise, better comms strategies for those in poverty
We need to do more to provide immediate and direct services for drug addiction, especially with opioid abuse.
More public awareness by events and media
Greater education from trusted sources on healthcare, health insurance options, and chronic life-limiting conditions
Culturally responsive partnerships
Wellness education initiatives, targeted to lower income areas, help with reducing stigmas of seeking mental health care
Community paramedicine
Community education, on TV and in places where they live
More outreach to poverty areas
Invest in better community planning placing less need on transportation access.

QUESTION 21 – CHART D.10: HAVE ANY OF THESE AFFECTED YOU OR THE POPULATION YOU SERVE? (Please check all that apply)



QUESTION 22 – CHART D.11: TO WHAT EXTEND DO YOU FEEL EXISTING PROGRAMS AND SERVICES ARE MEETING THE NEEDS WITHIN OUR COMMUNITY?



QUESTION 23- WHAT RESOURCES NEED TO BE DEVELOPED OR STRENGTHENED TO ADEQUATELY MEET THE NEEDS IN THE COMMUNITY?
Affordable housing
Additional affordable healthcare options.
Coordination of efforts
Improved safety net for most at risk individuals. More collaborative and integrated approach among the various community resources.
We need to come together to ensure we have an accurate list, so we are not duplicating services, and connecting our patients to appropriate channels.
Public transportation
Childcare, food shelves
Funding for programs and facility options. Information for healthy eating.
Navigation of services
Transportation and school education opportunities around food and exercise
Funding for specialty care and treatment programs.

QUESTION 23- WHAT RESOURCES NEED TO BE DEVELOPED OR STRENGTHENED TO ADEQUATELY MEET THE NEEDS IN THE COMMUNITY?
Coordination among providers/hospitals; scale funding for housing first initiatives; Funding mechanism (like in South Florida's food and beverage tax) to address Central Florida's social safety-net challenges as a result of rapid growth.
Mental Health and integration with other health and wellness programs
Affordable housing and employment.
More outreach/ ease of access
Need to grow the network of healthcare for underserved and marginalized groups
Better connections between live, work/school, and recreation
Increased access to medical care, water and sewer infrastructure, affordable housing, transportation expansion, etc...
Knowledge in healthy eating
Collaboration between public health, private health; and populations.
Every child should have access to high quality education and the schools should treat the kids as a part of a family unit regardless of how traditional it is or not. Companies who can should pay a livable wage. Mixed income communities should be a high priority for cross-sector collaboration.
Better community outreach and feedback mechanisms.
Poverty is the stem of so many issues in terms of community health. We have to start addressing poverty as a whole instead of trying to offer band-aids.
Increase capacity of organizations implementing best practices, training for organizations that need to learn more about implementing best practices, training for staff to support all efforts
More CSU's in Osceola (preferably Aspire Health Partners-run CSU). More CAT Teams (preferably Aspire Health Partners-run). More crisis help/mobile crisis units. More Spanish-speaking providers! More CIT officers
Collaboration and partnerships between hospitals, providers, the medical community, etc. To develop innovative solutions to meet the needs.
More resources and closer to the community that has the need
Telehealth
Improved access to healthy fresh food and produce instead on nonperishables that are often unhealthy. Safer communities where people feel like they can go out and do things safely. Expanded public transportation. Companies that offer jobs full time so that employees can get healthcare benefits. Affordable housing.
There needs to be more cohesive work. There are a lot of groups doing the same work, but not working together. I think more collaborative work will help this all.
Education on healthy foods and access, well woman care, counseling for coping, comprehensive care, access to fitness resources for all ages
Funding, planning, collaboration
Access to secondary care
Community leaders and innovative thinkers, along with some funding to create more pilot programs that are scalable
We need to all come together physically and meet each other. Create a support system network.
Mental health counseling among both adults and children
Strengthen the school system.

QUESTION 23- WHAT RESOURCES NEED TO BE DEVELOPED OR STRENGTHENED TO ADEQUATELY MEET THE NEEDS IN THE COMMUNITY?
A bi-directional way of communicating with all social service agencies to efficiently manage referrals to all of the agencies that impact health.
Conducts meeting across the board to address our issues with openness.
Better medicine
School resources, especially at the high school level in both education and availability.
Outreach programs, not only for and including drug abuse/addiction, but also, chronic illnesses.
Affordable housing
Affordable Housings, employment opportunities, low cost healthcare
Initiatives for all groups.
Educate funders to avoid duplication. Support FQHC model
Transportation, food security
Better transit system
Stronger programs addressing obesity, nutrition, and mental wellness
Food banks for healthy choices that are affordable for lower income families. Transportation options to get to appointments at a discounted rate.
Expand Medicaid, affordable housing, increase wages, eliminate food deserts
More agencies addressing the food and health needs
Resources should be increased so that they can be accessed in a timely manner.
Mental health services
Reduction in competing resources and alignment of organizations taking action - less talk, more action.
Strengthening of the social safety net. Stronger public policy around health care. Awareness of existing services.
Increase the number of mobile units with open doors
Need to work together to spread resources and not compete against one another. Take politics, history and personality out of it.
Transportation services in Osceola County. There is affordable housing but not on a bus route.
Integrated services
The housing needs have not been addressed and will only get worse in 2021/2022 when some of the income-based units go back to market rate. Seminole County has not added new units to offset this.
More affordable access to primary care with attention to the specific needs of this population - often overlooked medical issues due to lack of money
Work in collaboration with different community organizations to reach those vulnerable populations. Nonprofit community-based agencies work daily with those populations.
Community supported alliances and funding
Education. Access to appropriate levels of care. Evidence based practices with proven outcomes. Training providers for evidence-based practices
An increase in service slots
Waiting lists for care of frail elders needs to be more actively managed

QUESTION 23- WHAT RESOURCES NEED TO BE DEVELOPED OR STRENGTHENED TO ADEQUATELY MEET THE NEEDS IN THE COMMUNITY?
1) A healthcare provider in the local area. 2) A bridge organization to link all of the services 3) Bring a low-income grocery store in the area
Mental health, homelessness, affordable housing
We need to do more to address drug addiction in our community. Opioid use, such as prescription drugs, Heroin, Fentanyl, and others, are resulting in overdoses at an alarming rate. While the numbers show that most people are saved by immediate medical care, many are dying.
Better communication with public
Insurance for those who fall in the Medicaid gap, lower cost diagnostics and treatments
Transportation, education, rural outreach
Safety net programs, partnerships with FQHC's, Medicaid expansion, Blended and braided funding models
Transportation, insurance
Affordable options
Better transportation
More coordinated response

QUESTION 24- WHAT TRENDS OR EVENTS HAVE OCCURRED RECENTLY THAT MAY AFFECT OUR LOCAL PUBLIC HEALTH SYSTEM OR THE HEALTH OF OUR COMMUNITY NOW OR IN THE FORESEEABLE FUTURE?
Non primary care in public health.
Not accepting the Medicaid expansion
Changes to Medicaid Insurances which went into effect January 1, 2019
Florida legislature and governor may have an impact that could affect funding and resources. Increase in individuals from hurricane-ravaged islands coming to Central Florida. Less affordable housing available in the area and jobs continue to be in the service industry with low wages.
Major storms have sent large volumes of patients to our Central Florida region. As a hospital we deal with placing complex patients with various, or even no insurance.
Medicaid expansion (not allowed in FL)
Passing of the Lake Co taxing district support helps support indigent care.
Need to get youth and children physically active and eating healthy
Less workforce
Reimbursement changes with primary care physicians as well as bundled payment
Rapid increase of population.
Much needed criminal justice reform may have unintended impact on homeless service system. Communities struggle to scale funding for chronically homeless threatens gains made over the past three years.
More demand of mental health services, changes in affordable care act, increase in opioid use and abuse, increase in teen vaping, aging population
Hepatitis A, Hepatitis C, People with HIV/AIDS- need for chronic management within the primary care setting

QUESTION 24- WHAT TRENDS OR EVENTS HAVE OCCURRED RECENTLY THAT MAY AFFECT OUR LOCAL PUBLIC HEALTH SYSTEM OR THE HEALTH OF OUR COMMUNITY NOW OR IN THE FORESEEABLE FUTURE?
New county leadership
Rise of opioid
Medicaid expansion continues to be an issue. However, Healthcare Access Alliance's efforts to partner with varied entities to provide access to care via nontraditional means has proven helpful in increasing preventative care access to low-income residents.
Federal law changes on how group jones for youth are supported will create a need for more foster families and better support to families prior to removal of children. We are not prepared to deal with this change her well presently.
Lack of health care insurance and a misunderstanding of health care options. Lack of public transportation funding.
Changes in federal law surrounding healthcare.
Increasing income disparity is going to continue impacting the community. This will lead to more housing instability which will result in lower educational attainment, poorer health outcomes, higher utilization of crisis services, etc....
Trump's election
Increase in homelessness and low-income population.
Hurricanes, lack of Medicaid expansion, increased waiting lists for services, silver tsunami, opiate epidemic.
Opioid epidemic
A government that does not see health care as a priority.
More undocumented citizens who are afraid to seek out assistance with healthcare
Political direction on social services and environment protection, etc. Also, no local infrastructure for community improvements.
Non-citizens fear in receiving services/assistance due to political climate
Population growth
Rapid population growth mixed with low wage jobs exacerbate the housing shortage. Also, the opioid and other bad personal choices in diet and health practices
National health plan, immigration laws,
Reduction of the number of Medicaid recipients. Rising costs for health insurance. High deductibles that are unreasonably high.
Increased use of drugs in the community.
Health care expenses continue to rise, and affordability continues to be an issue.
Health care reform
The lack of Medicaid expansion.
Privatization of Medicaid and Medicare plans; annual changes in exchange insurance plans being offered; continual consolidation in numerous healthcare industries (e.g. Health insurance, skilled nursing, hospitals)
Poor food choices are easily accessible.
Pulse shooting. human trafficking gaining more relevance, influx of Hurricane Irma victims, growth of UCF, expanded size of Orlando "suburbs"-into multiple counties due to migration from other areas of US.
Lack of affordable housing
Budget cuts

QUESTION 24- WHAT TRENDS OR EVENTS HAVE OCCURRED RECENTLY THAT MAY AFFECT OUR LOCAL PUBLIC HEALTH SYSTEM OR THE HEALTH OF OUR COMMUNITY NOW OR IN THE FORESEEABLE FUTURE?
Lack of affordable health ins
Narrow networks where healthcare is becoming silos. Competition for scarce resources. Moving funding streams from one organization to another.
As boomers continue to age, we have not developed adequate systems to assist them in a fiscally responsible manner
Increase in the % of 65+ residents
Rise in mental health/behavioral needs of children
Mental health
Migration, influx of out of state and country people
Influx of refugees from hurricanes, undocumented, increase in obesity, lack of affordable housing
Lift Orlando is working to address some of these needs
Cutting Medicaid spending or repealing of ACA
Costs of new medications
Increase in substance use disorder - particularly opioids, lack of housing security, increase in behavioral health matters
Lack of the State government to expand Medicaid, rising cost of health care and pharmaceuticals.
Closures of department of health locations
Homeless Commission, Medicaid allowing telehealth, Pulse
State reduction of Medicaid dollars - change from primary care providers to CentraCare health maintenance
Having an unpredictable leader in Washington as at any point things can be cut/downsized or changed at a whim
Continued lack of access to health insurance
Current political situation, new Florida Governor, current immigration situation, hate toward immigrants, Puerto Rican migrating in Florida after the bad storm "Maria" in September 2017
Influx of people as a result of Hurricane Maria.
Until a completely different health system is put into effect nothing will change. The rich will have the great access the best care and the poor will not.
Substance abuse, unobtainable affordable housing options and lack of accessible & affordable mental health services
Funding cuts
Vape smoking and texting and driving
Increased environmental hazards - disasters, hurricanes, weather events, etc.
Opiate addiction epidemic. Lack of psychiatrists
The new Medicaid Waiver, the new immigration mandates, the new mandates to receive Governmental help such as SNAP; the continuation of a Republican agenda in the State.
More seniors needing care and decrease workforce for age related care support from doctors, to skilled therapists, to private hire aids. All will be overwhelmed more than they are now.
HIV/AIDS continue to be on the rise in Orange County. Teaching need to start at a younger age.

QUESTION 24- WHAT TRENDS OR EVENTS HAVE OCCURRED RECENTLY THAT MAY AFFECT OUR LOCAL PUBLIC HEALTH SYSTEM OR THE HEALTH OF OUR COMMUNITY NOW OR IN THE FORESEEABLE FUTURE?
Sweeping of Sadowski funding, lack of mental health spending
Opioid addiction, abuse, and overdoses incidents.
Increased levels of diabetes and obesity
Opioid crisis, Obama care
Lack of affordable housing
Low paying wages and lack of insurance
Lack of acceptance of people of color and others viewed as culturally different. While much of this is happening on the national level it is impacting individual's health seeking behaviors.
Expansion of managed care in the Medicare/Medicaid population
More options
If the ACA is repealed it will create more people with no insurance
E-cigs, vape stores
Lack of transitional housing and shelters and affordable housing has greatly affected the health and wellbeing of the community.
School shootings, increasing elder population which will continue through 2039
Obama care

QUESTION 25- WHAT TRENDS ARE YOU SEEING IN THE POPULATIONS YOU SERVE THAT ADDITIONAL RESOURCES NEED TO BE ALLOCATED FOR?
Increased utilization
Increase in chronic diseases
Increase in homelessness, mental illness, substance abuse.
Drug use and mental health
We need a variety of resources for patients without insurance.
Public transportation, mental health
As population ages. Resources for boomers and seniors.
Increase in physical and mental health issues
Post-acute follow up and preventative monitoring for chronic disease management
Mental health issues
A larger diabetes and hypertension population.
Again, fully scaling efforts to end chronic homelessness; youth homelessness is going largely unaddressed
Supply and accessibility of mental health services is key to ensure investments in all other health spaces
Affordable medication for treatments
Lack of transit funding where densities cannot support the costs
Infrastructure improvements, and environmental clean up
Opioid abuse
Barriers of cost of care, lack of insurance, and transportation result in lower rates of preventive care and poor outcomes. Resources to address these barriers via non-traditional approaches may be helpful in building healthier communities.

QUESTION 25- WHAT TRENDS ARE YOU SEEING IN THE POPULATIONS YOU SERVE THAT ADDITIONAL RESOURCES NEED TO BE ALLOCATED FOR?
We are not making much of a dent in our need for affordable housing. Much more needs to be done. At the state level, raiding the housing fund for other purposes should be viewed as a crime.
Lack of affordable health care options. Lack of public transportation options.
Specialized housing for underserved populations like pregnant youth or males, affordable housing.
Housing, transportation, child care
Human trafficking
Homelessness/low-income
Growing needs of the senior population due to increased lifespan.
Clients initially come to the hospital for acute care, but somehow fall off "the grid" for maintenance of the initial problem.
Increased drug addiction, large rate of obesity accompanied by diabetes/heart disease/high blood pressure. More and more immigrants from South America are coming here due to political unrest in their home countries - especially elderly with chronic medical conditions including cancer and those needing dialysis
Drug addiction, safety courses, access to birth control
Childcare
Housing
Increasing obesity rates causing additional morbidity in an already health-distressed population.
Many immigrants moving to the area.
Mental health counseling--the stress caused by our political polarization is taking a huge toll on many a member of the general populace.
Families impacted by death need to know there are deleterious psychological and emotional implications to the death of a family member.
Our patients are sicker and more complicated. Finding resources to serve them becomes difficult.
Research
Lack of affordable housing, access to living wage jobs and public transportation
Advisory Group has separate Medicare eligible into two categories, preparing for baby boomers ages 75+ next who will have additional demands in chronic care conditions in 5-10 years.
Therapy services, increased need for clinically sound bilingual care, victims of natural disasters dealing with trauma.
The "housing first" permanent supportive housing programs
Housing assistance; case management
Affordable health ins, access to adequate food/water
Behavioral Health, Supportive Housing and Employment Opportunities.
Continued matriculation of boomers while current boomers are living longer.
Increase in the % of 65+ residents
Mental/behavioral health services
Mental health and Substance abuse

QUESTION 25- WHAT TRENDS ARE YOU SEEING IN THE POPULATIONS YOU SERVE THAT ADDITIONAL RESOURCES NEED TO BE ALLOCATED FOR?
Prenatal care should be readily affordable and available to all, more beds for substance abuse and mental health accessibility
Affordable housing and housing repair funds
Need more resources for general health practitioners and specialists
Rise in substance use disorder - particularly opioids - need more treatment beds that are affordable, more housing for homeless, more housing that is affordable, more of a focus on healthy lifestyle especially related to nutrition
Lack of funds to access healthy foods, low wage jobs are straining more families' budgets, baby boomer population is large and aging.
Funding of open door, uninsured access to care
Innovation to create new models. Blend funding, stop funding in silos.
No coverage for rehabilitative services or care for those with long term disabilities
You can't take people from homelessness to housed if there are no affordable units for them to be housed to.
Patients are unable to afford the office visit fee to many of the PCAN clinics such as True Health, Orange Blossom Family Health or CHC. They also often have appointments that are booked out for months. FH should focus on funding its own clinics and bringing them together as one unity to make efficient use of funds to help keep patients out of the ED which in turn would prevent unnecessary hospitalizations.
Increase in the Caribbean's population in Central Florida, increase in the Brazilian community in Central Florida, people from Puerto Rico moving to Florida particularly in Orlando and Kissimmee
The costs of care are so ridiculous the poor, high risk communities will always suffer.
Homelessness and non-emergent crisis stabilization
Behavioral health
Community para-medicine paid for by insurance companies and hospitals
Obesity, access to food and nutrition, and mental health/substance abuse services
Family homelessness due to lack of affordable housing and low wage earning
Increases in viral load suppression as well as retention in care, however the increase is too slow.
Anyone with dementia--we need to expand programs that allow for family members to be paid to help the patient. VA as example
1) Quicker access to housing. Some are using the hospital as their home. 2) Quicker access to appointments to community clinics could prevent ED admissions. Increase in man power/medical staff where more patients could be seen on the initial appointment.
In home supportive services
Mental health, opioids, drugs and alcohol
Same as previously stated - opioid epidemic
Increased obesity, diabetes and issues with the new narcotic regulations
Housing, job training and experience
Treatment cost, diagnostic cost, medical equipment costs
Lack of transportation, lack of quality primary care

QUESTION 25- WHAT TRENDS ARE YOU SEEING IN THE POPULATIONS YOU SERVE THAT ADDITIONAL RESOURCES NEED TO BE ALLOCATED FOR?
Emotional trauma related responses in younger individuals. Increased malaise in disenfranchised communities.
Homeless and uninsured access to healthcare, additional resources for mental and behavioral health needs
Temporary assistance with bills, food
E-cigs
Housing and transportation
More seniors becoming homeless, more seniors with not sufficient food or access to medical preventions.

APPENDIX E

Intercept Survey Listing

Table E.1 lists the intercept surveys that were conducted in the four-county region for the Central Florida Community Collaborative.

TABLE E.1: INTERCEPT SURVEY LISTING, FOUR-COUNTY REGION

Location	Date	# of Respondents	Lake County	Orange County	Osceola County	Seminole County
Community Health Center – Leesburg Clinic	10/09/2018	15	X			
Community Health Center – Groveland Clinic	10/09/2018	11	X			
AdventHealth Community Medical Clinic	10/10/2018	12		X		
Orange Blossom Family Health Center	10/10/2018	1			X	
UP Orlando	10/11/2018	15		X		
True Health	12/12/2018	14				X
Christian Service Center – Daily Bread	12/12/2018	32		X		
Orange Blossom Family Health Center	12/13/2018	8			X	
Orange Blossom Family Health Center	02/22/2019	27		X		
Total Intercept Survey Respondents		135	26	86	9	14

APPENDIX F

Hot Spotting Detailed Methodology

Patients who frequently over-utilize healthcare services typically suffer from multiple chronic conditions, requiring frequent care provided by a number of different providers. Many also have complicated, adverse social situations that directly impact their ability to get and stay well. Too often high-utilizer patients experience inefficient, poorly coordinated care that results in multiple trips to emergency rooms and costly hospital admissions. Patient data from hospitals in the Collaborative allow the geographical analysis and mapping of local "hot spots" with high numbers of uninsured visits.

In addition to the standard hospital patient data in most hot spotting projects, this hot spotting includes economic variables and conditions of the area in order to analyze the correlation between healthcare utilizations and the socioeconomic conditions in which people live.

Step 1: Converting Hospital Excel Data to GIS Data

The hospital systems first sent patient data from uninsured visits for fiscal years 2016, 2017 and 2018 to the consulting team in the form of Microsoft Excel tables to the consulting team. The data had no identifying information, with the exception of address data and visit IDs. All HIPAA regulations were followed and necessary legal agreements were in place for hospitals to share data.

The uninsured visit data were split into individual admitting facilities and then further separated into inpatient and emergency department (ED)/triage discharges. In order to reduce the size of data to be analyzed in the Geographic Information System (GIS), visits from out of state, addresses with P.O. boxes or those noted as "homeless" were removed, as well as addresses external to the service areas of the hospitals. This left only valid addresses within the region for the purpose of geocoding. A copy of the original data was kept for overall analysis based on type of visit. AdventHealth for Children data were derived from AdventHealth Orlando's facility data by querying patients who were age 17 and under at the time of visit.

The Consulting Team then imported the Excel tables into ESRI online mapping software to "geocode" these addresses into a GIS and address were converted to census tracts. This was done using the ESRI-based address locator that places a point on the map for each record utilizing the address located in the Excel table. This process was completed separately for inpatient and outpatient data tables, for each hospital, which resulted in the geocoding of more than 30 Excel tables. The data was then imported into ArcGIS software as separate inpatient and outpatient shape files to create maps.

Step 2: Developing Hot Spots From Point Data

Once point data was moved to the GIS database, the consulting team ran the 'point density' function using ArcGIS, which calculates results in a weighted proximity average for each square area of land (known as a 'raster'). The results of the point density function are — overall — related to the spatial distribution of point (patient) data. The radius around each raster was calculated along with the point density within each raster. The parameters of this analysis were customized until neighborhood level detail was available. If data is spread out over a large region with no true density nodes, then the output will be highly generalized and not useful. However, if the points conglomerate in certain areas, those areas are identified as potential hot spots.

Within the point density function, two parameters were set. One parameter was the proximity, which is a radius placed around each raster (or square piece of land in varying resolutions). This variable sets the distance from which rasters are calculated. For example, if the resolution is approximately 400 feet and a raster has 12 patients within that distance, then the raster is given a value of 12. When this is repeated across

a geographical study area, hot spots are identified as the conglomerations of rasters with the highest values. The second input was the size of each raster. The size of the raster is the length of the four sides of each raster square, which again are a series of aligned squares that overlay a map. When rasters are larger, the result is more generalized and less detailed. With smaller raster sizes, very detailed maps can be completed.

Overall, however, the size of the rasters in an output is a function of the spatial distribution of the points. For example, if the entire Central Florida region had just five points of data, the raster size would naturally be very large to account for the lack of data. For the patient data, the goal was to obtain the smallest rasters possible to identify neighborhood scale trends and hot spots. Each hot spot model run (via the point density tool) was unique to the distribution of points. ArcGIS will take the spatial relationship of each point (for the dataset being analyzed) and assign customized parameters to each dataset. The consulting team then ran the tool for each hospital. If the point density tool showed neighborhood-level detail, then the process was completed. However, if the point density tool was too generalized, the parameters were customized until the output showed neighborhood-level results. Some hospitals had multiple model runs to obtain neighborhood-level results, while other hospitals only required one (or the 'default parameter') model run.

Step 3: Identifying Hot Spots

The data were then numbered and classified to create the color codes on a map. The boundaries of the hot spot maps were customized to show the areas with the highest patient density. To analyze the data for uninsured visits the consulting team then selected all of the records for the five census tracts with the highest uninsured patient utilization and exported the associated data table into SPSS (a statistical software) for analysis and calculation of the summary results included in this report.

ArcGIS will automatically take the distribution of values assigned to each raster (from Step 2, above) and tranche these rasters into categories of classes. For example, a raster value of five through 10 can be within one tranche, while raster values of 11 through 15 could be in another tranche. The consulting team utilized the default tranches assigned in ArcGIS and increased the number of classification categories to a range of 15 through 30. This means that, for each output dataset of rasters, 15 to 30 categories of values were assigned. Each of these classes was then assigned a color within the map, with higher values popping out more, becoming easier to identify.

The boundaries of the hot spots were the edges of the rasters that met a threshold corresponding to the tranche (of values) for which each raster was assigned. For example, a hot spot boundary could consist of the three highest value tranches out of 30 total tranches, or the top tranche in a 20-tranche output. The default tranches that were assigned in ArcGIS were manually adjusted to show a more detailed location of where the inpatient/outpatient visits were located. The boundaries of these hot spots were customized in order to obtain approximately 300 to 500 visits within each hot spot. Inpatient hot spots, in some cases, had less records due to aspects of their regional spatial distribution. Once a hot spot was identified, the consulting team then selected all of the visit records (or points) within the hot spot and exported the associated table data back into SPSS for analysis and calculation of the summary results included in this report.

It is important to note that all HIPAA regulations were followed to ensure patient confidentiality. All necessary legal agreements were in place between the hospitals and Strategy Solutions, Inc. (SSI) prior to any data being shared. All data received by SSI will be destroyed after this Community Health Needs Assessment is presented.

APPENDIX G

Data Walk Meeting and Prioritization Listing

Table G.1 below summarizes the data walks and prioritization exercises conducted for the Collaborative, as well as for AdventHealth, Aspire Health Partners, Orlando Health, the Florida Departments of Health in Lake, Orange, Osceola and Seminole counties, Community Health Centers, Inc., Orange Blossom Family Health, Osceola Community Health Services, and True Health.

Table G.1: Data Walk Presentation and Prioritization Exercise Listing

Data Walk Presentation Date	Organization	County	# of Attendees	Prioritization Process	Prioritization Criteria
April 2, 2019	Collaborative	All	29	• Primary and secondary data presented to attendees • Identified needs were discussed • OptionFinder, anonymous audience-response polling system used to prioritize identified needs	• Accountability • Magnitude of the need • Impact • Capacity
April 2, 2019	Orlando Health	All	9	• Primary and secondary data presented to attendees • Identified needs were discussed • During July 2019 – hospitals prioritized needs based on the 52 identified needs from the Collaborative meeting	• How important is it to focus on this need over the next three years?
April 3, 2019	Lake County Hospitals and Florida Department of Health in Lake County	Lake	7	• Primary and secondary data presented to attendees • Identified needs were discussed • OptionFinder, anonymous audience-response polling system used to prioritize identified needs	• Accountability • Magnitude of the need • Impact • Capacity

Data Walk Presentation Date	Organization	County	# of Attendees	Prioritization Process	Prioritization Criteria
April 3, 2019	AdventHealth Hospitals and Community Partners	All	150	• Primary and secondary data presented to attendees • Identified needs were discussed • Break-out sessions occurred by hospital or geographic location to identify needs for their hospital, as well as for AdventHealth system; each group then prioritized their individual hospital location needs • Assembled back as the large group and OptionFinder, anonymous audience-response polling system used to prioritize identified needs for the AdventHealth system	• Accountability • Magnitude of the need • Impact • Capacity
April 4, 2019	Florida Department of Health in Osceola County and Community Partners	Osceola	14	• Primary and secondary data presented to attendees • Identified needs were discussed • OptionFinder, anonymous audience-response polling system used to prioritize identified needs	• Accountability • Magnitude of the need • Impact • Capacity

Data Walk Presentation Date	Organization	County	# of Attendees	Prioritization Process	Prioritization Criteria
April 4, 2019	Florida Department of Health in Orange County and Community Partners	Orange	23	• Primary and secondary data presented to attendees • Identified needs were discussed • OptionFinder, anonymous audience-response polling system used to prioritize identified needs	• Accountability • Magnitude of the need • Impact • Capacity
April 5, 2019	Community Health Centers, Inc.	Lake Orange	15	• Primary and secondary data presented to attendees • Identified needs were discussed • OptionFinder, anonymous audience-response polling system used to prioritize identified needs	• Accountability • Magnitude of the need • Impact • Capacity
April 5, 2019	Florida Department of Health in Seminole County and Community Partners	Seminole	24	• Primary and secondary data presented to attendees • Identified needs were discussed • OptionFinder, anonymous audience-response polling system used to prioritize identified needs	• Accountability • Magnitude of the need • Impact • Capacity

Data Walk Presentation Date	Organization	County	# of Attendees	Prioritization Process	Prioritization Criteria
May 6, 2019	Orlando Health South Lake Hospital	Lake	2	• Primary and secondary data presented to attendees • Identified needs were discussed • ReadyTalk webinar software program with polling used to prioritize needs	• How important is it to focus on this need over the next three years?

Table G.2 lists the top 10 priority needs from each of the Collaborative partner's prioritization exercise, along with common themes. It is each hospital's intention that when working on developing individual implementation strategies, that members of this 2019 CHNA four-county region community collaborative may partner together to work on the goals and objectives to benefit the communities served.

Table G.2: Top 10 Priority Needs from Collaborative Partners' Prioritization Exercise

Collaboration	AdventHealth System	Community Health Centers	Lake County
Communicable disease: childhood immunizations	Access to primary care	Communicable disease: influenza	Prevention: general preventative care (screenings, well visits, etc.)
Chronic disease: diabetes	Chronic disease management	Communicable disease: child/adult immunizations	Chronic disease: diabetes (children and adults)
Chronic disease: obesity	Mental health	Leading cause of death: cancer	Chronic disease: obesity
Chronic disease: cardiovascular disease	Access to preventative care	Prevention: screenings (BMI, nutrition, etc.)	Birth characteristics: infant mortality
Chronic disease: childhood obesity	Care coordination	Leading cause of death: cardiovascular disease	Chronic disease: childhood obesity
Communicable disease: HIV/AIDS	Access to specialty care	Chronic disease: diabetes (children and adults)	Leading cause of death: cancer
Chronic disease: cancer	Substance abuse	Chronic disease: hypertension	Leading cause of death: cardiovascular disease
Access to health care: cost of care/insurance/ medications (affordable healthcare)	Food security (food deserts, chronic health, and affordability)	Communicable disease: HIV/AIDS	Economic conditions: employment/livable wage
Chronic disease: hypertension	Opioid epidemic	Chronic disease: obesity	Access to health care: cost of care/insurance/ medications
Birth characteristics: infant mortality	Prenatal care/early childhood	Birth characteristics: low birth weight babies	Communicable disease: childhood immunizations

Orange County	Osceola County	Seminole County	Aspire Health Partners
Prevention: chronic disease screenings	Economic conditions: housing/homeless	Access to quality care: access to healthcare (undocumented and in general)	Behavior risk factors: substance abuse (drugs and alcohol)
Communicable disease: HIV/AIDS	Economic conditions: employment/livable wage	Communicable diseases: childhood immunizations	Behavior risk factors: lack of substance abuse providers/resources
Prevention: general preventative and wellness screening (i.e. Mammogram, PSA)	Economic condition: crime/violence	Communicable diseases: STDS/HIV/AIDS	Quality of life/mental health: access to mental health for youth (PreK-12th grade)
Chronic disease: diabetes (children and adults)	Communicable disease: childhood immunizations	Access to quality care: access to affordable healthcare	Quality of life/mental health: suicide prevention efforts targeting youth
Communicable disease: child and adult immunizations	Student and school: social media risk behaviors	Prevention: screenings	Quality of life/mental health: social isolation
Chronic disease: childhood obesity	Communicable disease: HIV/AIDS	Promoting wellness through health education	Quality of life/mental health: mental health prevalence
Leading cause of death: cancer	Prevention: general preventative care (screenings, well visits, etc.)	Access to healthy food	Behavior risk factors: more prevention initiatives for substance abuse
Communicable disease: hepatitis	Chronic disease: obesity	Mental health: access to mental health services	Access to health care: cost of care/insurance/ medications
Prevention: risk reduction and health education	Chronic disease: childhood obesity	Prevention: prevention initiatives for substance abuse (start at a young age)	Quality of life/mental health: stigma
Chronic disease: obesity	Chronic disease: diabetes (children and adults)	Mental health: suicide prevention (targeting youth)	Economic conditions: housing/homelessness

Orlando Health South Lake Hospital	Orlando Health	Common Themes by 5 or More Partners
Leading Cause of Death: Cardiovascular Disease	Behavioral Health: Co-occurring mental health and substance abuse	Prevention: Prevention Screenings and Care (8 of 10)
Behavioral Risks: Substance Abuse (Drugs and Alcohol)	Chronic Disease: Childhood Obesity	Communicable Disease: Childhood Immunizations (7 of 10)
Behavioral Risks: Lack of Substance Abuse Services/ Providers	Chronic Disease: Obesity	Chronic Disease: Diabetes (7 of 10)
Chronic Disease: Diabetes (Children and Adults)	Behavioral Risks: Lack of Substance Abuse Services/Providers	Chronic Disease: Obesity (6 of 10)
Leading Cause of Death: Cancer	Chronic Disease: Cardiovascular Disease	"Access to Health Care: Cost of care/insurance/medications/
Birth Characteristics: Infant Mortality	Chronic Disease: Diabetes	affordability (6 of 10)"
Quality of Life/Mental Health: Lack of Services/Providers	Communicable Disease: Childhood Immunizations	Chronic Disease: Childhood Obesity (5 of 10)
Access to Health Care: Cost of Care/Insurance/ Medications	Access to Health Care: Cost of care/insurance/ medications (affordable healthcare)	Communicable Disease: HIV/AIDS (5 of 10)
Access to Health Care: Awareness of Available Services	Behavioral Risks: Substance Abuse (Drugs, Alcohol, Nicotine)	Chronic disease: cardiovascular disease (5 out of 10)
Economic Conditions: Housing/ Homeless	Quality of Life/Mental Health: Lack of Services/Providers	Chronic disease: cancer (5 out of 10)
		Behavioral risk: substance use disorder (5 out of 10)
		Quality of life/mental health: mental health (5 out of 10)

APPENDIX H

Community Asset Listing

The following resources are available for Orange, Osceola and Seminole counties. Resources for Lake County can be found at: https://www.lakecountyil.gov/2642/Directory-of-Services.

ABUSE

ARAB AMERICAN COMMUNITY CENTER
Phone: 407-985-4550
Website: aaccflorida.org
Address: 430 L B McLeod Road, Suite B, Orlando, Florida, 32811
Counties Served: Orange
Services: Eligibility/Insurance, Employment Services, Immigration/ Refugee Services, Legal Services, Abuse- Domestic Violence

CENTRAL FLORIDA VICTIM SERVICES NETWORK- ORANGE
Phone: 407-254-9415
Website: victimservicecenter.org
Address: 2111 E. Michigan Street, Suite 210, Orlando, Florida, 32806
Counties Served: Orange
Services: Abuse- Sexual

CENTRAL FLORIDA VICTIM SERVICES NETWORK- OSCEOLA
Phone: 407-483-7386
Website: victimservicecenter.org
Address: 100 W. Neptune Road, Kissimmee, Florida, 34741
Counties Served: Osceola
Services: Abuse- Sexual

CENTRAL FLORIDA VICTIM SERVICES NETWORK- SEMINOLE
Phone: 321-972-4465
Website: victimservicecenter.org
Address: 600 N. Highway 17-92, Suite 168, Longood Florida, 32750
Counties Served: Seminole
Services: Abuse- Sexual

DEPARTMENT OF CHILDREN AND FAMILIES ABUSE HOTLINE
Phone: 1-800-962-2873
Website: reportabuse.dcf.state.fl.us
Address: Hotline
Counties Served: Orange, Osceola, Seminole
Services: Abuse, Child Services

HARBOR HOUSE
Phone: 407-886-2856
Website: harborhousefl.com/
Address: Confidential
Counties Served: Orange
Services: Abuse- Domestic Violence

HELP NOW
Phone: 407-847-8562
Website: helpnowshelter.org/
Address: Confidential
Counties Served: Osceola
Services: Abuse- Domestic Violence

HELP NOW OF OSCEOLA, INC.
Phone: 407-847-8562; 407-846-2472
Website: helpnowshelter.org
Address: 1000 W. Emmett Street, Kissimee, Florida, 34741
Counties Served: Osceola,
Services: Abuse- Domestic and Child, Human Trafficking, Mental Health

HOWARD PHILLIPS CENTER FOR CHILDREN AND FAMILIES
Phone: 407-317-7430
Website: arnoldpalmerhospital.com/facilities/the-howard-phillips-center-for-children-and-families
Address: 601 W. Michigan Street, Orlando, Florida, 32805
Counties Served: Orange
Services: Abuse- Child, Child Services

KIDS HOUSE
Phone: 407-324-3036
Website: kidshouse.org/
Address: 5467 North Ronald Reagan Blvd., Sanford, Florida, 32773
Counties Served: Seminole
Services: Abuse-Child, Mental Health- Youth, Child Services

NATIONAL DOMESTIC VIOLENCE 24 HR HOTLINE
Phone: 1-800-787-3224
Website: Call
Address: Call
Counties Served: Orange, Osceola, Seminole
Services: Abuse

NATIONAL HUMAN TRAFFICKING HOTLINE
Phone: 1-888-373-7888
Website: Call
Address: Call
Counties Served: Orange, Osceola, Seminole
Services: Abuse-Domestic Violence, Human Trafficking

SAFE HOUSE
Phone: 407-330-3933
Website: safehouseofseminole.org/contact/
Address: Confindental
Counties Served: Seminole
Services: Abuse- Domestic Violence

VICTIM'S ADVOCATES- OSCEOLA COUNTY SHERIFFS OFFICE
Phone: Elders: 348-1100; Victims of Crime: 348-1114
Website: osceolasheriff.org/
Address: 2601 E Irlo Bronson Memorial Hwy, Kissimmee, Florida 34744
Counties Served: Osceola
Services: Abuse

ACCESS TO CARE

ARAB AMERICAN COMMUNITY CENTER
Phone: 407-985-4550
Website: aaccflorida.org
Address: 430 L B McLedo Road, Suite B, Orlando, Florida, 32811
Counties Served: Orange
Services: Eligibility/Insurance, Employment Services, Immigration/ Refugee Services, Legal Services, Abuse- Domestic Violence

CATHOLIC CHARITIES OF CENTRAL FLORIDA
Phone: 407-658-1818
Website: cflcc.org
Address: 1772 N. Semoran Blvd., Orlando, Florida, 32807
Counties Served: Orange, Osceola
Services: Access to Care, Behavioral Health, Emergency Services, Immigration/Refugee Services, Human Trafficking Services, Elder Services

CENTER FOR MULTICULTURAL WELLNESS AND PREVENTION - KISSIMMEE
Phone: 407-648-9440
Website: cmwp.org/our-services/
Address: 600 N. Thacker Avenue, Suite 57&59 Kissimee, Florida, 34741
Counties Served: Osceola
Services: Housing and Homeless Services, HIV/AIDS, Mental Health, Access to Care, Chronic Disease

CENTER FOR MULTICULTURAL WELLNESS AND PREVENTION - ORLANDO
Phone: 407-648-9440
Website: cmwp.org/our-services/
Address: 641 N. Rio Grande Avenue, Orlando, Florida, 32805
Counties Served: Orange, Osceola, Seminole
Services: Housing and Homeless Services, HIV/AIDS, Mental Health, Access to Care, Chronic Disease

OSCEOLA COMMUNITY HEALTH SERVICES-KISSIMMEE
Phone: 407-943-8600
Website: http://osceola.floridahealth.gov/programs-and-services/clinical-and-nutrition-services/fqhc/fqhc-our-services.html
Address: 1703 Business Center Lane, Kissimmee, FL, 34758
Counties Served: Osceola
Services: Eligibility/Insurance, Women's Health, Primary Care, Dental

OSCEOLA COMMUNITY HEALTH SERVICES-POINCIANA
Phone: 407-943-8600
Website: http://osceola.floridahealth.gov/programs-and-services/clinical-and-nutrition-services/fqhc/fqhc-our-services.html
Address: 109 Doverplum Avenue, Poinciana, FL, 34758
Counties Served: Osceola
Services: Women's Health, Eligibility/Insurance, Primary Care, Pediatric Care, Dental

OSCEOLA COMMUNITY HEALTH SERVICES- ST. CLOUD
Phone: 407-943-8600
Website: http://osceola.floridahealth.gov/programs-and-services/clinical-and-nutrition-services/fqhc/fqhc-our-services.html
Address: 1050 Grape Avenue, St. Cloud, FL, 34769
Counties Served: Osceola
Services: Women's Health, Eligibility/Insurance, Primary Care, Pediatric Care, Dental

OSCEOLA COMMUNITY HEALTH SERVICES- STADIUM PLACE
Phone: 407-943-8600
Website: http://osceola.floridahealth.gov/programs-and-services/clinical-and-nutrition-services/fqhc/fqhc-our-services.html
Address: 1501 Bill Beck Blvd. Kissimmee, FL, 34733
Counties Served: Osceola
Services: Women's Health, Eligibility/Insurance, Primary Care, Pediatric Care, Optometry/Vision

OSCEOLA COUNCIL ON AGING (OCA)
Phone: 407-846-8532
Website: osceolagenerations.org/
Address: 700 Generation Point, Kissimmee, Florida, 34744
Counties Served: Osceola,
Services: Primary Care, Food, Chronic Disease, Elder Care, Eligibility/ Insurance

TRUE HEALTH- AIRPORT
Phone: 407-322-8649
Website: mytruehealth.org
Address: 400 West Airport Blvd., Sanford, Florida, 32773
Counties Served: Seminole
Services: Primary Care, Pediatric Care, Laboratory, Eligibility/ Insurance

TRUE HEALTH- ALAFAYA
Phone: 407-322-8646
Website: mytruehealth.org
Address: 11881 A East Colonial Drive, Orlando, Florida, 32826
Counties Served: Orange
Services: Primary Care, Pediatric Care, Dental, Laboratory, Eligibility/ Insurance

TRUE HEALTH- CASSELBERRY
Phone: 407-322-8652
Website: mytruehealth.org
Address: 1120 State Road 436, Suite 1600, Casselberry, Florida, 32707
Counties Served: Seminole
Services: Primary Care, Pediatric Care, Dental, Eligibility/ Insurance

TRUE HEALTH- CHENEY WELLNESS COTTAGE
Phone: 407-322-8651
Website: mytruehealth.org
Address: 2000 N. Forsyth Road, Orlando, Florida, 32807
Counties Served: Orange
Services: Primary Care, Pediatric Care, Dental, Eligibility/ Insurance

TRUE HEALTH- HOFFNER
Phone: 407-322-8647
Website: mytruehealth.org
Address: 5449 S. Semoran Blvd., Suite #14, Orlando, Florida, 32822
Counties Served: Orange
Services: Primary Care, Pediatric Care, Women's Health, Eligibility/ Insurance, Laboratory

TRUE HEALTH-SANFORD
Phone: 407-322-8645
Website: mytruehealth.org
Address: 4930 East Lake Mary Blvd., Sanford, Florida, 32771
Counties Served: Seminole
Services: Primary Care, Pediatric Care, Women's Health, Eligibility/ Insurance, Laboratory

TRUE HEALTH- SOUTH SIDE
Phone: 407-322-8650
Website: mytruehealth.org
Address: 6101 Lake Ellenor Drive, Suite #105, Orlando, Florida, 32809
Counties Served: Orange
Services: Primary Care, Pediatric Care, Laboratory, Eligibility/ Insurance

TRUE HEALTH- LAKE UNDERHILL
Phone: 407-322-8648
Website: mytruehealth.org
Address: 5730 Lake Underhill Road, Orlando, Florida, 32807
Counties Served: Orange
Services: Primary Care, Pediatric Care, Laboratory, Eligibility/ Insurance, Dental

ADULT EDUCATION

ADULT LITERACY LEAGUE
Phone: 407-422-1540
Website: adultliteracyleague.org/
Address: 345 W. Michigan Street, Suite 100, Orlando, Florida, 32806
Counties Served: Orange
Services: Education

COMMUNITY FOOD & OUTREACH CENTER
Phone: 407-650-0774
Website: communityfoodoutreach.org
Address: 150 W. Michigan Street, Suite A, Orlando, Florida, 32806
Counties Served: Orange
Services: Emergency Services, Mental Health, Education, Food

GOODWILL INDUSTRIES OF CENTRAL FLORIDA, INC.
Phone: 407-857-0659
Website: goodwillcfl.org
Address: 7531 S. Orange Blossom Trail, Orlando, Florida, 32809
Counties Served: Orange, Osceola, Seminole
Services: Employment Services, Education

BEHAVIORAL HEALTH

BOYS TOWN OF CENTRAL FLORIDA
Phone 407-330-6750
Website: boystown.org/locations/centralflorida
Address: 975 Oklahoma Street, Ovideo, Florida, 32765
Counties Served: Seminole
Services: Youth Services, Behavioral Health-Youth

CATHOLIC CHARITIES OF CENTRAL FLORIDA
Phone: 407-658-1818
Website: cflcc.org
Address: 1772 N. Semoran Blvd., Orlando, Florida, 32807
Counties Served: Orange, Osceola
Services: Access to Care, Behavioral Health, Emergency Services, Immigration/Refugee Services, Human Trafficking Services, Elder Services

COMMUNITY HEALTH CENTERS
Phone: 407-905-8827
Website: chcfl.org
Address: Call or Check Website
Counties Served: Orange, Seminole
Services: Primary Care, Behavioral Health, Women's Health, Dental, Pediatric Care, Laboratory, Optometry/ Vision

COMMUNITY HEALTH CENTERS- BITHLO
Phone: 407-905-8827
Website: chcfl.org
Address: 19108 E. Colonial Drive, Orlando, Florida, 32820
Counties Served: Orange
Services: Behavioral Health, Primary Care, Pediatric Care

FLORIDA SAFTEY COUNCIL, INC.
Phone: 407-896-1894
Website: floridasafetycouncil.org
Address: Call or Check Website
Counties Served: Orange, Seminole
Services: Employment Services, Behavioral Health

FLORIDA SHERIFFS YOUTH RANCH
Phone: 1-800-765-3797
Website: youthranches.org
Address: Call or Check Website
Counties Served: Orange, Osceola, Seminole
Services: Behavioral Health- Youth

KINDER KONSULTING & PARENTS TOO
Phone: 407-657-6692
Website: kinderkonsulting.com/
Address: 2479 Aloma Avenue, Winter Park, Florida, 32792
Counties Served: Orange
Services: Mental Health- Youth, Behavioral Health, Behavioral Health

LA AMISTAD RESIDENTAL TREATMENT CENTER
Phone: 407-647-0660
Website: lamistad.com
Address: 1650 N. Park Avenue, Maitland, Florida, 32751
Counties Served: Orange
Services: Mental Health, Behavioral Health

NATIONAL ALLIANCE ON MENTAL ILLNESS (NAMI)
Phone: 407-253-1900
Website: namiflorida.org/
Address: 5051 North Lane, Suite 21, Orlando, Florida, 32808
Counties Served: Orange, Osceola, Seminole
Services: Substance Use, Mental Health, Behavioral Health

ORANGE BLOSSOM FAMILY HEALTH- DOWNTOWN ORLANDO
Phone: 407-428-5751
Website: obfh.org/
Address: 232 N. Orange Blossom Trail, Orlando, Florida, 32805
Counties Served: Orange
Services: Primary Care, Dental, Optometry/Vision, Substance Use, Behavioral Health, Mental Health, Housing and Homeless Services

ORANGE BLOSSOM FAMILY HEALTH- IVEY LANE
Phone: 407-428-5755
Website: obfh.org/
Address: 4426 Old Winter Garden Road, Orlando, Florida, 32811
Counties Served: Orange
Services: Primary Care, Dental, Optometry/Vision, Behavioral Health

ORANGE BLOSSOM FAMILY HEALTH- KISSIMMEE
Phone: 407-428-5753
Website: obfh.org/
Address: 2198 Four Winds Blvd., Kissimmee, Florida, 34746
Counties Served: Osceola
Services: Primary Care, Dental, Behavioral Health

ORANGE BLOSSOM FAMILY HEALTH- NORTH PINE HILLS- EVANS HIGH SCHOOL
Phone: 407-428-5757
Website: obfh.org/
Address: 3100 Evans Trojans Way, Orlando, Florida, 32808
Counties Served: Orange
Services: Primary Care, Dental, Behavioral Health

ORANGE BLOSSOM FAMILY HEALTH- PEDIATRICS
Phone: 407-428-5752
Website: obfh.org/
Address: 701 W. Livingston Street, Building 800, Orlando, Florida, 32805
Counties Served: Orange
Services: Primary Care, Dental, Behavioral Health

ORANGE BLOSSOM FAMILY HEALTH- SOUTH ORLANDO/UP ORLANDO
Phone: 407-428-5756
Website: obfh.org/
Address: 150 W. Michigan Street, Orlando, Florida, 32805
Counties Served: Orange
Services: Primary Care, Behavioral Health

IMPOWER FLORIDA
Phone: 407-304-3444
Website: impowerfl.org
Address: 111 E. Monument Avenue, Suite 603, Kissimee, Florida, 34741
Counties Served: Osceola,
Services: Child Services, Mental Health-Youth, Behavioral Health- Youth

SEMINOLE BEHAVIORAL HEALTHCARE
Phone: 407-831-2411
Website: aspirehealthpartners.com
Address: 237 Fernwood Blvd., Fern Park, Florida, 32730
Counties Served: Seminole
Services: Mental Health, Behavioral Health

CANCER

AMERICAN LUNG ASSOCIATION
Phone: 407-425-5864
Website: lung.org/support-and-community/local-support/
Address: 851 Outer Road, Orlando, Florida 32814
Counties Served: Orange
Services: Cancer, Chronic Disease

CENTER FOR CHANGE
Phone: 407-271-4452
Website: centerforchange.com/
Address: 6003 Silver Star Road, Suite 3, Orlando, Florida 32808
Counties Served: Orange
Services: Chronic Disease-Diabetes, Cancer

COMPASSIONATE HANDS AND HEARTS
Phone: 407-864-6458
Website: compassionatehandsandhearts.org/
Address: Call
Counties Served: Orange
Services: Cancer

CONCERNED CITIZENS COMBATING CANCER
Phone: 866-991-3652
Website: ecfccc.org
Address: 5931 Brick Court, Suite 164, Winter Park, Florida, 32792
Counties Served: Orange
Services: Cancer

DEBBIE TURNER CANCER CARE AND RESOURCE CENTER
Phone: 407-464-0978
Website: debbieturnercancercare.com/services/
Address: 229 E. 5th Street, Apopka, Florida, 32703
Counties Served: Orange
Services: Cancer

DEPARTMENT OF HEALTH- ORANGE COUNTY
Phone: 407-858-1400
Website: orange.floridahealth.gov/
Address: 832 W. Central Blvd., Orlando, Florida, 32805
Counties Served: Orange
Services: Cancer, Dental, Women's Health, HIV/AIDS, STD, Primary Care, Immigration and Refugee Services, Chronic Disease, Child Services

DEPARTMENT OF HEALTH- SEMINOLE COUNTY
Phone: 407-665-3000
Website: seminole.floridahealth.gov
Address: 400 W. Airport Blvd., Sanford, Florida, 32773
Counties Served: Seminole
Services: Cancer, Dental, Women's Health, HIV/AIDS, STD, Primary Care, Immigration and Refugee Services, Chronic Disease, Child Services

FLORIDA BREAST CANCER FOUNDATION
Phone: 321-972-5534
Website: floridabreastcancer.org
Address: 1755 Oviedo Mall Blvd., Oviedo, Florida, 32765
Counties Served: Orange, Osceola, Seminole
Services: Cancer- Breast

HISPANIC HEALTH INITIATIVES
Phone: 386-320-0110
Website: hhi2001.org
Address: 70 Spring Vista Drive, Suite 2, Debary, Florida 32713
Counties Served: Orange, Osceola, Seminole
Services: Chronic Disease- Diabetes, Food, Cancer, Primary Care

LIBBY'S LEGACY
Phone: 407-898-1991
Website: libbyslegacy.org/
Address: 112 Annie Street, Orlando, Florida, 3286
Counties Served: Orange
Services: Cancer- Breast

THE LEUKEMIA AND LYMPHOMA SOCIETY
Phone: 407-898-0733
Website: lls.org/northern-central-florida
Address: 3319 Maguire Blvd., #101, Orlando, Florida, 32803
Counties Served: Orange
Services: Cancer, Financial Services

WOMEN'S & GIRLS' CANCER ALLIANCE-FORMERLY OVARIAN CANCER ALLIANCE
Phone: 407-303-2786
Website: donation.adventhealth.com/central-florida-misc/Foundation-Central-Florida/moduleId/458/fundId/33/controller/Donation/action/Detail
Address: 550 East Rollins Street, 6th Floor, Orlando, Florida, 32803
Counties Served: Orange
Services: Cancer, Women's Health

WOMEN PLAYING FOR T.I.M.E.
Phone: 321-841-2272
Website: womenplayingfortime.org/
Address: 3160 Southgate Commerce Blvd., Suite 50 Orlando, Florida 32806
Counties Served: Orange, Osceola, Seminole
Services: Cancer

CHILD SERVICES

CHILD SUPPORT ENFOREMENT- HOTLINE
Phone: 1-800-622-5437; 1-877-769-0251
Website: floridarevenue.com/childsupport/Contact/Pages/default.aspx
Address: Call
Counties Served: Osceola
Services: Child Services

CHILDREN'S ADVOCACY CENTER
Phone: 407-742-1545
Website: osceolakids.com
Address: 110 W. Neptune Road, Kissimmee, Florida, 34741
Counties Served: Osceola
Services: Child Services

CHILDREN'S HOME SOCIETY-OF FLORIDA CIN/FINS
Phone: 407-846-5220
Website: chsfl.org/
Address: Check Website
Counties Served: Orange, Osceola, Seminole
Services: Child Services, Mental Health

COMMUNITY COORDINATED CHILD CARE (4C)
Phone: 321-219-6300
Website: 4cflorida.org
Address: 2220 E. Irlo Bronsom Mem.Hwy. Unite 7, Kissimee, Florida, 34744
Counties Served: Osceola,
Services: Child Services, Food

DEPARTMENT OF CHILDREN AND FAMILIES ABUSE HOTLINE
Phone: 1-800-962-2873
Website: reportabuse.dcf.state.fl.us
Address: Hotline
Counties Served: Orange, Osceola, Seminole
Services: Abuse, Child Services

DEPARTMENT OF HEALTH- ORANGE COUNTY
Phone: 407-858-1400
Website: orange.floridahealth.gov/
Address: 832 W. Central Blvd., Orlando, Florida, 32805
Counties Served: Orange
Services: Cancer, Dental, Women's Health, HIV/AIDS, STD, Primary Care, Immigration and Refugee Services, Chronic Disease, Child Services

DEPARTMENT OF HEALTH- SEMINOLE COUNTY
Phone: 407-665-3000
Website: seminole.floridahealth.gov
Address: 400 W. Airport Blvd., Sanford, Florida, 32773
Counties Served: Seminole
Services: Cancer, Dental, Women's Health, HIV/AIDS, STD, Primary Care, Immigration and Refugee Services, Chronic Disease, Child Services

EMBRACE FAMILIES- EAST ORANGE
Phone: 321-207-8200
Website: embracefamilies.org
Address: 1900 N. Alafaya Trail, Suite 900, Orlando, Florida, 32826
Counties Served: Orange
Services: Child Services

EMBRACE FAMILIES- OSCEOLA
Phone: 321-442-8487
Website: embracefamilies.org
Address: 111 E. Monument Avenue, Suite 501, Kissimmee, Florida, 34741
Counties Served: Osceola
Services: Child Services

EMBRACE FAMILIES- SEMINOLE
Phone: 407-688-9650
Website: embracefamilies.org
Address: 2921 S. Orlando Drive, Suite 15, Sanford, Florida, 32773
Counties Served: Seminole
Services: Child Services

EMBRACE FAMILIES- WEST ORANGE
Phone: 321-441-1567
Website: embracefamilies.org
Address: 5749 Westgate Drive, Suite 200, Orlando, Florida, 32835
Counties Served: Orange, Seminole
Services: Child Services

FOUNDATION FOR FOSTER CHILDREN
Phone: 407-422-4615
Website: foundationforfosterchildren.org
Address: 2265 Lee Road, Suite 203, Winter Park, Florida, 32879
Counties Served: Orange, Osceola, Seminole
Services: Child Services- Foster Care

GRACE LANDING/FOSTERING OUR FUTURE
Phone: 407-470-6041
Website: gracelanding.com
Address: 1884 Fortune Road, Kissimmee, Florida, 34744
Counties Served: Osceola
Services: Child Services

HOWARD PHILLIPS CENTER FOR CHILDREN AND FAMILIES
Phone: 407-317-7430
Website: arnoldpalmerhospital.com/facilities/the-howard-phillips-center-for-children-and-families
Address: 601 W. Michigan Street, Orlando, Florida, 32805
Counties Served: Orange
Services: Abuse- Child, Child Services

IMPOWER FLORIDA
Phone: 407-304-3444
Website: impowerfl.org
Address: 111 E. Monument Avenue, Suite 603, Kissimee, Florida, 34741
Counties Served: Osceola
Services: Child Services, Mental Health-Youth, Behavioral Health- Youth

KIDS HOUSE
Phone: 407-324-3036
Website: kidshouse.org/
Address: 5467 North Ronald Reagan Blvd., Sanford, Florida, 32773
Counties Served: Seminole
Services: Abuse-Child, Mental Health- Youth, Child Services

ORLANDO DAY NURSERY
Phone: 407-422-5291
Website: orlandoday.org
Address: 626 Lake Dot Circle, Orlando, Florida, 32801
Counties Served: Orange
Services: Child Services, Childhood Education

PARENT HOTLINE
Phone: 1-800-352-5693
Website: Hotline
Address: Call
Counties Served: Orange, Osceola, Seminole
Services: Child Services

CHRONIC DISEASE

AMERICAN LUNG ASSOCIATION
Phone: 407-425-5864
Website: lung.org/support-and-community/local-support/
Address: 851 Outer Road, Orlando, Florida 32814
Counties Served: Orange
Services: Cancer, Chronic Disease

CENTER FOR CHANGE
Phone: 407-271-4452
Website: centerforchange.com/
Address: 6003 Silver Star Road, Suite 3, Orlando, Florida 32808
Counties Served: Orange
Services: Chronic Disease-Diabetes, Etc., Cancer

CENTER FOR MULTICULTURAL WELLNESS AND PREVENTION - KISSIMMEE
Phone: 407-648-9440
Website: cmwp.org/our-services/
Address: 600 N. Thacker Avenue, Suite 57&59 Kissimee, Florida, 34741
Counties Served: Osceola,
Services: Housing and Homeless Services, HIV/AIDS, Mental Health, Access to Care, Chronic Disease

CENTER FOR MULTICULTURAL WELLNESS AND PREVENTION – MOUNT DORA
Phone: 407-648-9440
Website: cmwp.org/our-services/
Address: 4400 N. Hwy 19A, Suite 10, Mount Dora, Florida, 32757
Counties Served: Orange, Seminole
Services: Housing and Homeless Services, HIV/AIDS, Mental Health, Access to Care, Chronic Disease

CENTER FOR MULTICULTURAL WELLNESS AND PREVENTION - ORLANDO
Phone: 407-648-9440
Website: cmwp.org/our-services/
Address: 641 N. Rio Grande Avenue, Orlando, Florida, 32805
Counties Served: Orange, Osceola, Seminole
Services: Housing and Homeless Services, HIV/AIDS, Mental Health, Access to Care, Chronic Disease

CENTRAL FLORIDA KIDNEY CENTERS, INC.
Phone: 407-843-6110
Website: cfkc.org
Address: 203 Ernestine Street, Orlando, Florida, 32801
Counties Served: Orange, Osceola, Seminole
Services: Chronic Disease- Kidney

DEPARTMENT OF HEALTH- OSCEOLA COUNTY
Phone: 407-343-2000
Website: osceola.floridahealth.gov
Address: 1875 Fortune Road, Kissimmee, Florida, 34744
Counties Served: Osceola,
Services: Women's Health, HIV/AIDS, STD, Primary Care, Immigration/ Refugee Services, Chronic Disease

DEPARTMENT OF HEALTH- ORANGE COUNTY
Phone: 407-858-1400
Website: orange.floridahealth.gov/
Address: 832 W. Central Blvd., Orlando, Florida, 32805
Counties Served: Orange
Services: Cancer, Dental, Women's Health, HIV/AIDS, STD, Primary Care, Immigration and Refugee Services, Chronic Disease, Child Services

DEPARTMENT OF HEALTH- SEMINOLE COUNTY
Phone: 407-665-3000
Website: seminole.floridahealth.gov
Address: 400 W. Airport Blvd., Sanford, Florida, 32773
Counties Served: Seminole
Services: Cancer, Dental, Women's Health, HIV/AIDS, STD, Primary Care, Immigration And Refugee Services, Chronic Disease, Child Services

DEVEREUX
Phone: 1-800-338-3738 Ext: 77130
Website: devereux.org/site/PageServer
Address: 6147 Christian Way, Orlando, Florida 32808
Counties Served: Orange
Services: Mental Health, Substance Use, Women's Health, HIV/AIDS, STD, Primary Care, Immigration and Refugee Services, Chronic Disease

GRACE MEDICAL HOME
Phone: 407-936-2785
Website: gracemedicalhome.org
Address: 51 Pennsylvania Street, Orlando, Florida, 32806
Counties Served: Orange,
Services: Primary Care, Dental, Mental Health, Laboratory, Chronic Disease, Housing and Homeless Services

HEBNI NUTRITION CONSULTANTS, INC.
Phone: 407-872-1333
Website: soulfoodpyramid.org
Address: 2009 W. Central Blvd., Orlando, Florida, 32803
Counties Served: Orange
Services: Chronic Disease- Diabetes

HISPANIC HEALTH INITIATIVES
Phone: 386-320-0110
Website: hhi2001.org
Address: 70 Spring Vista Drive, Suite 2, Debary, Florida 32713
Counties Served: Orange, Osceola, Seminole
Services: Chronic Disease- Diabetes, Food, Cancer, Primary Care

MENDED HEARTS OF OSCEOLA
Phone: 407-361-1360
Website: mendedhearts-osceola.org/ Main: https://mendedhearts.org/
Address: Call
Counties Served: Osceola
Services: Chronic Disease- heart

OSCEOLA COUNCIL ON AGING (OCA)
Phone: 407-846-8532
Website: osceolagenerations.org/
Address: 700 Generation Point, Kissimmee, Florida, 34744
Counties Served: Osceola
Services: Primary Care, Food, Chronic Disease, Elder Care, Eligibility/ Insurance

THE NATIONAL KIDNEY FOUNDATION
Phone: 407-894-7325
Website: kidneyfl.org
Address: 1040 Woodcock Road, Suite 119, Orlando, Florida, 32803
Counties Served: Orange
Services: Chronic Disease- Diabetes and Kidney

DENTAL

COMMUNITY HEALTH CENTERS
Phone: 407-905-8827
Website: chcfl.org
Address: Call or Check Website
Counties Served: Orange, Seminole
Services: Primary Care, Behavioral Health, Women's Health, Dental, Pediatric Care, Laboratory, Optometry/ Vision

COMMUNITY HEALTH CENTERS- APOPKA, DENTAL
Phone: 407-905-8827
Website: chcfl.org
Address: 210 E. Seventh Street, Apopka, Florida, 32703
Counties Served: Orange
Services: Dental

COMMUNITY HEALTH CENTERS- FOREST CITY
Phone: 407-905-8827
Website: chcfl.org
Address: 7900 Forest City Road, Orlando, Florida, 32810
Counties Served: Orange, Seminole
Services: Primary Care, Dental

COMMUNITY HEALTH CENTERS- LAKE ELLENOR
Phone: 407-905-8827
Website: chcfl.org
Address: 6101 Lake Ellenor Drive, Suite 106, Orlando, Florida, 32809
Counties Served: Orange
Services: Dental

COMMUNITY HEALTH CENTERS-MEADOW WOODS
Phone: 407-905-8827
Website: chcfl.org
Address: 849 Greenway Professional Ct., Orlando, Florida, 32824
Counties Served: Orange
Services: Pediatric Care, Primary Care, Dental

COMMUNITY HEALTH CENTERS- PINE HILLS
Phone: 407-905-8827
Website: chcfl.org
Address: 840 Mercy Drive, Orlando, Florida, 32808
Counties Served: Orange
Services: Primary Care, Women's Health, Dental, Pediatric Care

COMMUNITY HEALTH CENTERS-WINTER GARDEN
Phone: 407-905-8827
Website: chcfl.org
Address: 13275 W. Colonial Drive, Winter Garden, Florida, 34787
Counties Served: Orange,
Services: Pediatric Care, Primary Care, Dental

DENTAL CARE ACCESS FOUNDATION
Phone: 407- 898-1525
Website: dentalcareaccess.org/
Address: Call
Counties Served: Orange, Osceola, Seminole
Services: Dental

DEPARTMENT OF HEALTH- ORANGE COUNTY
Phone: 407-858-1400
Website: orange.floridahealth.gov/
Address: 832 W. Central Blvd, Orlando, Florida, 32805
Counties Served: Orange
Services: Cancer, Dental, Women's Health, HIV/AIDS, STD, Primary Care, Immigration and Refugee Services, Chronic Disease, Child Services

DEPARTMENT OF HEALTH- SEMINOLE COUNTY
Phone: 407-665-3000
Website: seminole.floridahealth.gov
Address: 400 W. Airport Blvd., Sanford, Florida, 32773
Counties Served: Seminole
Services: Cancer, Dental, Women's Health, HIV/AIDS, STD, Primary Care, Immigration and Refugee Services, Chronic Disease, Child Services

GRACE MEDICAL HOME
Phone: 407-936-2785
Website: gracemedicalhome.org
Address: 51 Pennsylvania Street, Orlando, Florida, 32806
Counties Served: Orange
Services: Primary Care, Dental, Mental Health, Laboratory, Chronic Disease, Housing and Homeless Services

ORANGE BLOSSOM FAMILY HEALTH- DOWNTOWN ORLANDO
Phone: 407-428-5751
Website: obfh.org/
Address: 232 N. Orange Blossom Trail, Orlando, Florida, 32805
Counties Served: Orange
Services: Primary Care, Dental, Optometry/Vision, Substance Use, Behavioral Health, Mental Health, Housing and Homeless Services

ORANGE BLOSSOM FAMILY HEALTH- IVEY LANE
Phone: 407-428-5755
Website: obfh.org/
Address: 4426 Old Winter Garden Road, Orlando, Florida, 32811
Counties Served: Orange
Services: Primary Care, Dental, Optometry/Vision, Behavioral Health

ORANGE BLOSSOM FAMILY HEALTH- KISSIMMEE
Phone: 407-428-5753
Website: obfh.org/
Address: 2198 Four Winds Blvd., Kissimmee, Florida, 34746
Counties Served: Osceola,
Services: Primary Care, Dental, Behavioral Health

ORANGE BLOSSOM FAMILY HEALTH- NORTH PINE HILLS- EVANS HIGH SCHOOL
Phone: 407-428-5757
Website: obfh.org/
Address: 3100 Evans Trojans Way, Orlando, Florida, 32808
Counties Served: Orange
Services: Primary Care, Dental, Behavioral Health

ORANGE BLOSSOM FAMILY HEALTH- PEDIATRICS
Phone: 407-428-5752
Website: obfh.org/
Address: 701 W. Livingston Street, Building 800, Orlando, Florida, 32805
Counties Served: Orange
Services: Primary Care, Dental, Behavioral Health

ORANGE BLOSSOM FAMILY HEALTH- SANFORD
Phone: 407-428-5754
Website: obfh.org/
Address: 225 N Kennel Road, Sanford, Florida, 32771
Counties Served: Seminole
Services: Primary Care, Dental

OSCEOLA COMMUNITY HEALTH SERVICES- KISSIMMEE
Phone: 407-943-8600
Website: osceola.floridahealth.gov/programs-and-services/clinical-and-nutrition-services/fqhc/fqhc-our-services.html
Address: 1703 Business Center Lane, Kissimmee, Florida, 34758
Counties Served: Osceola
Services: Eligibility/Insurance, Women's Health, Primary Care, Dental

OSCEOLA COMMUNITY HEALTH SERVICES- POINCIANA
Phone: 407-943-8600
Website: osceola.floridahealth.gov/programs-and-services/clinical-and-nutrition-services/fqhc/fqhc-our-services.html
Address: 109 Doverplum Avenue, Poinciana, Florida, 34758
Counties Served: Osceola,
Services: Women's Health, Eligibility/Insurance, Primary Care, Pediatric Care, Dental

OSCEOLA COMMUNITY HEALTH SERVICES- ST. CLOUD
Phone: 407-943-8600
Website: osceola.floridahealth.gov/programs-and-services/clinical-and-nutrition-services/fqhc/fqhc-our-services.html
Address: 1050 Grape Avenue, St. Cloud, Florida, 34769
Counties Served: Osceola
Services: Women's Health, Eligibility/Insurance, Primary Care, Pediatric Care, Dental

TRUE HEALTH- ALAFAYA
Phone: 407-322-8646
Website: mytruehealth.org
Address: 11881 A East Colonial Drive, Orlando, Florida, 32826
Counties Served: Orange
Services: Primary Care, Pediatric Care, Dental, Laboratory, Eligibility/ Insurance

TRUE HEALTH- CASSELBERRY
Phone: 407-322-8652
Website: mytruehealth.org
Address: 1120 State Road 436, Suite 1600, Casselberry, Florida, 32707
Counties Served: Seminole
Services: Primary Care, Pediatric Care, Dental, Eligibility/ Insurance

TRUE HEALTH- CHENEY WELLNESS COTTAGE
Phone: 407-322-8651
Website: mytruehealth.org
Address: 2000 N. Forsyth Road, Orlando, Florida, 32807
Counties Served: Orange
Services: Primary Care, Pediatric Care, Dental, Eligibility/ Insurance

TRUE HEALTH- LAKE UNDERHILL
Phone: 407-322-8648
Website: mytruehealth.org
Address: 5730 Lake Underhill Road, Orlando, Florida, 32807
Counties Served: Orange
Services: Primary Care, Pediatric Care, Laboratory, Eligibility/ Insurance, Dental

DISABLED CHILDREN/ADULTS

CENTER FOR INDEPENDENT LIVING- WINTER PARK
Phone: 407-623-1070
Website: https://www.cilorlando.org/
Address: 720 N. Denning Drive, Winter Park, Florida 32789
Counties Served: Orange
Services: Disabled Adults, Employment Services

COMMUNITY CARE FOR DISABLED ADULTS
Phone: 407-317-7347;317-7502
Website: https://www.myflfamilies.com/service-programs/adult-protective-services/
Address: Call
Counties Served: Orange, Osceola, Seminole
Services: Disabled Adults

CONDUCTIVE EDUCATION CENTER OF ORLANDO
Phone: 407-671-4687
Website: ceco.org
Address: 931 S. Semoran Blvd., Suite 220, Winter Park, Florida, 32792
Counties Served: Orange
Services: Disabled Children

DIVISION OF VOCATIONAL REHABILITION
Phone: 407-846-5260 & 407-897-2725
Website: rehabworks.org
Address: Call or Check Website
Counties Served: Orange, Osceola, Seminole
Services: Employment Services, Disabled Adults

DOWN SYNDROME ASSOCATION OF CENTRAL FLORIDA
Phone: 407-478-5621
Website: dsacf.org
Address: 204 N Wymore Road, Winter Park, Florida, 32789
Counties Served: Orange, Osceola, Seminole
Services: Disabled Children, Disabled Adults

FREEDOM RIDE
Phone: 407-293-0411
Website: freedomride.com
Address: 1905 Lee Road, Orlando, Florida, 32810
Counties Served: Orange
Services: Disabled Children

LIGHTHOUSE OF CENTRAL FLORIDA
Phone: 407-843-9140
Website: lighthousecfl.org
Address: 2500 Kunze Avenue, Orlando, Florida, 32806
Counties Served: Orange
Services: Disabled Children

NATHANIAL'S HOPE
Phone: 407-857-8224
Website: nathanielshope.org
Address: 5210 S. Orange Avenue, Orlando, Florida, 32809
Counties Served: Orange
Services: Disabled Children

UNLOCKING CHILDRENS POTENTIONAL (UCP) OF CENTRAL FLORIDA- OSCEOLA CAMPUS
Phone: 407-852-3300 Ext: 6000
Website: ucpclf.org
Address: 1820 Armstrong Blvd., Kissimmee, Florida, 34741
Counties Served: Osceola
Services: Disabled Children

EARLY CHILDHOOD EDUCATION

EARLY LEARNING COALITION OF ORANGE COUNTY
Phone: 407-841-6607
Website: elcoforangecounty.org
Address: 7700 Southland Blvd., Suite 100, Orlando, Florida, 23809
Counties Served: Orange
Services: Childhood Education

EARLY LEARNING COALITION OF OSCEOLA COUNTY
Phone: 407-933-5353
Website: elcosceola.org
Address: 1631 E. Vine Street, Kissimmee, Florida, 34744
Counties Served: Osceola
Services: Childhood Education

EARLY LEARNING COALITION OF SEMINOLE COUNTY
Phone 407-960-2460
Website: seminoleearlylearning.org
Address: 280 Hunt Park Cove, Suite 1020, Longwood, Florida, 32750
Counties Served: Seminole
Services: Childhood Education

FAMILIES IN NEED - THROUGH SEMINOLE COUNTY PUBLIC SCHOOLS
Phone: 407-320-0255
Website: scps.k12.fl.us/district/departments/exceptional-student-support-services/student-services/families-in-need.stml
Address: 400 E Lake Mary Blvd., Sanford, Florida, 32773
Counties Served: Seminole
Services: Housing and Homeless Services, Childhood Education

ORLANDO DAY NURSERY
Phone: 407-422-5291
Website: orlandoday.org
Address: 626 Lake Dot Circle, Orlando, Florida, 32801
Counties Served: Orange
Services: Child Services, Childhood Education

ELDER SERVICES

CATHOLIC CHARITIES OF CENTRAL FLORIDA
Phone: 407-658-1818
Website: cflcc.org
Address: 1772 N. Semoran Blvd., Orlando , Florida, 32807
Counties Served: Orange, Osceola,
Services: Access to Care, Behavioral Health, Emergency Services, Immigration/Refugee Services, Human Trafficking Services, Elder Services

SENIORS FIRST
Phone: 407-292-0177
Website: seniorsfirstinc.org
Address: 5395 L B McLeod Road, Orlando, Florida
Counties Served: Orange
Services: Elder Services

SENIOR RESOURCE ALLIANCE
Phone: 407-514-1800
Website: seniorresourcealliance.org
Address: 988 Woodcock Road, Orlando, Florida, 32803
Counties Served: Orange
Services: Elder Services

OSCEOLA COUNCIL ON AGING (OCA)
Phone: 407-846-8532
Website: osceolagenerations.org/
Address: 700 Generation Point, Kissimmee, Florida, 34744
Counties Served: Osceola
Services: Primary Care, Food, Chronic Disease, Elder Care, Eligibility/ Insurance

ELIGIBILTY/INSURANCE

ARAB AMERICAN COMMUNITY CENTER
Phone: 407-985-4550
Website: aaccflorida.org
Address: 430 L B McLedo Road, Suite B, Orlando, Florida, 32811
Counties Served: Orange
Services: Eligibility/Insurance, Employment Services, Immigration/ Refugee Services, Legal Services, Abuse- Domestic Violence

OSCEOLA COMMUNITY HEALTH SERVICES-KISSIMMEE
Phone: 407-943-8600
Website: http://osceola.floridahealth.gov/programs-and-services/clinical-and-nutrition-services/fqhc/fqhc-our-services.html
Address: 1703 Business Center Lane, Kissimmee, FL, 34758
Counties Served: Osceola
Services: Eligibility/Insurance, Women's Health, Primary Care, Dental

OSCEOLA COMMUNITY HEALTH SERVICES-POINCIANA
Phone: 407-943-8600
Website: http://osceola.floridahealth.gov/programs-and-services/clinical-and-nutrition-services/fqhc/fqhc-our-services.html
Address: 109 Doverplum Avenue, Poinciana, FL, 34758
Counties Served: Osceola
Services: Women's Health, Eligibility/Insurance, Primary Care, Pediatric Care, Dental

OSCEOLA COMMUNITY HEALTH SERVICES-STADIUM PLACE
Phone: 407-943-8600
Website: http://osceola.floridahealth.gov/programs-and-services/clinical-and-nutrition-services/fqhc/fqhc-our-services.html
Address: 1501 Bill Beck Blvd. Kissimmee, FL, 34733
Counties Served: Osceola
Services: Women's Health, Eligibility/Insurance, Primary Care, Pediatric Care, Optometry/Vision

OSCEOLA COMMUNITY HEALTH SERVICES- ST. CLOUD
Phone: 407-943-8600
Website: http://osceola.floridahealth.gov/programs-and-services/clinical-and-nutrition-services/fqhc/fqhc-our-services.html
Address: 1050 Grape Avenue, St. Cloud, FL, 34769
Counties Served: Osceola
Services: Women's Health, Eligibility/Insurance, Primary Care, Pediatric Care, Dental

OSCEOLA COUNCIL ON AGING (OCA)
Phone: 407-846-8532
Website: osceolagenerations.org/
Address: 700 Generation Point, Kissimmee, Florida, 34744
Counties Served: Osceola,
Services: Primary Care, Food, Chronic Disease, Elder Care, Eligibility/ Insurance

TRUE HEALTH- AIRPORT
Phone: 407-322-8649
Website: mytruehealth.org
Address: 400 West Airport Blvd., Sanford, Florida, 32773
Counties Served: Seminole
Services: Primary Care, Pediatric Care, Laboratory, Eligibility/ Insurance

TRUE HEALTH- CASSELBERRY
Phone: 407-322-8652
Website: mytruehealth.org
Address: 1120 State Road 436, Suite 1600, Casselberry, Florida, 32707
Counties Served: Seminole
Services: Primary Care, Pediatric Care, Dental, Eligibility/ Insurance

TRUE HEALTH- CHENEY WELLNESS COTTAGE
Phone: 407-322-8651
Website: mytruehealth.org
Address: 2000 N. Forsyth Road, Orlando, Florida, 32807
Counties Served: Orange
Services: Primary Care, Pediatric Care, Dental, Eligibility/ Insurance

TRUE HEALTH- HOFFNER
Phone: 407-322-8647
Website: mytruehealth.org
Address: 5449 S. Semoran Blvd., Suite #14, Orlando, Florida, 32822
Counties Served: Orange
Services: Primary Care, Pediatric Care, Women's Health, Eligibility/ Insurance, Laboratory

TRUE HEALTH- LAKE UNDERHILL
Phone: 407-322-8648
Website: mytruehealth.org
Address: 5730 Lake Underhill Road, Orlando, Florida, 32807
Counties Served: Orange
Services: Primary Care, Pediatric Care, Laboratory, Eligibility/ Insurance, Dental

TRUE HEALTH-SANFORD
Phone: 407-322-8645
Website: mytruehealth.org
Address: 4930 East Lake Mary Blvd., Sanford, Florida, 32771
Counties Served: Seminole
Services: Primary Care, Pediatric Care, Women's Health, Eligibility/ Insurance, Laboratory

TRUE HEALTH- SOUTH SIDE
Phone: 407-322-8650
Website: mytruehealth.org
Address: 6101 Lake Ellenor Drive, Suite #105, Orlando, Florida, 32809
Counties Served: Orange
Services: Primary Care, Pediatric Care, Laboratory, Eligibility/ Insurance

TRUE HEALTH- ALAFAYA
Phone: 407-322-8646
Website: mytruehealth.org
Address: 11881 A East Colonial Drive, Orlando, Florida, 32826
Counties Served: Orange
Services: Primary Care, Pediatric Care, Dental, Laboratory, Eligibility/ Insurance

EMERGENCY SERVICES

CATHOLIC CHARITIES OF CENTRAL FLORIDA
Phone: 407-658-1818
Website: cflcc.org
Address: 1772 N. Semoran Blvd., Orlando , Florida, 32807
Counties Served: Orange, Osceola,
Services: Access to Care, Behavioral Health, Emergency Services, Immigration/Refugee Services, Human Trafficking Services, Elder Services

CENTRAL FLORIDA DISASTER MEDICAL COALITION
Phone: 407-286-2930
Website: centralfladisaster.org
Address: 101 Suddanth Drive, Orlando, Florida, 32806
Counties Served: Orange, Osceola, Seminole
Services: Emergency Services

CHRISTIAN SERVICE CENTER OF CENTRAL FLORIDA- DOWNTOWN
Phone: 407-425-2523
Website: christianservicecenter.org/
Address: 808 W. Central Blvd., Orlando, Florida, 32805
Counties Served: Orange
Services: Food, Housing and Homeless Services, Emergency Services

CHRISTIAN SERVICE CENTER OF CENTRAL FLORIDA- WEST ORANGE
Phone: 407-656-6678
Website: christianservicecenter.org/
Address: 300 W. Franklin Street, Ocoee, Florida, 32761
Counties Served: Orange
Services: Food, Housing and Homeless Services, Emergency Services

CHRISTIAN SERVICE CENTER OF CENTRAL FLORIDA- WINTER PARK REDEEMER LUTHERAN CHURCH
Phone: 407-628-1692
Website: christianservicecenter.org/
Address: 3377 Aloma Avenue, Winter Park, Florida, 32792
Counties Served: Orange
Services: Food, Housing and Homeless Services, Emergency Services

COMMUNITY FOOD & OUTREACH CENTER
Phone: 407-650-0774
Website: communityfoodoutreach.org
Address: 150 W. Michigan Street, Suite A, Orlando, Florida, 32806
Counties Served: Orange
Services: Emergency Services, Mental Health, Education, Food

HARVEST TIME INTERNATIONAL, INC.
Phone: 407-328-9900
Website: harvesttime.org/
Address: 225 Harvest Time Drive, Sanford, Florida, 32771
Counties Served: Seminole
Services: Food, Emergency Services

HARVEST TIME INTERNATIONAL, INC.
Phone: 407-416-8100
Website: harvesttime.org/
Address: 2452 Lake Emma Road, Lake Mary, Florida, 32746
Counties Served: Seminole
Services: Food, Emergency Services

THE SALVATION ARMY
Phone: 407-423-8581
Website: salvationarmyorlando.org
Address: 416 West Colonial Drive, Orlando, Florida, 32804
Counties Served: Orange
Services: Housing and Homeless Services, Emergency Services

EMPLOYMENT SERVICES

ARAB AMERICAN COMMUNITY CENTER
Phone: 407-985-4550
Website: aaccflorida.org
Address: 430 L B McLedo Road, Suite B, Orlando, Florida, 32811
Counties Served: Orange
Services: Eligibility/Insurance, Employment Services, Immigration/ Refugee Services, Legal Services, Abuse- Domestic Violence

CAREER SOURCE OF CENTRAL FLORIDA
Phone: 407-531-1222
Website: careersourcecentralflorida.com/contact-us/
Address: Call or Check Website
Counties Served: Orange, Osceola, Seminole
Services: Employment Services

CENTER FOR INDEPENDENT LIVING- WINTER PARK
Phone: 407-623-1070
Website: cilorlando.org/
Address: 720 N. Denning Drive, Winter Park, Florida 32789
Counties Served: Orange
Services: Disabled Adults, Employment Services

CENTRAL FLORIDA EMPLOYMENT COUNCIL
Phone: 407-834-4022
Website: www.cfec.org/
Address: Call or Check Website
Counties Served: Orange, Osceola, Seminole
Services: Employment Services

COMMUNITY HOPE CENTER
Phone: 321-677-0245
Website: hope192.com
Address: 2198 Four Winds Blvd. Kissimmee, Florida, 34746
Counties Served: Osceola
Services: Housing and Homeless Services, Employment Services, Food

COMMUNITY VISION
Phone: 407-933-0870
Website: communityvision.org/
Address: 704 Generation Point, Kissimmee, Florida 34744
Counties Served: Osceola
Services: Resource Connection, Employment Services

DIVISION OF VOCATIONAL REHABILITION
Phone: 407-846-5260; 407-897-2725
Website: rehabworks.org
Address: Call or Check Website
Counties Served: Orange, Osceola, Seminole
Services: Employment Services, Disabled Adults

EMPLOY FLORIDA
Phone: 1800-438-4128
Website: employflorida.com
Address: Call or Check Website
Counties Served: Orange, Osceola, Seminole
Services: Employment Services

FLORIDA SAFTEY COUNCIL, INC.
Phone:
Website: floridasafetycouncil.org
Address: Call or Check Website
Counties Served: Orange, Seminole
Services: Employment Services, Behavioral Health

GOODWILL INDUSTRIES OF CENTRAL FLORIDA, INC.
Phone: 407-857-0659
Website: goodwillcfl.org
Address: 7531 S. Orange Blossom Trail, Orlando, Florida, 32809
Counties Served: Orange, Osceola, Seminole
Services: Employment Services, Education

RESCUE OUTREACH MISSION OF SANFORD
Phone: 407-321-8224
Website: rescueoutreachcfl.org/
Address: 1701 W. 13th Street, Sanford, Florida, 32771
Counties Served: Seminole
Services: Housing and Homeless Services, Employment Services, Food

THE COMMUNITY HOPE CENTER OF OSCEOLA COUNTY
Phone: 321-677-0246
Website: hope192.com
Address: 2198 Four Winds Blvd., Kissimmee, Florida, 34746
Counties Served: Seminole
Services: Food, Employment Services, Housing and Homeless Services, Legal Services

THE ORLANDO VETERANS AFFAIRS MEDICAL CENTER
Phone: 407-631-1000
Website: orlando.va.gov
Address: 13800 Veterans Way, Orlando, Florida, 32827
Counties Served: Orange
Services: Veteran Services, Employment Services, Primary Care, Mental Health

THE ORLANDO-KISSIMMEE VETERANS AFFAIRS MEDICAL CLINIC
Phone: 407-518-5004
Website: orlando.va.gov/locations/kissimmee.asp
Address: 2285 North Central Avenue, Kissimmee, Florida, 34741
Counties Served: Osceola
Services: Veteran Services, Employment Services, Primary Care, Mental Health

UNITED AGAINST POVERTY/ UP ORLANDO
Phone: 407-650-0774
Website: uporlando.org
Address: 150 W. Michigan Street, Orlando, Florida, 32806
Counties Served: Orange
Services: Food, Employment Services, Primary Care

FOOD

CALVARY ASSEMBLY OF GOD
Phone: 407-847-5673
Website: cagkissimmee.net/
Address: 711 N. Thacker, Kissimmee, Florida, 34741
Counties Served: Osceola
Services: Food

CHRISTIAN SERVICE CENTER OF CENTRAL FLORIDA- DOWNTOWN
Phone: 407-425-2523
Website: christianservicecenter.org/
Address: 808 W. Central Blvd, Orlando, Florida, 32805
Counties Served: Orange
Services: Food, Housing And Homeless Services, Emergency Services

CHRISTIAN SERVICE CENTER OF CENTRAL FLORIDA- WEST ORANGE
Phone: 407-656-6678
Website: christianservicecenter.org/
Address: 300 W. Franklin Street, Ocoee, Florida, 32761
Counties Served: Orange
Services: Food, Housing And Homeless Services, Emergency Services

CHRISTIAN SERVICE CENTER OF CENTRAL FLORIDA- WINTER PARK REDEEMER LUTHERAN CHURCH
Phone: 407-628-1692
Website: christianservicecenter.org/
Address: 3377 Aloma Avenue, Winter Park, Florida, 32792
Counties Served: Orange
Services: Food, Housing and Homeless Services, Emergency Services

COMMUNITY FOOD & OUTREACH CENTER
Phone: 407-650-0774
Website: communityfoodoutreach.org
Address: 150 W. Michigan Street, Suite A, Orlando, Florida, 32806
Counties Served: Orange
Services: Emergency Services, Mental Health, Education, Food

COMMUNITY COORDINATED CHILD CARE (4C)
Phone: 321-219-6300
Website: 4cflorida.org
Address: 2220 E. Irlo Bronsom Mem.Hwy. Unite 7, Kissimee, Florida, 34744
Counties Served: Osceola,
Services: Child Services, Food

COMMUNITY HOPE CENTER
Phone: 321-677-0245
Website: hope192.com
Address: 2198 Four Winds Blvd. Kissimmee, Florida, 34746
Counties Served: Osceola
Services: Housing and Homeless Services, Employment Services, Food

FIRST CHRISTIAN CHURCH
Phone: 407-847-2543
Website: Call
Address: 415 N. Main Street, Kissimmee, Florida 34744
Counties Served: Osceola
Services: Food

FIRST CHRISTIAN CHURCH-BVL
Phone: 407-348-6461
Website: Call
Address: 2440 Boggy Creek Road, Kissimmee, Florida 34744
Counties Served: Osceola
Services: Food

HARVEST TIME INTERNATIONAL, INC.
Phone: 407-328-9900
Website: harvesttime.org/
Address: 225 Harvest Time Drive, Sanford, Florida, 32771
Counties Served: Seminole
Services: Food, Emergency Services

HARVEST TIME INTERNATIONAL, INC.
Phone: 407-416-8100
Website: harvesttime.org/
Address: 2452 Lake Emma Road, Lake Mary, Florida, 32746
Counties Served: Seminole
Services: Food, Emergency Services

HISPANIC HEALTH INITIATIVES
Phone: 386-320-0110
Website: hhi2001.org
Address: 70 Spring Vista Drive, Suite 2, Debary, Florida 32713
Counties Served: Orange, Osceola, Seminole
Services: Chronic Disease- Diabetes, Food, Cancer, Primary Care

HOLY REDEEMER CATHOLIC CHURCH
Phone: 407-847-2500
Website: hreedemer.org
Address: 1701 N. Thacker Avenue, Kissimmee, Florida, 34741
Counties Served: Osceola
Services: Food

MT ZION SDA CHURCH
Phone: 407-847-0095
Website: mtzionsda.org/
Address: 2123 Smith Street, Kissimmee, Florida, 34744
Counties Served: Osceola
Services: Food

ORLANDO UNION RESCUE MISSION
Phone: 407-423-3596 Ext.2100/2105
Website: ourm.org
Address: 410 Central Blvd., Orlando, Florida, 32801
Counties Served: Orange
Services: Housing and Homeless Services, Food

ORLANDO UNION RESCUE MISSION
Phone: 407-423-2131
Website: ourm.org
Address: 1525 W. Washington Street, Orlando, Florida, 32805
Counties Served: Orange
Services: Housing and Homeless Services, Food

OSCEOLA CHRISTIAN MINISTRY CENTER
Phone: 407-944-9968
Website: osceolahomeless.com
Address: 700 Union Street, Kissimmee, Florida, 34741
Counties Served: Osceola
Services: Housing and Homeless Services, Food

OSCEOLA COUNCIL ON AGING (OCA)
Phone: 407-846-8532
Website: osceolagenerations.org/
Address: 700 Generation Point, Kissimmee, Florida, 34744
Counties Served: Osceola
Services: Primary Care, Food, Chronic Disease, Elder Care, Eligibility/ Insurance

RESCUE OUTREACH MISSION OF SANFORD
Phone: 407-321-8224
Website: rescueoutreachcfl.org/
Address: 1701 W. 13th Street, Sanford, Florida, 32771
Counties Served: Seminole
Services: Housing and Homeless Services, Employment Services, Food

ROCK CHURCH
Phone: 407-396-7777
Website: therockchurches.com
Address: 5515 W. 192 Irlo Bronson Hwy, Kissimmee, Florida, 34746
Counties Served: Osceola
Services: Food

SECOND HARVEST FOOD BANK
Phone: 407-295-1066
Website: feedhopenow.org
Address: 411 Mercy Drive, Orlando, Florida, 32805
Counties Served: Orange
Services: Food

SOLID ROCK CHURCH OF GOD
Phone: 407-847-3500
Website: Call
Address: 1904 N. Thacker, Kissimme, Florida, 3474
Counties Served: Osceola
Services: Food

ST. CLOUD CHRUCH ALLIANCE
Phone: 407-953-2969
Website: Call
Address: Call
Counties Served: Osceola
Services: Food

ST. CLOUD COMMUNITY PANTRY
Phone: 407-892-7070
Website: stcloudpantry.org/
Address: 901 Missouri Avenue, St. Cloud, Florida, 34769
Counties Served: Osceola
Services: Food

ST. ROSA OF LIMA CATHOLIC CHURCH
Phone: 407-932-5004
Website: srlcc.org
Address: 3870 Pleasant Hill Road, Kissimmee, Florida, 34746
Counties Served: Osceola
Services: Food

THE COMMUNITY HOPE CENTER OF OSCEOLA COUNTY
Phone: 321-677-0246
Website: hope192.com
Address: 2198 Four Winds Blvd. Kissimmee, Florida, 34746
Counties Served: Seminole
Services: Food, Employment Services, Housing and Homeless Services, Legal Services

THE PLACE OF COMFORT
Phone: 407-767-5162
Website: Call or Facebook
Address: 947 Longwood Avenue, Longwood, Florida, 32750
Counties Served: Seminole
Services: Food

THE SHARING CENTER-THE OASIS
Phone: 407-260-9155
Website: thesharingcenter.org/oasis/3928060
Address: 600 N. US Highway 17 92 92 Suite 158, Longwood, Florida 32750
Counties Served: Seminole
Services: Food, Housing and Homeless Services

UNITED AGAINST POVERTY/ UP ORLANDO
Phone: 407-650-0774
Website: uporlando.org
Address: 150 W. Michigan Street, Orlando, Florida, 32806
Counties Served: Orange
Services: Food, Employment Services, Primary Care

HIV/AIDS

ASPIRE HEALTH PARTNER
Phone: 407-245-0045
Website: aspirehp.org
Address: Main Office: 5151 Adanson Street, Suite 200, Orlando, Florida 32804
Counties Served: Orange, Osceola, Seminole
Services: Mental Health, Substance Use, HIV/AIDS

BLISS CARES
Phone: 407-203-5984
Website: blisscares.org
Address: 2901 Curry Ford Road, Suite 106, Orlando, Florida, 32806
Counties Served: Orange
Services: HIV/AIDS, Mental Health

CENTER FOR MULTICULTURAL WELLNESS AND PREVENTION
Phone: 407-648-9440
Website: cmwp.org/our-services/
Address: 600 N. Thacker Avenue, Suite 57&59 Kissimee, Florida, 34741
Counties Served: Osceola
Services: Housing and Homeless Services, HIV/AIDS, Mental Health, Access to Care, Chronic Disease

CENTER FOR MULTICULTURAL WELLNESS AND PREVENTION
Phone: 407-648-9440
Website: cmwp.org/our-services/
Address: 641 N. Rio Grande Avenue, Orlando, Florida, 32805
Counties Served: Orange, Osceola, Seminole
Services: Housing and Homeless Services, HIV/AIDS, Mental Health, Access to Care, Chronic Disease

CENTER FOR MULTICULTURAL WELLNESS AND PREVENTION
Phone: 407-648-9440
Website: cmwp.org/our-services/
Address: 4400 N. Hwy 19A, Suite 10, Mount Dora, Florida, 32757
Counties Served: Orange, Seminole
Services: Housing and Homeless Services, HIV/AIDS, Mental Health, Access to Care, Chronic Disease

DEPARTMENT OF HEALTH- ORANGE COUNTY
Phone: 407-858-1400
Website: orange.floridahealth.gov/
Address: 832 W. Central Blvd., Orlando, Florida, 32805
Counties Served: Orange
Services: Cancer, Dental, Women's Health, HIV/AIDS, STD, Primary Care, Immigration and Refugee Services, Chronic Disease, Child Services

DEPARTMENT OF HEALTH- OSCEOLA COUNTY
Phone: 407-343-2000
Website: osceola.floridahealth.gov
Address: 1875 Fortune Road, Kissimmee, Florida, 34744
Counties Served: Osceola
Services: Women's Health, HIV/AIDS, STD, Primary Care, Immigration/ Refugee Services, Chronic Disease

DEPARTMENT OF HEALTH- SEMINOLE COUNTY
Phone: 407-665-3000
Website: seminole.floridahealth.gov
Address: 400 W. Airport Blvd., Sanford, Florida, 32773
Counties Served: Seminole
Services: Cancer, Dental, Women's Health, HIV/AIDS, STD, Primary Care, Immigration and Refugee Services, Chronic Disease, Child Services

DEVEREUX
Phone: 1-800-338-3738 Ext. 77130
Website: devereux.org/site/PageServer
Address: 6147 Christian Way, Orlando, Florida, 32808
Counties Served: Orange
Services: Mental Health, Substance Use, Women's Health, HIV/AIDS, STD, Primary Care, Immigration and Refugee Services, Chronic Disease

HOPE AND HELP CENTER OF CENTRAL FLORIDA
Phone: 407-645-2576
Website: hopeandhelp.org
Address: 707 Mendham Blvd., Suite 104, Orlando, Florida, 32825
Counties Served: Orange
Services: HIV/AIDS, Primary Care, STD

HOUSING FOR PERSONS LIVING WITH AIDS (HOPWA)
Phone: 850-245-4422
Website: hudexchange.info/programs/hopwa/
Address: Call
Counties Served: Orange, Osceola, Seminole
Services: Housing and Homeless Services, HIV/AIDS

MIRACLE OF LOVE
Phone: 407-843-1760
Website: miracleofloveinc.org/
Address: 741 W. Colonial Drive, Orlando, Florida, 32804
Counties Served: Orange
Services: HIV/AIDS

PLANNED PARENTHOOD
Phone: 407-246-1788
Website: plannedparenthood.org
Address: 11500 University Blvd., Suite B, Orlando, Florida, 32817
Counties Served: Orange
Services: Women's Health, HIV/AIDS, STD

PLANNED PARENTHOOD
Phone: 407-246-1788
Website: plannedparenthood.org
Address: 610 Oak Commons Blvd., Kissimmee, Florida, 34741
Counties Served: Osceola
Services: Women's Health, HIV/AIDS, STD

HOTLINES

CHILD SUPPORT ENFORCEMENT- HOTLINE
Phone: 1-800-622-5437; 1-877-769-0251
Website: floridarevenue.com/childsupport/Contact/Pages/default.aspx
Address: Call
Counties Served: Osceola
Services: Child Services

DEPARTMENT OF CHILDREN AND FAMILIES ABUSE HOTLINE
Phone: 1-800-962-2873
Website: reportabuse.dcf.state.fl.us
Address: Hotline
Counties Served: Orange, Osceola, Seminole
Services: Abuse, Child Services

EMPLOY FLORIDA
Phone: 1-800-438-4128
Website: employflorida.com
Address: Call or Check Website
Counties Served: Osceola, Seminole
Services: Employment Services

NATIONAL DOMESTIC VIOLENCE 24 HR HOTLINE
Phone: 1-800-787-3224
Website: Call
Address: Call
Counties Served: Osceola, Seminole
Services: Abuse

NATIONAL HUMAN TRAFFICKING HOTLINE
Phone: 1-888-373-7888
Website: Call
Address: Call
Counties Served: Osceola, Seminole
Services: Abuse-Domestic Violence, Human Trafficking

NATIONAL SUICIDE PREVENTION LIFELINE
Phone: 1-800-273-8255
Website: Call
Address: Call
Counties Served: Osceola, Seminole
Services: Mental Health

PARENT HOTLINE
Phone: 1-800-352-5693
Website: Hotline
Address: Call
Counties Served: Osceola, Seminole
Services: Child Services

HOUSING/ HOMELESS SERVICES

CENTER FOR MULTICULTURAL WELLNESS AND PREVENTION
Phone: 407-648-9440
Website: cmwp.org/our-services/
Address: 600 N. Thacker Avenue, Suite 57&59, Kissimee, Florida, 34741
Counties Served: Osceola
Services: Housing and Homeless Services, HIV/AIDS, Mental Health, Access to Care, Chronic Disease

CENTER FOR MULTICULTURAL WELLNESS AND PREVENTION
Phone: 407-648-9440
Website: cmwp.org/our-services/
Address: 641 N. Rio Grande Avenue, Orlando, Florida, 32805
Counties Served: Orange, Osceola, Seminole
Services: Housing and Homeless Services, HIV/AIDS, Mental Health, Access to Care, Chronic Disease

CENTER FOR MULTICULTURAL WELLNESS AND PREVENTION
Phone: 407-648-9440
Website: cmwp.org/our-services/
Address: 4400 N. Hwy 19A, Suite 10, Mount Dora, Florida, 32757
Counties Served: Orange, Seminole
Services: Housing and Homeless Services, HIV/AIDS, Mental Health, Access to Care, Chronic Disease

CENTRAL CARE MISSION OF ORLANDO
Phone: 407-299-6146
Website: centralcaremission.com/about/
Address: 4027 Lenox Boulevard, Orlando, Florida, 32811
Counties Served: Orange
Services: Housing and Homeless Services

CENTRAL FLORIDA COMMISSION ON HOMELESSNESS
Phone: 321-710-4663
Website: www.cfchomelessness.org/
Address: 255 S. Orange Avenue, Suite 108, Orlando, Florida, 32801
Counties Served: Orange, Osceola, Seminole
Services: Housing and Homeless Services

CHRISTIAN SERVICE CENTER OF CENTRAL FLORIDA- DOWNTOWN
Phone: 407-425-2523
Website: christianservicecenter.org/
Address: Downtown 808 W. Central Blvd, Orlando, Florida, 32805
Counties Served: Orange
Services: Food, Housing and Homeless Services, Emergency Services

CHRISTIAN SERVICE CENTER OF CENTRAL FLORIDA- WEST ORANGE
Phone: 407-656-6678
Website: christianservicecenter.org/
Address: 300 W Franklin Street, Ocoee, Florida, 32761
Counties Served: Orange
Services: Food, Housing and Homeless Services, Emergency Services

CHRISTIAN SERVICE CENTER OF CENTRAL FLORIDA- WINTER PARK REDEEMER LUTHERAN CHURCH
Phone: 407-628-1692
Website: www.christianservicecenter.org/
Address: 3377 Aloma Avenue, Winter Park, Florida, 32792
Counties Served: Orange
Services: Food, Housing and Homeless Services, Emergency Services

COALITION FOR THE HOMELESS OF CENTRAL FLORIDA
Phone: 407-426-1250
Website: centralfloridahomeless.org/
Address: 18 North Terry Avenue, Orlando, Florida, 32801
Counties Served: Orange
Services: Housing and Homeless Services

COMMUNITY HOPE CENTER
Phone: 321-677-0245
Website: hope192.com
Address: 2198 Four Winds Blvd., Kissimmee, Florida, 34746
Counties Served: Osceola
Services: Housing and Homeless Services, Employment Services, Food

COVENANT HOUSE
Phone: 1-800-441-4478
Website: covenanthousefl.org/
Address: 5931 E. Colonial Drive, Orlando, Florida, 32807
Counties Served: Orange, Osceola, Seminole
Services: Housing and Homeless Services

DAVE'S HOUSE
Phone: 407-457-1282
Website: daveshouseevents.org
Address: P.O. Box 1466, Windermere, Florida, 34786
Counties Served: Orange
Services: Housing and Homeless Services

FAMILIES IN NEED - THROUGH SEMINOLE CO. PUBLIC SCHOOLS
Phone: 407-320-0255
Website: scps.k12.fl.us/district/departments/exceptional-student-support-services/student-services/families-in-need.stml
Address: 400 E. Lake Mary Blvd., Sanford, Florida, 32773
Counties Served: Seminole
Services: Housing and Homeless Services, Childhood Education

FAMILY PROMISE OF GREATER ORLANDO
Phone: 407-893-4580
Website: familypromiseorlando.org
Address: 2313 North Orange Avenue, Orlando, Florida, 32804
Counties Served: Orange
Services: Housing And Homeless Services

GRACE MEDICAL HOME
Phone: 407-936-2785
Website: gracemedicalhome.org
Address: 51 Pennsylvania Street, Orlando, Florida, 32806
Counties Served: Orange
Services: Primary Care, Dental, Mental Health, Laboratory, Chronic Disease, Housing and Homeless Services

HABITAT FOR HUMANITY- GREATER ORLANDO AND OSCEOLA
Phone: 407-648-4567
Website: habitatorlandoosceola.org/
Address: 4116 Silver Star Road, Orlando, Florida, 32808
Counties Served: Orange, Osceola
Services: Housing and Homeless Services

HABITAT FOR HUMANITY- SEMINOLE AND GREATER APOPKA
Phone: 407-688-874
Website: habitatseminoleapopka.org
Address: 1100 Americana Blvd., Sanford, Florida, 32773
Counties Served: Seminole
Services: Housing and Homeless Services

HELPING OTHERS MAKE THE EFFORT (H.O.M.E.)
Phone: 407-932-0943
Website: Call
Address: 924 Determination Way, Kissimmee, Florida, 34741
Counties Served: Osceola
Services: Housing and Homeless Services

HOMELESS SERVICES NETWORK OF CENTRAL FLORIDA
Phone: 407-893-0133
Website: hsncfl.org
Address: 4065 L B McLeod Road, Orlando, Florida, 32811
Counties Served: Orange, Osceola, Seminole
Services: Housing and Homeless Services

HOPE HELPS, INC.
Phone: 407-366-3422
Website: hopehelps.org
Address: 812 Eyrie Drive, Oviedo, Florida, 32765
Counties Served: Orange, Osceola, Seminole
Services: Housing and Homeless Services

HOUSING AND NEIGHBORBOOD DEVELOPMETN SERVICES OF CENTRAL FLORIDA (HANDS)
Phone: 407-447-5686
Website: cflhands.org/home
Address: 1707 Orlando Central Parkway, Suite 350, Orlando, Florida, 32809
Counties Served: Orange
Services: Housing and Homeless Services

HOUSING FOR PERSONS LIVING WITH AIDS (HOPWA)
Phone: 850-245-4422
Website: hudexchange.info/programs/hopwa/
Address: Call
Counties Served: Orange, Osceola, Seminole
Services: Housing and Homeless Services, HIV/AIDS

IDIGNITY
Phone: 407-792-1374
Website: Call
Address: Call
Counties Served: Orange, Osceola, Seminole
Services: Housing and Homeless Services

ORANGE BLOSSOM FAMILY HEALTH- DOWNTOWN ORLANDO
Phone: 407-428-5751
Website: obfh.org/
Address: 232 N. Orange Blossom Trail, Orlando, Florida, 32805
Counties Served: Orange
Services: Primary Care, Dental, Optometry/Vision, Substance Use, Behavioral Health, Mental Health, Housing and Homeless Services

ORANGE BLOSSOM FAMILY HEALTH/ HEALTH CARE CENTER FOR THE HOMELESS
Phone: 407-428-5751
Website: hcch.org
Address: 232 North Orange Blossom Trail, Orlando, Florida, 32805
Counties Served: Orange
Services: Primary Care, Substance Use, Housing and Homeless Services, Mental Health, Substance Use

ORLANDO UNION RESCUE MISSION
Phone: 407-423-3596 Ext. 2100/2105
Website: ourm.org
Address: 410 Central Blvd., Orlando, Florida, 32801
Counties Served: Orange
Services: Housing and Homeless Services, Food

ORLANDO UNION RESCUE MISSION
Phone: 407-423-2131
Website: ourm.org
Address: 1525 W. Washington Street, Orlando, Florida, 32805
Counties Served: Orange
Services: Housing and Homeless Services, Food

OSCEOLA CHRISTIAN MINISTRY CENTER
Phone: 407-944-9968
Website: osceolahomeless.com
Address: 700 Union Street, Kissimmee, Florida, 34741
Counties Served: Osceola
Services: Housing and Homeless Services, Food

PATHWAYS DROP-IN CENTER
Phone: 407-843-5530
Website: pathwaysdropin.org/
Address: 1313 30th Street, Orlando, Florida, 32805
Counties Served: Orange
Services: Housing and Homeless Services

PATHWAYS TO CARE
Phone: 407-658-1818
Website: https://cflcc.org/pathways-to-care/
Address: 1819 N. Semonran Blvd., Orlando, Florida, 32807
Counties Served: Orange
Services: Housing and Homeless Services

PATHWAYS TO HOME
Phone: 407-268-6363
Website: pathwaystohome.org
Address: 2921 S. Orlando Drive, Suite 150, Sanford, Florida, 32773
Counties Served: Seminole
Services: Housing and Homeless Services

RESCUE OUTREACH MISSION OF SANFORD
Phone: 407-321-8224
Website: rescueoutreachcfl.org/
Address: 1701 W. 13th Street, Sanford, Florida, 32771
Counties Served: Seminole
Services: Housing and Homeless Services, Employment Services, Food

SALVATION ARMY (ORLANDO AREA)
Phone: 407-423-8581 Ext. 26480
Website: salvationarmyorlando.org/
Address: 624 Lexington Avenue, Orlando, Florida, 32804
Counties Served: Orange, Osceola, Seminole
Services: Housing and Homeless Services

SALVATION ARMY: WOMENS SHELTER
Phone: 407-423-8581 Ext. 26491
Website: salvationarmyorlando.org/
Address: 400 W. Colonial Drive, Orlando, Florida, 32804
Counties Served: Orange
Services: Housing and Homeless Services

SAMARITAN RESOURCE CENTER
Phone: 407-482-0600
Website: samaritanresourcecenter.org/
Address: 9837 E. Colonial Drive, Orlando, Florida, 32817
Counties Served: Orange
Services: Housing and Homeless Services

THE COMMUNITY HOPE CENTER OF OSCEOLA COUNTY
Phone: 321-677-0246
Website: hope192.com
Address: 2198 Four Winds Blvd.. Kissimmee, Florida, 34746
Counties Served: Seminole
Services: Food, Employment Services, Housing and Homeless Services, Legal Services

THE SALVATION ARMY
Phone: 407-423-8581
Website: salvationarmyorlando.org
Address: 416 West Colonial Drive, Orlando, Florida, 32804
Counties Served: Orange
Services: Housing and Homeless Services, Emergency Services

THE SHARING CENTER-THE OASIS
Phone: 407-260-9155
Website: thesharingcenter.org/oasis/3928060
Address: 600 N. Hwy 17-92, Suite 158, Longwood, Florida 32750
Counties Served: Seminole
Services: Food, Housing and Homeless Services

WAYNE DENSCH CENTER
Phone: 407-599-3900
Website: abilityhousing.org/wayne-densch-center/
Address: 100-102 Kingston Ct, Orlando, Florida, 32810
Counties Served: Orange
Services: Housing and Homeless Services, Mental Health, Substance Use

ZEBRA COALITION
Phone: 407-228-1446
Website: zebrayouth.org/
Address: 911 N. Mills Avenue, Orlando, Florida, 32803
Counties Served: Orange
Services: Housing and Homeless Services, Mental Health

HUMAN TRAFFICKING

CATHOLIC CHARITIES OF CENTRAL FLORIDA
Phone: 407-658-1818
Website: cflcc.org
Address: 1772 N. Semoran Blvd., Orlando, Florida, 32807
Counties Served: Orange, Osceola,
Services: Access to Care, Behavioral Health, Emergency Services, Immigration/Refugee Services, Human Trafficking Services, Elder Services

HELP NOW OF OSCEOLA, INC.
Phone: 407-847-8562; 407-846-2472
Website: helpnowshelter.org
Address: 1000 W. Emmett Street, Kissimee, Florida, 34741
Counties Served: Osceola
Services: Abuse- Domestic And Child, Human Trafficking, Mental Health

NATIONAL HUMAN TRAFFICKING HOTLINE
Phone: 1-888-373-7888
Website: Call
Address: Call
Counties Served: Orange, Osceola, Seminole
Services: Abuse-Domestic Violence, Human Trafficking

IMMIGRATION

ARAB AMERICAN COMMUNITY CENTER
Phone: 407-985-4550
Website: aaccflorida.org
Address: 430 L B McLedo Road, Suite B, Orlando, Florida, 32811
Counties Served: Orange
Services: Eligibility/Insurance, Employment Services, Immigration/ Refugee Services, Legal Services, Abuse- Domestic Violence

CATHOLIC CHARITIES OF CENTRAL FLORIDA
Phone: 407-658-1818
Website: cflcc.org
Address: 1772 N. Semoran Blvd., Orlando, Florida, 32807
Counties Served: Orange, Osceola
Services: Access to Care, Behavioral Health, Emergency Services, Immigration/Refugee Services, Human Trafficking Services, Elder Services

DEPARTMENT OF HEALTH- ORANGE COUNTY
Phone: 407-858-1400
Website: orange.floridahealth.gov/
Address: 832 W. Central Blvd., Orlando, Florida, 32805
Counties Served: Orange
Services: Cancer, Dental, Women's Health, HIV/AIDS, STD, Primary Care, Immigration and Refugee Services, Chronic Disease, Child Services

DEPARTMENT OF HEALTH- OSCEOLA COUNTY
Phone: 407-343-2000
Website: osceola.floridahealth.gov
Address: 1875 Fortune Road, Kissimmee, Florida, 34744
Counties Served: Osceola
Services: Women's Health, HIV/AIDS, STD, Primary Care, Immigration/ Refugee Services, Chronic Disease

DEPARTMENT OF HEALTH- SEMINOLE COUNTY
Phone: 407-665-3000
Website: seminole.floridahealth.gov
Address: 400 W. Airport Blvd., Sanford, Florida, 32773
Counties Served: Seminole
Services: Cancer, Dental, Women's Health, HIV/AIDS, STD, Primary Care, Immigration and Refugee Services, Chronic Disease, Child Services

DEVEREUX
Phone: 1-800-338-3738 x77130
Website: devereux.org/site/PageServer
Address: 6147 Christian Way, Orlando, Florida 32808
Counties Served: Orange
Services: Mental Health, Substance Use, Women's Health, HIV/AIDS, STD, Primary Care, Immigration and Refugee Services, Chronic Disease

LABORATORY

COMMUNITY HEALTH CENTERS
Phone: 407-905-8827
Website: chcfl.org
Address: Call or Check Website
Counties Served: Orange, Seminole
Services: Primary Care, Behavioral Health, Women's Health, Dental, Pediatric Care, Laboratory, Optometry/ Vision

GRACE MEDICAL HOME
Phone: 407-936-2785
Website: gracemedicalhome.org
Address: 51 Pennsylvania Street, Orlando, Florida, 32806
Counties Served: Orange
Services: Primary Care, Dental, Mental Health, Laboratory, Chronic Disease, Housing and Homeless Services

TRUE HEALTH- AIRPORT
Phone: 407-322-8649
Website: mytruehealth.org
Address: 400 West Airport Blvd., Sanford, Florida, 32773
Counties Served: Seminole
Services: Primary Care, Pediatric Care, Laboratory, Eligibility/ Insurance

TRUE HEALTH- ALAFAYA
Phone: 407-322-8646
Website: mytruehealth.org
Address: 11881 A East Colonial Drive, Orlando, Florida, 32826
Counties Served: Orange
Services: Primary Care, Pediatric Care, Dental, Laboratory, Eligibility/ Insurance

TRUE HEALTH- HOFFNER
Phone: 407-322-8647
Website: mytruehealth.org
Address: 5449 S. Semoran Blvd., Suite #14, Orlando, Florida, 32822
Counties Served: Orange
Services: Primary Care, Pediatric Care, Women's Health, Eligibility/ Insurance, Laboratory

TRUE HEALTH-SANFORD
Phone: 407-322-8645
Website: mytruehealth.org
Address: 4930 East Lake Mary Blvd., Sanford, Florida, 32771
Counties Served: Seminole
Services: Primary Care, Pediatric Care, Women's Health, Eligibility/ Insurance, Laboratory

TRUE HEALTH- SOUTH SIDE
Phone: 407-322-8650
Website: mytruehealth.org
Address: 6101 Lake Ellenor Drive, Suite #105, Orlando, Florida, 32809
Counties Served: Orange
Services: Primary Care, Pediatric Care, Laboratory, Eligibility/ Insurance

TRUE HEALTH- LAKE UNDERHILL
Phone: 407-322-8648
Website: mytruehealth.org
Address: 5730 Lake Underhill Road, Orlando, Florida, 32807
Counties Served: Orange
Services: Primary Care, Pediatric Care, Laboratory, Eligibility/ Insurance, Dental

LEGAL SERVICES

ARAB AMERICAN COMMUNITY CENTER
Phone: 407-985-4550
Website: aaccflorida.org
Address: 430 L B McLeod Road, Suite B, Orlando, Florida, 32811
Counties Served: Orange
Services: Eligibility/Insurance, Employment Services, Immigration/ Refugee Services, Legal Services, Abuse- Domestic Violence

THE COMMUNITY HOPE CENTER OF OSCEOLA COUNTY
Phone: 321-677-0246
Website: hope192.com
Address: 2198 Four Winds Blvd. Kissimmee, Florida, 34746
Counties Served: Seminole
Services: Food, Employment Services, Housing and Homeless Services, Legal Services

MENTAL HEALTH

ASPIRE HEALTH PARTNER
Phone: 407-245-0045
Website: aspirehp.org
Address: Main Office 5151 Adanson Street, Suite 200, Orlando, Florida 32804
Counties Served: Orange, Osceola, Seminole
Services: Mental Health, Substance Use, HIV/AIDS

ASPIRE HEALTH PARTNERS- DRUG TREATMENT SERVICES OF OSCEOLA COUNTY
Phone: 407-245-0046
Website: aspirehp.org
Address: 2450 Michigan Avenue, Kissimmee, Florida, 34744
Counties Served: Osceola
Services: Mental Health, Substance Use

CENTER FOR MULTICULTURAL WELLNESS AND PREVENTION
Phone: 407-648-9440
Website: cmwp.org/our-services/
Address: 600 N. Thacker Avenue, Suite 57&59 Kissimee, Florida, 34741
Counties Served: Osceola
Services: Housing and Homeless Services, HIV/AIDS, Mental Health, Access to Care, Chronic Disease

CENTER FOR MULTICULTURAL WELLNESS AND PREVENTION
Phone: 407-648-9440
Website: cmwp.org/our-services/
Address: 641 N. Rio Grande Avenue, Orlando, Florida, 32805
Counties Served: Orange, Osceola, Seminole
Services: Housing and Homeless Services, HIV/AIDS, Mental Health, Access to Care, Chronic Disease

CENTER FOR MULTICULTURAL WELLNESS AND PREVENTION
Phone: 407-648-9440
Website: cmwp.org/our-services/
Address: 4400 N. Hwy 19A, Suite 10, Mount Dora, Florida, 32757
Counties Served: Orange, Seminole
Services: Housing and Homeless Services, HIV/AIDS, Mental Health, Access to Care, Chronic Disease

DEVEREUX
Phone: 1-800-338-3738 x77130
Website: devereux.org/site/PageServer
Address: 6147 Christian Way, Orlando Florida 32808
Counties Served: Orange
Services: Mental Health, Substance Use, Women's Health, HIV/AIDS, STD, Primary Care, Immigration and Refugee Services, Chronic Disease

GRACE MEDICAL HOME
Phone: 407-936-2785
Website: gracemedicalhome.org
Address: 51 Pennsylvania Street, Orlando, Florida, 32806
Counties Served: Orange
Services: Primary Care, Dental, Mental Health, Laboratory, Chronic Disease, Housing and Homeless Services

HELP NOW OF OSCEOLA, INC.
Phone: 407-847-8562; 407-846-2472
Website: helpnowshelter.org
Address: 1000 W. Emmett Street, Kissimee, Florida, 34741
Counties Served: Osceola
Services: Abuse- Domestic and Child, Human Trafficking Services, Mental Health

KINDER KONSULTING & PARENTS TOO
Phone: 407-657-6692
Website: kinderkonsulting.com/
Address: 2479 Aloma Avenue, Winter Park, Florida, 32792
Counties Served: Orange
Services: Mental Health- Youth, Behavioral Health, Behavioral Health

LA AMISTAD RESIDENTAL TREATMENT CENTER
Phone: 407-647-0660
Website: lamistad.com
Address: 1650 N. Park Avenue, Maitland, Florida, 32751
Counties Served: Orange
Services: Mental Health, Behavioral Health

NATIONAL SUICIDE PREVENTION LIFELINE
Phone: 1-800-273-8255
Website: Call
Address: Call
Counties Served: Orange, Osceola, Seminole
Services: Mental Health

ORANGE BLOSSOM FAMILY HEALTH- DOWNTOWN ORLANDO
Phone: 407-428-5751
Website: obfh.org/
Address: 232 N. Orange Blossom Trail, Orlando, Florida, 32805
Counties Served: Orange
Services: Primary Care, Dental, Optometry/Vision, Substance Use, Behavioral Health, Mental Health, Housing and Homeless Services

ORANGE BLOSSOM FAMILY HEALTH/ HEALTH CARE CENTER FOR THE HOMELESS
Phone: 407-428-5751
Website: hcch.org
Address: 232 North Orange Blossom Trail, Orlando, Florida, 32805
Counties Served: Orange
Services: Primary Care, Substance Use, Housing and Homeless Services, Mental Health, Substance Use

ORLANDO BEHAVIORAL HEALTH- EAST ORLANDO
Phone: 407-647-1781
Website: orlandobehavioral.com/
Address: 10967 Lake Underhill Road, Suite 113, Orlando, Florida, 32825
Counties Served: Orange
Services: Mental Health, Substance Use

ORLANDO BEHAVIORAL HEALTH- KISSIMMEE
Phone: 407-647-1720
Website: orlandobehavioral.com/
Address: 321 W. Oak Street, Kissimmee, Florida, 34741
Counties Served: Osceola
Services: Mental Health, Substance Use

ORLANDO BEHAVIORAL HEALTH- LAKE MARY
Phone: 407-647-1718
Website: orlandobehavioral.com/
Address: 743 Stirling Center Place, Lake Mary, Florida, 32746
Counties Served: Seminole
Services: Mental Health, Substance Use

ORLANDO BEHAVIORAL HEALTH- MAITLAND
Phone: 407-647-1719
Website: orlandobehavioral.com/
Address: 260 Lookout Place, Suite 202, Maitland, Florida, 32751
Counties Served: Orange
Services: Mental Health, Substance Use

ORLANDO BEHAVIORAL HEALTH-WINDERMERE
Phone: 407-647-1721
Website: orlandobehavioral.com/
Address: 6735 Conroy Road, Suite 221, Orlando, Flordia, 32835
Counties Served: Orange
Services: Mental Health, Substance Use

PARK PLACE BEHAVIORAL HEALTH
Phone: 407-846-0068; 407-846-0023; Pointciana 321-402-0690
Website: ppbh.org
Address: Check Website
Counties Served: Osceola
Services: Mental Health, Substance Use

SEMINOLE BEHAVIORAL HEALTHCARE
Phone: 407-831-2411
Website: aspirehelthpartners.com
Address: 237 Fernwood Blvd., Fern Park, Florida, 32730
Counties Served: Seminole
Services: Mental Health, Behavioral Health

THE CHRYSALIS CENTER, INC.
Phone: 407-219-9304
Website: chrysalishealth.com/
Address: 1703 W Colonial Drive, Orlando, Florida, 32804
Counties Served: Orange
Services: Mental Health, Substance Use

THE MENTAL HEALTH ASSOCIATION OF CENTRAL FLORIDA
Phone: 407-898-0110
Website: mhacf.org
Address: 1525 E. Robinson Street, Orlando, Florida, 32801
Counties Served: Orange
Services: Substance Use, Mental Health

THE ORLANDO-KISSIMMEE VETERAS AFFAIRS MEDICAL CLINIC-
Phone: 407-518-5004
Website: orlando.va.gov/locations/kissimmee.asp
Address: 2285 North Central Avenue, Kissimmee, Florida, 34741
Counties Served: Osceola
Services: Veteran Services, Employment Services, Primary Care, Mental Health

UNIVERSITY BEHAVIORAL HEALTH CENTER
Phone: 407-281-7000
Website: universitybehavioral.com/
Address: 2500 Discovery Drive, Orlando, Florida, 32826
Counties Served: Orange
Services: Mental Health (Adults and Children), Substance Use

WAYNE DENSCH CENTER
Phone: 407-599-3900
Website: abilityhousing.org/wayne-densch-center/
Address: 100-102 Kingston Ct, Orlando, Florida, 32810
Counties Served: Orange
Services: Housing and Homeless Services, Mental Health, Substance Use

WRAPAROUND ORANGE
Phone: 407-836-1581
Website: wraparoundorange.net/
Address: Call
Counties Served: Orange
Services: Mental Health

ZEBRA COALITION
Phone: 407-228-1446
Website: zebrayouth.org/
Address: 911 N. Mills Avenue, Orlando, Florida,
Counties Served: Orange
Services: Housing and Homeless Services, Mental Health

THE ORLANDO VETERANS AFFAIRS MEDICAL CENTER
Phone: 407-631-1000
Website: orlando.va.gov
Address: 13800 Veterans Way, Orlando, Florida, 32827
Counties Served: Orange
Services: Veteran Services, Employment Services, Primary Care, Mental Health

OPTOMETRY/ VISION

COMMUNITY HEALTH CENTERS
Phone: 407-905-8827
Website: chcfl.org
Address: Call or Check Website
Counties Served: Orange, Seminole
Services: Primary Care, Behavioral Health, Women's Health, Dental, Pediatric Care, Laboratory, Optometry/ Vision

ORANGE BLOSSOM FAMILY HEALTH- DOWNTOWN ORLANDO
Phone: 407-428-5751
Website: obfh.org/
Address: 232 N. Orange Blossom Trail, Orlando, Florida, 32805
Counties Served: Orange
Services: Primary Care, Dental, Optometry/Vision, Substance Use, Behavioral Health, Mental Health, Housing and Homeless Services

ORANGE BLOSSOM FAMILY HEALTH- IVEY LANE
Phone: 407-428-5755
Website: obfh.org/
Address: 4426 Old Winter Garden Road, Orlando, Florida, 32811
Counties Served: Orange
Services: Primary Care, Dental, Optometry/Vision, Behavioral Health

OSCEOLA COMMUNITY HEALTH SERVICES- STADIUM PLACE
Phone: 407-943-8600
Website: osceola.floridahealth.gov/programs-and-services/clinical-and-nutrition-services/fqhc/fqhc-our-services.html
Address: 1501 Bill Beck Blvd. Kissimmee, Florida, 34733
Counties Served: Osceola
Services: Women's Health, Eligibility/Insurance, Primary Care, Pediatric Care, Optometry/Vision

PEDIATRIC CARE

COMMUNITY HEALTH CENTERS
Phone: 407-905-8827
Website: chcfl.org
Address: Call or Check Website
Counties Served: Orange, Seminole
Services: Primary Care, Behavioral Health, Women's Health, Dental, Pediatric Care, Laboratory, Optometry/ Vision

COMMUNITY HEALTH CENTERS- APOPKA, PEDIATRIC
Phone: 407-905-8827
Website: chcfl.org
Address: 618 S. Forest Avenue, Apopka, Florida, 32703
Counties Served: Orange
Services: Primary Care, Pediatric Care

COMMUNITY HEALTH CENTERS- BITHLO
Phone: 407-322-8645
Website: chcfl.org
Address: 19108 E. Colonial Drive, Orlando, Florida, 32820
Counties Served: Orange
Services: Behavioral Health, Primary Care, Pediatric Care

COMMUNITY HEALTH CENTERS-MEADOW WOODS
Phone: 407-905-8827
Website: chcfl.org
Address: 849 Greenway Professional Ct., Orlando, Florida, 32824
Counties Served: Orange
Services: Pediatric Care, Primary Care, Dental

COMMUNITY HEALTH CENTERS- PINE HILLS
Phone: 407-905-8827
Website: chcfl.org
Address: 840 Mercy Drive, Orlando, Florida, 32808
Counties Served: Orange
Services: Primary Care, Women's Health, Dental, Pediatric Care

COMMUNITY HEALTH CENTERS-WINTER GARDEN
Phone: 407-645-2576
Website: hopeandhelp.org
Address: 13275 W. Colonial Drive, Winter Garden, Florida, 34787
Counties Served: Orange
Services: Pediatric Care, Primary Care, Dental

OSCEOLA COMMUNITY HEALTH SERVICES-BUENAVENTURA LAKES
Phone: 407-943-8600
Website: osceola.floridahealth.gov/programs-and-services/clinical-and-nutrition-services/fqhc/fqhc-our-services.html
Address: 2622 Simpson Road, Kissimmee, Florida, 34743
Counties Served: Osceola
Services: Primary Care, Pediatric Care, Women's Health

OSCEOLA COMMUNITY HEALTH SERVICES- POINCIANA
Phone: 407-943-8600
Website: osceola.floridahealth.gov/programs-and-services/clinical-and-nutrition-services/fqhc/fqhc-our-services.html
Address: 109 Doverplum Avenue, Poinciana, Florida, 34758
Counties Served: Osceola
Services: Women's Health, Eligibility/Insurance, Primary Care, Pediatric Care, Dental

OSCEOLA COMMUNITY HEALTH SERVICES- ST. CLOUD
Phone: 407-943-8600
Website: osceola.floridahealth.gov/programs-and-services/clinical-and-nutrition-services/fqhc/fqhc-our-services.html
Address: 1050 Grape Avenue, St. Cloud, Florida, 34769
Counties Served: Osceola
Services: Women's Health, Eligibility/Insurance, Primary Care, Pediatric Care, Dental

OSCEOLA COMMUNITY HEALTH SERVICES- STADIUM PLACE
Phone: 407-943-8600
Website: osceola.floridahealth.gov/programs-and-services/clinical-and-nutrition-services/fqhc/fqhc-our-services.html
Address: 1501 Bill Beck Blvd. Kissimmee, Florida, 34733
Counties Served: Osceola
Services: Women's Health, Eligibility/Insurance, Primary Care, Pediatric Care, Optometry/Vision

TRUE HEALTH- AIRPORT
Phone: 407-322-8649
Website: mytruehealth.org
Address: 400 West Airport Blvd., Sanford, Florida, 32773
Counties Served: Seminole
Services: Primary Care, Pediatric Care, Laboratory, Eligibility/ Insurance

TRUE HEALTH- ALAFAYA
Phone: 407-322-8646
Website: mytruehealth.org
Address: 11881 A East Colonial Drive, Orlando, Florida, 32826
Counties Served: Orange
Services: Primary Care, Pediatric Care, Dental, Laboratory, Eligibility/ Insurance

TRUE HEALTH- CASSELBERRY
Phone: 407-322-8652
Website: mytruehealth.org
Address: 1120 State Road 436, Suite 1600, Casselberry, Florida, 32707
Counties Served: Seminole
Services: Primary Care, Pediatric Care, Dental, Eligibility/ Insurance

TRUE HEALTH- CHENEY WELLNESS COTTAGE
Phone: 407-322-8651
Website: mytruehealth.org
Address: 2000 N. Forsyth Road, Orlando, Florida, 32807
Counties Served: Orange
Services: Primary Care, Pediatric Care, Dental, Eligibility/ Insurance

TRUE HEALTH- HOFFNER
Phone: 407-322-8647
Website: mytruehealth.org
Address: 5449 S. Semoran Blvd., Suite #14, Orlando, Florida, 32822
Counties Served: Orange
Services: Primary Care, Pediatric Care, Women's Health, Eligibility/ Insurance, Laboratory

TRUE HEALTH- LAKE UNDERHILL
Phone: 407-322-8648
Website: mytruehealth.org
Address: 5730 Lake Underhill Road, Orlando, Florida, 32807
Counties Served: Orange
Services: Primary Care, Pediatric Care, Laboratory, Eligibility/ Insurance, Dental

TRUE HEALTH-SANFORD
Phone: 407-322-8645
Website: mytruehealth.org
Address: 4930 East lake Mary Blvd., Sanford, Florida, 32771
Counties Served: Seminole
Services: Primary Care, Pediatric Care, Women's Health, Eligibility/ Insurance, Laboratory

TRUE HEALTH- SOUTH SIDE
Phone: 407-322-8650
Website: mytruehealth.org
Address: 6101 Lake Ellenor Drive, Suite #105, Orlando, Florida, 32809
Counties Served: Orange
Services: Primary Care, Pediatric Care, Laboratory, Eligibility/ Insurance

PRIMARY CARE

COMMUNITY HEALTH CENTERS
Phone: 407-905-8827
Website: chcfl.org
Address: Call or Check Website
Counties Served: Orange, Seminole
Services: Primary Care, Behavioral Health, Women's Health, Dental, Pediatric Care, Laboratory, Optometry/ Vision

COMMUNITY HEALTH CENTERS- APOPKA, FAMILY & OBGYN
Phone: 407-905-8827
Website: chcfl.org
Address: 225 E. Seventh Street, Apopka, Florida, 32703
Counties Served: Orange
Services: Primary Care, Women's Health

COMMUNITY HEALTH CENTERS- APOPKA, PEDIATRIC
Phone: 407-905-8827
Website: chcfl.org
Address: 618 S. Forest Avenue, Apopka, Florida, 32703
Counties Served: Orange
Services: Primary Care, Pediatric Care

COMMUNITY HEALTH CENTERS- BITHLO
Phone: 407-905-8827
Website: chcfl.org
Address: 19108 E. Colonial Drive, Orlando, Florida, 32820
Counties Served: Orange
Services: Behavioral Health, Primary Care, Pediatric Care

COMMUNITY HEALTH CENTERS-MEADOW WOODS
Phone: 407-905-8827
Website: chcfl.org
Address: 849 Greenway Professional Ct., Orlando, Florida, 32824
Counties Served: Orange
Services: Pediatric Care, Primary Care, Dental

COMMUNITY HEALTH CENTERS- FOREST CITY
Phone: 407-905-8827
Website: chcfl.org
Address: 7900 Forest City Road, Orlando, Florida, 32810
Counties Served: Orange, Seminole
Services: Primary Care, Dental

COMMUNITY HEALTH CENTERS- PINE HILLS
Phone: 407-905-8827
Website: chcfl.org
Address: 840 Mercy Drive, Orlando, Florida, 32808
Counties Served: Orange
Services: Primary Care, Women's Health, Dental, Pediatric Care

COMMUNITY HEALTH CENTERS-WINTER GARDEN
Phone: 407-905-8827
Website: chcfl.org
Address: 13275 W. Colonial Drive, Winter Garden, Florida, 34787
Counties Served: Orange
Services: Pediatric Care, Primary Care, Dental

DEPARTMENT OF HEALTH- ORANGE COUNTY
Phone: 407-858-1400
Website: orange.floridahealth.gov/
Address: 832 W. Central Blvd., Orlando, Florida, 32805
Counties Served: Orange
Services: Cancer, Dental, Women's Health, HIV/AIDS, STD, Primary Care, Immigration and Refugee Services, Chronic Disease, Child Services

DEPARTMENT OF HEALTH- OSCEOLA COUNTY
Phone: 407-343-2000
Website: osceola.floridahealth.gov
Address: 1875 Fortune Road, Kissimmee, Florida, 34744
Counties Served: Osceola
Services: Women's Health, HIV/AIDS, STD, Primary Care, Immigration/ Refugee Services, Chronic Disease

DEPARTMENT OF HEALTH- SEMINOLE COUNTY
Phone: 407-665-3000
Website: seminole.floridahealth.gov
Address: 400 W. Airport Blvd., Sanford, Florida, 32773
Counties Served: Seminole
Services: Cancer, Dental, Women's Health, HIV/AIDS, STD, Primary Care, Immigration and Refugee Services, Chronic Disease, Child Services

DEVEREUX
Phone: 1-800-338-3738 Ext: 77130
Website: devereux.org/site/PageServer
Address: 6147 Christian Way, Orlando Florida 32808
Counties Served: Orange
Services: Mental Health, Substance Use, Women's Health, HIV/AIDS, STD, Primary Care, Immigration and Refugee Services, Chronic Disease

GRACE MEDICAL HOME
Phone: 407-936-2785
Website: gracemedicalhome.org
Address: 51 Pennsylvania Street, Orlando, Florida, 32806
Counties Served: Orange
Services: Primary Care, Dental, Mental Health, Laboratory, Chronic Disease, Housing and Homeless Services

HEALTHCARE ACCESS ALLIANCE
Phone: 407-952-9233
Website: healhaccessall.org
Address: 7124 Hiawassee Overlook Drive, Orlando, Florida, 32835
Counties Served: Orange
Services: Primary Care, Resource Connection

HISPANIC HEALTH INITIATIVES
Phone: 386-320-0110
Website: hhi2001.org
Address: 70 Spring Vista Drive, Suite 2, Debary, Florida 32713
Counties Served: Orange, Osceola, Seminole
Services: Chronic Disease- Diabetes, Food, Cancer, Primary Care

HOPE AND HELP CENTER OF CENTRAL FLORIDA
Phone: 407-645-2576
Website: hopeandhelp.org
Address: 707 Mendham Blvd., Suite 104, Orlando, Florida, 32825
Counties Served: Orange
Services: HIV/AIDS, Primary Care, STD

ORANGE BLOSSOM FAMILY HEALTH- DOWNTOWN ORLANDO
Phone: 407-428-5751
Website: obfh.org/
Address: 232 N. Orange Blossom Trail, Orlando, Florida, 32805
Counties Served: Orange
Services: Primary Care, Dental, Optometry/Vision, Substance Use, Behavioral Health, Mental Health, Housing and Homeless Services

ORANGE BLOSSOM FAMILY HEALTH/ HEALTH CARE CENTER FOR THE HOMELESS
Phone: 407-428-5751
Website: hcch.org
Address: 232 North Orange Blossom Trail, Orlando, Florida, 32805
Counties Served: Orange
Services: Primary Care, Substance Use, Housing and Homeless Services, Mental Health, Substance Use

ORANGE BLOSSOM FAMILY HEALTH- IVEY LANE
Phone: 407-428-5755
Website: obfh.org/
Address: 4426 Old Winter Garden Road, Orlando, Florida, 32811
Counties Served: Orange
Services: Primary Care, Dental, Optometry/Vision, Behavioral Health

ORANGE BLOSSOM FAMILY HEALTH- KISSIMMEE
Phone: 407-428-5753
Website: obfh.org/
Address: 2198 Four Winds Blvd., Kissimmee, Florida, 34746
Counties Served: Osceola
Services: Primary Care, Dental, Behavioral Health

ORANGE BLOSSOM FAMILY HEALTH- NORTH PINE HILLS- EVANS HIGH SCHOOL
Phone: 407-428-5757
Website: obfh.org/
Address: 3100 Evans Trojans Way, Orlando, Florida, 32808
Counties Served: Orange
Services: Primary Care, Dental, Behavioral Health

ORANGE BLOSSOM FAMILY HEALTH- PEDIATRICS
Phone: 407-428-5752
Website: obfh.org/
Address: 701 W. Livingston Street, Building 800, Orlando, Florida, 32805
Counties Served: Orange
Services: Primary Care, Dental, Behavioral Health

ORANGE BLOSSOM FAMILY HEALTH- SANFORD
Phone: 407-428-5754
Website: obfh.org/
Address: 225 N. Kennel Road, Sanford, Florida, 32771
Counties Served: Seminole
Services: Primary Care, Dental

ORANGE BLOSSOM FAMILY HEALTH- SOUTH ORLANDO/UP ORLANDO
Phone: 407-428-5756
Website: obfh.org/
Address: 150 W. Michigan Street, Orlando, Florida, 32805
Counties Served: Orange
Services: Primary Care, Behavioral Health

OSCEOLA COMMUNITY HEALTH SERVICES-BUENAVENTURA LAKES
Phone: 407-943-8600
Website: osceola.floridahealth.gov/programs-and-services/clinical-and-nutrition-services/fqhc/fqhc-our-services.html
Address: 2622 Simpson Road, Kissimmee, Florida, 34743
Counties Served: Osceola
Services: Primary Care, Pediatric Care, Women's Health

OSCEOLA COMMUNITY HEALTH SERVICES-KISSIMMEE
Phone: 407-943-8600
Website: osceola.floridahealth.gov/programs-and-services/clinical-and-nutrition-services/fqhc/fqhc-our-services.html
Address: 1703 Business Center Lane, Kissimmee, Florida, 34758
Counties Served: Osceola
Services: Eligibility/Insurance, Women's Health, Primary Care, Dental

OSCEOLA COMMUNITY HEALTH SERVICES-POINCIANA
Phone: 407-943-8600
Website: osceola.floridahealth.gov/programs-and-services/clinical-and-nutrition-services/fqhc/fqhc-our-services.html
Address: 109 Doverplum Avenue, Poinciana, Florida, 34758
Counties Served: Osceola
Services: Women's Health, Eligibility/Insurance, Primary Care, Pediatric Care, Dental

OSCEOLA COMMUNITY HEALTH SERVICES- ST. CLOUD
Phone: 407-943-8600
Website: osceola.floridahealth.gov/programs-and-services/clinical-and-nutrition-services/fqhc/fqhc-our-services.html
Address: 1050 Grape Avenue, St. Cloud, Florida, 34769
Counties Served: Osceola
Services: Women's Health, Eligibility/Insurance, Primary Care, Pediatric Care, Dental

OSCEOLA COMMUNITY HEALTH SERVICES-STADIUM PLACE
Phone: 407-943-8600
Website: osceola.floridahealth.gov/programs-and-services/clinical-and-nutrition-services/fqhc/fqhc-our-services.html
Address: 1501 Bill Beck Blvd., Kissimmee, Florida, 34733
Counties Served: Osceola
Services: Women's Health, Eligibility/Insurance, Primary Care, Pediatric Care, Optometry/Vision

OSCEOLA COUNCIL ON AGING (OCA)
Phone: 407-846-8532
Website: osceolagenerations.org/
Address: 700 Generation Point, Kissimmee, Florida, 34744
Counties Served: Osceola
Services: Primary Care, Food, Chronic Disease, Elder Care, Eligibility/ Insurance

SHEPHERD'S HOPE-DOWNTOWN ORLANDO-ORANGE COUNTY MEDICAL CLINIC
Phone: 407-876-6701
Website: shepherdshope.org
Address: 101 South Westmoreland Drive, Orlando, Florida, 32803
Counties Served: Orange
Services: Primary Care

SHEPHERD'S HOPE- LONGWOOD
Phone: 407-876-6699
Website: shepherdshope.org
Address: 600 N. US 17-92, Suite 124, Longwood, Florida, 23750
Counties Served: Seminole
Services: Primary Care

SHEPHERD'S HOPE- OCOEE
Phone: 407-876-6702
Website: shepherdshope.org
Address: 1584 Citrus Medical Court, Ocoee, Florida, 34761
Counties Served: Orange
Services: Primary Care

SHEPHERD'S HOPE- SAMARITAN RESOURCE CENTER-DR. DIEBEL, JR. MEMORIAL
Phone: 407-876-6700
Website: shepherdshope.org
Address: 9833 East Colonial Drive, Orlando, Florida, 32817
Counties Served: Orange
Services: Primary Care

SHEPHERD'S HOPE- TAZKIAH FOUNDATION OF LIGHTS
Phone: 407-876-6703
Website: shepherdshope.org
Address: 120 Floral Street, Ocoee, Florida, 34761
Counties Served: Orange
Services: Primary Care

THE ORLANDO VETERANS AFFAIRS MEDICAL CENTER
Phone: 407-631-1000
Website: orlando.va.gov
Address: 13800 Veterans Way, Orlando, Florida, 32827
Counties Served: Orange
Services: Veteran Services, Employment Services, Primary Care, Mental Health

THE ORLANDO-KISSIMMEE VETERANS AFFAIRS MEDICAL CLINIC
Phone: 407-518-5004
Website: orlando.va.gov/locations/kissimmee.asp
Address: 2285 North Central Avenue, Kissimmee, Florida, 34741
Counties Served: Osceola
Services: Veteran Services, Employment Services, Primary Care, Mental Health

TRUE HEALTH- AIRPORT
Phone: 407-322-8649
Website: mytruehealth.org
Address: 400 West Airport Blvd., Sanford, Florida, 32773
Counties Served: Seminole
Services: Primary Care, Pediatric Care, Laboratory, Eligibility/ Insurance

TRUE HEALTH- ALAFAYA
Phone: 407-322-8646
Website: mytruehealth.org
Address: 11881 A East Colonial Drive, Orlando, Florida, 32826
Counties Served: Orange,
Services: Primary Care, Pediatric Care, Dental, Laboratory, Eligibility/ Insurance

TRUE HEALTH- CASSELBERRY
Phone: 407-322-8652
Website: mytruehealth.org
Address: 1120 State Road 436, Suite 1600, Casselberry, Florida, 32707
Counties Served: Seminole
Services: Primary Care, Peiatric Care, Dental, Eligibility/ Insurance

TRUE HEALTH- CHENEY WELLNESS COTTAGE
Phone: 407-322-8651
Website: mytruehealth.org
Address: 2000 N. Forsyth Road, Orlando, Florida, 32807
Counties Served: Orange
Services: Primary Care, Pediatric Care, Dental, Eligibility/ Insurance

TRUE HEALTH- HOFFNER
Phone: 407-322-8647
Website: mytruehealth.org
Address: 5449 S. Semoran Blvd., Suite #14, Orlando, Florida, 32822
Counties Served: Orange
Services: Primary Care, Pediatric Care, Women's Health, Eligibility/ Insurance, Laboratory

TRUE HEALTH- LAKE UNDERHILL
Phone: 407-322-8648
Website: mytruehealth.org
Address: 5730 Lake Underhill Road, Orlando, Florida, 32807
Counties Served: Orange
Services: Primary Care, Pediatric Care, Laboratory, Eligibility/ Insurance, Dental

TRUE HEALTH-SANFORD
Phone: 407-322-8645
Website: mytruehealth.org
Address: 4930 East lake Mary Blvd., Sanford, Florida, 32771
Counties Served: Seminole
Services: Primary Care, Pediatric Care, Women's Health, Eligibility/ Insurance, Laboratory

TRUE HEALTH- SOUTH SIDE
Phone: 407-322-8650
Website: mytruehealth.org
Address: 6101 Lake Ellenor Drive, Suite #105, Orlando, Florida, 32809
Counties Served: Orange
Services: Primary Care, Pediatric Care, Laboratory, Eligibility/ Insurance

UNITED AGAINST POVERTY/ UP ORLANDO
Phone: 407-650-0774
Website: uporlando.org
Address: 150 W. Michigan Street, Orlando, Florida, 32806
Counties Served: Orange
Services: Food, Employment Services, Primary Care

RESOURCE CONNECTION

COMMUNITY VISION
Phone: 407-933-0870
Website: communityvision.org/
Address: 704 Generation Point, Kissimmee, Florida 34744
Counties Served: Osceola
Services: Resource Connection, Employment Services

FLORIDA DEPARTMENT OF CHILDREN AND FAMILIES
Phone: 407-317-700
Website: myflfamilies.com
Address: 400 W. Robinson Street, Orlando, Florida,
Counties Served: Orange, Osceola, Seminole
Services: Resource Connection

HEALTHCARE ACCESS ALLIANCE
Phone: 407-952-9233
Website: healhaccessall.org
Address: 7124 Hiawassee Overlook Drive, Orlando, Florida, 32835
Counties Served: Orange
Services: Primary Care, Resource Connection

HEALTHY KIDS TODAY
Phone: Online
Website: healthykidstoday.org
Address: Online
Counties Served: Orange
Services: Resource Connection

HEART OF FLORIDA UNITED WAY
Phone: 407-835-0900
Website: hfuw.org
Address: 1940 Traylor Blvd., Orlando, Florida, 32804
Counties Served: Orange
Services: Resource Connection

OMEGA ALPHA NU MINISTRIES MH
Phone: 321-420-1894
Website: manta.com/c/mxf39r6/omega-alpha-nu-ministries-inc
Address: 101 W. Cypress Street, Kissimmee, Florida, 34741
Counties Served: Osceola
Services: Resource Connection

SICK CHILDREN

GIVE KIDS THE WORLD VILLAGE
Phone: 407-396-1114
Website: gktw.org
Address: 210 S. Bass Road, Kissimmee, Florida, 34746
Counties Served: Orange, Osceola, Seminole
Services: Sick Children

NEW HOPE FOR KIDS
Phone: 407-331-3059
Website: newhopeforkids.org/
Address: 544 Mayo Avenue, Maitland, Florida, 32751
Counties Served: Orange
Services: Sick Children

SEXUALLY TRANSMITTED INFECTIONS

DEPARTMENT OF HEALTH- ORANGE COUNTY
Phone: 407-858-1400
Website: orange.floridahealth.gov/
Address: 832 W. Central Blvd, Orlando, Florida, 32805
Counties Served: Orange
Services: Cancer, Dental, Women's Health, HIV/AIDS, STD, Primary Care, Immigration and Refugee Services, Chronic Disease, Child Services

DEPARTMENT OF HEALTH- OSCEOLA COUNTY
Phone: 407-343-2000
Website: osceola.floridahealth.gov
Address: 1875 Fortune Road, Kissimmee, Florida, 34744
Counties Served: Osceola
Services: Women's Health, HIV/AIDS, STD, Primary Care, Immigration/ Refugee Services, Chronic Disease

DEPARTMENT OF HEALTH- SEMINOLE COUNTY
Phone: 407-665-3000
Website: seminole.floridahealth.gov
Address: 400 W. Airport Blvd., Sanford, Florida, 32773
Counties Served: Seminole
Services: Cancer, Dental, Women's Health, HIV/AIDS, STD, Primary Care, Immigration and Refugee Services, Chronic Disease, Child Services

DEVEREUX
Phone: 1-800-338-3738 x77130
Website: devereux.org/site/PageServer
Address: 6147 Christian Way, Orlando, Florida 32808
Counties Served: Orange
Services: Mental Health, Substance Use, Women's Health, HIV/AIDS, STD, Primary Care, Immigration and Refugee Services, Chronic Disease

HOPE AND HELP CENTER OF CENTRAL FLORIDA
Phone: 407-645-2576
Website: hopeandhelp.org
Address: 707 Mendham Blvd, Suite 104, Orlando, Florida, 32825
Counties Served: Orange
Services: HIV/AIDS, Primary Care, STD

PLANNED PARENTHOOD
Phone: 407-246-1788
Website: plannedparenthood.org
Address: 11500 University Blvd., Suite B, Orlando, Florida, 32817
Counties Served: Orange
Services: Women's Health, HIV/AIDS, STD

PLANNED PARENTHOOD
Phone: 407-246-1788
Website: plannedparenthood.org
Address: 610 Oak Commons Blvd, Kissimmee, Florida, 34741
Counties Served: Osceola
Services: Women's Health, HIV/AIDS, STD

SUBSTANCE USE

CELEBRATE RECOVERY
Phone: 407-892-3300
Website: cornerstonefamily.com
Address: 2925 Canoe Creek Road, St. Cloud, Florida, 34772
Counties Served: Osceola
Services: Substance Use, Mental Health

CELEBRATE RECOVERY- ST. CLOUD (12 STEP)
Phone: 407-892-7125
Website: fbcstcloud.org/celebrate-recovery/
Address: 1717 13th Street, St. Cloud, Florida 34769
Counties Served: Osceola
Services: Substance Use

FLORIDA ALCOHOL & DRUG ABUSE ASSOCIATION
Phone: 850-878-2196
Website: fadaa.org
Address: 2868 Mahan Drive, Tallahassee, Florida 32308
Counties Served: Orange, Osceola, Seminole
Services: Substance Use

FRESH START MINISTRIES OF CENTRAL FLORIDA, INC.
Phone: 407-293-3822
Website: freshstartministries.com/
Address: 4436 Edgewater Drive, Orlando, Florida, 32804
Counties Served: Orange
Services: Substance Use

HOUSE OF FREEDOM
Phone: 407-957-9077
Website: houseoffreedom.com
Address: 2311 N. Orange Blossom Trail, Kissimmee, Florida, 34744
Counties Served: Osceola
Services: Substance Use

KISSIMMEE CELEBRATE RECOVERY
Phone: 407-847-2543
Website: kissimmeechristianchurch.org/celebrate-recovery
Address: 415 N. Main Street, Kissimmee, Florida, 34744
Counties Served: Osceola
Services: Substance Use

MOTHERS AGAINST DRUNK DRIVING
Phone: 407-831-6233
Website: madd.org/central-florida/
Address: 341 N. Maitland Avenue, Suite #280, Maitland, Florida, 32751
Counties Served: Orange
Services: Substance Use

NATIONAL ALLIANCE ON MENTAL ILLNESS (NAMI)
Phone: 407-253-1900
Website: namiflorida.org/
Address: 5051 North Lane, Suite 21, Orlando, Florida, 32808
Counties Served: Orange, Osceola, Seminole
Services: Substance Use, Mental Health, Behavioral Health

NARCOTICS ANONYMOUS
Phone: Varies by location
Website: naflorida.org/
Address: Check Website
Counties Served: Orange, Osceola, Seminole
Services: Substance Use

ORANGE BLOSSOM FAMILY HEALTH- DOWNTOWN ORLANDO
Phone: 407-428-5751
Website: obfh.org/
Address: 232 N. Orange Blossom Trail, Orlando, Florida, 32805
Counties Served: Orange
Services: Primary Care, Dental, Optometry/Vision, Substance Use, Behavioral Health, Mental Health, Housing and Homeless Services

ORANGE BLOSSOM FAMILY HEALTH/ HEALTH CARE CENTER FOR THE HOMELESS
Phone: 407-428-5751
Website: hcch.org
Address: 232 North Orange Blossom Trail, Orlando, Florida, 32805
Counties Served: Orange
Services: Primary Care, Substance Use, Housing and Homeless Services, Mental Health, Substance Use

ORLANDO BEHAVIORAL HEALTH- EAST ORLANDO
Phone: 407-647-1781
Website: orlandobehavioral.com/
Address: 10967 Lake Underhill Road, Suite 113, Orlando, Florida, 32825
Counties Served: Orange
Services: Mental Health, Substance Use

ORLANDO BEHAVIORAL HEALTH- KISSIMMEE
Phone: 407-647-1720
Website: orlandobehavioral.com/
Address: 321 W. Oak Street, Kissimmee, Florida, 34741
Counties Served: Osceola
Services: Mental Health, Substance Use

ORLANDO BEHAVIORAL HEALTH- LAKE MARY
Phone: 407-647-1718
Website: orlandobehavioral.com/
Address: 743 Stirling Center Place, Lake Mary, Florida, 32746
Counties Served: Seminole
Services: Mental Health, Substance Use

ORLANDO BEHAVIORAL HEALTH- MAITLAND
Phone: 407-647-1719
Website: orlandobehavioral.com/
Address: 260 Lookout Place, Suite 202, Maitland, Florida, 32751
Counties Served: Orange
Services: Mental Health, Substance Use

ORLANDO BEHAVIORAL HEALTH- WINDERMERE
Phone: 407-647-1721
Website: orlandobehavioral.com/
Address: 6735 Conroy Road, Suite 221, Orlando, Flordia, 32835
Counties Served: Orange
Services: Mental Health, Substance Use

PARK PLACE BEHAVIORAL HEALTH
Phone: 407-846-0068; 407-846-0023; 321-402-0690
Website: ppbh.org
Address: Check Website
Counties Served: Osceola
Services: Mental Health, Substance Use

PARK PLACE BEHAVIORAL HEALTH- KISSIMEE
Phone: 407-846-0023; 321-402-0690
Website: ppbh.org
Address: 206 Park Place Blvd., Kissimmee, Florida, 34741
Counties Served: Osceola
Services: Substance Use

SERENITY PLACE
Phone: 407-369-9482
Website: serenityplace.org/orlando/fl
Address: 750 South Orange Blossom Trail, Orlando, Florida, 32805
Counties Served: Orange
Services: Substance Use

SPECIALIZED TREATMENT, EDUCATION AND PREVENTION SERVICES, INC. (STEPS)
Phone: 407-884-2125
Website: flsteps.org
Address: 1991 Apopka Blvd., Apopka, Florida, 32703
Counties Served: Orange
Services: Substance Use

ST. CLOUD CELEBRATE RECOVERY
Phone: 407-892-7125
Website: fbcstcloud.org/celebrate-recovery/
Address: 3000 17th Street, St Cloud, Florida 34769
Counties Served: Osceola
Services: Substance Use

THE CHRYSALIS CENTER, INC.
Phone: 407-219-9304
Website: chrysalishealth.com/
Address: 1703 W. Colonial Drive, Orlando, Florida, 32804
Counties Served: Orange
Services: Mental Health, Substance Use

THE MENTAL HEALTH ASSOCIATION OF CENTRAL FLORIDA
Phone: 407-898-0110
Website: mhacf.org
Address: 1525 E. Robinson Street, Orlando, Florida, 32801
Counties Served: Orange
Services: Substance Use, Mental Health

THE TRANSITION HOUSE
Phone: 407-892-5700
Website: thetransitionhouse.org
Address: 3800 5th Street, St. Cloud, Florida, 34469; 3501 West Vine Street, Kissimmee, Florida, 34744
Counties Served: Osceola,
Services: Substance Use

TURNING POINT COUNSELING- KISSIMMEE
Phone: 407-422-4357
Website: turningpointcfl.org
Address: 600 N. Thacker Avenue, Suite C16, Kissimmee, Florida, 34741
Counties Served: Osceola
Services: Substance Use

TURNING POINT COUNSELING- ST. CLOUD
Phone: 407-957-4176
Website: turningpointcfl.org
Address: 3112 17th Street, St. Cloud, Florida, 34769
Counties Served: Osceola
Services: Substance Use

UNIVERSITY BEHAVIORAL HEALTH CENTER
Phone: 407-281-7000
Website: universitybehavioral.com/
Address: 2500 Discovery Drive, Orlando, Florida, 32826
Counties Served: Orange,
Services: Mental Health (Adults and Children), Substance Use

WAYNE DENSCH CENTER
Phone: 407-599-3900
Website: abilityhousing.org/wayne-densch-center/
Address: 100-102 Kingston Ct., Orlando, Florida, 32810
Counties Served: Orange
Services: Housing and Homeless Services, Mental Health, Substance Use

VETERAN SERVICES

CAMARADERIE FOUNDATION
Phone: 407-841-0071
Website: camaraderiefoundation.org
Address: 2488 E. Michigan Street, Orlando, Florida, 32806
Counties Served: Orange
Services: Veteran Services

THE ORLANDO-KISSIMMEE VETERANS AFFAIRS MEDICAL CLINIC-
Phone: 407-518-5004
Website: orlando.va.gov/locations/kissimmee.asp
Address: 2285 North Central Avenue, Kissimmee, Florida, 34741
Counties Served: Osceola
Services: Veteran Services, Employment Services, Primary Care, Mental Health

THE ORLANDO VETERANS AFFAIRS MEDICAL CENTER
Phone: 407-631-1000
Website: orlando.va.gov
Address: 13800 Veterans Way, Orlando, Florida, 32827
Counties Served: Orange
Services: Veteran Services, Employment Services, Primary Care, Mental Health

WOMEN'S HEALTH

COMMONSENSE CHILDBIRTH
Phone: 407-656-6938
Website: commonsensechildbirth.org
Address: 213 S. Dillard Street, Suite 340, Winter Garden, Florida, 34787
Counties Served: Orange
Services: Women's Health

DEPARTMENT OF HEALTH- OSCEOLA COUNTY
Phone: 407-343-2000
Website: osceola.floridahealth.gov
Address: 1875 Fortune Road, Kissimmee, Florida, 34744
Counties Served: Osceola
Services: Women's Health, HIV/AIDS, STD, Primary Care, Immigration/ Refugee Services, Chronic Disease

DEPARTMENT OF HEALTH- ORANGE COUNTY
Phone: 407-858-1400
Website: orange.floridahealth.gov/
Address: 832 W. Central Blvd, Orlando, Florida, 32805
Counties Served: Orange
Services: Cancer, Dental, Women's Health, HIV/AIDS, STD, Primary Care, Immigration and Refugee Services, Chronic Disease, Child Services

DEPARTMENT OF HEALTH- SEMINOLE COUNTY
Phone: 407-665-3000
Website: seminole.floridahealth.gov
Address: 400 W. Airport Blvd., Sanford, Florida, 32773
Counties Served: Seminole
Services: Cancer, Dental, Women's Health, HIV/AIDS, STD, Primary Care, Immigration and Refugee Services, Chronic Disease, Child Services

HEALTHY START COALITION OF ORANGE COUNTY
Phone: 407-858-1472
Website: healthystartorange.org/
Address: 475 Story Road, Ocoee, Florida, 34761
Counties Served: Orange
Services: Women's Health

HEALTHY START COALITION OF OSCEOLA COUNTY
Phone: 407-343-2100
Website: healthystartosceola.org
Address: 1875 Fortune Road, Kissimmee, Florida, 34744
Counties Served: Osceola
Services: Women's Health

HEALTHY START COALITION OF SEMINOLE COUNTY
Phone: 321-363-3024
Website: healthystartseminole.org
Address: 820 W. Lake Mary Blvd., Suite 108, Sanford, Florida, 32773
Counties Served: Seminole
Services: Women's Health

OSCEOLA COMMUNITY HEALTH SERVICES-BUENAVENTURA LAKES
Phone: 407-943-8600
Website: osceola.floridahealth.gov/programs-and-services/clinical-and-nutrition-services/fqhc/fqhc-our-services.html
Address: 2622 Simpson Road, Kissimmee, Florida, 34743
Counties Served: Osceola
Services: Primary Care, Pediatric Care, Women's Health

OSCEOLA COMMUNITY HEALTH SERVICES-KISSIMMEE
Phone: 407-943-8600
Website: osceola.floridahealth.gov/programs-and-services/clinical-and-nutrition-services/fqhc/fqhc-our-services.html
Address: 1703 Business Center Lane, Kissimmee, Florida, 34758
Counties Served: Osceola
Services: Eligibility/Insurance, Women's Health, Primary Care, Dental

OSCEOLA COMMUNITY HEALTH SERVICES-POINCIANA
Phone: 407-943-8600
Website: osceola.floridahealth.gov/programs-and-services/clinical-and-nutrition-services/fqhc/fqhc-our-services.html
Address: 109 Doverplum Avenue, Poinciana, Florida, 34758
Counties Served: Osceola
Services: Women's Health, Eligibility/Insurance, Primary Care, Pediatric Care, Dental

OSCEOLA COMMUNITY HEALTH SERVICES- ST. CLOUD
Phone: 407-943-8600
Website: osceola.floridahealth.gov/programs-and-services/clinical-and-nutrition-services/fqhc/fqhc-our-services.html
Address: 1050 Grape Avenue, St. Cloud, Florida, 34769
Counties Served: Osceola
Services: Women's Health, Eligibility/Insurance, Primary Care, Pediatric Care, Dental

OSCEOLA COMMUNITY HEALTH SERVICES-STADIUM PLACE
Phone: 407-943-8600
Website: osceola.floridahealth.gov/programs-and-services/clinical-and-nutrition-services/fqhc/fqhc-our-services.html
Address: 1501 Bill Beck Blvd. Kissimmee, Florida, 34733
Counties Served: Osceola
Services: Women's Health, Eligibility/Insurance, Primary Care, Pediatric Care, Optometry/Vision

PLANNED PARENTHOOD
Phone: 407-246-1788
Website: plannedparenthood.org
Address: 11500 University Blvd., Suite B, Orlando, Florida, 32817
Counties Served: Orange, Osceola,
Services: Women's Health, HIV/AIDS, STD

PLANNED PARENTHOOD
Phone: 407-246-1788
Website: plannedparenthood.org
Address: 610 Oak Commons Blvd, Kissimmee, Florida, 34741
Counties Served: Osceola
Services: Women's Health, HIV/AIDS, STD

SANFORD CRISIS PREGNANCY CENTER
Phone: 407-323-3384
Website: thepregnancycenters.com
Address: 1002 S. French Avenue, Sanford, Florida, 32771
Counties Served: Orange
Services: Women's Health

TRUE HEALTH- HOFFNER
Phone: 407-322-8647
Website: mytruehealth.org
Address: 5449 S. Semoran Blvd., Suite #14, Orlando, Florida, 32822
Counties Served: Orange
Services: Primary Care, Pediatric Care, Women's Health, Eligibility/ Insurance, Laboratory

TRUE HEALTH-SANFORD
Phone: 407-322-8645
Website: mytruehealth.org
Address: 4930 East Lake Mary Blvd., Sanford, Florida, 32771
Counties Served: Seminole
Services: Primary Care, Pediatric Care, Women's Health, Eligibility/ Insurance, Laboratory

WOMEN'S & GIRLS' CANCER ALLIANCE-FORMERLY OVARIAN CANCER ALLIANCE
Phone: 407-303-2786
Website: donation.adventhealth.com/central-florida-misc/Foundation-Central-Florida/moduleId/458/fundId/33/controller/Donation/action/Detail
Address: 550 East Rollins Street, 6th Floor, Orlando, Florida, 32803
Counties Served: Orange
Services: Cancer, Women's Health

YOUTH ENGAGEMENT

BOYS TOWN OF CENTRAL FLORIDA
Phone: 407-330-6750
Website: boystown.org/locations/centralflorida
Address: 975 Oklahoma Street, Ovideo, Florida, 32765
Counties Served: Seminole
Services: Youth Services, Behavioral Health-Youth

BOYS AND GIRLS CLUB OF CENTRAL FLORIDA
Phone: 407-841-6855
Website: bgccf.org/
Address: 101 E. Colonial Drive, Orlando, Florida, 32801; Several locations
Counties Served: Orange, Osceola, Seminole
Services: Youth Engagement

CENTRAL FLORIDA URBAN LEAGUE-PARRAMORE
Phone: 407-480-3887
Website: cful.org
Address: 595 W. Church Street, Orlando, Florida, 32805
Counties Served: Orange
Services: Youth Engagement

CENTRAL FLORIDA URBAN LEAGUE- PINE HILLS
Phone: 407-842-7654
Website: cful.org
Address: 2804 Beco Drive, Orlando, Florida, 32808
Counties Served: Orange
Services: Youth Engagement

THE ROTH FAMILY JEWEISH COMMUNITY CENTER OF GREATER ORLANDO
Phone: 407-645-5933
Website: orlandojcc.org/
Address: 851 N. Maitland Avenue, Maitland, Florida, 32751
Counties Served: Orange
Services: Youth Engagement

YMCA OF CENTRAL FLORIDA- SEVERAL LOCATION
Phone: 407-896-9220
Website: ymcacentralflorida.com
Address: Call or Check Website
Counties Served: Orange, Osceola, Seminole
Services: Youth Engagment

APPENDIX I

Retrospective Data Evaluation of 2016 Collaborative CHNA by Hospital

FLORIDA HOSPITAL ALTAMONTE

The 2016 Florida Hospital Altamonte Community Health Needs Assessment was posted on Florida Hospital Altamonte's website. Since the completion of the 2016 CHNA Florida Hospital has transitioned to AdventHealth. The CHNA now appears on AdventHealth Altamonte's website. Note that asterisks refer to implementation strategies that span across all Florida Hospital campuses in Orange, Osceola and Seminole counties.

Activities and accomplishments from Florida Hospital Altamonte's Implementation Plan include the following:

Increasing access accomplishments relating to preventative care through issues involving food security, chronic disease, and child health.

- Provided three years of grant funding to a local non-profit to establish a healthy food co-op, which provides fresh, nutritionally dense foods for local food pantries located in food deserts in the tri-county area, as well as connecting clients with case management services if needed. To date the program has fed over 400K people, has provided 2100 health screenings, conducted 6 nutrition classes and seen 3700 people for referrals to additional wrap around services*
- Created the Second Helpings program where unused food from our nutritional services department is given to the local food bank to provide meals for individuals in need, to date Altamonte has provided 2,448 meals
- Collaborated and funded local non-profit to provide the evidence-based Sanford Chronic Disease Self-Management Program (CDSMP) throughout our service areas*
- Offer Mission Fit curriculum to schools to teach students the importance of choices relating to activity level and nutrition choices*
- Establishing Faith Activation Network in targeted zip codes at local churches to provide or increase bandwidth of food pantries, create gardens to supplement food pantries with healthier options, provide programming (CDSMP and Mission Fit)*
- Sponsor American Heart Association to promote knowledge of chronic diseases in high need areas*

Increasing access accomplishments relating to primary and specialty health care.

- Established the Community Care program*, focusing on root causes of utilization for high utilizers who are uninsured and complex patients; at the Altamonte campus, 28 patients have been enrolled
- Created a referral program for uninsured patients to connect them with locally Federally Qualified Healthcare Clinics to establish permanent medical homes; from Altamonte there have been 5893 referrals with 1720 appointments secured
- Fund and staff the Transitions Heart Failure Clinic, which provides specialty cardiac care for the uninsured in our community, the clinic provides care for all patients referred from our campuses in our tri-county service area and has served over 1000 people this cycle*
- Fund and staff the Transitions Lung Clinic, which provides specialty pulmonary care for the uninsured in our community, the clinic provides care for all patients referred from our campuses in our tri-county service area and has had over 2500 visits this cycle resulting in over $2.8M in medications provided at no cost and a decrease in 44.80% in patient ED visits since initial clinic visit*

- Partnered with Seminole County DOH and local non-profit to fund a community paramedic program focusing on decreasing visits by patients with chronic diseases by increasing medication literacy, coordinating follow care, and providing in home services after hospital visits to improve outcomes

Increasing access accomplishments relating to mental and behavioral health.

- Sponsor Aspire Health Partners, providing funding for 12 Crisis Stabilization Unit Beds that are utilized for uninsured/underinsured patients who do not have access otherwise; these beds are available for our patients throughout our tri-county service area*
- Support Kid's House, a local non-profit, to provided care coordination services for victims of child abuse in a safe, child friendly environment
- Partnered with Aspire Health Partners to provide intensive psychosocial rehabilitation services to help prevent individuals with severe and persistent mental health disorders from becoming high utilizers of deep end services*

*designates a system initiative designed to provide resources and programming for all of our campuses and patients

FLORIDA HOSPITAL APOPKA

The 2016 Florida Hospital Apopka Community Health Needs Assessment was posted on Florida Hospital Apopka's website. Since the completion of the 2016 CHNA Florida Hospital has transitioned to AdventHealth. The CHNA now appears on AdventHealth Apopka's website. Note that asterisks refer to implementation strategies that span across all Florida Hospital campuses in Orange, Osceola and Seminole counties.

Activities and accomplishments from Florida Hospital Apopka's Implementation Plan include the following:

Increasing access accomplishments relating to preventative care through issues involving food security, chronic disease, and child health.

- Provided three years of grant funding to a local non-profit to establish a healthy food co-op, which provides fresh, nutritionally dense foods for local food pantries located in food deserts in the tri-county area, as well as connecting clients with case management services if needed. To date the program has fed over 400K people, has provided 2100 health screenings, conducted 6 nutrition classes and seen 3700 people for referrals to additional wrap around services*
- Collaborated and funded local non-profit to provide the evidence-based Sanford Chronic Disease Self-Management Program (CDSMP) throughout our service areas*
- Offer Mission Fit curriculum to schools to teach students the importance of choices relating to activity level and nutrition choices*
- Establishing Faith Activation Network in targeted zip codes at local churches to provide or increase bandwidth of food pantries, create gardens to supplement food pantries with healthier options, provide programming (CDSMP and Mission Fit)*
- Sponsor American Heart Association to promote knowledge of chronic diseases in high need areas*

Increasing access accomplishments relating to primary and specialty health care.

- Established the Community Care program*, focusing on root causes of utilization for high utilizers who are uninsured and complex patients; at the Apopka campus 30 patients have been enrolled
- Created a referral program* for uninsured patients to connect them with locally Federally Qualified Healthcare Clinics to establish permanent medical homes; from Apopka there have been 7536 referrals with 690 appointments secured
- Fund and staff the Transitions Heart Failure Clinic, which provides specialty cardiac care for the uninsured in our community, the clinic provides care for all patients referred from our campuses in our tri-county service area and has served over 1000 people this cycle*
- Fund and staff the Transitions Lung Clinic, which provides specialty pulmonary care for the uninsured in our community, the clinic provides care for all patients referred from our campuses in our tri-county service area and has had over 2500 visits this cycle resulting in over $2.8M in medications provided at no cost and a decrease in 44.80% in patient ED visits since initial clinic visit*
- Partnered with a local FQHC to create a pilot referral program for our patients to establish permanent medical homes, this pilot has continued and served as the catalyst to create a system wide program. To date 1,103 people have been served by it
- Funded the AdventHealth University Occupational Therapy Clinic to provide OT services for the uninsured/underinsured; this cycle there have been over 4500 visits by patients

Increasing access accomplishments relating to mental and behavioral health.

- Sponsor Aspire Health Partners, providing funding for 12 Crisis Stabilization Unit Beds that are utilized for uninsured/underinsured patients who do not have access otherwise; these beds are available for our patients throughout our tri-county service area*
- Partnered with Aspire Health Partners to provide intensive psychosocial rehabilitation services to help prevent individuals with severe and persistent mental health disorders from becoming high utilizers of deep end services*

*designates a system initiative designed to provide resources and programming for all of our campuses and patients

FLORIDA HOSPITAL CELEBRATION

The 2016 Florida Hospital Celebration Community Health Needs Assessment was posted on Florida Hospital Celebration's website. Since the completion of the 2016 CHNA Florida Hospital has transitioned to AdventHealth. The CHNA now appears on AdventHealth Celebration's website. Note that asterisks refer to implementation strategies that span across all Florida Hospital campuses in Orange, Osceola and Seminole counties.

Activities and accomplishments from Florida Hospital Celebration's Implementation Plan include the following:

Increasing access accomplishments relating to preventative care through issues involving food security, chronic disease, and child health.

- Provided three years of grant funding to a local non-profit to establish a healthy food co-op, which provides fresh, nutritionally dense foods for local food pantries located in food deserts in the tri-county

area, as well as connecting clients with case management services if needed. To date the program has fed over 400K people, has provided 2100 health screenings, conducted 6 nutrition classes and seen 3700 people for referrals to additional wrap around services*

- Provide funding to the Celebration Foundation for the Learning Without Hunger Program, partnering with local schools to provide children who suffer from food insecurity with food in their backpacks for the weekend
- Created the Second Helpings program where unused food from our nutritional services department is given to the local food bank to provide meals for individuals in need, to date Celebration has provided 378 meals
- Collaborated and funded local non-profit to provide the evidence-based Sanford Chronic Disease Self-Management Program (CDSMP) throughout our service areas*
- Offer Mission Fit curriculum to schools to teach students the importance of choices relating to activity level and nutrition choices*
- Establishing Faith Activation Network in targeted zip codes at local churches to provide or increase bandwidth of food pantries, create gardens to supplement food pantries with healthier options, provide programming (CDSMP and Mission Fit)*
- Sponsor American Heart Association to promote knowledge of chronic diseases in high need areas*

Increasing access accomplishments relating to primary and specialty health care.

- Partnered with and funded Osceola Council on Aging for three years to provide primary and secondary care services to underserved residents that would have otherwise not have access. This program serves both our campuses in Osceola County and to date has provided care for 666 people
- Established the Community Care program*, focusing on root causes of utilization for high utilizers who are uninsured and complex patients; at the Celebration campus 10 patients have been enrolled
- Created a referral program* for uninsured patients to connect them with locally Federally Qualified Healthcare Clinics to establish permanent medical homes; from Celebration there have been 7812 referrals with 430 appointments secured
- Fund and staff the Transitions Heart Failure Clinic, which provides specialty cardiac care for the uninsured in our community, the clinic provides care for all patients referred from our campuses in our tri-county service area and has served over 1000 people this cycle*
- Fund and staff the Transitions Lung Clinic, which provides specialty pulmonary care for the uninsured in our community, the clinic provides care for all patients referred from our campuses in our tri-county service area and has had over 2500 visits this cycle resulting in over $2.8M in medications provided at no cost and a decrease in 44.80% in patient ED visits since initial clinic visit*

Increasing access accomplishments relating to mental and behavioral health.

- Sponsor Aspire Health Partners, providing funding for 12 Crisis Stabilization Unit Beds that are utilized for uninsured/underinsured patients who do not have access otherwise; these beds are available for our patients throughout our tri-county service area*
- Partnered with Aspire Health Partners to provide intensive psychosocial rehabilitation services to help prevent individuals with severe and persistent mental health disorders from becoming high utilizers of deep end services*

*designates a system initiative designed to provide resources and programming for all of our campuses and patients

FLORIDA HOSPITAL EAST ORLANDO

The 2016 Florida Hospital East Orlando Community Health Needs Assessment was posted on Florida Hospital East Orlando's website. Since the completion of the 2016 CHNA Florida Hospital has transitioned to AdventHealth. The CHNA now appears on AdventHealth East Orlando's website. Note that asterisks refer to implementation strategies that span across all Florida Hospital campuses in Orange, Osceola and Seminole counties.

Activities and accomplishments from Florida Hospital East Orlando's Implementation Plan include the following:

Increasing access accomplishments relating to preventative care through issues involving food security, chronic disease, and child health.

- Provided three years of grant funding to a local non-profit to establish a healthy food co-op, which provides fresh, nutritionally dense foods for local food pantries located in food deserts in the tri-county area, as well as connecting clients with case management services if needed. To date the program has fed over 400K people, has provided 2100 health screenings, conducted 6 nutrition classes and seen 3700 people for referrals to additional wrap around services*
- Created the Second Helpings program where unused food from our nutritional services department is given to the local food bank to provide meals for individuals in need, to date East Orlando has provided 7,052 meals
- Collaborated and funded local non-profit to provide the evidence-based Sanford Chronic Disease Self-Management Program (CDSMP) throughout our service areas*
- Offer Mission Fit curriculum to schools to teach students the importance of choices relating to activity level and nutrition choices*
- Establishing Faith Activation Network in targeted zip codes at local churches to provide or increase bandwidth of food pantries, create gardens to supplement food pantries with healthier options, provide programming (CDSMP and Mission Fit)*
- Sponsor American Heart Association to promote knowledge of chronic diseases in high need areas*

Increasing access accomplishments relating to primary and specialty health care.

- Established the Community Care program*, focusing on root causes of utilization for high utilizers who are uninsured and complex patients; at the East Orlando campus 68 patients have been enrolled
- Created a referral program* for uninsured patients to connect them with locally Federally Qualified Healthcare Clinics to establish permanent medical homes; from East Orlando there have been 30530 referrals with 3643 appointments secured
- Established the Community Medicine Clinic at East in 2018 for uninsured patients identified in the Emergency Department who do not have primary physicians; to date the clinic has served 944 patients
- Fund and staff the Transitions Heart Failure Clinic, which provides specialty cardiac care for the uninsured in our community, the clinic provides care for all patients referred from our campuses in our tri-county service area and has served over 1000 people this cycle*
- Fund and staff the Transitions Lung Clinic, which provides specialty pulmonary care for the uninsured in our community, the clinic provides care for all patients referred from our campuses in our tri-county

service area and has had over 2500 visits this cycle resulting in over $2.8M in medications provided at no cost and a decrease in 44.80% in patient ED visits since initial clinic visit*

- Partnered with the Primary Care Access Network (PCAN) to create a referral system with a PCAN navigator for uninsured patients, to increase medical access; to date the program has served 1400 people

Increasing access accomplishments relating to mental and behavioral health.

- Sponsor Aspire Health Partners, providing funding for 12 Crisis Stabilization Unit Beds that are utilized for uninsured/underinsured patients who do not have access otherwise; these beds are available for our patients throughout our tri-county service area*
- Partnered with Aspire Health Partners to provide intensive psychosocial rehabilitation services to help prevent individuals with severe and persistent mental health disorders from becoming high utilizers of deep end services*
- Partnered with the Orange County DOH to obtain a grant to create a position in the emergency department focused on providing care navigation for patients admitted for opioid related causes

*designates a system initiative designed to provide resources and programming for all of our campuses and patients

FLORIDA HOSPITAL KISSIMMEE

The 2016 Florida Hospital Kissimmee Community Health Needs Assessment was posted on Florida Hospital Kissimmee's website. Since the completion of the 2016 CHNA Florida Hospital has transitioned to AdventHealth. The CHNA now appears on AdventHealth Kissimmee's website. Note that asterisks refer to implementation strategies that span across all Florida Hospital campuses in Orange, Osceola and Seminole counties.

Activities and accomplishments from Florida Hospital Kissimmee's Implementation Plan include the following:

Increasing access accomplishments relating to preventative care through issues involving food security, chronic disease, and child health.

- Provided three years of grant funding to a local non-profit to establish a healthy food co-op, which provides fresh, nutritionally dense foods for local food pantries located in food deserts in the tri-county area, as well as connecting clients with case management services if needed. To date the program has fed over 400K people, has provided 2100 health screenings, conducted 6 nutrition classes and seen 3700 people for referrals to additional wrap around services*
- Collaborated and funded local non-profit to provide the evidence-based Sanford Chronic Disease Self-Management Program (CDSMP) throughout our service areas*
- Offer Mission Fit curriculum to schools to teach students the importance of choices relating to activity level and nutrition choices*
- Establishing Faith Activation Network in targeted zip codes at local churches to provide or increase bandwidth of food pantries, create gardens to supplement food pantries with healthier options, provide programming (CDSMP and Mission Fit)*
- Sponsor American Heart Association to promote knowledge of chronic diseases in high need areas*

Increasing access accomplishments relating to primary and specialty health care.

- Partnered with and funded Osceola Council on Aging for three years to provide primary and secondary care services to underserved residents that would have otherwise not have access. This program serves both our campuses in Osceola County and to date has provided care for 666 people
- Established the Community Care program*, focusing on root causes of utilization for high utilizers who are uninsured and complex patients; at the Kissimmee campus 11 patients have been enrolled
- Created a referral program* for uninsured patients to connect them with locally Federally Qualified Healthcare Clinics to establish permanent medical homes; from Kissimmee there have been 15218 referrals with 2712 appointments secured
- Fund and staff the Transitions Heart Failure Clinic, which provides specialty cardiac care for the uninsured in our community, the clinic provides care for all patients referred from our campuses in our tri-county service area and has served over 1000 people this cycle*
- Fund and staff the Transitions Lung Clinic, which provides specialty pulmonary care for the uninsured in our community, the clinic provides care for all patients referred from our campuses in our tri-county service area and has had over 2500 visits this cycle resulting in over $2.8M in medications provided at no cost and a decrease in 44.80% in patient ED visits since initial clinic visit*

Increasing access accomplishments relating to mental and behavioral health.

- Sponsor Aspire Health Partners, providing funding for 12 Crisis Stabilization Unit Beds that are utilized for uninsured/underinsured patients who do not have access otherwise; these beds are available for our patients throughout our tri-county service area*
- Partnered with Aspire Health Partners to provide intensive psychosocial rehabilitation services to help prevent individuals with severe and persistent mental health disorders from becoming high utilizers of deep end services*
- Sponsor Park Place Behavioral Health, which provides behavioral health resources for the uninsured in Osceola County

*designates a system initiative designed to provide resources and programming for all of our campuses and patients

FLORIDA HOSPITAL ORLANDO

The 2016 Florida Hospital Orlando Community Health Needs Assessment was posted on Florida Hospital Orlando's website. Since the completion of the 2016 CHNA Florida Hospital has transitioned to AdventHealth. The CHNA now appears on AdventHealth Orlando's website. Note that asterisks refer to implementation strategies that span across all Florida Hospital campuses in Orange, Osceola and Seminole counties.

Activities and accomplishments from Florida Hospital Orlando's Implementation Plan include the following:

Increasing access accomplishments relating to preventative care through issues involving food security, chronic disease, and child health.

- Provided three years of grant funding to a local non-profit to establish a healthy food co-op, which provides fresh, nutritionally dense foods for local food pantries located in food deserts in the tri-county area, as well as connecting clients with case management services if needed. To date the program has

fed over 400K people, has provided 2100 health screenings, conducted 6 nutrition classes and seen 3700 people for referrals to additional wrap around services*

- Created the Second Helpings program where unused food from our nutritional services department is given to the local food bank to provide meals for individuals in need, to date Orlando has provided 33,000 meals
- Collaborated and funded local non-profit to provide the evidence-based Sanford Chronic Disease Self-Management Program (CDSMP) throughout our service areas*
- Offer Mission Fit curriculum to schools to teach students the importance of choices relating to activity level and nutrition choices*
- Established Faith Activation Network* as a pilot program, which is now being extended to remainder of service areas in targeted zip codes, at local churches to provide or increase bandwidth of food pantries, create gardens to supplement food pantries with healthier options, provide programming (CDSMP and Mission Fit). This cycle 3,539 individuals have been served by the food pantry efforts alone
- Sponsor American Heart Association to promote knowledge of chronic diseases in high need areas*

Increasing access accomplishments relating to primary and specialty health care.

- Established the Community Medicine Clinic at Orlando for uninsured patients identified in the Emergency Department who do not have primary physicians; this cycle the clinic has served 10,683 patients
- Established the Community Care program*, focusing on root causes of utilization for high utilizers who are uninsured and complex patients; at the Orlando campus 61 patients have been enrolled
- Created a referral program* for uninsured patients to connect them with locally Federally Qualified Healthcare Clinics to establish permanent medical homes; from Orlando there have been 29830 referrals with 3513 appointments secured
- Fund and staff the Transitions Heart Failure Clinic, which provides specialty cardiac care for the uninsured in our community, the clinic provides care for all patients referred from our campuses in our tri-county service area and has served over 1000 people this cycle*
- Fund and staff the Transitions Lung Clinic, which provides specialty pulmonary care for the uninsured in our community, the clinic provides care for all patients referred from our campuses in our tri-county service area and has had over 2500 visits this cycle resulting in over $2.8M in medications provided at no cost and a decrease in 44.80% in patient ED visits since initial clinic visit*
- Sponsor three local free clinics with funding providing operational dollars to expand access for the uninsured or undeserved, this serves our tri-county area

Increasing access accomplishments relating to mental and behavioral health.

- Sponsor Aspire Health Partners, providing funding for 12 Crisis Stabilization Unit Beds that are utilized for uninsured/underinsured patients who do not have access otherwise; these beds are available for our patients throughout our tri-county service area*
- Partnered with Aspire Health Partners to provide intensive psychosocial rehabilitation services to help prevent individuals with severe and persistent mental health disorders from becoming high utilizers of deep end services*

- Continue to fund and operate the Outlook Clinic for Depression and Anxiety; this clinic is ran in partnership with the Orange County DOH, University of Central Florida Social Work Department and other community partners

*designates a system initiative designed to provide resources and programming for all of our campuses and patients

FLORIDA HOSPITAL WATERMAN

The 2016 Florida Hospital Waterman Community Health Needs Assessment was posted on Florida Hospital Waterman's website. Since the completion of the 2016 CHNA Florida Hospital has transitioned to AdventHealth. The CHNA now appears on AdventHealth Watermen's website.

Activities and accomplishments from Florida Hospital Waterman's Implementation Plan include the following:

Priority - Access to Care: focusing on social determinants of health, including poverty, the uninsured and transportation.

- To date have connected over 4,136 uninsured community residents and patients to the Community Primary Health Clinic (a free internal clinic providing services for patients who were below 150% of the federal poverty line).
- Transitioned 11% and above of low-income patients from the emergency department to the Primary Health Clinic for post-discharge follow-up.

Priority – Obesity: addressing the need through reduction of associated health risks and mortality.

- Provided community health risk assessments to over 1,500 individuals to assess risk for obesity related diseases. Participants were educated on healthy eating and exercise habits, as well as connected to available community and hospital resources.
- Provided health education classes though the Creation Health Vacation Bible School for 128 children through referrals from local physicians.
- Engaged over 1200 individuals in walking and creative programing to encourage physical activity. Programs focused on the importance of practicing a healthy lifestyle to maintain a healthy weight.

Priority – Heart Disease: addressing the need to reduce the burden of cardiovascular disease and eliminate disparities associated with heart disease and stroke.

- Provided over 445 cardiac health assessments and screenings (blood pressure and cholesterol) for individuals. 100% of individuals with high cholesterol or blood pressure were referred to physicians, the Hospital's free clinic or a local Federally Qualified Health Center for follow-up care.
- Provided Early Heart Attack Education handouts to local employers, providers, at community health/wellness events, to all patients discharged from the ED and cardiac disease support classes to increase awareness and decrease incidence.

Priority – Diabetes: addressing the need by reducing the number of new cases through early diagnosis and prevention awareness and education.

- To date have provided over 440 glucose screenings to the community, with a referral rate of 100% for individuals with elevated glucose rates for follow up care and/or to diabetes education classes.
- Educated over 328 individuals through the AdventHealth Waterman Diabetes Self-Management Program. The program teaches everyday strategies focusing on nutrition, exercise and disease management.
- Hosted diabetes support groups for over 200 individuals for those with diabetes or pre-diabetes. Attendees are educated on the disease and self-management and provided a venue for open discussion, support, and community connectivity.
- Created a program focusing on mothers who are managing gestational diabetes. Education, support, and testing supplies have been provided to over 100 mothers to date.

Priority – Colorectal and Cervical Cancer: addressing incidence through education and early screenings.

- Provided education and screenings for cervical and colon cancer to 62 female participants with follow up care scheduled when needed.
- Conducted community outreach events at local food bank distribution centers and in low income housing communities to educate women on HPV, cervical cancer, risk reduction, and screenings. Efforts also included connecting women to gynecologic cancer prevention resources and provided participants with needed personal care items

*designates a system initiative designed to provide resources and programming for all of our campuses and patients

FLORIDA HOSPITAL WINTER PARK

The 2016 Florida Hospital Winter Park Community Health Needs Assessment was posted on Florida Hospital Winter Park 's website. Since the completion of the 2016 CHNA Florida Hospital has transitioned to AdventHealth. The CHNA now appears on AdventHealth Winter Park's website. Note that asterisks refer to implementation strategies that span across all Florida Hospital campuses in Orange, Osceola and Seminole counties.

Activities and accomplishments from Florida Hospital Winter Park's Implementation Plan include the following:

Increasing access accomplishments relating to preventative care through issues involving food security, chronic disease, and child health.

- Provided three years of grant funding to a local non-profit to establish a healthy food co-op, which provides fresh, nutritionally dense foods for local food pantries located in food deserts in the tri-county area, as well as connecting clients with case management services if needed. To date the program has fed over 400K people, has provided 2100 health screenings, conducted 6 nutrition classes and seen 3700 people for referrals to additional wrap around services*
- Collaborated and funded local non-profit to provide the evidence-based Sanford Chronic Disease Self-Management Program (CDSMP) throughout our service areas*

- Offer Mission Fit curriculum to schools to teach students the importance of choices relating to activity level and nutrition choices*
- Establishing Faith Activation Network in targeted zip codes at local churches to provide or increase bandwidth of food pantries, create gardens to supplement food pantries with healthier options, provide programming (CDSMP and Mission Fit)*
- Sponsor American Heart Association to promote knowledge of chronic diseases in high need areas*

Increasing access accomplishments relating to primary and specialty health care.

- Provide care navigation services specifically designed for vulnerable seniors who have been identified in the emergency department; to date 3200 patients have been assessed this cycle
- Created a referral program* for uninsured patients to connect them with locally Federally Qualified Healthcare Clinics to establish permanent medical homes; from Winter Park there have been 874 referrals with 298 appointments secured
- Fund and staff the Transitions Heart Failure Clinic, which provides specialty cardiac care for the uninsured in our community, the clinic provides care for all patients referred from our campuses in our tri-county service area and has served over 1000 people this cycle*
- Fund and staff the Transitions Lung Clinic, which provides specialty pulmonary care for the uninsured in our community, the clinic provides care for all patients referred from our campuses in our tri-county service area and has had over 2500 visits this cycle resulting in over $2.8M in medications provided at no cost and a decrease in 44.80% in patient ED visits since initial clinic visit*

Increasing access accomplishments relating to mental and behavioral health.

- Sponsor Aspire Health Partners, providing funding for 12 Crisis Stabilization Unit Beds that are utilized for uninsured/underinsured patients who do not have access otherwise; these beds are available for our patients throughout our tri-county service area*
- Partnered with Aspire Health Partners to provide intensive psychosocial rehabilitation services to help prevent individuals with severe and persistent mental health disorders from becoming high utilizers of deep end services*

*designates a system initiative designed to provide resources and programming for all of our campuses and patients

ASPIRE HEALTH PARTNERS

To address the mental health and substance use priorities identified in the 2016 CHNA, Aspire Health Partners implemented community numerous based outreach, education and intervention programs and services. These include:

Community Action Teams

- Our Community Action Teams have operated this program which was developed in Florida in 2005 for youth ages 11 to 21 as an alternative to out of home placement. Aspire currently has three CAT teams serving up to 30 families each whose child has a serious mental illness and two hospitalizations, interaction with juvenile justice or poor academic performance. This multi-disciplinary teams works

with the family and its natural supports to build strengths and help the child learn healthy coping skills and provide treatment to live a productive life.

First Episode Psychosis Program

- Aspire's Evidence Based Practice program, Incyte, is designed for individuals age 16 to 32 who have experienced a psychotic episode due to schizophrenia and have not been in treatment for more than a year this program is operating in Orange County. The multidisciplinary program is designed to immediately intervene when a young person is diagnosed with schizophrenia to interrupt the course of this life-long chronic disease. With early intervention, family support and the proper medication at a young age the individual can prevent the long-term effects of frequent hospitalizations, multiple psychotic breaks and psychosocial stressors and live a productive life. Aspire's team can serve up to 30 people at a time and currently has 19 enrolled.

Substance Use Prevention Programs

- Aspire Health Partners offers four school-based substance use prevention programs in Orange and Seminole County Schools, including:
    - New Horizons prevention and intervention program
    - Back on Track prevention program
    - Alpha prevention program
    - Focus prevention program

In-School Therapy

- For the students in Orange and Seminole County schools, Aspire offers in-school therapy in 20 Elementary, Middle and High Schools in Orange and Seminole Counties

Homeless Outreach Program

- Aspire operates a program specifically designed to identify mental illness among homeless persons, this program connects individuals with treatment and services to prevent acute illness and hospital admission. The Aspire employees engage in outreach activities in homeless shelters, in the woods, in drop in centers and all Aspire facilities to engage and enter treatment and refer to housing as available. This program serves 400 people annually.

Nurse Navigation

- Designed to reduce inpatient psychiatric admissions, emergency department patients are assigned to nurse navigators to ensure that patients are able to access the outpatient treatment and support they need to successfully manage their illness

ORLANDO HEALTH ARNOLD PALMER HOSPITAL FOR CHILDREN

Since the completion of the 2016 Community Needs Health Assessment, Orlando Health Arnold Palmer prioritized a list of the high trending target areas and the community outreach initiatives the hospital is working to address. The goals and accomplishments from Orlando Health Arnold Palmer's Implementation Plan include the following:

Increasing access to care in the following areas: Primary and Secondary Care

- *Established the Orlando Health Community Grant Program which provides funding to local non-profit organizations to provide healthcare services as well as access to healthy foods, housing, and health literacy education to individuals. Orlando Health team members are also eligible to apply for a grant. The Orlando Health Community Grant Program has provided funding to more than 70 programs since the 2016 CHNA.*
- *Howard Phillips Center for Children & Families provides six different programs that serve more than 15,000 children and families annually. Since the 2016 CHNA, the Center's Teen Xpress provided medical attention to 1,578 clients between the ages of 11 to 21 years old that included physicals, immunizations, vision screenings mental health counseling, nutrition counseling and treatment for common illnesses.*

Increasing access and education in the following areas: Chronic Disease

- *Established a teaching garden at Orange Center Elementary School that includes providing nutrition education classes throughout the school year. Twice a year Orlando Health team members volunteer at the school for a plant and harvest day to assist students with the gardening and harvesting of vegetables and herbs. During these two events biometric measurements were performed for all students, physical activities were provided, as well as infused water and healthy food demonstrations. Each year almost 400 students are impacted by the teaching garden and nutrition education classes. Since the 2016 CHNA, 82 percent of students that participated in nutrition classes showed an increase in their overall health knowledge.*
- *Partnered with the Dental Care Access Foundation through the Orlando Health Community Grant Program to provide a school-based Fluoride Varnish initiative to children from low income populations. Since the 2016 CHNA, this program provided 1,013 children with a toothbrush, toothpaste and floss in addition to one-on-one oral hygiene education cleaning and fluoride varnish.*

Increasing access and education in the following areas: Food & Housing Security

- *Partnered with the Coalition for the Homeless of Central Florida's Center for Women and Families (CWF) through the Orlando Health Community Grant Program to support their efforts to provide safe, temporary housing and comprehensive care management. Through this program 501 homeless guests, including 207 children were housed at CWF since the 2016 CHNA.*
- *Partnered with the City of Orlando through the Orlando Health Community Grant Program to support the addition of a SNAP program at the Parramore Farmer's Market which is located in a food desert. This program allows participants to use their EBT benefits to purchase fresh fruits and produce at the market. Since the 2016 CHNA, participants redeemed $1,304 worth of SNAP benefits at the farmers market.*

Increasing access and education in the following areas: Trauma and Child Abuse

- *Since the 2016 CHNA, Orange County Children's Advocacy Center provided services to 7,139 children. For many children, these services included specialized assessments for abuse and neglect, evidence-based counseling to children and caregivers, and individual therapy sessions.*
- *Since the 2016 CHNA, The Development Center for Infants & Children program served 7,375 children by providing positive solutions to help manage physical, emotional, intellectual, social and sensory challenges.*

ORLANDO HEALTH DR. P. PHILLIPS HOSPITAL

Since the completion of the 2016 Community Needs Health Assessment, Orlando Health Dr. P. Phillips prioritized a list of the high trending target areas and the community outreach initiatives the hospital is working to address. The goals and accomplishments from Orlando Health Dr. P. Phillips Implementation Plan include the following:

Increasing access to care in the following areas: Chronic Disease - heart disease, cancer and diabetes:

- *Established the Orlando Health Community Grant Program which provides funding to local non-profit organizations to provide healthcare services as well as access to healthy foods, housing, and health literacy education to individuals. Orlando Health team members are also eligible to apply for a grant. The Orlando Health Community Grant Program has provided funding to more than 70 programs since the 2016 CHNA.*
- *Partnered with local non-profit organizations to provide BMI, cholesterol and glucose screens for residents in the community through coordinated health fairs or specific programs targeted to individuals with chronic disease or diabetes through Hebni Nutrition Consultants, Inc. and 306 Foundation.*
    - *Hebni Nutrition Consultants, Inc. provided services to 194 individuals which included hands-on cooking classes and nutrition education.*
    - *306 Foundation provided services through their Toolbox4Life Program to 23 individuals which included a 7-week culinary arts and skills program.*
- *Partnered with and provided funding through the Orlando Health Community Grant Program to Grace Medical Home and Shepherd's Hope to establish case management focused on social determinants of health, that individuals that received this specialized case management were in high need of medical care, uninsured or underinsured and frequently visit the emergency room.*

Increasing access and education on the following areas: Food & Housing Security

- *Partnered with Second Harvest Food Bank through the Orlando Health Community Grant Program to support their Healthy Food Box program. Patients identified by the Orlando Health REACH team as food insecure and without access to healthy foods were given a food voucher that allowed them to receive a box of nonperishable foods, meats and fresh produce once discharged. Since the 2016 CHNA, 259 patients received healthy food box vouchers and 111 healthy food boxes have been distributed.*
- *Partnered with the City of Orlando through the Orlando Health Community Grant Program to support the addition of a SNAP program at the Parramore Farmer's Market which is located in a food desert. This program allows participants to use their EBT benefits to purchase fresh fruits and produce at the market. Since the 2016 CHNA, participants redeemed $1,304 worth of SNAP benefits at the farmers market.*
- *Partnered with Catholic Charities of Central Florida through the Orlando Health Community Grant Program to support a transportation program to patients enrolled in their Step2 Bridge Housing program. Through this program 31 patients received services including transportation to their follow up appointments, acquiring permanent housing, and establishing a primary care physician.*

Increasing access and education on the following areas: Health Literacy, Trauma and Falls Prevention

- *Supported the Health Information Library through the Orlando Health Community Grant Program to provide health literacy services. Classes were provided to aid with low literacy in the form of webinars, speaking at conferences, and events where brochures and information materials were handed out to the community. Since the 2016 CHNA, 1,577 community members have participated in 37 health literacy events.*
- *Provided bleeding control classes to the community which included teaching basic steps to control an injury that could result in major blood loss. To date more than 5,600 individuals have been trained on how to stop a bleed.*

ORLANDO HEALTH – HEALTH CENTRAL HOSPITAL

Since the completion of the 2016 Community Needs Health Assessment, Orlando Health – Health Central prioritized a list of the high trending target areas and the community outreach initiatives the hospital is working to address. The goals and accomplishments from Orlando Health – Health Central's Implementation Plan include the following:

Increasing access to care in the following areas: Chronic Disease - heart disease, cancer and diabetes:

- *Established the Orlando Health Community Grant Program which provides funding to local non-profit organizations to provide healthcare services as well as access to healthy foods, housing, and health literacy education to individuals. Orlando Health team members are also eligible to apply for a grant. The Orlando Health Community Grant Program has provided funding to more than 70 programs since the 2016 CHNA.*
- *Partnered with local non-profit organizations to provide BMI, cholesterol and glucose screens for residents in the community through coordinated health fairs or specific programs targeted to individuals with chronic disease or diabetes through Hebni Nutrition Consultants, Inc. and 306 Foundation.*
    - *Hebni Nutrition Consultants, Inc. provided services to 194 individuals which included hands-on cooking classes and nutrition education.*
    - *306 Foundation provided services through their Toolbox4Life Program to 23 individuals which included a 7-week culinary arts and skills program.*
- *Partnered with and provided funding through the Orlando Health Community Grant Program to Grace Medical Home and Shepherd's Hope to establish case management focused on social determinants of health, that individuals that received this specialized case management were in high need of medical care, uninsured or underinsured and frequently visit the emergency room.*

Increasing access and education on the following areas: Food & Housing Security

- *Partnered with Second Harvest Food Bank through the Orlando Health Community Grant Program to support their Healthy Food Box program. Patients identified by the Orlando Health REACH team as food insecure and without access to healthy foods were given a food voucher that allowed them to receive a box of nonperishable foods, meats and fresh produce once discharged. Since the 2016 CHNA, 259 patients received healthy food box vouchers and 111 healthy food boxes have been distributed.*
- *Partnered with the City of Orlando through the Orlando Health Community Grant Program to support the addition of a SNAP program at the Parramore Farmer's Market which is located in a food desert. This program allows participants to use their EBT benefits to purchase fresh fruits and produce at the market. Since the 2016 CHNA, participants redeemed $1,304 worth of SNAP benefits at the farmers market.*
- *Partnered with Catholic Charities of Central Florida through the Orlando Health Community Grant Program to support a transportation program to patients enrolled in their Step2 Bridge Housing program. Through this program 31 patients received services including transportation to their follow up appointments, acquiring permanent housing, and establishing a primary care physician.*

Increasing access and education on the following areas: Health Literacy, Trauma and Falls Prevention

- *Supported the Health Information Library through the Orlando Health Community Grant Program to provide health literacy services. Classes were provided to aid with low literacy in the form of webinars, speaking at conferences, and events where brochures and information materials were handed out to the community. Since the 2016 CHNA, 1,577 community members have participated in 37 health literacy events.*
- *Provided bleeding control classes to the community which included teaching basic steps to control an injury that could result in major blood loss. To date more than 5,600 individuals have been trained on how to stop a bleed.*

ORLANDO HEALTH ORLANDO REGIONAL MEDICAL CENTER (ORMC)

Since the completion of the 2016 Community Needs Health Assessment, Orlando Health ORMC prioritized a list of the high trending target areas and the community outreach initiatives the hospital is working to address. The goals and accomplishments from Orlando Health ORMC's Implementation Plan include the following:

Increasing access to care in the following areas: Chronic Disease - heart disease, cancer and diabetes:

- *Established the Orlando Health Community Grant Program which provides funding to local non-profit organizations to provide healthcare services as well as access to healthy foods, housing, and health literacy education to individuals. Orlando Health team members are also eligible to apply for a grant. The Orlando Health Community Grant Program has provided funding to more than 70 programs since the 2016 CHNA.*
- *Partnered with local non-profit organizations to provide BMI, cholesterol and glucose screens for residents in the community through coordinated health fairs or specific programs targeted to individuals with chronic disease or diabetes through Hebni Nutrition Consultants, Inc. and 306 Foundation.*
    - *Hebni Nutrition Consultants, Inc. provided services to 194 individuals which included hands-on cooking classes and nutrition education.*
    - *306 Foundation provided services through their Toolbox4Life Program to 23 individuals which included a 7-week culinary arts and skills program.*
- *Partnered with and provided funding through the Orlando Health Community Grant Program to Grace Medical Home and Shepherd's Hope to establish case management focused on social determinants of health, that individuals that received this specialized case management were in high need of medical care, uninsured or underinsured and frequently visit the emergency room.*

Increasing access and education on the following areas: Food & Housing Security

- *Partnered with Second Harvest Food Bank through the Orlando Health Community Grant Program to support their Healthy Food Box program. Patients identified by the Orlando Health REACH team as food insecure and without access to healthy foods were given a food voucher that allowed them to receive a box of nonperishable foods, meats and fresh produce once discharged. Since the 2016 CHNA, 259 patients received healthy food box vouchers and 111 healthy food boxes have been distributed.*
- *Partnered with the City of Orlando through the Orlando Health Community Grant Program to support the addition of a SNAP program at the Parramore Farmer's Market which is located in a food desert. This program allows participants to use their EBT benefits to purchase fresh fruits and produce at the market. Since the 2016 CHNA, participants redeemed $1,304 worth of SNAP benefits at the farmers market.*
- *Partnered with Catholic Charities of Central Florida through the Orlando Health Community Grant Program to support a transportation program to patients enrolled in their Step2 Bridge Housing program. Through this program 31 patients received services including transportation to their follow up appointments, acquiring permanent housing, and establishing a primary care physician.*

Increasing access and education on the following areas: Health Literacy, Trauma and Falls Prevention

- *Supported the Health Information Library through the Orlando Health Community Grant Program to provide health literacy services. Classes were provided to aid with low literacy in the form of webinars, speaking at conferences, and events where brochures and information materials were handed out to the community. Since the 2016 CHNA, 1,577 community members have participated in 37 health literacy events.*
- *Provided bleeding control classes to the community which included teaching basic steps to control an injury that could result in major blood loss. To date more than 5,600 individuals have been trained on how to stop a bleed.*

ORLANDO HEALTH WINNIE PALMER HOSPITAL FOR CHILDREN & BABIES

Since the completion of the 2016 Community Needs Health Assessment, Orlando Health Winnie Palmer prioritized a list of the high trending target areas and the community outreach initiatives the hospital is working to address. The goals and accomplishments from Orlando Health Winnie Palmer's Implementation Plan include the following:

Increasing access to care in the following areas: Chronic Disease: Cancer, Diabetes, Heart Disease

- *Established the Orlando Health Community Grant Program which provides funding to local non-profit organizations to provide healthcare services as well as access to healthy foods, housing, and health literacy education to individuals. Orlando Health team members are also eligible to apply for a grant. The Orlando Health Community Grant Program has provided funding to more than 70 programs since the 2016 CHNA.*
- *Partnered with local non-profit organizations to provide BMI, cholesterol and glucose screens for residents in the community through coordinated health fairs or specific programs targeted to individuals with chronic disease or diabetes through Hebni Nutrition Consultants, Inc. and 306 Foundation.*
    - *Hebni Nutrition Consultants, Inc. provided services to 194 individuals which included hands-on cooking classes and nutrition education.*
    - *306 Foundation provided services through their Toolbox4Life Program to 23 individuals which included a 7-week culinary arts and skills program.*

Increasing access and education on the following areas: Food & Housing Security

- *Partnered with the Coalition for the Homeless of Central Florida's Center for Women and Families (CWF) through the Orlando Health Community Grant Program to support their efforts to provide safe, temporary housing and comprehensive care management. Through this program 501 homeless guests, including 207 children were housed at CWF since the 2016 CHNA.*
- *Partnered with the City of Orlando through the Orlando Health Community Grant Program to support the addition of a SNAP program at the Parramore Farmer's Market which is located in a food desert. This program allows participants to use their EBT benefits to purchase fresh fruits and produce at the market. Since the 2016 CHNA, participants redeemed $1,304 worth of SNAP benefits at the farmers market.*

Increasing access and education on the following areas: Maternal and Child Health

- *Partnered with the UCP/BETA through the Orlando Health Community Grant Program to support their Teen Connection program to provide pre-natal education and support services to 44 pregnant teenage moms.*
- *Partnered with the Florida Department of Health in Seminole County through the Orlando Health Community Grant Program to support their Healthy Babies program. This program is focused on reducing the infant mortality rates in Seminole County by providing education to Black/Other mothers aged 15 to 19 and increase awareness of infant mortality and safe sleep methods.*
- *Partnered with Commonsense Childbirth, Inc to support their Easy Access Clinic Expansion program through the Orlando Health Community Grant Program. This program provided early prenatal care to 345 patients for a total of 1,340 visits.*

ORLANDO HEALTH SOUTH LAKE HOSPITAL

Since the completion of the 2016 Community Needs Health Assessment, Orlando Health South Lake prioritized a list of the high trending target areas and the community outreach initiatives the hospital is working to address. The goals and accomplishments from Orlando Health South Lake's Implementation Plan include the following:

Increased access and education on the following areas: Diabetes, Heart Disease, and Obesity in middle and high school students

- *Promoted and hosted Eating Well with Diabetes Class, free monthly class to all residents of the community taught by an Orlando Health South Lake Clinical Dietician overviewing the disease process, diagnostic criteria, labs, macronutrients (proteins, fats, carbohydrates), MyPlate, healthy food choices, and provides encouragement for making healthy lifestyle modifications.*
- *Physician Talks were provided all throughout Lake County to the residents with topics ranging from Diabetes, Stroke, and Infection Control and other health related topics. The ultimate goal is to foster and embrace healthier living and continuing to enhance the quality of our community as a whole.*
- *Elementary Roadshows provided an interactive, educational program on diet and exercise.*
- *BrainyActs is a weekly program conducted in partnership with Groveland Elementary School; Orlando Health South Lake facilitated nutrition and physical fitness lessons and provided healthy snacks for the sessions for over 2 school years.*

Increasing access and education on the following areas: Prenatal and Childbirth Mortality

- *Orlando Health South Lake offers several education courses for expectant mothers that educate parents about prenatal care and focuses on delivering healthy, full-term babies.*
- *Orlando Health South Lake received recognition by the Florida Breastfeeding Coalition (FBC), by participating in FBC's Baby Steps to Baby Friendly Hospital Florida Quest for Quality Maternity Care Award project.*
- *The hospital is one of the first in Lake County to prioritize mothers and babies by creating action plans that will improve the quality and support for mothers and babies giving birth in their hospital and answers one of the actions in the U.S. Surgeon General's Call to Action to Support Breastfeeding.*
- *March of Dimes, March for Babies is hosted annually at the National Training Center, owned by Orlando Health South Lake Hospital, to bring advocacy and support to the organization.*

Increasing access and education on the following areas: Unintentional Deaths and Drowning

- *Orlando Health South Lake Rehabilitation Department is committed to helping educate seniors on fall prevention through education at Health Fairs, Senior Expo's, and providing balance screenings.*
- *Orlando Health South Lake's Infant Swim Resource Program provided swimming lessons for infant's ages 6 months to 4 years including a scholarship program for those who are underserved.*

ORLANDO HEALTH SOUTH SEMINOLE HOSPITAL

Since the completion of the 2016 Community Needs Health Assessment, Orlando Health South Seminole prioritized a list of the high trending target areas and the community outreach initiatives the hospital is working to address. The goals and accomplishments from Orlando Health South Seminole's Implementation Plan include the following:

Increasing access to care in the following areas: Chronic Disease: Cancer, Diabetes, Heart Disease

- *Established the Orlando Health Community Grant Program which provides funding to local non-profit organizations to provide healthcare services as well as access to healthy foods, housing, and health literacy education to individuals. Orlando Health team members are also eligible to apply for a grant. The Orlando Health Community Grant Program has provided funding to more than 70 programs since the 2016 CHNA.*
- *Partnered with Shepherd's Hope through the Orlando Health Community Grant Program to support their Community Care Program. Through this program 548 patients were served by providing secondary care case management, chronic disease case management, diabetic case management or hypertensive case management.*
- *Partnered with the Florida Department of Health in Seminole County through the Orlando Health Community Grant Program to establish the Community Integrated Mobile Health Services (CIMHS) program. This program conducts home visits and needs assessments that connect Seminole County residents with existing community resources. The program also provides referrals for a Diabetes Prevention Program, Diabetes Self-Management Education classes and other DOH-Seminole services to participants. Since the 2016 CHNA, 18 assessments have been conducted.*

Increasing access and education on the following areas: Food & Housing Security

- *Partnered with the Florida Department of Health in Seminole County through the Orlando Health Community Grant Program to establish the Goldsboro Farmers Market. This farmers market serves the Goldsboro community in Seminole County which is located in Sanford, FL and is a designated "food desert" by the USDA.*
- *Partnered with Catholic Charities of Central Florida through the Orlando Health Community Grant Program to support a transportation program to patients enrolled in their Step2 Bridge Housing program. Through this program 31 patients received services including transportation to their follow up appointments, acquiring permanent housing, and establishing a primary care physician.*

Increasing access and education on the following areas: Mental Health, Maternal and Child Health

- *Partnered with New Hope for Kids through the Orlando Health Community Grant Program to support their Volunteer and Counseling Development Project. Since the 2016 CHNA, 320 adults and 445 children were provided services that included adult group support sessions as well as specialized grief activities and therapeutic play for children.*
- *Partnered with the Florida Department of Health in Seminole County through the Orlando Health Community Grant Program to support their Healthy Babies program. This program is focused on reducing the infant mortality rates in Seminole County by providing education to Black/Other mothers aged 15 to 19 and increase awareness of infant mortality and safe sleep methods.*

Increasing access and education on the following areas: Health Literacy

- *Supported the Health Information Library through the Orlando Health Community Grant Program to provide health literacy services. Classes were provided to aid with low literacy in the form of webinars, speaking at conferences, and events where brochures and information materials were handed out to the community. Since the 2016 CHNA, 1,577 community members have participated in 37 health literacy events.*

APPENDIX J

Comments, Feedback and Website Locations Listing

The members of the Collaborative are interested in community comments and feedback on this report as well as the individual member hospital and health department reports that were developed using the data collected through this CHNA. Table I.1 lists where each of the individual hospital and health department reports can be found on each member's website. Each member website offers the opportunity to provide written comments on their individual CHNA report as well as on this collaborative regional report.

TABLE I.1: Comments, Feedback And Website Locations Listing

Member Organization	Web Link for Collaborative 2019 Report and Individual Member Report	Email Address to Leave Comments and Feedback on Collaborative 2019 CHNA and/or Individual Member Report
AdventHealth	https://www.adventhealth.com/community-health-needs-assessments	AHS.Community.Benefit@AdventHealth.com
Aspire Health Partners	https://aspirehealthpartners.com/community-health-needs-assessment/	info@aspirehp.org
Orlando Health	https://www.orlandohealth.com/about-us/community-involvement/community-benefit?hcmacid=a0b5A00000VmYi5QAF	communitybenefit@orlandohealth.com
Florida Department of Health in Lake County	http://lake.floridahealth.gov/programs-and-services/community-health-planning-and-statistics/public-health-system-assessment/index.html	chd35webmaster@flhealth.gov
Florida Department of Health in Orange County	http://orange.floridahealth.gov/programs-and-services/community-health-planning-and-statistics/index.html	
Florida Department of Health in Osceola County	http://osceola.floridahealth.gov/programs-and-services/community-health-planning-and-statistics/cha/index.html	Osceola.Health@flhealth.gov
Florida Department of Health in Seminole County	http://www.floridahealth.gov/provider-and-partner-resources/community-partnerships/floridamapp/state-and-community-reports/seminole-county/index.html	CHD59Webmaster@flhealth.gov

SEMINOLE COUNTY

COMMUNITY HEALTH NEEDS ASSESSMENT

JUNE 2019

2019 COMMUNITY HEALTH NEEDS ASSESSMENT

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CHNA LEADERSHIP TEAM

DATA COLLABORATIVE GROUP
AdventHealth
Aspire Health Partners
Orlando Health
Orange Blossom Family Health Services
Osceola Community Health Services
True Health
Florida Department of Health in Lake County
Florida Department of Health in Orange County
Florida Department of Health in Osceola County

FOCUS GROUPS (10)
Health and Hunger Task Force
First Responders
Elder Adult Providers
Homelessness Providers
Mental Health Providers
AdventHealth Care Center
Seminole County Correctional Facility – Female Population
Seminole County Correctional Facility – Male Population
Healthy Seminole Community Health Partners
Aspire Health Partners

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

Donna J. Walsh, MPA, BSN, RN

Health Officer
Florida Department of Health in Seminole County

LETTER TO THE COMMUNITY

The Florida Department of Health in Seminole County is pleased to once again be part of a collaborative effort with local hospitals, surrounding county health departments and other stakeholders and community partners to develop a comprehensive Community Health Needs Assessment (CHNA).

The health of a community is often measured by the physical, mental and social well being of the people who live there. It is becoming commonly understood that factors like our socioeconomic status, education, physical environment, employment, social supports, and access to care all play a part in shaping our health and quality of life.

Health data that is collected and analyzed through the Community Health Needs Assessment is used to identify these and other key health indicators that help us address the significant health issues affecting our communities and focus on opportunities for improvement.

These assessments have led to findings of high rates of cardiovascular disease, diabetes and obesity, as well as food insecurities and access to health care challenges in our community, which have allowed us to develop initiatives such as farmer's markets, access to food pantries and mobile health services to reduce health disparities and improve health outcomes.

The Florida Department of Health in Seminole County, along with our partners and stakeholders, is committed to promoting healthy communities where we live, work, learn and play, and improving the quality of life for everyone by providing equal opportunities to achieve optimal health and wellness.

We at the Florida Department of Health in Seminole County would like to thank Orlando Health, Advent Health, Aspire Health Partners, True Health, Orange Blossom Family Health Center, Osceola Community Health Services and the health departments of Osceola, Lake and Orange counties for their vision and partnership in providing this valuable service to our communities.

Donna J. Walsh, MPA, BSN, RN
Health Officer
Florida Department of Health in Seminole County

INTRODUCTION

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

METHODOLOGY

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

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

Community Themes and Strengths Assessment | Information was collected between October 2018 and May 2019 from 10 focus groups, 14 individual stakeholder interviews and 623 community survey participants, 9 intercept survey participants and 83 key informant survey participants. This data helped us learn what issues are important to our community, how the quality of life is seen in our community and what resources our community has that can be used to improve health.

Local Public Health System Assessment | The local public health system (LPHSA) is a process for evaluating and documenting how well the local public health system is organized, governed, and fulfills the essential services of public health. The Florida Department of Health in Seminole County facilitated the assessment in June 2019 to discover opportunities for improving the performance of the system by collaborating with community partners. Facts and figures were collected from four public health system scoring groups. This data helped us learn how well public health services are being provided to our community and the performance and abilities of our community health system. To read the complete LPHSA visit http://seminole.floridahealth.gov.

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

On April 5, the DOH-Seminole Community Health Improvement team met with the county, collaborative and community leadership team to review data and rate and rank priorities.

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

SEMINOLE COUNTY OVERVIEW

COMMUNITY DEMOGRAPHICS AND HIGH RISK POPULATIONS

According to Census Pop-Facts from Environics in 2019, over the next 5-year period, Seminole County is expected to grow by about 6.4%, from 473,408 in 2019 to 503,576 in 2024, which is slightly below the state of Florida's expected growth rate (6.8%). The community has slightly more females (50.9%) than males (49.1%). The population is also predominantly White (74.9%) and has a sizable Hispanic population (21.7%). While the Hispanic percentage is below that of the state of Florida (31.2%), it is higher than the nation overall (18.3%). The median age in 2019 is 40.2, slightly lower than the state of Florida overall (42.5). The median age is expected to grow slightly older to 41.7 by 2023. The percentage of residents living in Seminole County with an education beyond high school (66.4%) is substantially higher than the state of Florida (49.3%), and nation (39.0%). The median household income is $66,494 with 8.7% of the families having incomes below the federal poverty level and 29.4% of households having incomes under $50,000.[1]

Health is influenced by conditions where we live and the ability and means to access healthy food, education, affordable housing, and jobs. The poverty rate in Seminole County in 2017 was 11.2%. While this is lower than the state rate of 14%, the rate increased from 7.4% in 2000. In Seminole County, the Sanford zip codes have both the highest poverty rates (between 15.0% and 20.0%) as well as the highest unemployment rates (5.4% and 5.2%) of the zip codes in the county. [2]

The largest health disparities in the four-county region are related to race, income and education. For example in 2016 for behavioral risk factors and disease incidence and 2017 for death rates.

- Blacks in Seminole County have the highest rate of colorectal cancer incidence (34.4) compared to Whites (30.3) and Hispanics (25.5)
- Whites have the highest rate of breast cancer incidence (113.7) compared to Blacks (91.7) and Hispanics (75.2)
- Whites (48.3) also have the highest rate of lung cancer in Seminole County compared to Blacks (44.0) and Hispanics (24.5)
- Blacks have the highest rates of asthma (13.6%) compared to Hispanics (5.7%) and Whites (4.9%)
- Non-Hispanic Blacks (44.5) have the highest diabetes death rates compared to Whites (23.8), White Hispanics (19.5) and Black Hispanics (10.5)
- Infant mortality per 1,000 births in Seminole County is highest among Blacks (7.9) compared to Whites (5.4) and Hispanics (6.1)
- Births to mothers with less than a high school education is highest among Hispanics (11.2%), compared to Blacks (7.1%) and Whites (5.9%)
- Adults with incomes less than $25k are more likely (17.1%) to have poor mental health compared to those with incomes between $25k and $49k (7.3%) and those with incomes $50k and above (2.6%). [3]

HEALTH ISSUES AMONG POPULATION GROUPS[4]

There are a variety of health issues identified among specific population groups, although these specific needs and issues may not be identified as one of the "top 10" issues within each of the primary research methodologies. In Seminole County, stakeholders identified Adverse Childhood Experiences (ACEs) and the impact of parental stress on a child as key community issues. According to key informants, community issues faced by teens include: a lack of housing stability as well as a lack of access to nutritious food and quality healthcare. There is also a lack of knowledge of oral hygiene and obesity among youth.

Focus group participants identified endocarditis (infection inside the heart as a result of IV drug use), Hepatitis C (due to needle sharing), and sexually transmitted diseases as top community issues related to communicable diseases, particularly among those who are IV drug users. Intercept survey respondents identify Hepatitis C and AIDS as top community health needs. Key informants identified HIV/AIDS as a top community issue because a stigma still exists toward people who have HIV and there is a perception that AIDS has been solved. The new HIV cases reported rate per 100,000 has been increasing in Seminole County over the past fifteen years from 12.8 in 2008 to 17.3 in 2017.[3]

Being obese or overweight is one of the most prevalent chronic conditions among Seminole County respondents to the 2018 community survey, with over half (52.6%) indicating that it is a problem for them or a family member. Hypertension and high blood pressure is almost nearly as prevalent at 51%. Almost half of the respondents indicated that high cholesterol (48.1%) is also a problem for them or someone in their family.

Almost a third of the Seminole County respondents (29.1%) to the community survey indicated that diabetes is a problem. Heart disease (26.5%), cardiovascular diseases (25.7%) and asthma/COPD (chronic obstructive pulmonary disease) (25.5%) affect about a quarter of respondents' families. Cancer affects one in five families (20.6%). One in ten (9.3%) respondents indicated that stroke affects them. Almost one in ten (7.8%) indicated that childhood obesity is a problem they have experienced. A higher percentage of respondents from Seminole County have experienced obesity/overweight (52.6%) when compared to the four-county region overall (51.3%). All other chronic conditions were lower or comparable.

Focus Group participants identified cancer (all types), obesity, high blood pressure, high cholesterol, kidney disease, heart disease, stroke, diabetes, and asthma as top community health needs. Intercept survey respondents identified lack of transportation especially for follow up appointments and health literacy among adults as key community issues.

Almost all of the key informants representing Seminole County (97.8%) indicated that mental health issues affect the clients they serve. Almost two-thirds (64.0%) of stakeholders indicated that mental health is a top community issue, with lack of mental health providers and corresponding services as a priority to be addressed. Focus group participants commented that people are not paying enough attention to their own mental health. Another concern is that individuals diagnosed with a mental health condition may be overmedicated.

SOCIAL DETERMINANTS OF HEALTH AFFECTING SEMINOLE[4]

Almost a quarter of the community survey respondents in Seminole County (22.4%) had experienced the lack of affordable and adequate housing. Seminole County had a smaller percentage of respondents experiencing housing problems when compared to the four-county region (25.2%). In the four-county region overall, 9.1% of the Community survey respondents indicated that they were worried about stable housing versus 4.5% in Seminole County. Stakeholders indicated that lack of affordable housing and homelessness were important economic issues.

Focus group participants commented that people do not have access to food and shelter and those with lower income may not have good health. Responses indicated there is a high population of individuals who are homeless, and the community lacks a common definition of homeless. There is also a lack of economic mobility.

Key informant survey participants cited poverty, homeless adults and youth, lack of good paying jobs/jobs with advancement options, and lack of affordable housing as important community issues.
Uninsured and underinsured residents delay seeking care until their illnesses are acute due to economic conditions and access to care barriers.

Intercept survey participants identified lack of living wage jobs and lack of transportation as important community issues. Barriers include a lack of transportation, poverty, financial literacy, lack of livable wage jobs, criminal records and work (can't take time off work to get care).

Services needed identified by the primary research respondents include increased public transportation (routes and times), affordable quality housing, homeless support, shelters and job training. There is a need for more job training and education. Training for professionals when dealing with someone who is homeless or struggling would also be beneficial. Respondents indicated that it is important to educate young people on economics and to focus on financial planning and education for community residents.

Key informants representing Seminole County commented that ACEs (Adverse Childhood Experiences) need to be taken into account and that there are more behavioral and mental health care services needed for students. The stressors related to poverty and housing instability increase the need for mental health services.

Barriers to care include the continued stigma associated with mental health issues as well as difficulty accessing mental health services. According to focus group participants, not all mental health professionals are welcoming or show compassion and respect to individuals who need help. There is also a lack of self-awareness to recognize when someone has a mental health problem and people often do not know where to go for care.

According to the primary research participants, needed services included transportation, more compassionate providers available, reduced wait time for services, services in schools and more services for LGBTQ+, both youth and adults. There is also a need for therapy services, an increased need for clinically sound bilingual care, as well as appropriate care for victims of natural disasters who are dealing with trauma. The community would also benefit from more treatment for substance abuse, more options for grief counseling, and education on how to recognize when people need mental health services or support. There is also a need for peer support, mentoring and role modeling as well as education to reduce stigma.

A slightly higher percentage of community survey respondents from Seminole County (14.1%) have experienced alcohol abuse compared to the region overall (12.2%). Stakeholders stressed that substance use disorder is a top community problem. Key informants indicated that there is a rise in vaping and e-cigarette use. The number of fentanyl-related deaths in Seminole County increased from 2 in 2011 (a rate of 0.48 per 100,000) to 36 in 2017 (7.78 per 100,000). The controlled substance prescribing rate for Seminole County per 1,000 population increased from 573.3 in 2013 (249,973 pills) to 592.7 in 2017 (274,222 pills). [5]

According to the community survey participants, 18.7% of Seminole County respondents lack recreational opportunities, 19.5% lack safe roads/sidewalks, 25.8% lack access to healthy high-quality affordable food and 6.6% lack access to fresh available drinking water. Stakeholders commented that there is insufficient access to healthy food and a lack of physical activity opportunities in the county. There is also a lack of usable sidewalks.

Focus group participants discussed that many residents have poor diets and are not eating well. Food insecurity is a problem in certain areas. People are not physically active either. Key informants cited poor infrastructure, including low quality housing, as key issues in the county. They noted the numbers of individuals living in homes that are unfit for habitation, especially those with children.

HEALTH BEGINS WHERE YOU
LIVE, LEARN, WORK AND PLAY[6]

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

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

WHAT
DETERMINES OUR HEALTH?

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

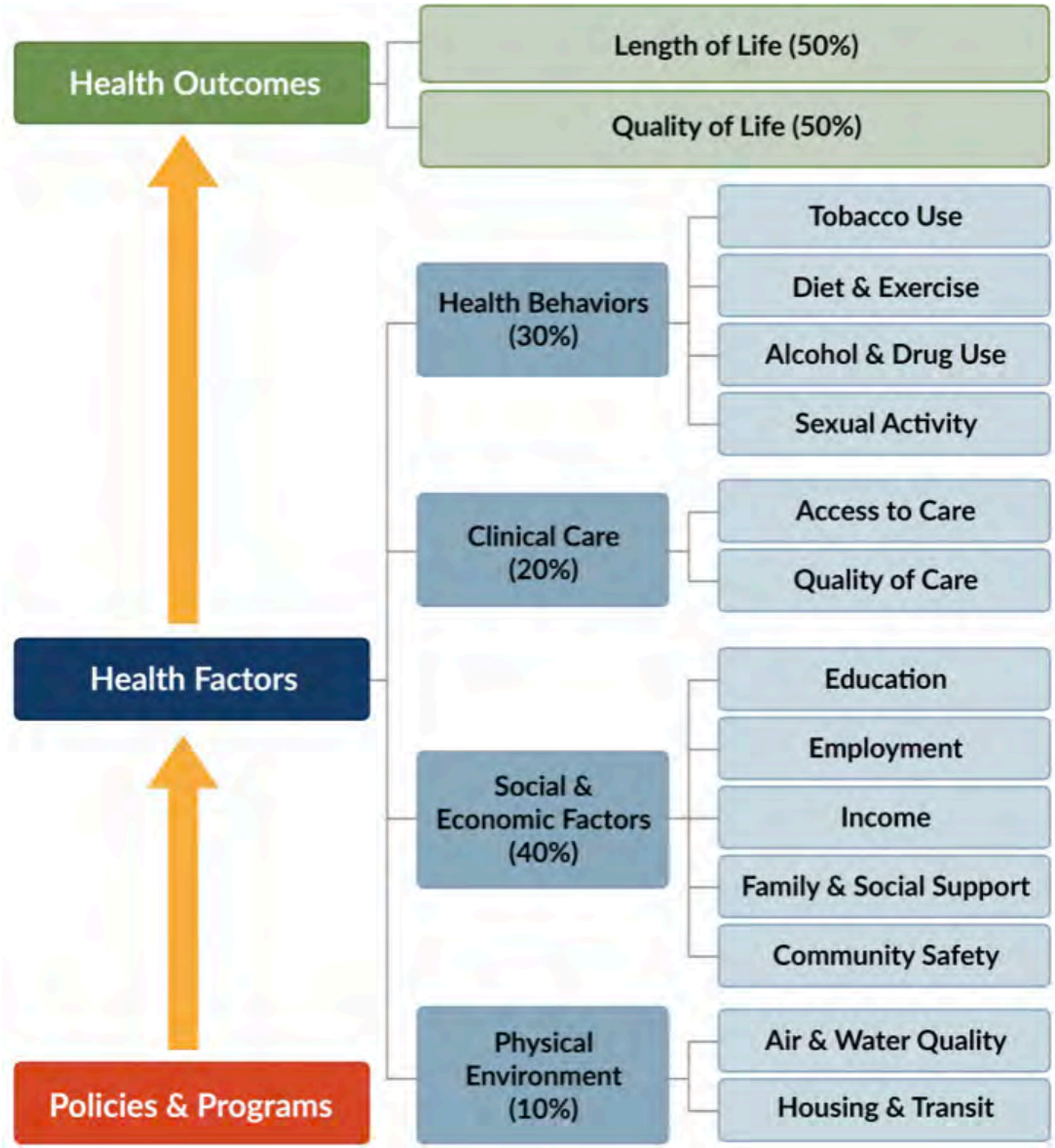
Education: high school graduation, language, literacy

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

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

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

COUNTY HEALTH RANKINGS MODEL[8]



HEALTH IS MORE THAN HEALTH CARE

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

HEALTH IS FOR EVERYONE

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

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

WHY DOES THE CHNA INCLUDE INFORMATION ON EDUCATION AND INCOME?

Higher education and incomes impact health in many ways. People with higher incomes have the opportunity to make healthy choices because they are more likely to live in safe homes and neighborhoods, have access to healthy foods and safe places to exercise, have health insurance and resources to deal with stressful life events. Those who are working and still struggling to pay the rent can't always make healthy choices because they don't have as many resources. Families who are struggling to get by are also more likely to face more overall stress and have less resources to deal with stressful events. Chronic stress creates higher levels of harmful hormones, which can increase the risk of many diseases such as cancer, diabetes, heart disease and stroke.[8]

So, it makes sense that groups of people with more education and higher incomes generally have better health and live longer than those with lower incomes. Middle-income Americans are healthier than those who struggle financially, but they are less healthy than those with high incomes. Groups of people with the lowest incomes tend to have the worst health and die younger.[8]

WHY ARE THE STATISTICS BROKEN DOWN BY POPULATION GROUPS?

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

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

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

Ice Cream Cones Handed Out		Ice Cream Cones that Fell		Fall Rate
800 Strawberry	▷	50 Strawberry	=	50 of 800 = 6% (1 out of every 16)
200 Mint Chocolate Chip		50 Mint Chocolate Chip		50 of 200 = 25% (1 out of every 4)
1,000 Total Cones		100 Total Cones		100 of 1,000 = 10% (1 out of every 10)

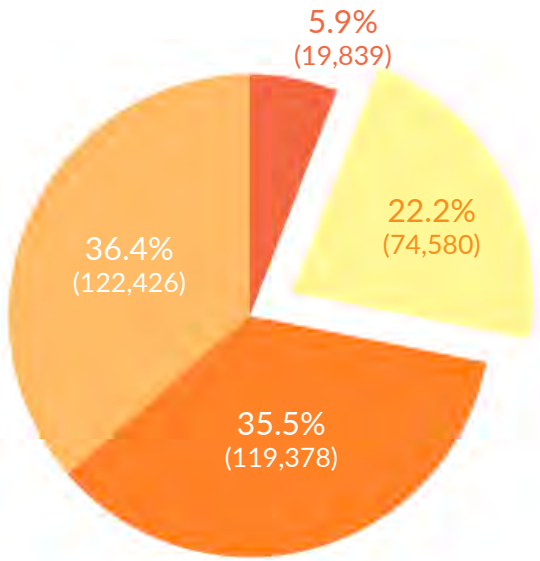
This symbol is used throughout the CHNA to highlight disparities, or areas that need improvement. We focus on the issues that need improvement so we can work together on solutions!

COMMUNITY PROFILE

POPULATION[1]

2000	2010	2019	2024	GROWTH 2019-2024
365,262	422,718	473,408	503,576	6.37%

EDUCATIONAL ATTAINMENT[1]

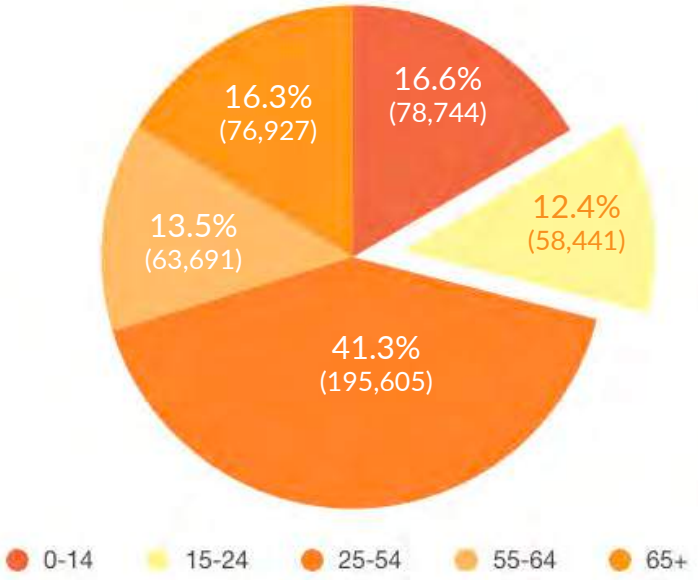


- Less Than High School
- High School
- Some College | Associate Degree
- Bachelor Degree or Above

FACT

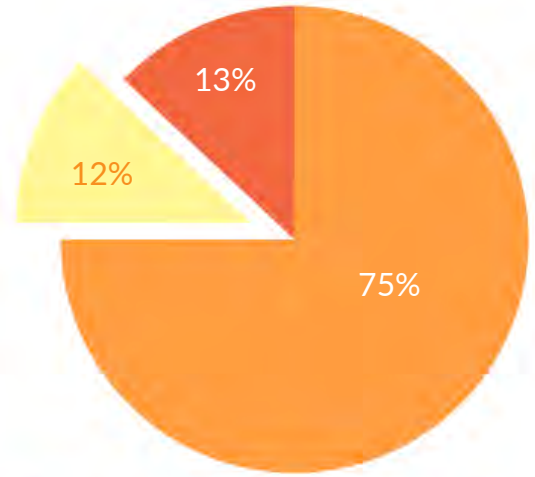
21.7% of the population in Seminole County is also Hispanic or Latino.[1]

POPULATION BY AGE[1]



Graphs are based on the 2019 total estimated population of 473,408.

POPULATION BY RACE[1]



American Indian, Alone (0.3%)
Asian Alone (4.5%)
Native Hawaiian/Pacific Islander (0.08%)
2 or More Races, Alone (3.6%)
Some Other Race, Alone (4.5%)

HISPANIC POPULATION BY RACE

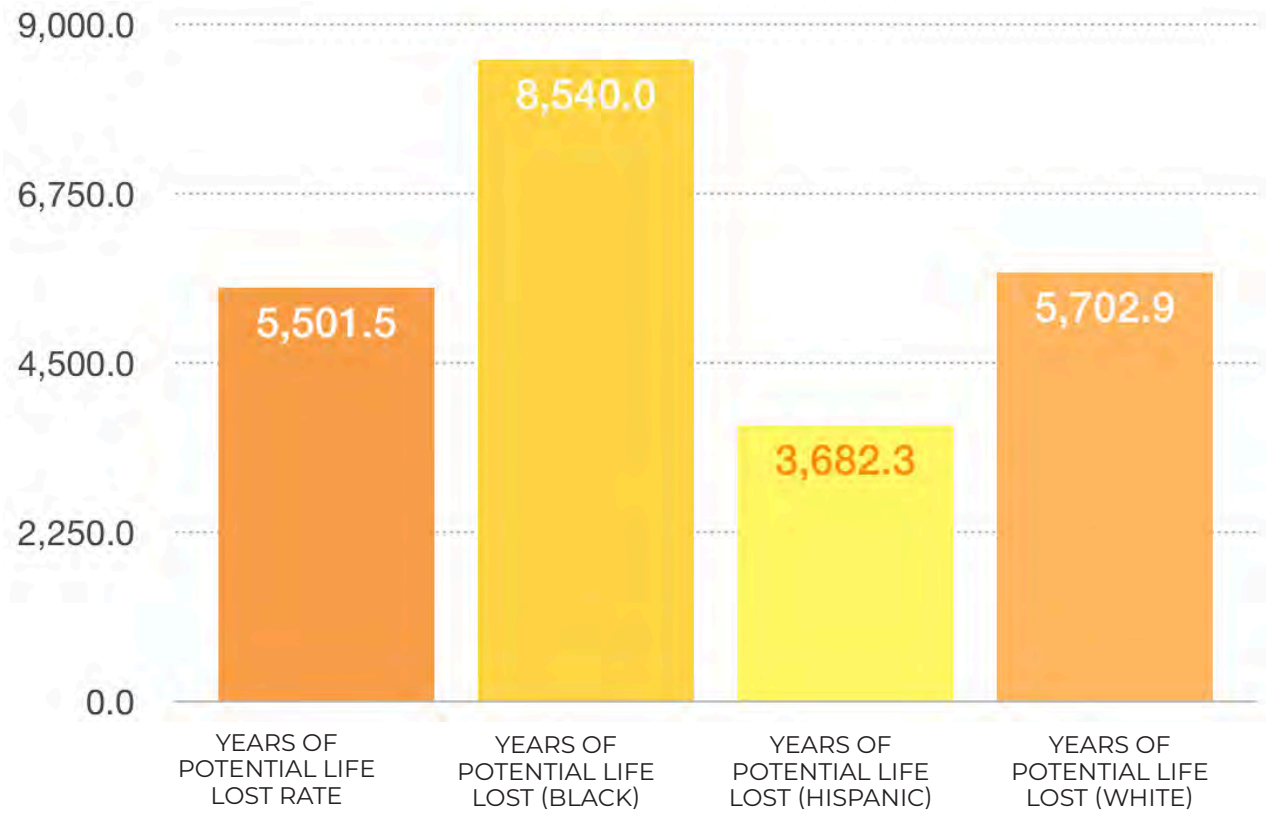
RACE/ETHNICITY[3]	2016
White Alone	280,793
White, Hispanic	87,330
Black Alone	52,298
Black, Hispanic	6,734

HEALTH OUTCOMES

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

Years of potential life lost (YPLL) or potential years of life lost (PYLL)[8], is an estimate of the average years a person would have lived if he or she had not died prematurely (before age 75). It is, therefore, a measure of premature mortality. As an alternative to death rates, it is a method that gives more weight to deaths that occur among younger people.

PREMATURE DEATH



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

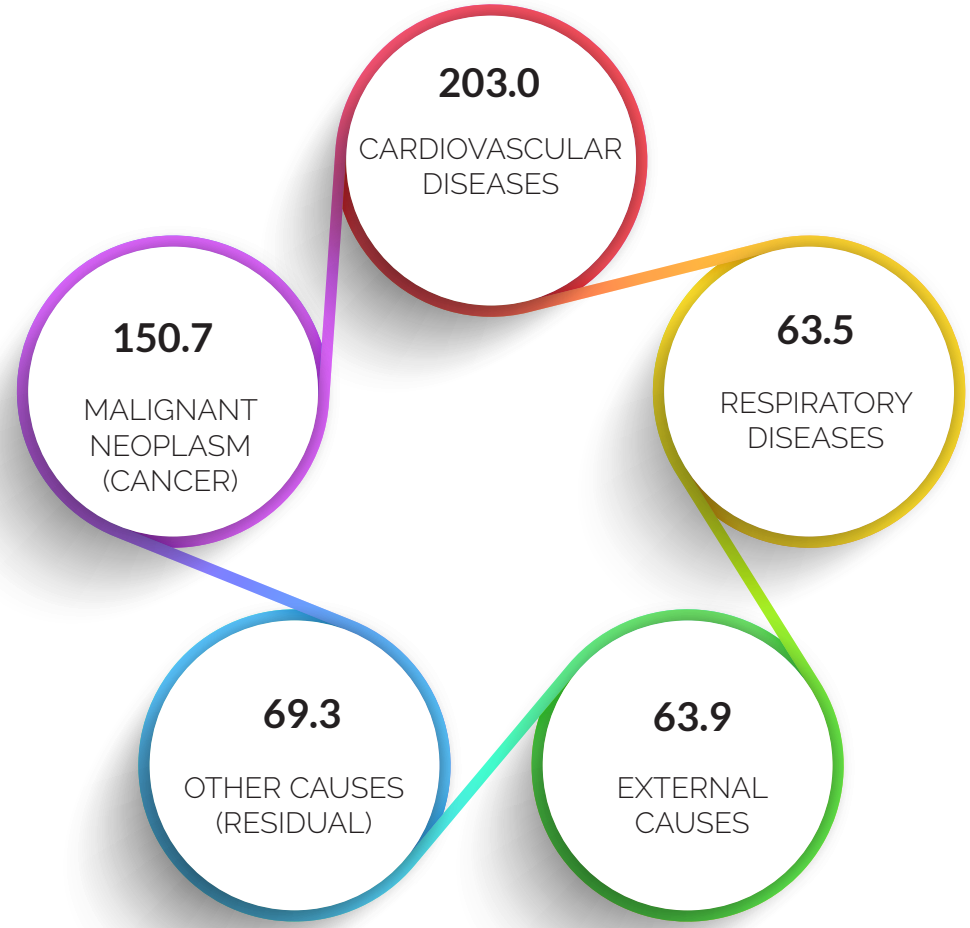
PREMATURE MORTALITY 2018*

4379.0	Number of Deaths
283.2	Age-Adjusted Mortality
414.8	Age-Adjusted Mortality (Black)
184.4	Age-Adjusted Mortality (Hispanic)
294.3	Age-Adjusted Mortality (White)

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

Cardiovascular Diseases is the leading cause of death in Seminole County. Risk factors including smoking, high cholesterol, high blood pressure, physical inactivity and diabetes.[9]

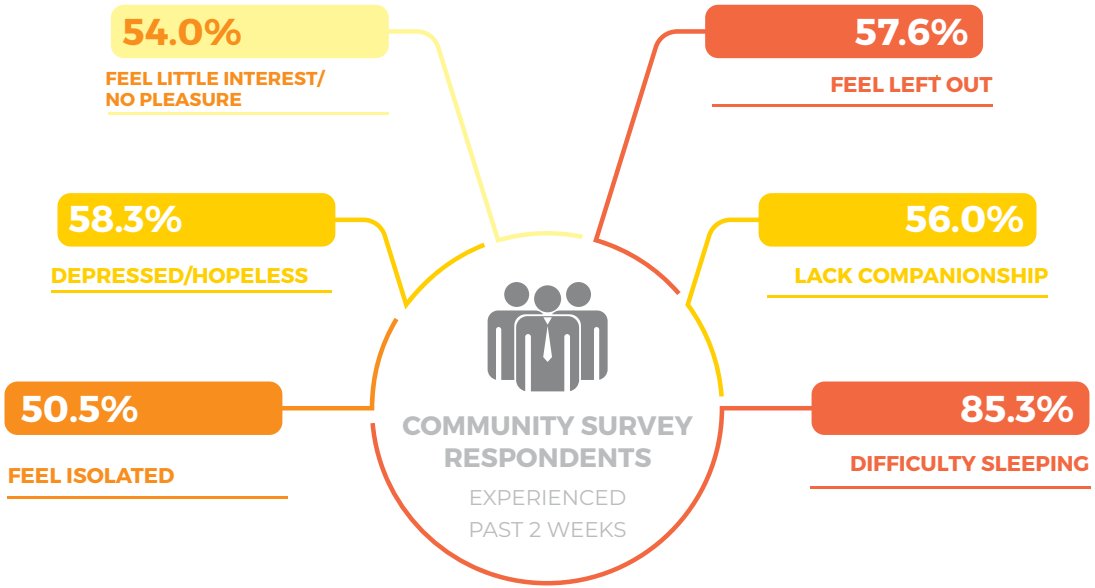
LEADING CAUSES OF DEATH*



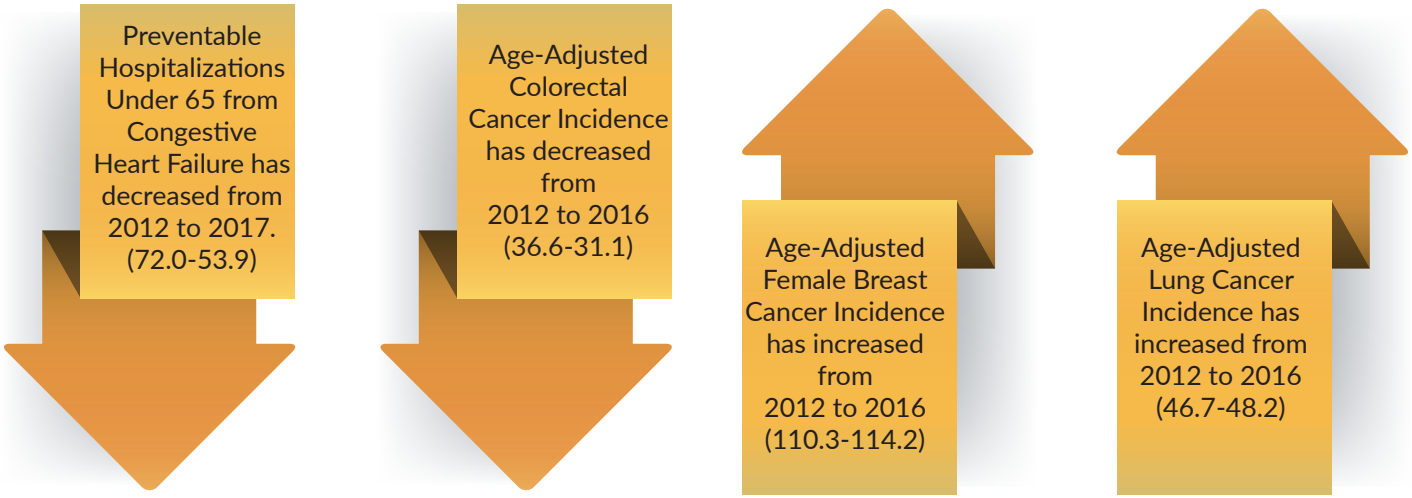
HEALTH OUTCOMES

White residents of Seminole County (55.1) are more likely to die of a stroke than White Florida residents overall (38.8).[3]

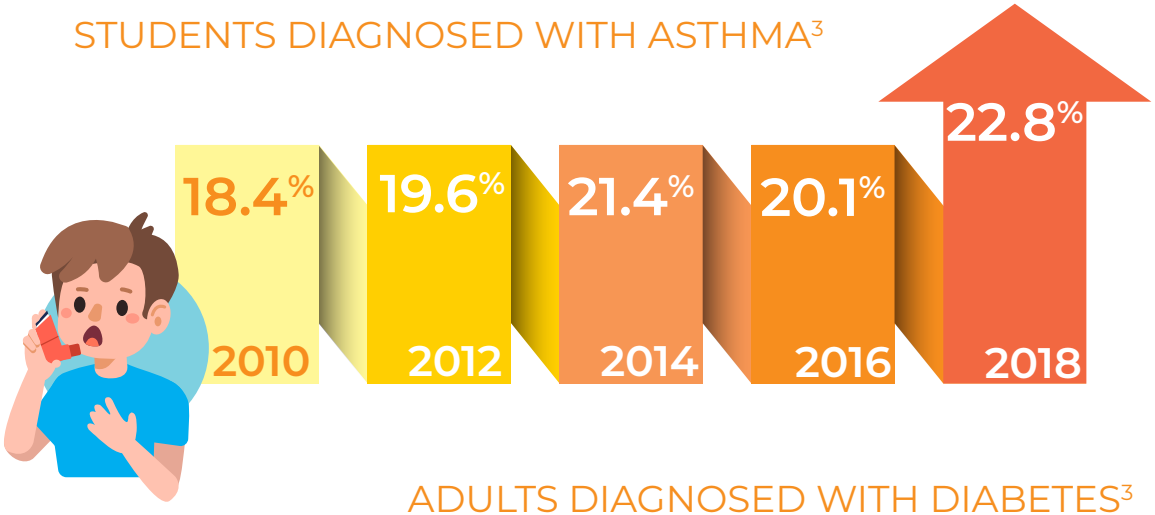
QUALITY OF LIFE[10]



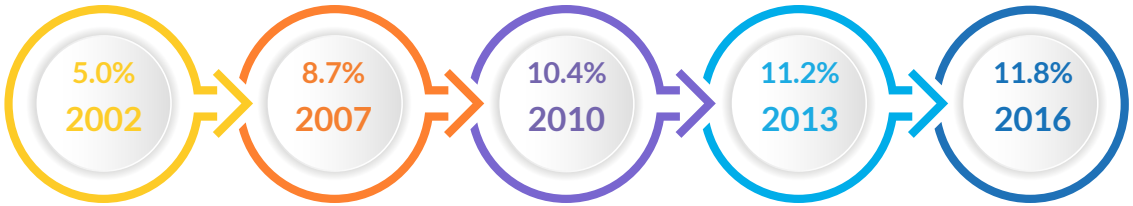
CHRONIC DISEASE[3]



STUDENTS DIAGNOSED WITH ASTHMA[3]



ADULTS DIAGNOSED WITH DIABETES[3]



FACT

Heart Disease deaths have increased in Seminole County 2.0% between 2011 (137.7) and 2017(140.5).[3]

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

FACT

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

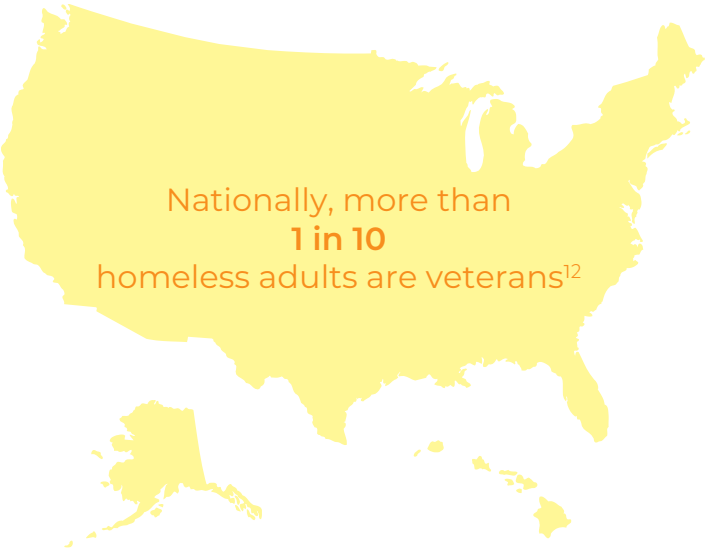
"Chronic diseases are prevalent in the community. They are affected by social determinants like food and housing."

– Community Stakeholder

HEALTH OUTCOMES

SOCIAL & MENTAL HEALTH

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



11.3% of Seminole County adults have frequent mental distress.[3]

Adults age 18-44 are more likely to have depressive disorder than other age groups.[3]

FACT

Almost 40% of households in Seminole County are cost burdened or severly cost burdened.[3]

FACT

In Florida, mental illness is the number one disabling condition that leads to homelessness.[12]

Seminole County had the largest overall increase for suicide rates in the region for young adults age 19-21. from 6.3 in 2004 to 24.0 in 2017.[3]

11.3% of Seminole County adults have frequent physical distress.[3]

"While the **"public face" of homelessness** is often that of people experiencing long-term chronic homelessness, the reality is that the experience of homelessness spans demographics and populations - young and old, employed and unemployed, healthy and ill, female and male."[12]

Between 2012 and 2017,

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

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

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

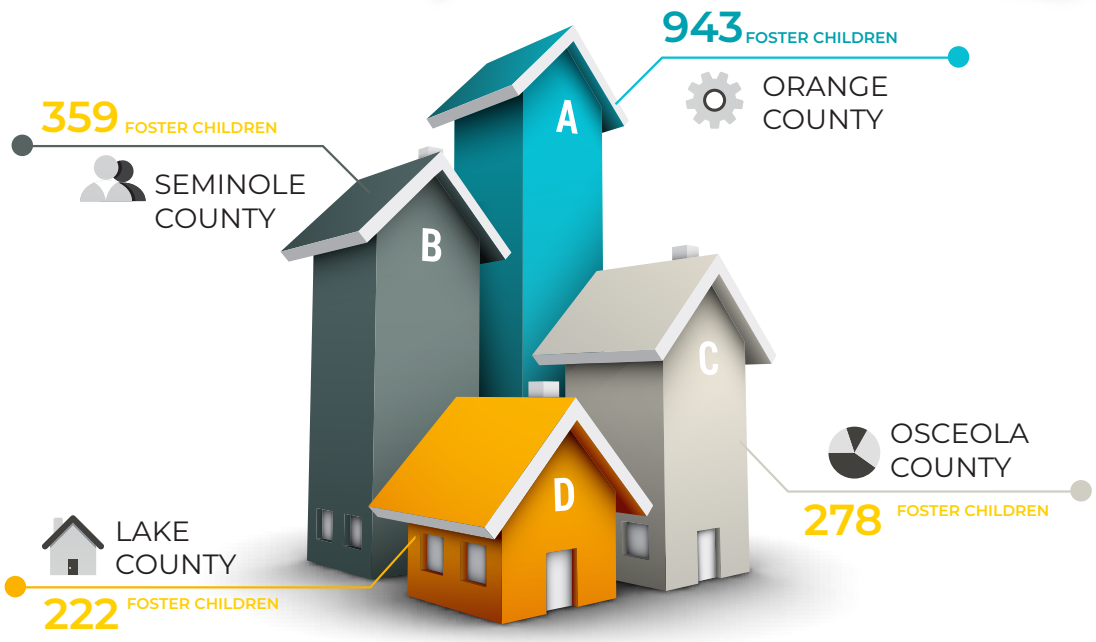
The percentage of homeless students in Osceola County increased (20%)[3]

FACT

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

FACT

Home Ownership rates have decreased in Seminole County from 69.5% in 2000 to 65.8% in 2017.[3]



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

"Mental health is a top community need. I think that families we deal with become easily overwhelmed and don't know where to turn. Then they defer getting treatment and it gets worse and worse. We end up with a call to the hotline and we get involved to help at that point."

– Stakeholder Interview Participant

HEALTH
OUTCOMES
COMMUNITY INPUT OF TOP COUNTY HEALTH ISSUES

COMMUNITY SURVEY
TOP ISSUES AFFECTING RESPONDENTS & FAMILIES[10]

01 OBESITY & OVERWEIGHT
02 ALLERGIES
03 LACK OF EXERCISE/ PHYSICAL HEALTH
04 HYPERTENSION/ HIGH BLOOD PRESSURE
05 HIGH CHOLESTEROL
06 ACCESS TO AFFORDABLE HEALTHCARE
07 DENTAL HYGENE/ DENTAL PROBLEMS
08 AVAILABILITY OF SPECIALTY MEDICAL CARE
09 ACCESS TO DENTAL CARE
10 DIABETES

STAKEHOLDER INTERVIEWS
TOP 10 PRIORITIES[13]

01 MENTAL HEALTH
02 OPIOIDS/SUBSTANCE USE
03 ACCESS TO HEALTHCARE
04 HEALTH CARE COSTS/ LACK OF INSURANCE/AFFORDABILITY
05 HOMELESSNESS/ AFFORDABLE HOUSING
06 TRANSPORTATION
07 FOOD/NUTRITION
08 DIABETES
09 NOTE: ONLY 8 TOP PRIORITIES WERE IDENTIFIED FOR SEMINOLE COUNTY
10 AS OTHER TOPICS WERE MENTIONED ONLY ONCE

COMMUNITY INPUT OF TOP COUNTY HEALTH ISSUES

KEY INFORMANT SURVEY TOP COMMUNITY ISSUES[14]

01 SEXUALLY TRANSMITTED DISEASES AND HIV
02 HOMELESSNESS
03 LIVING WITH A DISABILITY
04 INAPPROPRIATE USE OF THE ER
05 AFFORDABLE HOUSING
06 TRANSPORTATION
07 POVERTY/LOW WAGES
08 OLDER ADULT SAFETY AND MOBILITY
09 MENTAL HEALTH/ILLNESS
10 CANCER

FOCUS GROUP TOP COMMUNITY ISSUES[15]

01 HOMELESSNESS/ AFFORDABLE HOUSING
02 MENTAL HEALTH
03 SUBSTANCE USE
04 ACCESS TO CARE/UNINSURED
05 DENTAL CARE
06 NAVIGATING THE HEALTH CARE SYSTEM
07 HEALTH LITERACY
08 ACCESS TO HEALTHY, AFFORDABLE FOOD
09 OBESITY
10 SAFETY ISSUES

HEALTH
OUTCOMES

KEY CHANGES SINCE 2016 COMMUNITY HEALTH NEEDS ASSESSMENT[16]

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

KEY CHANGES SINCE 2016 COMMUNITY HEALTH NEEDS ASSESSMENT[16]

OBESITY	DIABETES	CARDIOVASCULAR	CANCER	ASTHMA
↑ Adult Obesity	↑ Adult Diabetes	↓ Adult Hypertension	↑ Breast Cancer Incidence	↓ Adult Asthma
↑ Middle School BMI > 95%	↑ Diabetes Hospitalizations 5-11 y. Old	↓ Congestive Heart Failure	↑ Lung Cancer Incidence	↑ Middle School Asthma
↑ High School BMI > 95%	↓ Diabetes Hospitalizations 12-18 y. Old	↑ Adults High Cholesterol		↑ High School Asthma
				↓ Asthma Hospitalizations 1-4 y. Old
				↓ Asthma Hospitalizations 5-11 y. Old
				↑ Asthma Hospitalizations 12-18 y. Old

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

KEY CHANGES SINCE 2016 COMMUNITY HEALTH NEEDS ASSESSMENT[16]

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

KEY CHANGES SINCE 2016 COMMUNITY HEALTH NEEDS ASSESSMENT[16]

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

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

HEALTH BEHAVIORS

TOBACCO USE

SPOTLIGHT ON E-CIGARETTES[17]

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

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

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

FACT

Tobacco-related deaths are preventable.[7]

FACT

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

FACT

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

A The percentage of adults who are current smokers in Seminole County has declined from 19.5% in 2002 to 15.2% in 2016.[17]

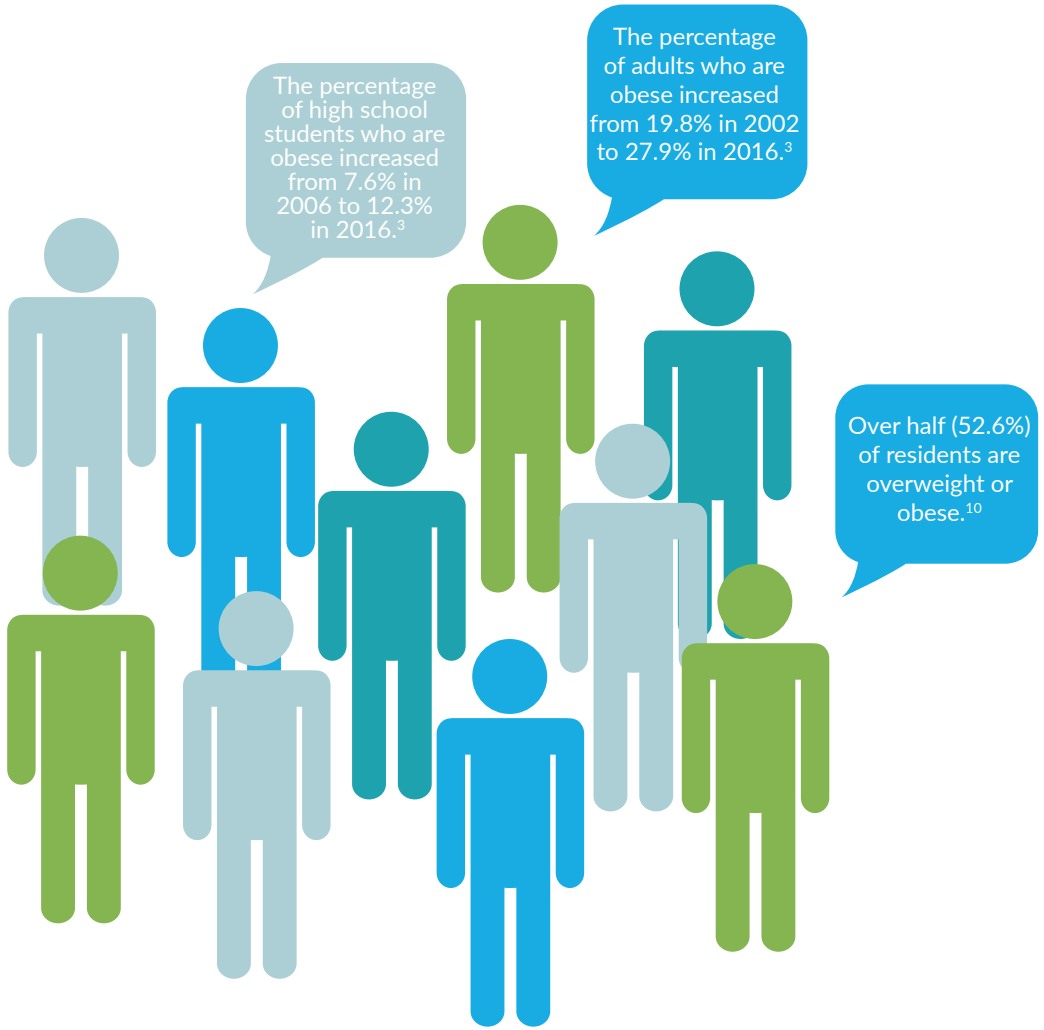
B The percentage of middle school students who smoked cigarettes in the past 30 days has declined from 5.0% in 2012 to 0.5% in 2018.[3]

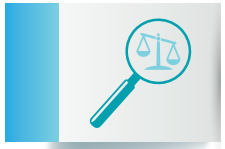
C The percentage of high school students who smoked cigarettes in the past 30 days has declined from 7.5% in 2012 to 3.1% in 2018.[3]

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

HEALTH BEHAVIORS

DIET & EXERCISE





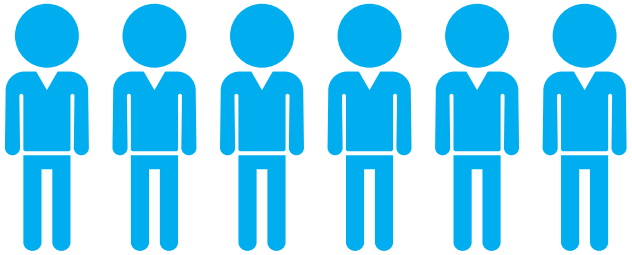
Black women have a higher obesity rate (34.7%) during pregnancy than White (23.0%) or Hispanic (26.0%) women.[3]

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

"Baby boomers are experiencing high blood pressure and high cholesterol because of poor diets."

– Focus Group Participant

HEALTH
BEHAVIORS
DIET & EXERCISE



FACT

The average commute time (the time it takes to get to work) is 30 minutes.[1]

FACT

73% of middle school and 80% of high school students don't get enough physical activity.[3]

37.4%

Over a third of adults in Seminole County have high cholesterol (37.4%).[3] People with high cholesterol have 2X the risk of heart disease as people with low cholesterol.

42%

42% of Seminole County residents spend more than 30 minutes traveling to work, which leaves less time for physical activity and recreation.[1]

22.8%

22.8% of Seminole County adults don't get enough physical activity.[3]

40.6%

Only one in four (40.6%) of Seminole County residents live within a ½ mile from a park.[3]

91%

91% of residents have access to exercise.[3]

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

FACT

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

FACT

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

FACT

Seminole County has 3 census tracts that are designated food deserts. These are located near Altamonte Springs, Oviedo and Sanford.[20]

HEALTH BEHAVIORS

ALCOHOL & DRUG USE

FACT

The Heroin-related death rate increased in 2015 but decreased to 7.1 in 2017.[3]

FACT

One in five adults binge drinks alcohol. Binge drinking among Seminole County adults decreased to 15.4% in 2010 then increased to 20.1% in 2016.[3]

"We need better navigation to follow patients who come in with overdoses to make sure they get their meds and get to their appointment and follow up with them to make sure they get what they need."

– Focus Group Participant

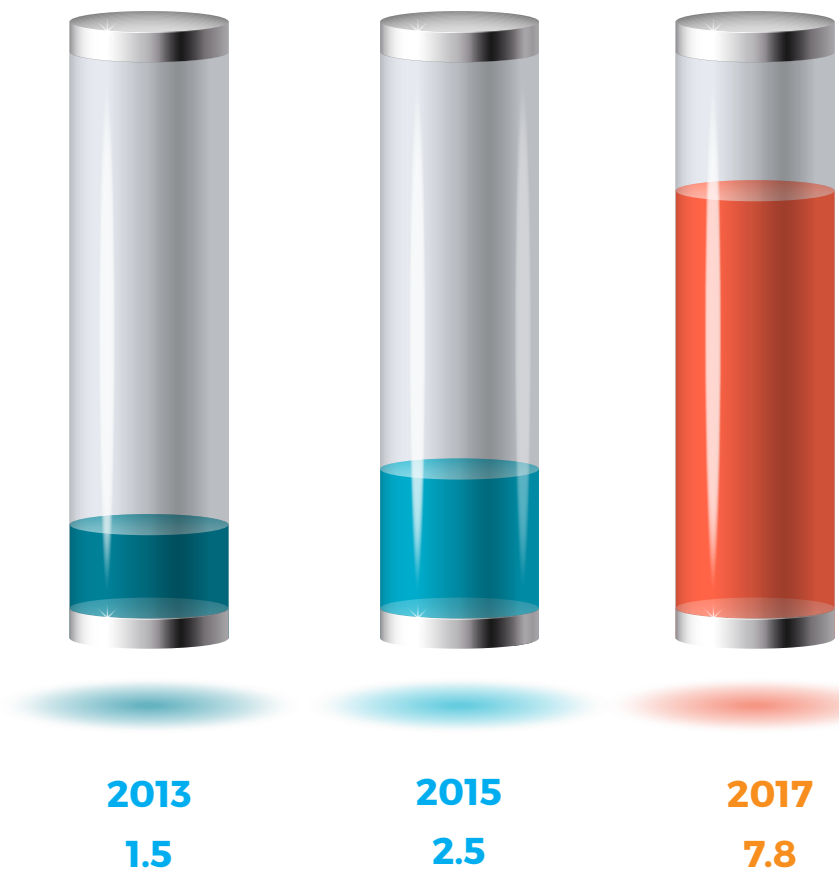
"The heroin addict doesn't want to stop; seldom that they want to stop. They just want to continue doing it – and we don't have many options to provide support."

– Focus Group Participant

FACT

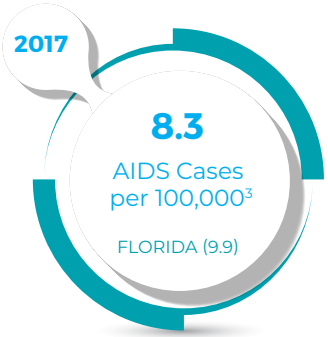
The Fentanyl-related death rate in Seminole County has risen over 400% from 1.5 in 2013 to 7.8 in 2017.[3]

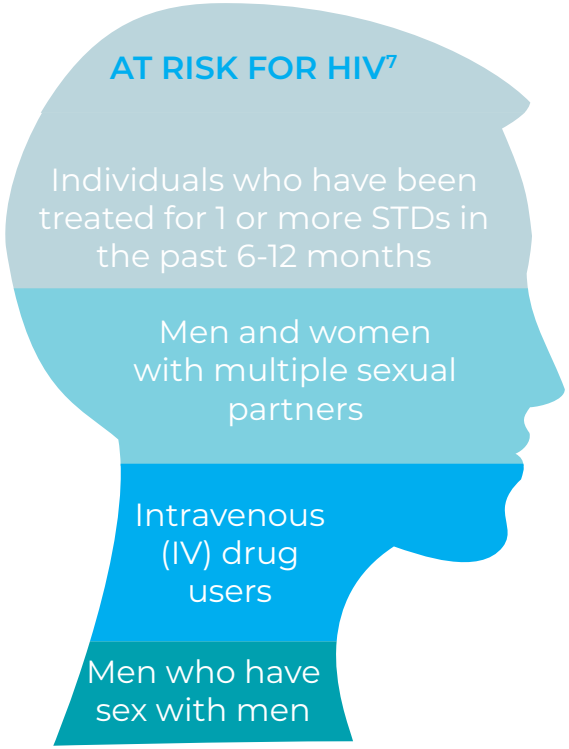
FENTANYL-RELATED DEATHS[3]
RATE PER 100,000

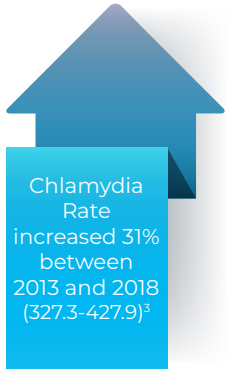


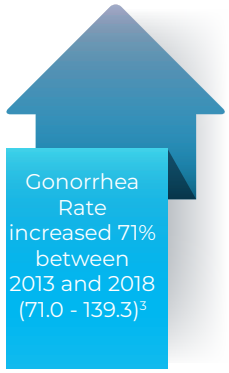
HEALTH BEHAVIORS

SEXUAL ACTIVITY









FACT

The rate of new HIV cases in Seminole County increased from 10.9 in 2013 to 17.3 in 2017.[3]

FACT

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

FACT

The rate of new AIDS cases reported has increased from 7.2 in 2013 to 8.3 in 2017.[3]

Men are about 50% more likely to have gonorrhea than women (165.5 versus 114.8).[3]

HIV/AIDS

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

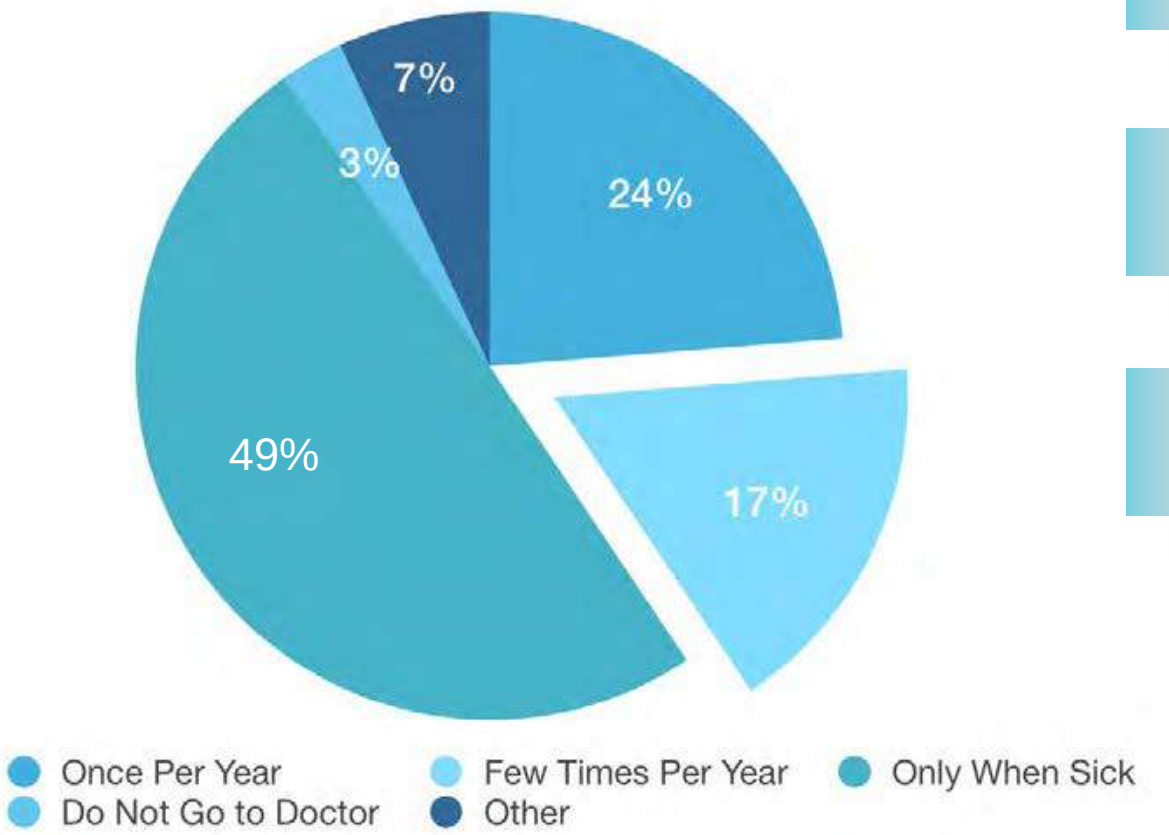
CLINICAL CARE

ACCESS TO CARE

FACT

Almost half (49.8%) of Community Survey respondents only see a doctor or other medical provider when they are sick.[10]

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



FACT

Seminole County currently has one primary care physician for every 1,291 residents, much better than the state of Florida (1,376:1).[8]

FACT

Seminole County has 1 dentist for every 1,700 residents compared to the state of Florida that has 1 for every 1,735 residents.[3]

FACT

Seminole County has 1 mental health provider for every 675 residents compared to the state of Florida that has 1 for every 703 residents.[3]

PNEUMONIA VACCINE[3]

2007	2010	2013	2016
59.4%	63.8%	69.1%	63.6%

FACT

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

ADULTS 65+ FLU VACCINE[3]

2007	2010	2013	2016
65.3%	61.3%	47.0%	56.0%

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

"Our students lack adequate insurance and the ability to get regular updates."

– Key Informant Survey Participant

CLINICAL CARE

INJURY & HOSPITALIZATION

FACT

A small percentage (2.1%) of Seminole County Community Survey respondents have been impacted by motor vehicle crash deaths in their families.[10]

FACT

A little over 1/4 (25.5%) of Community Survey respondents indicated that they have been affected by texting and driving.[10]

BIRTH CHARACTERISTICS[3]

The infant death rate in 2017 was 6.7, the second lowest in the four-county Central Florida region.

Births to mothers with less than high school education have decreased over the past 15 years from 10.9% in 2003 to 5.9% in 2017.

Births to unwed mothers have increased from 29.6% in 2003 to 38.1% in 2017.

Births to uninsured mothers have decreased from 4.2% in 2004 to 3.6% in 2017.

Repeat births to mothers age 15-19 have decreased from 16.2% in 2012 to 11.5% in 2017.

Fewer women received 1st trimester prenatal care in 2017 (80%) than in 2012 (86.1%).

Blacks are more likely to have[3]:

Higher infant mortality -3X the Hispanic rate and 5X the White rate.

Mothers who were obese during pregnancy – 33% higher than white mothers

50%

Higher unwed mother rate – almost double (97%) the White rate

43%

Pre-term birth – 43% higher than White and 25% higher than Hispanic

Mothers with less than a high school education – 35% higher than the White rate

FACT

The percentage of low birthweight babies born in Seminole County has remained between 8-9% for the past 15 years.[3]

Hispanic women have the highest rate of uninsured births in Seminole County(3.9%).[3]

"There is lack of access to care for those who are immigrants, especially undocumented."

– Key Informant Survey Participant

SOCIAL & ECONOMIC FACTORS

ECONOMIC CONDITIONS

FACT

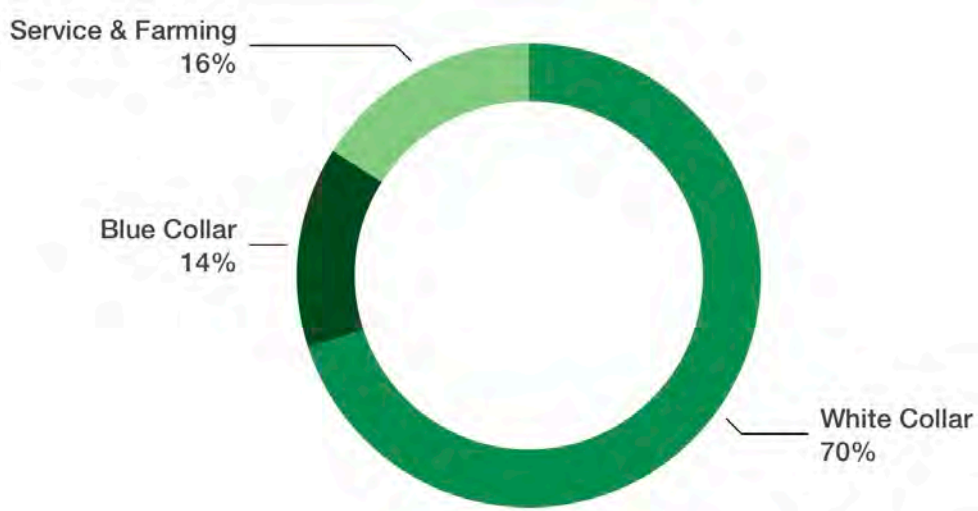
A little more than one in five (22.4%) of Seminole County respondents to the Community Survey indicated that they are experiencing challenges to finding affordable and adequate housing.[10]

FACT

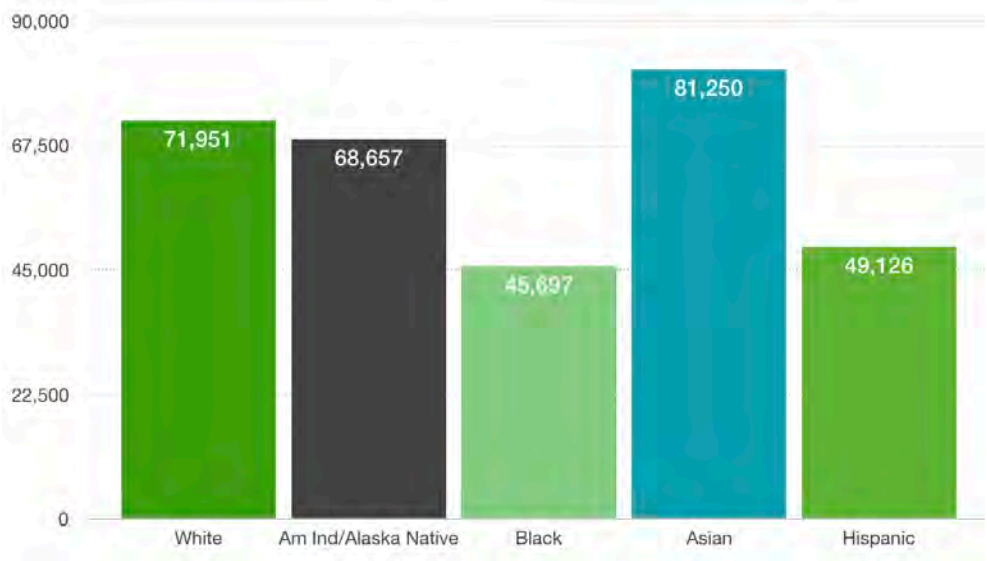
The number of homeless people in Seminole County has decreased by 65% between 2013 and 2018.[3]

Blacks and Hispanics have much lower median household incomes versus other races/ethnicities.[1]

EMPLOYMENT[1]



MEDIAN HOUSEHOLD INCOME[1]



14.1% OF CHILDREN IN SEMINOLE COUNTY ARE LIVING IN POVERTY[8]

Poverty Level: 8.6%

Poverty Level with Children: 5.4%[8]

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

POVERTY DISPARITY (2013-2017)[21]

"Largely those with low income and multiple jobs, people are trying to make ends meet and it has a ripple effect. Without the time necessary to take care of themselves and their families, unable to make better health choices and are just focusing on getting through the day"

– Stakeholder Interview Participant

2.8%of Community Survey respondents indicated that they have experienced homelessness.[10]

SOCIAL & ECONOMIC FACTORS

SCHOOL & STUDENT CHARACTERISTICS[3]

FACT

In 2017, Seminole County saw 489 juvenile arrests for simple assault and 473 for Larceny/Theft.[3]

FACT

In 2018, 56.1% of students reported that they have taunted or teased other students.[3]

SOCIAL & ECONOMIC FACTORS

SAFETY

FACT

6.6% of Seminole County Community Survey Respondents experienced crime versus 9.9% in the region[3]

56.1% OF SEMINOLE COUNTY STUDENTS INDICATED THAT THEY HAVE EXPERIENCED VERBAL BULLYING, WHILE 27.6% HAVE EXPERIENCED PHYSICAL BULLYING[3]

25.9% OF STUDENTS INDICATED THEY HAVE BEEN VICTIMS OF CYBER-BULLYING.[3]

"We are attempting to help victims of sex trafficking who have criminal records get their records expunged so that they can get education and get a job."

– Stakeholder Interview Participant

PHYSICAL ENVIRONMENT

(PARK ACCESS, EXERCISE FACILITIES, FOOD DESERTS, TRANSPORTATION)

FACT

25.5% of Community Survey Respondents lack safe roads and sidewalks.[4]

86.7% OF SEMINOLE COUNTY RESIDENTS HAVE ACCESS TO EXERCISE OPPORTUNITIES[8]

SEMINOLE COUNTY CURRENTLY HAS 85 FITNESS FACILITIES[22]

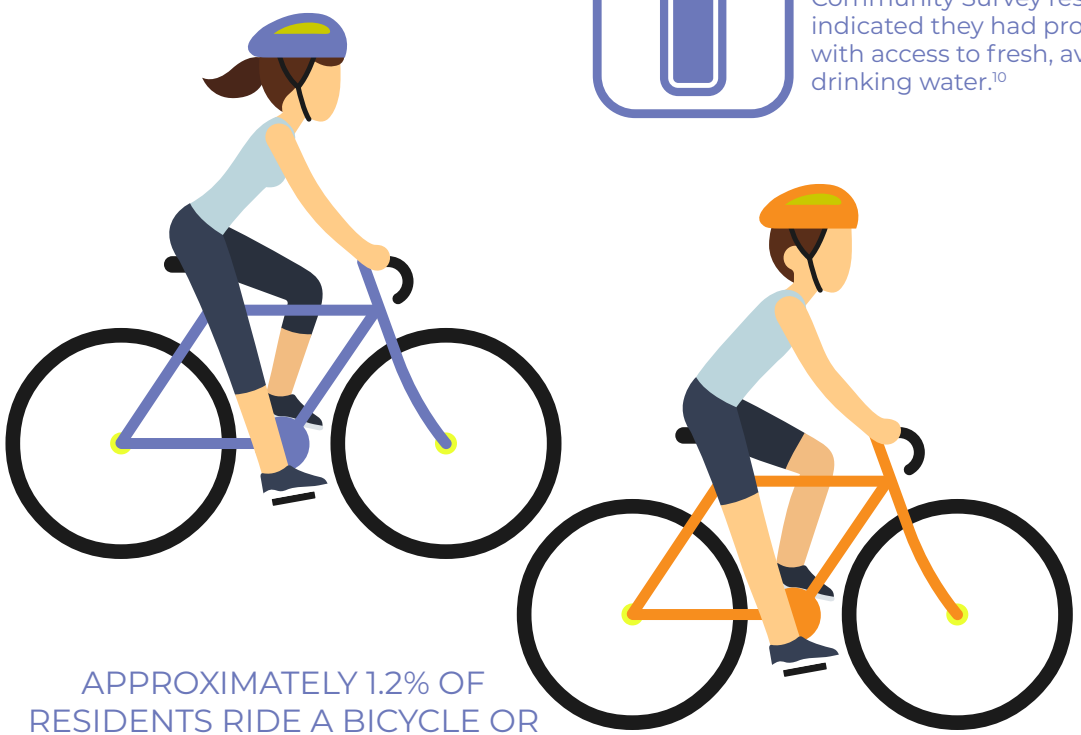
ONLY BETWEEN 16% AND 33% OF SEMINOLE COUNTY RESIDENTS HAVE PARK ACCESS[3]

FACT

Seminole County has 7.3 days per month of particulate matter air pollution.[8]

Seminole County currently has 3 census tracts considered food deserts. These are located near Altamonte Springs, Oviedo and Sanford.[3]

6.6% of Seminole County Community Survey respondents indicated they had problems with access to fresh, available drinking water.[10]



APPROXIMATELY 1.2% OF RESIDENTS RIDE A BICYCLE OR WALK TO WORK

8.0% WORK AT HOME[10]

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

SEMINOLE COUNTY HAS SEVEN UNIQUE COMMUNITIES:

SANFORD
LAKE MARY
LONGWOOD
WINTER SPRINGS
ALTAMONTE SPRINGS
CASSELBERRY
OVIEDO

POLICIES AND PROGRAMS

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

PRIORITY AREAS

These priority areas will be addressed through policies and programs developed through the Seminole County Community Health Improvement Plan (CHIP) 2020-2023.

CHRONIC DISEASE SCREENINGS

- Mammograms
- PSA
- Colorectal Screenings

PROMOTING HEALTHY LIFESTYLES

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

COMMUNICABLE DISEASES

- HIV/AIDS
- Hepatitis
- Child and Adult Immunizations

SUPPORTING MENTAL HEALTH

- Lack of services
- Suicide

DECREASING DRUG USE

- High opioid use
- Drug use among teens

OTHER PRIORITIES

- Protecting children & teens
- Preventing injuries
- Strengthening families

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

JOIN THE HEALTHY SEMINOLE COLLABORATIVE BY CONTACTING US AT *HTTP://SEMINOLE.FLORIDAHEALTH.GOV*

APPENDIX A
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