

# Florida Hospital Altamonte

*2016 Community Health Needs Assessment*



# Table of Contents

<b>3</b>	<b>Introduction</b>
<b>4</b>	<b>Executive Summary</b>
6	Methods for Engaging the Community in the Assessment
<b>7</b>	<b>Florida Hospital Community Health Needs Assessment Process</b>
7	Multi-county Assessment
7	County- and PSA-level Concerns
7	Campus Priorities
<b>8</b>	<b>Hospital Description</b>
<b>8</b>	<b>Hospital Service Area</b>
8	ZIP Codes and Map
8	Community Description
9	Demographic Profile: Altamonte Springs
9	Population by Age
9	Population by Gender
10	Population by Race/Ethnicity
<b>11</b>	<b>Multi-county Assessment Methodology</b>
11	Secondary Data
11	Hot Spotting
12	Primary Data
12	Consumer Survey
12	Provider Survey
12	Stakeholder In-depth Interviews
14	Community Conversations
14	Retrospective Data Evaluation
14	Collaboration County-level Themes
14	Campus-level Themes
<b>15</b>	<b>Data Summary</b>
15	Secondary Data
15	County Economic Demographics
16	Chronic Diseases
18	Health Disparities
19	Preventative Care
20	Maternal and Child Health
24	Quality of Life and Mental Health
27	Food Access
28	Healthcare Access and Utilization
31	Hot Spotting Map (Inpatient)
35	Hot Spotting Map (Uninsured ER/Outpatient)
39	Primary Data
39	Consumer Survey
39	Provider Survey Themes
40	Stakeholder Interviews
40	Community Conversations
41	Collaboration County-level Themes
41	2013 CHNA Priorities
<b>42</b>	<b>2016 CHNA Priorities: Florida Hospital Altamonte</b>
<b>45</b>	<b>Synthesized Themes</b>
<b>48</b>	<b>Appendix</b>
48	Community Assets
80	Written Comments from the 2013 CHNA
80	Review of the Strategies Undertaken in the 2013 Community Health Plan

## Introduction

**Community engagement is the process of working collaboratively with and through groups of people affiliated by geographic proximity, special interest or similar situations to address issues affecting their well-being. It is a powerful vehicle for bringing about environmental, cultural, health and behavioral changes that will improve the quality of life of the community. It often involves partnerships and coalitions that help mobilize resources and influence systems, change relationships among partners, and serve as catalysts for changing policies, programs and practices.**

Florida Hospital and its community partners engaged Impact Partners, LLC to conduct its 2016 Community Health Needs Assessment. Impact Partners conducts community engagement/assessment projects across the United States. Since each community is unique, the approach to better understanding a community's need is aligned with the Social-Ecological Model. The Social-Ecological Model is a comprehensive approach to health and urban planning that not only addresses a community's or individual's risk factors, but also the norms, beliefs, and social and economic systems that create the conditions for poor community health outcomes.

Impact Partners subscribes to the notion that social, natural and physical environments in which people live, as well as their lifestyles and behaviors, can influence their quality of life and health outcomes. Communities can achieve long-term quality of life improvements, prosperous economies, and happy and healthy neighborhoods when ordinary citizens become involved and work together to affect change and can influence the direction of a community, not just people who already have power.

The new economy is simply this: when communities invest in quality of life assets and infrastructure, their economies grow and people prosper. Period.

Florida Hospital conducted its 2016 Community Health Needs Assessment (CHNA) in two parts: a regional needs assessment for four counties in Central Florida (Lake, Orange, Osceola and Seminole Counties) followed by assessments focused on and tailored to the nine hospital facilities in these counties.

Impact Partners worked to build on top of the last CHNA conducted by the Central Florida Community Benefit Collaboration ("the Collaboration") in 2013 in order to maintain the integrity of the original benchmark data, to evaluate the progress of the previous priorities by comparing historical benchmark data and to measure long-term progress.

The content that follows includes data from a number of sources about Seminole County and Florida Hospital Altamonte's primary service area (PSA), as well as a description of the process of choosing the top health priorities based on this data. This report does not include all of the indicators analyzed in the multi-county CHNA; rather, it offers a condensed and consolidated picture of the concerns of this specific campus of Florida Hospital. This data was used by a group of Florida Hospital administrators and community stakeholders to determine feasible and impactful priorities for the community that Florida Hospital Altamonte serves. The priorities chosen and the process that was followed is outlined in this report. Further, a separate report reflecting the work of the larger, multi-county CHNA has been disseminated to each of the Collaboration partners, including Florida Hospital, Orlando Health, South Lake Hospital, in affiliation with Orlando Health, Aspire Health Partners and multiple county health departments.

This document is specific to **Florida Hospital Altamonte**.

## Executive Summary

In Central Florida, there is a well-established tradition of healthcare organizations, providers, community partners and individuals committed to meeting local health needs. The region is home to several respected hospitals that are ranked in the nation's top 100, a Level One Trauma Center, nine designated teaching hospitals and the University of Central Florida College of Medicine. Even with the current economic challenges and healthcare's changing landscape, these organizations remain committed to serving Central Florida.

In spite of the region's dedication to meeting local health needs, there is still work to be done. In the center of the Sunshine State, more than 2.3 million people live in Lake, Orange, Osceola and Seminole Counties. Of these residents, approximately 6.2 percent are unemployed; poverty rates have increased by 64 percent since 2000; childhood poverty is up 51 percent over the same period; the cost of housing is a burden for many; emergency rooms (ERs) continue to be over-utilized; access to healthy, nutritious food is not guaranteed; and homelessness persists.

These societal challenges often prevent Central Floridians from achieving the level of social, physical, environmental and spiritual well-being that is necessary for maintaining health and quality of life. CHNAs take into account these four areas of well-being, serve as a baseline of health status in a given community, and are used to plan social and medical interventions relevant to the population.

Four not-for-profit hospitals — Florida Hospital, Orlando Health, South Lake Hospital, in affiliation with Orlando Health and Aspire Health Partners — alongside the Florida Department of Health in Lake, Orange, Osceola and Seminole Counties collaborated in 2015 and 2016 to create a CHNA for Lake, Orange, Osceola and Seminole Counties. The CHNA describes the health of Central Floridians for the purpose of planning interventions relevant to the community and to fulfill the IRS Community Benefit requirements for all licensed not-for-profit hospitals.

A number of indicators about physical, behavioral and mental health; built environment; as well as healthcare access, utilization and insurance coverage were evaluated using both secondary and primary data including hospital claims data. Secondary data were gathered on the county level from the U.S. Census Bureau, including the American Community Survey; Florida Community Health Assessment Resource Tool Set (CHARTS); the Centers for Disease Control and Prevention (CDC) Behavioral Risk Factor Surveillance System (BRFSS) Data; County Health Rankings; The Central Florida Cares Health System (CFCHS) 2015 Behavioral Health Needs Assessment\*; and hospital utilization data. More geographically specific data about hospital utilization were gathered by claims data and visually represented with hot spotting techniques. Primary data included hospital claims data, surveys distributed to both providers and consumers, in-depth interviews with community stakeholders, and community conversations within Seminole County and Florida Hospital's PSA.

\*Central Florida Cares Health System, Inc. (CFCHS) is the managing entity overseeing state-funded mental health and substance abuse treatment services in four counties in Central Florida: Brevard, Orange, Osceola and Seminole. Three of those counties fall within the purview of the Central Florida Health Needs Assessment (CHNA): Orange, Osceola and Seminole. Basic conclusions from the 2015 Behavioral Health Needs Assessment were included in the CHNA reports to supplement the secondary and primary mental health data gathered by Impact Partners.

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 how healthy residents are now (Health Outcomes) and how healthy a county will be in the future (Health Factors). Health Outcomes weigh Length of Life and Quality of Life equally and Health Factors are comprised of Health Behaviors (weighted at 30 percent), Clinical Care (20 percent), Social and Economic Factors (40 percent) and Physical Environment (10 percent). This results in a number of rankings given to each county in a state. Thus, decision-makers in said counties can see how they stack up relative to the other counties in their state on each of the aforementioned eight measures. They can also help these same decision-makers pinpoint areas of focus to improve the health and well-being of the residents. All 67 counties in Florida receive rankings. Seminole County’s health rankings for 2015 are listed below.

### Seminole County Health Rankings (2015)

HEALTH OUTCOMES	HEALTH FACTORS	LENGTH OF LIFE	QUALITY OF LIFE	HEALTH BEHAVIOR	CLINICAL CARE	SOCIAL & ECONOMIC FACTORS	PHYSICAL ENVIRONMENT
4	4	4	6	12	20	4	37

Source: County Health Rankings and Roadmap - The Robert Wood Johnson Foundation Program

All of these data were used to identify the top health priorities in each county. Utilizing this larger assessment data as a foundation, Florida Hospital conducted individual assessments for each of the nine Florida Hospital campuses located in this Central Florida region:

- Florida Hospital Altamonte – Seminole County
- Florida Hospital Apopka – Orange County
- Florida Hospital Celebration Health – Osceola County
- Florida Hospital East Orlando – Orange County
- Florida Hospital Kissimmee – Osceola County
- Florida Hospital Orlando – Orange County
- Florida Hospital for Children – Orange County
- Florida Hospital Waterman – Lake County
- Winter Park Memorial Hospital, a Florida Hospital – Orange County

This document is a campus-specific CHNA for **Florida Hospital Altamonte** and the community it serves.

## Methods for Engaging the Community in the Assessment

The 2016 Community Health Needs Assessment for the Central Florida region and the seven Florida Hospital campuses in Orange, Osceola and Seminole Counties was built on input from people representing the broad (and local) community, as well as low-income, minority and other medically underserved populations. This input was solicited throughout 2016, and was gathered and considered in multiple ways:

1. Each hospital campus had a Community Health Needs Assessment Committee/Task Force (CHNAC) that included representatives of the hospital and community with a special focus on underserved populations within the hospital community/service area. Those members of the Committee who serve members of minority, low-income and other medically underserved populations are indicated in the listing. The Committee met twice in 2016, and also participated in an online survey to confirm the priority issues discussed in the first meeting.

The Committee's role was to guide the Assessment process and select the priority issues for the hospital's community. Specific Committee functions include:

- a. Review of all primary and secondary data
  - b. Prioritization of key issues identified in the Assessment
  - c. Selection of Priority Issues to be addressed by the hospital
  - d. Assistance with the development of a Community Asset Inventory (see Section 9)
  - e. Participation in community stakeholder surveys
  - f. Development of the Community Health Plan (implementation strategies) to address the Priority Issues identified in the Assessment
2. Consumer surveys
  3. Provider surveys
  4. Community conversations
  5. In-depth community stakeholder interviews
  6. Public Health input and expertise
    - a. Membership on the Community Health Needs Assessment Committee
    - b. Reliance on Public Health input and expertise throughout the Assessment process
    - c. Use of Public Health data
  7. Participation in other community health collaborations representing a broad cross-section of the community

## Florida Hospital Community Health Needs Assessment Process

### Multi-county Assessment

The multi-county assessment that covered Lake, Orange, Osceola and Seminole Counties was conducted by the Central Florida Community Benefit Collaboration. This Collaboration includes Florida Hospital, Orlando Health, Aspire Health Partners, and the Florida Department of Health in Lake, Orange, Osceola and Seminole Counties. The Collaboration engaged Impact Partners to collect and compile the assessment data.

### County- and PSA-level Common Concerns

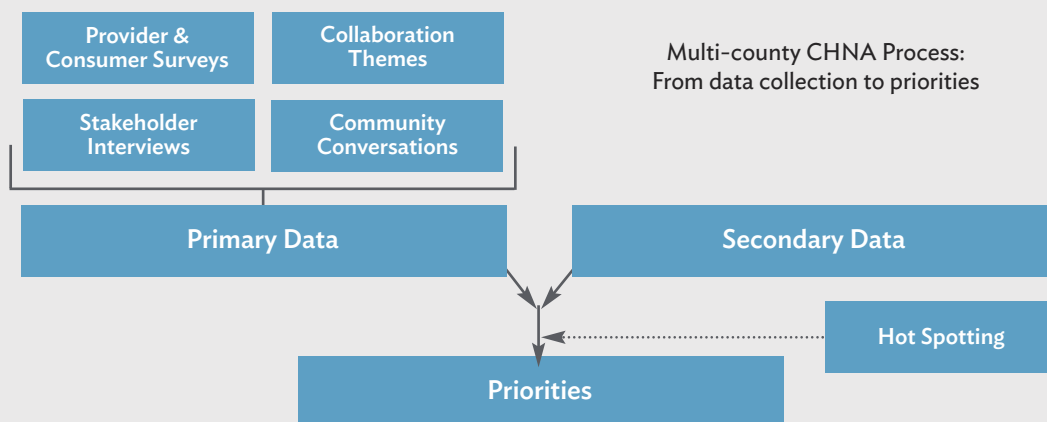
The multi-county assessment integrated a number of secondary and primary data and claims data to generate lists of common concerns for the region as a whole, as well as for each county. County-, ZIP code- and neighborhood-level data were then combined with demographic indicators and built environment (social determinants) for the PSAs of each of the Florida Hospital campuses.

### Campus Priorities

Florida Hospital also created campus-specific CHNA taskforces that considered the county- and PSA-level concerns and worked to select a top priority for the hospital to address. These taskforces were comprised of hospital campus leadership, public health experts and community stakeholders that represented low-income, minority and other underserved populations from each campus PSA. The Collaboration’s CHNA data findings were reviewed with each taskforce, as well as the campus-specific hot spot. The taskforces then discussed and deliberated which health concern was the top priority to the hospital based on the following questions:

1. How acute is the need? (based on data and community concern)
2. What is the trend? Is the need getting worse?
3. Does the hospital provide services that relate to the priority?
4. Is someone else — or multiple groups — in the community already working on this issue?
5. If the hospital were to address this issue, are there opportunities to work with community partners?

Based on the similar topics that emerged from these discussions, as well as post-surveys collected from community stakeholders after the meetings, Florida Hospital chose a three-part, primary Priority Issue for all campuses: **Access to Care – Preventative, Primary and Mental Health.**



## Hospital Description

Florida Hospital Altamonte is the largest and most comprehensive hospital in Seminole County. Located in southwest Seminole County, it has 398 acute care beds and is home to the Center for Spine Health, the Baby Place, Heartburn and Acid Reflux Center, and the Breast Imaging Center of Excellence. It also includes a comprehensive cancer institute and is part of a nationally recognized cardiac institute with a spectrum of diagnostic services and treatments. Other services include women's health, orthopedics, urology, inpatient rehabilitation, sleep services, digestive health, sports medicine and rehabilitation, as well as a robust robotic surgery program and imaging services. The PSA includes all jurisdictions within the county except for Geneva. Northwestern Orange County is also included in the service area and includes Zellwood, Apopka, Eatonville and Maitland.

## Hospital Service Area

### ZIP Codes and Map

The PSA for Florida Hospital Altamonte includes 12 Seminole County communities:

- Sanford (32771, 32773)
- Lake Mary (32746)
- Apopka (32712, 32703)
- Wekiwa Springs (32779)
- Longwood (32750)
- Winter Springs (32708)
- Oviedo (32765)
- Altamonte Springs (32714, 32701)
- Lockhart (32810)
- Maitland (32751)
- Casselberry (32707)
- Goldenrod (32792)



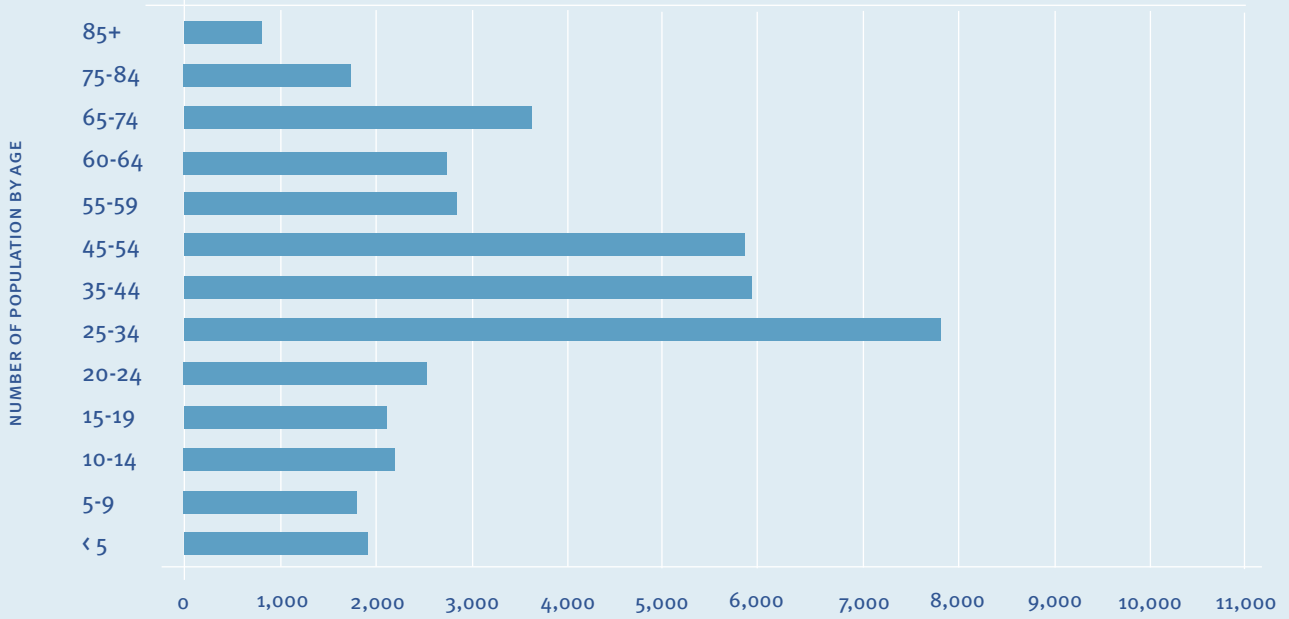
### Community Description

Altamonte Springs is a suburban city located primarily in Seminole County, Florida. This 309.2 square-mile county sits between Orange County to the south and Volusia County to the north. It is the second smallest county in the state of Florida. As of 2014, it had an estimated population of more than 42,000 residents. Seminole County is 40 minutes from the beach on the east coast and 30 minutes from the City of Orlando. The City of Altamonte Springs directly borders the City of Orlando and is part of the Orlando-Kissimmee-Sanford Metropolitan Statistical Area. The median age in Altamonte Springs is 39.6 years old. Just over 23 percent of residents consider themselves Hispanic or Latino, and 81 percent of residents self-identify as White.



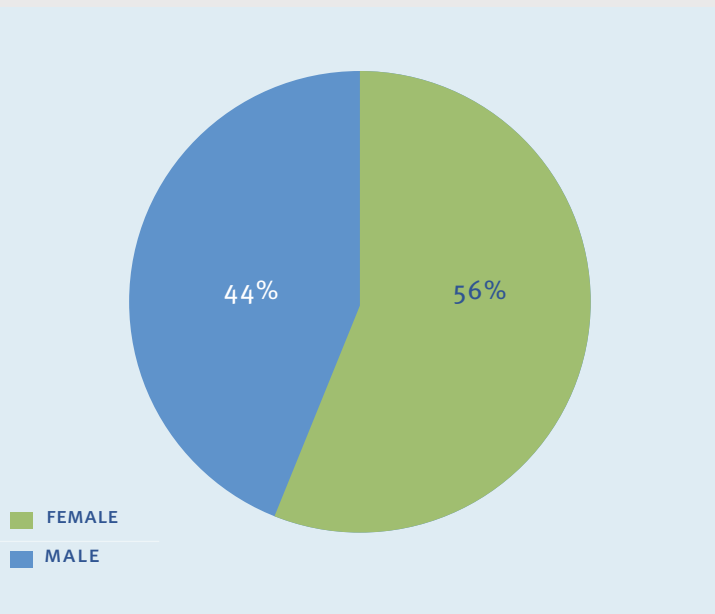
## Demographic Profile: Altamonte Springs

### Population by Age (2010-2014)



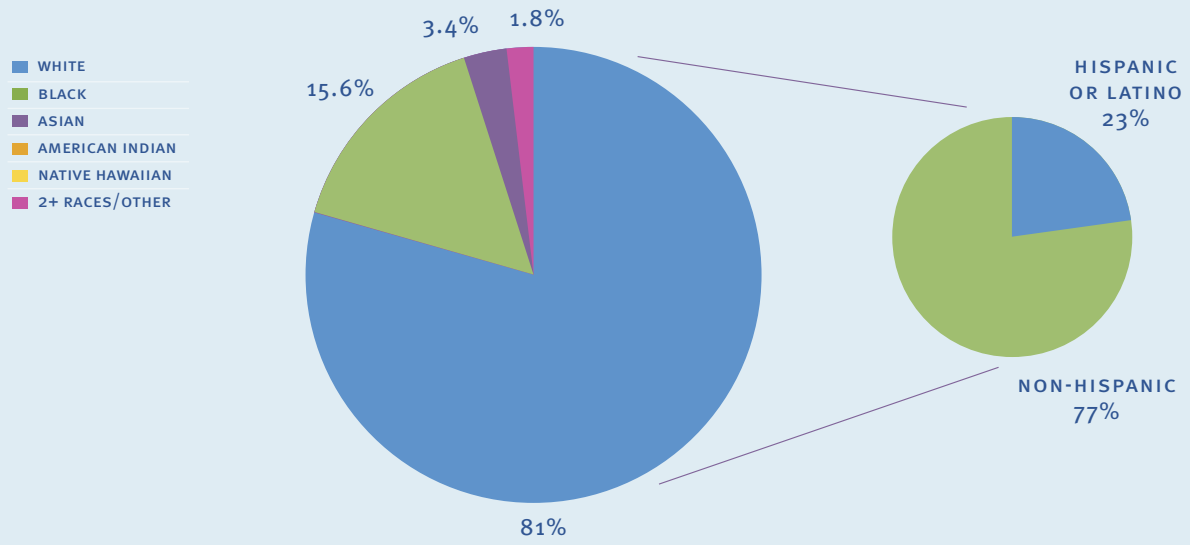
Source: U.S. Census Bureau, 2010-2014 American Community Survey 5-Year Estimates

### Population by Gender (2010-2014)



Source: U.S. Census Bureau, 2010-2014 American Community Survey 5-Year Estimates

Population by Race/Ethnicity (2010-2014)



Source: U.S. Census Bureau, 2010-2014 American Community Survey 5-Year Estimates

## Multi-county Assessment Methodology

The multi-county assessment covering Lake, Orange, Osceola and Seminole Counties integrated secondary and primary data to generate common themes and issues for the region as a whole and on the county level. Secondary data about health indicators, healthcare utilization and insurance coverage were gathered from sources including the U.S. Census, Florida CHARTS, BRFSS Data, County Health Rankings and the American Community Survey. Primary data sources included a consumer survey, a provider survey, in-depth interviews with community stakeholders and community conversations.

### Secondary Data

Existing data collected by other entities were utilized in the assessment. These data sources included the U.S. Census Bureau, including the American Community Survey; Florida Community Health Assessment Resource Tool Set (CHARTS); the CDC's BRFSS Data; County Health Rankings; and hospital utilization data. These resources provide data related to specific health indicators, built environment, healthcare access and utilization, and health insurance coverage.

### Hot Spotting

Patients who frequently over-utilize healthcare services typically suffer from multiple chronic conditions, requiring frequent care provided by a number of different providers. Many also have complicated social situations that directly impact their ability to get and stay well. Too often, high-utilizer patients experience inefficient, poorly coordinated care that results in multiple trips to ERs and costly hospital admissions. Using open-source data and health insurance claims data from Florida Hospital standardized to the population across census tract, this method allows you to locate “hot spots” for patients over-utilizing the healthcare system and map where they live — down to the city block.

In addition to the standard health insurance claims data in most hot spotting projects, the hot spotting in this assessment includes economic variables and conditions, and the insertion of sophisticated geospatial environmental data to analyze the correlation among healthcare utilization, health disparities, mortality rates/life expectancy, socio-economics and the environmental conditions in which people live. Such data includes, where available, data sets such as street grids, traffic signalization and counts, location of bus stops, commuter rail stations, bike lanes and multi-use trails; land use and zoning; parks/open space, schools, landfills, brownfields, etc.; parcel data to determine locations of fast food, supermarkets, tobacco shops, liquor stores, convenience stores, etc.; crime and pedestrian crash data; and water/sewer districts.

## Primary Data

### *Consumer Survey*

The survey was distributed both in hard copy (1,407) and electronically via SurveyMonkey (291) with a total of 1,698 responses. While most respondents completed the survey in English, 331 were completed in Spanish, six in French and three in Creole. Data screening measures ensured that the surveys analyzed were valid and provided useful data. First, survey responses were screened based on answers to two conflicting items from the public safety subscale. Responses that had similar answers to these two opposing questions were assumed to be invalid and dismissed. Second, rather than discard an entire survey if it was incomplete, these cases were scanned for any subscales of the survey that were complete. The responses to completed subscales were included in the analysis. Finally, surveys with unidentified ZIP codes were not included in the final analysis. After data screening, 1,235 responses were analyzed.

### *Provider Survey*

This survey, distributed electronically, included responses from 145 participants. The questions were mostly open-ended and explored respondents' views on the community's deficits given a holistic definition of a healthy community, issues related to healthcare services and forces of change in the community.

### *Stakeholder In-depth Interviews*

Interviews were conducted with 16 community stakeholders. Each interview lasted an average of 65 minutes. After each interview was fully transcribed, they were analyzed using qualitative analysis principles from NVivo 11. First, a basic word frequency was run for each question and related set of questions. Then, this word frequency was expanded to include words similar to those with the highest frequency. Finally, the context of the most frequently-used words and phrases were examined to generate themes.

The structured interviews asked questions about the following topics:

- Community Health & Wellness Subscale
  - Physical
  - Mental and Behavioral Health
  - Environmental Health
  - Social Health
- Risk Factors Subscale
  - Health-promoting Behaviors
  - Sickness and Death Behaviors

- Healthcare Access Subscale
  - Primary Healthcare
  - Specialty Healthcare
  - ER and Urgent Care
  - Mental and Behavioral Healthcare
  - Dental Care
- Forces of Change Subscale

Basic information for each stakeholder is outlined below:

Demographic Info for Stakeholder Participants from In-depth Interviews

SECTOR	SELF-ID RACE/ETHNICITY	GENDER
ER PHYSICIAN/GOVERNMENT	WHITE/LATINO	M
FOOD SECURITY	WHITE	F
HISPANIC HEALTH	LATINO	F
DEPARTMENT OF CHILDREN & FAMILIES	WHITE	M
HEALTHCARE	BLACK/AFRICAN AMERICAN	M
LAW ENFORCEMENT	BLACK/AFRICAN AMERICAN	M
FEDERALLY QUALIFIED HEALTH CENTER	BLACK HAITIAN	F
HOMELESS COALITION	WHITE	F
BEHAVIORAL HEALTH	WHITE	M
FAITH COMMUNITY/ INTERFAITH COMMUNITY	WHITE	M
URBAN LEAGUE	BLACK	M
SPECIALTY CARE	WHITE	F
EDUCATION	WHITE	F
COMMUNITY CONVENER	WHITE	F
AGING	WHITE	F
BUSINESS	WHITE/LATINO	F
ER PHYSICIAN	WHITE	M

### **Community Conversations**

Six community conversation sessions took place with a total of 102 participants. These conversations employed the World Café/Cross Pollination method. Each participant was seated at a table with other participants. Each table engaged in conversation, writing down key thoughts and ideas on cards or sketching them out on paper. After 20-30 minutes, participants were asked to change tables, carrying thoughts from their previous table to their new group. Throughout the process, a “table host” stayed behind at each table to share the insights of their previous discussion with the new arrivals. After these small-group rounds, all participants convened for a large-group conversation and collective knowledge was harvested.

### **Retrospective Data Evaluation**

The Collaboration conducted a retrospective data evaluation by looking backward and examining the priorities selected during the last CHNA and evaluated their relevancy to date. The Collaboration also reviewed and evaluated the progress of the Strategic Implementation Plans addressing these previously agreed upon priority areas.

### **Collaboration County-level Themes**

Members of the Collaboration developed a distilled list of county-level areas of concern based on the knowledge that each of them brought to the group about the needs of the residents in each county. Initially, any area of concern was heard and added to a list. Then the group worked together in multiple rounds of voting to drill down from dozens of topics to 10 areas of concern for Seminole County.

### **Campus-level Themes**

Because Florida Hospital has nine campuses in the greater Orlando area, Florida Hospital created campus-specific Community Health Needs Assessment Taskforces that considered the county- and PSA-level concerns and worked to select a top priority for each hospital to address. The goal was to ensure that Florida Hospital addressed the unique community needs of each campus facility. These taskforces were comprised of hospital campus leadership, public health experts and community stakeholders who represented low-income, minority and other underserved populations from each campus PSA. Each taskforce reviewed the Collaboration’s CHNA data findings, as well as the campus-specific hot spots.

## Data Summary

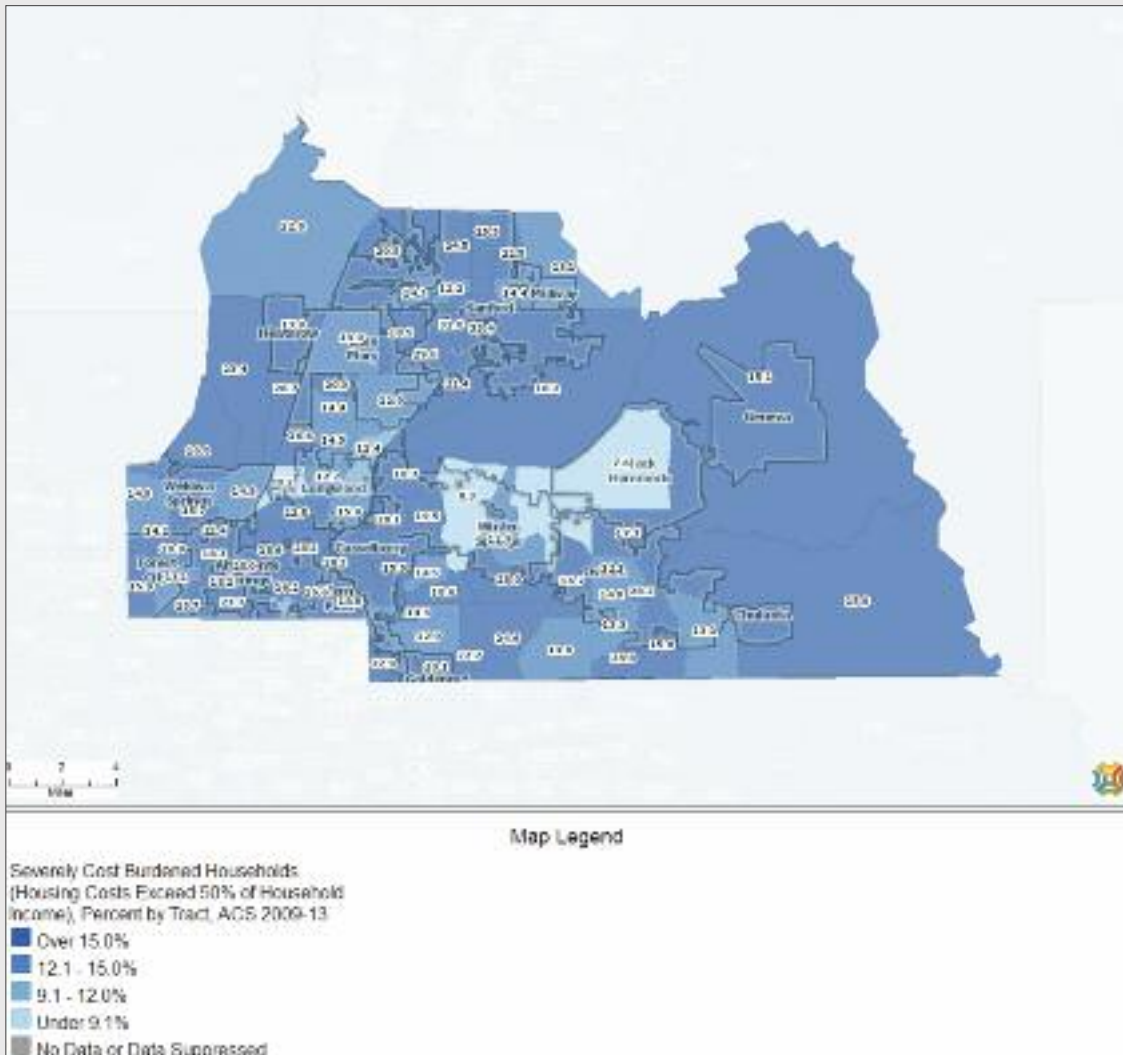
### Secondary Data

Because data on the indicators examined for this assessment are measured on the county level, the data that follow reflect statistics and figures for Seminole County, Florida.

### County Economic Demographics

Since 2000, Seminole County has had a median household income that is well above that of the state of Florida. However, the county has also seen a 74 percent increase in the poverty level between 2000-2014. A similar increase in children living below the poverty level has taken place — a 59 percent increase between 2000-2013. It should be noted that this area’s population is heavily employed within the tourism industry in Central Florida contributing to individuals who are underemployed or holding multiple part-time jobs versus full-time employment. In 2014, 42 percent of Seminole County residents spent 35 percent or more of their income on rent and 41 percent reported being cost burdened or severely cost burdened by the cost of their housing. The number of homeless individuals in Seminole County has fluctuated significantly since 2008 (see table on next page). Further, three percent of Seminole County’s student population is homeless.

### Severely Cost Burdened by Census Tract ACS (2009-2013) - Seminole County



## Seminole County Homeless Count

2008	2009	2010	2011	2012	2013	2014	2015	2016
561	368	397	810	658	842	275	344	210

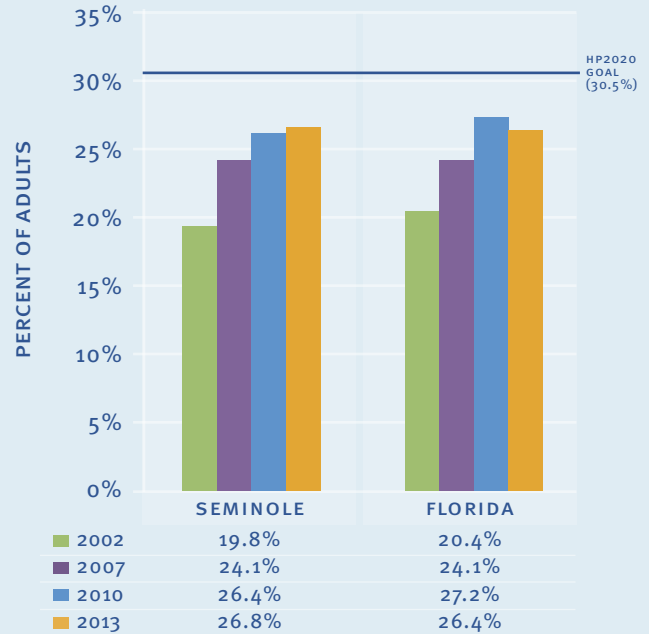
Source: 2015 Point-in-Time County, Homeless Services Network of Central Florida

### Chronic Diseases

Overall, the most recent data on chronic diseases for Seminole County reflect data that are in stride with or more positive than the statewide level. However, there is still room to improve on many indicators relative to the U.S. Department of Health & Human Services' Healthy People 2020 (HP2020) goals.

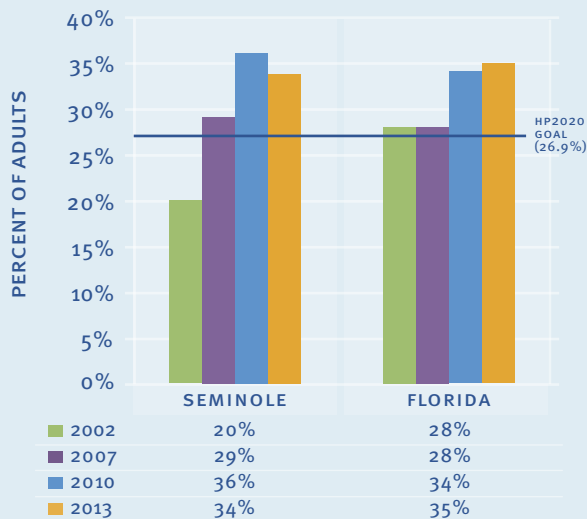
While the percentage of obese adults in Seminole County has increased from 19.8 percent in 2002 to 26.8 percent in 2013, the county is still below the HP2020 goal of 30.5 percent and only marginally above the state-level figure.

### Adults Who Are Obese (2002-2013)



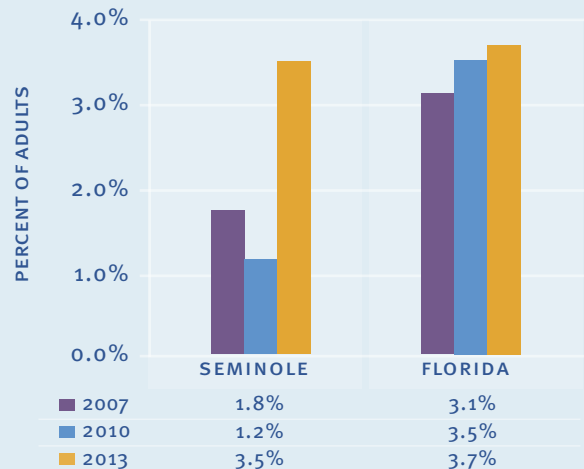
Source: Florida Charts, 2016: Florida Behavioral Risk Factor Surveillance System  
This chart reflects the most current open-sourced data available at the time the report was printed.

### High Blood Pressure Prevalence - Adults (2002-2013)



Source: Florida Charts, 2015: Florida BRFSS. This chart reflects the most current open-sourced data available at the time the report was printed.

### Adults Who Have Ever Been Told They Had a Stroke (2007-2013)



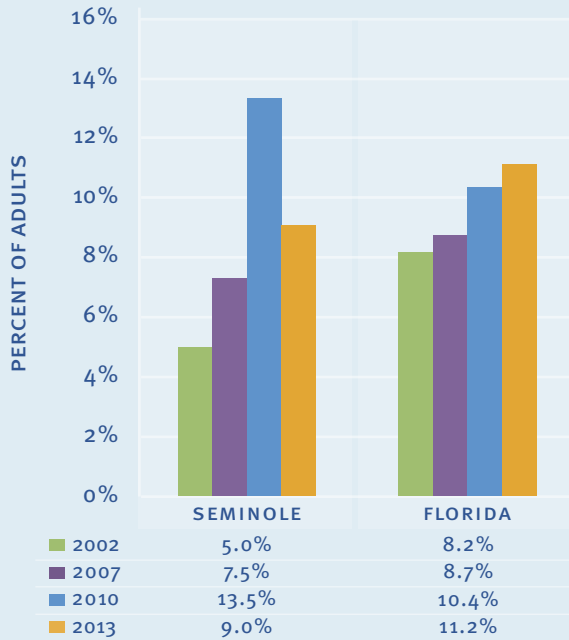
Source: Florida Charts, 2015: Florida BRFSS. This chart reflects the most current open-sourced data available at the time the report was printed.



In 2013, the percentage of people in Seminole County with high blood pressure, stroke and diabetes is above the state average. In addition, the percentage of adults with high cholesterol is above the state level and well above the HP2020 goal of 13.5 percent.

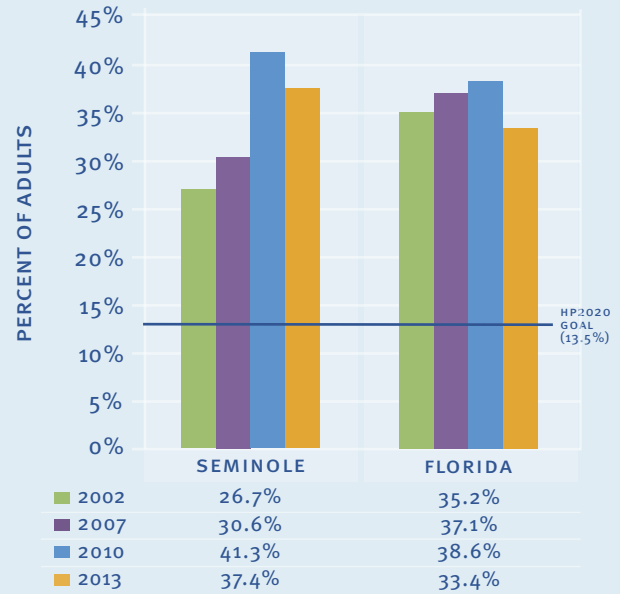
Finally, it is important to note that there is very little data for chronic diseases by race/ethnicity for Seminole County.

Adults With Diagnosed Diabetes (2002-2013)



Source: Florida Charts, 2015: Florida BRFSS. This chart reflects the most current open-sourced data available at the time the report was printed.

Adults Who Have Even Been Told They Had High Cholesterol (2002-2013)



Source: Florida Charts, 2015: Florida BRFSS. This chart reflects the most current open-sourced data available at the time the report was printed.

Top Causes of Death - Seminole County (Rate per 100,000) (2008-2014)

CAUSE OF DEATH	2008	2010	2012	2014	HP2020 GOALS
CANCER	169.3	161.8	159.2	154.6	161.4
HEART DISEASE	171.5	149.3	138.3	147.1	103.4
CHRONIC LOWER RESPIRATORY DISEASE	36.8	36.9	39.5	42.4	N/A
CEREBROVASCULAR DISEASE	39.5	28.0	31.0	36.7	34.8
UNINTENTIONAL INJURY	29.5	32.1	31.1	37.4	36.4
DIABETES	25.6	24.7	27.4	21.0	65.8
ALZHEIMER'S DISEASE	23.2	26.4	17.4	24.9	N/A

  BELOW HP2020 GOAL  
  ABOVE HP2020 GOAL

Source: Florida Charts, 2015: Florida BRFSS. N/A = no data reported in source. Causes of death are sorted from highest to lowest for each county based on the average age-adjusted death rate over the four years measured. This table reflects the most current open-sourced data available at the time the report was printed.

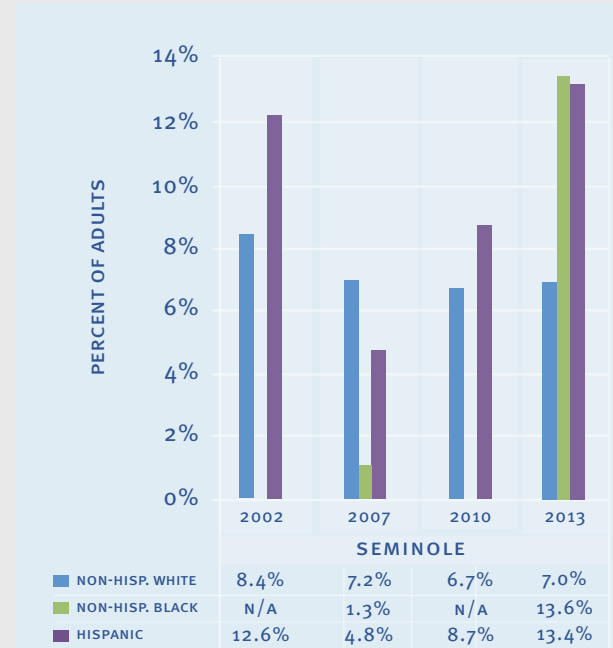
### Health Disparities

Data on the racial disparities in the percentage of adults currently with asthma is inconsistent and sometimes nonexistent. Compared to 2007, Non-Hispanic White adults had approximately the same level of asthma in 2013. However, the rates for Black and Hispanic adults rose drastically.

While the age-adjusted death rate for cancer in Seminole County dropped across all races/ethnicities, rates remain highest among Black adults and significantly lower for Hispanic adults.

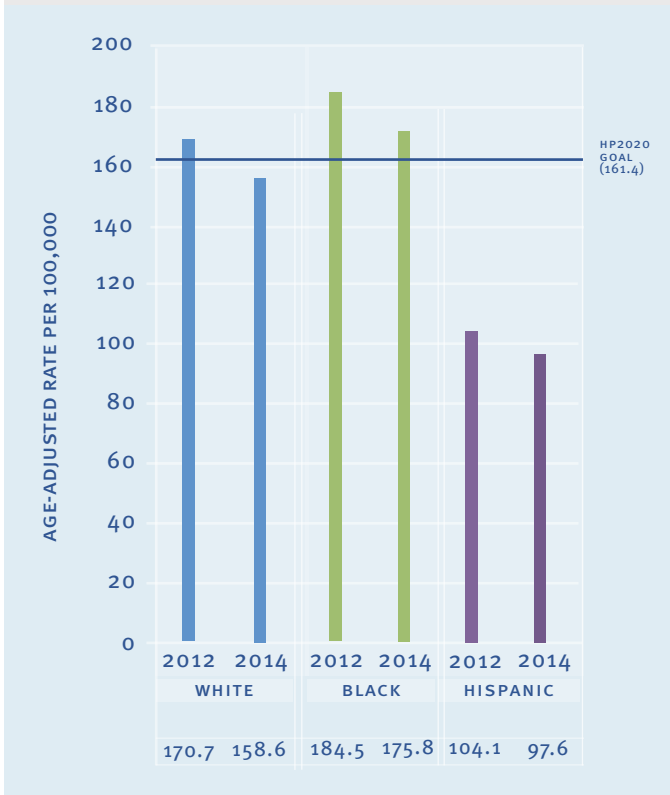
The death rate for cerebrovascular disease has risen for White and Hispanic adults; Black adults experienced a drop from 2012-2014.

### Adults Currently With Asthma by Race/Ethnicity (2002-2013)



Source: Florida Charts, 2015: BRFSS. N/A = No data reported by the source. This chart reflects the most current open-sourced data available at the time the report was printed.

### Age-Adjusted Death Rate for Cancer by Race/Ethnicity (per 100,000) (2012-2014)



Source: Florida Charts, 2015: Death Query. This chart reflects the most current open-sourced data available at the time the report was printed.

### Age-Adjusted Death Rate for Cerebrovascular Disease (per 100,000) by Race/Ethnicity (2012-2014)



Source: Florida Charts, 2015: Death Query. This chart reflects the most current open-sourced data available at the time the report was printed.

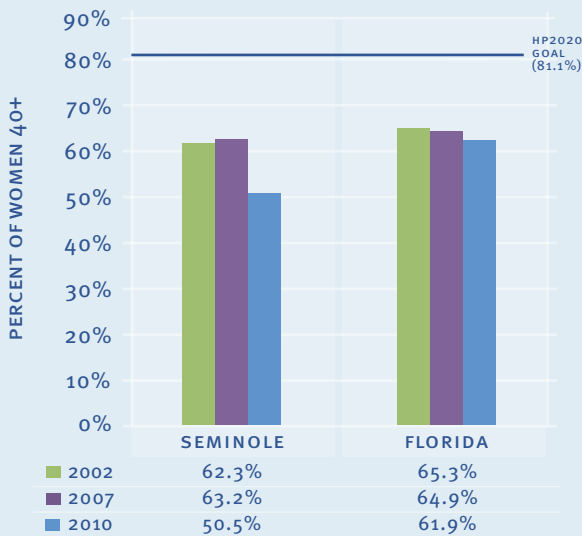
The death rate for coronary heart disease has decreased for White and Black adults; Hispanic adults experienced a significant increase from 2012-2014, but is still below the HP2020 goal.

### Preventative Care

Generally speaking, at both the county- and state-level, preventative care percentages have dropped. Between 2007 and 2010, the number of women aged 40 years and older who had received a mammogram in the past year in Seminole County dropped by 20 percent. Mammogram percentages for Seminole County women and women throughout the state of Florida are well below the HP2020 goal of 81.1 percent.

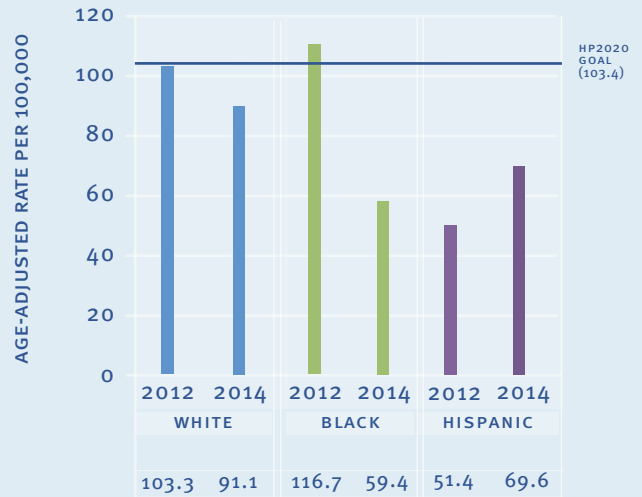
Seminole County is far from the HP2020 goal for adult women receiving pap tests and was below the state percentage in 2010 and 2013.

### Women 40+ Who Received a Mammogram in the Past Year (2002-2010)



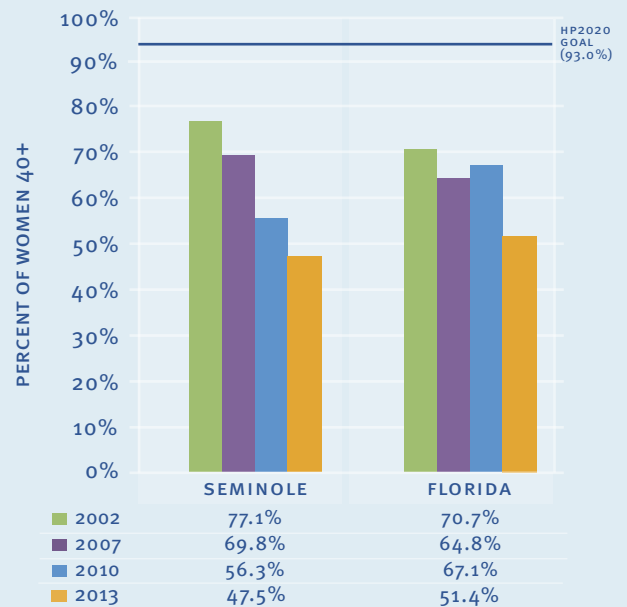
Source: Florida Charts, 2015: Florida BRFSS. This chart reflects the most current open-sourced data available at the time the report was printed.

### Age-Adjusted Death Rate for Coronary Heart Disease by Race/Ethnicity (2012-2014)



Source: Florida Charts, 2015: Death Query. This chart reflects the most current open-sourced data available at the time the report was printed.

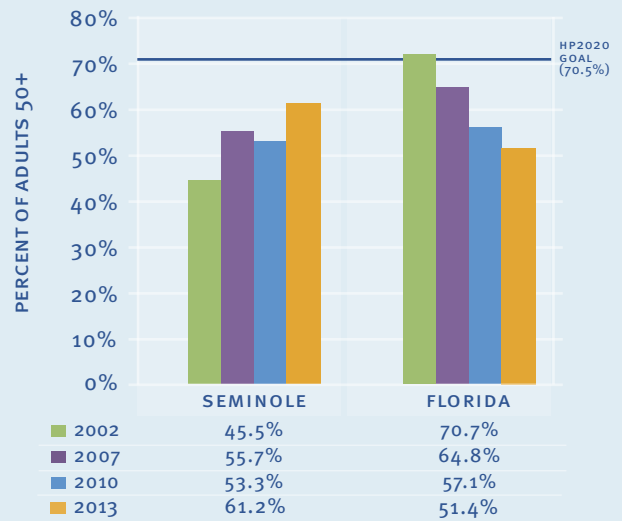
### Women 18+ Who Received a Pap Test in the Past Year (2002-2013)



Source: Florida Charts, 2015: Florida BRFSS. This chart reflects the most current open-sourced data available at the time the report was printed.

Both Florida and Seminole County are below the HP2020 goal for adults aged 50 years and older who received a sigmoidoscopy or colonoscopy in the past five years.

Adults 50+ Who Received a Sigmoidoscopy or Colonoscopy in the Past 5 Years (2002-2013)



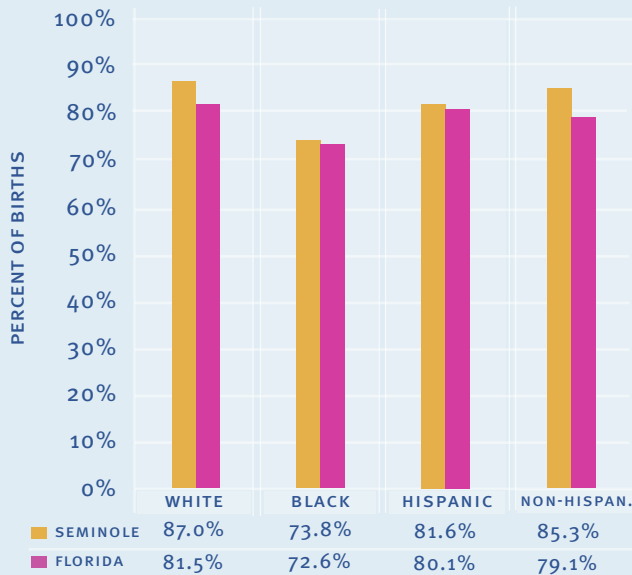
Source: Florida Charts, 2015: Florida BRFSS. This chart reflects the most current open-sourced data available at the time the report was printed.

### Maternal and Child Health

Seminole County mothers are more likely to have first trimester prenatal care than the average Floridian woman. However, Black mothers have the lowest numbers for prenatal care.

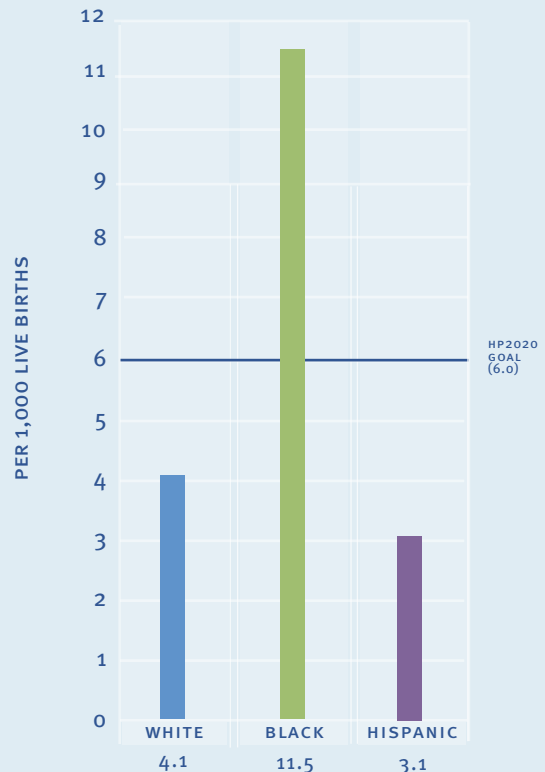
Infant mortality in the state has hovered around the HP2020 goal of 6.0, while Seminole County's infant mortality rate has steadily dropped since 2012 to 4.9. The mortality rate among the Black population in the county remains significantly high at 11.5.

Births to Mothers With 1st Trimester Prenatal Care by Race/Ethnicity (2014)



Source: Florida Charts, 2015: Florida DOH, Bureau of Vital Stats. This chart reflects the most current open-sourced data available at the time the report was printed.

Infant Mortality by Race/Ethnicity per 1,000 Live Births (2014)



Source: Florida Charts, 2015: Florida DOH, Bureau of Vital Stats. This chart reflects the most current open-sourced data available at the time the report was printed.

In Seminole County, the percentage of children born to mothers with less than a high school education has consistently been far less than the state average. Within the county, Black mothers with less than a high school education are more likely than other racial/ethnic groups to have a child.

The preterm birth rate in 2014 for Seminole County was lower than the state of Florida. Once again, the Black population has the highest rate for preterm birth than any other racial/ethnic group in the county and the state.

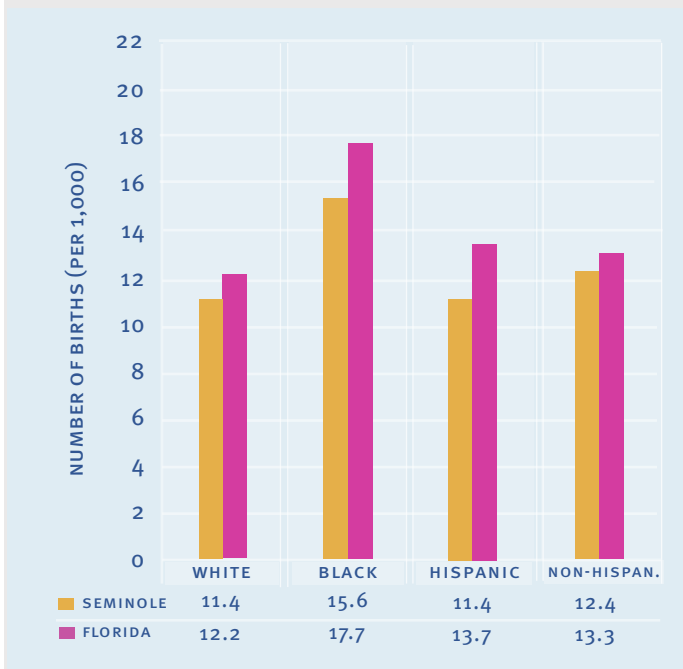
The rate of children being born with low birth weight is lower in Seminole County than in the state overall. Black residents are more likely to give birth to a baby weighing less than 2,550 grams in both Seminole County and the state of Florida.

### Births to Mothers With Less Than a High School Education by Race/Ethnicity (2014)



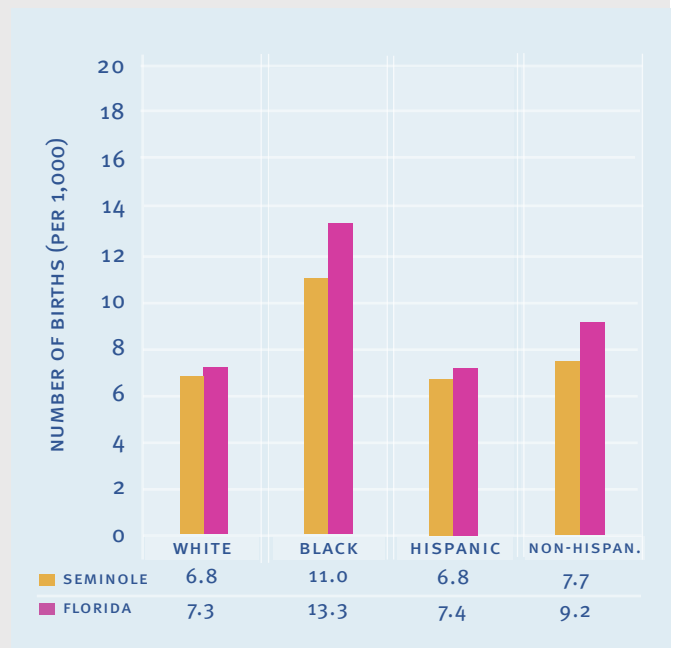
Source: Florida Charts, 2015: Florida DOH, Bureau of Vital Stats. This chart reflects the most current open-sourced data available at the time the report was printed.

### Preterm Birth Rate (<37 Weeks) by Race/Ethnicity (2014)



Source: Florida Charts, 2015: Florida DOH, Bureau of Vital Stats. This chart reflects the most current open-sourced data available at the time the report was printed.

### Low Birth Weight (<2,550 grams) by Race/Ethnicity (2014)



Source: Florida Charts, 2015: Florida DOH, Bureau of Vital Stats. This chart reflects the most current open-sourced data available at the time the report was printed.

Childhood obesity is a topic of interest in the state and is part of the nation’s public health conversation. In 2007 and 2010, Seminole County had a relatively low percentage of middle school students with a BMI at or above the 95<sup>th</sup> percentile when compared to the state. In 2013, the percentage was higher and closer to the state level. The percentage of high school students in Seminole County with a BMI at or above the 95<sup>th</sup> percentile stayed the same from 2002-2010, then increased by three percent in 2013.

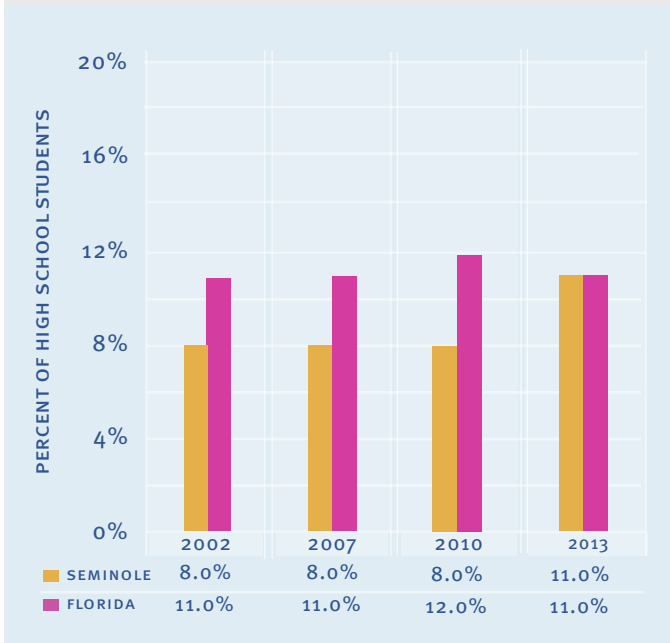
Level of childhood physical activity, a related indicator, may provide some insight into the issue of childhood obesity. While Seminole County’s children appear to get more vigorous physical activity than the average Floridian child, more than a quarter of middle school students and one-third of high school students reported not getting enough of this kind of activity in 2013.

### Middle School Students Reporting BMI at or Above 95<sup>th</sup> Percentile (2002-2013)



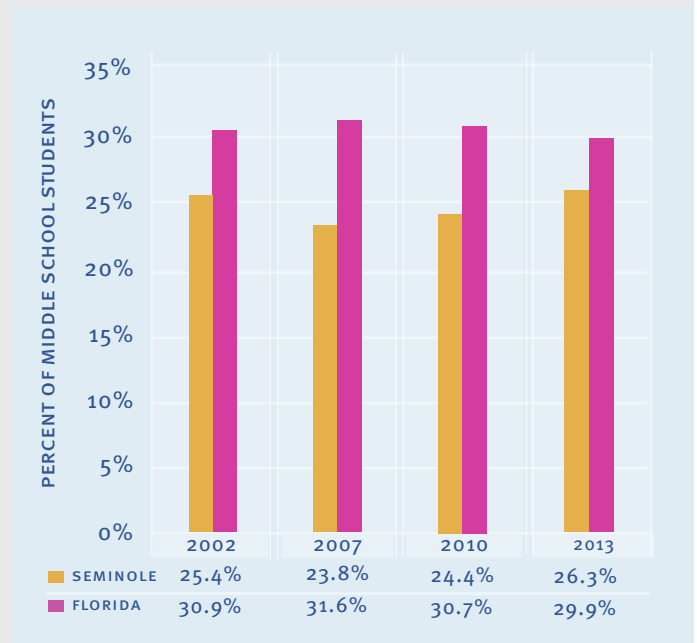
Source: Florida Charts, 2015: Florida BRFSS. This chart reflects the most current open-sourced data available at the time the report was printed.

### High School Students Reporting BMI at or Above 95<sup>th</sup> Percentile (2002-2013)



Source: Florida Charts, 2015: Florida BRFSS. This chart reflects the most current open-sourced data available at the time the report was printed.

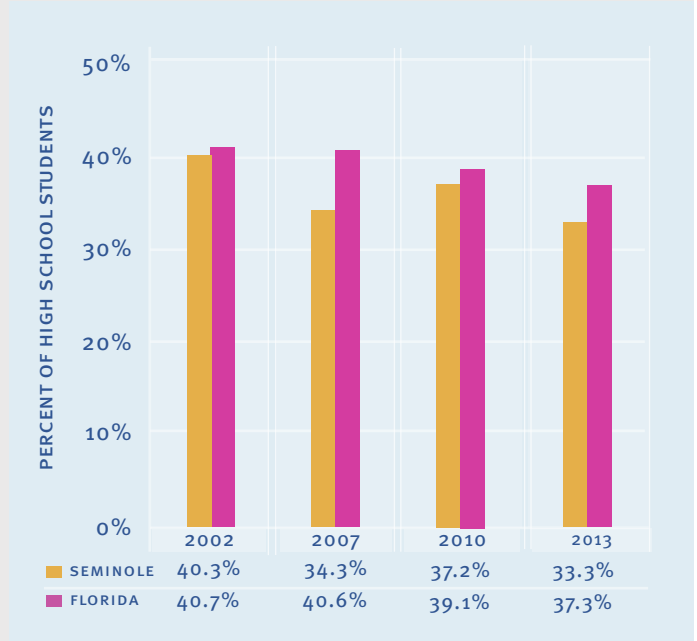
### Middle School Students Without Sufficient Vigorous Physical Activity (2002-2013)



Source: Florida Charts, 2015: Florida DOH, Bureau of Epidemiology. This chart reflects the most current open-sourced data available at the time the report was printed.

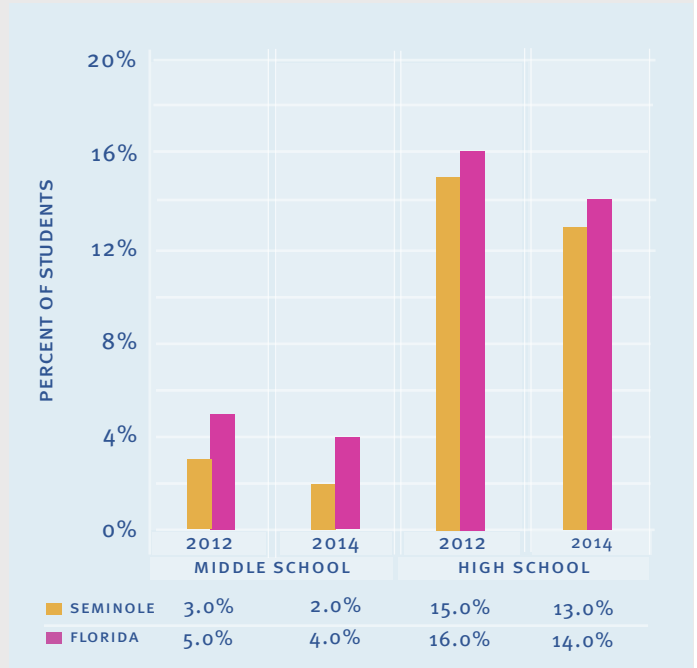
The percentage of middle and high school students who report binge drinking is lower than the state level but still of concern. In 2014, two percent of middle school students and 13 percent of high school students self-reported binge drinking.

### High School Students Without Sufficient Vigorous Physical Activity (2002-2013)



Source: Florida Charts, 2015: Florida DOH, Bureau of Epidemiology. This chart reflects the most current open-sourced data available at the time the report was printed.

### Middle and High School Students Reporting Binge Drinking (2012-2014)



Source: Florida Charts, 2015: Florida BRFSS. This chart reflects the most current open-sourced data available at the time the report was printed.

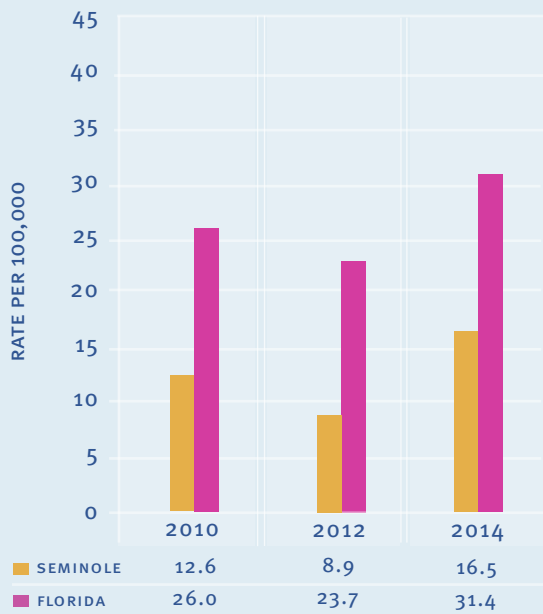
### Quality of Life and Mental Health

The most opportunities for recreation and fitness facilities exist in the ZIP codes closest to the City of Orlando. These opportunities become more sparse or are not measured the farther away from the city one goes. In the western portion of Seminole County, there are both a number of people within one-half mile of a park as well as a number of ZIP codes in which there are no parks or data. The eastern portion of the county provides low access to parks.

The HIV rate in Seminole County has increased since 2010, but has consistently remained lower than the state-level rate.

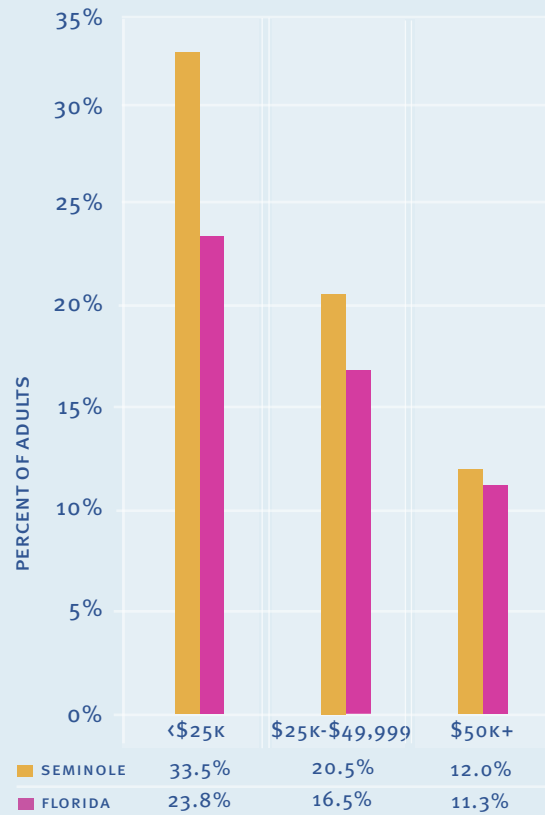
Seminole County has a slightly higher percentage of adults with a depressive disorder than the state. The percentage of adults with a depressive disorder decreases significantly as income increases, and as residents get older.

HIV Cases (Rate per 100,000) (2010 -2014)



Source: Florida Charts, 2015: Florida DOH, Bureau of HIV/AIDS. This chart reflects the most current open-sourced data available at the time the report was printed.

Adults With a Depressive Disorder by Income (2014)



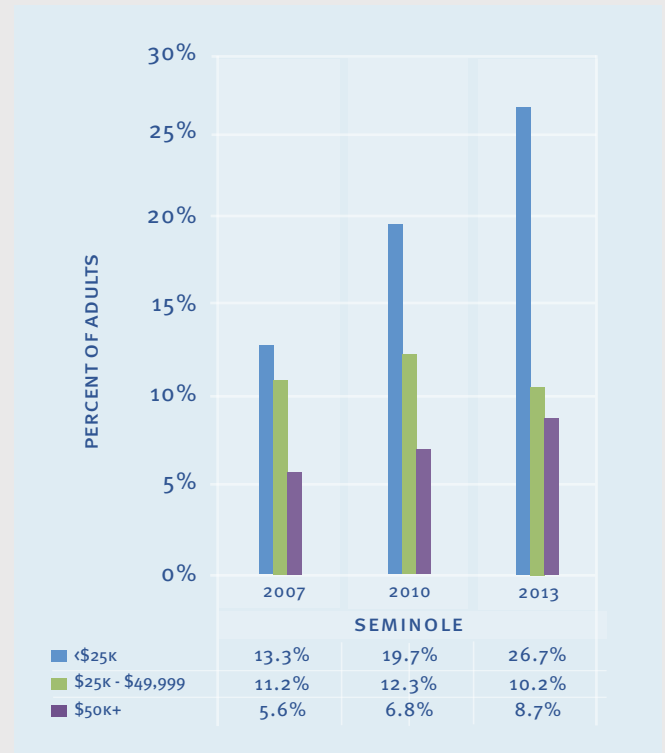
Source: Florida Charts, 2015: Florida BRFS. This chart reflects the most current open-sourced data available at the time the report was printed.



A similar trend is true for adults who report having poor mental health on 14 or more of the past 30 days. Higher income consistently appears to be associated with having fewer poor mental health days. Education appears to be related to mental health in a similar fashion. While there does not appear to be a significant racial/ethnic difference, according to the 2015 CFCHS Behavioral Health Needs Assessment, the overwhelming majority of those receiving mental health and substance abuse treatment, adults and children, are White (81 percent).

Social and emotional support appears to follow the same trend along income lines over time. Additionally, across the income spectrum, fewer Seminole County residents believed they received the support they needed in 2010 than in 2007.

### Adults Who Had Poor Mental Health on 14 or More of the Past 30 Days by Income (2007-2013)



Source: Florida Charts, 2015: BRFSS. This chart reflects the most current open-sourced data available at the time the report was printed.

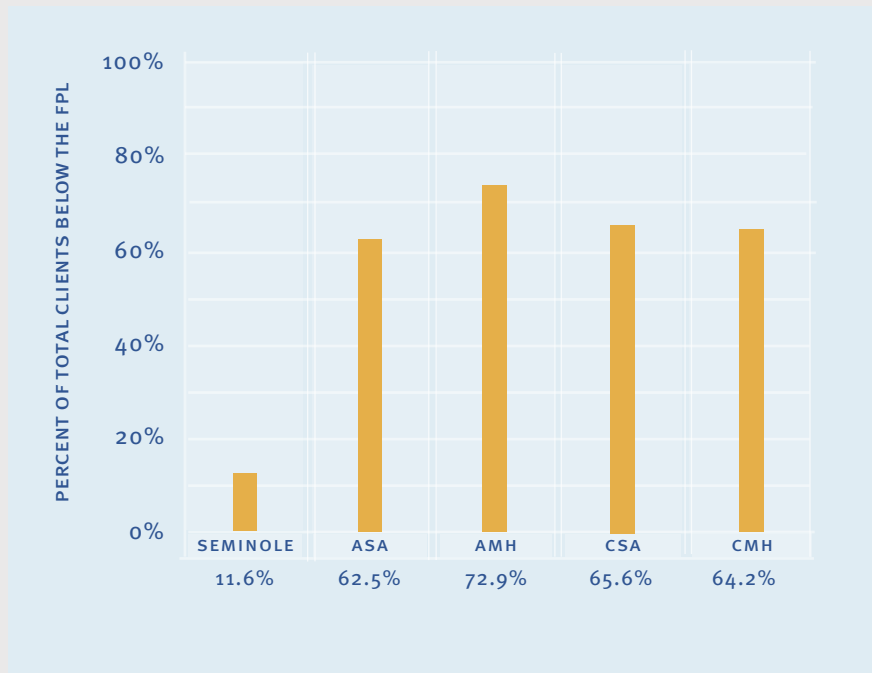
### Adults Who Always/Usually Receive Social and Emotional Support They Need by Income (2007-2010)



Source: Florida Charts, 2015: BRFSS. This chart reflects the most current open-sourced data available at the time the report was printed.

The relationship between those aforementioned mental health indicators and income/poverty is supported in the 2015 CFCHS Behavioral Health Needs Assessment. While 11.6 percent of the population in Seminole County lives at or below the federal poverty line, the percent of clients living in poverty who receive treatment ranged from 62.5 percent among adult substance abuse clients to 72.9 percent among those in the adult mental health program. It is unclear in which direction this relationship works but it is likely bi-directional: mental health and substance abuse affect ability to earn wages, and poverty exacerbates mental health and substance abuse issues.

**Mental Health and Substance Abuse Clients at or Below Federal Poverty Line (FPL) (FY14/15)**



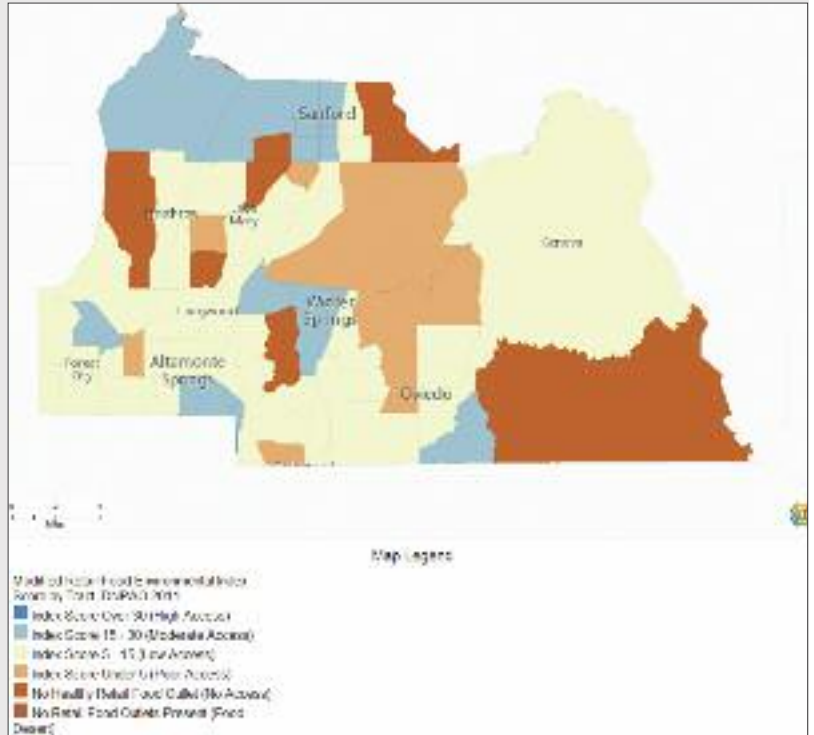
ASA = Substance Abuse; AMH = Adult Mental Health; CSA = Child Substance Abuse; CMH = Child Mental Health  
 Source: 2015 Central Florida Cares Health System Behavioral Health Needs Assessment

### Food Access

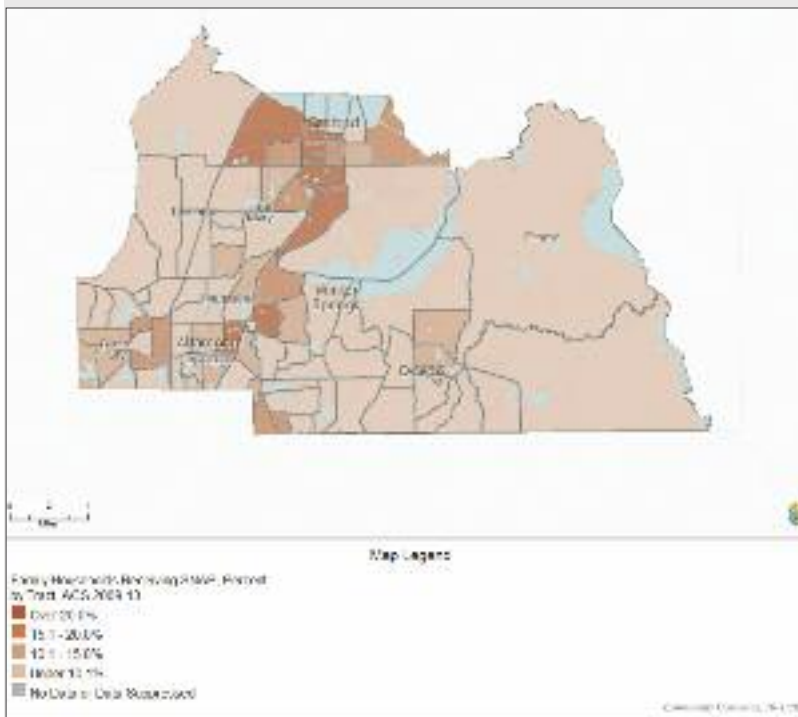
Food access appears to be an issue for Seminole County census tracts. Nearly the entire county has a modified retail food environmental score below 15 (low access, poor access or no access to healthy retail food outlets). Additionally, the entire county is without a census tract with a score of more than 30, indicating high access.

A number of residents in the Sanford area receive Supplemental Nutrition Assistance Program (SNAP) benefits, the same area that is home to one of Seminole County's three food deserts. The other two food deserts are near Altamonte Springs and Oviedo. (See *Food Deserts by Census Tract* on next page.)

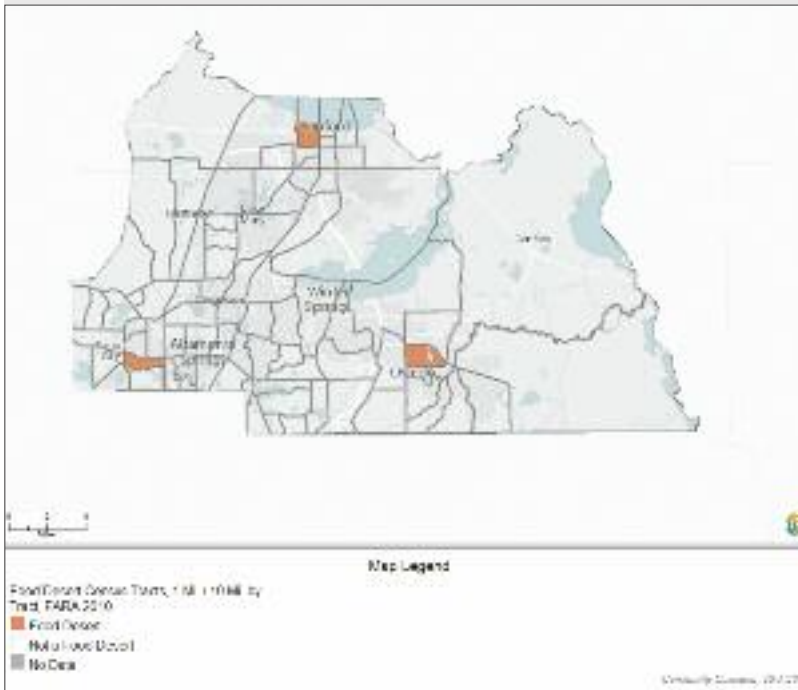
Modified Retail Food Environmental Index Score by Census Tract - Seminole County (2016)



Family Households Receiving SNAP - Seminole County (2016)



Food Deserts by Census Tract - Seminole County (2016)

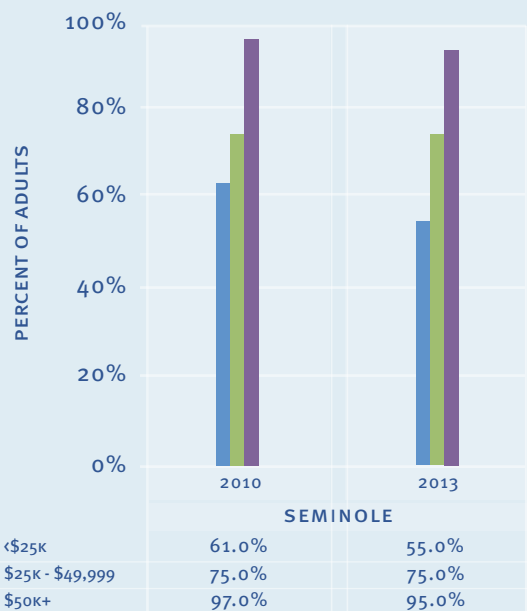
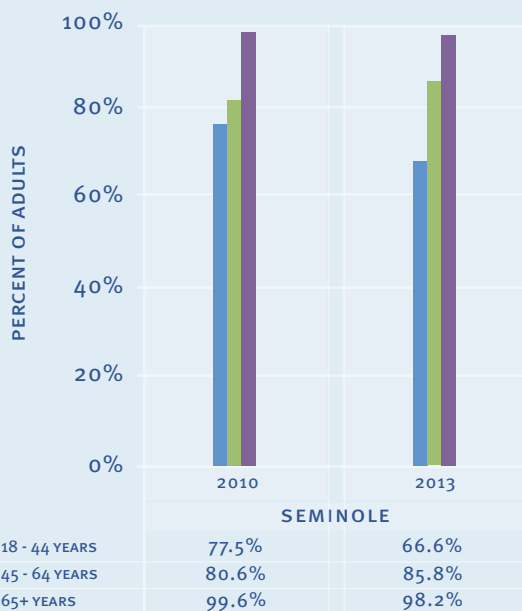


**Healthcare Access and Utilization**

Both the state and Seminole County have seen a small decrease in health insurance coverage since 2002. Residents ages 18-44 continue to be the lowest covered age group. From 2010-2013, those ages 45-64 saw the only increase in coverage. Similar to data for the state, higher income in Seminole County is associated with nearly full insurance coverage.

**Insurance Coverage by Age (2010-2013)**

**Insurance Coverage by Income (2010-2013)**



Source: Florida Charts, 2015: BRFSS. This chart reflects the most current open-sourced data available at the time the report was printed.

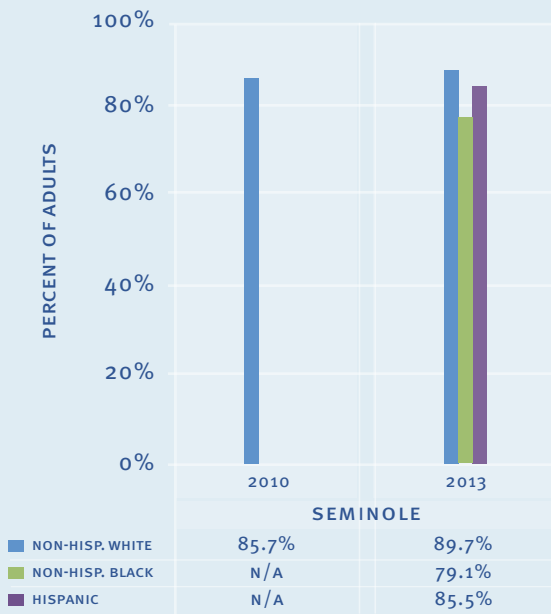
Source: Florida Charts, 2015: BRFSS. This chart reflects the most current open-sourced data available at the time the report was printed.

Health insurance coverage across racial and ethnic groups is more equitable in Seminole County than in the state as a whole. However, Black residents show the lowest percentage of covered adults.

According to the 2015 CFCHS Behavioral Health Assessment, a number of Seminole County residents traveled outside of the county to receive mental health services, substance abuse services or both.

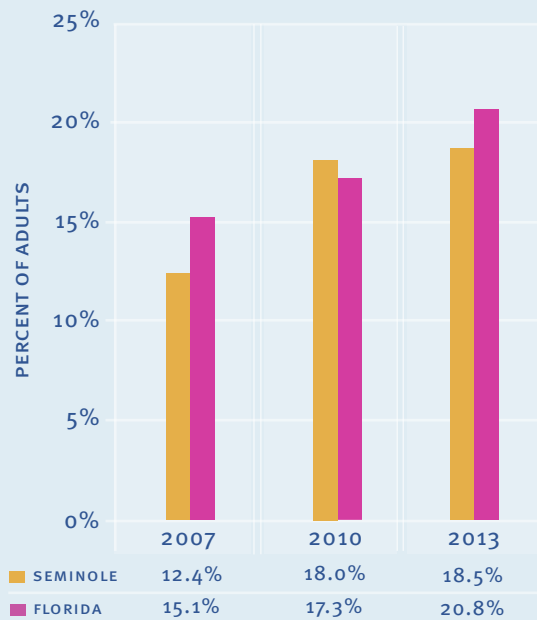
Additionally, an increasing number of Seminole County residents, and Floridians as a whole, have skipped a trip to the doctor due to cost.

Insurance Coverage by Race/Ethnicity (2010-2013)



Source: Florida Charts, 2015: BRFSS. N/A = No data in source. This chart reflects the most current open-sourced data available at the time the report was printed.

Adults Who Could Not See a Doctor at Least Once in the Past Year Due to Cost (2007-2013)



Source: Florida Charts, 2015: Florida BRFSS. This chart reflects the most current open-sourced data available at the time the report was printed.

Florida’s healthcare landscape continues to evolve since the passing of the Affordable Care Act (ACA) in 2010. Thirty states plus D.C. expanded Medicaid under the ACA. Florida did not and as of January 2015, just under 300,000 Floridians had enrolled into Medicaid or Children’s Health Insurance Program (CHIP) since the beginning of the Health Insurance Marketplace’s first open enrollment period. Across the nation, approximately 11.2 million more Americans are now enrolled in Medicaid and CHIP (Health & Human Services, 2015). If Florida had expanded Medicaid, close to 850,000 uninsured people would have gained coverage.

Despite the decision not to expand Medicaid, the ACA is working to make healthcare more affordable, accessible and high quality for the people of Florida (Health & Human Services, 2015). Lake, Osceola, Orange and Seminole Counties reduced their uninsured rate by a combined average of five percent. Nationwide, approximately 16.4 million uninsured people have gained health insurance coverage — the largest reduction in the uninsured in four decades (Enroll America, 2015).

Top 10 Diagnoses for Inpatient Admissions at Florida Hospital Altamonte (2015)

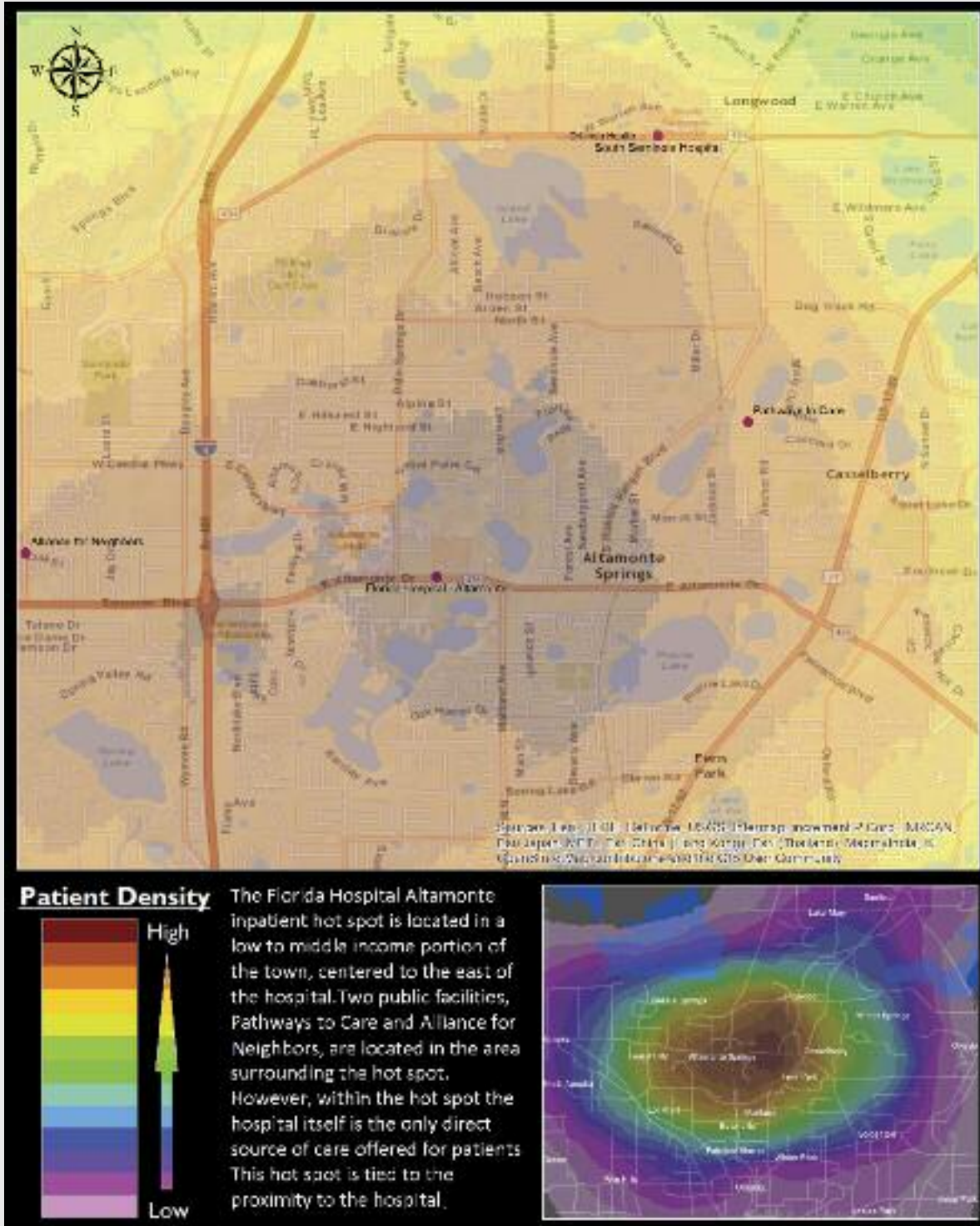
TOP 10 DIAGNOSES FOR INPATIENT ADMISSIONS (2015)	
#1 UNSPECIFIED SEPTICEMIA (3.3%)	#6 ALCOHOL WITHDRAWAL (1.5%)
#2 OTHER CHEST PAIN (1.9%)	#7 ACUTE APPENDICITIS (1.1%)
#3 ACUTE PANCREATITIS (1.8%)	#8 CALCULUS OF GALLBLADDER (1.1%)
#4 CELLULITIS AND ABCESS OF FOOT (1.7%)	#9 UNCONTROLLED TYPE II DIABETES (1.1%)
#5 NONDEPENDENT ALCOHOL ABUSE (1.7%)	#10 DIVERTICULITIS OF COLON (1.1%)

Top 10 Diagnoses for ER Visits at Florida Hospital Altamonte (2015)

TOP 10 DIAGNOSES FOR ER VISITS (2015)	
#1 OTHER SYMPTOMS INVOLVING ABDOMEN/PELVIS (2.3%)	#6 ACUTE PHARYNGITIS (1.3%)
#2 CHEST PAIN (2.2%)	#7 OTHER DISORDERS OF URETHRA AND URINARY TRACT (1.3%)
#3 OTHER CHEST PAIN (1.7%)	#8 ACUTE URIS OF UNSPECIFIED SITE (1.0%)
#4 SYMPTOMS INVOLVING HEAD AND NECK (1.6%)	#9 DISEASES OF HARD TISSUES OF TEETH (0.9%)
#5 LUMBAGO (1.5%)	#10 FEVER (0.9%)

Hot Spot Map (Inpatient)

Florida Hospital Altamonte: Uninsured Inpatient Hot Spot



### Florida Hospital Altamonte: Uninsured Inpatient Hot Spot, cont'd.

In this inpatient specific hot spot analysis for Florida Hospital Altamonte, the average unemployment rate is about 10 percent and approximately 16 percent of the population is living in poverty. The average annual median household income is just over \$45,000. The 249 uninsured visits coming from this hot spot cost more than \$10 million and accounted for four percent of all uninsured inpatient visits between 2012-2015. Fifty percent of visits were made by White patients. Additionally, patients aged 50-59 accounted for 30 percent of visits. Diseases of pancreas was the most frequent primary diagnosis code from inpatient visits within this hot spot at 4.8 percent. More than 25 percent of visits were diagnosed with tobacco use disorder (25.3 percent), followed by unspecified essential hypertension (24.1 percent) outside the primary diagnoses. Hot spot visits with a primary diagnosis of other disorders of circulatory system had the highest costs to the hospital at more than \$1.7 million between 2012-2015. To protect privacy, any analysis less than two percent has been removed.

#### Comparison: Hot Spot Visits to All Visits

CRITERIA	HOT SPOT
TOTAL UNINSURED VISITS	249
TOTAL UNINSURED COST	\$10,234,265
PERCENT TO ALL INPATIENT UNINSURED VISITS	4%
PERCENT TO ALL INPATIENT UNINSURED COST	5%
HOMELESS-SHELTER VISITS (%)*	3%
HOMELESS-SHELTER VISITS COST*	\$1,023

\*Includes those listed as homeless, unknown or address of homeless shelter/service facility

#### Top 5 Primary Diagnoses and Costs

DIAGNOSIS	TOTAL COST	% OF ALL VISITS IN HOT SPOT	AVG. COST PER VISIT
577 - DISEASES OF PANCREAS	\$399,595	5%	\$33,300
786.59 - OTHER CHEST PAIN	\$129,888	3%	\$18,555
414.01 - CORONARY ARTERIOSCLEROSIS OF NATIVE CORONARY ARTERY	\$659,769	2%	\$109,962
682.6 - CELLULITIS AND ABCESS OF LEG, EXCEPT FOOT	\$212,235	2%	\$35,372
786.5 - CHEST PAIN	\$113,102	2%	\$18,850



## Florida Hospital Altamonte: Uninsured Inpatient Hot Spot, cont'd.

### Top 5 Secondary Diagnoses and Costs

DIAGNOSIS	TOTAL COST	% OF ALL VISITS IN HOT SPOT	AVG. COST PER VISIT
305.1 - TOBACCO USE DISORDER	\$2,341,596	25%	\$37,168
401.9 - UNSPECIFIED ESSENTIAL HYPERTENSION	\$2,522,475	24%	\$42,041
250 - DIABETES MELLITUS	\$1,974,656	12%	\$68,092
272.4 - OTHER AND UNSPECIFIED HYPERLIPIDEMIA	\$642,161	12%	\$22,143
276.8 - HYPOPOTASSEMIA	\$692,91	12%	\$23,894

### Top 5 Highest Cost Primary Diagnoses

DIAGNOSIS	TOTAL COST	% OF ALL VISITS IN HOT SPOT	AVG. COST PER VISIT
459 - OTHER DISORDERS OF CIRCULATORY SYSTEM	\$1,787,280	N/A	N/A
414.01 - CORONARY ARTERIOSCLEROSIS OF NATIVE CORONARY ARTERY	\$659,769	2%	\$109,962
577 - DISEASES OF PANCREAS	\$399,595	5%	\$33,300
38.9 - PUNCTURE OF VESSEL	\$392,716	N/A	N/A
410.71 - SUBENDOCARDIAL INFARCTION, INITIAL EPISODE OF CARE	\$235,327	N/A	N/A

### Hospital Visitors by Race/Ethnicity

RACE/ETHNICITY	PERCENT
WHITE	50%
BLACK/AFRICAN AMERICAN	20%
HISPANIC	17%
UNKNOWN	8%
OTHER	4%
ASIAN PACIFIC/ISLANDER	1%

### Hospital Visitors by Age

AGE	PERCENT
0-18	1%
19-29	19%
30-39	12%
40-49	20%
50-59	30%
60-69	18%
70-79	0%
80+	0%

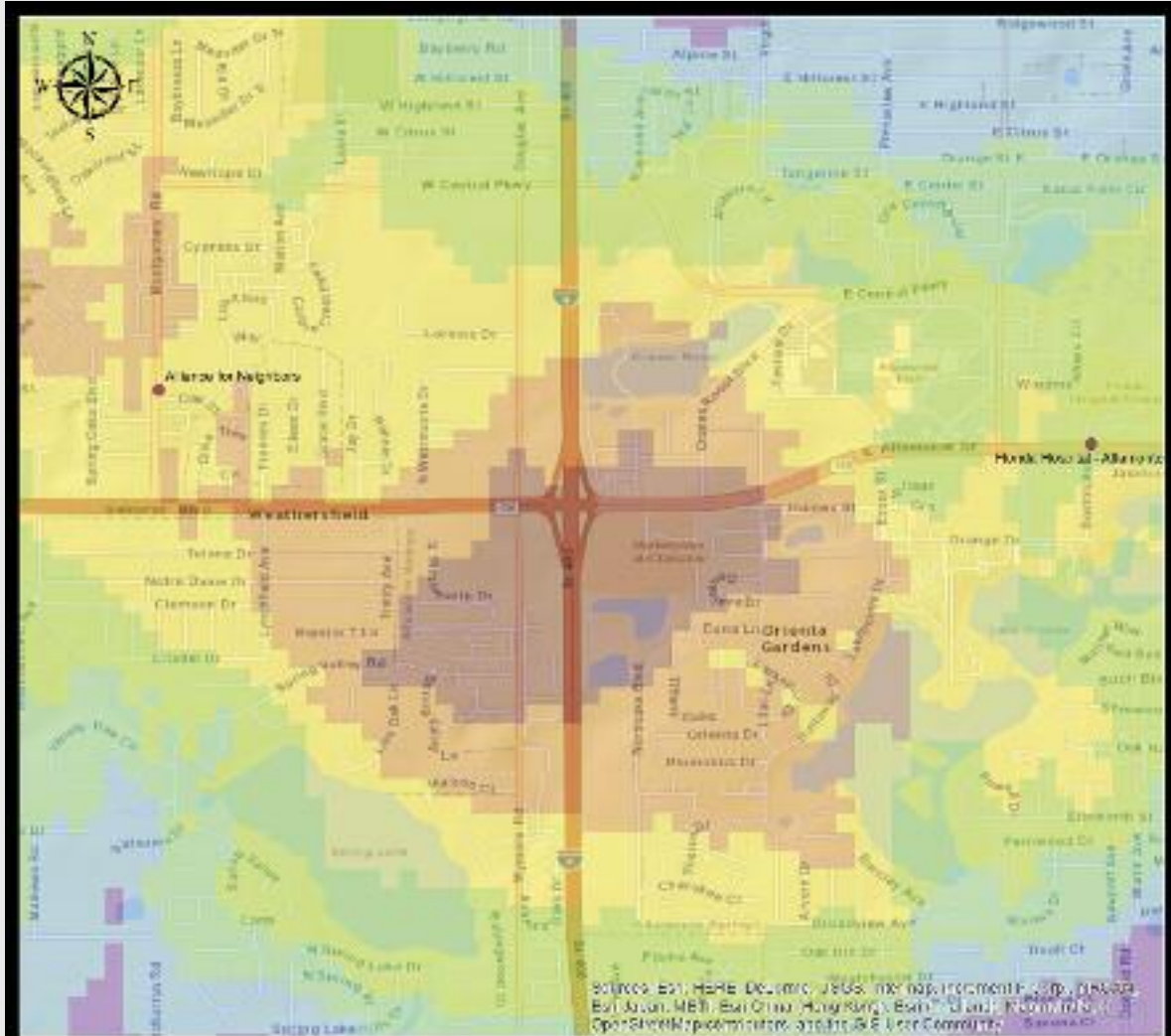
## Florida Hospital Altamonte: Uninsured Inpatient Hot Spot, cont'd.

## Census Tract Summaries

CENSUS TRACT	% UNEMPLOYED	MED. HH INCOME	% BELOW POVERTY
12-117-021901	1.4%	\$59,450	10.3%
12-117-021806	5.9%	\$49,790	3.0%
12-117-021902	12.3%	\$42,250	14.9%
12-117-021802	8.7%	\$43,660	19.3%
12-117-022001	19.4%	\$30,930	30.8%
AVERAGE	10%	\$45,216	15.7%

### Hot Spot Map (Outpatient)

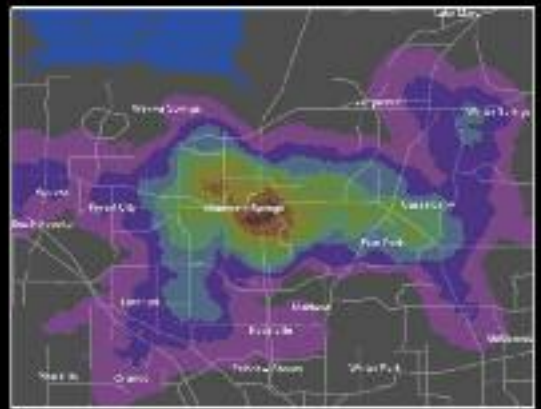
### Florida Hospital Altamonte: Uninsured ER/Outpatient Hot Spot



#### Patient Density



The Florida Hospital Altamonte ER/outpatient hot spot is located to the west of the hospital in a low-to-middle income section of the City of Altamonte Springs. Poverty rates in this location exceed 10%, while one census tract within the hot spot exceeds 20% poverty. Household incomes range near the \$50,000 mark, while unemployment rates vary significantly from neighborhood to neighborhood.



### Florida Hospital Altamonte: Uninsured ER/Outpatient Hot Spot, cont'd.

In this outpatient specific hot spot analysis for Florida Hospital Altamonte, the average unemployment rate is 10 percent with 13 percent of the population living in poverty, though the average annual median household income is just under \$50,000. The 539 uninsured visits coming from this hot spot cost nearly \$2 million and accounted for one percent of all uninsured outpatient visits between 2012-2015. Visits by White and Hispanic patients account for more than 50 percent of the outpatient visits in this area. Patients aged 19-39 accounted for more than 60 percent of hot spot visits. Acute pharyngitis, urinary tract infections and headaches were the most frequent primary diagnoses codes in outpatient visits within this hot spot. More than seven percent of visits were diagnosed with unspecified essential hypertension outside the primary diagnoses. Visits with a primary diagnosis of other chest pain resulted in highest costs to the hospital at more than \$163,000 and accounted for only two percent of the visits between 2012-2015. To protect privacy, any analysis less than two percent has been removed.

#### Comparison: Hot Spot Visits to All Visits

CRITERIA	HOT SPOT
TOTAL UNINSURED VISITS	539
TOTAL UNINSURED COST	\$1,913,116
PERCENT TO ALL ER OUTPATIENT UNINSURED VISITS	1%
PERCENT TO ALL ER OUTPATIENT UNINSURED COST	1%
HOMELESS SHELTER VISITS (%)*	0%
HOMELESS SHELTER VISITS COST*	—

\*Includes those listed as homeless, unknown or address of homeless shelter/service facility

#### Top 5 Primary Diagnoses and Costs

DIAGNOSIS	TOTAL COST	% OF ALL VISITS IN HOT SPOT	AVG. COST PER VISIT
462 - ACUTE PHARYNGITIS	\$9,150	2.6%	\$654
599 - URINARY TRACT INFECTION, SITE NOT SPECIFIED	\$35,848	2.6%	\$2,561
784 HEADACHE	\$54,763	2.6%	\$3,912
724.2 - LUMBAGO	\$32,766	2.4%	\$2,340
786.59 - OTHER CHEST PAIN	\$163,695	2.2%	\$11,693

## Florida Hospital Altamonte: Uninsured ER/Outpatient Hot Spot, cont'd.

### Top 5 Secondary Diagnoses and Costs

DIAGNOSIS	TOTAL COST	% OF ALL VISITS IN HOT SPOT	AVG. COST PER VISIT
401.9 - UNSPECIFIED ESSENTIAL HYPERTENSION	\$247,846	7%	\$6,355
305.1 - TOBACCO USE DISORDER	\$80,974	4%	\$3,856
250 - DIABETES MELLITUS	\$55,894	3%	\$3,992
789 - OTHER SYMPTOMS INVOLVING ABDOMEN AND PELVIS	\$143,105	2%	\$14,311
300 - ANXIETY STATE, UNSPECIFIED	\$85,178	2%	\$9,464

### Top 5 Highest Cost Primary Diagnoses

DIAGNOSIS	TOTAL COST	% OF ALL VISITS IN HOT SPOT	AVG. COST PER VISIT
786.59 - OTHER CHEST PAIN	\$163,695	2%	\$13,641
786.5 - CHEST PAIN	\$136,192	2%	\$12,381
789.03 - ABDOMINAL PAIN, RIGHT LOWER QUADRANT	\$59,385	N/A	N/A
789 - OTHER SYMPTOMS INVOLVING ABDOMEN AND PELVIS	\$58,725	2%	\$5,339
780.2 - SYNCOPE AND COLLAPSE	\$57,764	N/A	N/A

### Hospital Visitors by Race/Ethnicity

RACE/ETHNICITY	PERCENT
WHITE	33%
HISPANIC	27%
BLACK/AFRICAN AMERICAN	21%
UNKNOWN	12%
OTHER	7%

### Hospital Visitors by Age

AGE	PERCENT
0-18	6%
19-29	31%
30-39	30%
40-49	19%
50-59	10%
60-69	4%
70-79	0%
80+	1%

## Florida Hospital Altamonte: Uninsured ER/Outpatient Hot Spot, cont'd.

## Census Tract Summaries

CENSUS TRACT	% UNEMPLOYED	MED. HH INCOME	% BELOW POVERTY
12-117-021803	11.7%	\$47,790	10.0%
12-117-021901	1.4%	\$59,450	10.3%
12-117-021608	9.0%	\$44,460	19.1%
12-117-021705	15.6%	\$40,610	21.7%
12-117-021706	17.8%	\$55,590	14.3%
12-117-021806	5.9%	\$49,790	3.0%
AVERAGE	10%	\$49,615	13.1%

## Primary Data

### Consumer Survey

Consumer survey data was scanned for themes based only on the responses of those from the ZIP codes included in Florida Hospital Altamonte's PSA (see page 7). Themes from the 208 PSA respondents included:

- Physical and emotional problems each kept about 20 percent of respondents from fully engaging in their regular activities.
- Pain also commonly interferes with activity.
- More than 90 percent were satisfied with their life as a whole.
- General satisfaction with their neighborhood and neighborhood connectivity.
- Nearly 56 percent say they can easily walk to stores, leaving more than 40 percent who cannot. This issue may have to do with busy streets and large intersections. However, about 70 percent of respondents say there are sidewalks on most of their neighborhood streets and that they are well maintained.
- There may be an issue accessing public transit, as 43 percent say it is not easy to walk to a transit stop from their home.
- Poor biking infrastructure; 50 percent note easy access to trails, 30 percent believe it is unsafe to ride a bike in their neighborhood and 50 percent note lack of facilities for biking.
- Overall satisfaction with neighborhood aesthetics.
- Concerns about the speed of traffic and safety of crosswalks.
- High perceived sense of safety/low crime.

### Provider Survey Themes

Providers in Seminole County noted the following as important issues:

- Poverty
- Homelessness
- Access to quality and nutritious foods
- Affordability of healthcare
- Wages
- Behavioral health services
- Need for cultural competency and equity

The most prominent Forces of Change noted by providers in Seminole County included:

- Fast population growth
- Vaping/e-cigarettes
- Political divisiveness
- Medicaid expansion

### *Stakeholder Interviews*

Region-wide themes for stakeholder interviews are reported below since respondents often served more than one county. Common concerns included:

- Diabetes/obesity
  - Poor nutrition
  - Depression/anxiety/bipolar
  - Substance abuse
  - Vaping/e-cigarettes
  - Inappropriate use of ERs
  - Inappropriate use of ERs and jails for mental health services
  - No Medicaid expansion
  - Need more funding and support from the state for mental health services
  - Influence of factors that aren't traditionally thought of as health issues (beginning to think of these things as laying the foundation for better physical health and overall wellness)
    - Employment/wages
    - Lack of affordable housing
    - Food insecurity
- } Viewed as major contributing factors to level of homelessness
- There is a noticeable disparity between the strengths and assets/individual priorities of privileged communities and impoverished ones
  - Emphasis on the importance of education and prevention

### *Community Conversations*

- Variety of primary care and dental options
- Affordability of health insurance and pharmaceuticals
- Stress
- Drugs/alcohol abuse
- Nutrition/food
- Blight
- Water quality and shortage
- Homelessness/housing



### ***Collaboration County-level Themes***

While the Collaboration identified dozens of areas of concern for Seminole County, they worked together to select the 10 most pressing and feasible issues to tackle. They are as follows:

- Diabetes
- Heart disease
- Mental health
- Cancer
- Homelessness/affordable housing
- Poverty
- Food security
- Access to care
- Prematurity/infant mortality
- Asthma

### ***2013 CHNA Priorities***

Based on the CHNA conducted in 2013, 14 areas of concern were identified. These 14 areas of concern (listed below) were used as a starting point for generating campus-specific priorities. Florida Hospital Altamonte chose two priorities\* in 2013: Obesity and Access to Care. The inclusion in this report of the 14 areas of concern allow all involved to understand the persistent nature of some problems, and possibly the emergence of new ones.

- Obesity\*
- Access to Care\*
- Diabetes
- Cancer
- Heart Disease
- Substance abuse
- Mental health
- Maternal and child health
- Stroke
- Asthma
- Affordable healthcare
- Motor vehicle collisions
- Physical activity among youth
- Marijuana use among youth
- Housing affordability

## 2016 CHNA Priorities: Florida Hospital Altamonte

The CHNA Taskforce for Florida Hospital Altamonte included representation from public health and low-income, minority and other underserved populations. Members included:

- **Laura Phipps, Medical Trauma Director, Kids House** - Kids House is a child abuse prevention and treatment organization that works with regional social service agencies, the criminal justice system and local health systems to better the lives of Central Florida's children
- **Thelisha Thomas, Executive Director, Healthy Start of Seminole County** - Healthy Start of Seminole County works to ensure that systems of care offer all families access to prenatal care and all infants access to services that promote optimal growth and development — especially the socioeconomically disadvantaged or populations that experience health disparities in birth outcomes.
- **Donna Walsh, Health Officer, Department of Health in Seminole County** - The Seminole County Department of Health is tasked by the State of Florida to work to protect the community from disease, promote healthy behavior and improve quality of life within Seminole County
- **Debbie Owens, President, Seminole Prevention Coalition** - The Seminole Prevention Coalition is a coalition of public and private stakeholders that collectively work to promote a safe and drug-free Seminole County through evidence-based prevention initiatives that focus on issues of substance abuse and mental health
- **Latrice Stewart, Chief Executive Officer, True Health** - True Health is a multi-county Federally Qualified Health Center that provides access to care for low-income, uninsured, underinsured and underserved populations in Seminole and Orange Counties regardless of ability to pay

The Florida Hospital staff that served on the Florida Hospital Altamonte Community Health Needs Assessment Task Force were:

- **Doug Harcombe, Senior Executive Officer & Administrator, Florida Hospital Altamonte**
- **Heather Long, Senior Vice President of Clinical Services, Florida Hospital Altamonte**
- **Yamile Luna, Assistant Vice President of Community Impact and Volunteerism, Florida Hospital Central Region**
- **Penny Jones, Director of Corporate Relations and Partnerships, Florida Hospital Central Region**

After reviewing the Collaboration CHNA data findings and the hot spot for the Altamonte campus, the Taskforce discussed and deliberated which health concern was a top priority to be addressed by the hospital, based on the following questions:

1. How acute is the need? (Based on data and community concern)
2. What is the trend? Is the need getting worse?
3. Does the hospital provide services that relate to the priority?
4. Is someone else — or multiple groups — in the community already working on this issue?
5. If the hospital were to address this issue, are there opportunities to work with community partners?

Based on the discussion that emerged from the Altamonte Taskforce and similar discussion points that emerged from each of the campus-specific Taskforces, as well as post-surveys collected from community stakeholders after the meeting, Florida Hospital chose a three-part, primary Priority Issue for all campuses: Access to Care – Preventative, Primary and Mental Health.

1. Access to Care – Preventative includes food insecurity and obesity, and maternal and child health
2. Access to Care – Primary and Mental Health includes affordability of care and access to appropriate-level care utilizing care navigation and coordination.

The issue of chronic disease — cancer, diabetes and heart disease — relates to each of the categories.

After the CHNA Committee meeting, the hospital sent out an electronic survey (via Survey Monkey) to the Committee members. The goal of the electronic survey was to confirm that the hospital's write-up of the Florida Hospital Priority Issue reflected the discussion in the meeting. The survey results indicated that this was the case.

The Taskforce did not select the following issues as a top priority for Florida Hospital Altamonte:

1. High rates of substance abuse: This issue was not chosen because addiction is understood to be a component of poor mental health. If Florida Hospital can positively affect access to mental health services, a component of the top priority chosen, this may also affect rates of substance abuse.
2. Homelessness: While homelessness is a serious issue in Central Florida, the issue was not chosen because Florida Hospital is already working with community partners, including the Regional Commission on Homelessness, on this issue. In late 2014, the hospital donated \$6 million to the Commission's Housing First initiative.
3. Lack of affordable housing: This issue was not chosen because the hospital does not have the resources to effectively meet this need.
4. Poverty: This issue was not chosen because the hospital does not have the resources to effectively meet this need.
5. Asthma: While asthma did emerge as a serious health concern in the area assessed, the hospital did not choose this as a top priority because if the community has access to preventative and primary care, a component of the top priority chosen, this may also affect the rates of asthma.
6. Sexually transmitted infections (STIs): This issue was not chosen as a top priority because while the hospital has means to treat STIs, it does not have the resources to effectively prevent them. Additionally, if the community has access to preventative and primary care, a component of the top priority chosen, this may affect rates of STIs.
7. Diabetes in specific populations: This issue was not chosen specifically because it falls in the category of chronic disease, which relates to the top priority chosen. As Florida Hospital develops its Community Health Plan, it will factor in the higher prevalence of diabetes in minority populations.
8. Infant mortality in specific populations: This issue was not chosen specifically because it falls in the category of maternal and child health, which relates to the top priority chosen. As Florida Hospital develops its Community Health Plan, it will factor in the higher prevalence of infant mortality in minority populations.

### Priority Approval

The three part, primary Priority Issue of **Access to Care – Preventative, Primary and Mental Health** was approved on August 3, 2016 by the Community Health Impact Council (CHIC), a sub-committee of the Florida Hospital Board of Trustees. The CHIC serves as the governing body for Florida Hospital's community benefit activities. The CHIC approves, funds and measures initiatives to improve the health of Central Floridians, especially the underserved and marginalized, and is also responsible for approving the CHNA priorities chosen by Florida Hospital. The priority is slated to be approved on October 19, 2016 by the Florida Hospital Board of Trustees with recommendation from the CHIC.

### Next Steps

Next, the Community Health Plans with measurable goals will be developed to address the top priority issues. The plan will be completed and posted on the hospital's website prior to May 15, 2017.

### Public Health Representation

The Florida Hospital Altamonte Taskforce included representation from the public health community. The public health representative was Donna Walsh, MPA, BSN, RN, Seminole County Assistant Health Officer. As Seminole County's Assistant Health Officer, Donna oversees Community Health Planning, Epidemiology and Hepatitis programming, School Health and Teen Outreach programming as well as Tobacco Prevention programming. Her extensive work within public health, both clinically and administratively, has merited recognition at the state and local levels.

## Synthesized Themes

The following table provides a synthesis of the areas of concern across all of the data sources. Each data collection method was scanned for themes and significant disparities across various demographic items (race, education, income, etc.). The most common themes and indicators with the starkest disparities were marked as areas of concern for each data collection method. Those areas are then marked below to give the reader a visual representation of how often each theme appeared across data collection methods. The areas of concern are organized from most frequently discussed to least frequently discussed.

It is important to note during prioritization that some themes may be noted as important by decision-makers, but not viewed as priorities by the residents and vice-versa. For example, asthma was listed as a priority in 2013 and included in this assessment's areas of concern generated by the Collaboration. However, none of the other primary data sources noted asthma as a pressing concern. This does not mean asthma is not a problem; it simply means that there are likely other issues that are more severely impacting this community. Similarly, the top two causes of death are farther down the list of themes than one might expect. This is due to the social determinant approach taken in this assessment. While cause of death is important, the strategies put in place as a result of this report should focus on the root cause that lead to these deaths. Across the board, access and affordability of services, both physical and mental health, continue to be the biggest obstacle to overall health and well-being.

Synthesized Themes

Synthesized Themes

	SECONDARY DATA				PRIMARY DATA		
	2016 DATA	2013 PRIORITIES	COLLABORATION THEMES	CONSUMER SURVEYS	PROVIDER SURVEYS	STAKEHOLDER INTERVIEWS	COMMUNITY CONVERSATIONS
NEED FOR/ACCESS TO MENTAL HEALTH SERVICES		X	X	X	X	X	
AFFORDABILITY OF HEALTHCARE	X	X	X		X		X
ACCESS TO QUALITY/ NUTRITIOUS FOODS	X				X	X	X
DIABETES	X	X	X			X	
OBESITY	X	X				X	
INACTIVITY	X	X		X			
POVERTY	X		X		X		
HOMELESSNESS	X		X		X		
SUBSTANCE ABUSE		X				X	X
AFFORDABLE HOUSING		X	X			X	
LOW WAGES					X	X	
FOOD INSECURITY			X			X	
CANCER		X	X				
HEART DISEASE		X	X				
VAPING/E-CIGARETTES					X	X	
MEDICAID EXPANSION					X	X	
MATERNAL & CHILD HEALTH		X	X				
ASTHMA		X	X				
NEED FOR CULTURAL COMPETENCY/EQUITY					X		
POPULATION GROWTH					X		

Synthesized Themes

Synthesized Themes

	SECONDARY DATA				PRIMARY DATA		
	2016 DATA	2013 PRIORITIES	COLLABORATION THEMES	CONSUMER SURVEYS	PROVIDER SURVEYS	STAKEHOLDER INTERVIEWS	COMMUNITY CONVERSATIONS
POLITICAL DIVISIVENESS					X		
INAPPROPRIATE USE OF THE ER						X	
STROKE		X					
BIKE-/PEDESTRIAN-FRIENDLY INFRASTRUCTURE				X			
MOTOR VEHICLE COLLISIONS		X					

## Community Assets to Address the Needs

In addition to the hospitals and healthcare systems in the four-county assessment region, the following organizations were identified as service providers dedicated to the health and well-being of Lake, Orange, Osceola and Seminole Counties' residents. The following lists are not intended to be exhaustive, but rather representative of organizations that make services available.

### Community Assets by County - Chronic Disease: Asthma

ASTHMA	LAKE	ORANGE	OSCEOLA	SEMINOLE
AMERICAN LUNG ASSOCIATION	X	X	X	X
CENTER FOR MULTICULTURAL WELLNESS & PREVENTION		X	X	X
COMMUNITY HEALTH CENTERS	X	X		
GRACE MEDICAL HOME		X		
HISPANIC HEALTH INITIATIVES		X	X	X
ORANGE BLOSSOM FAMILY HEALTH		X		X
ORANGE COUNTY HEALTH DEPARTMENT		X		
OSCEOLA COUNTY HEALTH DEPARTMENT			X	
SEMINOLE COUNTY HEALTH DEPARTMENT				X
SHEPHERD'S HOPE		X		X
TRUE HEALTH		X		X
UNITED WAY 2-1-1	X	X	X	X



## Community Assets by County - Chronic Disease: Cancer

CANCER	LAKE	ORANGE	OSCEOLA	SEMINOLE
100 BLACK MEN OF ORLANDO, INC.		X		
AMERICAN CANCER SOCIETY	X	X	X	X
AMERICAN HEART ASSOCIATION	X	X	X	X
AMERICAN LUNG ASSOCIATION	X	X	X	X
CENTER FOR CHANGE		X		
CENTER FOR MULTICULTURAL WELLNESS & PREVENTION		X	X	X
CENTRAL FLORIDA BLACK NURSES ASSOC. OF FLORIDA		X	X	X
COMPASSIONATE HANDS & HEARTS		X	X	X
COMMUNITY HEALTH CENTERS	X	X		
CONCERNED CITIZENS COMBATING CANCER		X	X	X
DEBBIE TURNER CANCER CARE & RESOURCE CENTER		X		
FLORIDA BREAST CANCER FOUNDATION	X	X	X	X
HISPANIC HEALTH INITIATIVES		X	X	X
LAKE COUNTY HEALTH DEPARTMENT	X			
LIBBY'S LEGACY	X	X	X	
ORANGE BLOSSOM FAMILY HEALTH		X		
ORANGE COUNTY HEALTH DEPARTMENT		X		
ORLANDO SUPPORT		X	X	X
OSCEOLA COUNTY HEALTH DEPARTMENT			X	
OVARIAN CANCER ALLIANCE OF FLORIDA		X	X	X
PRIMARY CARE ACCESS NETWORK (PCAN)		X		
SEMINOLE COUNTY HEALTH DEPARTMENT				X
SISTERS NETWORK, INC.		X	X	X
SUSAN G. KOMEN CENTRAL FLORIDA AFFILIATE	X	X	X	X
TAVARES VA COMMUNITY-BASED OUTPATIENT CLINIC	X			
THE CENTER FOR CHANGE				X
THE CENTER ORLANDO		X	X	X
THE LEUKEMIA & LYMPHOMA SOCIETY		X		X

## Community Assets by County - Chronic Disease: Cancer, Cont'd.

CANCER, CONT'D.	LAKE	ORANGE	OSCEOLA	SEMINOLE
TRUE HEALTH		X	X	X
UNITED WAY 2-1-1	X	X	X	X
WOMEN PLAYING FOR T.I.M.E.		X	X	X

## Community Assets by County - Chronic Disease: Diabetes

DIABETES	LAKE	ORANGE	OSCEOLA	SEMINOLE
AMERICAN DIABETES ASSOCIATION	X	X	X	X
AMERICAN HEART ASSOCIATION	X	X	X	X
CENTER FOR CHANGE		X		
CENTER FOR MULTICULTURAL WELLNESS & PREVENTION		X	X	X
CENTRAL FLORIDA DIABETES EDUCATION CENTER				X
CENTRAL FLORIDA PARTNERSHIP ON HEALTH DISPARITIES		X	X	X
CENTRAL FLORIDA PHARMACY COUNCIL		X	X	X
CENTRAL FLORIDA YMCA	X	X	X	X
COMMUNITY HEALTH CENTERS	X	X		
ELDER OPTIONS	X			
GOLDEN TRIANGLE YMCA	X			
GRACE MEDICAL HOME		X		
HARVEST TIME INTERNATIONAL, INC.	X	X	X	X
HEALTHY ORANGE COLLABORATIVE		X		
HEBNI NUTRITION CONSULTANTS, INC.		X	X	X
HISPANIC HEALTH INITIATIVES	X	X	X	X
LAKE COUNTY HEALTH DEPARTMENT	X			
LIFELINE SCREENINGS FOR DIABETES	X			
ORANGE BLOSSOM FAMILY HEALTH		X	X	X
ORANGE COUNTY HEALTH DEPARTMENT		X		
OSCEOLA COUNTY HEALTH DEPARTMENT			X	
PRIMARY CARE ACCESS NETWORK (PCAN)		X		X
SECOND HARVEST FOOD BANK	X	X	X	X
SEMINOLE COUNTY HEALTH DEPARTMENT				X
SHEPHERD'S HOPE		X		X
TAVARES VA COMMUNITY-BASED OUTPATIENT CLINIC	X			
THE ORLANDO VA MEDICAL CENTER		X	X	X
THE ORLANDO VA MEDICAL CENTER - KISSIMMEE COMMUNITY-BASED OUTPATIENT CLINIC			X	

## Community Assets by County - Chronic Disease: Diabetes, Cont'd.

DIABETES, CONT'D.	LAKE	ORANGE	OSCEOLA	SEMINOLE
TRUE HEALTH		X	X	X
UNITED WAY 2-1-1	X	X	X	X

## Community Assets by County - Chronic Disease: Heart Disease

HEART DISEASE	LAKE	ORANGE	OSCEOLA	SEMINOLE
100 BLACK MEN OF ORLANDO, INC.		X		
AMERICAN HEART ASSOCIATION	X	X	X	X
CENTER FOR CHANGE		X		
CENTER FOR MULTICULTURAL WELLNESS & PREVENTION		X	X	X
CENTRAL FLORIDA PARTNERSHIP ON HEALTH DISPARITIES		X	X	X
CENTRAL FLORIDA YMCA		X	X	X
COMMUNITY HEALTH CENTERS	X	X		
GRACE MEDICAL HOME		X		
HEALTHY ORANGE COLLABORATIVE		X		
HEALTHY SEMINOLE COLLABORATIVE				X
HEBNI NUTRITION CONSULTANTS, INC.		X	X	
HISPANIC HEALTH INITIATIVES	X	X	X	X
LAKE COUNTY HEALTH DEPARTMENT	X			
MENDED HEARTS OF OSCEOLA			X	
ORANGE BLOSSOM FAMILY HEALTH		X		
ORANGE COUNTY HEALTH DEPARTMENT		X		
OSCEOLA COUNTY HEALTH DEPARTMENT			X	
PRIMARY CARE ACCESS NETWORK (PCAN)		X		
SEMINOLE COUNTY HEALTH DEPARTMENT				X
SHEPHERD'S HOPE		X		X
THE ORLANDO VA MEDICAL CENTER		X	X	X
THE ORLANDO VA MEDICAL CENTER - KISSIMMEE COMMUNITY-BASED OUTPATIENT CLINIC			X	
TRUE HEALTH		X		X
UNITED WAY 2-1-1		X	X	X

## Community Assets by County - Chronic Disease: Obesity

OBESITY	LAKE	ORANGE	OSCEOLA	SEMINOLE
100 BLACK MEN OF ORLANDO, INC.		X		
AMERICAN DIABETES ASSOCIATION	X	X	X	X
AMERICAN HEART ASSOCIATION	X	X	X	X
BOYS AND GIRLS CLUB OF CENTRAL FLORIDA		X	X	X
BOYS AND GIRLS CLUB OF LAKE & SUMTER COUNTIES	X			
CENTER FOR CHANGE		X		
CENTER FOR MULTICULTURAL WELLNESS & PREVENTION		X	X	X
CENTER STREET KITCHEN, FIRST PRESBYTERIAN CHURCH	X			
CENTRAL FLORIDA DREAMPLEX	X			
CENTRAL FLORIDA YMCA		X	X	X
CITY OF ORLANDO PARKS & RECREATION		X		
COMMUNITY HEALTH CENTERS	X	X		
COMMUNITY VISION			X	
FOOD STAMPS	X			
GET ACTIVE ORLANDO	X	X		
GET FIT LAKE	X			
GRACE MEDICAL HOME		X		
HEALTHY 100 KIDS		X	X	X
HEALTHY CENTRAL FLORIDA		X		
HEALTHY KIDS TODAY		X		
HEALTHY SEMINOLE COLLABORATIVE				X
HEBNI NUTRITION CONSULTANTS, INC.		X	X	X
HISPANIC HEALTH INITIATIVES	X	X	X	X
LAKE COMMUNITY ACTION AGENCY	X			
LAKE COUNTY HEALTH DEPARTMENT	X			
LAKE COUNTY SCHOOLS	X			
LOCAL CITY PARKS & RECREATION	X			

## Community Assets by County - Chronic Disease: Obesity, Cont'd.

OBESITY, CONT'D.	LAKE	ORANGE	OSCEOLA	SEMINOLE
MEALS ON WHEELS	X			
MISSION FIT KIDS		X	X	X
ORANGE BLOSSOM FAMILY HEALTH		X	X	X
ORANGE COUNTY HEALTH DEPARTMENT		X		
ORANGE COUNTY PARKS & RECREATION		X		
ORANGE COUNTY PUBLIC SCHOOL SYSTEM		X		
OSCEOLA COUNTY HEALTH DEPARTMENT			X	
OSCEOLA COUNTY PARKS & RECREATION			X	
OSCEOLA COUNTY SCHOOL DISTRICT WELLNESS PROGRAM			X	
OVEREATERS ANONYMOUS	X	X	X	X
PRIMARY CARE ACCESS NETWORK (PCAN)		X		
REDUCE OBESITY IN CENTRAL FLORIDA KIDS (ROCK)		X	X	X
SDA CHURCH OF UMATILLA	X			
SECOND HARVEST FOOD BANK OF CENTRAL FLORIDA	X	X	X	X
SEMINOLE COUNTY HEALTH DEPARTMENT				X
SEMINOLE COUNTY PARKS & RECREATION				X
SEMINOLE COUNTY PUBLIC SCHOOL SYSTEM				X
SHEPHERD'S HOPE		X		X
TAVARES VA COMMUNITY-BASED OUTPATIENT CLINIC	X			
THE COLLABORATIVE OBESITY PREVENTION PROGRAM		X		
THE HARMONY INSTITUTE			X	
THE ORLANDO VA MEDICAL CENTER		X	X	X
THE ORLANDO VA MEDICAL CENTER - KISSIMMEE COMMUNITY-BASED OUTPATIENT CLINIC			X	
TRUE HEALTH		X	X	X
UNITED WAY 2-1-1		X	X	X
USA DANCE		X		X
WEIGHT WATCHERS	X			
WINTER PARK HEALTH FOUNDATION		X		

## Community Assets by County - Chronic Disease: Stroke

STROKE	LAKE	ORANGE	OSCEOLA	SEMINOLE
100 BLACK MEN OF ORLANDO, INC.		X		
AMERICAN HEART ASSOCIATION	X	X	X	X
CENTER FOR CHANGE		X		
CENTER FOR MULTICULTURAL WELLNESS & PREVENTION		X	X	X
CENTRAL FLORIDA PARTNERSHIP ON HEALTH DISPARITIES		X	X	X
CENTRAL FLORIDA YMCA		X	X	X
COMMUNITY HEALTH CENTERS	X	X		
GOLDEN TRIANGLE YMCA	X			
GRACE MEDICAL HOME		X		
HEALTHY ORANGE COLLABORATIVE		X		
HEALTHY SEMINOLE COLLABORATIVE				X
HEBNI NUTRITION CONSULTANTS, INC.		X	X	
HISPANIC HEALTH INITIATIVES		X	X	X
LAKE COUNTY HEALTH DEPARTMENT	X			
MENDED HEARTS, LAKE COUNTY	X			
MENDED HEARTS OF OSCEOLA			X	
ORANGE BLOSSOM FAMILY HEALTH		X	X	X
ORANGE COUNTY HEALTH DEPARTMENT		X		
OSCEOLA COUNTY HEALTH DEPARTMENT			X	
PRIMARY CARE ACCESS NETWORK (PCAN)		X		
SEMINOLE COUNTY HEALTH DEPARTMENT				X
SHEPHERD'S HOPE		X		X
TAVARES VA COMMUNITY-BASED OUTPATIENT CLINIC	X			
THE ORLANDO VA MEDICAL CENTER		X	X	X
THE ORLANDO VA MEDICAL CENTER - KISSIMMEE COMMUNITY-BASED OUTPATIENT CLINIC			X	
TRUE HEALTH		X	X	X
UNITED WAY 2-1-1		X	X	X



## Community Assets by County - Healthcare: Services - Chronic Disease Management

CHRONIC DISEASE MANAGEMENT	LAKE	ORANGE	OSCEOLA	SEMINOLE
AMERICAN CANCER SOCIETY	X	X	X	X
AMERICAN DIABETES ASSOCIATION	X	X	X	X
AMERICAN HEART ASSOCIATION	X	X	X	X
AMERICAN LUNG ASSOCIATION	X	X	X	X
CENTER FOR MULTICULTURAL WELLNESS & PREVENTION		X	X	X
COMMUNITY HEALTH CENTERS	X	X		
ELDER OPTIONS	X			
GRACE MEDICAL HOME		X		
HEALTHY ORANGE COLLABORATIVE		X		
HEALTHY SEMINOLE COLLABORATIVE				X
HISPANIC HEALTH INITIATIVES		X	X	X
LAKE COUNTY HEALTH DEPARTMENT	X			
ORANGE BLOSSOM FAMILY HEALTH		X	X	X
ORANGE COUNTY HEALTH DEPARTMENT		X		
OSCEOLA COUNTY HEALTH DEPARTMENT			X	
PRIMARY CARE ACCESS NETWORK (PCAN)		X		
SEMINOLE COUNTY HEALTH DEPARTMENT				X
SHEPHERD'S HOPE		X		X
THE NATIONAL KIDNEY FOUNDATION		X	X	X
TRUE HEALTH		X		
UNITED WAY 2-1-1	X	X	X	X

## Community Assets by County - Healthcare: Services - Dental Care

DENTAL CARE	LAKE	ORANGE	OSCEOLA	SEMINOLE
100 BLACK MEN OF ORLANDO, INC.		X		
CENTER FOR MULTICULTURAL WELLNESS & PREVENTION		X	X	X
CENTRAL FLORIDA FAMILY MEDICINE		X		X
COMMUNITY HEALTH CENTERS	X	X		X
DENTAL CARE ACCESS FOUNDATION		X	X	X
GRACE MEDICAL HOME		X		
HARVEST TIME INTERNATIONAL				X
LAKE COUNTY HEALTH DEPARTMENT	X			
ORANGE BLOSSOM FAMILY HEALTH		X	X	X
ORANGE COUNTY HEALTH DEPARTMENT		X		
OSCEOLA CHRISTIAN MINISTRY CENTER			X	
OSCEOLA COUNTY HEALTH DEPARTMENT			X	
PRIMARY CARE ACCESS NETWORK (PCAN)		X		
SEMINOLE COUNTY HEALTH DEPARTMENT				X
SHEPHERD'S HOPE				X
ST. LUKE FREE MEDICAL AND DENTAL CLINIC	X			
TAVARES COMMUNITY-BASED OUTPATIENT CLINIC	X			
THE ORLANDO VA MEDICAL CENTER		X	X	X
UNITED WAY 2-1-1	X	X	X	X

## Community Assets by County - Healthcare: Services - Health Literacy

HEALTH LITERACY	LAKE	ORANGE	OSCEOLA	SEMINOLE
100 BLACK MEN OF ORLANDO, INC.		X		
APOPKA FAMILY LEARNING CENTER		X		
BOYS & GIRLS CLUB OF CENTRAL FLORIDA	X	X	X	X
CENTER FOR CHANGE		X		
CENTER FOR MULTICULTURAL WELLNESS & PREVENTION		X	X	X
CENTRAL FLORIDA PARTNERSHIP ON HEALTH DISPARITIES		X	X	X
COMMUNITY HEALTH CENTERS	X	X		
COMMUNITY VISION			X	
ELDER AFFAIRS	X			
FLORIDA NURSES ASSOCIATION		X	X	X
GRACE MEDICAL HOME		X		
HEALTHY ORANGE COLLABORATIVE		X		
HEALTHY SEMINOLE COLLABORATIVE				X
HISPANIC HEALTH INITIATIVES		X	X	X
LAKE COUNTY HEALTH DEPARTMENT	X			
LAKE COUNTY PUBLIC LIBRARIES	X			
ORANGE BLOSSOM FAMILY HEALTH		X	X	X
ORANGE COUNTY HEALTH DEPARTMENT		X		
ORANGE COUNTY PUBLIC LIBRARIES		X		
ORANGE COUNTY PUBLIC SCHOOL SYSTEM		X		
OSCEOLA COUNTY HEALTH DEPARTMENT			X	
OSCEOLA COUNTY PUBLIC LIBRARIES			X	
OSCEOLA COUNTY SCHOOL DISTRICT			X	
PRIMARY CARE ACCESS NETWORK (PCAN)		X		

## Community Assets by County - Healthcare: Services - Health Literacy, Cont'd.

HEALTH LITERACY, CONT'D.	LAKE	ORANGE	OSCEOLA	SEMINOLE
SEMINOLE COUNTY HEALTH DEPARTMENT				X
SEMINOLE COUNTY PUBLIC LIBRARIES				X
SEMINOLE COUNTY PUBLIC SCHOOL SYSTEM				X
SENIOR RESOURCE ALLIANCE		X	X	X
SHEPHERD'S HOPE		X		X
UNITED WAY 2-1-1	X	X	X	X
WINTER PARK HEALTH FOUNDATION		X		

## Community Assets by County - Healthcare: Services - Mental Health

MENTAL HEALTH	LAKE	ORANGE	OSCEOLA	SEMINOLE
100 BLACK MEN OF ORLANDO, INC.		X		
ASPIRE HEALTH PARTNERS		X	X	X
CHILDREN'S HOME SOCIETY OF FLORIDA	X	X	X	X
COMMUNITY HEALTH CENTERS	X	X		
FLORIDA DEPARTMENT OF CHILDREN & FAMILIES	X	X	X	X
IMPOWER		X	X	X
LA AMISTAD RESIDENTIAL TREATMENT CENTER		X		
LIFESTREAM BEHAVIORAL SERVICES	X			
NATIONAL ALLIANCE ON MENTAL ILLNESS		X	X	X
OMEGA ALPHA NU MINISTRIES MENTAL HEALTH			X	
ORANGE BLOSSOM FAMILY HEALTH		X	X	X
ORANGE COUNTY HEALTH & FAMILY SERVICES		X		
ORLANDO BEHAVIORAL HEALTH		X	X	X
PARK PLACE BEHAVIORAL HEALTHCARE		X	X	
PATHWAYS DROP-IN CENTER, INC.	X	X	X	X
SEMINOLE COMMUNITY MENTAL HEALTH CENTER				X
THE CENTER ORLANDO		X	X	X
THE CHRYSALIS CENTER, INC.		X		
THE GROVE COUNSELING CENTER		X	X	X
THE MENTAL ASSOCIATION OF CENTRAL FLORIDA		X	X	X
THE ORLANDO VA MEDICAL CENTER		X	X	X
THE ORLANDO VA MEDICAL CENTER - KISSIMMEE COMMUNITY-BASED OUTPATIENT CLINIC			X	
THE TRANSITION HOUSE		X		
TRUE HEALTH				X
UNITED AGAINST POVERTY	X	X		

## Community Assets by County - Healthcare: Services - Mental Health, Cont'd.

MENTAL HEALTH, CONT'D.	LAKE	ORANGE	OSCEOLA	SEMINOLE
UNITED WAY 2-1-1		X	X	X
UNIVERSITY BEHAVIORAL CENTER		X		
VISIONARY VANGUARD GROUP		X		
WAYNE DENSCH CENTER		X	X	X
WRAPAROUND ORANGE		X		

## Community Assets by County - Healthcare: Services - Substance Abuse

SUBSTANCE ABUSE	LAKE	ORANGE	OSCEOLA	SEMINOLE
ALA TEEN		X	X	X
AL-NON		X	X	X
ALCOHOLICS ANONYMOUS	X	X	X	X
ASPIRE HEALTH PARTNERS		X	X	X
BE FREE LAKE	X			
CENTRAL CARE MISSION OF ORLANDO, INC.		X		
COMMUNITY FOOD & OUTREACH CENTER		X		
FLORIDA ALCOHOL & DRUG ABUSE ASSOCIATION		X	X	X
FLORIDA DEPARTMENT OF CHILDREN & FAMILIES	X	X	X	X
FRESH START MINISTRIES OF CENTRAL FLORIDA, INC.		X	X	X
HOUSE OF FREEDOM, INC.			X	
LA AMISTAD RESIDENTIAL TREATMENT CENTER		X		
LIFESTREAM BEHAVIORAL SERVICES	X			
MULTICULTURAL ADDICTION SERVICES		X		
NARCOTICS ANONYMOUS	X	X	X	X
ORANGE BLOSSOM FAMILY HEALTH		X	X	X
ORLANDO BEHAVIORAL HEALTHCARE		X	X	X
PARK PLACE BEHAVIORAL HEALTHCARE			X	
SPECIALIZED TREATMENT, EDUCATION AND PREVENTION SERVICES, INC.		X		X
THE CENTER ORLANDO		X	X	X
THE CHRYSALIS CENTER, INC.				
THE GROVE COUNSELING CENTER				X
THE TURNING POINT		X	X	X
UNITED WAY 2-1-1	X	X	X	X
UNIVERSITY BEHAVIORAL HEALTH CENTER		X		

## Community Assets by County - Healthcare: Barriers - Access to Care

ACCESS TO CARE	LAKE	ORANGE	OSCEOLA	SEMINOLE
100 BLACK MEN OF ORLANDO, INC.		X		
CENTER FOR CHANGE		X		
CENTER FOR MULTICULTURAL WELLNESS & PREVENTION		X	X	X
CENTRAL FLORIDA PARTNERSHIP ON HEALTH DISPARITIES		X	X	X
COMMUNITY HEALTH CENTERS	X	X		
COMMUNITY MEDICAL CARE CENTER, LEESBURG (FREE CLINIC)	X			
COMMUNITY VISION			X	
ELDER CARE	X			
FLORIDA DEPARTMENT OF CHILDREN & FAMILIES	X	X	X	X
FLORIDA HEALTH CARE COALITION	X	X	X	X
GRACE MEDICAL HOME		X		
HARVEST TIME INTERNATIONAL, INC.		X	X	X
HEALTHY ORANGE COLLABORATION		X		
HEALTHY SEMINOLE COLLABORATION				X
HISPANIC HEALTH INITIATIVES		X	X	X
HOPE AND HELP CENTER OF CENTRAL FLORIDA		X	X	X
LAKE COUNTY HEALTH DEPARTMENT	X			
LIFE'S CHOICES OF LAKE COUNTY, EUSTIS	X			
ORANGE BLOSSOM FAMILY HEALTH		X	X	X
ORANGE COUNTY HEALTH DEPARTMENT		X		
OSCEOLA CHRISTIAN MINISTRY CENTER			X	
OSCEOLA COUNCIL ON AGING			X	
OSCEOLA COUNTY HEALTH DEPARTMENT			X	
PARTNERSHIP FOR PRESCRIPTION ASSISTANCE	X			
PATHWAYS TO CARE				X
PRIMARY CARE ACCESS NETWORK (PCAN)		X		



## Community Assets by County - Healthcare: Barriers - Access to Care, Cont'd.

ACCESS TO CARE, CONT'D.	LAKE	ORANGE	OSCEOLA	SEMINOLE
SEMINOLE COUNTY HEALTH DEPARTMENT				X
SHEPHERD'S HOPE		X		X
ST. LUKE MEDICAL AND DENTAL CLINIC	X			
TAVARES VA COMMUNITY-BASED OUTPATIENT CLINIC	X			
THE CENTER ORLANDO		X		X
THE ORLANDO VA MEDICAL CENTER		X	X	X
THE ORLANDO VA MEDICAL CENTER - KISSIMMEE COMMUNITY-BASED OUTPATIENT CLINIC			X	
THE SHARING CENTER				X
TRUE HEALTH				X
UNITED AGAINST POVERTY		X		
UNITED WAY 2-1-1	X	X	X	X
UNITED WAY FREE AND REDUCED PRESCRIPTIONS	X			
UNIVERSITY BEHAVIORAL HEALTH CENTER		X		
VETERAN'S AFFAIRS, LEESBURG	X			
WE CARE OF LAKE COUNTY	X			

## Community Assets by County - Healthcare: Barriers - Affordable Healthcare

AFFORDABLE HEALTHCARE	LAKE	ORANGE	OSCEOLA	SEMINOLE
100 BLACK MEN OF ORLANDO, INC.		X		
ASPIRE HEALTH PARTNERS		X	X	X
CENTER FOR CHANGE		X		
CENTER FOR MULTICULTURAL WELLNESS & PREVENTION		X	X	X
CENTRAL FLORIDA PARTNERSHIP ON HEALTH DISPARITIES		X	X	X
COMMUNITY HEALTH CENTERS		X		
COMMUNITY VISION			X	
FLORIDA DEPARTMENT OF CHILDREN & FAMILIES	X	X	X	X
FLORIDA HEALTH CARE COALITION	X	X	X	X
GRACE MEDICAL HOME		X		
HARVEST TIME INTERNATIONAL, INC.		X	X	X
HEALTHY ORANGE COLLABORATION		X		
HEALTHY SEMINOLE COLLABORATION				X
HISPANIC HEALTH INITIATIVES		X	X	X
HOPE AND HELP CENTER OF CENTRAL FLORIDA		X	X	X
LAKE COUNTY HEALTH DEPARTMENT	X			
ORANGE BLOSSOM FAMILY HEALTH		X	X	X
ORANGE COUNTY HEALTH DEPARTMENT		X		
OSCEOLA CHRISTIAN MINISTRY CENTER			X	
OSCEOLA COUNCIL ON AGING			X	
OSCEOLA COUNTY HEALTH DEPARTMENT			X	
PATHWAYS TO CARE		X	X	X
PRIMARY CARE ACCESS NETWORK (PCAN)		X		
SEMINOLE COUNTY HEALTH DEPARTMENT				X
SHEPHERD'S HOPE		X		X

## Community Assets by County - Healthcare: Barriers - Affordable Healthcare, Cont'd.

AFFORDABLE HEALTHCARE, CONT'D.	LAKE	ORANGE	OSCEOLA	SEMINOLE
THE CENTER ORLANDO		X	X	X
THE ORLANDO VA MEDICAL CENTER		X	X	X
THE ORLANDO VA MEDICAL CENTER - KISSIMMEE COMMUNITY-BASED OUTPATIENT CLINIC			X	
THE SHARING CENTER				X
TRUE HEALTH		X		X
UNITED AGAINST POVERTY		X		
UNITED WAY 2-1-1	X	X	X	X
UNIVERSITY BEHAVIORAL CENTER		X		

## Community Assets by County - Reproductive Health: Maternal and Child Health

MATERNAL AND CHILD HEALTH	LAKE	ORANGE	OSCEOLA	SEMINOLE
APOPKA FAMILY LEARNING CENTER		X		
BETA CENTER		X	X	X
BOYS & GIRLS CLUB OF CENTRAL FLORIDA	X	X	X	X
CENTER FOR CHANGE		X		
CENTER FOR MULTICULTURAL WELLNESS & PREVENTION		X	X	X
CENTRAL FLORIDA PARTNERSHIP ON HEALTH DISPARITIES		X	X	X
CHRISTIAN CARE CENTER	X			
COMMUNITY HEALTH CENTERS	X	X		
COMMUNITY VISION		X		
CONDUCTIVE EDUCATION CENTER OF ORLANDO		X		
EARLY LEARNING COALITION OF LAKE COUNTY	X			
EARLY LEARNING COALITION OF ORANGE COUNTY		X		
EARLY LEARNING COALITION OF OSCEOLA COUNTY			X	
EARLY LEARNING COALITION OF SEMINOLE COUNTY				X
FLORIDA DEPARTMENT OF CHILDREN & FAMILIES	X	X	X	X
FLORIDA NETWORK OF CHILDRENS ADVOCACY CENTERS		X	X	X
HEALTHY ORANGE COLLABORATIVE		X		
HEALTHY START COALITION OF ORANGE COUNTY		X		
HEALTHY START COALITION OF OSCEOLA COUNTY			X	
HEALTHY START COALITION OF SEMINOLE COUNTY				X
HEART OF FLORIDA UNITED WAY		X	X	X
KIDS HOUSE				X
KINDER KONSULTING & PARENTS, TOO		X		

## Community Assets by County - Reproductive Health: Maternal and Child Health, Cont'd.

MATERNAL AND CHILD HEALTH, CONT'D.	LAKE	ORANGE	OSCEOLA	SEMINOLE
LAKE COUNTY BREASTFEEDING TASK FORCE	X			
LIFE CHOICES	X			
ORANGE COUNTY HEALTH DEPARTMENT		X		
OSCEOLA COUNTY HEALTH DEPARTMENT			X	
PLANNED PARENTHOOD		X	X	X
PRIMARY CARE ACCESS NETWORK (PCAN)		X		
SANFORD CRISIS PREGNANCY CENTER				X
SEMINOLE COUNTY HEALTH DEPARTMENT				X
SOUTH LAKE PREGNANCY CENTER	X			X
THE CHRYSALIS CENTER, INC.		X		
TRUE HEALTH		X	X	X
UNITED AGAINST POVERTY		X		
UNITED WAY 2-1-1	X	X	X	X
UNITED WAY OF LAKE SUMTER COUNTIES	X			

## Community Assets by County - Reproductive Health: Sexually Transmitted Diseases

SEXUALLY TRANSMITTED DISEASES	LAKE	ORANGE	OSCEOLA	SEMINOLE
100 BLACK MEN OF ORLANDO, INC.		X		
ASPIRE HEALTH PARTNERS		X	X	X
APOPKA FAMILY LEARNING CENTER		X		
CENTER FOR CHANGE		X		
CENTER FOR MULTICULTURAL WELLNESS & PREVENTION		X	X	X
CENTRAL FLORIDA PARTNERSHIP ON HEALTH DISPARITIES		X	X	X
COMMUNITY HEALTH CENTERS	X	X		
COMMUNITY VISION			X	
GRACE MEDICAL HOME		X		
HOPE AND HELP CENTER OF CENTRAL FLORIDA		X	X	X
MIRACLE OF LOVE		X	X	X
MULTICULTURAL ADDICTION SERVICES, LLC		X		
LAKE COUNTY HEALTH DEPARTMENT	X			
ORANGE BLOSSOM FAMILY HEALTH		X	X	X
ORANGE COUNTY HEALTH DEPARTMENT		X		
OSCEOLA COUNTY HEALTH DEPARTMENT			X	
PLANNED PARENTHOOD				
SEMINOLE COUNTY HEALTH DEPARTMENT		X	X	X
SHEPHERD'S HOPE		X		X
TAVARES VA MEDICAL CENTER	X			
THE CENTER ORLANDO		X	X	X
THE ORLANDO VA MEDICAL CENTER		X	X	X
THE PLACE OF COMFORT		X	X	X
TRUE HEALTH		X		X
TURNING POINT		X	X	X
UNITED AGAINST POVERTY		X		
UNITED WAY 2-1-1	X	X	X	X

## Community Assets by County - Adolescent Health: Marijuana Use Among Youth

MARIJUANA USE AMONG YOUTH	LAKE	ORANGE	OSCEOLA	SEMINOLE
ASPIRE HEALTH PARTNERS		X	X	X
BE FREE LAKE	X			
BOYS & GIRLS CLUB OF CENTRAL FLORIDA		X	X	X
BOYS & GIRLS CLUB OF LAKE & SUMTER COUNTIES	X			
FLORIDA DEPARTMENT OF CHILDREN & FAMILIES	X	X	X	X
LA AMISTAD RESIDENTIAL TREATMENT CENTER		X		
LAKE COUNTY PUBLIC SCHOOLS	X			
LIFESTREAM	X			
MULTICULTURAL ADDICTION SERVICES		X	X	X
NARCOTICS ANONYMOUS		X	X	X
ORANGE COUNTY PUBLIC SCHOOL SYSTEM		X		
ORLANDO BEHAVIORAL HEALTHCARE		X	X	X
OSCEOLA COUNTY PUBLIC SCHOOL SYSTEM			X	
SEMINOLE BEHAVIORAL HEALTHCARE				X
SEMINOLE COUNTY PUBLIC SCHOOL SYSTEM				X
SEMINOLE PREVENTION COALITION				X
SPECIALIZED TREATMENT, EDUCATION AND PREVENTION SERVICES, INC.		X		
THE CHRYSALIS CENTER, INC.		X	X	X
UNITED AGAINST POVERTY		X		
UNITED WAY 2-1-1	X	X	X	X
UNIVERSITY BEHAVIORAL CENTER		X		

## Community Assets by County - Adolescent Health: Physical Activity Among Youth

PHYSICAL ACTIVITY AMONG YOUTH	LAKE	ORANGE	OSCEOLA	SEMINOLE
100 BLACK MEN OF ORLANDO, INC.		X		
AMERICAN DIABETES ASSOCIATION	X	X	X	X
AMERICAN HEART ASSOCIATION	X	X	X	X
ASPIRE HEALTH PARTNERS		X	X	X
BOYS & GIRLS CLUB OF CENTRAL FLORIDA		X	X	X
BOYS & GIRLS CLUB LAKE & SUMTER COUNTIES	X			
CENTER FOR CHANGE		X		
CENTER FOR MULTICULTURAL WELLNESS & PREVENTION		X	X	X
CENTRAL FLORIDA YMCA		X	X	X
CITY OF ORLANDO PARKS & RECREATION		X		
CLERMONT ARTS AND RECREATIONAL CENTERS	X			
COMMUNITY HEALTH CENTERS	X	X		
F.I.T. SPORTS				X
FUN 4 LAKE KIDS	X			
GET ACTIVE ORLANDO		X		
GET FIT LAKE	X			
HEALTHY 100 KIDS		X		
HEALTHY CENTRAL FLORIDA		X		
HEALTHY ORANGE COLLABORATIVE		X		
HEALTHY SEMINOLE COLLABORATIVE				X
HEBNI NUTRITION CONSULTANTS, INC.		X	X	X
HISPANIC HEALTH INITIATIVES		X	X	X
JEWISH COMMUNITY CENTER		X		
LAKE COUNTY CHILDREN'S SERVICES	X			
LAKE COUNTY HEALTH DEPARTMENT	X			
LAKE COUNTY PARKS & RECREATION	X			
LAKE COUNTY PUBLIC LIBRARY SYSTEM	X			



## Community Assets by County - Adolescent Health: Physical Activity Among Youth, Cont'd.

PHYSICAL ACTIVITY AMONG YOUTH, CONT'D.	LAKE	ORANGE	OSCEOLA	SEMINOLE
LAKE COUNTY SCHOOLS	X			
LAKE COUNTY SHARED SERVICES	X			
LIVE WELL CENTERS/NATIONAL TRAINING CENTER	X			
MISSION FIT KIDS		X		
ORANGE COUNTY HEALTH DEPARTMENT		X		
ORANGE COUNTY PARKS & RECREATION		X		
ORANGE COUNTY PUBLIC SCHOOL SYSTEM		X		
OSCEOLA COUNTY HEALTH DEPARTMENT			X	
OSCEOLA COUNTY PARKS & RECREATION			X	
OSCEOLA COUNTY SCHOOL DISTRICT WELLNESS PROGRAM			X	
OVEREATERS ANONYMOUS	X	X	X	X
PRIMARY CARE ACCESS NETWORK (PCAN)		X		
REDUCE OBESITY IN CENTRAL FLORIDA KIDS (ROCK)		X	X	X
SEMINOLE COUNTY HEALTH DEPARTMENT				X
SEMINOLE COUNTY PARKS & RECREATION				X
SEMINOLE COUNTY PUBLIC SCHOOL SYSTEM				X
THE COLLABORATIVE OBESITY PREVENTION PROGRAM		X		
THE HARMONY INSTITUTE			X	
TRUE HEALTH		X		X
UNITED WAY 2-1-1	X	X	X	X
WINTER PARK HEALTH FOUNDATION		X		
YMCA	X	X	X	X

## Community Assets by County - Social Determinants of Health: Financial Barriers - Homelessness

HOMELESSNESS	LAKE	ORANGE	OSCEOLA	SEMINOLE
ASPIRE HEALTH PARTNERS		X	X	X
BETA CENTER		X	X	X
CENTER FOR CHANGE		X		
CENTER FOR MULTICULTURAL WELLNESS & PREVENTION		X	X	X
CENTRAL FLORIDA COMMISSION ON HOMELESSNESS		X		
CHRISTIAN CARE CENTER	X			
CHRISTIAN SERVICE CENTER OF CENTRAL FLORIDA		X	X	X
COALITION FOR THE HOMELESS OF CENTRAL FLORIDA		X		
COMMUNITY VISION		X		
FAMILIES IN TRANSITION - SEMINOLE COUNTY PUBLIC SCHOOLS				X
FLORIDA DEPARTMENT OF CHILDREN & FAMILIES	X	X	X	X
FORWARD PATHS	X			
GOODWILL	X	X	X	X
HEART HANDS MINISTRY	X			
HEART OF FLORIDA UNITED WAY		X	X	X
HELPING OTHERS MAKE THE EFFORT			X	
HOMELESS SERVICES NETWORK OF CENTRAL FLORIDA		X	X	X
HOUSE OF FREEDOM, INC.			X	
INTERFAITH HOSPITALITY NETWORK ORLANDO		X		
LAKE COMMUNITY ACTION AGENCY	X			
LAKE CARES PANTRY	X			
MEN'S RESCUE MISSION LEESBURG	X			
MID-FLORIDA HOMELESS COALITION	X			
NEW BEGINNINGS	X			
ORANGE BLOSSOM FAMILY HEALTH		X	X	X
ORLANDO UNION RESCUE MISSION MEN'S DIVISION		X		
OSCEOLA CHRISTIAN MINISTRY CENTER			X	

## Community Assets by County - Social Determinants of Health: Financial Barriers - Homelessness, Cont'd.

HOMELESSNESS, CONT'D.	LAKE	ORANGE	OSCEOLA	SEMINOLE
OSCEOLA COUNCIL ON AGING			X	
OSCEOLA COUNTY HOUSING AGENCY KISSIMMEE			X	
PATHWAYS TO HOME				X
RESCUE OUTREACH MISSION OF SANFORD				X
THE CENTER FOR AFFORDABLE HOUSING, INC.				X
THE OPEN DOOR	X			
THE ORLANDO VA MEDICAL CENTER		X		X
THE SALVATION ARMY		X	X	X
THE TRANSITION HOUSE		X		
UNITED AGAINST POVERTY		X	X	X
UNITED WAY 2-1-1	X	X	X	X
UNITED WAY OF LAKE AND SUMTER COUNTIES	X			
WAYNE DENSCH CENTER		X	X	X

## Community Assets by County - Social Determinants of Health: Financial Barriers - Housing Affordability

HOUSING AFFORDABILITY	LAKE	ORANGE	OSCEOLA	SEMINOLE
ASPIRE HEALTH PARTNERS		X	X	X
CENTER FOR CHANGE		X		
CENTER FOR MULTICULTURAL WELLNESS & PREVENTION		X	X	X
CENTRAL FLORIDA URBAN LEAGUE		X	X	X
CITY OF ORLANDO HOUSING & COMMUNITY DEVELOPMENT		X		
COMMUNITY VISION		X		
EUSTIS HOUSING AUTHORITY	X			
HABITAT FOR HUMANITY	X	X	X	X
HOUSING & NEIGHBORHOOD DEVELOPMENT SERVICES OF CENTRAL FLORIDA (HANDS OF CENTRAL FLORIDA)	X	X	X	X
HOUSING FOR PERSONS LIVING WITH AIDS (HOPWA)		X	X	
LAKE COUNTY COUNCIL ON AGING	X			
LAKE COUNTY GOVERNMENT	X			
LAKE COUNTY HOUSING & COMMUNITY DEVELOPMENT	X			
LAKE COUNTY HOUSING FINANCE AUTHORITY	X			
ORANGE COUNTY GOVERNMENT		X		
ORANGE COUNTY HOUSING FINANCE AUTHORITY		X		
OSCEOLA COUNCIL ON AGING			X	
OSCEOLA COUNTY GOVERNMENT			X	
OSCEOLA COUNTY HOUSING AUTHORITY			X	
PATHWAYS TO HOME				X
RESCUE OUTREACH MISSION OF SANFORD				X
SEMINOLE COUNTY GOVERNMENT				X
SEMINOLE COUNTY HOUSING AUTHORITY				X
THE CENTER FOR AFFORDABLE HOUSING, INC.				X
UNITED AGAINST POVERTY		X	X	X
U.S. DEPARTMENT OF HOUSING & URBAN DEVELOPMENT		X	X	X
UNITED WAY 2-1-1	X	X	X	X

## Community Assets by County - Social Determinants of Health: Financial Barriers - High Unemployment

HIGH UNEMPLOYMENT	LAKE	ORANGE	OSCEOLA	SEMINOLE
ASPIRE HEALTH PARTNERS - WOMEN'S RESIDENTIAL SEMINOLE				X
CENTER FOR CHANGE		X		
CENTRAL FLORIDA EMPLOYMENT COUNCIL		X	X	X
CENTRAL FLORIDA PARTNERSHIP		X	X	X
CENTRAL FLORIDA URBAN LEAGUE		X	X	X
COUNTY CHAMBERS OF COMMERCE	X	X	X	X
CHOOSE OSCEOLA - OSCEOLA COUNTY ECONOMIC DEVELOPMENT DEPARTMENT			X	
COALITION FOR THE HOMELESS OF CENTRAL FLORIDA		X		
COMMUNITY VISION		X		
DOWNTOWN ORLANDO PARTNERSHIP		X		
GOODWILL	X	X	X	X
LAKE COUNTY ECONOMIC DEPARTMENT	X			
LEADERSHIP LAKE COUNTY	X			
LEADERSHIP ORLANDO		X		
LEADERSHIP OSCEOLA			X	
LEADERSHIP SEMINOLE				X
METRO ORLANDO ECONOMIC DEVELOPMENT COMMISSION		X		
ORLANDO UNION RESCUE MISSION MEN'S DIVISION		X		
OSCEOLA CHRISTIAN MINISTRY CENTER			X	
OSCEOLA COUNCIL ON AGING			X	
RESCUE OUTREACH MISSION OF SANFORD				X
SEMINOLE COUNTY ECONOMIC DEVELOPMENT				X
THE ORLANDO VA MEDICAL CENTER		X	X	X
UNITED AGAINST POVERTY		X	X	X
UNITED WAY 2-1-1	X	X	X	X
WORKFORCE CENTRAL FLORIDA	X	X	X	X

## Community Assets by County - Social Determinants of Health: Criminal Justice - Motor Vehicle Accidents/Collisions

MOTOR VEHICLE ACCIDENTS/COLLISIONS	LAKE	ORANGE	OSCEOLA	SEMINOLE
DEPARTMENT OF JUVENILE JUSTICE	X			
FLORIDA DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES	X	X	X	X
FLORIDA SAFETY COUNCIL, INC.	X	X	X	X
HEALTH CENTRAL HOSPITAL		X		
LAKE COUNTY PUBLIC SCHOOL SYSTEM	X			
MOTHERS AGAINST DRUNK DRIVING (MADD)		X	X	X
ORANGE COUNTY PUBLIC SCHOOL SYSTEM		X		
OSCEOLA COUNTY PUBLIC SCHOOL SYSTEM			X	
SEMINOLE COUNTY PUBLIC SCHOOL SYSTEM				X
UNITED WAY 2-1-1	X	X	X	X

## Community Assets by County - Social Determinants of Health: Criminal Justice - Violent Crime

VIOLENT CRIME	LAKE	ORANGE	OSCEOLA	SEMINOLE
ASPIRE HEALTH PARTNERS		X	X	X
CENTRAL FLORIDA REGIONAL HOSPITAL				X
CENTRAL FLORIDA URBAN LEAGUE		X	X	X
FLORIDA DEPARTMENT OF CHILDREN & FAMILIES	X	X		
HARBOR HOUSE OF CENTRAL FLORIDA		X	X	X
HAVEN LAKE COUNTY	X			
HELP NOW DOMESTIC VIOLENCE SHELTER			X	
LAKE COUNTY GOVERNMENT	X			
LAKE COUNTY SHERIFF'S OFFICE	X			
ORANGE COUNTY GOVERNMENT		X		
ORANGE COUNTY SHERIFF'S OFFICE		X		
OSCEOLA COUNTY GOVERNMENT			X	X
OSCEOLA COUNTY SHERIFF'S OFFICE				
POLICE DEPARTMENTS	X	X	X	X
RUTH HOUSE	X			
SEMINOLE COUNTY GOVERNMENT				X
SEMINOLE COUNTY SHERIFF'S OFFICE				X
UNITED WAY 2-1-1	X	X	X	X
UNIVERSITY BEHAVIORAL CENTER		X		

## Written Comments from the 2013 Community Health Needs Assessment

The hospital did not receive any written comments from the public regarding our 2013 Community Health Needs Assessment or Community Health Plan.

## Review of the Strategies Undertaken in the 2013 Community Health Plan

The Hospital conducts an annual Evaluation of the progress made on its Community Health Plan (Implementation Strategies). The Evaluation is reported to the IRS in the hospital's Form 990. The following narrative is a copy of the 2015 Community Health Plan Evaluation as noted in Form 990, Schedule H, Part V, Section B, Line 11.

## Community Needs Being Addressed by Florida Hospital Altamonte

Florida Hospital (FH) has seven acute-care hospital facilities in Orange, Seminole and Osceola Counties, FL. The tri-county area is often referred to as Central Florida. The seven Florida Hospital facilities operate under one license but, due to the diverse communities served, Florida Hospital conducted separate Community Health Needs Assessments and Community Health Plans (implementation strategies) for each Florida Hospital campus.

This narrative describes the Community Health Plan for Florida Hospital Altamonte (FHAlt), a 362-bed community hospital in Altamonte Springs, a northern suburb of Orlando, Florida. Florida Hospital Altamonte is located in Seminole County, which is more affluent than Orange and Osceola Counties (in which six other Florida Hospital facilities are located).

Florida Hospital Altamonte chose two areas of focus for its 2013-16 Community Health Plan: Access to Care and Obesity. The Obesity effort also addresses the prevention and management of Chronic Diseases.

### Access to Care

**2013 Description of the Issue:** The state of Florida has not accepted federal Medicaid expansion dollars, leaving 17.4% of Seminole County residents without health insurance. While this is lower than the overall Central Florida rate of 24%, Seminole County has pockets of uninsured residents, particularly in Sanford, the County seat.

**2015 Update:** Florida Hospital Altamonte provided financial support to the Health Care Center for the Homeless (HCCH) for its new medical and dental facility at Harvest Time Ministries in Sanford. HCCH is a federally qualified health center (FQHC) that sees uninsured patients on a sliding fee scale basis, and accepts Medicaid, Medicare and most insurance. Florida Hospital Altamonte also supports HCCH's HOPE van and the HOPE team which provides behavioral health services to homeless people living in camps in the woods.

Florida Hospital Altamonte has worked for many years with the True Health FQHC in Sanford on referrals between the entities. Florida Hospital Altamonte also joined True Health and others to successfully advocate for the restoration of bus service to the Sanford facility.

Florida Hospital Altamonte provided financial support (for operations) to Shepherd's Hope, which opened a free clinic in Longwood in Seminole County. This clinic is located at the Seminole Sharing



Center that provides a food pantry, clothing boutique, and social services for the working poor, as well as the Oasis Center for homeless people (which includes showers and other amenities). Florida Hospital Altamonte funds also helped Shepherd's Hope build a new electronic medical records system, and Florida Hospital Altamonte staff recruited over 150 different Florida Hospital employees to volunteer at Shepherd's Hope clinics including the new Longwood location.

Florida Hospital Orlando's Community After Hours Clinic, Congestive Health Failure Clinic, Lung Clinic and Outlook Clinic for Depression & Anxiety are located in adjacent Orange County but also serve Seminole County residents. These clinics are provided at no cost to their patients.

Florida Hospital Altamonte provides leadership (via board membership) and full salary support for the clinical leader at Kids' House of Seminole and its Children's Advocacy Center. Kids' House provides services to victims of child abuse and their families, as well as prevention programs. Florida Hospital Altamonte also provided a funding match for the Healthy Start Coalition of Seminole County that serves mothers and infants.

Florida Hospital's mobile mammogram unit provided 1,400 free or very low-cost mammograms to uninsured women, including those in Seminole County. Florida Hospital Altamonte financially supports IDignity, a nonprofit agency that helps homeless people without identification to get IDs. IDignity serves both Seminole and Orange Counties.

In order to help build the local health care workforce (and ensure that Central Florida has providers in the future), Florida Hospital Altamonte provided funding for the professional development and education of medical and nursing students from Valencia College, Seminole State College, Adventist University, the University of Central Florida (UCF), and the UCF School of Medicine. These entities, particularly Seminole State College, rotate students through clinical departments at Florida Hospital Altamonte.

### **Obesity / Disease Prevention**

**2013 Description of the Issue:** Obesity increases the risk for developing health conditions such as heart disease, stroke, diabetes and cancer. Additionally, being overweight or obese increases the risk of adverse health outcomes and has significant economic impacts on individuals and the community. These impacts can include a rise in health care spending over time as well as lost earnings and productivity due to illness.

Good nutrition, physical activity, and maintaining a healthy body weight can help manage/prevent obesity and promote overall health and well-being. Florida Hospital Altamonte's obesity interventions were designed to serve both adults and children.

**2015 Update:** Florida Hospital Altamonte partnered with the Winter Park Health Foundation to co-found "Healthy Central Florida," an initiative that promotes healthy living and influences policy changes such as smoke-free resolutions. Healthy Central Florida also offered healthy lifestyle events in Winter Park (north Orange and South Seminole Counties) and Maitland, which straddles Seminole and Orange Counties. Examples include events that promoted a healthy lifestyle, exercise, good nutrition, and the establishment of smoke-free and safe pedestrian resolutions in Winter Park and other communities. Activities included the Maitland Walks program.

Florida Hospital Altamonte also provided leadership to the Healthy Seminole Collaboration, a collaboration of community organizations working to reduce obesity in the County, and offered free

'Quit Smoking Now' smoking cessation classes. With community partners, Florida Hospital served 4,200 people in identified food deserts with a Mobile Farmers Market that offered fresh fruits and vegetables, cooking demos and nutritional educational opportunities in Seminole and Orange Counties.

CREATION Health lifestyle seminars and expanded programs were offered at Florida Hospital Altamonte and in community settings. CREATION Health is a faith-based wellness plan that focuses on eight principles: Choice, Rest, Environment, Activity, Trust, Interpersonal Relationships, Outlook and Nutrition. CREATION Kids is a child-friendly wellness program that stresses healthy eating and exercise in church and school settings; it reached 350 children and their parents.

To increase opportunities for leisure time physical activity, Florida Hospital Altamonte provided free state park admissions to Seminole County residents, and sponsored a number of 5K races that also raised funds for groups such as the American Heart Association (the Heart Walk enlisted 650 Florida Hospital Altamonte employees).

## Community Needs Not Chosen by Florida Hospital Altamonte

### **Diabetes, Cancer, Heart Disease, Stroke & Asthma**

Florida Hospital Altamonte and its community partners - the Department of Health, the Area Health Education Council (AHEC), the American Heart Association, the American Cancer Society, the American Lung Association, etc. - already provide a number of health education and disease management programs.

### **Marijuana Use Among Youth, Mental Health & Substance Abuse**

Florida Hospital Altamonte does not provide substance abuse or behavioral/mental health services. There are strong mental health and substance abuse assets in Seminole County including Aspire Behavioral Health (in- and outpatient mental health and substance abuse services) and the Orlando Health Behavioral Group, an 80-bed psychiatric hospital at South Seminole Hospital, an unrelated hospital.

### **Maternal and Child Health**

Florida Hospital Altamonte provides obstetrics services and a variety of pre- and postnatal programs and car seats for parents and children. Women and children may qualify for our Financial Assistance Program that includes charity care and/or steep discounts for low-income patients. As noted in the Access to Care section above, Florida Hospital Altamonte provides member support to maternal and child health initiatives in Seminole County including the Healthy Start Coalition of Seminole County and Kids House (the County's sexual abuse treatment center for children).

### **Motor Vehicle Accidents**

The issue of motor vehicle collisions is not within the purview of community hospitals.

### **Housing Affordability**

Housing affordability is a health determinant rather than a core competency of hospitals and other health care providers. Florida Hospital Altamonte made a significant financial donation (that garnered community matches) to establish and expand permanent supportive housing efforts in Seminole County and surrounding areas. Florida Hospital also provides leadership to two regional commissions focused on issues of housing specific to vulnerable families and individuals, and is active in Habitat for Humanity.