COMMUNITY HEALTH IMPROVEMENT PLAN
Seminole County | 2017-2020

Florida HEALTH
Seminole County

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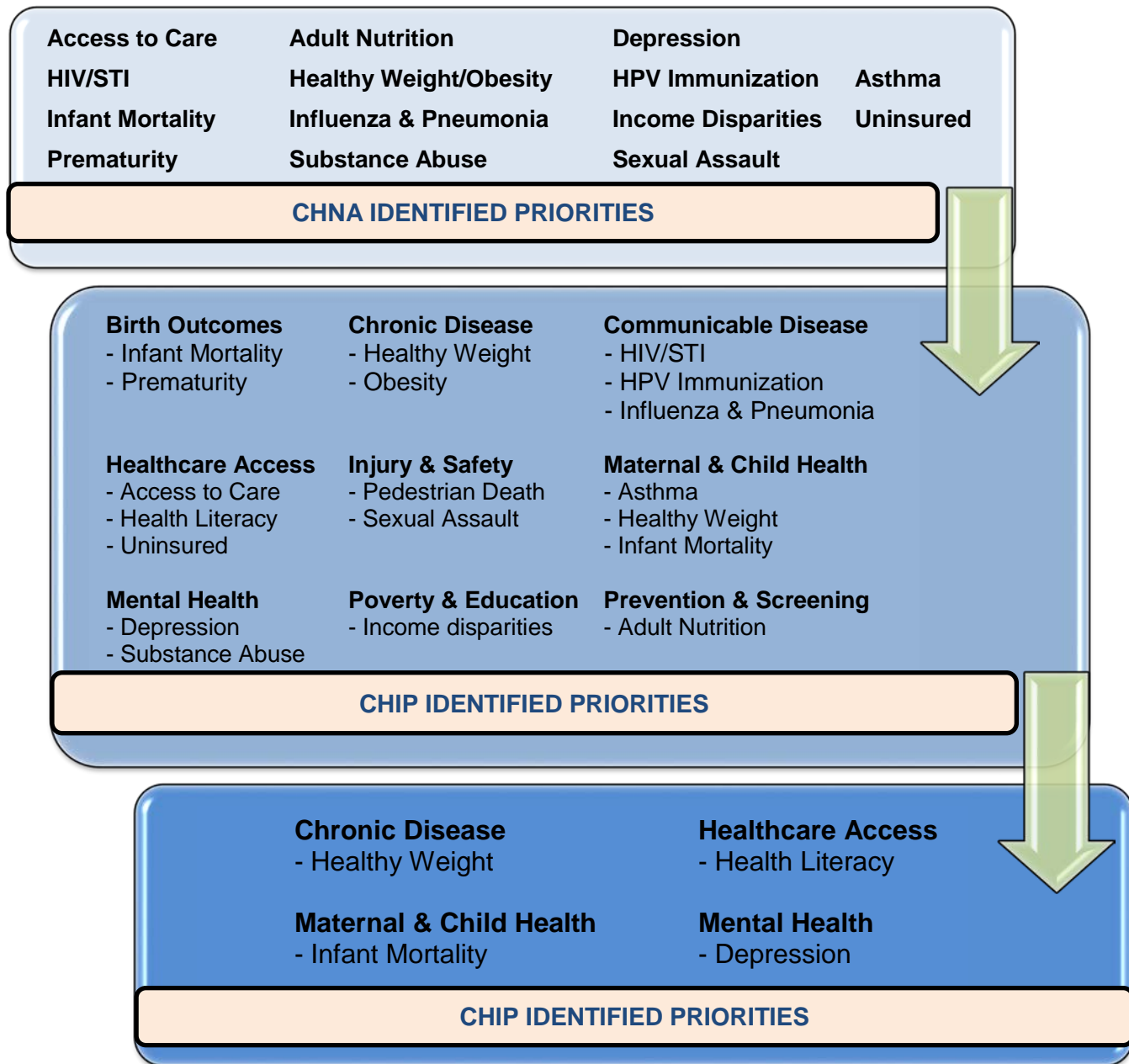*President, Quad R LLC*

EXECUTIVE SUMMARY

The health of a community and associated outcomes is determined by various social, economic and environmental factors. As such, routine assessment of key community health indicators is core to public health and remains as a critical component to the broader community health improvement planning process. In 2016, the Florida Department of Health in Seminole County (DOH-Seminole) participated in a collaborative effort with hospitals and surrounding county health departments to develop a comprehensive Community Health Needs Assessment (CHNA) *(Appendix A: CHNA)*. A community health needs assessment is a process that uses both qualitative and quantitative methods to systematically collect and analyze health data to identify current trends and opportunities for improvement. Health data utilized for the CHNA included factors addressing health risks, quality of life, social determinants, inequity, mortality, morbidity, community assets, forces of change and how the public health system provides the ten essential public health services. The regional public health collaboration partnered with the consulting services of Impact Partners, LLC to facilitate collection, analysis and evaluation of community data.

In February 2017, DOH-Seminole engaged thirty-six (36) community health partners in the development of the 2017-2020 Seminole County Community Health Improvement Plan (CHIP). The community-driven strategic planning process for improving community health, Mobilizing for Action through Planning and Partnership (MAPP), was the accredited framework utilized to develop the CHIP *(Appendix B: MAPP)*.
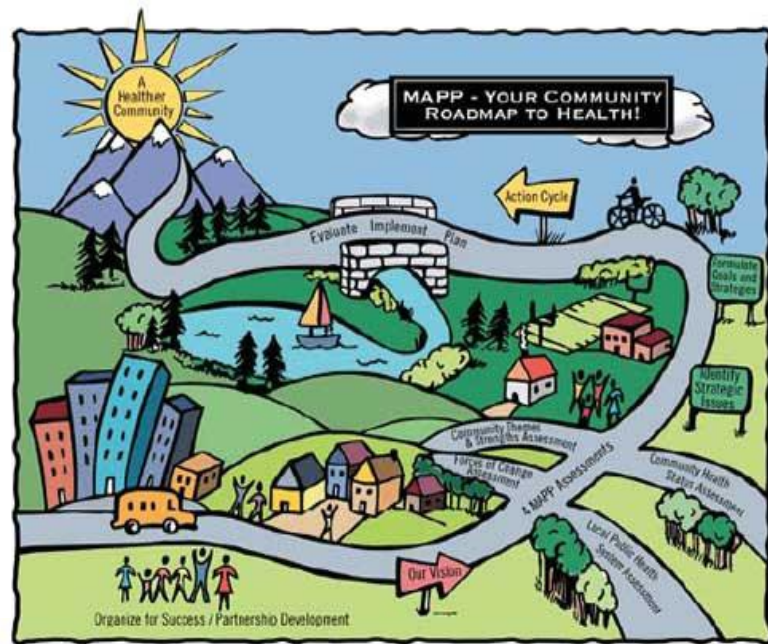
Facilitation of the MAPP and overall CHIP development was conducted by consulting firm Quad R, LLC. Through this process nine (9) strategic health issues were identified for Seminole County. Health issues were then prioritized by the community health partners related to trending community health outcomes and larger scale emerging health issues. Three-year strategic action plans were developed to establish accountability towards obtaining measurable health improvements and quality outcomes.

As part of the Florida Department of Health's Integrated Public Health System, a new CHNA and CHIP are required every 3-5 years by all 67 county health departments in Florida. Implementation of the CHIP is systematically monitored and evaluated with participation from dedicated community health partners. Measures of success and CHIP priority area action plans are reviewed and analyzed quarterly to promote plan progression, effectiveness of processes and to foster community health partnerships *(Appendix F: Annual Evaluation Report)*.
The following diagram shows the selected 3-year CHIP priority areas:

Access to Care	**Adult Nutrition**	**Depression**	
HIV/STI	**Healthy Weight/Obesity**	**HPV Immunization**	**Asthma**
Infant Mortality	**Influenza & Pneumonia**	**Income Disparities**	**Uninsured**
Prematurity	**Substance Abuse**	**Sexual Assault**	

CHNA IDENTIFIED PRIORITIES

Birth Outcomes
- Infant Mortality
- Prematurity

Chronic Disease
- Healthy Weight
- Obesity

Communicable Disease
- HIV/STI
- HPV Immunization
- Influenza & Pneumonia

Healthcare Access
- Access to Care
- Health Literacy
- Uninsured

Injury & Safety
- Pedestrian Death
- Sexual Assault

Maternal & Child Health
- Asthma
- Healthy Weight
- Infant Mortality

Mental Health
- Depression
- Substance Abuse

Poverty & Education
- Income disparities

Prevention & Screening
- Adult Nutrition

CHIP IDENTIFIED PRIORITIES

Chronic Disease
- Healthy Weight

Healthcare Access
- Health Literacy

Maternal & Child Health
- Infant Mortality

Mental Health
- Depression

CHIP IDENTIFIED PRIORITIES

COMMUNITY HEALTH IMPROVEMENT PROCESS

Long term positive health outcomes are not the result of happenstance. Strategic collection and assessment of key health data provides communities with critical information to determine the greatest local and national threats to health in addition to awareness of emerging health issues. Collaboration of community partners in the development, monitoring and evaluation of action plans that support prioritized health related issues establishes accountability towards obtaining measurable health improvements and quality outcomes.

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

Based on the data provided in the Community Health Needs Assessment *(Appendix A: CHNA)*, the Florida Department of Health in Seminole County (DOH-Seminole) collaborated with local community health partners over the course of four face to face planning sessions held in February 2017 to initiate a community-wide strategic planning process for improving community health utilizing the Mobilizing for Action through Planning and Partnerships (MAPP) model. Developed by the National Association of County and City Health Officers (NACCHO), the MAPP framework is an accredited approach towards the creation and implementation of a community health improvement plan that focuses on long-term strategies that address multiple factors that affect the health of a community. The resulting 2017-2020 Seminole County Community Health Improvement Plan is designed to use existing resources wisely, consider unique local conditions and needs, assess policy changes required to obtain goals, and form effective partnerships for action.

KEY MAPP FINDINGS

Community Health Needs Assessment

The Community Health Status Assessment provided a "snapshot in time" of the demographics, employment, health status, health risk factors, health resource availability and quality of life perceptions. The Florida Department of Health in Seminole County (DOH-Seminole) conducted a Community Health Needs Assessment (CHNA) in collaboration with two area hospitals (Orlando Health and Florida Hospital), DOH-Lake, DOH-Orange and DOH-Osceola in 2016. Data from the U.S. Census Bureau, including the American Community Survey; Florida CHARTS; the Centers for Disease Control and Prevention Behavioral Risk Factor Surveillance System Data (BRFSS); County Health Rankings; and hospital utilization data was employed in the Community Health Needs Assessment.

Major findings from the Community Health Needs Assessment for Seminole County included;
In 2014:
- Current Population- 449,144
- Median Household Income- $57,875
- Nearly 13% of the population live in poverty
- 23% of the population 18 years or younger
- 80.6% of the population White and 12.2% Black/African American

From 2008-2014, the leading causes of death were:
- Cancer
- Heart Disease
- Chronic Lower Respiratory Disease (CLRD)
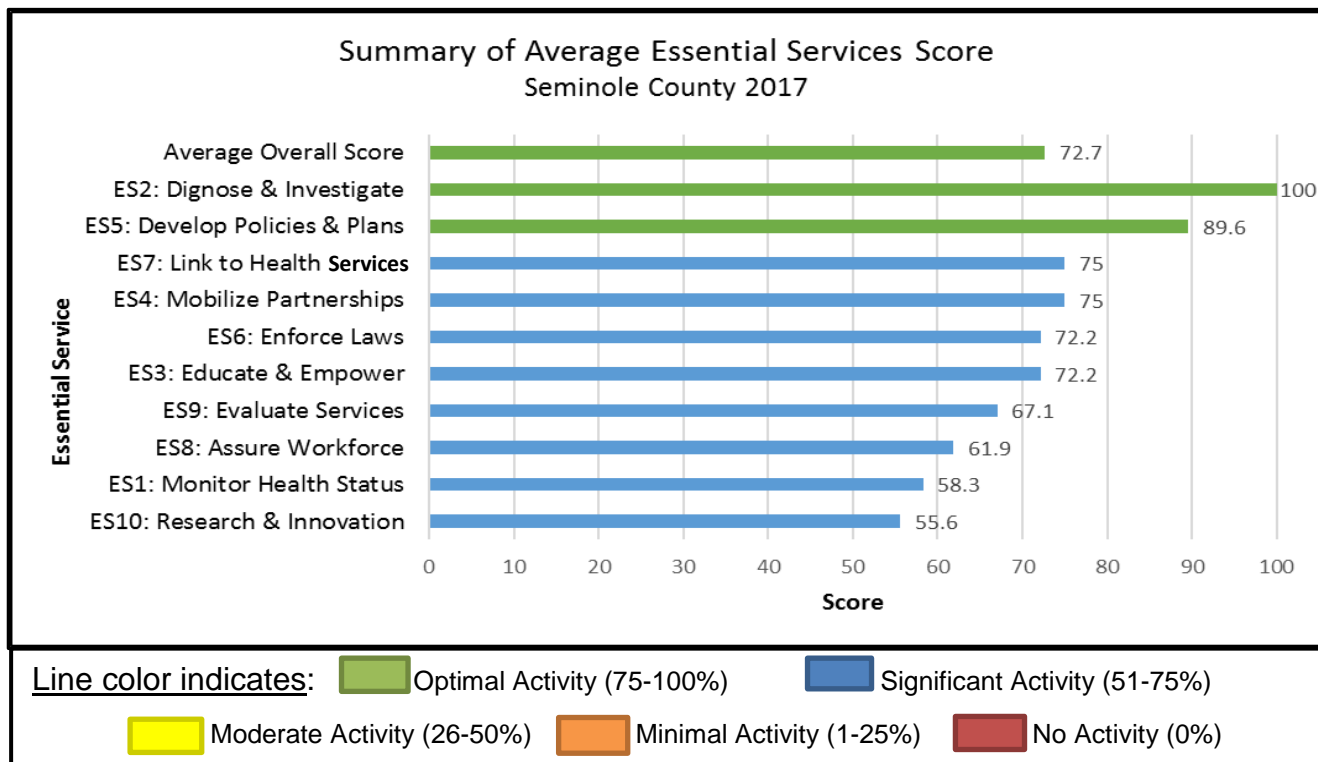- Unintentional Injuries
- Diabetes

In addition:
- Increased obesity rates, 27% of adults were obese (followed the State trend).
- Poisoning, falls and motor vehicle (unspecified) comprised the top causes of unintentional deaths. Falls and poisoning accounted for more than 59% of all unintentional fatal injuries.
- Where data was available, there was a general downward trend of insurance coverage for non-Hispanic whites and those between the ages of 45-64 years.
- The percentage of adults with poor mental health days of 14 or more days in the past 30 days showed an upward trend in the non-Hispanic white population, along with residents making more than $50k annually, those with educational levels above high school, and those making less than $25k per year.

Local Public Health System Assessment

The National Public Health Performance Standards (NPHPS) Local Public Health System Assessment (LPHSA) Report is designed to create a snapshot of where the health department is in relation to the National Public Health Performance Standards. The information from the LPHSA serves as a foundation from which the health department and community health partners can progressively move toward refining and improving outcomes for performance across the public health system.
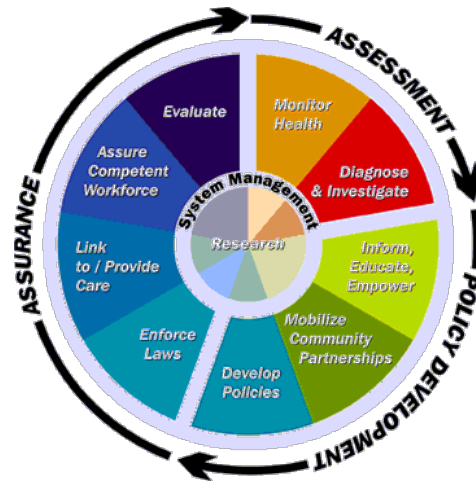
The LPHSA rates the local public health system's performance from Optimal Activity to No Activity. Based on the discussion and ratings, the Seminole County local public health system received high scores in the areas of Diagnose and Investigate (100) and Develop Policies & Plans (89.6). These ratings indicate the Seminole County local public health system has optimal activity or performance in these specific areas. Although they received a significant activity score, the areas of Monitor Health Status and Research & Innovations were identified as the areas for greatest opportunity. It is important to note there were no Essential Service performance areas on the LPHSA that rated less than 50% or as having moderate, minimal or no activity. The overall scores for each Public Health Essential Service are presented in the following chart.

Summary of Average Essential Services Score
Seminole County 2017

Essential Service	Score
Average Overall Score	72.7
ES2: Dignose & Investigate	100
ES5: Develop Policies & Plans	89.6
ES7: Link to Health Services	75
ES4: Mobilize Partnerships	75
ES6: Enforce Laws	72.2
ES3: Educate & Empower	72.2
ES9: Evaluate Services	67.1
ES8: Assure Workforce	61.9
ES1: Monitor Health Status	58.3
ES10: Research & Innovation	55.6

Line color indicates: Optimal Activity (75-100%) Significant Activity (51-75%) Moderate Activity (26-50%) Minimal Activity (1-25%) No Activity (0%)

Forces of Change

The Forces of Change Assessment is designed to identify what is occurring or might occur that could affect the health of a community and the local public health system. The goal of this assessment is to identify what specific threats and/or opportunities may develop due to these occurrences. Six overarching "forces" were assessed to determine current and potential occurrences that could impact Seminole County. he below diagram provides on overview of the Forces of Change Assessment results:

ECONOMIC FORCES	ENVIRONMENTAL FORCES
Cost of health care rising	Clean water
Cost of living is disproportionate to wages	Increase in traffic
Low/fixed income for seniors and disabled	Housing/county-wide building
Aging population	Availability of healthy food
Foreclosures	Zika (diseases)
Social security concerns	
HEALTH FORCES	**POLITICAL FORCES**
Access to care	Access to jobs/education
Shift to preventative care model	Trust in politics/government
Increase in rate of obesity/overweight	Changes in board regulatory functions
Lack of behavioral health resources	Loss of public health & prevention funds
SOCIAL FORCES	**TECHNOLOGICAL FORCES**
Health literacy	Impact of changes (telemedicine)
Prevention vs. treatment	Education/training
Family support	Distracted use of devices
Behavioral health awareness	Confidentiality

Community Themes & Strengths

The Community Themes and Strengths Assessment gathers thoughts, opinions and perceptions of community members to develop a meaningful understanding of impactful issues. Data from Community Conversations, Consumer Surveys and Stakeholder Interviews were collected, and the following themes identified:

Affordable healthcare	Need/access to mental health services
Inactivity due to physical pain/emotional health	Healthy infrastructure (biking and pedestrian)
Substance abuse	Food insecurity
Access to quality/nutritious foods	Chronic conditions (diabetes and obesity)
Affordable housing	Inappropriate use of emergency rooms

PRIORITY AREAS

Through the MAPP process nine priority areas were identified and then prioritized for Seminole County. The top four prioritized areas were selected by MAPP participants for action planning, monitoring and evaluation. The Seminole County Community Health Improvement Planning Committee will work with other dedicated community health partners to implement, monitor and evaluate each action plan activity quarterly to promote plan progression, effectiveness of processes and to foster community health partnerships *(Appendix F: Annual Evaluation Report)*. Implementation of the action plans will ultimately strengthen the public health infrastructure, enhance the planning, research and development of community health partnerships, and promote and support the health, well-being and quality of life for Seminole County residents.

The selected 2017-2020 CHIP priority area action plans are provided below.

PRIORITY 1: HEALTH LITERACY / ACCESS TO CARE

Access to care refers to the ease with which an individual can obtain needed medical services. Access to comprehensive, quality health care services is important for the achievement of health equity and for increasing the quality of a healthy life for everyone.

Goal:	Improve health literacy and access to care for all Seminole County residents.		
Strategy:	Connect individuals at risk with a coordinated support system.		
Objective 1.1:	Establish prioritized baseline health literacy data in key communities of Goldsboro, Winwood and Johnson Hill where known health disparities continue to exist by March 31, 2018.		
Activity	**Baseline**	**Target Date**	**Lead Organization Representative**
1.1.1 Develop community profiles that provide current baseline health literacy data.	Current baseline data not available.	Mar. 31, 2018	DOH-Seminole Epidemiology DOH-Bureau of Community Health Assessment
1.1.1a Develop community profile for Goldsboro that provides current health literacy data.			
1.1.1b Develop community profile for Winwood that provides current health literacy data.			
1.1.1c Develop community profile for Johnson Hill that provides current health literacy data.			

Objective 1.2:	Research evidence based best practice countermeasures, tools and projects both nationally and within the State by December 31, 2017.		
Activity	**Baseline**	**Target Date**	**Lead Organization Representative**
1.2.1 Research health literacy evidence based best practices, tools and projects within state and nationally.	Current baseline data not available.	Dec. 31, 2017	DOH-Seminole Epidemiology
1.2.1a Contact universities for tools and projects that present evidence based best practices.			
1.2.1b Contact public health organizations for tools and projects that present evidence based best practices.			
1.2.1c Contact public health departments, state/national, who have completed health literacy projects to identify evidence based best practices.			

Objective 1.3:	Implement and disseminate action plans to address selected health literacy improvement opportunities by December 31, 2018.		
Activity	**Baseline**	**Target Date**	**Lead Organization Representative**
1.3.1 Assess community profile data to determine health literacy opportunities for improvement within key communities.	Current baseline data not available.	Sept. 30, 2018	Community Health Interventions
1.3.1a Assess community profile data and engage community partners to determine opportunity for improvement, Goldsboro.			
1.3.1b Assess community profile data and engage community partners to determine opportunity for improvement, Winwood.			
1.3.1c Assess community profile data and engage community partners to determine opportunity for improvement, Johnson Hill.			
1.3.2 Implement and disseminate an effective/community driven action plan to address selected health literacy improvement opportunities.		Dec. 31, 2018	Community Health Interventions

Activity	Baseline	Target Date	Lead Organization Representative
1.3.2a Implement and disseminate action plan for Goldsboro	Current baseline data not available.	Dec. 31, 2018	Community Health Interventions
1.3.2b Implement and disseminate action plan for Winwood.			
1.3.2c Implement and disseminate action plan for Johnson Hill.			
1.3.3 Monitor and evaluate action plans to determine impact.			
1.3.3a Monitor and evaluate action plan data to determine impact and next steps for Goldsboro.	Current baseline data not available.	Dec. 31, 2019	
1.3.3b Monitor and evaluate action plan data to determine impact and next steps for Winwood.			
1.3.3c Monitor and evaluate action plan data to determine impact and next steps for Johnson Hill.			

Policy and system level changes needed to address identified causes of health inequity: No changes identified at this time.

Alignment & Resources: *Appendix D: CHIP Alignment* & *Appendix E: CHIP Assets & Resources*

Access to Care Plan Participants
Development of the initial Access to Care action plan was completed during the CHIP planning session by community partners identified below.

Name	Organization	Name	Organization
Patty Caulfield	Seminole County Public Schools	Mirna Chamarro	DOH-Seminole
Juley Cetoute	DOH-Seminole	Tiffany Sherrill	Walgreens
Kelly Pisciotta	Habitat for Humanity	Gloria Rivadeneyra	DOH-Seminole
Jean Zambrano	Shepherd's Hope	Donna Walsh	DOH-Seminole

PRIORITY 2: CHRONIC DISEASES

Chronic diseases and conditions – such as heart disease, stroke, cancer, type 2 diabetes, obesity and arthritis – are among the most common, costly, and preventable of all health problems. In the United States, chronic diseases and conditions and the health risk behaviors that cause them account for most health care costs.

Goal:	Increase the percentage of Seminole County residents at a healthy weight.		
Strategy:	Encourage nutritional and physical activity.		
Objective 2.1:	Decrease the percentage of adults who self-report inactivity or insufficient activity from 53.7% in 2013 to 47% by December 31, 2020.		
Activity	**Baseline**	**Target Date**	**Lead Organization Representative**
2.1.1 Stratify and assess trend data to determine greatest opportunity for improvement related to healthy weight (physical activity/nutrition).	53.7% Florida BRFSS 2013	Dec. 31, 2020	Health and Hunger Taskforce (Second Harvest Food Bank)
2.1.2 Engage community and partners to identify and prioritize reasons for inactivity or insufficient activity within the targeted opportunity for improvement (audience, key factors).			
2.1.3 Develop outreach and engagement plan to identify and implement countermeasures that are targeted at greatest causes for inactivity or insufficient activity. Determine barriers and aids for implementation of countermeasures.			
2.1.4 Monitor and evaluate plan activities to determine impact on reported inactivity/ insufficient activity rates. Identify next steps, and additional opportunities to support continuous improvement.			

Objective 2.2:	Decrease the percentage of adults who self-report being obese from 26.8% to 24% by December 31, 2020.			
Activity		**Baseline**	**Target Date**	**Lead Organization Representative**
2.2.1 Stratify and assess data to determine greatest opportunity for improvement related to obesity.		26.8% Florida BRFSS 2013	Dec. 31, 2020	Health and Hunger Taskforce (Second Harvest Food Bank)
2.2.2 Engage community to identify and prioritize reasons for rates of obesity within targeted opportunity for improvement.				
2.2.3 Develop outreach/engagement plan to implement countermeasures targeted towards greatest reasons for obesity.				
2.2.4 Monitor and evaluate plan to determine impact and next steps to support continuous improvement.				
Objective 2.3:	Develop catalogue of healthy living resources in Seminole County by December 31, 2020.			
Activity		**Baseline**	**Target Date**	**Lead Organization Representative**
2.3.1 Research healthy living (eating, activity) evidence based best practices, tools and projects within state and nationally.		Current baseline data not available.	Dec. 31, 2019	Health and Hunger Taskforce (Second Harvest Food Bank)
2.3.1a Contact universities for tools and projects that present evidence based best practice countermeasures.				
2.3.1b Contact public health organizations for tools and projects that present evidence based best practice countermeasures.				
2.3.1c Contact other public health departments, state and national, who have completed similar healthy living projects to identify evidence-based best practices.				

Activity	Baseline	Target Date	Lead Organization Representative
2.3.2 Develop catalogue of resources in Seminole county based on evidence based best practices within scope of identified resources.	Current baseline data not available.	Dec. 31, 2020	Health and Hunger Taskforce (Second Harvest Food Bank)
2.3.2a Research formats and media for catalogue.			
2.3.2b Develop action plan including timeline, budget and deliverables.			
2.3.2c Implement and monitor action plan to determine impact, additional opportunities and next steps to support continuous improvement.			

Objective 2.4:	Increase the Seminole County Modified Retail Food Environment Score from less than 5 in 2011 to 5-11 by 2020.

Activity	Baseline	Target Date	Lead Organization Representative
2.4.1 Stratify and assess data to determine greatest opportunity for improvement related to food environment.	Modified Retail Food Index Score less than 5: Poor Access	Dec. 31, 2020	Health and Hunger Taskforce (Second Harvest Food Bank)
2.4.2 Engage community to identify and prioritize reasons for current baseline within targeted opportunity for improvement.			
2.4.3 Develop outreach/engagement plan to implement countermeasures targeted towards greatest reasons for current baseline.			
2.4.4 Monitor and evaluate plan to determine impact and next steps to support continuous improvement.			

Objective 2.5:	Implement and disseminate actin plans to address food disparities within Seminole County food deserts by December 31, 2018.			
Activity		**Baseline**	**Target Date**	**Lead Organization Representative**
2.5.1 Implement and disseminate actin plans to address food disparities within Seminole County food deserts by December 31, 2018.		2 CDC	Dec. 31, 2018	Health and Hunger Taskforce (Second Harvest Food Bank)
Objective 2.6:	Reduce the number of adult Seminole County residents who have ever been told they had diabetes from 11.7% in 2016 to 11.0% by December 31, 2020.			
Activity		**Baseline**	**Target Date**	**Lead Organization Representative**
2.5.1 Implement and disseminate actin plans to address diabetes rates within Seminole County by December 31, 2018.		11.7% CHARTS	Dec. 31, 2018	Health and Hunger Taskforce (Second Harvest Food Bank)

Policy and system level changes needed to address identified causes of health inequity:
No changes identified at this time

Alignment & Resources: *Appendix D: CHIP Alignment* & *Appendix E: CHIP Assets & Resources*

Chronic Diseases Plan Participants
Development of the initial Chronic Diseases action plan was completed during the CHIP planning session by community partners identified below.

Name	Organization	Name	Organization
Katherine Beltran	YMCA	Zeenat Rahman	DOH-Seminole
Elizabeth Whitton	Metro Plan Orlando	Angela Ritten	UCF Nursing
Melissa McRory	DOH-Seminole	Venise White	DOH-Seminole
Gloria Wright	Bookertown Improvement Association Inc.		
Ken Peach	Health Council of East Central Florida		
Rufus Boykin	UF/IFAS Seminole Master Gardner		

PRIORITY 3: MATERNAL AND CHILD HEALTH

Maternal and child well-being determines the health of the next generation and can help predict future public health challenges for families, communities and the health care system. Infant and child health are similarly influenced by socioeconomic factors, such as family income, but are also linked to the physical and mental health of parents and caregivers.

Goal:	Decrease black infant mortality rates in Seminole County.			
Strategy:	Promote early prenatal care and education.			
Objective 3.1:	Reduce the Black infant mortality rate from 11.5 in 2014 to 10 per 1,000 live births by December 31, 2019.			
Activity		**Baseline**	**Target Date**	**Lead Organization Representative**
3.1.1 Stratify and assess data to determine greatest opportunity for improvement related to infant mortality.		11.5 per 1,000 live births Florida CHARTS	Mar. 31, 2018	Health Council of East Central Florida / Florida Healthy Babies
3.1.2 Engage community and partners to identify and prioritize reasons for mortality within population.				
3.1.3 Develop outreach and engagement plans, identify, prioritize and implement countermeasures targeted towards greatest opportunity. Determine barriers and aids associated with implementation of countermeasures.				
3.1.4 Monitor and evaluate plan to determine impact, additional opportunities and next steps to support continuous improvement.				
3.1.5 Communicate results to promote sharing of best practices, lessons learned and continuous development.				

Objective 3.2:	Research evidence based best practice countermeasures, tools and projects both nationally and within the State by March 31, 2018.			
Activity	**Baseline**	**Target Date**	**Lead Organization Representative**	
3.2.1 Research infant mortality evidence based best practices, community tools and projects within state and nationally. **3.2.1a** Contact universities for tools and projects that present evidence based best practice countermeasures. **3.2.1b** Contact public health organizations for tools and projects that present evidence based best practice countermeasures. **3.2.1c** Contact other public health departments, state and national, who have completed similar infant mortality projects to identify evidence-based best practices.	Current baseline data not available.	Mar. 31, 2018	Health Council of East Central Florida / Florida Healthy Babies	

Policy and system level changes needed to address identified causes of health inequity: Change needed to support community organizations' dissemination of health literature and education (schools).

Alignment & Resources: *Appendix D: CHIP Alignment* & *Appendix E: CHIP Assets & Resources*

Maternal and Child Health Plan Participants
Development of the initial Maternal and Child Health action plan was completed during the CHIP planning session by community partners identified below.

Name	Organization	Name	Organization
Donna King	Seminole County Government	Christine Watkins	South Seminole Community for Progress
Sarah Wright	DOH-Seminole	Crystal Wagner	DOH-Seminole
Sierra Helfrich	DOH-Central Office	Marie Francois	Center for Multicultural Wellness & Prevention

PRIORITY 4: BEHAVIORAL HEALTH: Mental & Substance Abuse

Individuals with psychological disorders are at a greater risk for decreased quality of life, educational difficulties, lowered productivity and poverty, social problems, vulnerability to abuse and additional health problems. Education is often compromised when early-onset mental disorders prevent individuals from completing their education or successfully pursuing a career.

Goal:	Understand behavioral health needs for adult residents of Seminole County.		
Strategy:	Establish a mental health baseline data profile for Seminole County (adult residents).		
Objective 4.1:	Establish a Seminole County mental health profile for adult residents that includes key indicator data regarding depression by December 31, 2020.		

Activity	Baseline	Target Date	Lead Organization Representative
4.1.1 Consolidate collected indicator data and other key information from research into one catalogue or data base. **4.1.1a** Present catalogue/data base to community and partners. Identify if additional indicator data is needed. **4.1.1b** Finalize catalogue / database reporting requirements including access, timeliness and targeted audience. **4.1.1c** Determine catalogue/data base monitoring plan to ensure relevant and updated data is available for future analysis needs including project impact.	Current baseline data not available.	Dec. 31, 2020	

Activity	Baseline	Target Date	Lead Organization Representative
4.1.2 Stratify and assess data to determine greatest opportunity for improvement related to depression.	Current baseline data not available.	Dec. 31, 2020	Mental Health Association of Central Florida
4.1.3 Engage community and partners to identify and prioritize reasons for rates of depression within targeted opportunity for improvement.			
4.1.4 Develop outreach/engagement plan to implement countermeasures targeted towards greatest reasons for depression.			
4.1.5 Monitor and evaluate plan to determine impact and next steps to support continuous improvement.			
4.1.6 Research health literacy evidence based best practices, tools and projects within state and nationally.	Current baseline data not available.	Jul. 31, 2018	Mental Health Association of Central Florida
4.1.6a Contact universities for tools and projects that present evidence based best practice countermeasures.			
4.1.6b Contact public health organizations for tools and projects that present evidence based best practice countermeasures.			
4.1.6c Contact other public health departments, state and national, who have completed similar mental health profiles to identify evidence-based best practices.			

Objective 4.2:	Reduce deaths caused by opioid use from 34 deaths annually in 2017 to 30 deaths annually by December 31, 2020.			
Activity		**Baseline**	**Target Date**	**Lead Organization Representative**
4.2.1 Stratify and assess data to determine greatest opportunity for improvement related to deaths caused by opioid use.		34 deaths annually	30 deaths annually	Seminole County Opioid Taskforce
4.2.2 Engage community and partners to identify and prioritize reasons for opioid use.				
4.2.3 Develop outreach and engagement plans, identify, prioritize and implement countermeasures targeted towards greatest opportunity. Determine barriers and aids associated with implementation of countermeasures.				
4.2.4 Monitor and evaluate plan to determine impact, additional opportunities and next steps to support continuous improvement.				
4.2.5 Communicate results to promote sharing of best practices, lessons learned and continuous development.				

Policy and system level changes needed to address identified causes of health inequity:
Change needed to support community organizations' dissemination of mental health literature and education. Changes needed to policy regarding acknowledgement of mental health as a potential chronic health condition.

Alignment & Resources: *Appendix D: CHIP Alignment* & *Appendix E: CHIP Assets & Resources*

Mental Health Plan Participants
Development of the initial Mental Health action plan was completed during the CHIP planning session by community partners identified below.

Name	Organization	Name	Organization
Page Barningham	DOH-Lake	Andrew Derry	DOH-Seminole
Todd Dixon	Aspire Health Partners	Tania Slade	DOH-Seminole
Katherine Schroeder	Aspire Health Partners	Christine Watkins	Community Representative
Candy Crawford	Mental Health Association of Central Florida	Maria Bledsoe	Central Florida Cares

APPENDIX A: Community Health Needs Assessment

Public Health Framework

The *Social-Ecological Model of Health (SEM)* is used to holistically describe four social levels of influence that explain the complex interaction between individuals and the social context in which they live, work and play.

Health and well-being is shaped not only by behavior choices of individuals, but also by complex factors that influence those choices. The SEM provides a framework to help understand the various factors and behaviors that affect health and wellness. This model can closely examine a specific health problem in a setting or context.

Data Sources

Picture courtesy of Seminole County Government

PRIMARY
- Consumer Surveys
- Provider Surveys
- Stakeholder In-Depth Interviews
- Community Conversations
- Collaboration County-Level Themes

SECONDARY
- U.S. Census Bureau
- Florida CHARTS
- County Health Rankings
- Hospital Utilization Data
- Healthy People 2020
- American Community Survey
- CDCP BRFSS
- U.S. Department of Health & Human Services
- Hospital Claims Data

In order to promote identification and prioritization of specific areas for improvement, CHNA data outcomes were reviewed with Community Health Improvement participants at the first face to face planning meeting held on February 3, 2017. For comparison, each indicator was measured against the performance of the state of Florida as a whole, as well as Healthy People 2020 (HP2020) objectives. Healthy People is an initiative of the U.S Department of Health and Human Services that provides empirically-based national objectives for improving the health of Americans.

Data highlights included the following:

County Health Rankings Source: County Health Rankings-2016	Rank
	Seminole County
Health Outcomes	5
Length of Life (Mortality)	4
Quality of Life (Morbidity)	21
Health Factors	3
Health Behaviors	10
Clinical Care	16
Socioeconomic	3
Physical Environment	50

County Health Rankings are published by the University of Wisconsin Population Health Institute and The Robert Wood Johnson Foundation to help counties understand what influences the current health of residents, (Health Outcomes) and the health of a county in the future (Health Factors). Health Outcomes, comprised of Length of Life and Quality of Life and Health Factors comprised of Health Behaviors (weighted at 30 percent), Clinical Care (20 percent), Social and Economic Factors (40 percent) and Physical Environment (10 percent). This results in a numerical ranking given to each county in a state.

Out of the 67 counties within the State of Florida, Seminole ranks 5th in overall health outcomes and 3rd in overall health factors. These rankings remain consistent with previous year's results. Since 2011 Seminole has ranked within the top 5 counties for both health outcomes and factors.

Cancer and heart disease are the leading causes of death in Seminole County. The AADR (age adjusted death rate) for these diseases have fluctuated since 2008; however, overall show a downward trend. While the cancer-related AADR has decreased below the HP2020 goal, heart disease is still well above the goal mark of 103.4 per 100,000. Chronic lower respiratory disease and unintentional injury AADR have risen since 2008, with unintentional injury slightly surpassing the 36.4 per 100,000 rates for the HP2020 goal. While cerebrovascular disease AADR had decreased between 2008-2010, it has since increased nearly to its 2008 level, and above the 34.8 per 100,000 rates for the HP2020 goal.

TOP CAUSES OF DEATH-SEMINOLE COUNTY (RATE PER 100,000) (2010-2014)				
CAUSE OF DEATH	2010	2012	2014	HP2020 GOALS
CANCER	161.8	159.2	154.6	161.4
HEART DISEASE	149.3	138.3	147.1	103.4
CHRONIC LOWER RESPIRATORY DISEASE	36.9	39.5	42.4	N/A
CEREBROVASCULAR	28.0	31.0	36.7	34.8
UNINTENTIONAL INJURY	32.1	31.1	37.4	36.4
DIABETES	24.7	27.4	21.0	65.8
ALZHEIMER'S DISEASE	26.4	17.4	24.9	N/A

ADDITIONAL CHNA DATA

Data regarding the below county attributes was also provided to community health improvement planning participants during the first meeting held on February 3, 2017:

Seminole County Community Data	
- Demographics - Economic Conditions - School & Student Demographics - Birth Characteristics - Built Environment - Healthcare Access - Healthcare Providers & Facilities	- Communicable Diseases - Preventative Care - Chronic Conditions - Injuries - Quality of Life/Mental Health - Behavioral Risk Factors

APPENDIX B: MAPP Process

Mobilizing for Action through Planning and Partnerships (MAPP) is a community-wide strategic planning framework for improving public health. MAPP helps communities prioritize their public health issues, identify resources for addressing them, and implement strategies relevant to their unique community contexts.

MAPP helps communities use broad-based partnerships, performance improvement and strategic planning in public health practice. This approach leads to the following:
- Measurable improvements in the community's health and quality of life;
- Increased visibility of public health within the community;
- Community advocates for public health and the local public health system;
- Ability to anticipate and manage change effectively; and
- Stronger public health infrastructure, partnerships and leadership

There are four assessments that inform the entire MAPP Process:

Community Themes and Strengths Assessment provides qualitative information on how communities perceive their health and quality of life concerns as well as their knowledge of community resources and assets.

Local Public Health System Assessment is completed using the local instrument of the National Public Health Performance Standards program (NPHPSP). The NPHPSP instrument measures how well public health system partners collaborate to provide public health services based on a nationally recognized set of performance standards.

Community Health Status Assessment provides quantitative data on a broad array of health indicators, including quality of life, behavioral risk factors, and other measures that reflect a broad definition of health.

Forces of Change Assessment provides an analysis of the positive and negative external forces that impact the promotion and protection of the public's health.

Source: National Association of County & City Health Officials (NACCHO)
http://archived.naccho.org/topics/infrastructure/mapp/upload/MAPPfactsheet-systempartners.pdf

APPENDIX C: County Profile
Seminole County, FL

Location of Seminole County, Florida

Seminole County is located in East Central Florida just north of Orlando. With an estimated population of 437,346, it represents 2.2% of Florida's total population and ranks as the 13th most populous county in the state, according to the U.S. Census Bureau. Seminole County is also the most densely populated county in Central Florida with a total land area of 309.5 square miles and population density of 1,413.17 per square miles. The county is comprised of seven cities and six unincorporated areas represented by twenty-six zip codes and 86 census tracts as of the 2010 Decennial Census. Between the 2000 and 2010 Decennial Census, the population in Seminole County grew by 57,511 persons or a change of 15.75%. The majority (97%) of its population lives in urban areas.

The racial and ethnic makeup of the county consists of Whites (79.6%), Blacks/African Americans (11.6%), Asians (4%), Native Americans (0.2%), and Native Hawaiian and Other Pacific Islanders (0.1%). The population identified as Multiple Races comprises 3%.
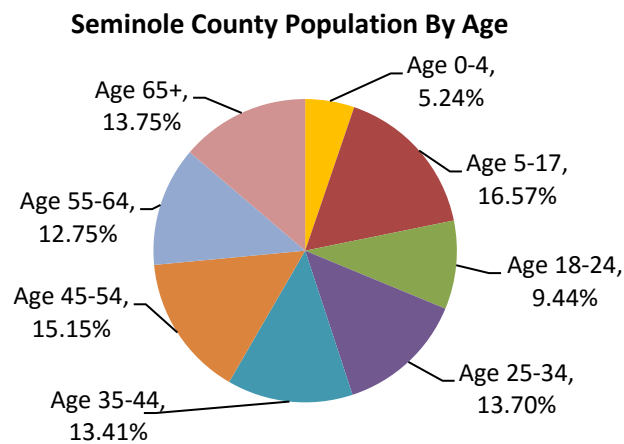
Demographics	Seminole County	Florida State
Population Overview		
Total	437,346	19,645,772
Female	225,800	10,045,763
Male	211,546	9,600,009
Hispanic	18.7%	23.7%
Non-Hispanic	81.2%	76.3%
Median Age	39.1	41.4
Socioeconomic Characteristics		
Poverty Rate below 100%	12.1%	16.5%
% Children living below 100% poverty level	15.8%	24.1%
Median Household Income	$68,725	$57,504
Average Family Income	$92,336	$79,510
Unemployment Rate	4.1	4.6
Source: Community Commons, American Community Survey 2011-2015		

Seminole County Population By Age

- Age 0-4, 5.24%
- Age 5-17, 16.57%
- Age 18-24, 9.44%
- Age 25-34, 13.70%
- Age 35-44, 13.41%
- Age 45-54, 15.15%
- Age 55-64, 12.75%
- Age 65+, 13.75%

Source: Community Commons, ACS 201-2015

Hispanic origin of any race comprised 18.7% of the population, which is lower than the State but higher than the national rate of 17%. Languages other than English are spoken in 19% of homes.

More than half (52%) of the population in Seminole County are female and 48% are male. Overall, the age distribution of Seminole County shows a higher percentage of younger population; only 13.8% are 65 years and above. The median age of 39.1 years is lower than the rest of the State's average of 41.

The median household income in Seminole County was **$68,725** reported by latest 5-year ACS estimates which is higher than the State median household income of $57,504. Median household income is the most widely used measure for income since it is less impacted by high and low incomes. A family's income has the ability to define their access to affordable housing, healthcare, higher education opportunities and food. The percentage of population below 100% Federal Poverty Level (FPL) was 12.1%, which was lower than 16.5% in Florida and national estimates. Likewise, children less than 18 years living in households with income below the FPL poverty are also lower in Seminole County when compared to the state and nation. This creates a false sense of affluence in Seminole County and blinds many to the fact that pockets of low income neighborhoods are dispersed throughout the county.
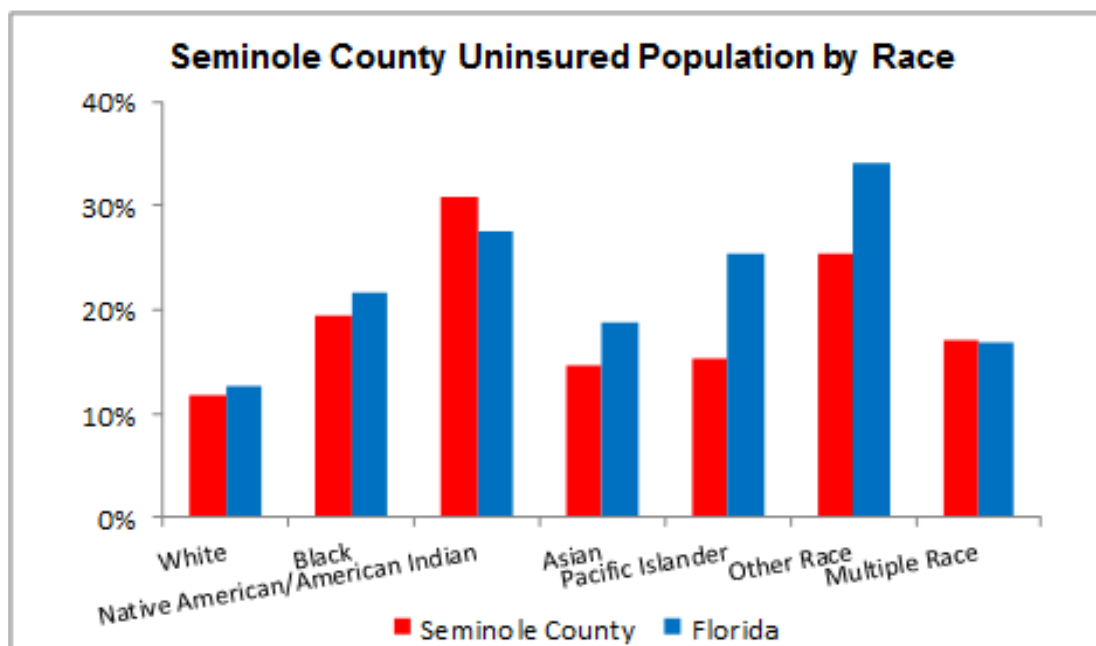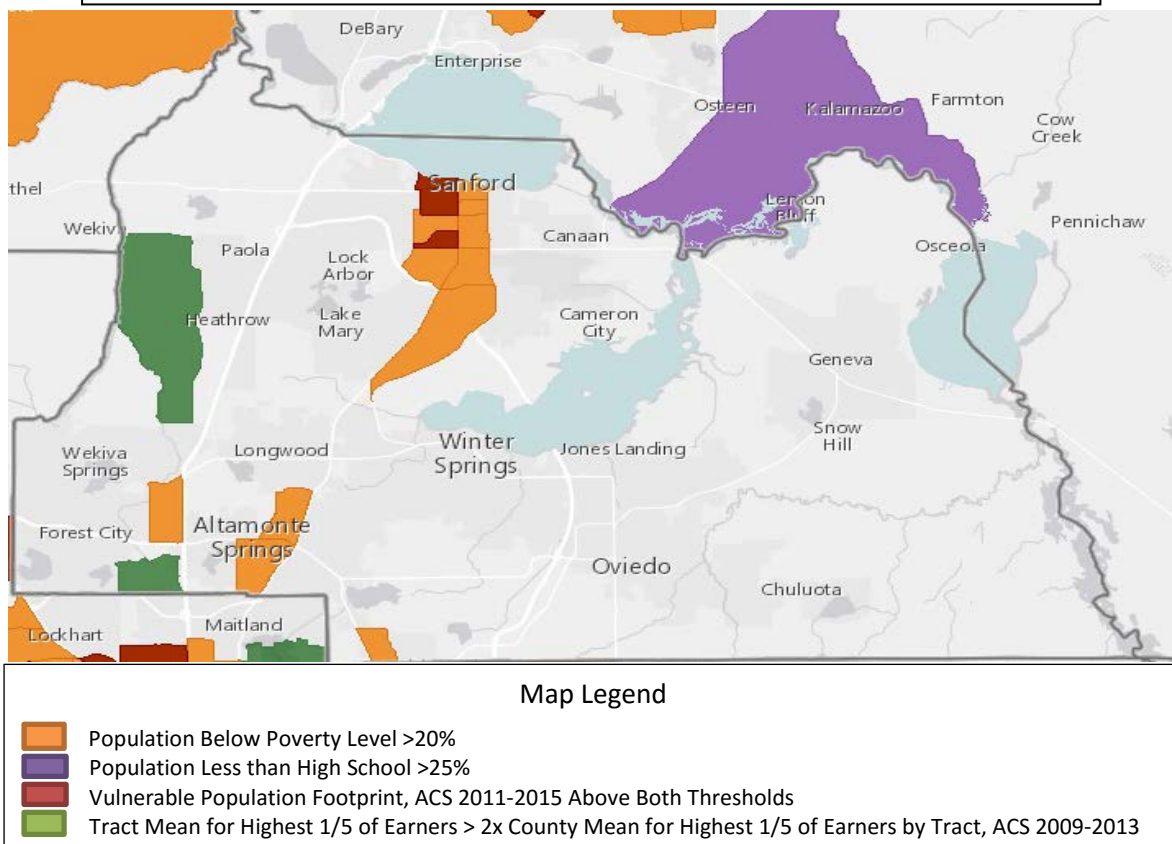

Source: Community Commons, ACS 201-2015

Lack of health insurance is a primary barrier to health access including primary care, specialty care, and other health services that contribute to poor health status. Seminole County has a

lower percentage (15%) of uninsured population than the state (18%). However, when stratified by race, black population has a higher percentage of uninsured compared to white population. Poverty, unemployment and lack of educational attainment are strong predictors of health and healthy behaviors. Seminole County is doing better than the State with high school graduation and higher education rates. The percentage of population 25 years and above with no high school diploma is 7% compared to 13% for the State. The percentage of average freshmen base enrollment is (5,459), **94%** students received their high school diploma within four years. This rate surpasses the Healthy People 2020 Target (82.4%), and both State and national rates of the same measure. Among the Seminole County population age 25+ years, **47%** hold an associate degree or higher; **35%** hold a bachelor's degree or higher. These rates are higher than the State rate and could possibly provide an explanation for the low unemployment rate of the county **(4.1)** compared to the State (4.5). Unemployment rates have steadily been decreasing in Florida since the year 2010. Though the overall rates of educational attainment and income present a bright economic and social environment, when taking a closer look at the county we can see how some areas are disproportionality affected by certain health indicators than others. The map illustrates areas of great need within Seminole County. This map highlights, by census tracts, areas with a high percentage of the population living below the poverty line, and population with low education attainment.

Vulnerable Population Foot Print, Seminole County 2011-15

Map Legend

- Population Below Poverty Level >20%
- Population Less than High School >25%
- Vulnerable Population Footprint, ACS 2011-2015 Above Both Thresholds
- Tract Mean for Highest 1/5 of Earners > 2x County Mean for Highest 1/5 of Earners by Tract, ACS 2009-2013

The map shows the vulnerable population foot print in Seminole County. The threshold for vulnerable population is 20% or more of population living below 100% poverty level and 20% or more population (over 25 years) with less than high school diploma. The darker area depicts more than 20% of population below 100% poverty level and more than 20% population (over 25 years) less than high school diploma. The lighter areas are those with more than 20% population below 100% poverty level, with variable educational level within population. The darker areas are Census Track 205.00 and 203.02 both located in the Sanford area, while those in green depict affluent areas/communities with highest 1/5 income mean and at least twice the county mean.

Picture courtesy of Seminole County Government

APPENDIX D: CHIP Alignment

Both National and State health improvement priorities were considered during the development of the 2017-2020 Seminole County Community Health Improvement Plan. The following diagram provides a visual representation of these alignments.

2017-2020 Seminole CHIP	2017-2020 DOH-Seminole Strategic Plan	2012-2015 DOH Agency SHIP	2016-2018 DOH Agency Strategic Plan	Healthy People 2020
Access to Care Goal: Improve health literacy and access to care for all Seminole County residents.	**Priority Area 1** Health Protection & Promotion HIV/STD Asthma Diabetes Infant Mortality Obesity Cancer	**Access Care 7** Culturally & Linguistically Competent Care		**HC/HIT 1** Improve the health literacy of the population
Chronic Disease Goal: Encourage nutrition and physical activity to increase the percentage of Seminole County residents at a healthy weight.		**Chronic Disease 1** Healthy Weight	**Priority Area 2** Long, Healthy Life Goal: Increase healthy life expectancy	**PA 2** Increase proportion of adults who meet Federal activity guidelines **NWS 9** Reduce adult obesity
Maternal & Child Health Goal: Decrease racial disparity in infant mortality.	**Priority Area 2** Access to Care Services HIA	**Access Care 5** Maternal & Infant Morbidity & Mortality	**Priority Area 1** Healthy Moms & Babies Goal: Reduce infant mortality	**MICH 1.3** Reduce the rate of all infant deaths (within 1 year)
Mental Health Goal: Understand mental health needs for Seminole County adult residents.		**Access Care 3** Behavioral Health Services		**MHMD 9** Increase proportion of adults with mental health disorders who receive treatment

APPENDIX E: Assets & Resources

SEMINOLE COUNTY COMMUNITY HEALTH ASSETS & RESOURCES	
- County Commissioners, leaders, employees (workforce of agency), students, diverse population - Civic groups: Rotary, Lions Club, Chambers of Commerce - Central Florida Partnerships (public, private, independent businesses) - Libraries: Seminole County, computers, books, presentations, workshops, College Libraries (research) - Money: banks, affordable housing, subsidized breakfast/lunch @ schools, service fees - Gov. agencies: Seminole County, 7 municipalities/cities, DOH-Seminole - Areas Agency on Aging - East Central FL. Regional Council, MetroPlan Orlando, Law Enforcement, - ACA/Medicare/Medicaid - Grants/donations: foundation, state/federal gov., NOAA (weather), CDC, DEO (Dept. Economic Opportunity), Economic Development Adm.) - Churches/faith-based: Catholic Charities, Methodist, Lutheran, etc., Health ministries of local churches - Technology: cell phone, computer, apps, fitbits, GPS - Non-gov agencies/CBO programs: - Hispanic Health Initiative, Shepherd's Hope, CMWP, True Health, Meals on Wheels, Kids House - Federally funded programs: WIC, Healthy Start, Tobacco, School Health, Head Start, County Mobile Health Services	- Healthcare providers/primary care/hospitals - Public transportation: Lynx, Sunrail, taxi, Uber, investment in future self-driven cars Food Bank, Senior Resource Alliance, Second Harvest Food Bank of Central Florida, Feed the Need, Harvest Time International, The Sharing Center - Seminole County Public Schools - Community Parks and Trails Healthy Schools, LLC - Meals on Wheels - School-based sealant program - Boys & Girls Club/Boys Town - Leadership Seminole - Homeless Coalition, taskforce - Families in Need program - Seminole State College/UCF - Food Trucks - Famer's market (Fresh Stop, mobile farmer's market) - Emergency Management (EMS) - University of Florida Extension Services - YMCA - Silver Sneakers/Senior Group - Nemours, Orange Blossom Family Health Center, Epilepsy Assoc. - Head Start - Vision Quest - BJs, Publix, Walgreens, etc. Businesses - Hebni Nutrition Fresh Stop bus - Domestic Violence Shelters (Safe House) - LINC – Suicide Prevention - Human Trafficking (Sheriff's Office) - Seminole Prevention Coalition - Autism screening (Nemours) 5-2-1-0 - MRC/Red Cross - Salvation Army - Healthy Seminole Collaboration

APPENDIX F: Annual Evaluation Report

Florida Department of Health in Seminole County Community Health Improvement Plan Progress Reporting Tool

Strategic Issue Area:												
Goal:												
Strategy:												
Objective 1.1:												

Measures	Baseline	Direction of Change	Unit of Measurement	Current				Total	Year 2 Target	Year 3 Target	Data Source	Measure
				Q1	Q2	Q3	Q4					

Activity 1.1.1				
Description	Person Responsible	Anticipated	Stat	Activity

Actions					
Description	Action Status	Deliverables/Outputs of Action	Key Partners/Contractors	Actual Start Date	Finish/End Date
1.1.1.1					
1.1.1.2					

Q1	Activity Progress and Comments
CONTRIBUTING PARTNERS	
PARTNER CONTRIBUTIONS	
FACILITATING FACTORS OF SUCCESS	
BARRIERS/ISSUES ENCOUNTERED	
PLANS TO OVERCOME BARRIERS/ISSUES	
UNANTICIPATED OUTCOMES (optional)	
OVERALL ACTIVITY DELIVERABLES	
Q2	**Activity Progress and Comments**
CONTRIBUTING PARTNERS	
PARTNER CONTRIBUTIONS	
FACILITATING FACTORS OF SUCCESS	
BARRIERS/ISSUES ENCOUNTERED	
PLANS TO OVERCOME BARRIERS/ISSUES	
UNANTICIPATED OUTCOMES (optional)	
OVERALL ACTIVITY DELIVERABLES	
Q3	**Activity Progress and Comments**
CONTRIBUTING PARTNERS	
PARTNER CONTRIBUTIONS	
FACILITATING FACTORS OF SUCCESS	
BARRIERS/ISSUES ENCOUNTERED	
PLANS TO OVERCOME BARRIERS/ISSUES	
UNANTICIPATED OUTCOMES (optional)	
OVERALL ACTIVITY DELIVERABLES	
Q4	**Activity Progress and Comments**
CONTRIBUTING PARTNERS	
PARTNER CONTRIBUTIONS	
FACILITATING FACTORS OF SUCCESS	
BARRIERS/ISSUES ENCOUNTERED	
PLANS TO OVERCOME BARRIERS/ISSUES	
UNANTICIPATED OUTCOMES (optional)	
OVERALL ACTIVITY DELIVERABLES	

APPENDIX G: Data Sources & References

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