



2022 Community Health Needs Assessment



Orange County Report



The Central Florida Collaborative Community Health Needs Assessment is a unified effort by the following organizations serving the Lake, Orange, Osceola, and Seminole Counties:

AdventHealth Central Florida Division



Aspire Health Partners



Community Health Centers, Inc.



Orange Blossom Family Health



Florida Department of Health: Lake, Orange, Osceola and Seminole counties



Orlando Health



Osceola Community Health Services



True Health



The following document provides an overview of the Osceola County service area. It includes a summary of key county-level demographics, an in-depth health equity profile, a summary of other research results, and prioritized needs for the county.

AdventHealth Central Florida Division is represented in the Collaborative by the following:

- AdventHealth Altamonte Springs
- AdventHealth Apopka
- AdventHealth Celebration
- AdventHealth East Orlando
- AdventHealth Kissimmee
- AdventHealth Orlando
- AdventHealth Waterman
- AdventHealth Winter Garden
- AdventHealth Winter Park

Aspire Health Partners with their principal locations at:

- Kassab Plaza (Inpatient)
- Princeton Plaza (Inpatient)
- Sanford (Outpatient)

Orlando Health hospitals participating in the CHNA include the following:

- Orlando Health Arnold Palmer Hospital for Children
- Orlando Health Dr. P. Phillips Hospital
- Orlando Health – Health Central Hospital
- Orlando Health Horizon West Hospital
- Orlando Health Orlando Regional Medical Center
- Orlando Health South Lake Hospital
- Orlando Health South Seminole Hospital
- Orlando Health St. Cloud Hospital
- Orlando Health Winnie Palmer Hospital for Women and Babies

A detailed list of the services area counties for each organization and a brief description of each is contained in the four-county CHNA available at <https://www.orlandohealth.com/about-us/community-involvement/community-benefit>



Community Health Needs Assessment
The Central Florida Collaborative
includes several hospitals within
the larger, multisite health systems.

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Chapter 1

Introduction



Central Florida Collaborative Members

The Central Florida Collaborative (CFC) Community Health Needs Assessment (CHNA) reflects the dedication, compassion and insight of a highly diverse set of organizations. Collectively (and individually) CFC organizations focus on embracing the community, learning their stories and working diligently to meet a broad set of health and community needs.

The number and the quality of partners involved is a key measure of an effective collaborative. The CFC includes a robust number of partners outside of the traditional health care providers, e.g., hospitals and clinics. The individuals represent community populations that can speak about health challenges from personal and professional perspectives.

Throughout the process there were regular meetings and communications with partners; and the final priorities of the assessment utilized the community's input. CFC members include the following:

- AdventHealth
- Aspire Health Partners
- Community Health Centers, Inc.
- Florida Department of Health in Lake County
- Florida Department of Health in Orange County
- Florida Department of Health in Osceola County
- Florida Department of Health in Seminole County
- Orange Blossom Family Health
- Orlando Health
- Osceola Community Health Services
- True Health

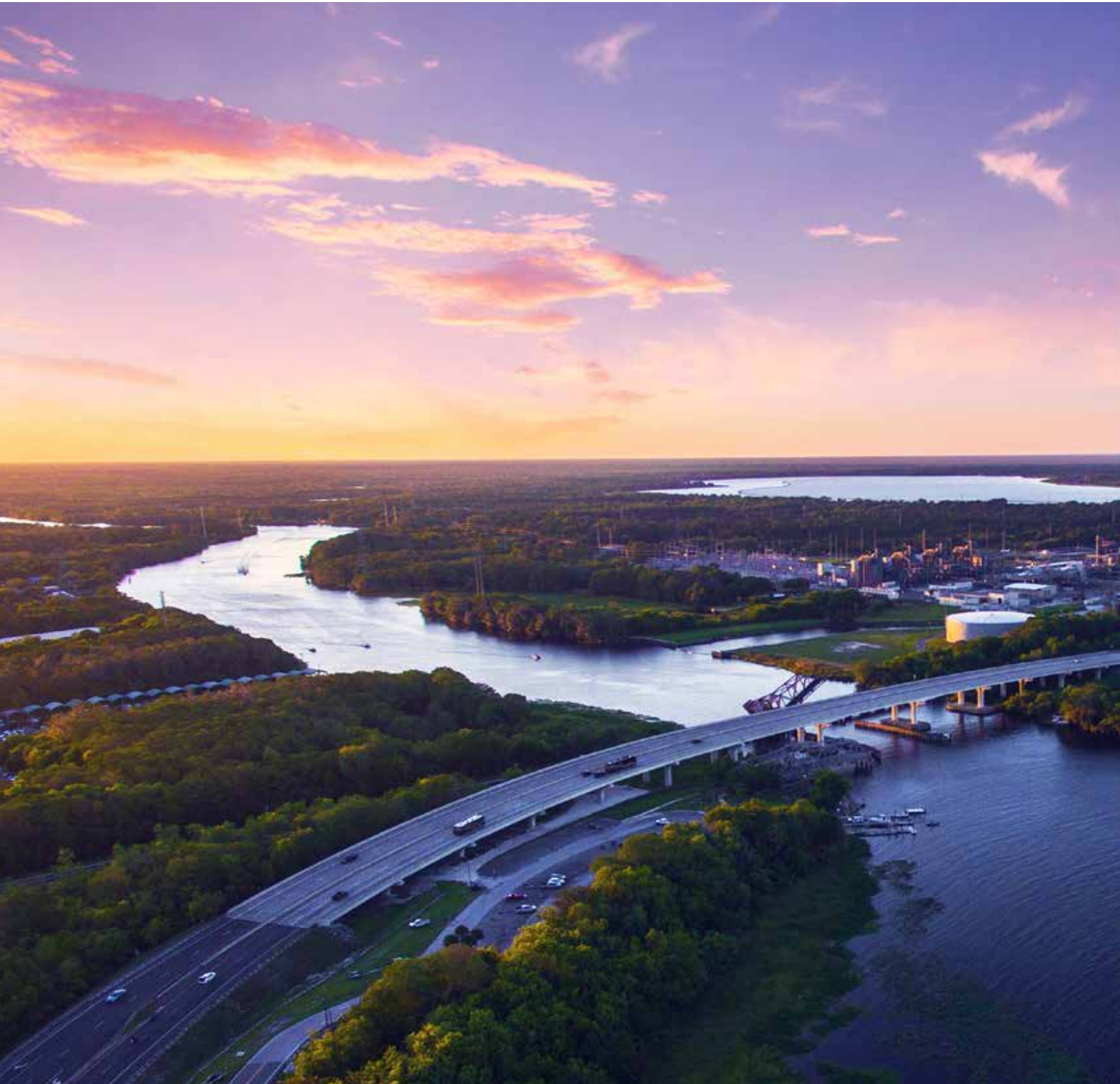
Please note that the following report is a synopsis of the larger, more comprehensive Central Florida Collaborative report. The larger report includes much more extensive data sets, CFC organizational profiles, qualitative research analysis, and more.

This report document includes the following categories of information:

- CHNA Process including the Needs Prioritization Process
- Market Area, Service Use, and Demographic and Community Profile Data Highlights (all CFC counties)
- Health Equity Profiles (this county)
- List of Higher-priority Needs in the county

For additional information, please reference the Central Florida Collaborative Community Health Needs Assessment available at <https://www.orlandohealth.com/about-us/community-involvement/community-benefit>





An aerial photograph of a river winding through a dense forest at sunset. The sky is a mix of purple, orange, and blue. In the distance, some industrial or utility structures are visible. A teal banner is overlaid on the top left of the image.

Chapter 2

CHNA Process

About the Central Florida Collaborative Approach

As its name implies, collaboration is a central operating principal of the Central Florida Collaborative (CFC). In public health, the collaborative approach has been decades in the making and organizations have identified a number of activities common to successful collaboratives. Key collaborative process components include:

- Creating a vision that is broadly understood.
- Working across organizational boundaries.
- Including those most affected by health challenges in solution-creation.
- Utilizing ongoing planning and joint accountability to measure change.

The CFC has used these principles and others to implement the 2022 Community Health Needs Assessment (CHNA).

Purpose

The CHNA serves as a critical phase in the overall effort to improve community health and health equity. It is a process that provides a means of identifying and collecting community data while engaging community members in both the data collection and the implementation of prioritized efforts for improving the well-being of Central Florida.

This resulting document creates a frame of reference for community members to discuss the health status of the community. The process itself has been a collaborative effort to identify health issues, barriers, assets and to prioritize the implementation activities needed to address the identified issues.

Equity Champions

A first step in nearly every new health improvement plan is to recognize the need to reduce and eliminate health disparities and to increase diversity at the leadership and governance levels of health care and other local organizations. The second step to improving health equity is to collect and use data about race, ethnicity and language preference to develop a shared understanding of the challenges in the community. Education about cultural competency is also required. The CFC took a unique approach to working on all these steps simultaneously by creating a team of Equity Champions – ten individuals or organizations who represented multiracial or other minority communities. They assisted the CFC with the following objectives:

- Reviewing research instruments for cultural appropriateness
- Participating in stakeholder interviews
- Participating in the prioritization process and strategy development discussions
- Providing guidance regarding the most effective ways to engage unique community members (e.g., via interviews, surveys or other methods)

Recruitment included outreach to individuals in the following categories:

Racial/Ethnic

- Black/African American
- Hispanic/Latino/Spanish language speakers

Gender and Sexual Self-Identification

- LGBTQ+

Other Community Strength and Diversity

- Members of the community of people living with disabilities (including HIV/AIDS)
- Members of the community of people experiencing homelessness or housing instability
- New Americans/immigrants/migrant workers
- Members of faith-based communities
- Inmates; others in the criminal justice system
- Members of the veteran community

Goals of the Assessment and Subsequent Steps

To meet the objective of improving community health and health equity, the CHNA process has included the following goals:

- Identifying resources, strengths and barriers to improving health outcomes
- Developing a deeper understanding of community access to care challenges, including those faced by minority communities
- Enabling partners to collaborate around the opportunities for population health improvement

Ultimately, the group is working toward an ongoing process that monitors, refreshes, adds data and analyzes community health to improve the quality of life for people throughout the service area. Dissemination of the information in this document in different forms is a critical step in communications that informs partners, stakeholders, community agencies, associations and the public about the availability of the community health assessment and what community members can do to make a difference. The CHNA results will be used on local and regional levels to inform and guide Implementation Plans, Community Health Improvement Plans and other strategic initiatives.

Summary of Methods Used in the CHNA including the Needs Prioritization Process

The CFC CHNA had a comprehensive methodology that included a mixed method approach consisting of the following components:

- Data analysis: In-depth review of dozens of validated data sources. Information was tabulated and parsed to identify disparities and other insights.
- Digital research: This included a review of health-related online search terms with the intent to identify new or emerging health trends.
- Primary qualitative research: This component included 30 focus group discussions and 105 key stakeholder interviews.
- Survey research: The community survey engaged over 4,000 respondents and provided insights by county on a breadth of key CHNA issues.
- Access Audit: Over 45 “mystery shopper” calls were conducted during the Access Audit to illuminate real-life customer service and access to care issues.

- Prioritization process: The CFC leadership and approximately 12 to 15 stakeholders in each county participated in a modified Delphi Process to incorporate quantitative and qualitative insight to the final needs prioritization at a county level. The process also included a series of county-level, focused meetings, as well as an “all service area” meeting.







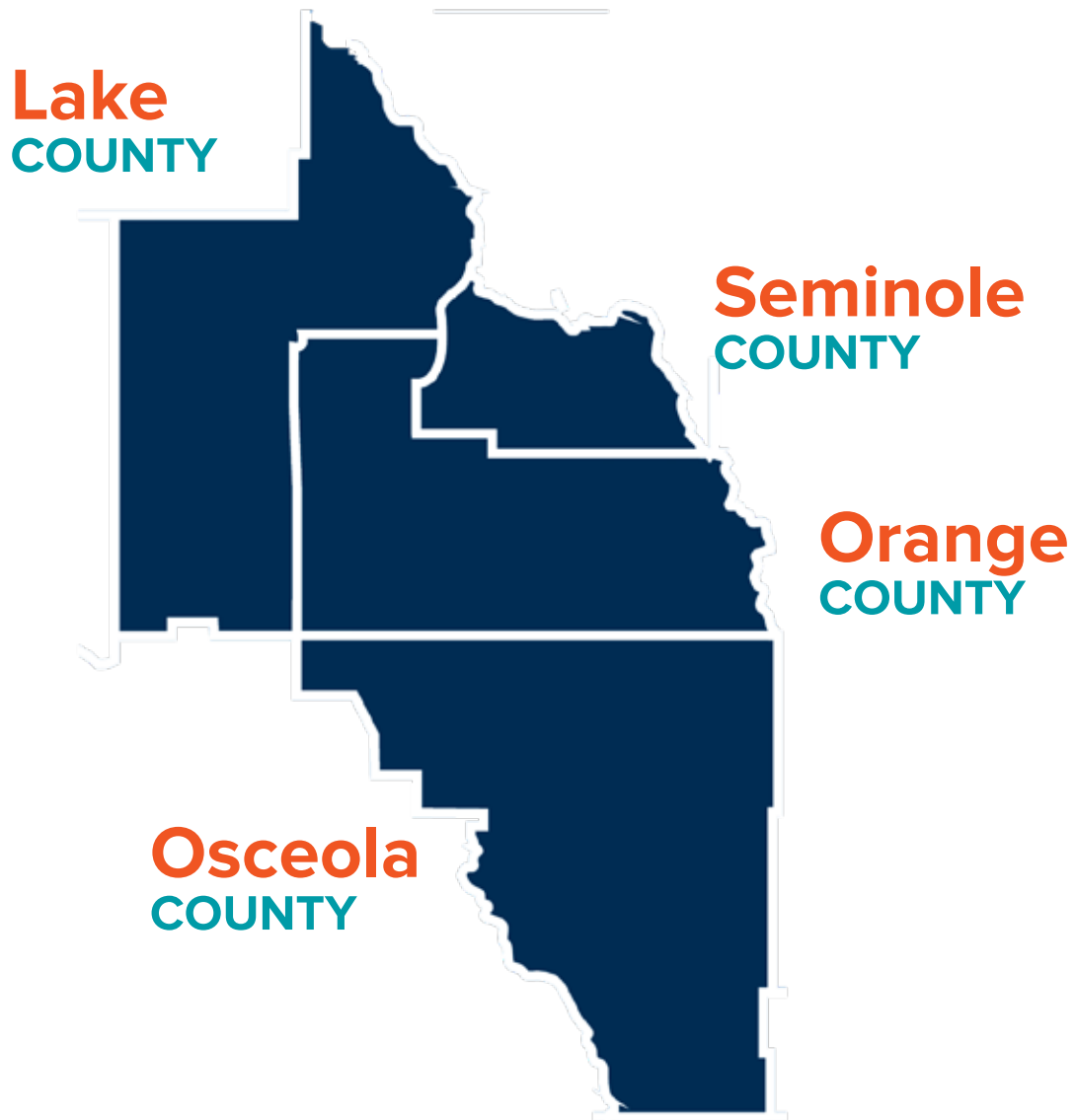
Chapter 3

Market Area, Service Use, and Demographic and Community Profile Data Highlights

Community and Service Area Definition

CFC County Map

The service areas and data included in this CHNA encompass all of Lake, Orange, Osceola and Seminole counties. Each is identifiable individually. Every individual, participating hospital and CFC partner's service area was determined by patterns based on a review of their patient origins. Please see the map below.



Secondary Data Highlights and Limitations

The extensive demographic and secondary data analysis in the full report provides the framework from which to better understand individual neighborhoods, population trends and the overall fabric of the community.

Data Sources and Highlights

The data was collected from the United States Census Bureau 2015-2019 American Community Survey (ACS) which covers a broad range of topics about social, economic, demographic and housing characteristics of the United States population. Comparison data from 2010 was captured from the 2006-2010 United States Census 5-year ACS report. The primary advantage of using multi-year estimates is the increased statistical reliability of the data for less populated areas and small population subgroups.

The secondary data describes the four counties, and, in some cases, the tables make comparisons to the State of Florida as well as the U.S.

With many pages of data tables, graphics and summaries, it is not possible to condense the findings within a brief bulleted list. However, a few seminal points are highlighted below.

- The total population of the service area has grown dramatically over the last 10 years. Florida experienced a near 12% increase in population between 2010 and 2019, the second-largest increase in population after Texas.
- Overall diversity continues to increase. For example, the percent of Hispanic/Latino Osceola County residents has increased from 6.9% in 2010 to 24.1% in 2019.
- Educational attainment varies greatly by county. The percent of adults with a college degree in Seminole County is notably above the U.S. and statewide average, but substantially fewer residents of Lake County and Osceola County have similar educational attainment.
- In every service area county except Osceola, approximately 25% or more of the Black/African American community live in poverty. The issue is particularly acute in Lake County, as nearly one-third (32.3%) of Black/African American families live in poverty.
- Approximately three out of 10 homeowners across the four-county service area are housing cost burdened, meaning that ownership costs exceed 30% of the household income.
- Overall, 16.6% of Lake County's total population live with a disability, the highest figure in comparison to all service area counties and the statewide average (13.4%).
- Similar to the nation, heart disease and cancer (of all types) were the leading causes of death in the four service area counties between 2017 and 2019, followed by unintentional injuries.

- Rates for a majority of the leading causes of death have declined over the last 20 years. However, death rates due to Alzheimer’s Disease have increased from 15.1 deaths in 1999-2001 to 19.9 deaths in 2017-2019 per 100,000 people.
- In 2019, over 30% of the adult population in every service area county had high blood pressure, most prevalent in Lake County (37.6%) and Osceola County (37.4%).
- The 2018-2020 death rate from unintentional falls in Lake County (10.3 deaths per 100,000 population) is nearly 50% higher than the state rate.
- The death rate related to motor vehicles was approximately twice as high in both Lake and Osceola counties compared to Orange and Seminole counties.
- Over the five-year reporting period (2015-2019), the percentage of the total population who do have health insurance has increased.
- Preliminary research indicates that as a result of the COVID-19 pandemic, there is a high probability of an increased burden of mental health issues in the post-pandemic era.
- Approximately one in eight service area adults reported notable mental health challenges in 2019; this number likely increased dramatically in 2020 and 2021.
- Osceola County (111.8) and Lake County (170.6) have far fewer per capita total mental health providers than Orange County (242.8) and Seminole County (358.5). Note – data is on a rate per 100,000 population.
- Suicide rates for all ages between 2017 and 2019 ranged from 9.6 in Orange County to 19.7 deaths per 100,000 in Lake County. Firearms were the leading means of suicide in every service area county.
- Similarly, overdoses from methamphetamines increased by 300% or more in Lake and Seminole counties from 2013 to 2019.

Data Limitations

In general, secondary data utilizes the most current data sets available at the time.¹ The dramatic changes in 2020 due to the COVID-19 pandemic may have impacted some of the traditional projection tools, source data and data collection methods. For example, the American Community Survey (ACS), which provides detailed population and housing information revised its messaging, altered their mailout strategy and made sampling adjustments to accommodate the National Processing Center’s staffing limitations.² Where relevant, the impacts or new data due to the COVID-19 pandemic are noted.

Additionally, in-person interviews were limited to telephone and virtual formats. Although some interviews were conducted face-to-face, the decision to conduct most interviews via telephone or virtually may have impacted some of the traditional in-person dynamics.



¹Please note that the five-year American Community Survey data was released March 17, 2022 – too late for inclusion in this analysis. Spot checks did not indicate results in wide variation with the October 2021 data.

²U.S. Census Bureau.

Population Demographics

The demographic analysis provides the framework from which to better understand individual neighborhoods, population trends and the overall fabric of the community. The following analysis highlights diverse ethnicities, median incomes and other lifestyle factors that impact the needs of the service area, as well as the development of effective strategies to meet evolving needs. To analyze these and other characteristics, the domains included in the secondary research include an examination of factors such as general demographics of the service area and the health status profile and disease burden.

The data in this section was collected from the United States Census Bureau 2015-2019 ACS which covers a broad range of topics about social, economic, demographic and housing characteristics of the United States population. Comparison data from 2010 was captured from the 2006-2010 United States Census 5-year ACS report. The 5-year estimates from the ACS are period estimates that represent data collected over some time. The primary advantage of using multiyear estimates is the increased statistical reliability of the data for less populated areas and small population subgroups.³

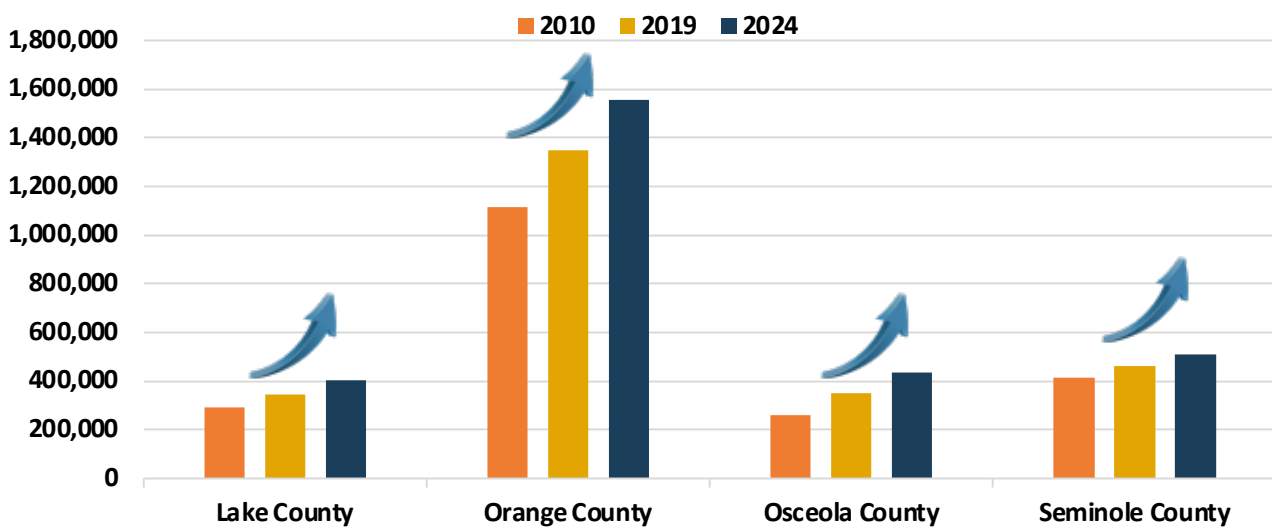


³American Community Survey, 2010 & 2019 5-Year Estimates.

Population

The total population of the service area has grown by a large margin over the last 10 years. Florida experienced a nearly 12% increase in population between 2010 and 2019, the second-largest increase in population after Texas.⁴ Florida, including the service area, experienced a tremendous influx of new residents during the COVID-19 pandemic. These numbers are not reflected in the below data, yet anecdotally this is changing the face of the state.⁵

Exhibit 1: Total Population Growth & Projections



	United States	Florida	Lake County	Orange County	Osceola County	Seminole County
2010	303,965,272	18,511,620	291,671	1,116,094	258,531	417,330
2019	324,697,795	20,901,636	345,867	1,349,746	351,955	461,402
2024 Projected Population	335,710,000	21,869,660	404,957	1,554,839	437,214	511,232

Source: United States Census Bureau. American Community Survey 5-Year Estimates, 2015-2019; 2024 Projection⁶
U.S. 2024 Projections⁷ Florida 2024 Projection⁸

⁴United States Census. Around Four-Fifths of All United States Metro Areas Grew Between 2010 and 2020, 2021.

⁵Note the years 2010 and 2019 were selected for comparison to provide the closest decennial comparisons as possible since 2020 data was not available at the time this CHNA research was conducted. The 2024 projection year was the most helpful available from the U.S. Census Bureau.

⁶ArcGIS.

⁷Statista, 2022.

⁸University of Florida Bureau of Economic & Business Research, 2020.

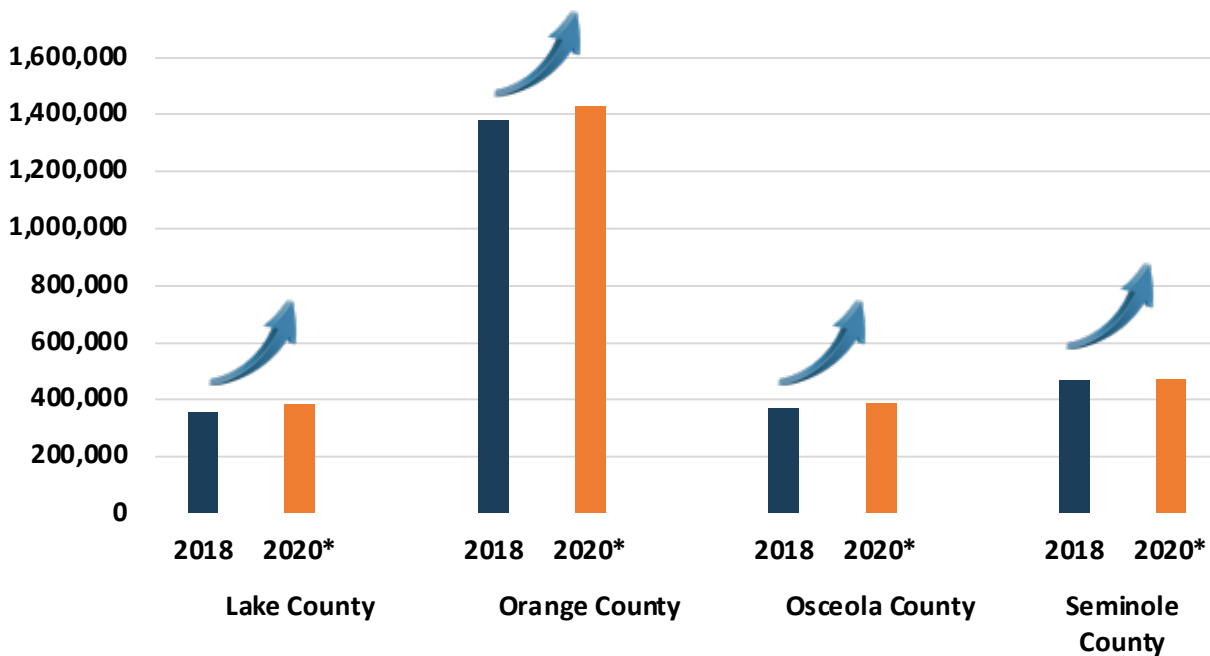
Select Demographic Changes Since the Previous CHNA

The following few tables show some of the key demographic shifts occurring in each CFC county since the prior CHNA. Total population, the percent of seniors and the percent of community members indicating that they are Hispanic/Latino reflect some foundational shifts in the area.

Compared to the previous CHNA, the population continues to rise in each CFC county, as Orange County surpassed the 1.4 million mark and the population in other CFC counties continues to rise, as well.

Note: At the time of this publishing, the 2020 US Census data was recently released. The data reflected in the table below may slightly differ from other tables showing the total population which were constructed based on the 2016-2019 5-year averages.

Exhibit 2: Population Shifts Since the Previous CHNA



Lake County		Orange County		Osceola County		Seminole County	
2018	2020*	2018	2020*	2018	2020*	2018	2020*
356,495	383,956	1,380,645	1,429,908	367,990	388,656	467,832	470,856

Note that the asterisk (*) indicates that the most recent data (i.e., 2020) was used in the charts – different from some other data references in other portions of the CHNA which use 2019 data.

Osceola County experienced the most dramatic change in population between 2010 and 2019, increasing by over 36%. Orange County’s population increased by approximately 21% while Lake County grew by nearly 19%. Seminole County experienced the smallest change in population, 10.6%. Continued, rapid growth is expected in all service area counties.

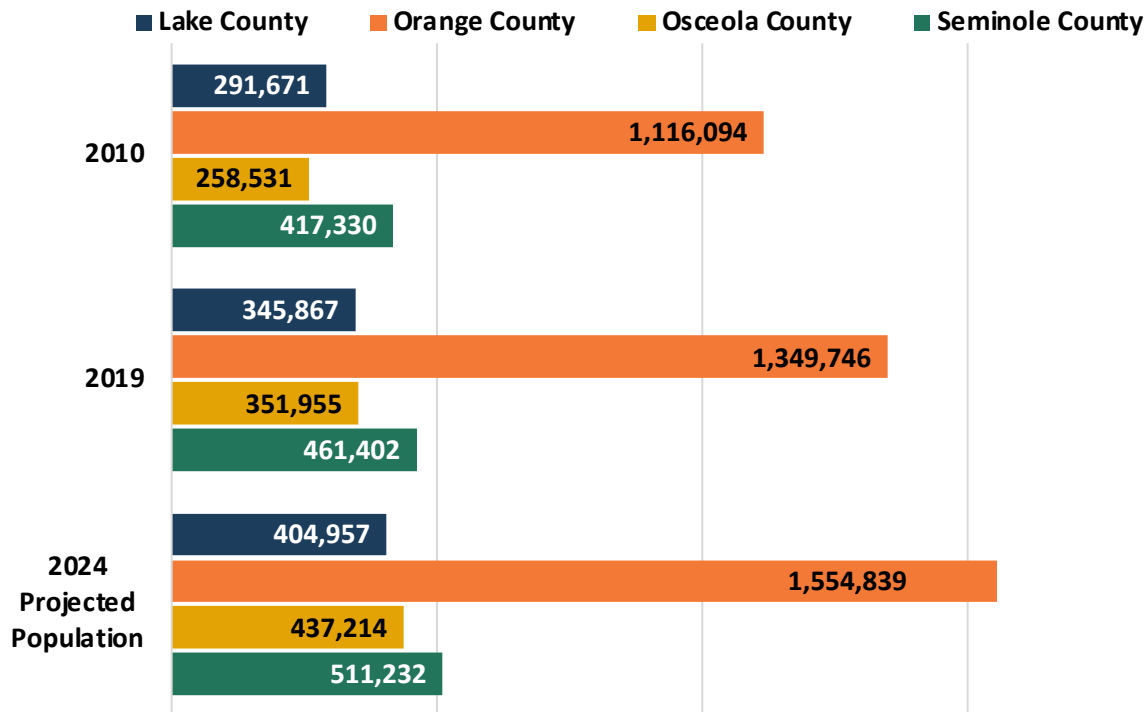
Exhibit 3: Population Percent Change

	United States	Florida	Lake County	Orange County	Osceola County	Seminole County
Percent change (2019 from 2010)	6.8%	12.9%	18.6%	20.9%	36.1%	10.6%
Percent change (2024 from 2019)	NA	NA	17.1%	15.2%	24.2%	10.8%

Source: United States Census Bureau. American Community Survey 5-Year Estimates, 2015-2019

All areas are expected to see continued growth between 2019 and 2024; however, growth is particularly strong in Osceola County and is expected to increase by nearly 25%. Given the relatively high percentage of the population who identify as Hispanic/Latino, there may be opportunities to further engage the community as it grows.

Exhibit 4: Service Area Population Change

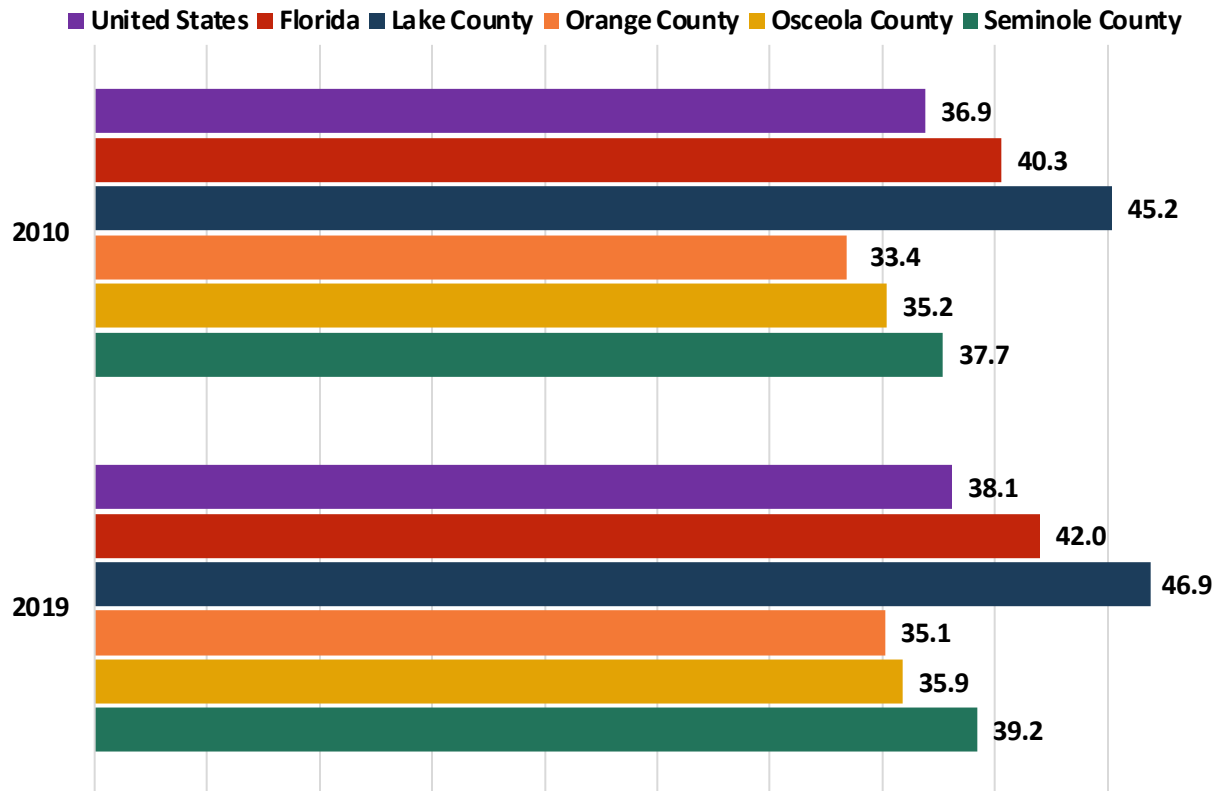


Source: United States Census Bureau. American Community Survey 5-Year Estimates, 2015-2019

Median Age

Comparisons show that the median age of a Florida resident remains slightly older compared to the median age of Americans; however, there are notable variations between counties.

Exhibit 5: Median Age



Source: United States Census Bureau. American Community Survey 5-Year Estimates, 2015-2019

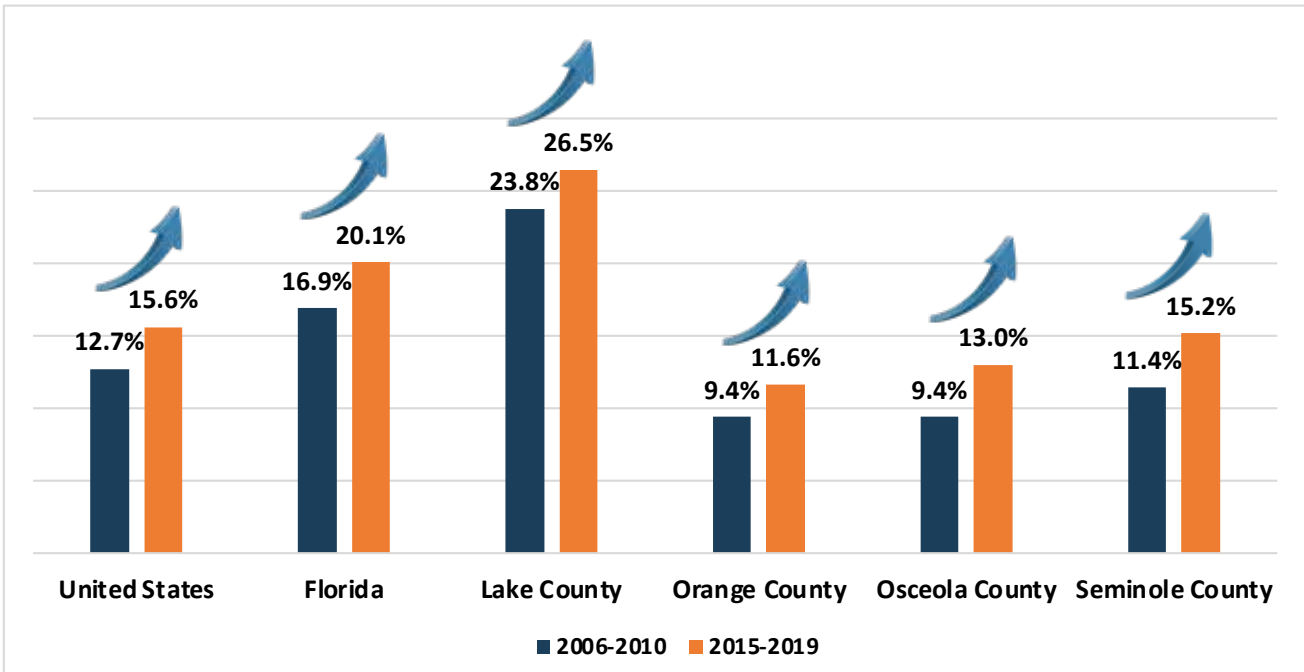
	United States	Florida	Lake County	Orange County	Osceola County	Seminole County
2010	36.9	40.3	45.2	33.4	35.2	37.7
2019	38.1	42.0	46.9	35.1	35.9	39.2

- Shown above, the median age is useful in summarizing whether a population is aging, but it's important to note that there is more to the age structure of the population than the snapshot that median age alone can provide.⁹
- Orange County has a relatively youthful population with a median age of 35.1 – below the statewide, national and other county medians.
- The median age in Lake County (46.9) is 30% higher than the median age for Orange County, the United States and Florida.

⁹U.S Census Bureau. Counties Can Have the Same Median Age But Very Different Population Distributions, 2019.

Between the five-year period ending 2010 and the five-year period ending 2019, the percent of seniors increased in each CFC county, the state of Florida and the US, generally.

Exhibit 6: Trends of Population of People over 65+



- Shown above, Lake County has a much higher percentage of seniors than other CFC counties and the state.
- Orange, Osceola and Seminole counties have a notably lower percentage of seniors than the state average.



Race and Ethnicity

Florida is primarily comprised of residents who identify as White (75.1%), Black/African American (16.1%) and Hispanic/Latino (25.6%). The overall population identifying as Hispanic/Latino increased on national and statewide levels, as well as in all four counties since 2010. Osceola County has a large, growing Hispanic/Latino community.¹⁰

Exhibit 7: Race

	United States	Florida	Lake County	Orange County	Osceola County	Seminole County
White	72.5%	75.1%	82.5%	63.6%	72.8%	75.8%
Black/African American	12.7%	16.1%	10.9%	20.9%	11.5%	12.0%
American Indian & Alaska Native	0.8%	0.3%	0.4%	0.2%	0.4%	0.3%
Asian	5.5%	2.7%	2.0%	5.2%	2.7%	4.5%
Native Hawaiian & Pacific Islander	0.2%	0.1%	0.0%	0.1%	0.1%	0.1%
Other race	4.9%	3.0%	1.9%	6.4%	8.6%	4.3%
Two or more races	3.3%	2.7%	2.2%	3.6%	3.9%	3.1%

Source: United States Census Bureau. American Community Survey 5-Year Estimates, 2015-2019

Exhibit 8: Ethnicity

	United States	Florida	Lake County	Orange County	Osceola County	Seminole County
2010						
Hispanic/Latino of any race	15.7%	21.6%	11.4%	25.8%	43.5%	16.2%
Mexican	10.1%	3.2%	3.4%	3.3%	2.9%	1.8%
Puerto Rican	1.5%	4.3%	4.2%	12.5%	25%	7.1%
Cuban	0.6%	6.2%	0.6%	1.8%	2.4%	1.6%
Other Hispanic/Latino	3.6%	7.9%	3.1%	8.2%	13.1%	5.6%
Not Hispanic/Latino	84.3%	78.4%	88.6%	74.2%	56.5%	83.8%
2019						
Hispanic/Latino of any race	18.0%	25.6%	15.6%	31.6%	54.1%	21.4%
Mexican	11.2%	3.5%	3.6%	3.2%	2.7%	1.8%
Puerto Rican	1.7%	5.4%	6.2%	14.8%	32.2%	10.0%
Cuban	0.7%	7.3%	1.3%	2.9%	2.5%	2.1%
Other Hispanic/Latino	4.3%	9.4%	4.6%	10.8%	16.7%	7.5%
Not Hispanic/Latino	82.0%	74.4%	84.4%	68.4%	45.9%	78.6%

Source: United States Census Bureau. American Community Survey 5-Year Estimates, 2015-2019

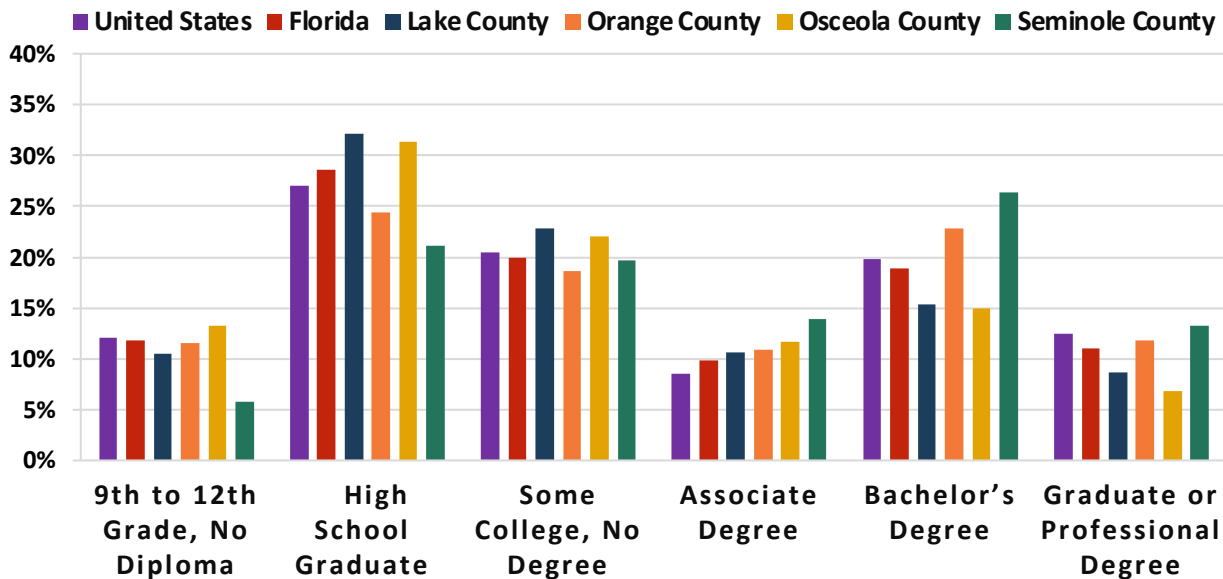
- Orange County has a higher concentration of residents who identify as Black/African American within the service area. Orange County also has a larger Asian population, see Exhibit 7.
- Lake County presents less racial diversity with most (82.5%) residents identifying as White (see Exhibit 7) and six of seven (84.4%) identifying as not Hispanic/Latino (see Exhibit 8)

¹⁰Note that some columns may not total 100% due to rounding.

Education

The following data provides a high-level overview of educational achievement within the service area while highlighting inequalities between educational attainment, race and ethnicity. Educational attainment varies greatly by county. The percent of adults with a Bachelor’s degree in Seminole County is notably above the United States and statewide average, but substantially fewer residents of Lake County and Osceola County have similar educational attainment.

Exhibit 9: Educational Attainment



	United States	Florida	Lake County	Orange County	Osceola County	Seminole County
9th to 12th Grade, No Diploma	12.0%	11.8%	10.5%	11.5%	13.3%	5.7%
High School Graduate (Includes Equivalency)	27.0%	28.6%	32.1%	24.4%	31.3%	21.1%
Some College, No Degree	20.4%	19.9%	22.8%	18.6%	22.0%	19.7%
Associate Degree	8.5%	9.8%	10.6%	10.9%	11.6%	13.9%
Bachelor's Degree	19.8%	18.9%	15.4%	22.8%	15.0%	26.4%
Graduate or Professional Degree	12.4%	11.0%	8.6%	11.8%	6.8%	13.2%

Source: United States Census Bureau. American Community Survey 5-Year Estimates, 2015-2019

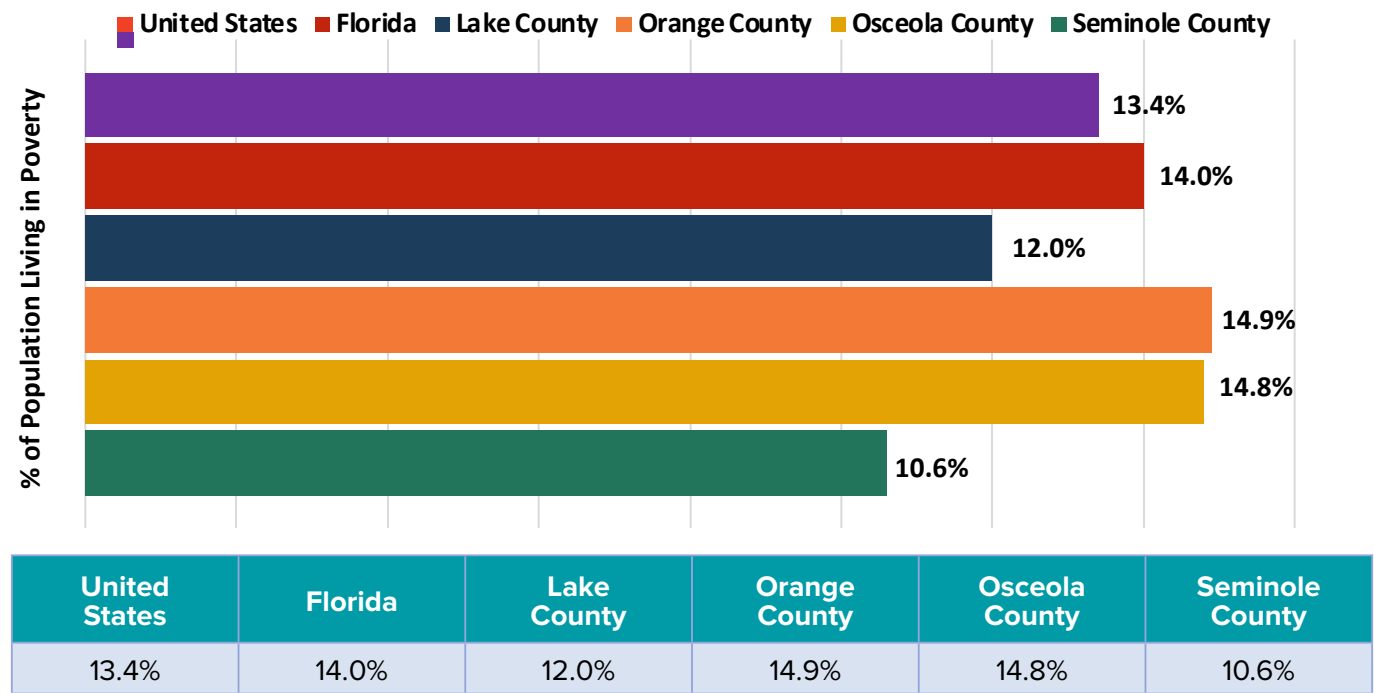
- Seminole County presents the highest percentage of those who pursue higher education overall, as two of five (39.6%) earned a bachelor’s degree, graduate or professional degree. Fewer than one in four Lake County (24.0%) and Osceola County (21.8%) residents have a bachelor’s or graduate degree, see Exhibit 13.¹¹

¹¹Note that column totals may not equal 100% due to rounding.

Poverty & Social Determinants of Health

The term “population living in poverty” refers to the population living 100% below the Federal Poverty Level (FPL). Overall, the total population in Florida living 100% below the FPL is slightly higher compared to the United States. Comparing racial and ethnic factors within the county level to poverty rates highlights disparities within Central Florida’s population.

Exhibit 10: Population Living in Poverty



Source: United States Census Bureau. American Community Survey 5-Year Estimates, 2015-2019

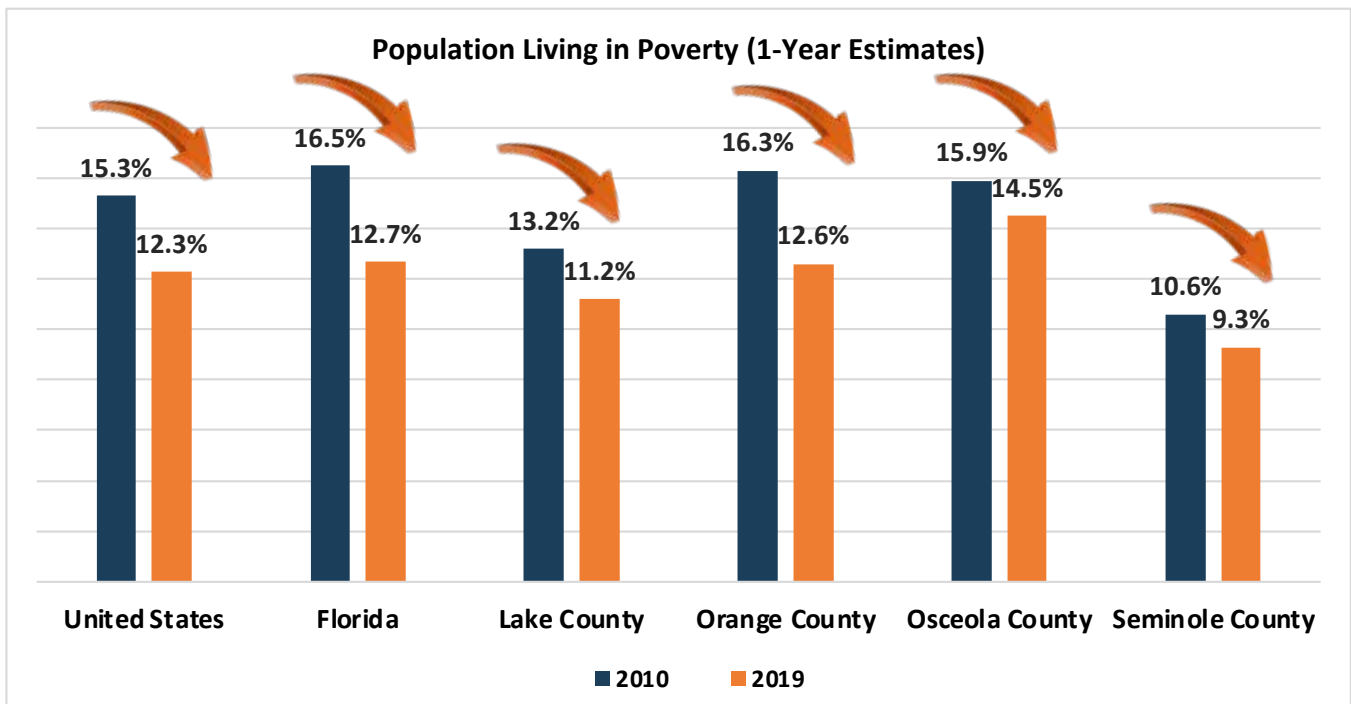


Exhibit 11: Population Living in Poverty by Race

	United States	Florida	Lake County	Orange County	Osceola County	Seminole County
White (Total Population)	72.5%	75.1%	82.5%	63.6%	72.8%	75.8%
White (Living in Poverty)	12.5%	13.7%	11.4%	13.3%	15.6%	8.7%
Black/African American (Total Population)	12.7%	16.1%	10.9%	20.9%	11.5%	12.0%
Black/African American (Living in Poverty)	27.1%	28.6%	32.3%	24.3%	15.7%	28.6%
Asian (Total Population)	5.5%	2.7%	2.0%	5.2%	2.7%	4.5%
Asian (Living in Poverty)	12.5%	13.2%	15.5%	11.2%	10.8%	4.5%

Source: United States Census Bureau. American Community Survey 5-Year Estimates, 2015-2019

- In every service area county besides Osceola, approximately 25% or more of the Black/African American community live in poverty. The issue is particularly acute in Lake County, as nearly one-third (32.3%) of Black/African American families live in poverty.¹²
- Approximately 16% of the population in Florida identifies as Black/African American. Of this population, over a quarter (28.6%) are considered to be living in poverty.
- In Lake and Seminole counties, well over 25% of Black/African American residents are living in poverty while consisting of just 10% to 12% of the overall population.



¹²Note that columnar totals do not equal 100% since not all races are included (due to sample size considerations).

Housing

Indicators related to household composition and housing-related finances are important factors to review, as housing is an important social determinant of health that highlights the link between where people live and their health. People with low incomes and minority communities tend to reside in places with more health risks and face housing cost burdens that encourage housing instability, which can jeopardize the ability to meet their basic needs.¹³

Exhibit 12: Total Housing Units

United States	Florida	Lake County	Orange County	Osceola County	Seminole County
137,428,986	9,448,159	157,039	535,981	149,427	190,156

Source: United States Census Bureau. American Community Survey 5-Year Estimates, 2015-2019

Many homes within the service area are considered to be cost burdened which means that ownership costs exceed 30% of household income. The burden is more extreme for renters.

Exhibit 13: Monthly Owner Costs as a Percent of Household Income

	United States	Florida	Lake County	Orange County	Osceola County	Seminole County
Less than 20.0%	45.9%	40.7%	42.1%	42.8%	35.4%	45.8%
20.0 to 24.9%	15.7%	15.3%	17.0%	15.6%	15.8%	16.1%
25.0 to 29.9%	10.5%	10.7%	10.3%	10.8%	11.5%	10.5%
30.0 to 34.9%	6.9%	7.5%	6.4%	7.4%	9.0%	6.4%
35.0% +	20.9%	25.8%	24.1%	23.4%	28.4%	21.2%

Source: United States Census Bureau. American Community Survey 5-Year Estimates, 2015-2019

- Approximately three of every 10 homeowners across the four-county service area are housing cost burdened.
- The housing cost burden is most severe in Osceola County where nearly 40% of homeowners (37.4%) pay 30% or more of income for housing.
- The rates of monthly owner costs as a percent of household income are higher in Osceola County than Florida, except in the “Less than 20%” category.

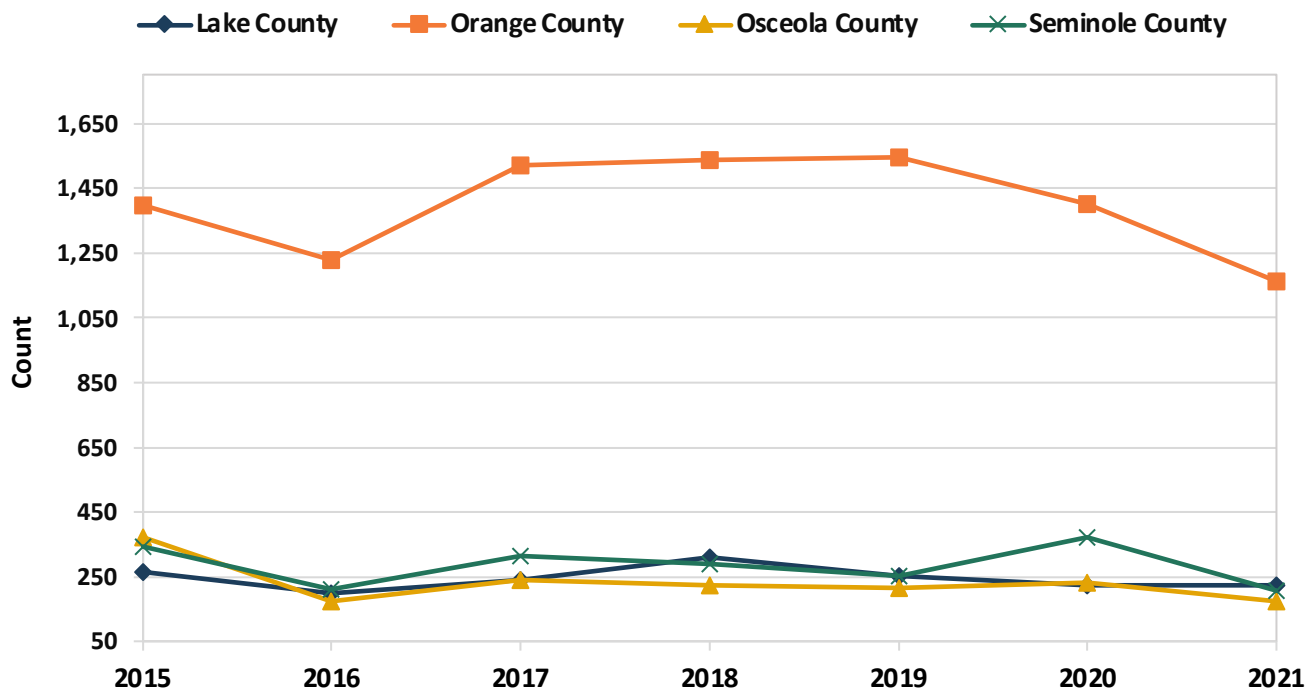
¹³Centers for Disease Control & Prevention, Social Determinants of Health.

Housing Insecure Population

The Point in Time (PIT) Count is a one-day snapshot of the persons experiencing homelessness on a given night and should not be interpreted as a measure of the number of people who experience homelessness over a year. Persons experiencing homelessness are divided into unsheltered and sheltered population categories and include not only people living on the streets, but also those residing in emergency shelters, safe havens and transitional housing units. All those experiencing homelessness who are sheltered on the night of the count are not included in the PIT figures shown below.

*Note: The 2021 Point in Time Count numbers are not comparable to the previous years' counts. Typically, Continuums of Care (CoCs) conduct a PIT Count of both sheltered and unsheltered households. This year, due to COVID-19 related safety concerns, only six of the 27 CoCs conducted such a count; 10 CoCs did not conduct an unsheltered count; and others conducted a modified form of the unsheltered count. All CoCs conducted a sheltered PIT count. For those that did not conduct an unsheltered count, the CoCs reported zero unsheltered persons, resulting in an undercount of homelessness. As shown below, the majority of people experiencing homelessness in the CFC area are located in Orange County..

Exhibit 14: Point in Time Count



	Florida	Lake County	Orange County	Osceola County	Seminole County
2015	35,964	265	1,396	372	344
2016	33,502	198	1,228	175	210
2017	32,109	242	1,522	239	313
2018	29,717	312	1,539	226	288
2019	28,590	254	1,544	214	252
2020	27,679	ND ¹⁴	1,401	234	372
2021*	21,141	223	1,162	173	209

Source: Florida’s Council on Homelessness 2021 Annual Report¹⁵



¹⁴ND indicates no available data

¹⁵Florida Department of Children & Families. Annual Council on Homelessness 2021 Report.

Employment & Income

Economic stability is a known social determinant of health as people living in poverty are less likely to have access to health care, healthy food, stable housing and opportunities for physical activity. These disparities mean people living in poverty are more likely to die from preventable diseases.¹⁶ Research suggests that low-income status is associated with adverse health consequences, including shorter life expectancy, higher infant mortality rates and other poor health outcomes.¹⁷ Poverty is a notable issue in each service area county, as well as statewide. In Florida, the median household income is nearly \$10,000 less compared to the average household in the United States. Within service area counties, the median household income ranges from \$52,279 in Osceola County to \$66,768 in Seminole County. Only Seminole County income exceeds the United States average.

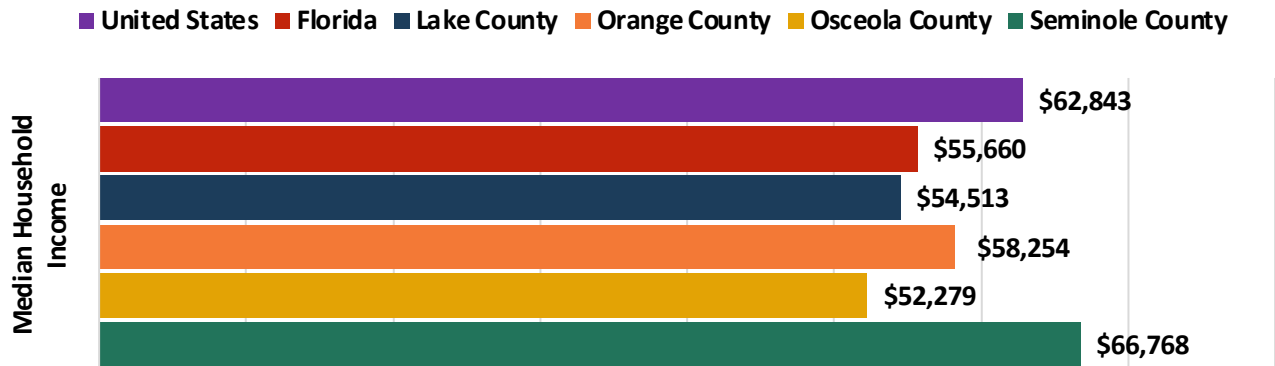


Exhibit 15: Median Household Income by Income Group

	United States	Florida	Lake County	Orange County	Osceola County	Seminole County
Less than \$10,000	6.0%	6.5%	4.7%	6.2%	6.2%	5.6%
\$10,000 to \$14,999	4.3%	4.3%	4.4%	3.8%	3.8%	2.7%
\$15,000 to \$24,999	8.9%	9.9%	10.2%	9.2%	10.3%	7.9%
\$25,000 to \$34,999	8.9%	10.3%	12.0%	9.9%	11.1%	8.5%
\$35,000 to \$49,999	12.3%	13.9%	14.8%	13.8%	16.7%	12.3%
\$50,000 to \$74,999	17.2%	18.3%	19.5%	18.8%	20.3%	18.1%
\$75,000 to \$99,999	12.7%	12.4%	13.8%	12.4%	13.1%	14.2%
\$100,000 to \$149,999	15.1%	13.1%	12.8%	13.7%	12.3%	15.4%
\$150,000 to \$199,999	6.8%	5.3%	4.4%	5.7%	3.6%	7.4%
\$200,000 +	7.7%	6.0%	3.3%	6.6%	2.7%	7.9%
Median Household Income	\$62,843	\$55,660	\$54,513	\$58,254	\$52,279	\$66,768

Source: United States Census Bureau. American Community Survey 5-Year Estimates, 2015-2019

¹⁶Social Determinants of Health, Economic Stability.

¹⁷American Academy of Family Physicians, Poverty & Health, The Family Medicine Perspective.

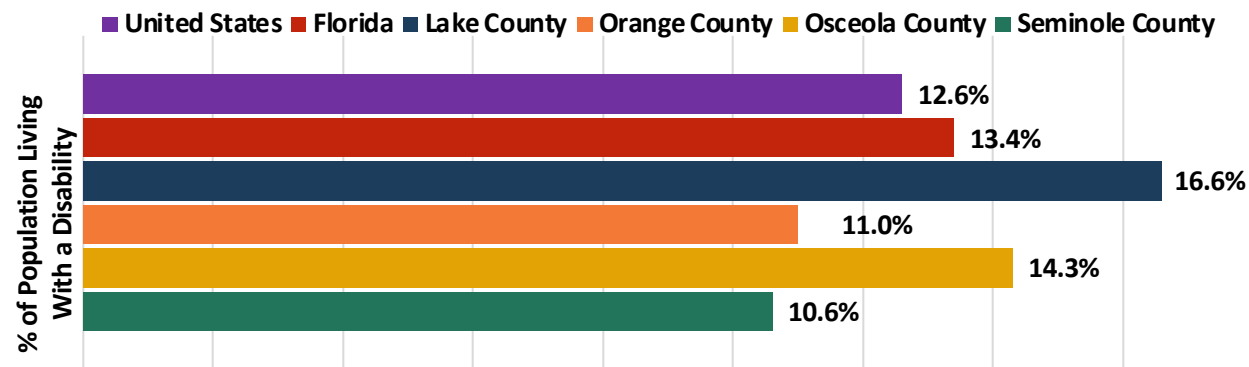
- The 2021 Federal Poverty Level (FPL) of annual household income for a typical family of four was approximately \$26,500. Approximately 20% of households in Lake, Orange and Osceola counties earn less than \$25,000 per year (see Exhibit 23), meaning nearly a quarter of the population in each county may face more financial hardships than other households. Even in Seminole County, one of six (16.2%) families earns less than \$25,000 per year; nearly two of five (37.0%) earn less than \$50,000.
- More households in Seminole County earn an annual household income of \$150,000 or higher – 15.3%, compared to 6.3% to 12.3% in other service area counties (which is more similar to the state average).¹⁸

Population Living with a Disability

Research indicates that in comparison to those living without a disability, people with disabilities have less access to health care, experience more depression and anxiety, engage more often in risky health behaviors such as smoking and are less physically active.¹⁹

The total population in Florida living with a type of disability is slightly higher compared to the national average. The population aged 65 and older naturally experience the highest percentage of those living with a disability, indicating that this population within communities may require more resources to achieve an equal quality of life compared to those without a disability. The data below indicates the percentage of those within each demographic who are living with a disability.

Exhibit 16: Population Living with a Disability Summary



¹⁸Centers for Disease Control and Prevention. Health Equity for People with Disabilities, 2021.

¹⁹Note that columnar percentages in Exhibit 23 may not equal 100.0% due to rounding.

2019	United States	Florida	Lake County	Orange County	Osceola County	Seminole County
Percent Living with a Disability	12.6%	13.4%	16.6%	11.0%	14.3%	10.6%
Living with a Disability, by Gender						
Male	12.5%	13.5%	17.1%	10.8%	14.4%	10.1%
Female	12.7%	13.4%	16.2%	11.3%	14.2%	11.1%
Living with a Disability, by Race & Ethnicity						
White	13.1%	14.2%	17.4%	11.4%	14.8%	11.0%
Black/African American	14.0%	11.9%	13.3%	10.4%	12.9%	10.5%
Asian	7.1%	7.7%	7.7%	7.5%	14.0%	5.4%
White, Not Hispanic/Latino	13.9%	15.9%	18.7%	11.6%	16.2%	11.4%
Hispanic/Latino of Any Race	9.0%	10.0%	10.6%	11.2%	13.5%	9.5%

Source: United States Census Bureau. American Community Survey 5-Year Estimates, 2015-2019

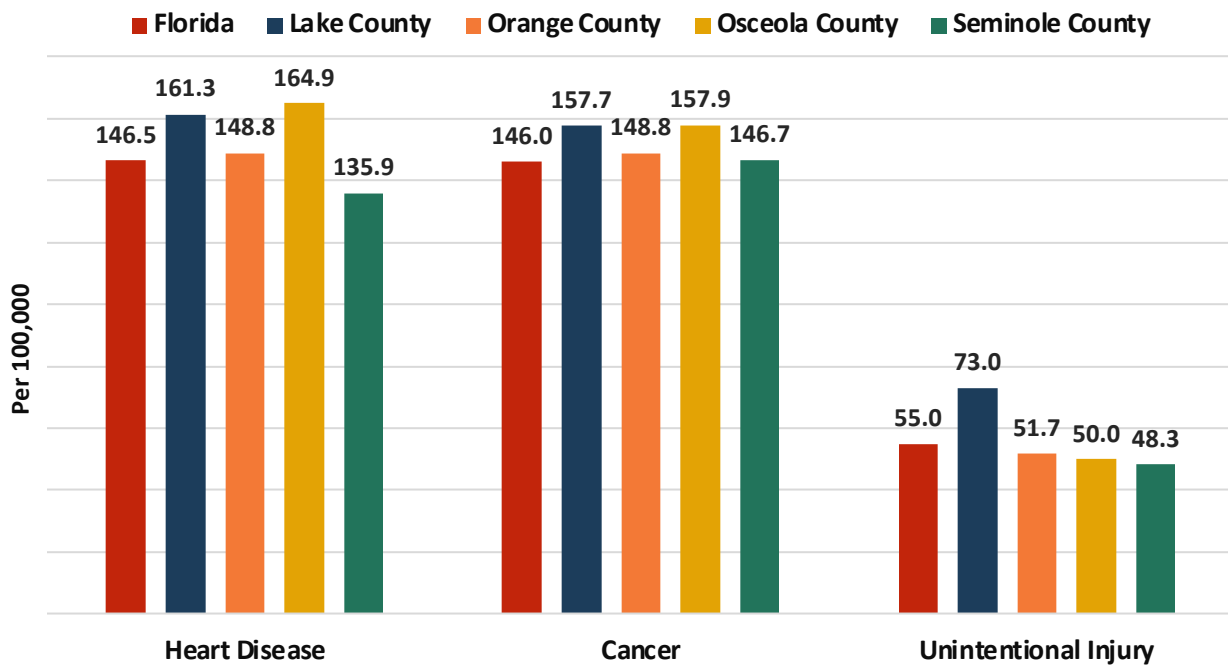
- Overall, 16.6% of Lake County’s total population live with a type of disability, the highest figure in comparison to service area counties and statewide.
- The Asian community tends to have the lowest percentage of people living with a disability in the four service area counties.



Mortality & Morbidity

Mortality rates measure the frequency of occurrence of death in a defined population during a specified interval.²⁰ Mortality data answers critical questions to help health care organizations and providers understand how many people are dying and – importantly – why. Heart disease and cancer (of all types) were the leading causes of death between 2017 and 2019, followed by unintentional injuries both statewide and within the service area.

Exhibit 17: Leading Causes of Death



Age-Adjusted Mortality Rate, per 100,000	Florida	Lake County	Orange County	Osceola County	Seminole County
Heart Disease	146.5	161.3	148.8	164.9	135.9
Cancer	146.0	157.7	148.8	157.9	146.7
Unintentional Injury	55.0	73.0	51.7	50.0	48.3
Stroke	40.7	33.3	45.3	51.6	55.3
Chronic Lower Respiratory Disease	38.1	43.5	31.7	32.5	35.3
Diabetes	20.3	25.7	21.3	21.9	19.8
Alzheimer's Disease	19.9	18.0	21.2	22.6	19.5
Suicide	14.6	21.6	10.3	12.6	11.7

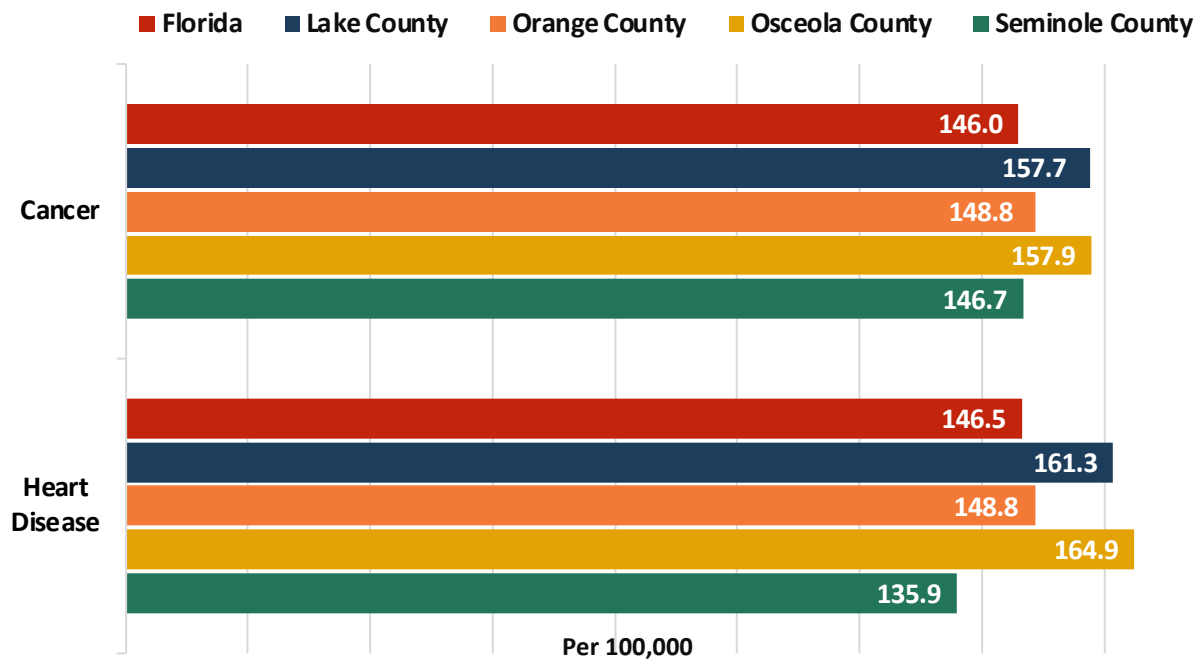
Source: Florida Department of Health. Bureau of Vital Statistics, 2017-2019

²⁰Deputy Director for Public Health Science & Surveillance. Center for Surveillance, Epidemiology & Laboratory Services, Division of Scientific Education & Professional Development.

Key Risk Factors and Mortality / Morbidity

Risk factors for heart disease include family history and lifestyle behaviors. While family history is not in the control of the individual, controllable risk factors include high blood pressure or cholesterol and obesity. Behaviors such as tobacco and alcohol use as well as an unhealthy diet can increase the chance of developing some type of heart disease.²¹

Exhibit 18: Heart Disease & Cancer-Related Deaths



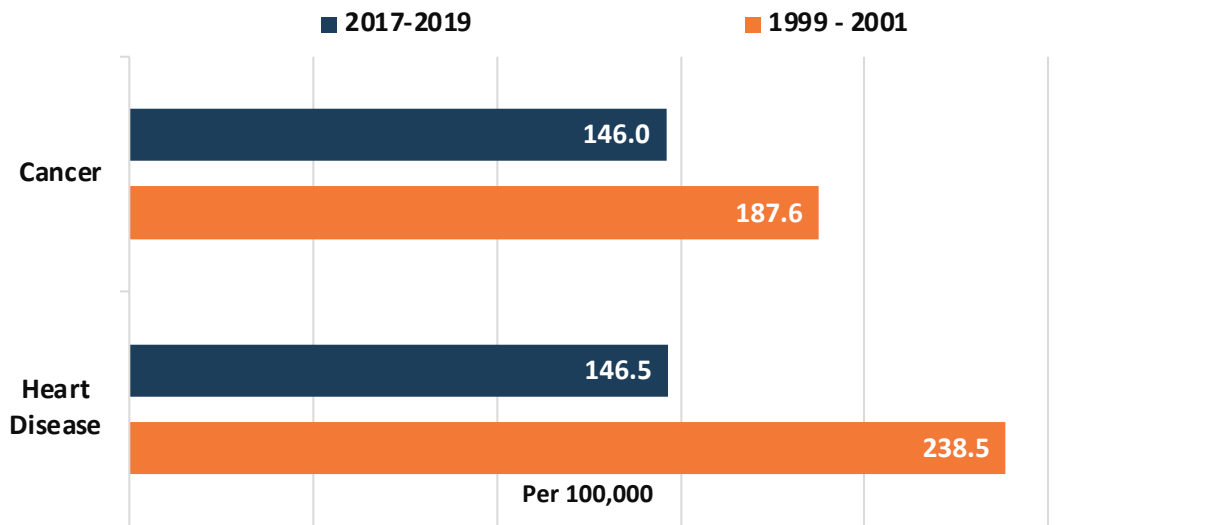
Source: Florida Department of Health. Bureau of Vital Statistics, 2017-2019

- The service area counties all present higher death rates related to cancer compared to Florida.
- Heart disease-related death rates in Lake, Orange and Osceola counties are higher compared to Florida.

²¹Florida Department of Health. Risk factors of Heart Disease.

Florida has decreased both cancer and heart disease-related deaths over the last two decades. While a majority of the leading causes of death have declined over the last 20 years, death rates related to Alzheimer’s Disease have increased from 15.1 deaths to 19.9 deaths per 100,000 people. Deaths from unintentional injuries also increased notably (44.7%).

Exhibit 19: Leading Causes of Death in Florida, Two-Year Comparison



Age-Adjusted Mortality Rate, Florida, per 100,000	1999-2001	2017-2019	Percent Change
Heart Disease	238.5	146.5	-38.6%
Cancer	187.6	146.0	-22.2%
Unintentional Injury	38.0	55.0	44.7%
Stroke	48.9	40.7	-16.8%
Chronic Lower Respiratory Disease	41.3	38.1	-7.7%
Diabetes	21.7	20.3	-6.5%
Alzheimer’s Disease	15.1	19.9	31.8%
Suicide	12.8	14.6	14.1%

Source: Florida Department of Health. Bureau of Vital Statistics, 2017-2019

Unintentional Injuries

As presented in this report previously, unintentional injuries were the third leading cause of death in Florida and the service area in 2019. Florida experienced an increase in unintentional injury death rates between the three-year cumulative data collection spans.

Exhibit 20: Leading Causes of Fatal Unintentional Injuries²²

Age-Adjusted Rate Per 100,000	Florida		Lake County		Orange County		Osceola County		Seminole County	
	2017 - 2019	2018 - 2020	2017 - 2019	2018 - 2020	2017 - 2019	2018 - 2020	2017 - 2019	2018 - 2020	2017 - 2019	2018 - 2020
Falls	10.0	10.3	23.2	24.8	10.5	11.1	7.8	9.2	11.7	15.0
Motor Vehicle Crashes	14.4	14.7	19.0	20.3	11.7	11.2	14.8	13.8	10.7	10.3
Drowning	2.0	2.0	2.0	2.5	1.5	1.4	2.1	2.2	2.2	2.2

Source: Florida Department of Health. Bureau of Vital Statistics Profile of Fatal Injuries

Exhibit 21: Hospitalizations & Deaths From Unintentional Injuries 2019

Age-Adjusted Rate Per 100,000	Florida	Lake County	Orange County	Osceola County	Seminole County
Unintentional Falls					
Death Rate	10.0	25.2	11.7	7.8	18.0
Hospitalization Rate	243.9	288.0	293.4	286.8	298.9
Motor Vehicle Fatalities & Hospitalizations					
Death Rate	14.7	20.4	10.8	19.8	11.9
Hospitalization Rate	76.4	85.2	70.5	104.7	55.8
Firearm Injuries					
Non-Fatal Hospitalization Rate	4.2	4.3	1.2	3.8	4.7
Emergency Room Visits	14.4	9.4	11.3	6.5	6.9

Source: Florida Agency for Health Care Administration, 2019

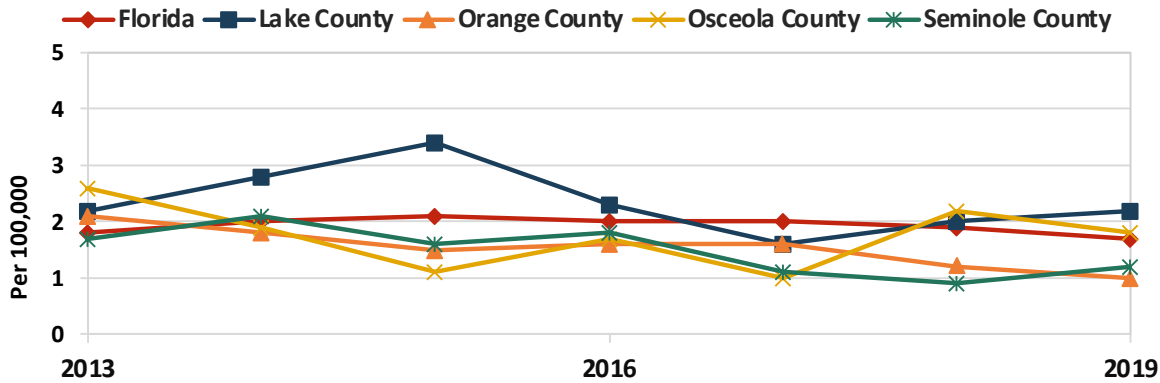
- According to Exhibit 20, the leading cause of fatal unintentional injuries was motor vehicle crashes which decreased in all CFC counties except Lake County between 2017-2019 and 2018-2020. However, Exhibit 60 shows that the death rate from unintentional injuries related to motor vehicles was approximately twice as high in both Lake and Osceola counties compared to Orange and Seminole counties.
- According to Exhibit 21, Lake County had an exceptionally high death rate caused by unintentional falls in 2019 (25.2 per 100,000 people).

²²These deaths are reported by the decedent's county of residence. The 2019 data numbers overlap.

- Exhibit 21 shows that Orange County presents the highest rates of emergency room visits caused by firearm injuries and the lowest rate of non-fatal firearm injury hospitalizations. All service area counties report lower than state averages for firearm-related emergency room visits, though hospitalizations due to firearms injuries are higher in Lake and Seminole counties.

Deaths due to drowning have increased in Lake County since 2010, but have improved slightly in Orange County, Seminole County and statewide. In Osceola County notably, and in each of the geographies, the trend has been somewhat inconsistent.

Exhibit 22: Trend of Unintentional Drowning Deaths

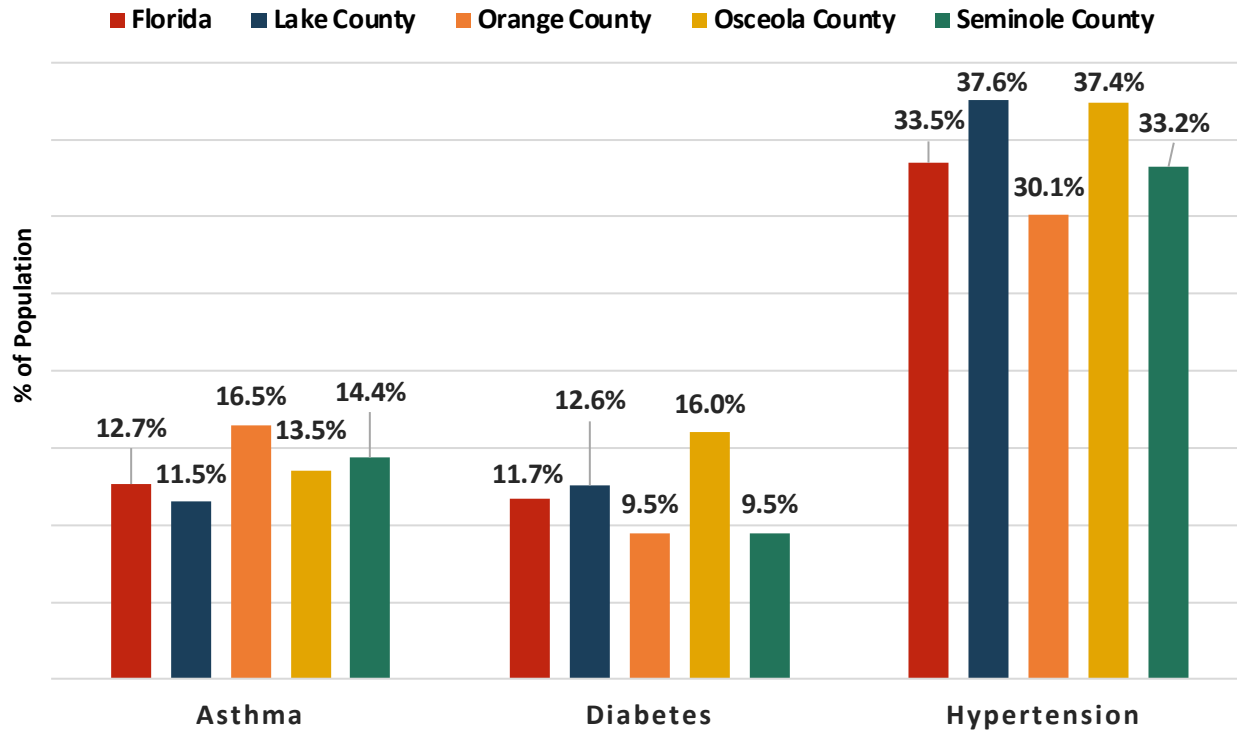


	Florida	Lake County	Orange County	Osceola County	Seminole County
2010	2.0	0.6	1.6	1.7	1.7
2011	1.8	1.7	1.1	2.2	2.7
2012	1.8	1.6	1.4	1.5	2.0
2013	1.8	2.2	2.1	2.6	1.7
2014	2.0	2.8	1.8	1.9	2.1
2015	2.1	3.4	1.5	1.1	1.6
2016	2.0	2.3	1.6	1.7	1.8
2017	2.0	1.6	1.6	1.0	1.1
2018	1.9	2.0	1.2	2.2	0.9
2019	1.7	2.2	1.0	1.8	1.2

Source: Department of Health, Bureau of Vital Statistics

Morbidity refers to having a disease, or a symptom of disease, or to the amount of disease within a population. Morbidity also refers to medical problems caused by a treatment.²³

Exhibit 23: Population Diagnosed with a Chronic Disease



2019	Florida	Lake County	Orange County	Osceola County	Seminole County
Asthma	12.7%	11.5%	16.5%	13.5%	14.4%
Diabetes	11.7%	12.6%	9.5%	16.0%	9.5%
Hypertension	33.5%	37.6%	30.1%	37.4%	33.2%

Source: Florida Behavioral Risk Factor Surveillance System, 2019²⁴

- In 2019, over 30% of the adult population in every service area county had hypertension high blood pressure), most prevalent in Lake County and Osceola County (37.6%, 37.4%, respectively).
- As shown above, while Orange and Seminole counties present the lowest percentage of adults diagnosed with diabetes, the prevalence of asthma remains higher than comparable counties and the statewide percentage.

²³National Cancer Institute, Morbidity.

²⁴Behavioral Risk Factor Surveillance System (BRFSS) Survey.

Qualitative Research Overview and Themes

The core of the assessment involved substantial onsite data gathering, local knowledge and expertise and outreach efforts for community engagement. The primary qualitative approach engaged policy leaders, key stakeholders throughout the area, non-profit organization representatives, health care consumers, the criminal justice system, diversity representatives, people experiencing homelessness and others. The qualitative techniques used included:

- Equity Champions - Diversity Group Outreach
- Stakeholder One-to-One Interviews (105 interviews)
- Focus Group Discussions (30 focus group discussion)

The combination of individual interviews and focus group discussions provided an in-depth perspective of high-level topics impacting the general four-county service area. In addition, several more “Granular Qualitative Research Themes and Insights” were identified. Please refer to the full report to see some of the many comments shared.

Strengths

Many individuals who participated in the qualitative research highlighted positive aspects of living and working in the Central Florida region. The growing diversity of the population was mentioned by numerous stakeholders in all four counties. One stakeholder noted, “With diversity comes interesting things to do that we didn’t use to have. It’s also attracting younger, highly educated, diverse individuals; so, now there is a breadth of thought leaders.”

The Central Florida region is home to numerous non-profit organizations throughout the four counties. A majority of the stakeholders agreed that many organizations are very collaborative and have developed supportive partnerships over the years with a goal to break down silos. A stakeholder in Osceola County said, “There is a willingness of various partners to come together to tackle big picture issues.”

Many stakeholders commented on the positive economic impact of the local theme parks and tourism industry. There was also consensus that the weather is generally nice year-round with many opportunities for outdoor activities and recreation.

Top Challenges

Challenges and barriers were identified at three levels: (1) Policy, Advocacy and System, (2) Community and (3) Individual.

Policy, Advocacy and System Level

Many of the challenges identified through the qualitative research were issues at a state or national level and require policy and regulatory change within state and federal laws or system-wide regulations to reduce the impact felt by individual community members. Some of the most common comments relate to:

- Complex Health Care System including staffing shortages
- Financial Issues including the fact that many have no realistic access to health insurance without Medicaid expansion
- Non-profit Organization Funding and Sustainability Challenges
- Workforce development and staffing challenges

Community Level

Community-level challenges are a step below system-level challenges, but there is an overlap between system-, community- and individual-level challenges. Community-level challenges generally affect the wider population as a whole and not just select individuals within a community. Many of the community-level challenges are interrelated. The clusters of community-level challenges include:

Rapid Population Growth in Central Florida

The rapid population growth in Central Florida was identified as one of the top challenges in the qualitative research by many stakeholders. In addition, there is a lack of infrastructure to handle the growth and a lack of affordable housing.

Behavioral Health

Driven by the opioid epidemic and COVID-19 pandemic, the acuity of behavioral health in the community has increased significantly in the Central Florida region and across the country. One silver lining of the COVID-19 pandemic is that people tend to be somewhat more candid about mental health issues and are breaking through some of the stigmatization found in specific populations.

Chronic understaffing and an opioid epidemic that is not going away anytime soon exacerbate these behavioral health challenges.

Many other stakeholders also identified the importance of assisting with housing, transitions, nutrition and other basic needs to help people experiencing a mental health condition maintain some stability in the community.

Health Care Access is Not Equitable Across the Region

Stakeholders identified a variety of potential barriers and challenges people may experience when it comes to accessing health care services. Common barriers include lack of transportation or inadequate public transportation system, lack of health insurance or the ability to pay and mistrust of the health care industry. The COVID-19 pandemic has intensified the need to build trust in the health care industry in many priority populations²⁵ given the increasing prominent role of public health information and leaders.

Awareness of Community Services

There is a consensus among various stakeholders across the four-county region that community-wide awareness of what services and resources are available is low. Word of mouth tends to be the best method to share information, especially in priority populations.

Individual Level

Many of the identified challenges and barriers at the system and community level trickle down, and they impact the community residents who make up the over 2.8 million people who live in the Central Florida region. Some of the key individual challenges include:

Affordable Housing Crisis

The affordable housing crisis is one of the top challenges impacting the Central Florida region and across the country. The lack of affordable housing is a root cause driver of many other needs and challenges in the community. As one stakeholder said, “Housing burden leads to a chain reaction to bad health care.”

Chronic Disease

Many barriers exacerbate increasing chronic disease rates, especially in more outlying rural communities in Central Florida. One stakeholder said, “Osceola County is a large geography. If you’re in a rural area, then access to healthy food and health care is limited.” Transportation issues, including challenges getting to a grocery store or a health clinic, present another barrier.

Other stakeholders identified the lack of prevention and education programs, especially in the region’s youth population as another contributing factor to high chronic disease rates in the community. Health literacy and culturally appropriate health information were also identified as challenges for the increasingly diverse communities of Central Florida.

²⁵Priority populations include communities historically underrepresented, such as Black/African American communities, Hispanic/Latino communities, members of the LGBTQ+ community and others.

The Wage Gap

The recent increases in wages are closer to the living wage needed for one adult with no children living in the Greater Orlando area. However, with inflation and the continuing rise of housing-related costs, the new wages may still not be enough for many hospitality and tourism workers to live in a safe, non-cost-burdened home.

Access to Care

Throughout the qualitative research process, many challenges and barriers to accessing health care and social services in the Central Florida region were identified. Many of the top barriers have been identified in the sections above. A list recapping the most common barriers for individuals includes:

- Transportation gaps and inefficiencies with the public transportation system
- Lack of health insurance or the financial ability to pay for services, including insurance copays
- Long wait times to see providers
- Lack of awareness of resources, services and providers in the community
- Health literacy and health information not available in multiple languages
- Mental health stigma





Chapter 4

Health Equity Profiles

Health Equity Data

Introduction

The following section highlights inequities and disparities that ultimately impact the health of individuals, families and the overall community. Health equity exists when individuals have equal opportunities to be healthy. The ability to be healthy is often associated with factors such as social position, race, ethnicity, gender, religion, sexual identity or disability. When these factors limit a person’s ability to be healthy it can lead to health inequity.²⁶

WHAT IS HEALTH EQUITY?

Equity is the absence of avoidable, unfair, or remediable differences among groups of people, whether those groups are defined socially, economically, demographically or geographically or by other means of stratification.

-World Health Organization

Health equity means that everyone has a fair and just opportunity to be healthier.

This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.

-Robert Wood Johnson Foundation

The route to achieving equity will not be accomplished through treating everyone equally. It will be achieved by treating everyone justly according to their circumstances.

-Paula Dressel, Race Matters Institute

Research shows that problems like poverty, unemployment, low educational attainment, inadequate housing, lack of public transportation, exposure to violence, and neighborhood deterioration (social or physical) shape health and contribute to health inequities.

-National Academy of Sciences

EQUALITY EQUITY

Interaction Institute for Social Change
Artist: Angus Maguire

Source: Johns Hopkins, Alliance for a Healthier World. Health Equity, Defining a Complex Concept

²⁶The Community Guide, Health Equity.

Health disparities indicate differences in health linked with social, economic and/or environmental disadvantages. Health disparities adversely affect communities who have systematically experienced greater barriers to healthcare, based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion.²⁷

Data Limitations and Details

The health equity data in the County-Specific Summaries was primarily captured from the Florida Health Charts (FLHealthCharts) database and the United States Census Bureau 2015-2019 American Community Survey (ACS) which covers a broad range of topics about social, economic, demographic and housing characteristics of the U.S. population. The primary advantage of using multiyear estimates is the increased statistical reliability of the data for less populated areas and small population subgroups.

In addition to limitations noted above and earlier in the report, it is important to note that some health equity data can have percentage changes that look dramatic simply because the raw counts of some populations are so small.

As part of county-specific summaries, there are data change tables utilizing The Social Vulnerability Index (SVI) model. The SVI was developed by the U.S. Centers for Disease Control and Prevention as a metric for analyzing data to identify vulnerable populations.

The SVI may be used to rank overall population well-being and mobility relative to County and State averages. The SVI can also be used to determine the most vulnerable populations during disaster preparedness and public health emergencies (e.g., pandemics). The SVI tables include 2021 Federal Reserve Economic Data (FRED) and note increases of more than 10% (up or down) from the 2010 American Community Survey 5-Year estimate and the FRED Economic Data.

Each county-specific section includes: Overviews, Health Equity data profiles, Community Survey Highlights and a Prioritization Process Summary.

²⁷[Health.gov. How does Healthy People 2030 define health disparities and health equity?](#)

Orange County

Executive Summary

Health, wellness, and related needs significantly impact quality of life. The place where we are raised, adverse childhood experiences and other characteristics (often impacted by historically linked discrimination or exclusion) impact an individual's health and well-being.

The short list of health issues highlighted below are unique due to their geographic and social realities. The data points help illustrate some of the impacts that these health equity realities are having on individuals' health in Orange County.

- In Orange County, 60% of residents identify as an ethnic minority – second highest of all the CFC counties and higher than the statewide percentage (46.1%), and the United States (39.3%).
- Black/African American residents had a higher percentage of individuals who are 25 years and older without a high school diploma (15.2%) compared to the Orange County average (11.5%).²⁸
- Median household income was lowest in those who identify as Black/African American (\$47,486) and highest in those who identify as non-Hispanic/Latino (\$77,143).
- The percentage of people who identify as Black/African American and Hispanic/Latino in Orange County had higher rates of living below the federal poverty level (18.8%, 17.9%, respectively) than people who identify as White (12.4%) and non-Hispanic/Latino (9.1%).
- The Orange County average for flu immunizations was very low – 22.3% of Hispanic/Latino residents, 22.5% of non-Hispanic/Latino Black/African American residents and 36.0% of non-Hispanic/Latino White residents received a flu vaccine in the past year.
- The prostate cancer incidence rate was highest in those who identify as Black/African American (125.8) and nearly 50% higher than the rate of those identifying as white (80.5).
- In 2019, those who identify as White had the highest death rates of unintentional injury (51.6), unintentional poisoning (23.2), drug poisoning (24.3) —all higher than the average rates in Orange County (44.3, 17.8, 19.0, respectively).
- By race and ethnicity those who identify as non-Hispanic/Latino Black/African American had HIV & AIDS death and diagnosis rates over two times higher than Orange County as a whole.

²⁸American Community Survey, 2016-2019 5-year averages.

- Maternal mortality was highest in women who identify as Black/African American (31.9) more than two times higher than the maternal mortality average in Orange County (12.2).
- Women who identify as Black/African American had higher rates of fetal death, infant deaths and sudden unexpected infant deaths (11.7, 10.6, 1.5, respectively) than Orange County (7.0, 5.7, 0.8, respectively).



Health Equity Profiles

Demographics

Notable SVI characteristics are seen in the table below across the United States, Florida and Orange County. Data in this table comes from the 2019 American Community Survey 5 -Year, with trends and changes noted by arrows \updownarrow . An upward arrow (\uparrow) indicates an increase of more than 10% from the 2010 American Community Survey 5-Year estimate, a downward arrow (\downarrow) indicates a decrease of more than 10%. If no arrow is present, there is no identified change from 2010.

Exhibit 24: Orange County Social Vulnerability Index²⁹

	United States	Florida	Orange County
Orange County Population	324,697,795	20,901,636 \uparrow	1,349,746 \uparrow
Below Poverty	12.3% \downarrow	12.7% \downarrow	12.6% \downarrow
Unemployed	5.4% \downarrow	5.1% \downarrow	3.4% \downarrow
Median Income	\$62,843 \uparrow	\$55,660 \uparrow	\$58,254 \uparrow
Median Age	38.1	42.0	35.1
Age 65 +	15.6% \uparrow	20.1% \uparrow	11.6% \uparrow
Age 17 or Younger	22.6%	20.0%	22.4%
Household with Disability	12.7%	13.7%	11.4% \uparrow
Single-Parent Households	31.6%	30.2%	30.0%
Ethnic Minority	39.3% \uparrow	46.1% \uparrow	60.0% \uparrow
Do not Speak English	8.4%	11.9%	13.9%
Multi-Unit Housing Structures	26.3%	30.5%	33.5%
Mobile Homes	6.2%	8.9%	3.7% \downarrow
No Vehicle	8.6%	6.3%	5.7%

Source: American Community Survey, 2010 & 2019 5-Year Estimates

- The percentage of people that live below the poverty line has decreased at the national, state and Orange County levels (12.3%, 12.7%, 12.6%, respectively) in 2019 versus 2010.
- The median household income per year in Orange County (\$58,254) is higher than the state median income per year (\$55,660).
- The percentage of the population who are 65 years and older has increased at the national, state and Orange County levels.
- Over the past 10 years, the percentage of households who have a person with a disability has increased in Orange County to 11.4%.
- In Orange County, 60% of residents identify as an ethnic minority, higher than the statewide percentage (46.1%) and the United States (39.3%).

²⁹With 2010 Change Rates for Comparison Where Change Is Greater Than 10%

Health disparities indicate differences in health linked with social, economic and/or environmental disadvantages. Health disparities adversely affect communities who have systematically experienced greater barriers to health, based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion.³⁰

Black/African American residents have the lowest life expectancy in Orange County (78.4) and when compared to state averages (79.4), though it is higher than the national average (77.8).

Exhibit 25: Median Life Expectancy³¹ by Race & Ethnicity

	Total	White	Black / African American	Asian	Other/ Multiple Races	Hispanic/ Latino	White, not Hispanic/Latino
United States	77.8	ND	72.0*	ND	ND	79.9	78.0
Florida	79.4	79.7	76.7	ND	ND	83	78.5
Orange County	80	80.2	78.4	89.1	ND	82.8	79.3

Sources: For state and county data except Asian and Other/Multiple Races: Florida Department of Health referencing data from 2018-2020 (<https://www.flhealthcharts.gov/ChartsReports/rdPage.aspx?rdReport=ChartsProfiles.LifeExpectancyProfile&islYears=2020> retrieved June 9, 2022). For Asian and Other/Multiple Races data: County Health Rankings, referencing data from 2018-2020 (<https://www.countyhealthrankings.org/app/florida/2022/measure/outcomes/147/data>, retrieved June 9, 2022). For U.S. data: National Center for Health Statistics. 2021, referencing 2020 data (<https://www.cdc.gov/nchs/products/databriefs/db427.htm>, retrieved June 9, 2022).

*This data point represents those identified as Black/African American, not of Hispanic/Latino origin, while the other figures in this column are only indicative of race.



³⁰Health.Gov. How Does Healthy People 2030 Define Health Disparities And Health Equity?

³¹Life expectancy is a theoretical estimate of the average number of years from birth a person is expected to live. It is based on current death rates by age. Persons moving into or out of a geographic area, getting older and changes in death rates may change this estimate.

Social Determinants of Health

Social determinants of health (SDoH) are the conditions in the environments where people are born, live, learn, work, play, worship and age that affect a wide range of health, functioning and quality-of-life outcomes and risks. Social determinants of health have a major impact on people’s health, well-being and quality of life and heavily contribute to wide health disparities and inequities.³² The following section draws attention to health-related disparities experienced by different races and ethnicities in Orange County focused on housing, education, employment, income and health care access.

Racial and ethnic minorities may face unique barriers to higher education. Black/African American and Hispanic/Latino individuals have lower college enrollment and graduation rates compared to White individuals, and Hispanic/Latino individuals are most likely to attend college part-time, which reduces their odds of graduating.³³ Educational attainment and unemployment rates in Orange County vary across race and ethnicity, but those who identify as Black/African American or Hispanic/Latino had greater disparities.

Exhibit 26: Educational Attainment (percent high school diploma or higher)

	Total	White	Black / African American	Asian	Other/ Multiple Races	Hispanic/ Latino	White, not Hispanic/Latino
United States	88.5%	90.7%	86.7%	87.3%	74.2%	70.3%	93.2%
Florida	88.5%	90.2%	83.7%	87.2%	82.1%	80.4%	93.0%
Orange County	88.7%	91.2%	83.6%	87.5%	84.9%	83.8%	94.4%

Source: U.S. Census Bureau, 2016-2020 American Community Survey 5-Year Estimates

- The percentage of Hispanic/Latino residents in Orange County who have a high school diploma or higher is nearly five percentage points lower than the County average (83.8%, 88.7%, respectively).

³²Healthy People 2030. Social Determinants of Health.

³³Healthy People 2030, Enrollment in Higher Education.

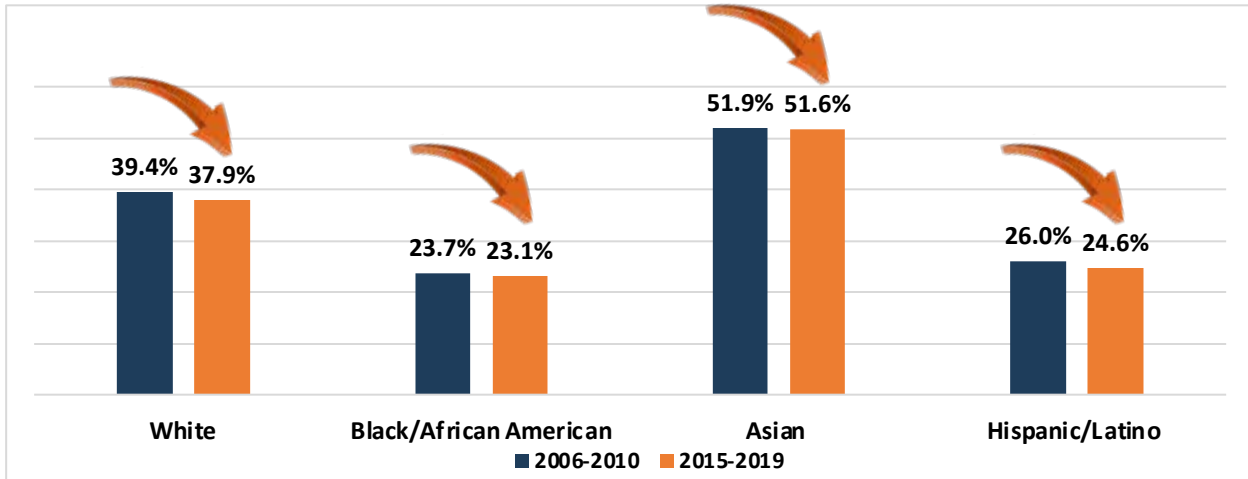
Orange County housing challenges are very similar to the state averages. The percentage of severely cost burdened households (i.e., those spending 50% or more of income on direct housing costs) and those with severe housing problems are at, or near, the Florida average.³⁴

Exhibit 27: Housing Challenges in Orange County

	Severe Housing Cost Burdened	Severe Housing Problems
Orange County	18%	21%
Florida	17%	19%

Educational attainment (i.e., the percent of adults with a Bachelor’s degree) changed little in Orange County within racial and ethnic groups in 2019. However, notable disparities exist between groups.

Exhibit 28: Population with a Bachelor’s Degree or Higher by Race & Ethnicity



Source: American Community Survey, 2019 5-Year Estimates.

- The Asian community in Orange County has the highest population with a Bachelor’s degree.
- The Black/African American community has the lowest population with a Bachelor’s degree.
- All racial and ethnic groups experienced a decrease of individuals with a Bachelor’s degree in the 2015-2019 period.

³⁴Severe Housing Problems, Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, lack of kitchen facilities or lack of plumbing facilities. Available at <https://www.countyhealthrankings.org/explore-health-rankings/measures-data-sources/county-health-rankings-model/health-factors/physical-environment/housing-transit/severe-housing-problems>.

Workplace inequalities among racial and ethnic minorities can have negative health consequences as those who are unemployed have reported feelings of depression, anxiety, low self-esteem, demoralization and stress.³⁵ The figures below represent the percentage of those from each demographic who were unemployed at the time of the measure. These figures are from before the COVID-19 pandemic.

Exhibit 29: Unemployed Civilian Labor Force

	Total*	White	Black / African American	Asian	Other/ Multiple Races	Hispanic/ Latino	White, not Hispanic/Latino
United States	5.4%	4.6%	9.2%	4.3%	7.3%	6.2%	4.4%
Florida	5.4%	4.7%	8.5%	4.4%	6.0%	5.0%	4.7%
Orange County	5.5%	4.2%	8.6%	5.9%	6.7%	5.3%	3.9%

Source: U.S. Census Bureau, 2016-2020 American Community Survey 5-Year Estimates

- Orange County residents who identify as Black/African American had an unemployment rate of 8.6% - higher than the Orange County average and individuals of different races and ethnicities.

Exhibit 30: Median Household Income

	Total	White	Black / African American	Asian	Other/ Multiple Races	Hispanic/ Latino	White, not Hispanic/Latino
United States	\$64,994	\$68,943	\$43,674	\$91,775	\$55,965	\$54,632	\$70,843
Florida	\$57,703	\$61,065	\$43,418	\$73,412	\$53,706	\$52,092	\$63,474
Orange County	\$61,416	\$67,656	\$47,486	\$79,563	\$54,595	\$49,945	\$77,143

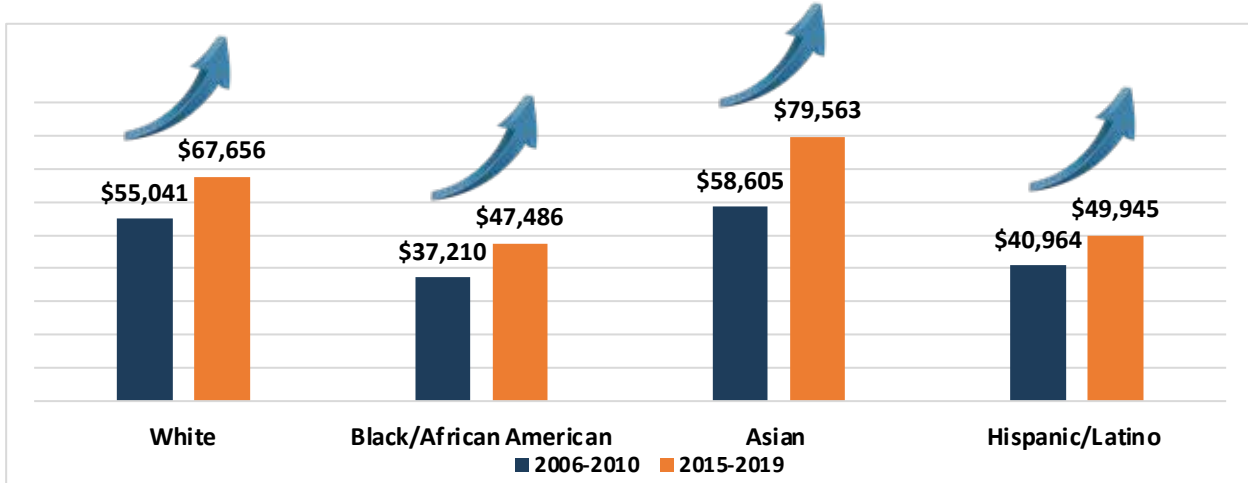
Source: U.S. Census Bureau, 2016-2020 American Community Survey 5-Year Estimates

- Median household income was lowest among those who identify as Black/African American (\$47,486) and highest in those who identify as White, not Hispanic/Latino (\$77,143).

³⁵Healthy People 2030, Employment.

Median household income in Orange County increased similarly from 2010 to 2019. However, Black/African Americans earn notably less than Whites, Asians or Hispanic/Latinos.

Exhibit 31: Trends in Median Household Income by Race and Ethnicity



Racial and ethnic minorities living in poverty often present more adverse health outcomes compared to the White population. Residents of impoverished communities are at increased risk for mental illness, chronic disease, higher mortality and lower life expectancy.³⁶

In Orange County, minority populations had higher rates of living in poverty which also reflected lower median household income averages.

Exhibit 32: Population Living in Poverty

	Total	White	Black / African American	Asian	Other/ Multiple Races	Hispanic/ Latino	White, not Hispanic/Latino
United States	12.8%	10.6%	22.1%	10.6%	17.8%	18.3%	9.3%
Florida	13.3%	11.5%	20.7%	11.9%	15.6%	16.4%	9.7%
Orange County	14.2%	12.4%	18.8%	12.8%	15.4%	17.9%	9.1%

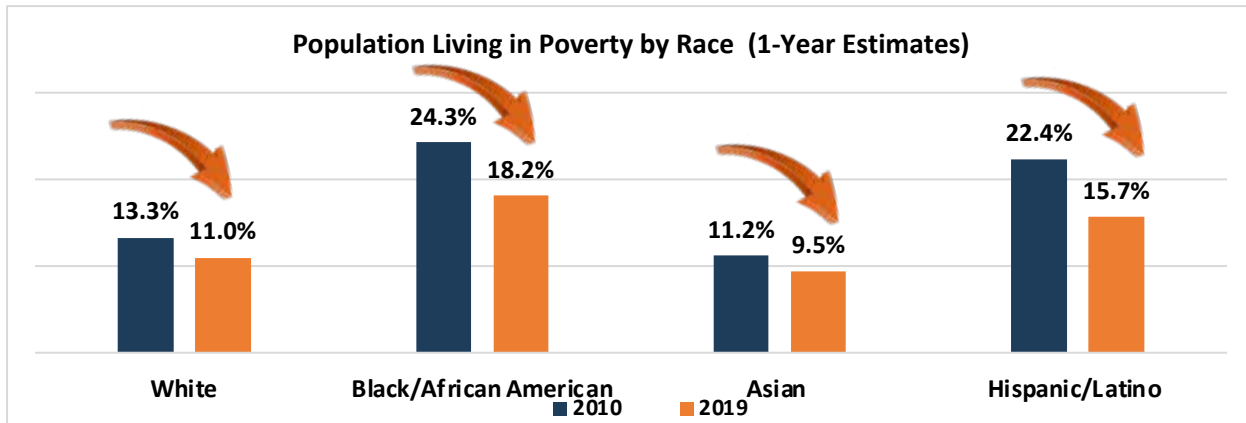
Source: U.S. Census Bureau, 2016-2020 American Community Survey 5-Year Estimates

- The percentage of people who identify as Black/African American, Other/Multiple Races and Hispanic/Latino had higher rates of living below the federal poverty level (18.8%, 15.4%, 17.9%, respectively) than people who identify as White (12.4%) and White, not-Hispanic/Latino (9.1%).

³⁶Healthy People 2030, Poverty.

The percent of people living in poverty in Orange County declined for each racial and ethnic group (2010 to 2019). However, there were disparities between groups.

Exhibit 33: Trends in the Percent of People Living in Poverty



- The Black/African American population has the highest percentage of individuals living in poverty.

Inadequate health insurance coverage is one of the largest barriers to health care access, and the unequal distribution of coverage contributes to disparities in health. The consequences of not having health insurance are exacerbated within specific ethnicities. For example, research indicates that people who speak another language besides English are less likely to receive recommendations for preventative health screenings and immunizations. This factor, in addition to a lack of health insurance, only worsens health outcomes over time.³⁷ Over three-quarters of the population had health insurance, but utilization of health care services and immunization numbers varied by race and ethnicity.

Exhibit 34: Population with Health Insurance

	Total*	White	Black / African American	Asian	Other/ Multiple Races	Hispanic/ Latino	White, not Hispanic/Latino
United States	91.3%	92.4%	90.1%	93.6%	84.6%	82.3%	94.1%
Florida	87.3%	88.5%	85.1%	88.6%	82.2%	81.4%	90.7%
Orange County	86.8%	88.5%	85.8%	87.5%	81.1%	82.2%	91.3%

Source: U.S. Census Bureau, 2016-2020 American Community Survey 5-Year Estimates

*Civilian noninstitutionalized population

- Orange County residents that are Hispanic/Latino, Black/African American and of another race had lower percentages of having health insurance (82.2%, 85.8% and 81.1%) than the Orange County average (86.8%).

³⁷Healthy People 2030, Access to Primary Care.

Exhibit 35: Utilization of Health Care Services by Adults

2019	Orange County	Non-Hispanic/ Latino White	Non-Hispanic/ Latino Black/ African American	Hispanic/ Latino
Adults who could not see a doctor at least once in the past year due to cost	15.2%	11.4%	16.0%	19.1%
Adults who have a personal doctor	67.0%	70.9%	67.5%	59.0%
Adults who said their overall health was good to excellent	79.8%	86.5%	76.9%	74.9%
Had a medical checkup in the past year	75.2%	73.9%	81.8%	72.1%
Visited a dentist or a dental clinic in the past year (2016)	62.7%	67.5%	63.6%	55.5%
Immunizations				
Received a Flu Shot in The Past Year	28.4%	36.0%	22.5%	22.3%
Have Ever Received a Pneumonia Vaccination	28.9%	34.7%	23.3%	25.4%

Source: Florida Behavioral Risk Factor Surveillance System, 2019

- People who identify as Hispanic/Latino were the group with the highest percentage of adults who could not see a doctor at least once in the past year due to cost. Only 59.0% of Hispanic/Latino residents had a personal doctor, lower than non-Hispanic/Latino White residents (70.9%).
- In 2016, 55.5% of Hispanic/Latino residents visited a dentist or a dental clinic in the past year, lower than the Orange County average (62.7%).
- The Orange County average for flu immunizations was very low – 22.3% of Hispanic/Latino residents, 22.5% of non-Hispanic/Latino Black/African American residents and 36.0% of non-Hispanic/Latino White residents received a flu shot in the past year.
- Approximately 23.3% of non-Hispanic/Latino Black/African American residents have ever received a pneumonia vaccination, lower than non-Hispanic/Latino White residents, Hispanic/Latino residents and the Orange County average.



Healthy Behaviors

Not everyone has the means and opportunity to make healthy decisions. Policies and programs put in place have marginalized some population groups and communities, keeping them from the support and resources necessary to thrive. Many of the leading causes of death and disease are attributed to unhealthy behaviors. For example, poor nutrition and low levels of physical activity are associated with a higher risk of cardiovascular disease, type 2 diabetes and obesity. Tobacco use is associated with heart disease, cancer and poor pregnancy outcomes if the mother smokes during pregnancy. Excessive alcohol use is associated with injuries, certain types of cancers and cirrhosis.³⁸

Exhibit 206: Adult Health Behaviors

	Orange County			White			Black/African American		
	2016	2019	% Change	2016	2019	% Change	2016	2019	% Change
Current Smokers	12.4%	11.7%	-5.6%	15.3%	9.2%	-39.9%	13.4%	15.5%	15.7%
Engage in Heavy or Binge Drinking	19.5%	18.2%	-6.7%	25.8%	19.5%	-24.4%	12.9%	13.0%	0.8%
Obese	27.5%	31.2%	13.5%	26.1%	26.3%	0.8%	31.9%	38.3%	20.1%
Overweight	34.8%	34.7%	-0.3%	30.8%	37.3%	21.1%	42.1%	29.8%	-29.2%
Sedentary	27.9%	27.0%	-3.2%	23.5%	21.6%	-8.1%	22.5%	30.1%	33.8%
Inactive or Insufficiently Active	56.9%	ND	ND	50.8%	ND	ND	46.5%	ND	ND
Meet Aerobic Recommendations	44.5%	ND	ND	50.5%	ND	ND	54.1%	ND	ND
Meet Muscle Strengthening Recommendations	45.0%	30.6%	-32.0%	43.0%	34.8%	-19.1%	52.9%	29.9%	-43.5%
	Other Race			Hispanic/Latino			Non-Hispanic/Latino		
	2016	2019	% Change	2016	2019	% Change	2016	2019	% Change
Current Smokers	ND	ND	ND	10.0%	11.6%	16.0%	ND	ND	ND
Engage in Heavy or Binge Drinking	ND	ND	ND	16.6%	22.0%	32.5%	ND	ND	ND
Obese	ND	ND	ND	28.4%	33.9%	19.4%	ND	ND	ND
Overweight	ND	ND	ND	38.5%	38.5%	0.0%	ND	ND	ND
Sedentary	ND	ND	ND	35.6%	34.2%	-3.9%	ND	ND	ND
Inactive or Insufficiently Active	ND	ND	ND	ND	ND	ND	ND	ND	ND
Meet Aerobic Recommendations	ND	ND	ND	42.6%	26.5%	-37.8%	ND	ND	ND
Meet Muscle Strengthening Recommendations	ND	ND	ND	26.5%	ND	ND	ND	ND	ND

Source: Florida Behavioral Risk Factor Surveillance System

³⁸County Health Roadmaps & Rankings, Health Behaviors.

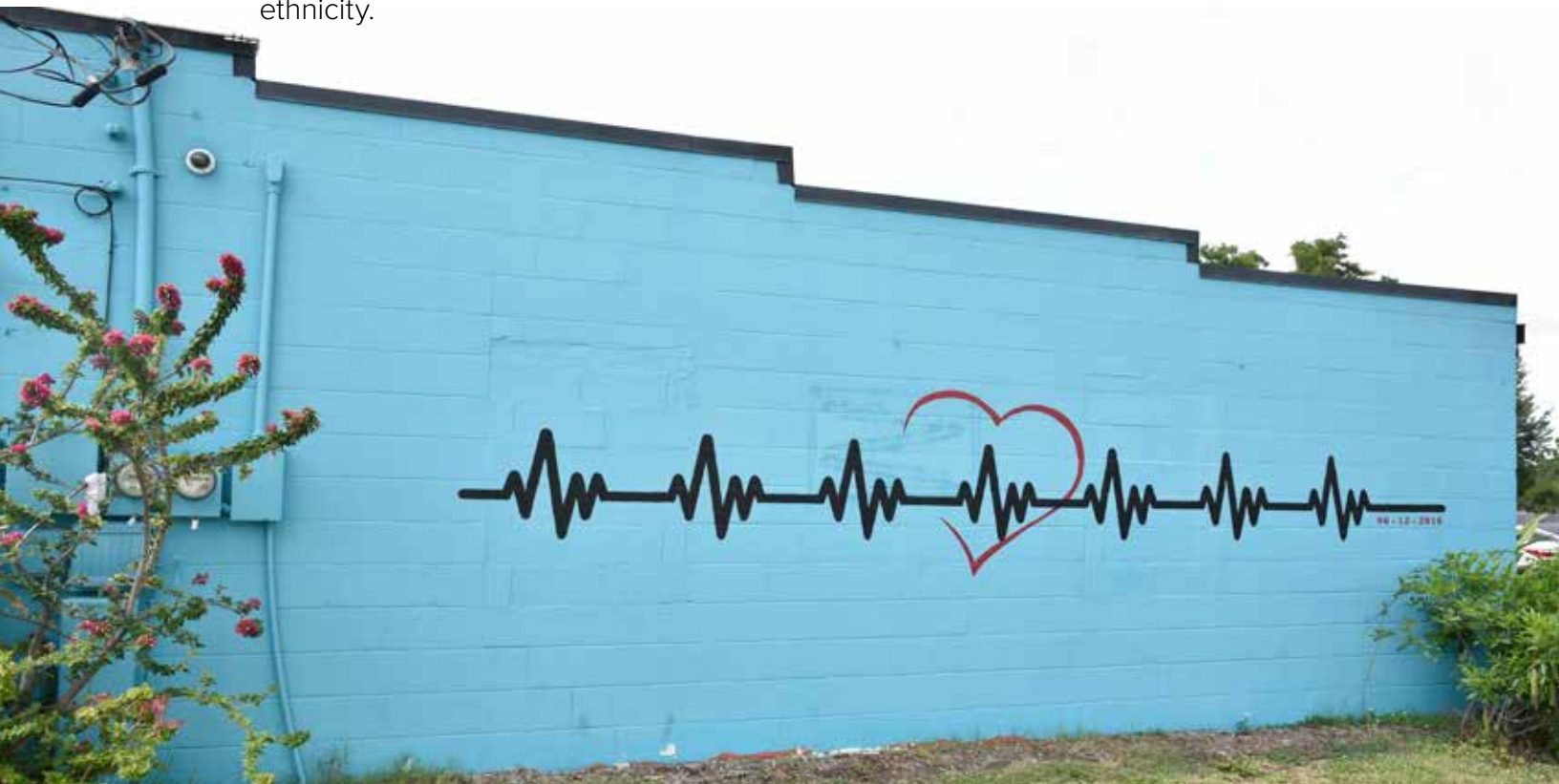
In Orange County 101.2 per 100,000 people under 65 had preventable hospitalizations from nutritional deficiencies. The nutritional deficiency death rate in Orange County was 3.9 per 100,000 but was highest in those who identify as non-Hispanic/Latino (4.3).

Exhibit 37: Nutritionally Deficient Population

Per 100,000	Orange County	White	Black/ African American	Other Race	Hispanic/ Latino	Non-Hispanic/ Latino
Preventable Hospitalizations Under 65 from Nutritional Deficiencies	101.2	ND	ND	ND	ND	ND
Nutritional Deficiency Death Rate	3.9	3.8	3.8	ND	2.8	4.3

Source: Florida Department of Health. Bureau of Vital Statistics, 2019

- The leading cause of hospitalizations per 100,000 in Orange County was congestive heart failure. The leading cause of death per 100,00 in Orange County was coronary heart disease. Variations in hospitalization and death rates were seen among race and ethnicity.



Pulse Wall | Artist: Unknown | Orange County

Chronic Diseases

Health equity exists when individuals have equal opportunities to be healthy. The ability to be healthy is often associated with factors such as social position, race, ethnicity, gender, religion, sexual identity or disability. When these factors limit a person’s ability to be healthy it can lead to health inequity.³⁹ The following sections highlight inequities and disparities within Orange County that ultimately impact the health of individuals, families and the overall community.

Exhibit 38: Adult Chronic Disease Profile

2019	Orange County	Non-Hispanic/Latino White	Non-Hispanic /Latino Black/African American	Other Race	Hispanic/Latino	Non-Hispanic/Latino
Ever Been Told They Had Diabetes	9.5%	8.8%	7.4%	ND	12.1%	ND
Ever Been Told They Had a Stroke	3.0%	2.0%	2.6%	ND	3.9%	ND

Source: Florida Behavioral Risk Factor Surveillance System, 2019



³⁹The Community Guide, Health Equity.

Exhibit 39: Chronic Disease Hospitalizations & Death Rates

Per 100,000	Orange County	White	Black/African American	Other Race	Hispanic/Latino	Non-Hispanic/Latino
Hospitalization Rates						
Coronary Heart Disease	283.8	229.1	275.3	766.4	272.2	282.6
Congestive Heart Failure	1,592.9	1,196.3	2,316.7	3,466.8	1,296.3	1,682.3
Stroke	263.1	186.6	370.5	683.4	220.8	272.4
Death Rates						
Congestive Heart Failure	14.6	14.4	17.0	9.3	11.9	15.3
Stroke	53.3	52.7	57.5	ND	48.5	54.6
Coronary Heart Disease	88.4	89.4	89.5	ND	65.0	94.7
Chronic Liver Disease & Cirrhosis	9.5	10.9	6.0	ND	9.2	9.4
Nephritis, Nephrotic Syndrome & Nephrosis	11.2	9.6	18.2	ND	2.2	3.6

Source: Florida Agency for Health Care Administration, 2018-2020

- Residents in Orange County (2018-2020) who identify as other race had the highest rates of chronic disease hospitalizations of coronary heart disease (766.4), congestive heart failure (3,466.8) and stroke (683.4).
- Residents who identify as Black/African American had the highest death rates of congestive heart failure (17.0), stroke (57.5) and nephritis, nephrotic syndrome and nephrosis (18.2).
- Coronary heart disease death was highest in those who identify as non-Hispanic/Latino at 94.7 per 100,000.
- Chronic liver disease and cirrhosis death were highest in those who identify as White (10.9).



Human Trafficking Mural | Artist: Alejandro "Revel" Ruiz | Orange County

The total cancer incidence rate in Orange County (2016-2018) was 424.5 per 100,000. The leading type of cancer in residents of Orange County was breast cancer. The total cancer death rate in Orange County was 142.7 per 100,000. The leading cause of cancer death in Orange County was lung cancer. Disparities by race and ethnicity were seen across cancer incidence and death.

Exhibit 40: Cancer Incidence

Per 100,000	Orange County	White	Black/ African American	Other Race	Hispanic/ Latino	Non-Hispanic/ Latino
Total Incidence Rate	424.5	428.2	370.3	388.0	324.8	458.1
Cervical Cancer	8.7	9.1	9.1	5.8	9.5	8.3
Prostate Cancer	90.5	80.5	125.8	80.3	74.8	95.4
Breast Cancer	117.4	117.1	97.5	125.8	85.6	127.5
Colorectal Cancer	39.5	39.7	33.0	40.5	36.1	40.8
Lung Cancer	49.6	52.2	41.7	33.0	26.8	33.9

Source: University of Miami Medical School. Florida Cancer Data System, 2016-2018

- Prostate cancer incidence rate was highest in those who identify as Black/African American (125.8).
- Breast cancer incidence rate was highest in those who identify as non-Hispanic/Latino (127.5). The breast cancer death rate was highest in those who identify as Black/African American (13.5).
- Lung cancer incidence rate was highest in those who identify as White (52.2). The lung cancer death rate was highest in those who identify as non-Hispanic/Latino (33.7).

Exhibit 41: Cancer Cases at Advanced Stage When Diagnosed

Orange County	White	Black/ African American	Other Race	Hispanic/Latino	Non-Hispanic/ Latino
48.9%	48.0%	54.6%	ND	48.5%	49.0%

Source: University of Miami Medical School. Florida Cancer Data System, 2016-2018

Exhibit 42: Deaths Caused by Cancer

Per 100,000	Orange County	White	Black/ African American	Other Race	Hispanic/ Latino	Non-Hispanic/ Latino
Overall Cancer Death Rate	142.7	144.9	148.8	ND	111.7	151.6
Cervical Cancer	2.4	1.3	1.7	ND	1.3	1.3
Prostate Cancer	21.3	7.9	14.7	ND	8.1	9.0
Breast Cancer	10.7	10.3	13.5	ND	7.9	11.8
Colorectal Cancer	13.0	13.0	14.3	ND	10.7	13.7
Lung Cancer	29.7	31.9	25.0	ND	16.4	33.7

Source: Florida Department of Health. Bureau of Vital Statistics, 2018-2020

Emergency room visits due to diabetes were over two times higher in those who identify as other race than in Orange County (224.9).

Exhibit 43: Diabetes Emergency Room Visits

Per 100,000	Orange County	White	Black/ African American	Other Race	Hispanic/ Latino	Non-Hispanic/ Latino
Emergency Room Visits Due to Diabetes	224.9	137.8	399.2	515.7	252.9	211.8
Preventable Hospitalizations Under 65 from Diabetes	143.0	ND	ND	ND	ND	ND
Hospitalizations from or with Diabetes	2,990.4	2,131.7	4,265.4	7,621.8	3,097.1	2,920.3

Source: Florida Agency for Health Care Administration, 2018-2020

- Orange County hospitalizations from or with diabetes in those who identify as other race (7,621.8) were over two and a half times higher than the Orange County average (2,990.4).

Exhibit 44: Prevalence of Respiratory Diseases

Per 100,000	Orange County			White			Black/African American		
	2019	2020	% Change	2019	2020	% Change	2019	2020	% Change
Emergency Room Visits Due to Asthma	573.1	356.4	-37.8%	315.7	190.0	-39.8%	899.6	586.6	-34.8%
Asthma Hospitalizations	94.0	56.8	-39.6%	50.9	32.7	-35.8%	155.2	86.7	-44.1%
Hospitalizations from CLRD (Including Asthma)	284.4	187.6	-34.0%	211.3	146.5	-30.7%	377.1	239.7	-36.4%
CLRD Death Rate	28.8	29.5	2.4%	33.7	32.4	-3.9%	17.3	23.3	34.7%
	Other Race			Hispanic/Latino			Non-Hispanic/Latino		
	2019	2020	% Change	2019	2020	% Change	2019	2020	% Change
Emergency Room Visits Due to Asthma	1,471.5	908.9	-38.2%	745.1	423.1	-43.2%	484.1	320.8	-33.7%
Asthma Hospitalizations	257.0	50.9	-80.2%	125.7	72.5	-42.3%	82.2	51.2	-37.7%
Hospitalizations from CLRD (Including Asthma)	621.9	370.8	-40.4%	276.8	158.9	-42.6%	284.8	197.6	-30.6%
CLRD Death Rate	ND	ND	ND	14.8	17.0	14.9%	33.2	33.4	0.6%

Source: Florida Agency for Health Care Administration, 2019



Non-fatal unintentional injury hospitalizations in Orange County had rates of 489.8 per 100,000 in 2019 and 463.3 per 100,000 in 2020. Hospitalizations for non-fatal unintentional falls decreased from 2019 to 2020 but remained the highest unintentional injury (293.4, 277.2 per 100,000, respectively). Rates of unintentional injuries and unintentional death by race and ethnicity presented disparities in Orange County.

Exhibit 45: Unintentional Injuries, 2019

Per 100,000	Orange County	White	Black/ African American	Other Race	Hispanic/ Latino	Non-Hispanic/ Latino
Unintentional Injury Hospitalizations	489.8	ND	ND	ND	ND	ND
Unintentional Injury Death Rate	44.3	51.6	25.0	31.0	35.3	46.6
Unintentional Poisoning Death Rate	17.8	23.2	5.4	6.4	14.9	18.8
Drug Poisoning Death Rate	19.0	24.3	6.0	8.8	15.8	20.1
Hospitalizations for Non-Fatal Unintentional Falls	293.4	279.0	139.5	740.4	223.7	306.6
Unintentional Falls Death Rate	11.7	12.9	5.6	ND	5.4	13.5
Hospitalizations for Non-Fatal Motor Vehicle Traffic-Related Injuries	67.7	42.6	77.4	222.8	58.5	67.7
Motor Vehicle Crash Death Rate	10.8	11.5	9.3	9.3	12.4	9.7
Hospitalizations for Non-Fatal Traumatic Brain Injuries	76.6	59.6	53.9	234.3	57.4	80.0
Traumatic Brain Injury Death Rate	15.1	15.4	12.6	ND	12.1	15.6
Hospitalizations for Non-Fatal Firearm Injuries	7.2	1.4	18.7	18.1	4.9	7.7
Firearms-Related Death Rate	9.6	8.2	15.6	4.5	ND	ND
Hospitalizations for Non-Fatal Unintentional Firearm Injuries	1.2	0.5	2.2	3.7	ND	1.4
Unintentional Death Rate Due to Fire	0.2	0.3	0.0	ND	0.0	0.3
Unintentional Drownings Death Rate	1.0	0.7	1.5	ND	0.8	0.0

Source: Florida Agency for Health Care Administration, 2019

- In 2019, those who identify as White had the highest death rates of unintentional injury (51.6), unintentional poisoning (23.2), drug poisoning (24.3) —all higher than the average rates in Orange County (44.3, 17.8, 19.0, respectively).
- The population that identifies as Black/African American had the highest rates of death due to firearms (15.6), which was higher than the Orange County average (9.6).
- Those who identify as other race had the highest rates of hospitalizations for non-fatal unintentional falls, non-fatal motor vehicle traffic-related injuries, non-fatal traumatic brain injuries and non-fatal unintentional firearm injuries.
- The population that identifies as Hispanic/Latino had a mortality rate of 12.4 per 100,000 motor vehicle crash.
- Those who identify as non-Hispanic/Latino had the highest rate of death due to unintentional falls (13.5).
- Hospitalizations for non-fatal firearm injuries were highest in those who identified as Black/African American (18.7), much higher than the Orange County average (7.2).

In 2020, those who identify as White had the highest unintentional injury death rates. Black / African American populations had high rates of hospitalizations for non-fatal firearms (28.5) and hospitalizations for non-fatal unintentional firearm injuries (7.0)—higher than the average in Orange County (10.0, 2.9, respectively).

Exhibit 46: Unintentional Injuries, 2020

Per 100,000	Orange County	White	Black/ African American	Other Race	Hispanic/ Latino	Non-Hispanic/ Latino
Unintentional Injury Hospitalizations	463.3	ND	ND	ND	ND	ND
Unintentional Injury Death Rate	53.8	59.8	41.7	ND	41.0	57.3
Unintentional Poisoning Death Rate	23.2	28.1	14.8	ND	17.2	25.4
Drug Poisoning Death Rate	23.7	28.9	14.4	8.8	17.5	26.0
Hospitalizations for Non-Fatal Unintentional Falls	277.2	267.9	142.2	624.0	207.4	294.8
Unintentional Falls Death Rate	13.2	15.2	5.5	ND	7.0	15.0
Hospitalizations for Non-Fatal Motor Vehicle Traffic-Related Injuries	62.5	36.9	67.8	228.4	61.2	59.1
Motor Vehicle Crash Death Rate	11.5	11.1	14.3	ND	11.7	10.7
Hospitalizations for Non-Fatal Traumatic Brain Injuries	77.4	62.2	57.0	227.5	59.6	83.1
Traumatic Brain Injury Death Rate	18.7	18.6	18.5	ND	14.2	20.1
Hospitalizations for Non-Fatal Firearm Injuries	10.0	1.4	28.5	22.3	5.3	11.6
Firearms-Related Death Rate	11.1	8.5	20.0	5.5	ND	ND
Hospitalizations for Non-Fatal Unintentional Firearm Injuries	2.9	0.6	7.0	7.9	2.1	2.9
Unintentional Death Rate Due to Fire	0.2	0.1	0.3	ND	0.2	0.2
Unintentional Drownings Death Rate	1.7	1.4	1.6	ND	2.2	1.5

Source: Florida Agency for Health Care Administration, 2020

- Those who identify as Black/African American had high death rates of motor vehicle crashes and firearms-related death rates (14.3, 20.0, respectively) compared to Orange County (11.5, 11.1, respectively).
- Those who identify as other race had high rates of hospitalizations for non-fatal unintentional falls, non-fatal motor vehicle traffic-related injuries and non-fatal traumatic brain injuries (624.0, 228.4, 227.5, respectively) compared to Orange County (277.2, 62.5, 77.4, respectively).

Black/African American and Hispanic/Latino communities are disproportionately affected by HIV compared to other racial and ethnic groups. In 2019, the Black/African American community represented 13% of the United States population, but 40% of people with HIV. Hispanic/Latino residents represented 18.5% of the population, but 25% of people with HIV.⁴⁰

The data below shows HIV and AIDS diagnoses and death in residents of Orange County in 2017-2019. When looking at rates by race and ethnicity, disparities were seen in those who identify as non-Hispanic/Latino Black/African American and Hispanic/Latino.

Exhibit 47: HIV & AIDS Diagnoses

Per 100,000 (except as noted)	Orange County	Non-Hispanic/Latino White	Non-Hispanic/Latino Black/African American	Hispanic/Latino	Non-Hispanic/Latino
Adults Less Than 65 Who Have Ever Been Tested for HIV (2019)	54.2%	45.5%	68.7%	56.8%	ND
Population with HIV (2020)	654.4	449.2	1,393.0	547.7	706.2
2017-2019					
HIV Diagnoses	34.3	18.1	68.6	38.5	32.4
AIDS Diagnoses	13.5	7.1	34.4	10.4	15.0

Source: Florida Department of Health, Bureau of Communicable Diseases 2017-2019

- Those who identify as non-Hispanic/Latino Black/African American had the highest HIV diagnoses of 68.6 per 100,000, two times higher than Orange County (34.3). See Exhibit above.
- Those who identify as non-Hispanic/Latino Black/African American had the highest AIDS diagnoses of 34.4 per 100,000, more than twice as high as Orange County (13.5).

Exhibit 48: HIV & AIDS Death Rate

	Orange County	White	Black/African American	Hispanic/Latino	Non-Hispanic/Latino
Per 100,000	3.2	1.7	9.2	2.2	3.6

Source: Florida Department of Health. Bureau of Communicable Diseases, 2018-2020

- Those who identify as Black/African American had HIV & AIDS death rates over two times higher than Orange County. See Exhibit above.

⁴⁰Hiv.Gov, Impact on Racial And Ethnic Minorities.

Homicide & Suicide

Between 2019 and 2020 homicide rates in Orange County increased, while the suicide rate decreased.

Exhibit 49: Homicide & Suicide Deaths by Race

Per 100,000	Orange County		White		Black/African American	
	2019	2020	2019	2020	2019	2020
Homicide	6.5	8.0	3.7	4.4	16.3	20.1
Suicide	9.6	8.9	10.5	10.2	6.2	5.3

Source: Florida Department of Health. Bureau of Vital Statistics

Exhibit 50: Homicide & Suicide Deaths by Ethnicity

Per 100,000	Hispanic/Latino		Non-Hispanic/Latino	
	2019	2020	2019	2020
Homicide	4.7	4.6	4.7	4.6
Suicide	6.7	6.9	6.7	6.9

Source: Florida Department of Health. Bureau of Vital Statistics

- In 2019, homicides rates in those who identify as Black/African American (16.3) were twice as high compared to the Orange County rate (6.5). In 2020, those who identify as Black/African American (20.1) had rates more than two times higher than Orange County (8.0).
- In 2020, suicide rates for those who identify as White (10.2) were higher than in Orange County (8.9).

Maternal Health

Historically, maternal mortality in the United States has been a key indicator of the overall health of a population. Maternal mortality reflects the whole health system and illustrates the socio-cultural, political and economic philosophy of society. Over the past two decades, the United States maternal mortality rate has not improved while maternal mortality rates have decreased for other regions of the world. Significant racial and ethnic disparities persist in both the rate of women in the United States who die due to complications of pregnancy or delivery and the rate that women experience negative health consequences due to unexpected pregnancy or childbirth outcomes.⁴¹

Severe maternal morbidity is the presence of a complication during a hospital delivery. Complications during pregnancy or delivery can lead to negative outcomes for the woman and the infant. Monitoring the trend and disparities in severe maternal morbidity allows public health and medical professionals to take steps to improve the health of women and children.

Exhibit 51: Maternal Fatalities

Per 100,000 Live Births	Orange County	White	Black/African American	Other Race	Hispanic/Latino	Non-Hispanic/Latino
Maternal Mortality	12.2	6.3	31.9	ND	0.0	15.6
Severe Maternal Morbidity per 1,000	18.2	11.7	26.9	19.9	15.8	19.7

Source: Florida Department of Health. Bureau of Vital Statistics, 2018-2020

- Maternal mortality was highest in women who identify as Black/African American (31.9), more than two times higher than the maternal mortality average in Orange County (12.2).
- In Orange County, the maternal mortality rate was 12.2 per 100,000 births while severe maternal morbidity was 18.2 per 1,000 delivery hospitalizations.

⁴¹United States Commission on Civil Rights 2021 Statutory Enforcement Report, Racial Disparities in Maternal Health.

Exhibit 52: Prenatal Care

	Orange County	White	Black/ African American	Other Race	Hispanic/ Latino	Non- Hispanic/ Latino
Births to Mothers with First-Trimester Prenatal Care	78.7%	81.1%	71.4%	ND	78.1%	79.1%
Births to Mothers with No Prenatal Care	2.8%	2.1%	4.8%	ND	2.5%	3.0%

Source: Florida Department of Health. Bureau of Vital Statistics, 2018-2020

- Women with the lowest percentage of receiving first-trimester prenatal care were women who identify as Black/African American (71.4%).
- Women who identify as Black/African American made up the highest percentage of women who received no prenatal care (4.8%).
- More than three-quarters of pregnant mothers received first trimester prenatal care (78.7%). A very small percentage of mothers received no prenatal care (2.8%).



In Orange County, mothers between the ages of 15 and 19 were mostly unmarried at the time of giving birth (94.4%).

Exhibit 53: Maternal Characteristics

	Orange County	White	Black/African American	Other Race	Hispanic/Latino	Non-Hispanic/Latino
Repeat Births to Mothers Ages 15-19	1.6%	12.2%	16.5%	ND	12.8%	14.5%
Births to Unwed Mothers Ages 15-19	94.4%	92.5%	98.3%	ND	92.4%	96.5%
Births to Unwed Mothers Ages 15-44	43.8%	39.2%	62.8%	ND	50.0%	40.1%
Births to Mothers Who Are Underweight at the Time Pregnancy Occurred ⁴²	3.4%	3.2%	3.0%	ND	3.1%	3.6%
Births to Mothers Who Are Overweight at the Time Pregnancy Occurred ⁴³	27.5%	27.6%	28.0%	ND	29.5%	26.3%
Births to Mothers Who Are Obese at Time Pregnancy Occurred ⁴⁴	25.3%	23.2%	34.7%	ND	25.0%	25.5%
Births with Inter-Pregnancy Interval ⁴⁵	30.1%	29.9%	31.5%	ND	26.2%	32.4%

Source: Florida Department of Health. Bureau of Vital Statistics, 2018-2020

- Approximately 27.5% of all mothers were overweight at the time pregnancy occurred.
- Among Black/African American mothers ages 15 and 19, one in six (16.5%) have had multiple children, 98.3% of Black/African American teen mothers were not married and 62.8% of Black/African American mothers aged 15 to 44 were not married.

⁴²BMI <18.5

⁴³BMI 25.0-29.9

⁴⁴BMI >= 30

⁴⁵< 18 Months.

In Orange County, the three-year cumulative sum, 2018 to 2020, indicates that 10.5% of infants were born preterm, 8.7% of infants were born at low birth weight, 1.7% of infants were born at very low birth weight; 94.0% of infants with very low birth weight were born in subspecialty perinatal centers. County-wide rates of fetal deaths were 7.0 per 1,000 deliveries, infant deaths were 5.7 per 1,000 deliveries and sudden unexpected infant deaths were 0.8 per 1,000 deliveries.

Exhibit 54: Infant Characteristics

	Orange County	White	Black/ African American	Other Race	Hispanic/ Latino	Non-Hispanic/ Latino
Preterm Births ⁴⁶	10.5%	9.2%	14.0%	ND	9.9%	10.8%
Very Low Birth Weight Infants Born in Subspecialty Perinatal Centers	94.0%	94.3%	94.1%	ND	93.7%	94.4%
Low Birth Weight ⁴⁷	8.7%	6.8%	13.4%	ND	7.4%	9.4%
Very Low Birth Weight ⁴⁸	1.7%	1.1%	3.1%	ND	1.4%	1.8%

Source: Florida Department of Health. Bureau of Vital Statistics, 2018-2020

Exhibit 55: Fetal & Infant Fatalities

Per 1,000 Deliveries	Orange County	White	Black/ African American	Other Race	Hispanic/ Latino	Non-Hispanic/ Latino
Fetal Deaths	7.0	5.4	11.7	ND	5.6	6.9
Infant Deaths (0-364 days)	5.7	3.9	10.6	ND	4.3	6.1
Sudden Unexpected Infant Deaths	0.8	0.7	1.5	ND	0.7	0.9

Source: Florida Department of Health. Bureau of Vital Statistics, 2018-2020

- Preterm births were highest in mothers who identify as Black/African American (14.0%). See Exhibit 54.
- Women who identify as Black/African American had the highest percentage of births to infants of low birth rate (13.4%) and infants of very low birth weight (3.1%) – higher than Orange County (8.7%, 1.7%, respectively).
- Women who identify as Black/African American had higher rates of fetal death, infant deaths and sudden unexpected infant deaths (11.7, 10.6, 1.5, respectively) than Orange County (7.0, 5.7, 0.8, respectively). See Exhibit 55.

⁴⁶< 37 Weeks of Gestation.

⁴⁷<2500 Grams.

⁴⁸< 1500 Grams.

Community Survey Highlights

The community survey conducted for the CFC included over 4,000 total responses. As shown below, there were 822 responses from Orange County residents.

Exhibit 56: Survey Responses by County

In which county do you live?					
County	Responses	Total Percent	Net Percent	Cumulative Percent	
Lake	266	6.2	7.2	7.2	
Orange	822	19.3	22.2	29.4	
Osceola	1729	40.5	46.7	76.2	
Seminole	639	15.0	17.3	93.4	
Other	243	5.7	6.6	100.0	
Total	3,699	86.7	100.0		
No Response	565	13.3			
Total	4,264	100.0			

As a result of the survey, the highest priority needs included the following:

1. Affordable, quality housing
2. Mental health care services for seniors
3. Suicide prevention
4. Recruitment and retention of culturally diverse and informed providers who demographically reflect the community
5. Dental care for children, especially those from low income or other priority communities
6. Community services to reduce illegal drug use and abuse or misuse of prescription medications
7. Access to free or low-cost health care services for all residents
8. Access to primary care services
9. Support for family members of a person being treated for substance use disorder
10. Mental health outpatient services capacity
11. Mental health crisis services and community awareness of available resources
12. Childcare services, especially for children with special needs
13. Youth mental health services
14. Suicide prevention initiatives in middle and high schools
15. Mental health and substance use disorder transition care for inmates being released from jail

Prioritization Process Summary

As noted above, the secondary data analysis, qualitative research and community survey generated a list of approximately 50 granular needs. The needs were then prioritized by a group of Orange County leaders using the Modified Delphi method (i.e., a three-stage mixed qualitative and quantitative) process. The results of the prioritization process yielded a rank-ordered set of prioritized needs falling into five specific categories. The top 15 granular needs were then folded under the five specific categories. Please see the results below.

Top Five Needs

- Increase system capacity
- Enhance mental health (including substance use disorder) outreach and treatment
- Streamline access to care
- Refine primary care and specialized medical care (e.g., chronic conditions) services
- Address housing and other social determinants

Top 15 Granular Issues

1. Affordable, quality housing
2. Access to free or low-cost health care services for all residents
3. Recruitment and retention of culturally diverse and informed providers who demographically reflect the community
4. Mental health outpatient services capacity
5. Health care services in lower-income and priority communities
6. Mental health crisis services and community awareness of available resources
7. Youth mental health services
8. Access to healthful, affordable foods
9. Case managers, Community Health Workers and similarly credentialed professionals to guide high-need patients
10. Greater access to primary care services in non-urban areas
11. Chronic disease early intervention and care (e.g., heart disease, stroke, high blood pressure)
12. Behavioral health outpatient services for children
13. Maternal & infant care
14. Training for providers caring for members of priority communities
15. Integrated case management and multiple health-related services under one roof for people experiencing homelessness

Top 15 Granular Issues within the Five Top Needs

Increase system capacity

2. Access to free or low-cost health care services for all residents
3. Recruitment and retention of culturally diverse and informed providers who demographically reflect the community
5. Health care services in lower-income and priority communities
10. Greater access to primary care services in non-urban areas
14. Training for providers caring for members of priority communities

Enhance Mental Health (including Substance Use Disorder) outreach and treatment

4. Mental health outpatient services capacity
6. Mental health crisis services and community awareness of available resources
7. Youth mental health services
12. Behavioral health outpatient services for children

Streamline access to care

9. Case managers, Community Health Workers and similarly licensed professionals supporting patients with complex needs

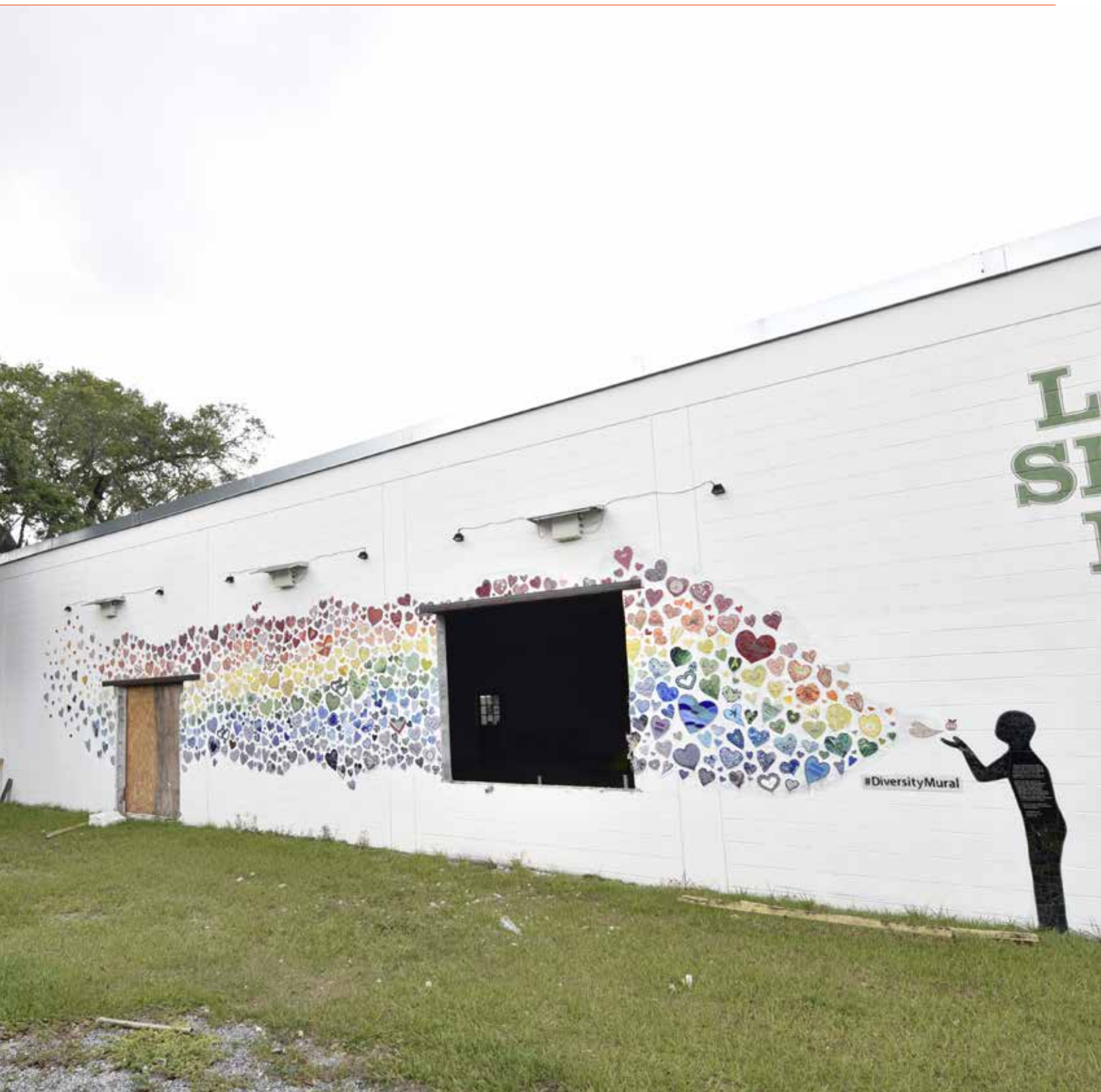
Refine primary care and specialized medical care (e.g., chronic conditions) services

11. Chronic disease early intervention and care
13. Maternal & infant care

Housing and other social determinants

1. Support additional affordable, quality housing¹⁶²
8. Access to healthful, affordable foods
15. Integrated case management and multiple health-related services under one roof for people experiencing homelessness

¹⁶²Note that quality, affordable housing effects several other community needs such as Need #3, Recruitment and retention of culturally diverse and informed providers who demographically reflect the community and Need #2, Access to free or low-cost health care services for all residents



Diversity Heart Mural | Artist: Luna Mosaic Arts | Orange County

As noted at the beginning of this facility report, the document provides a synopsis of the larger, more comprehensive Central Florida Collaborative report. The larger report includes much more extensive data sets, CFC organizational profiles, qualitative research analysis, and more. For additional information, please reference the Central Florida Collaborative Community Health Needs Assessment available at <https://www.orlandohealth.com/about-us/community-involvement/community-benefit>.



COMMUNITY

HEALTH

NEEDS

ASSESSMENT

