



2012-2014
Community Health Assessment
Community Health Improvement Plan

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Table of Contents

Background	5
MAPP Process	7
MAPP: Organize for Success	8
MAPP: Visioning	9
MAPP: Assessments	
Community Themes and Strengths Assessment	11
Community Themes and Strengths—Issue, Perceptions and Assets	13
Seminole County Healthcare Resource Inventory	14
Local Public Health System Assessment (LPHSA)	15
Community Health Status Assessment	16
Forces of Change Assessment	28
MAPP: Strategic Issues	32
MAPP: Goals and Strategies	34
Action Cycle	43
Appendices	
Appendix A: Resource Inventory	46
Appendix B: Local Public Health System Performance Assessment (LPHSPA)	144
Appendix C: Health Indicator Data	167
Appendix D: Summary of Findings	188
Appendix E: Prioritized Health Needs	199
Appendix F: Community Health Improvement Plan Alignment with National and State Goals	201

BACKGROUND

In 2011, the Seminole County Health Department conducted a comprehensive assessment of the local public health system in an effort to improve population health. This process, known as Mobilizing for Action through Planning and Partnership (MAPP), systematically collected and analyzed information to develop data-driven priorities and formulate an action plan to improve public health. The results of the MAPP assessments (Community Themes and Strengths, the Local Public Health System Assessment, the Community Health Status Assessment, and the Forces of Change Assessment) were documented in the Community Health Assessment (CHA).

The first step of the MAPP process is “Organizing for Success.” Through partnership with the Health Council of East Central Florida, Inc., a group of proactive healthcare leaders from the Health Advisory Council and Seminole County Health Planning Partnership (SCHPP) was convened to assist with the process. These individuals participated in various assessments through interviews and meetings, reviewing and providing data, and identifying opportunities and threats to the healthcare system in the county.

In 2012, the Seminole County Health Department reconvened a group of community partners to continue the process for developing a health improvement plan for the county. The action plan, developed through this community-driven and community-owned process to address the needs identified by the assessments, is referred to as the Community Health Improvement Plan (CHIP). To facilitate the implementation of the CHIP, the community developed SMART (Specific, Measurable, Attainable, Realistic, and Timely) strategies to foster the collaboration needed to attain the identified goals.

COMMUNITY HEALTH ASSESSMENT

MOBILIZING for ACTION through PLANNING and PARTNERSHIPS(MAPP)

Mobilizing for Action through Planning and Partnerships (MAPP) is a community-driven strategic planning process for improving community health. Facilitated by public health leaders, this framework helps communities apply strategic thinking to prioritize public health issues and identify resources to address them. MAPP is not an agency-focused assessment process; rather, it is an interactive process that can improve the efficiency, effectiveness, and ultimately the performance of local public health systems.

MAPP Process

Organize for Success - The first phase of MAPP involves two critical and interrelated activities: organizing the planning process and developing the planning partnership. The purpose of this phase is to structure a planning process that builds commitment, engages participants as active partners, uses participants' time well, and results in a plan that can be realistically implemented.

Visioning - Visioning, the second phase of MAPP, guides the community through a collaborative, creative process that leads to a shared community vision and common values.

Assessments - Each assessment will yield important information for improving community health. The value of the four MAPP Assessments is multiplied by considering the findings as a whole.

Community Themes and Strengths Assessment - provides a deep understanding of the issues that residents feel are important by answering the questions: "What is important to our community?" "How is quality of life perceived in our community?" and "What assets do we have that can be used to improve community health?"

Local Public Health System Assessment (LPHSA) - focuses on all of the organizations and entities that contribute to the public's health. The LPHSA answers the questions: "What are the components, activities, competencies, and capacities of our local public health system?" and "How are the Essential Services being provided to our community?"

Community Health Status Assessment - identifies priority community health and quality of life issues. Questions answered include: "How healthy are our residents?" and "What does the health status of our community look like?"

Forces of Change Assessment - focuses on identifying forces such as legislation, technology, and other impending changes that affect the context in which the community and its public health system operate. This answers the questions: "What is occurring or might occur that affects the health of our community or the local public health system?" and "What specific threats or opportunities are generated by these occurrences?"

Identify Strategic Issues - Participants identify links among the four assessments to identify the most critical issues to be addressed in order for the community to achieve its vision.

Formulate Goals and Strategies - Participants develop goal statements related to identified strategic issues and strategies for achieving stated goals.

The Action Cycle - Participants plan, implement and evaluate activities in a continuous, interactive manner to ensure success.

MAPP: ORGANIZE FOR SUCCESS

Representatives from the Health Council of East Central Florida, Inc. and the Seminole County Health Department served as the Core Support Team to prepare for the MAPP process and to recruit community partners to participate. The team updated the list of community stakeholders from the previous MAPP initiative and sent letters inviting additional stakeholders and community organizations and entities to become part of a collaboration to improve the health of Seminole County residents. Individuals representing at least 14 community agencies, participated in the various assessments through interviews, attendance at meetings, reviewing and providing data and identifying opportunities and threats to the healthcare system in the county.

It was agreed that this updated coalition of community partners and stakeholders would be known as *Healthy Seminole Collaboration*, replacing the previous *Seminole County Health Planning Partnership (SCHPP)*. Mike Napier, Administrator of the SCHD, contracted with Karen van Caulil, Ph.D., Healthcare Planning Consultant, to facilitate the group through the MAPP process and assist with development of the draft county health improvement plan.

MAPP: VISIONING

Vision and values statements provide focus, purpose, and direction to the MAPP process so that participants collectively achieve a shared vision for the future. A *shared community vision* provides an overarching goal for the community — a statement of what the ideal future looks like. *Values* are the fundamental principles and beliefs that guide a community-driven planning process.

A Vision Statement and Guiding Principles were developed in the previous MAPP process in 2004. Early discussion in this iteration of the MAPP process indicated that the vision statement and guiding principles would remain unchanged for now.

Vision Statement

“To promote and develop a comprehensive, seamless and sustainable healthcare system in Seminole County”.

Guiding Principles

Reflective of community health values

Grounded in health promotion and prevention education

Supported by shared partnerships encompassing corporate and personal accountability

Assuring barrier-free accessibility to all community members

Granting a secure, nurturing environment, and

Postured to proactively address emerging health challenges

At the original advisory council meeting, four themes kept emerging which were used to frame the identification of strategic issues to be addressed in Seminole County: **Quality, Care Coordination, Capacity, and Innovation.**

Quality

The advisory council members identified the need to ensure that the care provided by Seminole County healthcare providers and to Seminole County residents is of the highest quality. An opportunity was identified to include the organization that is charged with championing quality in the State on the Health Leadership Team. The new President of the Health Care Coalition lives in Seminole County and has been actively involved in addressing healthcare issues for many years in her professional capacity and as a volunteer.

Care Coordination

A challenge for many of the providers in the County is knowing where to send patients for care and what resources exist. Another issue that was addressed was chronic disease management and the need for educating patients and providers on best practices. These discussions led to the identification of care coordination as a key theme.

Capacity

The advisory council talked about the ongoing challenge of “doing more with less” and one member pointed out that her organization is “doing everything with nothing.” The county’s safety net system is stretched to its maximum as more Seminole County residents become unemployed and/or insured, as more who are insured have to pay higher deductibles and co-pays, as more need is identified for free or sliding fee scale services. Advisory council members identified long waiting lists for care and large numbers of patients being turned away for services. Additionally, there are few options for secondary care for uninsured patients. The capacity of the entire healthcare system is a concern that must be addressed immediately.

Innovation

There are many innovative ways to use resources, to design programs and services, to close the gaps in information flow and to educate the residents of Seminole County about health and health services. The advisory council placed importance on the need for innovation to be a key feature of Seminole County’s health improvement plan. The Health Council of East Central Florida shared some innovative approaches and tools they have developed that will be a great benefit to Seminole County in moving ahead with the health improvement plan.

MAPP: ASSESSMENTS

Community Themes and Strengths Assessment

This part of the MAPP process involved review of several surveys and studies conducted in Seminole County over the past few years as well as interviews of key healthcare leaders in the county, including the annual survey of high school students for the Youth Commission, the interviews and focus groups for the Communities for a Lifetime project, and Envision Seminole's survey of the community leaders.

Several themes and strengths have emerged from this research:

Health-related output from the Communities for a Lifetime Report - 2009

- ◆ Seminole County has good senior services and programs; however, these resources are often not well-communicated or well-coordinated. This causes challenges for case managers, social workers, discharge planners, volunteer programs and other agencies assisting the elderly and consequently is perceived to be a waste of limited resources.
- ◆ The county must shore up its efforts to ensure a safety net for the frail, vulnerable elders who have few options for care. The majority of elders in the county are healthy and active, but it is expected as the county's populations ages, that the frail minority will grow exponentially and it is time to be proactive.

Members referenced the Committee on Aging, a county appointed Board charged to implement the Communities for a Lifetime program. There is a seat for "health interest" on the Board. This individual should link with the county health improvement plan and the Health Leadership Team.

Health-related output from the Envision Seminole Community Leader Survey – 2010

- ◆ Top issues identified in health care discussions: to encourage health and wellness, followed by how to provide care for the uninsured.
- ◆ As it pertains to economic development, work on the relationship between Seminole County and Lake Nona/The Medical City. There are many biotechnology and engineering companies in Seminole County that would partner well with the vision of the Medical City.
- ◆ Encourage and promote healthy lifestyle in all ages. Seminole County has a fantastic trail and park system.
- ◆ Continue to seek unusual and unique/non-traditional partnerships around health to create effective programs.

Community Themes and Strengths Assessment (Continued)

- ◆ Control the rising cost of healthcare insurance and ensure high quality.
- ◆ Commission a health advisory council that would have high level involvement from hospitals, faith-based, government, medical society and public health and be a catalyst for positive change in health care in the county.

Members were apprised that the three hospital chief executive officers and the health department director are all members of the Envision Board and would continue to link efforts between the Health Leadership Team and Envision.

Health-related issues from the Seminole County Youth Commission High School Survey – 2010

- ◆ Alcohol and Drug Use – Although they reported that this is a significant problem for high school students, the high school students themselves indicated that these activities are starting in elementary and middle school, so programs should start earlier. The high school students offered to assist with development of the programs for the younger students.
- ◆ Depression – The teenagers pointed out that many students are depressed and it is caused by school and family stress, the economy, applying to colleges, etc. The teenagers indicated that peer mentoring programs in the schools are effective and should be expanded.
- ◆ Body Image – The teenagers said poor body image can cause alcohol and drug use and depression. The high school students offered to create education campaigns on acceptance and resources for assistance.

The Health Council and the Health Department are members of the Youth Commission and will continue to link efforts with the Health Leadership Team.

Community Themes and Strengths—Issue, Perceptions and Assets

The Community Themes and Strengths were reviewed to identify common themes, solutions or barriers that have emerged, as well as the solutions or barriers that have been discussed.

Strategic Issues	Asset	Issue	Perception
Care Coordination	Good Senior Services and Programs	Information on availability of services is not well communicated Services are not well coordinated	Use of the limited resources to support services is threatened
	Ranked #2 in County Health Rankings (2012) Expansive Trail and Park System	Need resources for Chronic Disease Management and education	Behavioral risk factors for Chronic diseases are modifiable and can reduce costs associated with care
Innovation	Biotechnology and engineering firms open to partnering to improve community health	Not maximizing linkages to Medical City in Orlando	Need to do more with less
	Positive attitude toward the development of mentoring programs	Alcohol and drug use starting at earlier age Poor body image and depression among teens impacts academic success	Depression and poor body image are linked to alcohol and drug use
Capacity	Majority of elderly population is healthy and active	Safety net for frail elderly is limited	Aging population could outpace the development of comprehensive safety net program
	Acute primary care system for the uninsured	22% of non-elderly are uninsured	Current system lacks capacity to offset future increases due to unemployment /economy
Quality	South Seminole Hospital Altamonte Hospital Central Florida Regional Seminole Behavioral Healthcare Central Florida Family Health Center The Sharing Center Pathways to Care	Maintaining and improving the quality of health care services in Seminole County Rising costs of health insurance	Current health care services are of high quality

Seminole County Healthcare Resource Inventory

A *Seminole County Healthcare Resource Inventory* was completed by the Health Council of East Central Florida that maps community healthcare resources. This resource guide will enhance the strategic success of the CHIP by enabling Seminole County to assess the capacity of the entire health system through a visual illustration of the healthcare delivery system as it currently exists. As a result, service delivery gaps will be more clearly defined and can be effectively addressed to ensure optimal health outcomes for all populations.

The following findings were identified from the resource inventory:

- ◆ The majority of healthcare resources were clustered around hospitals and along major highways.
- ◆ Resources from neighboring cities within the county are fairly accessible to fill service gaps for the majority of residents.
- ◆ Sanford was the only city with at least one provider location for all 16 categories of healthcare resources mapped.
- ◆ The majority of large areas without identified resources represented residential neighborhoods.
- ◆ Although not mapped, a portion of the physicians located in Orange and Volusia counties do serve Seminole residents through their privileges at the three hospitals within the county.

With a focus on medical stability and self-care, healthcare resources that are aligned and coordinated across the county support the model of care developed by the Institute of Healthcare Improvement (IHI) to improve chronic disease management. This model aims to maximize health service efficiency which will result in a more effective use of limited financial resources.

The resource inventory will allow the county to:

- ◆ Identify new resources to enhance and sustain CHIP goals.
- ◆ Determine whether existing medical providers are being used effectively to achieve expected outcomes.
- ◆ Improve alignment and coordination of the healthcare delivery system.
- ◆ Enhance coordination and collaboration among stakeholders with relevant resources.
- ◆ Develop new policies to better meet the CHIP goals and objectives.

See Appendix A on page 46 to view the full resource inventory.

Local Public Health System Assessment (LPHSA)

The Essential Services in Public Health provide a working definition of public health and a guiding framework for the responsibilities of local public health systems. What follows is a list of the ten essential services and the overall scores received in each area:

Essential Service	Score
Monitor health status to identify and solve community health problems.	90%
Diagnose and investigate health problems and health hazards in the community.	86%
Inform, educate , and empower people about health issues	68%
Mobilize community partnerships and action to identify and solve health problems.	60%
Develop policies and plans that support individual and community health efforts.	82%
Enforce laws and regulations that protect health and ensure safety.	43%.
Link people to needed personal health services and assure the provision of health care	85%
Assure competent public and personal health care workforce.	41%
Evaluate effectiveness, accessibility, and quality of personal and population-based	51%
Research for new insights and innovative solutions to health problems.	45%.

The questions in the assessment tool were divided between the various members of the advisory council. The expertise and experience of the participants were considered in assignment of particular sections and questions. The assessment was conducted verbally in interviews and in group discussions. The data was entered into a web-based tool provided by the Centers for Disease Control and a detailed report was produced.

The scores received in the LPHSA indicate a need for improvement in several areas. The advisory council felt that creating a health care leadership team and re-convening the Seminole County Health Planning Partnership would result in an improvement in scores across the board. The output from the LPHSA will be presented to the Health Leadership Team and used to frame the activities of the SCHPP.

The complete LPHSA report (Appendix C) can be found on page 143.

Community Health Status Assessment

Much of the health status data presented in this section of the plan is compared to “Healthy People 2010” benchmarks. The Department of Health and Human Services of the federal government developed goals for communities to strive towards for reducing death rates for several diseases and conditions. These goals are available in the report “Healthy People 2010” which is available on-line at www.health.gov/healthypeople. The overarching goals of the Healthy People 2010 effort are to increase the quality and years of healthy life for Americans and to eliminate health disparities. The Healthy People 2010 goals are included, where applicable, in the discussion of the data in this section of the plan.

In this report, many of the data points are compared to “Healthy People 2010” targets. In January 2000, the Department of Health and Human Services launched Healthy People 2010, a comprehensive, nationwide health promotion and disease prevention agenda. Healthy People 2010 contained 467 objectives designed to serve as a framework for improving the health of all people in the United States during the first decade of the 21st century.

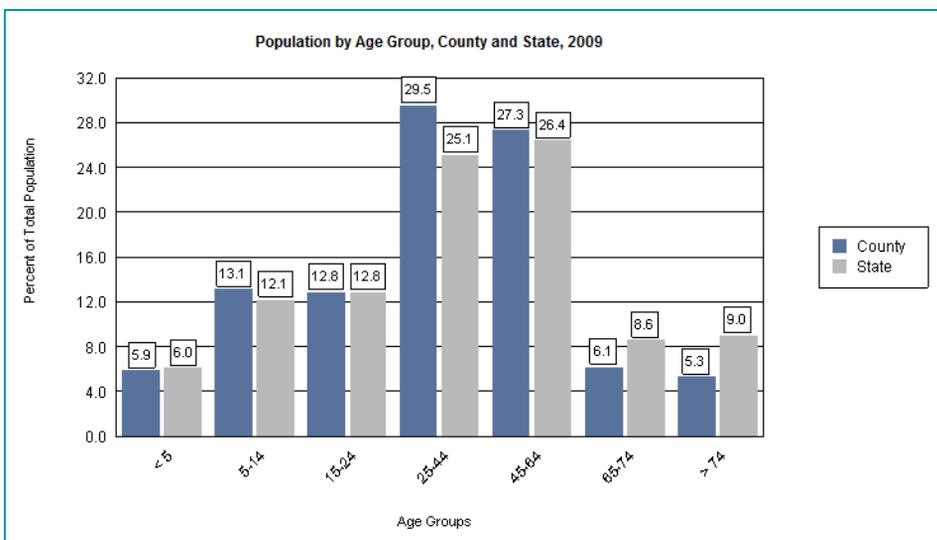
Healthy People 2010 built on similar initiatives pursued over the preceding two decades. Two overarching goals—to increase quality and years of healthy life and to eliminate health disparities—served to guide the development of objectives that would be used to measure progress. Each objective had a target to be achieved by the year 2010. These objectives were organized into [28 focus areas](#), each representing an important public health area. A selected set of objectives, known as the [Leading Health Indicators](#), was created to help identify sentinel measures of public health, and to encourage wide participation in improving health in the next decade. These indicators were chosen based on their ability to motivate action, the availability of data to measure their progress, and their relevance as broad public health issues.

Healthy People 2020 has now been developed and the Florida Department of Health has started to use the 2020 data for benchmarking, but this report uses the 2010 benchmarks since the data reported is on indicators which occurred prior to 2010.

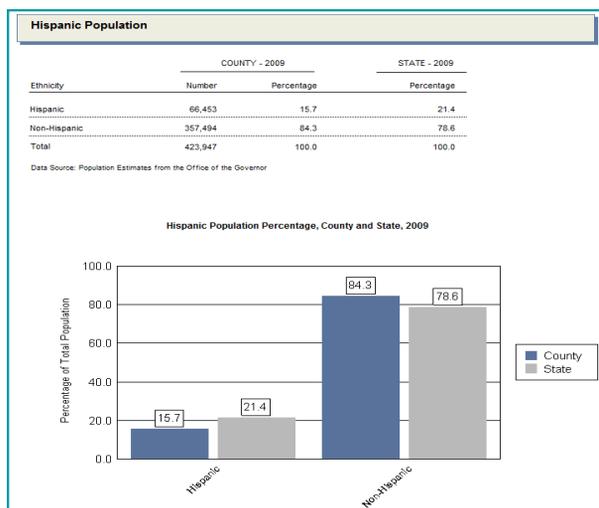
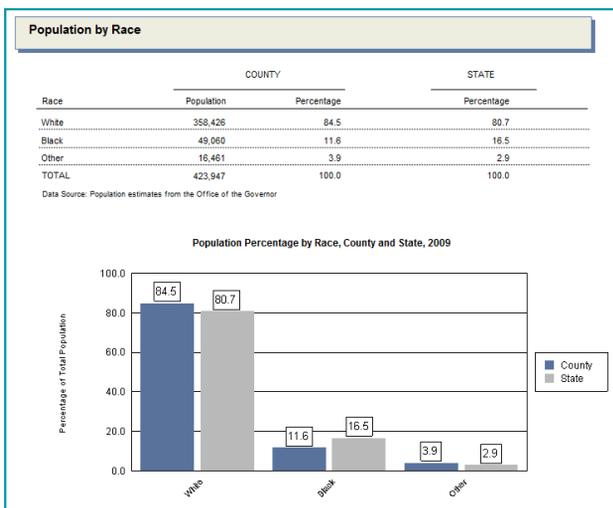
Community Health Status Assessment (continued)

Population Demographics

Seminole County is a unique county. The average age of Seminole County residents is younger than the average age of Floridians. The composition of race and ethnicity is less diverse in Seminole County than in Florida in general. The per capita income is higher than the State average.



However, if Seminole county residents age in place, then the average age will increase. The county is experiencing a growing diversity. Also, the unemployment rate, though lower than the State and national averages, is still presenting challenges for the population and taking a toll on its health.



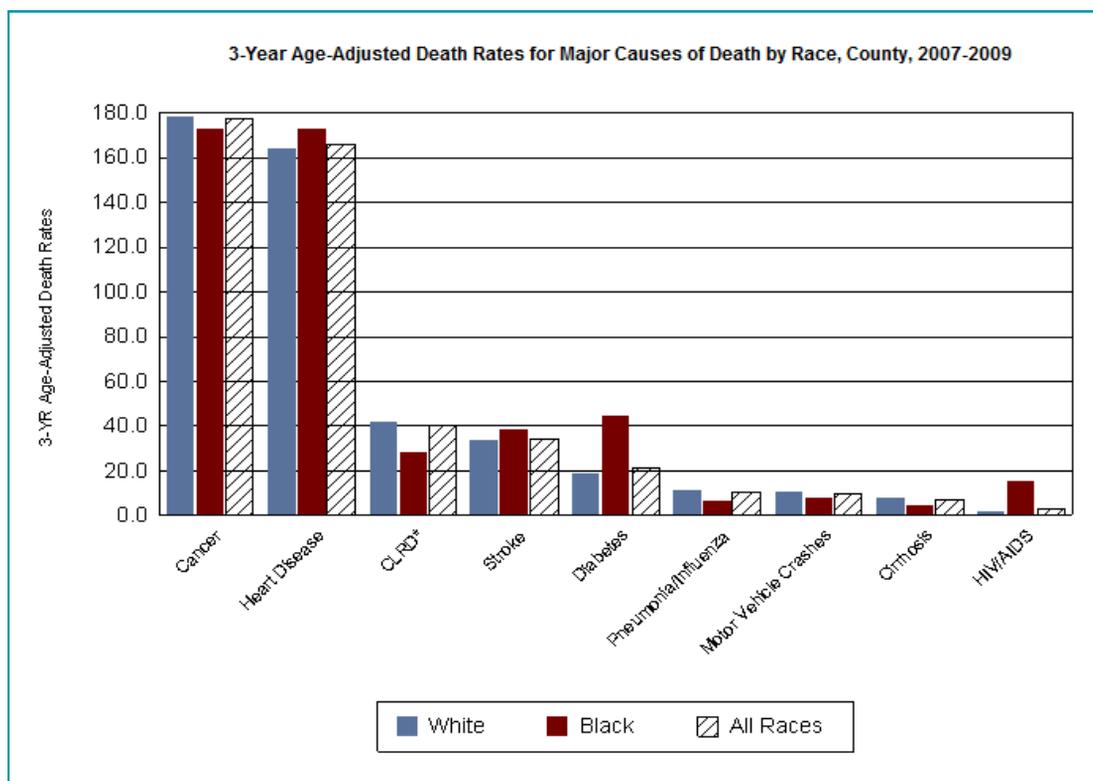
Community Health Status Assessment (continued)

Top Causes of Death

Nationally, heart disease is the leading cause of death; however, in Seminole County it is cancer. The top five causes of death in Seminole County in 2009 were as follows:

1. Cancer (25.8%)
2. Heart Disease (23.8%)
3. Chronic Lower Respiratory Disease (5.9%)
4. Unintentional Injuries (5.2%)
5. Stroke (3.9%)

During the time period of 2007-2009, there were higher age-adjusted death rates in Seminole County than the State rates for Cancer, Heart Disease, Chronic Lower Respiratory Disease (CLRD), Stroke, Diabetes, and Pneumonia/Influenza. There were lower rates of death for Motor Vehicle Crashes, Cirrhosis, and HIV/AIDS in Seminole County than the State.



Overall, the death rates for Blacks in Seminole County are higher than they are for Whites for Heart Disease, Stroke, Diabetes, and HIV/AIDS. The death rates for Whites are higher than they are for Blacks in Seminole County for Cancer, CLRD, Pneumonia/Influenza, Motor Vehicle Crashes and Cirrhosis.

For complete data, please see Appendix C, page 166.

Community Health Status Assessment (continued)

Cancer

Many types of cancer exist, but cancers of the lung and breast are responsible for the majority of cancer deaths in Seminole County. Individuals can reduce the risk of developing some types of cancer by following a healthy lifestyle that features a proper diet and exercise and limits or eliminates the use of tobacco and alcohol. Environmental risk factors are less modifiable, such as exposure to pollution and radiation. When prevention measures fail, early detection and treatment can significantly improve chances of successful treatment and survival. For four of the six cancer types below, Seminole County did not meet the Healthy People 2010 targets.

Lung Cancer

There was an average of 185 deaths per year from 2007-2009 in Seminole County. The age adjusted death rate for this time period was **45.4** /100,000 compared to the State rate of **46.9** /100,000.

**Healthy People 2010
target of 45.5
MET**

Colorectal Cancer

There was an average of 69 deaths per year in Seminole County and the 2007-2009 age-adjusted death rate was **17.1** /100,000 compared to the State rate of **14.7** /100,000.

**Healthy People 2010
target of 14.5
NOT MET**

Breast Cancer

There was an average of 57 deaths per year in Seminole County and the 2007-2009 age-adjusted death rate was **24.5** /100,000 compared to the State rate of **20.4** /100,000.

**Healthy People 2010
target of 20.6
NOT MET**

Prostate Cancer

There were an average of 38 deaths per year in Seminole County and the age adjusted death rate in 2007-2009 was **24.1** /100,000 compared to the State rate of **18.3**/100,000.

**Healthy People 2010
target of 21.2
NOT MET**

Cervical Cancer

There were 4 deaths per year on average in Seminole County and the age adjusted death rate in 2007-2009 was **1.7** /100,000 compared to the State rate of **2.5** /100,000

**Healthy People 2010
target of 2.2
MET**

Skin Cancer

There were 13 deaths on average in Seminole County and the age adjusted death rate in 2007-2009 was 3.0/100,000 compared to the State rate of 2.9/100,000

**Healthy People 2010
target of 2.4
NOT MET**

Community Health Status Assessment (continued)

Decline in Cancer Screening Rates

When screening rates drop off, the rates of cancer death usually increase because of later detection of disease. Seminole County has experienced a significant decline in screening rates:

- ◆ The percentage of adults 50 years of age and older who received a blood stool test in the past year decreased from 24% in 2007 to 15.5% in 2010.
- ◆ The percentage of adults aged 50 years and older who received a sigmoidoscopy or colonoscopy in the past five years decreased from 55.7% to 53.3% from 2007 to 2010.
- ◆ The percentage of men 50 years of age and older who received a PSA (prostate cancer screening) test in the past two years decreased from 79.6% to 70.2% from 2007 to 2010.
- ◆ The percentage of men 50 years of age and older who received a digital rectal exam in the past year decreased from 64.5% to 46.6% from 2007 to 2010.
- ◆ The percentage of women 40 years of age and older who received a mammogram in the past year decreased from 63.2% in 2007 to 50.5% in 2010.
- ◆ The percentage of women age 18 years of age and older who had a clinical breast exam in the past year decreased from 68.5% in 2007 to 59.3% in 2010.
- ◆ The percentage of women 18 years of age and older who received a Pap test in the past year decreased from 69.8% in 2007 to 56.3% in 2010.

From the Florida CHARTS County Health Status Summary, see Appendix C, p. 172.

Community Health Status Assessment (continued)

Heart Disease

Many studies have shown that there are certain risk factors that increase the incidence of heart disease. The major modifiable risk factors of the disease are high blood pressure, high blood cholesterol, cigarette smoking, obesity, and physical inactivity. There are also risk factors that cannot be changed, which are advancing age, gender, and genetic predisposition.

Coronary Heart Disease

There were 439 deaths on average in Seminole County and the age adjusted death rate in 2007-2009 was 111.1 per 100,000 population. The State average was 108.5/100,000

**Healthy People 2010
target of 100.8
NOT MET**

Congestive Heart Failure

There were 43 deaths in Seminole County and the age adjusted death rate in 2007-2009 was 11.4 deaths/100,000 population compared to the State rate of 7.6 deaths per 100,000 population.

No Healthy People 2010 target

Seminole County residents are not trending in the right direction for prevention of heart disease. Co-morbidities and related health behaviors are impacting the rate of heart disease:

- ◆ 28.7% of Seminole County adults have been diagnosed with hypertension.
- ◆ In 2007, the Behavioral Risk Factor Surveillance Survey was conducted. Adults who engaged in heavy or binge drinking was 20.4% compared to the State rate of 19.2%.

Contributing Factor Data Increases

- ◆ The percentage of adults who have been diagnosed with high blood cholesterol increased from 30.6% in 2007 to 41.3% in 2010.
- ◆ Slight increase of 1% in the percentage of Seminole County adults who are overweight.
- ◆ Increase of 2.5% in the percentage of Seminole County adults who are obese.
- ◆ Increased rate of smoking from 15.7% to 20.7% in Seminole County from 2007-2010, predominately in men under the age of 65.

Community Health Status Assessment (continued)

CLRD (Chronic Lower Respiratory Disease)

This was the third leading cause of death in Seminole County. There were 170 CLRD deaths in 2009 in the County. The age-adjusted death rate in 2007-2009 was 40.2/100,000 compared to the State rate was 37.1/100,000. **Healthy People 2010 target of 50.1 MET**

Unintentional Injuries

Unintentional injuries include motor vehicle crashes, drowning, fires, falls, and other home and recreational injuries. Motor vehicle crashes are the leading cause of injury death in Florida. Almost half of all unintentional injury deaths are due to motor vehicle crashes. Age and gender represent major driving risk factors as the young, the elderly, and male drivers are most likely to have motor vehicle accidents that result in a fatality.

The fourth leading cause of death in the county had 149 deaths in 2009. The age-adjusted death rate for 2007-2009 was 30.8 compared to the State rate of 44.

Stroke

Healthy People 2010 target of 45 MET

Stroke is the fifth leading cause of death in the county and the leading cause of disability among older Americans. High blood pressure and cigarette smoking are the leading modifiable risk factors for stroke.

There were 111 deaths in the county in 2009 attributed to stroke. Seminole County's age-adjusted death rate in 2007-2009 was 34.2/100,000 compared to the State rate of 31.6/100,000.

Healthy People 2010 target of 33.8 NOT MET

Communicable Diseases

Seminole County's rates for all major categories of sexually transmitted diseases are significantly below the State rates (i.e. chlamydia, gonorrhea, infectious syphilis, bacterial STDs). Seminole County's rates for vaccine preventable diseases, HIV/AIDS, Meningitis, Hepatitis A and Tuberculosis are all below the State rates.

Maternal and Child Health

Birth outcome indicators, such as weight at birth, infant mortality, women receiving prenatal care, and teenage pregnancy vary throughout the region and the state. Low birth weight is one of the birth outcome indicators associated with the greatest risks. Babies born weighing less than five and a half pounds, or 2500 grams, are termed “low birth weight” births. The highest rates of these births occur to teen and minority mothers. These vulnerable babies have increased risk of morbidity and mortality and consume a disproportionate share of health care resources during the first year of life and early childhood years.

Women who do not receive prenatal care are twice as likely to deliver a low birth weight baby.

Other factors which can put pregnant women of any age, race or income at risk include inadequate nutrition or weight gain, untreated infections or insulin dependent diabetes mellitus, too many pregnancies within a short period of time, and the use of cigarettes, alcohol, or other drugs. Pregnant women who are unmarried, lack health insurance, and lack access to a health provider are also at increased risk.

Similarly, teens who become pregnant are more likely to experience challenging and dangerous medical complications and are at least two times more likely to give birth to low birth weight babies.

Early prenatal care reduces the incidence of low birthweight and saves more than three dollars for every one dollar invested (Children and Families: A Staff Report of the Select Committee on Children, Youth and Families: 100th Congress). For every dollar spent on providing prenatal care to high-risk pregnant women, the future expenditures of seven dollars for health care costs are avoided (Florida Association of Healthy Start Coalitions).

A lifetime of good health begins with adequate systems of care and support that emphasize the well-being of women, children, and infants. By ensuring that women of child-bearing age and their infants get the best health care possible, we can alleviate much of the pain, suffering, and medical expense that both individuals and society as a whole experience. At a county level for all races and all ages, Seminole County reports favorably on many indicators for maternal and child health.

Community Health Status Assessment (continued)

Maternal and Child Health (continued)

One of the primary, universally accepted measures of the overall health of a community is the infant mortality rate. This rate includes deaths occurring during the first year of life, neonatal mortality (which occurs during the first 28 days after birth) and post-neonatal mortality (which occurs during the time from 29 days to one year after birth). A myriad of complex factors influence pregnancy outcomes and infant mortality rates. In addition to demographic, medical, physical, environmental, educational, behavioral, and attitudinal factors, early and regular access to prenatal care is an important variable.

Medical care and guidance of women throughout pregnancy can have a profound effect on birth outcomes. Prenatal care begun during the first trimester of pregnancy is especially important. Timely assessment of health, economic, and social risk factors that threaten the normal development and birth of the child may dramatically increase the opportunity for successful intervention and results.

- ◆ From 2007-2009, 83.2% of Seminole County mothers initiated breastfeeding, compared to 78.2% at a State level.
- ◆ From 2007-2009, 5.4% of Seminole County births were to mothers who reported smoking during pregnancy as compared to the State rate of 6.9%.
- ◆ From 2007-2009, 80.5% of births in Seminole County were to mothers who reported first trimester prenatal care as compared to the State rate of 77%.
- ◆ 35.25% of births in Seminole County from 2007-2009 were C-section births, compared to 37.6% at a State level.
- ◆ Births covered by emergency Medicaid from 2007-2009 was 2.3% compared to the State rate of 8.3%.

From 2007-2009, an average of 4.3 babies of 1000 live births died in the first 28 days of life in Seminole County as compared to the State average of 4.5 neonatal deaths per 1000 live births.

Community Health Status Assessment (continued)

Maternal and Child Health (continued)

The Sudden Infant Death rate in 2007-2009 in Seminole County was 57.6/100,000 live births as compared to the State rate of 101.9. During this time several education campaigns were in place in the region lead by the hospitals and the healthy start coalitions.

From 2007-2009, 1.3% of births in Seminole County were considered very low birth weight (< 1500 grams) compared to the State rate of 1.6%.

From 2007-2009, 7.9% of births in the County were consider low birth weight (< 2500 grams) compared to the State rate of 8.7%.

From 2007-2009, 13.1% of births in the County were preterm (< 37 weeks of gestation) compared to 14.1% for the State.

Despite favorable overall rates, disparity exists in Seminole County for Non-White mothers and babies. Please see the County Health Status Summary and the County-State Profile for Seminole County in the Appendix:

- ◆ The prenatal care rate is higher in Seminole County (80.5%) than in the State overall (77.9%).
- ◆ The low birth weight rate in Seminole County (7.9%) is less than the State rate (8.7%).
- ◆ The infant death rates in Seminole County (6.3 deaths per 1000 live births) are lower than the State rates (7.1).

However, the non-White infant death rate (14.2/1000) is more than three times that of the death rate for White infants (4.2/1000) in Seminole County.

- ◆ The low birth weight rate for Non-White babies in Seminole County (11.2%) is more than that for White babies (7.1%).
- ◆ The prenatal care rate for Black mothers (66.8%) was significantly less than that for White mothers (82.7%) in Seminole County from 2007-2010.

Community Health Status Assessment (continued)

Children's Health

A profile of child and adolescent health behaviors was developed by the Florida Department of Health. The intent of the study was to identify risk behaviors that were modifiable.

The percent of Seminole County middle school students reporting a diagnosis of asthma in 2007-2009 was 16% compared to the State average of 16.9%. The percent of Seminole County high school students reporting asthma was 16.3% compared to the State average of 17.2%.

In 2008, 23.8% of middle school children in Seminole County do not undertake sufficient vigorous physical activity, which compares to the State average of 31.6%. For high school, 34.3% of the students do not undertake sufficient exercise, compared to 40.6% for the State average.

Despite the lack of vigorous exercise, in 2008 the students self-reported their height and weight and the results were that 5.9% of Seminole County middle school students had a body Mass Index score in the overweight category, compared to the State average of 11.3%. For high school, 7.9% of the students were overweight in Seminole County as compared to the State average of 11%.

The percent of Seminole County middle school students smoking cigarettes in the past 30 days (in 2008) was 3.5% which compares favorably to the State rate of 5%. The percent of high school students was 14.6% which compares to the State rate of 14.5%.

The percent of middle school students who used alcohol in the past 30 days (2008) was 16.1% compared to the State rate of 17.3%. The percent of high school students was 38% compared to the State rate of 39.5%.

The percent of middle school students reporting binge drinking (2008) was 5.6% compared to the State rate of 6.2%. For high school, it was 20.9% locally compared to 21.5% at the State level.

The percent of Seminole County middle school students reporting use of marijuana/hashish in the past 30 days (2008) was 5.8% compared to 4.4% at the State level and for high school, it was 16.7% locally and 16.2% at the State level.

Community Health Status Assessment (continued)

Behavioral Risk Factor Surveillance Survey (BRFSS)

The 2010 Florida BRFSS report provides a great deal of information about health behaviors and the diseases that Floridians are living with. For Seminole County, some of the findings were very startling:

- ◆ In 2007, 7.5% of Seminole County adults reported that they had been diagnosed with diabetes. In 2010, 13.5% of adults reported that they had diabetes. The largest increase was seen in men.
- ◆ The percentage of adults with diagnosed hypertension has increased in Seminole County from 2007-2010, predominately in men.
- ◆ The percentage of adults who are limited in any way in any activities because of physical, mental or emotional problems increased from 14.4% in 2007 to 21.8% in 2010. The percentage of adults who have been told they have some form of arthritis is 23.1% compared to the State average of 24.3%. This increase in the percentage of Seminole County adults who have been told they have some form of arthritis from 2007-2010, is predominately found in the age group of 65+.
- ◆ Asthma increased from 6.4% of adults to 7% from 2007 to 2010.
- ◆ Improvement overall in the rate of heavy or binge drinking in Seminole County from 2007 to 2010. The rate for men decreased significantly, but the rate for women increased slightly. The rate for the elderly (65+) increased slightly, but decreased for all other ages.
- ◆ The percentage of adults who, in the past 30 days, drove a vehicle after consuming too many alcoholic beverages is higher in Seminole County than in the State overall.

The recession has resulted in more Seminole County residents losing health insurance coverage. The BRFSS research shows that the uninsured seek care less often than the insured:

- ◆ The percentage of adults with any type of health care coverage decreased from 85.9% in 2007 to 82.7% in 2010.
- ◆ The percentage of adults who have a personal doctor remained the same over the three years.
- ◆ The percentage of adults who could not see a doctor at least once in the past year due to cost increased from 12.4% in 2007 to 18% in 2010.
- ◆ The percentage of adults who had a medical check-up in the past year decreased from 78.5% to 67% from 2007 to 2010.

Forces of Change Assessment

The advisory council reviewed the findings from the three other MAPP assessment components and generated a list of concerns and issues that should be addressed in developing the county health improvement plan. The ideas were combined and consolidated to this list:

- ◆ Workforce challenges/shortages in most areas of health care – particular concerns with nurses, physicians, dentists and allied health professionals.
- ◆ Increase in chronic disease and disability in the county due to aging of the population but also the residents not taking good care of themselves.
- ◆ Lack of personal responsibility for health – apathy.
- ◆ Increasing racial and ethnic diversity in the county and increasing poverty.
- ◆ Increase in uninsured and underinsured.
- ◆ Increase in homeless children and families.
- ◆ New partnerships around homelessness emerging but not working closely together.
- ◆ Increase in co-pays for the insured preventing needed access to care.
- ◆ Decreased capacity in local safety net system due to funding shortfalls.
- ◆ Cuts in Medicaid; changes in reimbursement (i.e. cost-based for FQHC's of concern)
- ◆ Lack of coordination in the county between health partners.
- ◆ Other State budget cuts in health and social services – new Governor has been cutting many programs and services in healthcare. Many unknowns with the health department, healthy start and other state-funded programs.
- ◆ Unknown direction of health care reform nationally.
- ◆ Increased use of health information technology.
- ◆ Racial and ethnic disparity continuing in maternal and child health.
- ◆ Increasing number of seniors.
- ◆ Evidenced based best practices evolving.
- ◆ New technology and treatment in health care.

Forces of Change Assessment - Opportunities/Threats

Trends/Factors/Events	Opportunities	Threats
Workforce shortages	Opportunities for policy change that will expand the services provided by nurses, nurse practitioners, and advanced nurse practitioners to support decreasing physician workforce	Smaller workforce to support changing demographics in the population
Increasing prevalence of chronic diseases	Risk factors can be modified through behavioral change	Lowers life expectancy, consume large portion of health care dollars to treat
Lack of personal responsibility	Public health campaigns to encourage exercise, smoking cessation Community planning that supports healthy lifestyles	Increasing portion of the population with compromised health Less productivity
Changing demographics Population becoming more diverse and older	Requires culturally competent health care providers to help address health disparities Develop coordination among service providers to support aging population Adoption of Slow Medicine for aging population	Lack of culturally competent providers to serve the population Current size of workforce unable to support future retirees
Increasing poverty	Community campaign to encourage completion of high school Community campaign to encourage delaying pregnancy until after marriage Develop programs designed to assist with securing employment and staying in the job	Impacts individual health, the local economy, and success for future generations
Increase in homeless children and families	Continue to support new partnerships working to address homelessness Identify families at risk for homelessness to connect them to preventive services	Developmental delays, emotional difficulties, poor social, physical, emotional health, lower academic achievement, poor nutrition, limited access to health care, increased risk for infectious diseases
Increase in uninsured and Underinsured population	Ensure those who are eligible for public health insurance are enrolled Build new group insurance options	Negative impact on individual health Population disproportionately burdened with health issues

Trends/Factors/Events	Opportunities	Threats
Delays in seeking health care, preventive health screenings	<p>Education on accessing online triage for timely and appropriate level of care</p> <p>Use IT technology to expand capacity</p> <p>Use of evidence-based best practices to improve health outcomes</p>	<p>Patients are sicker and care cost more when services are eventually sought</p> <p>Increasing co-pays costs</p> <p>Increase in resources needed to treat</p>
Funding cuts in health and social services	Do more with less	Do more with less
Unknown direction of Affordable Care Act, implications for FQHC's, funding for local health department,	Alignment of health care and supportive services to improve community health	Unknown implications of health care legislation

COMMUNITY HEALTH IMPROVEMENT PLAN

MAPP: STRATEGIC ISSUES

During this phase of the MAPP process, participants develop an ordered list of the most important issues facing the community. Strategic issues are identified by exploring the convergence of the results of the four MAPP Assessments and participating in a scenario planning retreat to determine how those issues affect the achievement of the shared vision.

The results of the four MAPP Assessments were presented to participants at the scenario planning retreat. Three scenarios were developed based on current trends and issues within the community. Participants were divided into groups and assigned to one scenario. Each group was provided with contextual information regarding their specific scenario and several questions to probe them on how they would “*live in their future*” or scenario, as a community. The detailed flip chart notes from each of three scenarios were summarized and common themes were underlined. The summarized flip charts notes from the three scenario groups are as follows:

Scenario 1 - Many Needs, Many Models

1. Patient education to keep people aware of system changes (community-based and culturally competent)
2. Expand medical group to provide one-stop shop capability
3. Triage patients and match with treatment protocols
4. Passed Tort Reform giving Dr.'s and practices protection against frivolous law suits
5. Reduce prescription costs by eliminating kickbacks from drug companies to doctors
6. Invest in technology and training
7. Create international relationships to expand hours of treatment
8. Medical homes in school districts
9. Screening patients for complete diagnosis for medical/mental/behavioral health issues

Scenario 2 – Lost Time Lost Health

1. More prevention education
2. Decrease legislation
3. Finance more medical schools
4. Optional/different mechanisms for reimbursement based on value versus volume
5. Virtual assessment
 - a. Emergent versus Urgent versus Social
 - i. Appropriate access
 - b. Fraudulent medical control

Scenario 3- Primary Care that Works for All

1. Wellness Model at patient centered medical homes
 - a. Check-ups
 - b. Prevention
 - a. Physical and Mental health assessments
2. Acute Model
 - a. E-delivery
 - b. Virtual medicine/PPS Model
3. Access to Personal Medical Record
4. Care Management of Chronic Conditions
 - a. Health Buddy
 - b. Transitional Care/PCMH
 - c. Robotics
5. Infrastructure
 - a. Pay systems/reimbursement
 - b. Liability
 - c. Data security
 - d. Protocols
 - e. Licensure
 - f. Delivery Mechanisms
6. Stakeholders
 - a. Numerical need for different levels of care

MAPP: GOALS AND STRATEGIES

Goal #1:

Continually assess the health needs of the county population to identify and prioritize issues requiring intervention.

Objectives:

1. Adopt *East Central Florida Healthy Measures Seminole* as the data, prioritization, and monitoring resource for a Healthy Seminole coalition.
2. Incorporate the County Health Rankings for Seminole County in *Healthy Measures* to track annual ranking changes.
3. Monitor through the Seminole County Health Department for sudden and growing health issues impacting residents.

Goal #2:

Encourage and support health service providers as they move from the existing fee-for-service "sick care" model to one of "preventive care".

Objectives:

1. Work with health providers to incorporate in their care protocols patient education, health promotion / wellness, and early intervention care.
2. Encourage local medical offices throughout Seminole County to pursue designation as Patient Centered Medical Homes to enable all residents to have these resources close to home.
 - 2.1. Incorporate care managers to assist patients living with chronic conditions.
 - 2.2. Offer primary care, imaging, behavioral health, dental, lab and pharmaceutical services in one location whenever possible.
 - 2.3. Expand patient access to their health information through electronic medical records and patient health records.
 - 2.4. Offer virtual medical care as it becomes available to enable home-bound and elderly residents to access services at or close to home.
3. Work with policy makers to develop regulations that support low cost, convenient primary care services and health insurance for catastrophic injury and illness expenses.
 - 3.1. Encourage local medical offices throughout Seminole County to pursue designation as Patient Centered Medical Homes to enable all residents to have these resources close to home.
 - 3.2. Support legislation to expand the ability for nurse practitioners and physician assistants to practice within the full extent of their licensure.
 - 3.3. More efficient care using NP's and ARNP's
4. Encourage the adoption by health providers of risk insurance contracts that support preventive care to keep residents healthy and at home.
5. Enhance the use by health providers in the county of screening tools and protocols that identify health issues before they become more acute and difficult to address.

Community Health Needs Assessment (CHNA) Prioritized Health Needs by Health Council of East Central Florida Planning Council

Orange County Population 1,169,107 (July 2011 Census)	Osceola County Population 276,163 (July 2011 Census)	Seminole County Population 425,071 (July 2011 Census)
1. Diabetes 2. Heart Disease 3. Obesity 4. Maternal and Child Health 5. Cancer	1. Heart Disease 2. Obesity 3. Cancer 4. Diabetes 5. Asthma	1. Obesity 2. Diabetes 3. Cancer 4. Heart Disease 5. Substance Abuse

The Seminole County Health Planning Partnership (SCHPP) reconvened to develop the strategic goals and objectives for the Seminole County Community Health Improvement Plan. Using the data from the *East Central Florida Healthy Measures Seminole, the CHNA above*, and the information gathered through the four MAPP Assessments, SCHPP members chose to focus community efforts on preventing and reducing obesity and associated health conditions (such as heart disease, diabetes, asthma, and cancer) in Seminole County, related to poor nutrition, inactivity, and behavioral health. This will be done through increasing nutrition education and access to healthy food, promoting the benefits of physical activity, and increasing awareness of and access to physical activity resources. The defined objectives support Strategic Goal #1 to continually assess the health needs of the county population to identify and prioritize issues requiring intervention.

Strategic Goals and Objectives Matrix

Goals	Overall Objectives	Barriers	Implementation
Prevent and reduce obesity	Increase access to healthy foods Increase knowledge on Nutrition Increase overall health Literacy Increase opportunities for physical activity Promote smoking cessation initiatives Support behavioral health initiatives to reduce stress	Cost/funding challenges Schools have competing interests Language and cultural competency Lack of transportation Lack of community-wide vision/strategy/direction Fragmented health care system Lack of healthy literacy Lack of supportive policies to improve community health Obesity is a complex health issue Lost perspective of what is “normal”	Seminole County Health Planning Partnership / Healthy Seminole Collaboration

MAPP GOAL: Prevent and Reduce Obesity

Objective 1: Prevent and reduce obesity related to poor nutrition

- Partner with organizations to promote educational outreach on nutrition
 - Support the distribution of healthy eating education through social media
 - Promote the use of motivational tools to increase healthy eating compliance
 - Assure all distributed health materials reflect the principles and practices of cultural and linguistic competence
- Support financial management education to increase the likelihood of purchasing healthy foods on a limited budget
 - Engage UF/IFAS Extension Services
- Work with primary care providers to include/increase healthy eating education in the healthcare setting
- Partner with food bank providers to expand consumer healthy eating education
 - Provide education on food preparation and nutrition
- Support health literacy campaign to address the importance of good nutrition
 - Meal planning
 - Portion control
 - Weight gain related to contraindications from prescription medications
 - Screen time
 - Consequences of behavior
- Engage school staff, PTA staff, and school transportation staff to support healthy eating for children
 - Use school TV as a media outlet

Objective 2: Prevent and reduce obesity through increasing access to healthy food

- Work with community organizations to expand community and school gardening
- Build partnerships with transportation providers to increase access to grocery stores, farmers markets, and community gardens

Objective 3: Prevent and reduce obesity by promoting the benefits of physical activity

- Partner with organizations to promote educational outreach that increases participation in physical activity
 - Support the distribution of physical activity education through social media
 - Promote the use of motivational tools to increase physical activity compliance
 - Assure all distributed physical activity materials reflect the principles and practices of cultural and linguistic competence

- Work with community organizations to develop sustainable physical activity challenges
- Encourage local businesses to promote workplace wellness initiatives that focus on increasing employee participation in physical activities
 - Best practices - Healthy 100
- Work with county schools to develop after-school recreational programs that support physical activity
- Continuously work on building collaboration among partners to address the physical activity needs within the community
 - Faith-based organizations
 - Organizations serving minority populations
 - Health Insurance providers

Objective 4: Prevent and reduce obesity by increasing access and awareness of physical activity resources

- Conduct a safety assessment to determine the barriers for participating in physical activities within the community
- Build partnerships with local government, planning, and law enforcement to improve community safety and increase access for physical activity
 - Ensure safe access to parks and recreation facilities
 - Ensure safe sidewalks and bicycle trails
- Collaborate with partners to develop a centralized source for physical activity resources within the community
 - Location of resources/community mapping
 - Date and time of community events
 - Cost and/or membership details

Objective 5: Prevent and reduce obesity related to behavioral health and stress

- Support smoking cessation efforts to reduce stress and overweight status
 - Support the promotion of smoking cessation initiatives through social media
 - Promote the use of motivational tools to increase smoking cessation compliance
 - Assure all distributed health materials reflect the principles and practices of cultural and linguistic competence
- Support the promotion of physical activity to reduce stress and improve mental/behavioral health
 - Support groups
 - Faith-based community organizations
 - Workout buddies/social network opportunities

Seminole County Goal, Objectives, Strategies and Performance Measures

Goal	Health Indicators	Resource	Source
Prevent and reduce obesity and associated health conditions; such as, heart disease, diabetes, asthma, and cancer.	Percentage of adults in Seminole County who are obese.	Healthy Seminole Collaboration	Behavioral Risk Factor Surveillance System (BRFSS)
	Percentage of adults in Seminole County who are overweight.	Healthy Seminole Collaboration	Behavioral Risk Factor Surveillance System (BRFSS)
	Percentage of adults in Seminole County who are overweight or obese.	Healthy Seminole Collaboration	Behavioral Risk Factor Surveillance System (BRFSS)
	Proportion of adults in Seminole County who have a healthy weight (BMI from 18.5 to 24.9).	Healthy Seminole Collaboration	Behavioral Risk Factor Surveillance System (BRFSS)
	Proportion of middle school students in Seminole County reporting BMI at or above the 95th percentile.	Healthy Seminole Collaboration	Florida CHARTS 2011 Child and Adolescent Profile
	Proportion of high school students in Seminole County reporting BMI at or above the 95th percentile.	Healthy Seminole Collaboration	Florida CHARTS 2011 Child and Adolescent Profile
	Percentage of adults in Seminole County with diagnosed diabetes.	Healthy Seminole Collaboration	Behavioral Risk Factor Surveillance System (BRFSS)
	Percentage of adults in Seminole County who have ever had a heart attack, angina, or coronary heart disease.	Healthy Seminole Collaboration	Behavioral Risk Factor Surveillance System (BRFSS)
	Percentage of adults in Seminole County with diagnosed hypertension.	Healthy Seminole Collaboration	Behavioral Risk Factor Surveillance System (BRFSS)
	Percentage of adults in Seminole County who have ever had a stroke.	Healthy Seminole Collaboration	Behavioral Risk Factor Surveillance System (BRFSS)
Percentage of adults in Seminole County who currently have asthma.	Healthy Seminole Collaboration	Behavioral Risk Factor Surveillance System (BRFSS)	

Seminole County Goal, Objectives, Strategies and Performance Measures

OBJECTIVE: Prevent and reduce obesity related to poor nutrition. *

By December 31, 2015, decrease the percentage of obese children and adults in Seminole County by 3%.

**Policy change: Public schools will provide healthy food choices in vending machines.*

Health Indicator	Source	Strategies	Performance Measure	Resource
Percentage of adults in Seminole County who consume at least five servings of fruits and vegetables a day.	2007 BRFSS	Partner with organizations to promote educational outreach on nutrition.	By June 30, 2014, develop healthy eating literacy project and implement in three community centers.	Healthy Seminole Collaboration Harvest Time International Sharing Center Hispanic Health Initiative
		Support financial management education to promote healthy eating.	By June 30, 2014, develop a plan for implementing school-based nutritional education campaign for students and families.	Healthy Seminole Collaboration UF/IFAS Extension Services Seminole County Public Schools School Health Advisory
		Work with primary care providers to increase healthy eating education in health care setting.	By June 30, 2014, provide nutritional education toolbox with resources on Healthy Seminole website and promote use by at least five primary care providers.	Healthy Seminole Collaboration Seminole County Medical Society Shepherd's Hope Harvest Time International
		Partner with food banks to expand healthy eating education.	By June 30, 2014, develop plan for implementing nutritional education sessions at two local food banks.	Harvest Time International Second Harvest WIC
		Engage schools to support healthy eating education.	By June 30, 2014, provide one nutritional education training opportunity for public and private school staff.	Seminole County Public Schools Private Schools PTA School Health Advisory Committee

Seminole County Goal, Objectives, Strategies and Performance Measures

OBJECTIVE: Prevent and reduce obesity through increasing access to healthy food.

By December 31, 2015, decrease the percentage of obese children and adults in Seminole County by 3%.

Health Indicator	Source	Strategies	Performance Measure	Resource
Percentage of adults in Seminole County who consume at least five servings of fruits and vegetables a day.	2007 BRFSS	Work with community organizations to expand community and school gardening.	By June 30, 2014, Seminole County Public Schools will start one additional school garden that provides nutritious foods to the community.	Health Seminole Collaboration Seminole County Public Schools School Health Advisory Committee
		Build partnerships with transportation providers to increase access to food sources.	By June 30, 2014, identify one transportation provider that will map routes to food sources in the community.	Healthy Seminole Collaboration Seminole County Government

Seminole County Goal, Objectives, Strategies and Performance Measures

OBJECTIVE: Prevent and reduce obesity by promoting the benefits of physical activity.*
 By December 31, 2015, decrease the percentage of obese children and adults in Seminole County by 3%.

**Proposed policy change: Public and private schools will increase physical education requirements for students.*

Health Indicator	Source	Strategies	Performance Measure	Resource
Percentage of adults who are sedentary.	2007 BRFSS	Partner with organizations to promote educational outreach that increases participation in physical activity.	By June 30, 2014, implement physical activity campaign in three community centers.	Healthy Seminole Collaboration Harvest Time International Hispanic Health Initiative
Percentage of adults who meet moderate physical activity recommendations.	2007 BRFSS	Work with community organization to develop sustainable physical activity challenges.	By December 31, 2014, develop sustainable physical activity challenge and implement in three community centers.	Healthy Seminole Collaboration Hispanic Health Initiative
Percentage of adults who meet vigorous physical activity.	2007 BRFSS	Encourage local businesses to promote workplace wellness.	By December 31, 2014, implement wellness programs in three businesses that address nutrition, weight management, and smoking cessation.	Healthy Seminole Collaboration
Percentage of middle school students without vigorous physical activity.	Florida CHARTS 2011 Child and Adolescent Profile	Engages schools to develop after-school recreational programs that support physical activity.	By June 30, 2014, develop a plan for implementing school-based physical education campaign for students and families.	Healthy Seminole Collaboration Seminole County Public Schools School Health Advisory Committee
Percentage of high school students without vigorous physical activity.	Florida CHARTS 2011 Child and Adolescent Profile	Continuously build collaboration among partners to address physical activity needs within the community.	By June 30, 2014, develop action plan that addresses two physical activity needs in the community.	Healthy Seminole Collaboration

Seminole County Goal, Objectives, Strategies and Performance Measures

OBJECTIVE: Prevent and reduce obesity by increasing access and awareness of physical activity resources.*

By December 31, 2015, decrease the percentage of obese children and adults in Seminole County by 3%.

**Proposed policy change: Require sidewalks in new developments to meet built environment standards.*

Health Indicator	Source	Strategies	Performance Measure	Resource
Percentage of adults who are sedentary.	2007 BRFSS	Conduct a safety assessment to determine barriers for participating in physical activities within the community.	By June 30, 2014, conduct a safety assessment in one community.	Healthy Seminole Collaboration Seminole County Government Seminole County Health Department
Percentage of adults who meet moderate physical activity recommendations.	2007 BRFSS	Build partnerships with local government, planning and law enforcement to improve community safety.	By June 30, 2014, conduct a safety assessment in one community.	Healthy Seminole Collaboration Seminole County Government Seminole County Health Department Seminole County Sheriff's Department
Percentage of adults who meet vigorous physical activity.	2007 BRFSS	Collaborate with partners to develop a centralized source for physical activity resources within the community.	By June 30, 2014, provide physical education toolbox with resources on Healthy Seminole website.	Healthy Seminole Collaboration
Percentage of middle school students without vigorous physical activity.	Florida CHARTS 2011 Child and Adolescent Profile	Support the promotion of physical activity to reduce stress and improve mental/behavioral health.	By June 30, 2014, promote use of physical education toolbox on Healthy Seminole website by at least three businesses or community centers.	Healthy Seminole Collaboration Seminole County Medical Society Shepherd's Hope Harvest Time International
Percentage of high school students without vigorous physical activity.	Florida CHARTS 2011 Child and Adolescent Profile			

Seminole County Goal, Objectives, Strategies and Performance Measures

OBJECTIVE: Prevent and reduce obesity related to behavioral health and stress.*

By December 31, 2015, decrease the percentage of obese children and adults in Seminole County by 3%.

**Policy change: Two Seminole County cities have passed resolutions urging local vendors to cease the sale and marketing of candy-flavored tobacco products.*

**Policy change: Seminole County Public Schools enacted a tobacco-free policy effective June 2012.*

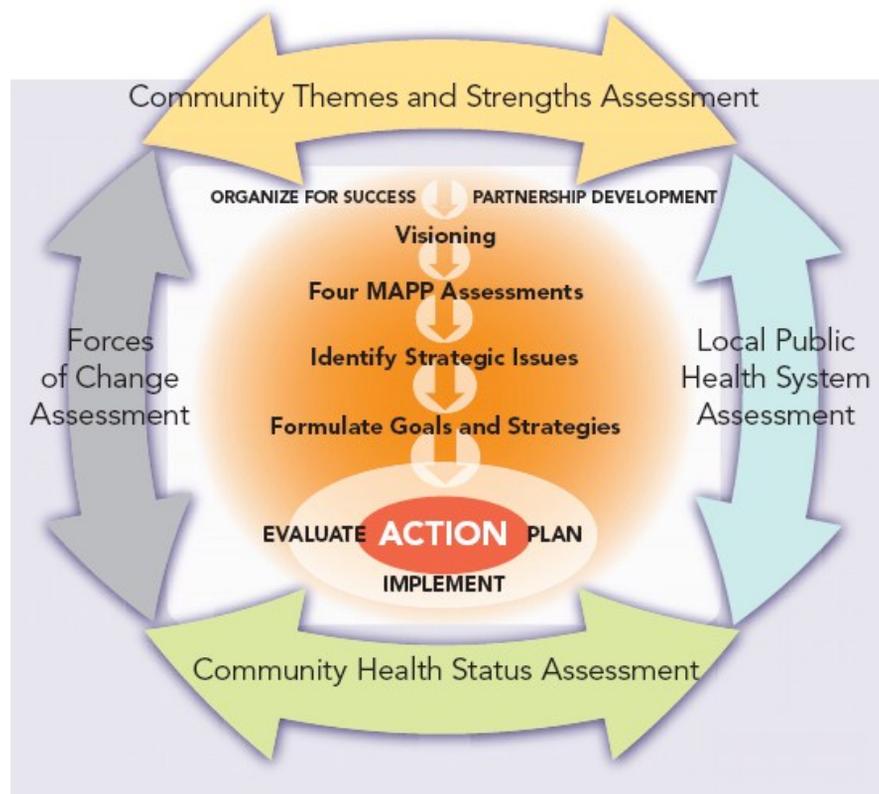
Health Indicator	Source	Strategies	Performance Measure	Resource
Percentage of adults who are overweight.	2010 BRFSS	Support smoking cessation efforts to reduce stress and overweight status.	By December 31, 2014, implement three wellness programs in community centers or businesses that address nutrition, weight management, and smoking cessation.	Healthy Seminole Collaboration
Percentage of adults who are current smokers.	2010 BRFSS	Support the promotion of physical activity to reduce stress and improve mental/behavioral health.	By December 31, 2014, implement three wellness programs in community centers or businesses that address nutrition, weight management, and smoking cessation.	Healthy Seminole Collaboration

ACTION CYCLE

The Seminole County Health Planning Partnership (SCHPP) will meet monthly, starting in October 2012, to begin the action cycle of implementation and evaluation of the defined MAPP goals and objectives. The meetings will be chaired by Mike Napier, Seminole County Health Department Administrator, and facilitated by Ken Peach, Health Council of East Central Florida Executive Director. The SCHPP will be the entity responsible for ensuring that the MAPP process is sustained. In November, 2012, SCHPP became *Healthy Seminole Collaboration*.

Using the Action Cycle template (page 32), the partnership will begin the process of translating objectives into specific action plans that will define the activities, timelines, and needed resources. Identifying opportunities for coordination will be an ongoing function to ensure the right people are included and community efforts are not duplicated.

Throughout the three-year implementation process, Healthy Seminole Collaboration will evaluate the MAPP Process as well as the strategies to document successes and lessons learned. The evaluation will document the level of community engagement and participation, and the results achieved from the activities tied to MAPP goals and objectives.



Action Cycle Template

Strategic Priority:			
Goal:			
Strategies:			
Outcome Objective(s):			
Impact Objective(s):			
Process Objective(s):			
Tasks/Action Steps <i>What will be done?</i>	Responsibilities <i>Who will do it?</i>	Resources <i>Funding/time/people/ materials</i>	Timeline <i>By when? Month/ day/year</i>
1.	1.	1.	1.
2.	2.	2.	2.
3.	3.	3.	3.
Evidence of Success <i>(How will you know that you are making progress? What are your benchmarks?)</i>			
Evaluation Process <i>(How will you determine that the goal has been reached? What are your measures?)</i>			

Appendix A

SEMINOLE COUNTY HEALTHCARE RESOURCE INVENTORY

Seminole County Healthcare Resource Inventory

Prepared by the Health Council of East Central Florida

2013

Contents

INTRODUCTION.....	3
METHODOLOGY.....	5
DATA LIMITATIONS.....	6
FINDINGS.....	7
SEMINOLE COUNTY MAPS.....	8
SEMINOLE COUNTY DATA TABLES.....	11
ALTAMONTE SPRINGS MAPS.....	30
ALTAMONTE SPRINGS DATA TABLES.....	33
CASSELBERRY MAPS.....	39
CASSELBERRY DATA TABLES.....	42
LAKE MARY MAPS.....	45
LAKE MARY DATA TABLES.....	48
LONGWOOD MAPS.....	53
LONGWOOD DATA TABLES.....	56
OVIEDO MAPS.....	60
OVIEDO DATA TABLES.....	63
SANFORD MAPS.....	67
SANFORD DATA TABLES.....	70
WINTER SPRINGS MAPS.....	76
SEMINOLE COUNTY CONTINUUM OF CARE.....	82
<i>Institute of Healthcare Improvement</i>	83

<i>Support Services</i>	89
<i>CONCLUSION</i>	94
<i>RESOURCES</i>	95

INTRODUCTION

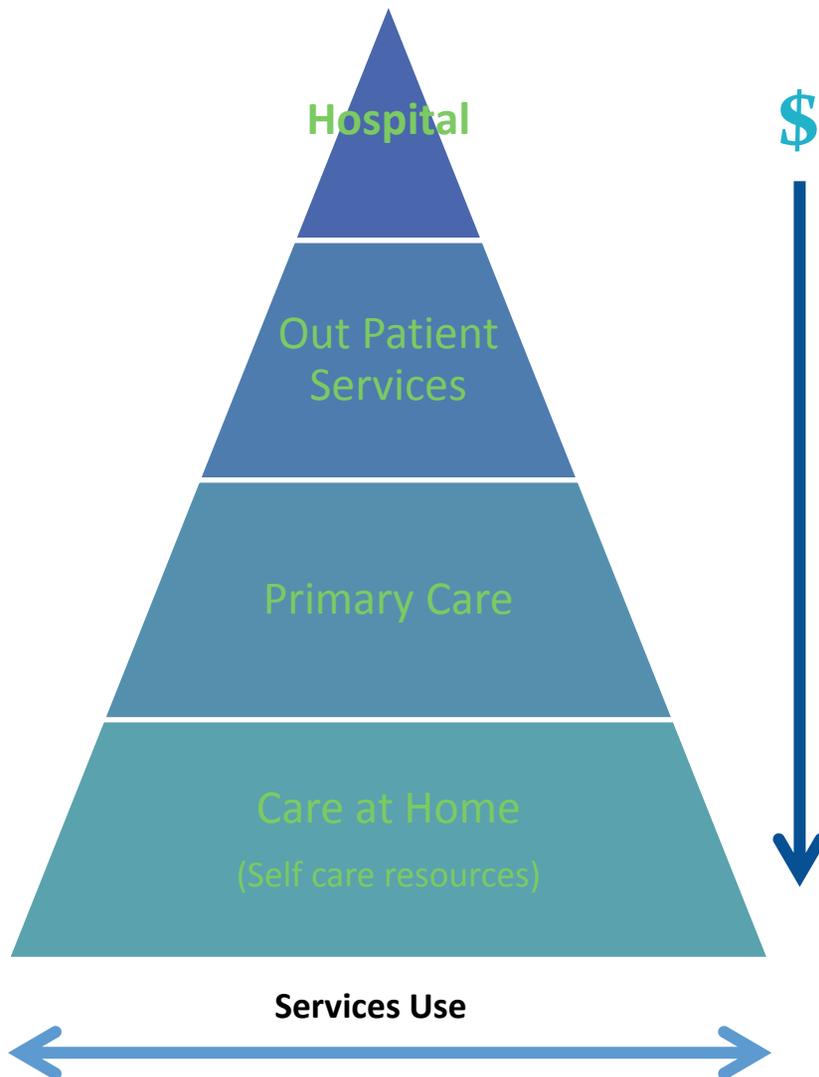
In 2012, the Seminole County Health Department conducted a comprehensive assessment of the local public health system in an effort to improve population health. This process, known as Mobilizing for Action through Planning and Partnership (MAPP), systematically collected and analyzed information to develop data-driven priorities and formulate an action plan to improve public health. The results of the MAPP assessments (Community Themes and Strengths, the Local Public Health System Assessment, the Community Health Status Assessment, and the Forces of Change Assessment) were documented in the Community Health Assessment (CHA). The action plan, developed through this community-driven and community-owned process to address the needs identified by the assessments, is referred to as the Community Health Improvement Plan (CHIP). To facilitate the implementation of the CHIP, the community developed SMART (Specific, Measurable, Attainable, Realistic, and Timely) strategies to foster the collaboration needed to attain the identified goals.

One component not included in the MAPP process is the mapping of community healthcare resources. This is needed to enhance the strategic success of the CHIP by enabling Seminole County to assess the capacity of the entire health system. Mapping healthcare resources will create a visual illustration of the healthcare delivery system as it currently exists. As a result, service delivery gaps will be more clearly defined and can be effectively addressed to ensure optimal health outcomes for all populations. Resource mapping benefits for Seminole County include:

- Identification of new resources to enhance and sustain CHIP goals;
- Determination of whether existing medical providers are being used effectively to achieve expected outcomes;
- Improved alignment and coordination of the healthcare delivery system;
- Enhanced coordination and collaboration among stakeholders with relevant resources and
- Development of new policies to better meet the CHIP goals and objectives

With a focus on medical stability and self-care, healthcare resources that are aligned and coordinated across the county support the model of care developed by the Institute of Healthcare Improvement (IHI) to improve chronic disease management. This model aims to maximize health service efficiency which will result in a more effective use of limited financial resources.

Encourage better health for all populations in Seminole County



OBJECTIVE:

To reduce health expenditures by keeping residents lower on the care pyramid.

GOAL:

Ensure medical stability to enable residents with chronic conditions to remain at home

GOAL:

Offer preventive, self-care and primary healthcare services to keep individuals healthy

METHODOLOGY

Various sources were used to gather data on the location of healthcare resources throughout Seminole County. These included the Florida Department of Health (DOH) Licensure Verification portal, the Heart of Florida United Way (HFUW) 2-1-1 database, the Health Council of East Central Florida, and internet research for the locations of pharmacies, labs, imaging centers, vision services, and parks. Using the healthcare asset list defined in *A Profile of Health and Health Resources within Chicago's 77 Community Areas*, (prepared by the Northwestern University Feinberg School of Medicine), the following healthcare resources were mapped for Seminole County:

- Audiologists
- Chiropractors
- Community-based Healthcare Centers
- Dental Providers
- Faith-based Healthcare Centers
- Hospital-affiliated Clinics
- Imaging Centers
- Laboratories
- Medical Doctors, Doctors of Osteopathy, Doctors of Podiatric Medicine
- Optometrists
- Parks
- Pharmacies
- Retail Clinics
- Urgent Care Centers
- Vision Services

Physician data were downloaded from the websites of Central Florida Regional Hospital, Florida Hospital Altamonte, and South Seminole Hospital to determine the locations of physician offices within the county. To capture physicians who may be currently practicing but without hospital privileges, data were downloaded from the Florida DOH licensure verification portal. Using

Microsoft Access, the hospital physician file was matched to the data downloaded from the FLDOH licensure verification portal to identify currently active and practicing physicians who do not have hospital privileges. The matched query revealed that there were only three physicians in Seminole County with this status. It was discovered early on in the process that physician data downloaded from the FLDOH portal contained primarily the home address of the physician. However, searching individually by name and license number, revealed the primary practice location for the majority of providers. All audiologists, chiropractors, dental providers, and optometrists were individually verified using this method. For the purposes of this project, only providers with an office located within the county were mapped. Additionally, only unduplicated addresses were mapped. Large, multi-story medical buildings are represented by a single push pin.

Data for the location of imaging centers, laboratories, pharmacies, retail clinics, and urgent care centers were gathered primarily through internet research and the HFUW 2-1-1 database. The locations for these resources were confirmed through phone calls made to the actual facility. Hospitals, health care centers, and health department locations were readily available through the Health Council.

DATA LIMITATIONS

The purpose of this project was to identify the geographic locations of healthcare resources throughout Seminole County. It is beyond the scope of this project to provide detailed information regarding the number of physicians per office, specialty, hospital or city.

Licensure data was downloaded during April and May and does not account for any status changes that occurred since that time. Only information that was verified by the physician was used from the FLDOH portal. An assumption was made that physician data available through hospital websites were current and accurate.

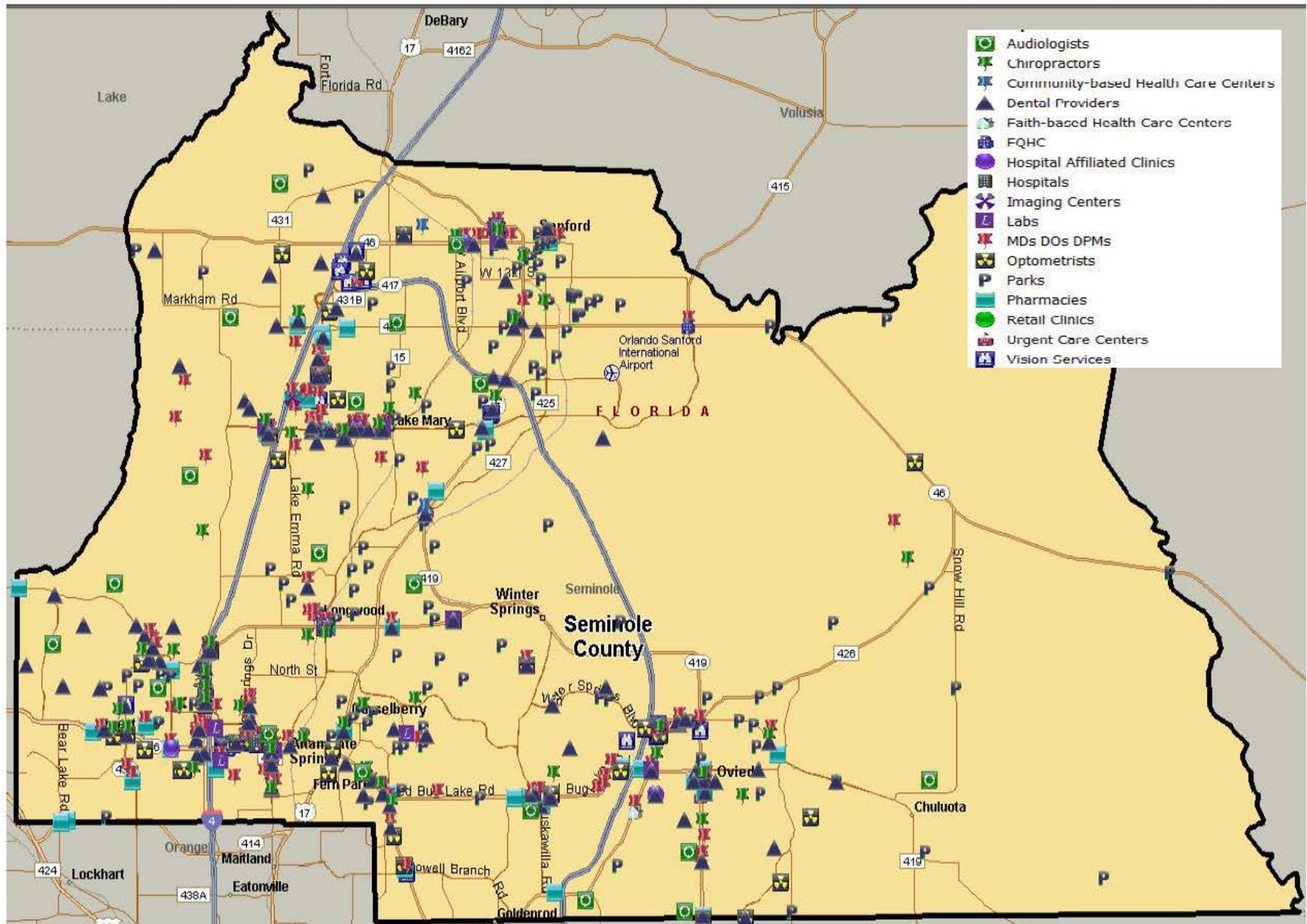
The mapping software used allowed one push pin per unique address. The mapped retail clinics share the same geographic location as pharmacies. Although, both resources were mapped using a different icon, only one is visible on the map. This holds true for a

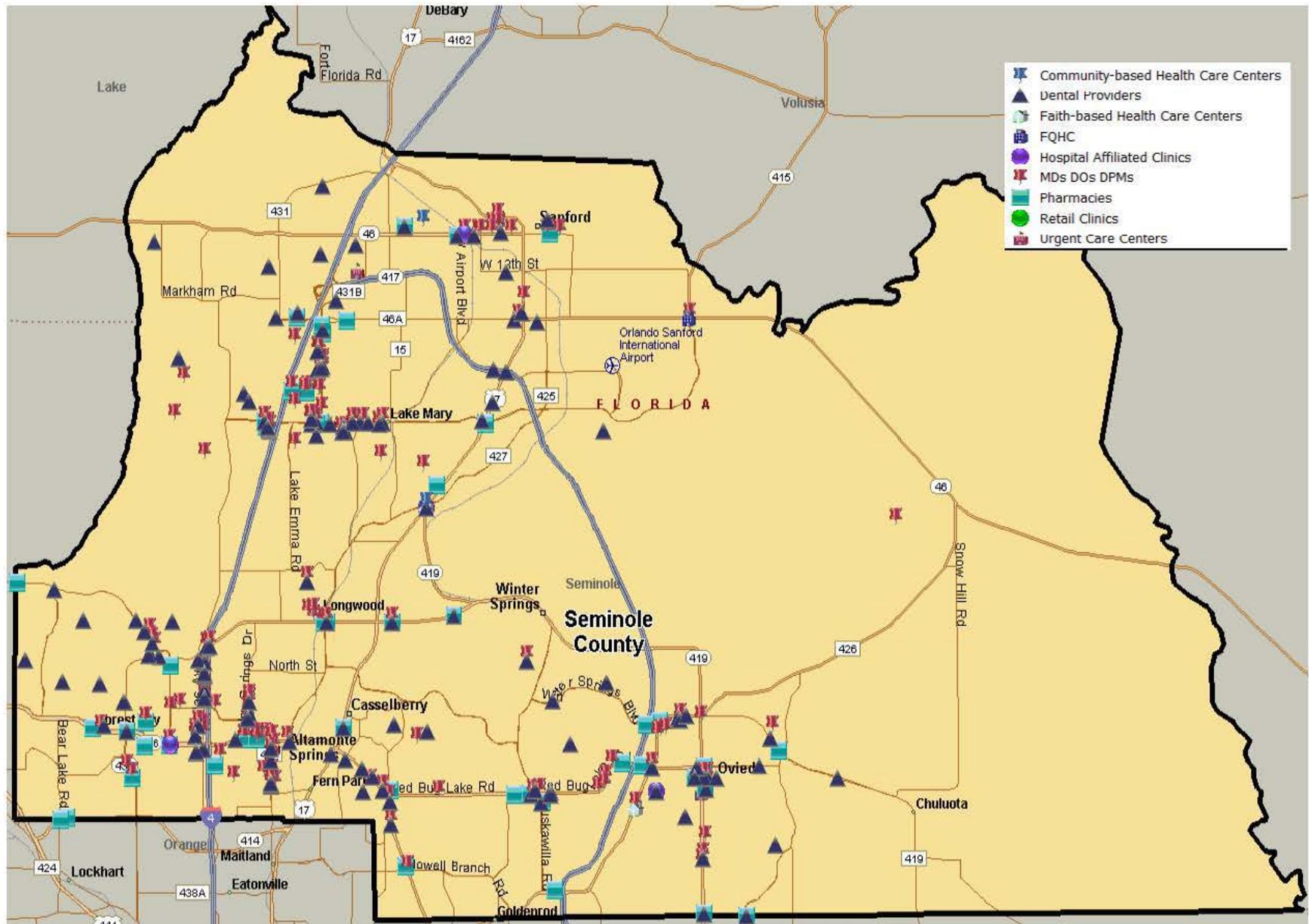
medical office located in the same building as a lab or an imaging facility. Due to the limited size of the maps, resource icons appear more closely located than they actual are.

FINDINGS

- The majority of health care resources were clustered around hospitals and along major highways. This is efficient for providers, as well as patients who may need follow-up labs, imaging, or to see a specialty provider. However, the current distribution of resources may not adequately serve those residents with travel time and transportation mode limitations, particularly those living in a more rural area of the city.
- Resources from neighboring cities within the county are fairly accessible to fill services gaps for the majority of residents.
- Sanford was the only city with at least one provider location for all 16 categories of healthcare resources mapped.
- The majority of large areas without identified resources represented residential neighborhoods.
- Although not mapped, a portion of the physicians located in Orange and Volusia counties do serve Seminole residents through their privileges at the three hospitals within the county.

SEMINOLE COUNTY MAPS





SEMINOLE COUNTY DATA TABLES

Audiologists			
8000 RED BUG LAKE ROAD	OVIEDO	FL	32765
1120 SEMORAN BLVD.	CASSELBERRY	FL	32707
160 BOSTON AVENUE	ALTAMONTE SPRINGS	FL	32701
400 SR 436	CASSELBERRY	FL	32707
5268 W STATE ROAD 46	SANFORD	FL	32771
711 E. ALTAMONTE DRIVE	ALTAMONTE SPRINGS	FL	32701
170 N. CYPRESS WAY	CASSELBERRY	FL	32707
Chiropractors			
100 BURNSED PLACE	OVIEDO	FL	32765
100 MARCIA DRIVE	ALTAMONTE SPRINGS	FL	32714
1056 GWYN CIR	OVIEDO	FL	32765
108 ROBIN ROAD	ALTAMONTE SPRINGS	FL	32701
1130 TOWNPARK AVE	LAKE MARY	FL	32746
115 W WILBUR AVE	LAKE MARY	FL	32746
120 INTERNATIONAL PARKWAY	LAKE MARY	FL	32746
1230 SEMINOLA BLVD.	CASSELBERRY	FL	32707
1339 PALO ALTO COURT	WINTER SPGS	FL	32708
142 PARLIAMENT LOOP	LAKE MARY	FL	32746
1430 LEXINGTON GREEN LANE	SANFORD	FL	32771
149 ESTATES CIRCLE	LAKE MARY	FL	32746
163 EAST LAKE BRANTLEY DR	LONGWOOD	FL	32779
172 SAUSALITO BLVD	CASSELBERRY	FL	32707
1750 W BROADWAY ST	OVIEDO	FL	32765
1791 EAST BROADWAY STREET	OVIEDO	FL	32765
1856 WINGFIELD DRIVE	LONGWOOD	FL	32779
205 CROWN OAKS WAY	LONGWOOD	FL	32779
2214 PALMETTO AVENUE	SANFORD	FL	32771
232 COLOMBO DR.	CASSELBERRY	FL	32707
242 WEST HIGHWAY 434	LONGWOOD	FL	32750
250 WAYMONT COURT	LAKE MARY	FL	32746
251 N MAITLAND AVE	ALTAMONTE SPRINGS	FL	32701
3505 S. ORLANDO DR.	SANFORD	FL	32773
352 PRIMA VERA COVE	ALTAMONTE SPRINGS	FL	32714
3621 LAKE EMMA RD.	LAKE MARY	FL	32746
40 ALEXANDRIA BLVD.	OVIEDO	FL	32765
410 S RONALD REAGAN BLVD	LONGWOOD	FL	32750
460 WEST CENTRAL PKWY	ALTAMONTE SPRINGS	FL	32714
462 WEST CENTRAL PARKWAY	ALTAMONTE SPRINGS	FL	32714
480 EAST STATE ROAD 436	CASSELBERRY	FL	32707
4932 W STATE ROAD 46	SANFORD	FL	32771
5025 S U.S. HWY 17/92	CASSELBERRY	FL	32707
537 ONE CENTER BLVD	ALTAMONTE SPG	FL	32701
580 CAPE COD LANE	ALTAMONTE SPRINGS	FL	32714

660 FLORIDA CENTRAL PKWY	LONGWOOD	FL	32750
675 DOUGLAS AV	ALTAMONTE SPRINGS	FL	32714
681 PINE HILL BLVD.	GENEVA	FL	32732
741 MAITLAND AVE	ALTAMONTE SPG	FL	32701
781 MAITLAND AVENUE	ALTAMONTE SPGS	FL	32701
797 NORTH STATE ROAD 434	ALTAMONTE SPRINGS	FL	32714
804 FRENCH AVENUE	SANFORD	FL	32771
817 DOUGLAS AVENUE	ALTAMONTE SPRINGS	FL	32714
830 EAST ST RD 434	LONGWOOD	FL	32750
870 CLARK STREET	OVIEDO	FL	32765
875 NORTH ALAFAYA TRAIL	ORLANDO	FL	32828
897 E. SEMORAN BLVD.	CASSELBERRY	FL	32707
900 W 25TH ST	SANFORD	FL	32771
928 W. CHARING CROSS CIRCLE	LAKE MARY	FL	32746
982 DOUGLAS AVE	ALTAMONTE SPG	FL	32714
Community-based Health Care Centers			
225 N Kennel Road	Sanford	FL	32771
600 N. Hwy. 17-92	Longwood		32750
Dental Providers			
100 LAKESHORE DRIVE	ALTAMONTE SPG	FL	32714
101 WILLOW AVE	ALTAMONTE SPG	FL	32714
1012 STATE RD 436	CASSELBERRY	FL	32707
1013 LOCKWOOD BLVD.	OVIEDO	FL	32765
102 WILD PLUM	LONGWOOD	FL	32779
1048 SHADOWMOSS CIRCLE	LAKE MARY	FL	32746
106 WEST MITCHELL HAMMOCK RD.	OVIEDO	FL	32765
1060 W HWY 434	LONGWOOD	FL	32750
107 STONE BROOK CT	LONGWOOD	FL	32779
1097 DOUGLAS AVE	ALTAMONTE SPGS	FL	32714
1110 ST. ALBANS LOOP	HEATHROW	FL	32746
112 FOREST PARK COURT	LONGWOOD	FL	32779
1120 SR 436 SUITE 1800	CASSELBERRY	FL	32707
1122 E. STATE RD. 434	WINTER SPRINGS	FL	32708
1125 TOWN PARK AVENUE	LAKE MARY	FL	32746
1142 E STATE ROAD 434	WINTER SPRINGS	FL	32708
1145 RINEHART ROAD	SANFORD	FL	32771
117 MEADOWFIELD LANE	LONGWOOD	FL	32779
1173 SPRING CENTRE BLVD SOUTH	ALTAMONTE SPRINGS	FL	32714
1196 EAST STATE ROAD 434	WINTER SPRINGS	FL	32708
120 ALEXANDRIA BLVD	OVIEDO	FL	32765
120 INTERNATIONAL PARKWAY	HEATHROW	FL	32746
1204 W 13TH ST	SANFORD	FL	32771
1250 W SR 434	LONGWOOD	FL	32750
130 OXFORD RD	FERN PARK	FL	32730

1301 S. INTERNATIONAL PKWY,	LAKE MARY	FL	32746
1311 QUEEN ELAINE DRIVE	CASSELBERRY	FL	32707
1325 S INTERNATIONAL PKWY	LAKE MARY	FL	32746
1331 S. INTERNATIONAL PARKWAY	LAKE MARY	FL	32746
1340 TUSKAWILLA ROAD	WINTER SPRINGS	FL	32708
1349 S INTERNATIONAL PKWY	LAKE MARY	FL	32746
1350 TUSCAWILLA RD	WINTER SPRINGS	FL	32708
1385 WEST HWY. 434	LONGWOOD	FL	32750
1390 CITY VIEW CENTER	OVIEDO	FL	32765
1433 SHADWELL CIR	HEATHROW	FL	32746
1445 E. MITCHELL HAMMOCK ROAD	OVIEDO	FL	32765
145 WAYMONT COURT	LAKE MARY	FL	32746
1450 TUSKAWILLA RD	WINTER SPRINGS	FL	32708
1460 EAST RED BUG ROAD	OVIEDO	FL	32765
151 WYMORE ROAD	ALTAMONTE SPRINGS	FL	32714
1525 S ALAFAYA TRAIL	ORLANDO	FL	32828
1670 S. HWY 17-92	LONGWOOD	FL	32750
1706 EAST SEMORAN BLVD	APOPKA	FL	32703
176 STEEPLECHASE CIRCLE	SANFORD	FL	32771
1781 EAST BROADWAY STREET	OVIEDO	FL	32765
19333 AYRSHIER PLACE	OVIEDO	FL	32765
1941 WEST COUNTY ROAD 419	OVIEDO	FL	32766
195 BRIAR CLIFF DRIVE	LONGWOOD	FL	32779
195 SOUTH WESTMONTE DRIVE	ALTAMONTE SPRINGS	FL	32714
195 W. HIGHLAND STREET	ALTAMONTE SPGS	FL	32714
200 WAYMONT COURT	LAKE MARY	FL	32746
200 WEST LAKE MARY BOULEVARD	SANFORD	FL	32773
201 MAITLAND AVENUE	ALTAMONTE SPRINGS	FL	32701
205 TOWNE CENTER BLVD	SANFORD	FL	32771
205 Bellagio Circle	SANFORD	FL	32771
210 LORAIN DR	ALTAMONTE SPRINGS	FL	32714
213 NORRIS PLACE	CASSELBERRY	FL	32707
217 N. WESTMONTE DRIVE	ALTAMONTE SPRINGS	FL	32714
225 S WESTMONTE DRIVE	ALTAMONTE SPRINGS	FL	32714
225 W S.R. 434	LONGWOOD	FL	32750
2421 S MAPLE AVE	SANFORD	FL	32771
245 WAYMONT COURT	LAKE MARY	FL	32746
2500 W LAKE MARY BLVD	LAKE MARY	FL	32746
2509 PARK DRIVE	SANFORD	FL	32773
252 PLAZA DRIVE	OVIEDO	FL	32765
2601 W LAKE MARY BLVD.	LAKE MARY	FL	32746
2633 WEST STATE ROAD 434	LONGWOOD	FL	32779
2696 RUNNING SPRINGS LOOP	OVIEDO	FL	32765
2715 LAKEVIEW DR.	FERN PARK	FL	32730

2855 W STATE ROAD 434	LONGWOOD	FL	32779
286 EAST STATE ROAD 434	LONGWOOD	FL	32750
290 HIBISCUS RD	CASSELBERRY	FL	32707
2910 WEST LAKE MARY BLVD	LAKE MARY	FL	32746
2921 S. ORLANDO DRIVE	SANFORD	FL	32773
2959 ALAFAYA TRAIL	OVIEDO	FL	32765
30 ALEXANDRIA BLVD.	OVIEDO	FL	32765
301 BRANTLEY CLUB PLACE	LONGWOOD	FL	32779
3098 W LAKE MARY BLVD	LAKE MARY	FL	32746
311 SOUTH DOVER COURT	LAKE MARY	FL	32746
316 N ALAFAYA TRAIL	ORLANDO	FL	32828
320 LEXINGTON GREEN LANE	SANFORD	FL	32771
3228 WEST SR 426	OVIEDO	FL	32765
3300 WEST LAKE MARY BOULEVARD	LAKE MARY	FL	32746
338 SAVANNH HOLLY LANE	SANFORD	FL	32771
345 WAYMONT COURT	LAKE MARY	FL	32746
35 WINDSORMERE WAY	OVIEDO	FL	32765
3607 ORLANDO DR	SANFORD	FL	32773
365 WEKIVA SPRINGS RD	LONGWOOD	FL	32779
3801 WEST LAKE MARY BLVD	LAKE MARY	FL	32746
385 ALEXANDRA BOULEVARD	OVIEDO	FL	32765
400 HWY 436	CASSELBERRY	FL	32707
400 WEST AIRPORT BLVD	SANFORD	FL	32773
405 ALEXANDRIA BOULEVARD	OVIEDO	FL	32765
4106 W LAKE MARY BLVD	LAKE MARY	FL	32746
4250 ALAFAYA TRAIL	OVIEDO	FL	32765
4267 LAKE MARY BLVD	LAKE MARY	FL	32746
430 WAYMONT CT	LAKE MARY	FL	32746
440 ST. CHARLES CT	LAKE MARY	FL	32746
442 WEKIVA COVE RD	LONGWOOD	FL	32779
451 E. ALTAMONTE DRIVE	ALTAMONTE SPRINGS	FL	32701
475 W BROADWAY	OVIEDO	FL	32765
4907 INTERNATONAL PARKWAY	SANFORD	FL	32771
4942 WEST SR 46	SANFORD	FL	32771
499 E CENTRAL PARKWAY	ALTAMONTE SPRINGS	FL	32701
499 EAST CENTRAL PARKWAY	ALTAMONTE SPG	FL	32701
50 WINDSORMERE WAY	OVIEDO	FL	32765
500 STATE ROAD 436	CASSELBERRY	FL	32707
5030 WEST SR 46	SANFORD	FL	32771
505 WEKIVA SPRINGS ROAD	LONGWOOD	FL	32779
515 STATE ROAD 436	CASSELBERRY	FL	32707
5264 WEST STATE ROAD 46	SANFORD	FL	32771
541 N. PALMETTO AVE	SANFORD	FL	32771
5659 RED BUG LAKE ROAD	WINTER SPRINGS	FL	32708

5662 DALEY WAY	OVIEDO	FL	32765
570 RINEHART ROAD	LAKE MARY	FL	32746
5739 CANTON COVE	WINTER SPRINGS	FL	32708
5761 US HIGHWAY 17-92	CASSELBERRY	FL	32707
590 PALM SPRINGS DR	ALTAMONTE SPG	FL	32701
5965 RED BUG LAKE ROAD	WINTER SPGS	FL	32708
604 MAITLAND AVENUE	ALTAMONTE SPRINGS	FL	32701
609 MAITLAND AVENUE	ALTAMONTE SPRINGS	FL	32701
616 N PINTO CT	WINTER SPRINGS	FL	32708
620 W STATE RD 434	WINTER SPRINGS	FL	32708
632 MAITLAND AVE	ALTAMONTE SPRINGS	FL	32701
664 PALM SPRINGS DR	ALTAMONTE SPG	FL	32701
703 MAGNOLIA DR	ALTAMONTE SPRINGS	FL	32701
707 PENNSYLVANIA AVENUE	ALTAMONTE SPRINGS	FL	32701
709 DOUGLAS AVE	ALTAMONTE SPGS	FL	32714
737 STIRLING CENTER PLACE	LAKE MARY	FL	32746
741 BEAR CREEK CIRCLE	WINTER SPRINGS	FL	32708
746 STIRLING CENTER PLACE	LAKE MARY	FL	32746
752 STIRLING CENTER PLACE	LAKE MARY	FL	32746
758 N SUN DRIVE	LAKE MARY	FL	32746
777 DOUGLAS AVENUE	ALTAMONTE SPRINGS	FL	32714
813 DOUGLAS AVENUE	ALTAMONTE SPRINGS	FL	32714
856 WETSTONE PL	SANFORD	FL	32771
890 NORTHERN WAY	WINTER SPRINGS	FL	32708
890 S. SUN DR.	LAKE MARY	FL	32746
901 WEKIVA SPRINGS RD	LONGWOOD	FL	32779
902 W 25TH ST	SANFORD	FL	32771
903 N STATE RD 434	ALTAMONTE SPRINGS	FL	32714
910 WILLISTON PARK PT	LAKE MARY	FL	32746
917 RINEHART ROAD	LAKE MARY	FL	32746
926 GREAT POND DRIVE	ALTAMONTE SPRINGS	FL	32714
931 CENTRE CIRCLE	ALTAMONTE SPRINGS	FL	32714
934 EAST ALTAMONTE DRIVE	ALTAMONTE SPGS	FL	32701
95 ALAFAYA WOODS BLVD	OVIEDO	FL	32765
982 DOUGLAS AVENUE	ALTAMONTE SPRINGS	FL	32714
994 DOUGLAS AVE	ALTAMONTE SPG	FL	32714
258 PLAZA DRIVE	OVIEDO	FL	32765
344 WILSHIRE BLVD.	CASSELBERRY	FL	32707
DENTAL DEPARTMENT	SANFORD	FL	32773
WEKIVA PLACE	LONGWOOD	FL	32779

600 North US 17-92	Faith-based Health Care Centers	Longwood	FL	32750
2021 West State Road 426		Oviedo	FL	32765
2400 State Road 415		Sanford	FL	32771
	Hospital Affiliated Clinics			
440 West Highway 436		Altamonte Springs, FL	32714	32714
855 South US Highway 17-92		Longwood	FL	32750
8010 Red Bug Road		Oviedo	FL	32765
4451 West 1st Street	Hospitals	Sanford	FL	32771
1401 W Seminole Blvd		Sanford	FL	32771
601 E Altamonte Dr		Altamonte Springs	FL	32701
555 W State Rd 434	Imaging Centers	Longwood	FL	32750
398 E Altamonte Dr		Altamonte Spgs	FL	32701
775 Primera Blvd	Lake Mary	Lake Mary	FL	32746
1343 S International Pkwy		Lake Mary	FL	32746
165 Waymont Ct.		Lake Mary	FL	32746
521 W. State Road 434		Longwood	FL	32750
1000 W Broadway St		Oviedo	FL	32765
1401 West Seminole Blvd.		Sanford	FL	32771
1049 Willa Springs Dr	Labs	Winter Springs	FL	32708
5732 Canton Cove		Winter Springs	FL	32708
745 Orienta Avenue		Altamonte Springs	FL	32701
270 Northlake Blvd		Altamonte Springs	FL	32701
1404 W Seminole Blvd		Sanford	FL	32771
249 Maitland Avenue		Altamonte Springs	FL	32701
3224 Lake Mary Blvd West		Lake Mary	FL	32746
661 East Altamonte Drive		Altamonte Springs	FL	32701
1000 W Broadway St		Oviedo	FL	32765
1239 SR 436 Walmart		Casselberry	FL	32707
2500 W Lake Mary Blvd		Lake Mary	FL	32746
393 Center Pointe Cir		Altamonte Springs	FL	32701
705 W State Rd 434		Longwood	FL	32750
910 Lexington Green Ln		Sanford	FL	32771
555 W State Road 434		Longwood	FL	32750
1060 West State Road 434		Longwood	FL	32750
1132 E State Rd 434		Winter Springs	FL	32708
120 International Pkwy		Lake Mary	FL	32746
1418 W 1st St		Sanford	FL	32771
1950 West SR 426	MDs Dos	Oviedo	FL	32765
2500 West Lake Mary Blvd		Lake Mary	FL	32746
745 Orienta Avenue		Altamonte Springs	FL	32701
100 Alexandria Blvd		Oviedo	FL	32765
1000 Executive Drive		Oviedo	FL	32765

1001 W First Street	Sanford	FL	32771
101 8th ST	Lake Mary	FL	32746
101 Lake Hayes RD	Oviedo	FL	32765
101 North 8th Street	Lake Mary	FL	32746
1022 West State Road 436	Altamonte Springs	FL	32714
1025 Primera Blvd	Lake Mary	FL	32746
1035 Primera BLVD	Lake Mary	FL	32746
106 Boston Ave	Altamonte Springs	FL	32701
1062 Crystal Bowl CIR	Casselberry	FL	32707
109 Timberlachen Cir	Lake Mary	FL	32746
110 Alafaya Woods Blvd	Oviedo	FL	32765
1120 State RD 436	Casselberry	FL	32707
118 W Highway 434	Winter Springs	FL	32708
120 International PKWY	Lake Mary	FL	32746
125 West Pineview Street	Altamonte Springs	FL	32714
1250 W State Road 434	Longwood	FL	32750
1301 S. International Pkwy	Lake Mary	FL	32746
1307 S International Pkwy	Lake Mary	FL	32746
1319 S International Pkwy	Lake Mary	FL	32746
1337 International Parkway South	Lake Mary	FL	32746
1340 Tuscowilla Road	Winter Springs	FL	32708
1349 S International Parkway	Lake Mary	FL	32746
1355 S International Pkwy	Lake Mary	FL	32746
1385 W SR 434	Longwood	FL	32750
1401 W. Seminole Boulevard	Sanford	FL	32771
1403 Medical Plaza Dr	Sanford	FL	32771
1410 W Broadway	Oviedo	FL	32765
142 Parliament Loop	Lake Mary	FL	32746
160 Boston Ave	Altamonte Springs	FL	32701
1621 West 1st. Street	Sanford	FL	32771
1710 Shadow Moss Circle	Lake Mary	FL	32746
1718 Lexington Green Lane	Sanford	FL	32771
178 Wilshire Blvd	Casselberry	FL	32707
205 Loraine Drive	Altamonte Springs	FL	32714
210 N Westmonte Drive	Altamonte Springs	FL	32714
210 Rinehart Road	Lake Mary	FL	32746
2100 West First Street	Sanford	FL	32771
2135 W State RD 434	Longwood	FL	32779
2180 W State Road 434	Longwood	FL	32779
220 E Central PKWY	Altamonte Springs	FL	32701
220 N Westmonte	Altamonte Springs	FL	32714
2200 W 1st Street	Sanford	FL	32771
2209 S. French Avenue	Sanford	FL	32771
230 Lynn St	Oviedo	FL	32765

235 N Westmonte Dr	Altamonte Springs	FL	32714
2400 State Road 415	Sanford	FL	32771
2441 W State Road 426	Oviedo	FL	32765
249 Maitland Avenue	Altamonte Springs	FL	32701
2500 W Lake Mary Blvd	Lake Mary	FL	32746
255 Primera BLVD	Lake Mary	FL	32746
2572 W State Rd 426	Oviedo	FL	32765
264 Douglas Ave	Altamonte Springs	FL	32714
2648 W State RD 434	Longwood	FL	32779
270 Northlake Boulevard	Altamonte Springs	FL	32701
2721 W State Road 434	Longwood	FL	32779
280 Wekiva Springs Road	Longwood	FL	32779
2911 Red Bug Lake Road	Casselberry	FL	32707
295 W Pine Ave	Longwood	FL	32750
2959 Alafaya Trail	Oviedo	FL	32765
296 W Pine Ave	Longwood	FL	32750
2984 Alafaya Trail	Oviedo	FL	32765
30 Windsormere Way	Oviedo	FL	32765
301 E Highway 434	Longwood	FL	32750
301 S. Milwee ST	Longwood	FL	32750
305 N Mangoustine Ave	Sanford	FL	32771
311 North Mangoustine	Sanford	FL	32771
313 N Mangoustine Ave	Sanford	FL	32771
317 N Mangoustine Ave	Sanford	FL	32771
319 N Mangoustine AVE	Sanford	FL	32771
3197 Deer Chase Run	Longwood	FL	32779
320 W Sabal Palm PL	Longwood	FL	32779
3272 W. Lake Mary BLVD	Lake Mary	FL	32746
3300 W Lake Mary BLVD	Lake Mary	FL	32746
3388 Fernlake Place	Longwood	FL	32779
360 Douglas AVE	Altamonte Springs	FL	32714
365 Wekiva Springs Road	Longwood	FL	32779
370 Woldunn Cir	Lake Mary	FL	32746
385 Waymont Court	Lake Mary	FL	32746
40 Alexandria BLVD	Oviedo	FL	32765
407 Wekiva Springs Rd	Longwood	FL	32779
410 Waymont Court	Lake Mary	FL	32746
4106 W Lake Mary Blvd	Lake Mary	FL	32746
419 East 1st Street	Sanford	FL	32771
430 Waymont Court	Lake Mary	FL	32746
440 Hwy 436	Altamonte Springs	FL	32714
441 Maitland Avenue	Altamonte Springs	FL	32701
4451 West 1st Street	Sanford	FL	32771
450 W Central Pkwy	Altamonte Springs	FL	32714

450 W State RD 434	Longwood	FL	32750
455 W Warren Ave	Longwood	FL	32750
460 E Altamonte Dr	Altamonte Springs	FL	32701
460 Raccoon St	Lake Mary	FL	32746
461 W Warren Ave	Longwood	FL	32750
475 Osceola ST	Altamonte Springs	FL	32701
478 E Altamonte Dr	Altamonte Springs	FL	32701
486 Valley Stream DR	Geneva	FL	32732
499 E Central Parkway	Altamonte Springs	FL	32701
500 E SR 434	Longwood	FL	32750
501 Arvern Court	Altamonte Springs	FL	32701
515 State Road 436	Casselberry	FL	32707
515 W SR 434	Longwood	FL	32750
516 W SR 434	Longwood	FL	32751
521 W SR 434	Longwood	FL	32750
550 E State RD 434	Longwood	FL	32750
555 W ST RD 434	Longwood	FL	32750
556 FL Central PKWY	Longwood	FL	32750
560 Rinehart Road	Lake Mary	FL	32746
5703 Red Bug Lake RD	Winter Springs	FL	32708
580 Rinehart RD	Lake Mary	FL	32746
5840 Red Bug Lake Rd	Winter Springs	FL	32708
585 Maitland AVE	Altamonte Springs	FL	32701
587 East State Road 434	Longwood	FL	32750
597 Maitland Ave	Altamonte Springs	FL	32701
601 E Altamonte Drive	Altamonte Springs	FL	32701
605 Montgomery Rd	Altamonte Springs	FL	32714
608 Maitland Ave	Altamonte Springs	FL	32701
610 Jasmine Rd	Altamonte Springs	FL	32701
616 E Altamonte Dr	Altamonte Springs	FL	32701
623 Maitland AVE	Altamonte Springs	FL	32701
630 Jasmine Road	Altamonte Springs	FL	32701
630 Main St	Altamonte Springs	FL	32701
631 Laurel Oak Lane	Altamonte Springs	FL	32701
631 Palm Springs Dr	Altamonte Springs	FL	32701
652 Palm Springs Dr	Altamonte Springs	FL	32701
659 Douglas Avenue	Altamonte Springs	FL	32714
661 E Altamonte Dr	Altamonte Springs	FL	32701
681 Douglas Avenue	Altamonte Springs	FL	32714
685 Palm Springs DR	Altamonte Springs	FL	32701
687 Douglas AVE	Altamonte Springs	FL	32714
689 E Altamonte Dr	Altamonte Springs	FL	32701
693 Douglas AVE	Altamonte Springs	FL	32714
701 Platinum Pointe	Lake Mary	FL	32746

707 Ballard Street	Altamonte Springs	FL	32701
71 S Central Ave	Oviedo	FL	32765
711 E Altamonte Drive	Altamonte Springs	FL	32701
712 W. 25th Street	Sanford	FL	32771
725 Rodel Cove	Lake Mary	FL	32746
7250 Red Bug Lake Rd	Oviedo	FL	32765
735 Primera Blvd	Lake Mary	FL	32746
735 Primera Blvd.	Lake Mary	FL	32746
7404 Red Bug Lake Road	Oviedo	FL	32765
7408 Red Bug Lake RD	Oviedo	FL	32765
7416 Red Bug Lake RD	Oviedo	FL	32765
745 Orienta AVE	Altamonte Springs	FL	32701
749 Stirling Center Place	Lake Mary	FL	32746
752 Stirling Center Place	Lake Mary	FL	32746
755 Stirling Center Place	Lake Mary	FL	32746
7560 Red Bug Lake Rd	Oviedo	FL	32765
758 N Sun Dr	Lake Mary	FL	32746
766 N Sun Drive	Lake Mary	FL	32746
773 Douglas Avenue	Altamonte Springs	FL	32714
785 Primera Blvd	Lake Mary	FL	32746
789 Douglas Avenue	Altamonte Springs	FL	32714
793 Douglas Ave	Altamonte Springs	FL	32714
795 Primera Blvd	Lake Mary	FL	32746
800 N. Highway 434	Altamonte Springs	FL	32714
8000 Red Bug Lake Rd	Oviedo	FL	32765
801 E First Street	Sanford	FL	32771
8010 Red Bug Lake Rd	Oviedo	FL	32765
808 Executive Dr	Oviedo	FL	32765
809 Douglas Ave	Altamonte Springs	FL	32714
819 E First St	Sanford	FL	32771
825 Douglas Avenue	Altamonte Springs	FL	32714
829 Douglas Ave.	Altamonte Springs	FL	32714
894 E Altamonte Drive	Altamonte Springs	FL	32701
900 Hope Way	Altamonte Springs	FL	32714
910 Lexington Green Lane	Sanford	FL	32771
910 Williston Park Point	Lake Mary	FL	32746
917 Rhinehart Rd.	Lake Mary	FL	32746
925 Williston Park Point	Lake Mary	FL	32746
934 Williston Park Pointe	Lake Mary	FL	32746
946 Semoran Blvd	Casselberry	FL	32707
974 Douglas Ave	Altamonte Springs	FL	32714
985 State Rd 436	Casselberry	FL	32707
Optometrists			
1020 LOCKWOOD BLVD	OVIEDO	FL	32765

105 E. LAKE BRANTLEY DR	LONGWOOD	FL	32779
1070 GREENWOOD BLVD	LAKE MARY	FL	32746
1101 RINEHART ROAD	SANFORD	FL	32771
1115 VIDINA PL	OVIEDO	FL	32765
1122 EAST STATE ROAD 434	WINTER SPRINGS	FL	32708
120 PINE NEEDLE LANE	ALTAMONTE SPG	FL	32714
1201 W.P. BALL BLVD	SANFORD	FL	32771
1239 STATE ROAD 436	CASSELBERRY	FL	32707
1331 S. INTERNATIONAL PKWY	LAKE MARY	FL	32746
1340 TUSCAWILLA RD	WINTER SPRINGS	FL	32708
1415 SR 436	CASSELBERRY	FL	32707
1495 W STATE RD 434	LONGWOOD	FL	32750
160 BOSTON AVE	ALTAMONTE SPRINGS	FL	32701
1601 RINEHART ROAD	SANFORD	FL	32771
183 E STATE RD 436	FERN PARK	FL	32730
2030 WINTER SPRINGS BLVD	OVIEDO	FL	32765
2243 WESTBOURNE DR	OVIEDO	FL	32765
2429 EKANA DR	OVIEDO	FL	32765
2984 NORTH ALAFAYA TRAIL	OVIEDO	FL	32765
3098 W LAKE MARY BLVD	LAKE MARY	FL	32746
355 SEMORAN BLVD.	FERN PARK	FL	32730
3805 MESSINA DRIVE	LAKE MARY	FL	32746
451 E. ALTAMONTE DRIVE	ALTAMONTE SPRINGS	FL	32701
515 E. ALTAMONTE DR.	ALTAMONTE SPRINGS	FL	32701
515 SPRING VALLEY ROAD	ALTAMONTE SPRINGS	FL	32714
560 RINEHART ROAD	LAKE MARY	FL	32746
5680 WAYSIDE DRIVE	SANFORD	FL	32771
5705 RED BUG LAKE RD	WINTER SPRINGS	FL	32708
5727 CANTON COVE	WINTER SPRINGS	FL	32708
685 DOUGLAS AVE.	ALTAMONTE SPGS	FL	32714
741 ORANGE AVE	ALTAMONTE SPRINGS	FL	32714
820 WEST LAKE MARY BLVD	SANFORD	FL	32773
870 RIDGE RD.	GENEVA	FL	32732
875 CLARK STREET	OVIEDO	FL	32765
931 NORTH STATE ROAD 434	ALTAMONTE SPRINGS	FL	32714
938 WILLSTON PARK POINT	LAKE MARY	FL	32746
983 WEST STATE ROAD 434	LONGWOOD	FL	32750
1002 Lakefront Lane	Parks Altamonte Springs	FL	32714
1100 Sand Lake Road	Altamonte Springs	FL	32714
1153 Lake Lotus Park Rd	Altamonte Springs	FL	32714
150 Cranes Roost Road	Altamonte Springs	FL	32701

401 West Highland Street	Altamonte Springs	FL	32714
624 Bills Lane	Altamonte Springs	FL	32714
830 Magnolia Drive	Altamonte Springs	FL	32714
985 Merrill Park Drive	Altamonte Springs	FL	32714
Hattaway Drive And Sharon Drive	Altamonte Springs	FL	32701
Hermit'S Trail And Highway 436	Altamonte Springs	FL	32701
Oakland Drive & Spring Lake Hills Drive	Altamonte Springs	FL	32701
Turnbull Avenue And Main Street	Altamonte Springs	FL	32701
931 Morse Street	Altamonte Springs	FL	32701
880 Osceola Trail	Casselberry	FL	32707
102 S Winter Park Dr	Casselberry	FL	32707
1101 Crystal Bowl Circle	Casselberry	FL	32707
1199 Lancelot Way	Casselberry	FL	32707
127 Quail Pond Circle	Casselberry	FL	32707
1309 Avalon Blvd	Casselberry	FL	32707
140 Plumosa Ave	Casselberry	FL	32707
1505 Kewannee Trail	Casselberry	FL	32707
168 North Sunset Blvd	Casselberry	FL	32707
200 N Triplet Lake Drive	Casselberry	FL	32707
3600 Red Bug Lake Road	Casselberry	FL	32707
450 Ballpark Rd	Casselberry	FL	32707
806 Mark David Blvd	Casselberry	FL	32707
Derbyshire Road And Lake Howell Road	Casselberry	FL	32707
Poplar Court	Casselberry	FL	32707
Triplet Lake Dr & Sunset Dr	Casselberry	FL	32707
1301 Tropical Avenue	Chuluota	FL	32766
3895 Curryville Road	Chuluota	FL	32766
1350 Snow Hill Road	Geneva	FL	32732
2368 Mullet Lake Park Rd	Geneva	FL	32732
2395 Osceola Fish Camp Road	Geneva	FL	32732
3485 N Cr 426	Geneva	FL	32732
4600 E State Road 46	Geneva	FL	32732
920 E State Road 46	Geneva	FL	32732
100 North Country Club Road	Lake Mary	FL	32746
105 E Lake Mary Ave	Lake Mary	FL	32746
106 W Lake Mary Avenue	Lake Mary	FL	32746
188 2nd Street	Lake Mary	FL	32746
195 Park Place	Lake Mary	FL	32746
301 Sprucewood Road	Lake Mary	FL	32746
338 Clermont Ave	Lake Mary	FL	32746
3990 W Lake Mary Blvd	Lake Mary	FL	32746
455 North Country Club Road	Lake Mary	FL	32746
550 Rantoul Ln	Lake Mary	FL	32746
660 Green Way Blvd	Lake Mary	FL	32746

1405 N Grant Street	Longwood	FL	32750
146 Sunset Drive	Longwood	FL	32750
149 Sandalwood Way	Longwood	FL	32750
206 W Magnolia Avenue	Longwood	FL	32750
2400 State Road 419	Longwood	FL	32750
2985 Osprey Trail	Longwood	FL	32750
311 Warren Avenue	Longwood	FL	32750
599 Longdale Avenue	Longwood	FL	32750
635 E Magnolia Avenue	Longwood	FL	32750
761 General Hutchinson Pkwy	Longwood	FL	32750
803 Raven Avenue	Longwood	FL	32750
909 McClintock Street	Longwood	FL	32750
1050 McCully Court	Oviedo	FL	32765
1251 East Broadway Street	Oviedo	FL	32765
1350 Carolyn Drive	Oviedo	FL	32765
148 Oviedo Boulevard	Oviedo	FL	32765
1555 N County Road 426	Oviedo	FL	32765
1600 Lockwood Boulevard	Oviedo	FL	32765
1608 Lockwood Blvd	Oviedo	FL	32765
1988 Spring Ave	Oviedo	FL	32765
200 West Broadway Street	Oviedo	FL	32765
201 East Magnolia Street	Oviedo	FL	32765
2135 South Street	Oviedo	FL	32765
3276 Howard Avenue	Oviedo	FL	32765
3795 Old Lockwood Rd	Oviedo	FL	32765
38 South Central Avenue	Oviedo	FL	32765
777 South Central Avenue	Oviedo	FL	32765
891 East Broadway Street	Oviedo	FL	32765
County Road 419	Oviedo	FL	32765
100 Lake Dot Drive	Sanford	FL	32773
100 S Magnolia Ave	Sanford	FL	32771
1000 W 24Th Street	Sanford	FL	32771
101 Sterling Avenue	Sanford	FL	32771
102 S Sanford Ave	Sanford	FL	32771
106 Sweet Bay Drive	Sanford	FL	32773
110 E Seminole Blvd	Sanford	FL	32771
110 W Jinkins Circle	Sanford	FL	32773
1201 W 25Th Street	Sanford	FL	32771
140 Pinecrest Drive	Sanford	FL	32773
1501 W 3Rd Street	Sanford	FL	32771
152 Academy Avenue	Sanford	FL	32771
180 Collins Drive	Sanford	FL	32771
1800 Palm Way	Sanford	FL	32771
1801 Rose Way	Sanford	FL	32771

1830 Mellonville Avenue	Sanford	FL	32771
1898 Rosseberry Lane	Sanford	FL	32771
2000 Hibiscus Court	Sanford	FL	32771
2000 Lilly Court	Sanford	FL	32771
201 E 13Th Street	Sanford	FL	32771
2045 Hurston Avenue	Sanford	FL	32771
2199 Oregon Avenue	Sanford	FL	32771
2200 Bel-Air Boulevard	Sanford	FL	32771
2401 Summerlin Avenue	Sanford	FL	32771
2430 Bay Avenue	Sanford	FL	32773
2703 Ridgewood Avenue	Sanford	FL	32773
2801 Grove Drive	Sanford	FL	32773
2951 Magnolia Avenue	Sanford	FL	32773
306 Springview Drive	Sanford	FL	32773
387 Malekean Trail	Sanford	FL	32771
400 Park Avenue	Sanford	FL	32771
427 French Avenue	Sanford	FL	32771
430 W 18th Street	Sanford	FL	32771
4640 Richard Allen Street	Sanford	FL	32771
5298 Michigan Avenue	Sanford	FL	32771
542 N Palmetto Ave	Sanford	FL	32771
5502 Old Geneva Road	Sanford	FL	32771
5951 S Sanford Ave	Sanford	FL	32773
5951 South Sanford Avenue	Sanford	FL	32773
600 E 1St Street	Sanford	FL	32771
601 Elm Avenue	Sanford	FL	32771
701 Orange Avenue	Sanford	FL	32771
800 Park Avenue	Sanford	FL	32771
8300 W State Road 46	Sanford	FL	32771
845 Lake Markham Road	Sanford	FL	32771
900 W 9Th Street	Sanford	FL	32725
4150 Northwest Us Hwy 17/92	Sanford	FL	32771
1000 Central Winds Drive	Winter Springs	FL	32708
104 N Moss Road	Winter Springs	FL	32708
1555 Winter Springs Blvd	Winter Springs	FL	32708
1562 Winter Springs Blvd	Winter Springs	FL	32708
191 E Tradewinds Road	Winter Springs	FL	32708
305 Winding Hollow Blvd	Winter Springs	FL	32708
314 S Moss Road	Winter Springs	FL	32708
400 N Edgemon Ave	Winter Springs	FL	32708
601 Fruitwood Ave	Winter Springs	FL	32708
701 Northern Way & 1224 Trotwood Blvd	Winter Springs	FL	32708
900 Hicks Ave	Winter Springs	FL	32708

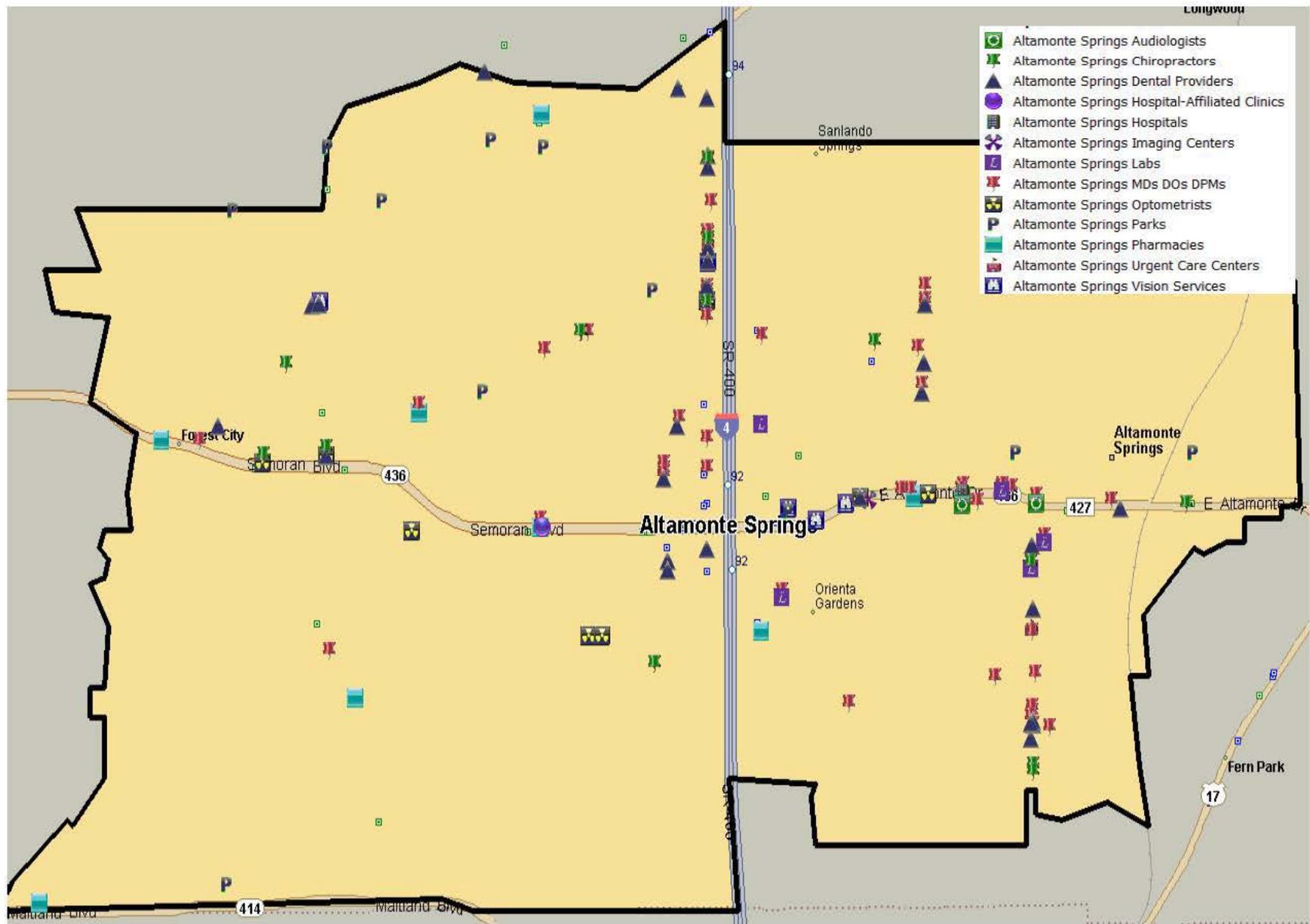
Pharmacies			
252 W State Road 434	Longwood	FL	32750
503 E Altamonte Dr	Altamonte Springs	FL	32701
741 Orange Avenue	Altamonte Springs	FL	32714
277 W State Road 436	Altamonte Springs	FL	32714
1098 Montgomery Rd	Altamonte Springs	FL	32714
1401 Dutch Elm Dr	Altamonte Springs	FL	32714
221 S State Road 434	Altamonte Springs	FL	32714
484 E Altamonte Dr	Altamonte Springs	FL	32714
600 E Altamonte Dr	Altamonte Springs	FL	32714
393 Maitland Ave	Altamonte Springs	FL	32714
482 E Altamonte Dr	Altamonte Springs	FL	32701
951 N State Road 434	Altamonte Springs	FL	32714
851 S State Road 434	Altamonte Springs	FL	32714
886 W State Road 436	Altamonte Springs	FL	32714
200 W State Road 436	Altamonte Springs	FL	32714
113 Maitland Ave	Altamonte Springs	FL	32714
1201 W State Road 436	Altamonte Springs	FL	32714
340 S. SR 434	Altamonte Springs	FL	32714
370 Northlake Blvd	Altamonte Springs	FL	32701
3385 S US Highway 17/92	Casselberry	FL	32707
1455 State Road 436	Casselberry	FL	32707
4410 S Highway 17 92	Casselberry	FL	32707
955 S Winter Park Dr	Casselberry	FL	32707
7815 S Us Highway 17/92	Casselberry	FL	32707
100 International Pkwy	Lake Mary	FL	32746
924 Rinehart Rd	Lake Mary	FL	32746
601 Weldon Blvd	Lake Mary	FL	32746
4195 W Lake Mary Blvd	Lake Mary	FL	32746
825 Rinehart Rd	Lake Mary	FL	32746
870 Village Oak Ln	Lake Mary	FL	32746
765 Primera Blvd	Lake Mary	FL	32746
4155 W Lake Mary Blvd	Lake Mary	FL	32746
4024 W Lake Mary Blvd	Lake Mary	FL	32746
1201 S International Pkwy	Lake Mary	FL	32746
7085 County Road 46a	Lake Mary	FL	32746
1201 Intl Pkwy S	Lake Mary	FL	32746
3905 Wekiva Springs Rd	Longwood	FL	32750
130 E State Road 434	Longwood	FL	32750
115 E State Road 434	Longwood	FL	32750
951 W State Road 434	Longwood	FL	32750
1030 Lockwood Blvd	Oviedo	FL	32765
8315 Red Bug Lake Rd	Oviedo	FL	32765

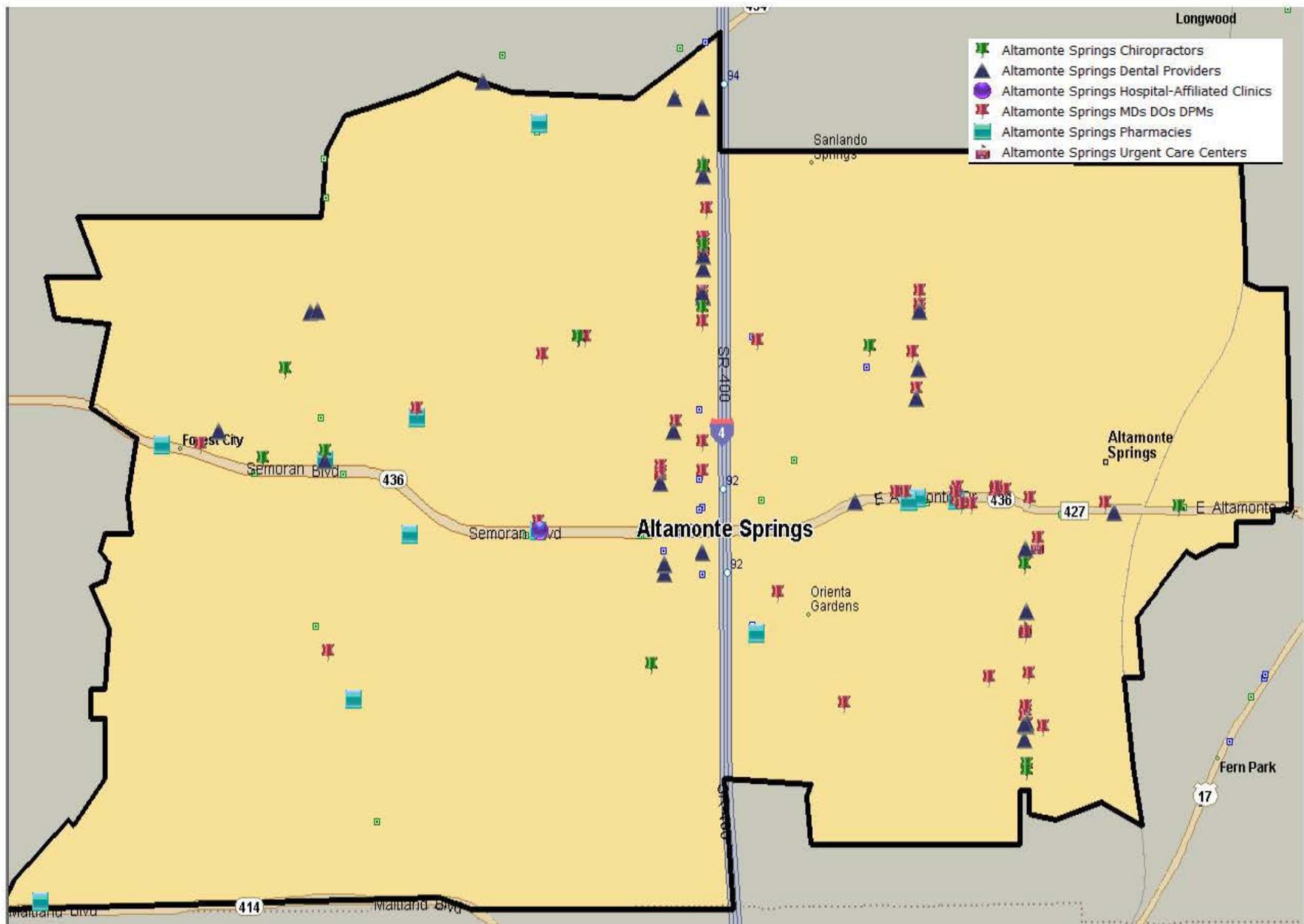
2100 Winter Springs Blvd	Oviedo	FL	32765
2871 Clayton Crossing Way	Oviedo	FL	32765
81 Alafaya Woods Blvd	Oviedo	FL	32765
4250 Alafaya Trl	Oviedo	FL	32765
1801 E Broadway St	Oviedo	FL	32765
820 Oviedo Mall Blvd	Oviedo	FL	32765
785 Lockwood Blvd	Oviedo	FL	32765
3755 Alafaya Trl	Oviedo	FL	32765
85 E Mitchell Hammock Rd	Oviedo	FL	32765
1000 W Broadway St	Oviedo	FL	32765
1021 Lockwood Blvd	Oviedo	FL	32765
3798 S Orlando Dr	Sanford	FL	32771
4639 W State Road 46	Sanford	FL	32771
5240 W State Road 46	Sanford	FL	32771
1201 W P Ball Blvd	Sanford	FL	32771
503 E 1st St.	Sanford	FL	32771
3803 S Orlando Dr	Sanford	FL	32771
2821 W 25th St	Sanford	FL	32771
2501 S French Ave	Sanford	FL	32771
1514 S French Ave	Sanford	FL	32771
5650 Red Bug Lake Rd	Winter Springs	FL	32708
1425 Tuskawilla Rd	Winter Springs	FL	32708
5655 Red Bug Lake Rd	Winter Springs	FL	32708
1160 E State Road 434	Winter Springs	FL	32708
401 W State Road 434	Winter Springs	FL	32708
5205 Red Bug Lake Rd	Winter Springs	FL	32708
5216 Red Bug Lake Rd	Winter Springs	FL	32708
5511 Deep Lake Rd	Oviedo	FL	32765
1239 State Road 436	Casselberry	FL	32707
3653 S Orlando Dr	Sanford	FL	32773
4255 Alafaya Trl	Oviedo	FL	32765
1601 Rinehart Rd	Sanford	FL	32771
200 S State Road 434	Altamonte Springs	FL	32714
503 E. 1st Street S.	Sanford	FL	32771
Retail Clinics			
5650 Red Bug Lake Rd	Winter Springs	FL	32708
5205 Red Bug Lake Rd	Winter Springs	FL	32708
Urgent Care Centers			
136 Parliament Loop	Lake Mary	FL	32746
5355 Red Bug Lake Road	Winter Springs	FL	32708
411 Maitland Ave	Altamonte Springs	FL	32701
1500 Alafaya Trail	Oviedo	FL	32765
3801 W. Lake Mary Blvd.	Lake Mary	FL	32746
745 Orienta Ave	Altamonte Springs	FL	32701
1481 WP Ball Blvd.	Sanford	FL	32771

Vision Services			
773 Douglas Ave	Altamonte Springs	FL	32714
931 N State Road 434	Altamonte Springs	FL	32714
940 Centre Cir	Altamonte Springs	FL	32714
104 Marcia Dr	Altamonte Springs	FL	32714
741 Orange Ave	Altamonte Springs	FL	32714
451 E Altamonte Dr	Altamonte Springs	FL	32701
515 E Altamonte Dr	Altamonte Springs	FL	32701
706 W State Road 436	Altamonte Springs	FL	32714
160 Boston Ave	Altamonte Springs	FL	32701
451 Altamonte Drive	Altamonte Springs	FL	32701
155 Cranes Roost Blvd	Altamonte Springs	FL	32701
451 East Altamonte Dr	Altamonte Springs	FL	32701
520 W State Road 436	Altamonte Springs	FL	32714
120 Pine Needle Lane	Altamonte Springs	FL	32714
685 Douglas Ave	Altamonte Springs	FL	32714
403 E Altamonte Dr	Altamonte Springs	FL	32701
706 W State Road 436	Altamonte Springs	FL	32714
305 E Altamonte Dr	Altamonte Springs	FL	32701
1455 Semoran Blvd	Casselberry	FL	32707
3405 US Highway 17-92 South	Casselberry	FL	32707
1415 State Road 436	Casselberry	FL	32730
1239 State Road 436	Casselberry	FL	32707
183 E Semoran Blvd	Fern Park	FL	32730
355 Semoran Blvd	Fern Park	FL	32730
440 St Charles Ct	Lake Mary	FL	32746
1070 Greenwood Blvd	Lake Mary	FL	32746
1025 Primera Blvd	Lake Mary	FL	32746
938 Williston Park Pt	Lake Mary	FL	32746
3098 W Lake Mary Blvd	Lake Mary	FL	32746
1331 S International Pkwy	Lake Mary	FL	32746
560 Rinehart Road	Lake Mary	FL	32746
983 W State Road 434	Longwood	FL	32750
105 E Lake Brantley Dr	Longwood	FL	32779
1495 W State Rd 434	Longwood	FL	32750
1115 Vidina Pl	Oviedo	FL	32765
1327 W Broadway St	Oviedo	FL	32765
2984 N Alafaya Trl	Oviedo	FL	32765
1020 Lockwood Blvd	Oviedo	FL	32765
2030 Winter Springs Blvd	Oviedo	FL	32766
171 S Central Ave	Oviedo	FL	32765
875 Clark St	Oviedo	FL	32765
1360 Oviedo Marketplace Blvd	Oviedo	FL	32765
3635 Aloma Ave	Oviedo	FL	32765
2053 WP Ball Blvd	Sanford	FL	32771

5680 Wayside Dr	Sanford	FL	32771
820 W Lake Mary Blvd	Sanford	FL	32773
251 Towne Center Circle	Sanford	FL	32771
157 Towne Center Blvd	Sanford	FL	32771
156 Towne Center Circle	Sanford	FL	32771
3661 S Orlando Drive	SANFORD	FL	32773
313 N Mangoustine Ave	Sanford	FL	32771
1101 Rinehart Rd	Sanford	FL	32771
320 Towne Ctr Circle	SANFORD	FL	32771
1201 WP Ball Blvd	Sanford	FL	32771
203 Seminole Town Cntr Cir	Sanford	FL	32771
1601 Rinehart Rd	Sanford	FL	32771
3653 S Orlando Dr	Sanford	FL	32773
5705 Red Bug Lake Rd	Winter Springs	FL	32708
5942 Red Bug Lake Rd	Winter Springs	FL	32708
5727 Canton Cove	Winter Springs	FL	32708
1122 E State Rd 434	Winter Springs	FL	32708
1340 Tusawilla Road	Winter Springs	FL	32708

ALTAMONTE SPRINGS MAPS





ALTAMONTE SPRINGS DATA TABLES

Audiologists			
160 BOSTON AVENUE	ALTAMONTE SPRINGS	FL	32701
711 E. ALTAMONTE DRIVE	ALTAMONTE SPRINGS	FL	32701
Chiropractors			
537 ONE CENTER BLVD	ALTAMONTE SPRINGS	FL	32701
741 MAITLAND AVE	ALTAMONTE SPRINGS	FL	32701
982 DOUGLAS AVE	ALTAMONTE SPRINGS	FL	32714
781 MAITLAND AVENUE	ALTAMONTE SPRINGS	FL	32701
100 MARCIA DRIVE	ALTAMONTE SPRINGS	FL	32714
108 ROBIN ROAD	ALTAMONTE SPRINGS	FL	32701
251 N MAITLAND AVE	ALTAMONTE SPRINGS	FL	32701
352 PRIMA VERA COVE	ALTAMONTE SPRINGS	FL	32714
460 WEST CENTRAL PKWY	ALTAMONTE SPRINGS	FL	32714
462 WEST CENTRAL PARKWAY	ALTAMONTE SPRINGS	FL	32714
580 CAPE COD LANE	ALTAMONTE SPRINGS	FL	32714
675 DOUGLAS AV	ALTAMONTE SPRINGS	FL	32714
797 NORTH STATE ROAD 434	ALTAMONTE SPRINGS	FL	32714
817 DOUGLAS AVENUE	ALTAMONTE SPRINGS	FL	32714
Dental Providers			
100 LAKESHORE DRIVE	ALTAMONTE SPRINGS	FL	32714
101 WILLOW AVE	ALTAMONTE SPRINGS	FL	32714
499 EAST CENTRAL PARKWAY	ALTAMONTE SPRINGS	FL	32701
590 PALM SPRINGS DR	ALTAMONTE SPRINGS	FL	32701
664 PALM SPRINGS DR	ALTAMONTE SPRINGS	FL	32701
994 DOUGLAS AVE	ALTAMONTE SPRINGS	FL	32714
1097 DOUGLAS AVE	ALTAMONTE SPRINGS	FL	32714
195 W. HIGHLAND STREET	ALTAMONTE SPRINGS	FL	32714
709 DOUGLAS AVE	ALTAMONTE SPRINGS	FL	32714
934 EAST ALTAMONTE DRIVE	ALTAMONTE SPRINGS	FL	32701
1173 SPRING CENTRE BLVD SOUTH	ALTAMONTE SPRINGS	FL	32714
151 WYMORE ROAD	ALTAMONTE SPRINGS	FL	32714
195 SOUTH WESTMONTE DRIVE	ALTAMONTE SPRINGS	FL	32714
201 MAITLAND AVENUE	ALTAMONTE SPRINGS	FL	32701
210 LORAIN DR	ALTAMONTE SPRINGS	FL	32714
217 N. WESTMONTE DRIVE	ALTAMONTE SPRINGS	FL	32714
225 S WESTMONTE DRIVE	ALTAMONTE SPRINGS	FL	32714
451 E. ALTAMONTE DRIVE	ALTAMONTE SPRINGS	FL	32701
499 E CENTRAL PARKWAY	ALTAMONTE SPRINGS	FL	32701
604 MAITLAND AVENUE	ALTAMONTE SPRINGS	FL	32701
609 MAITLAND AVENUE	ALTAMONTE SPRINGS	FL	32701
632 MAITLAND AVE	ALTAMONTE SPRINGS	FL	32701
703 MAGNOLIA DR	ALTAMONTE SPRINGS	FL	32701
707 PENNSYLVANIA AVENUE	ALTAMONTE SPRINGS	FL	32701
777 DOUGLAS AVENUE	ALTAMONTE SPRINGS	FL	32714

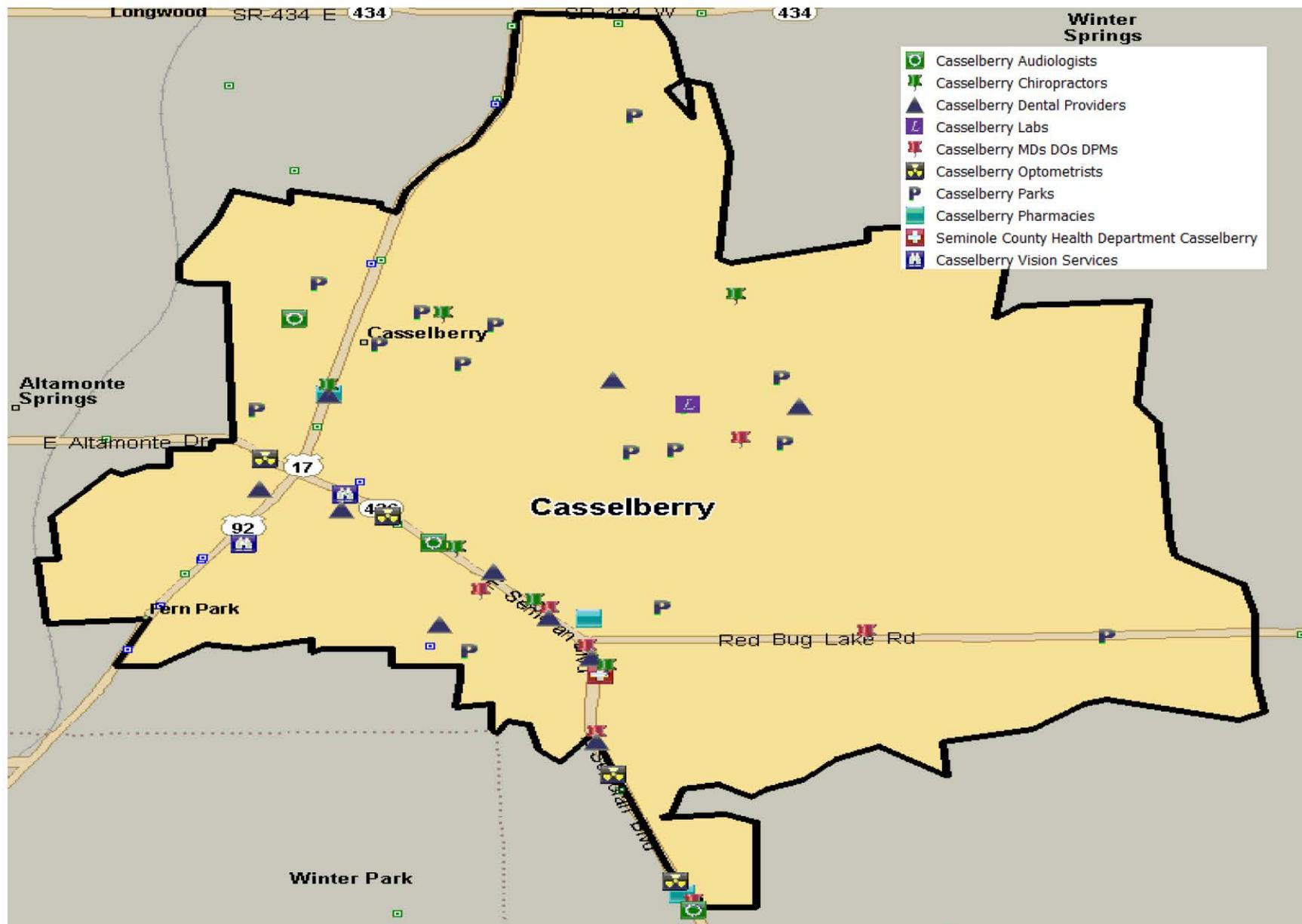
813 DOUGLAS AVENUE	ALTAMONTE SPRINGS,	FL	32714
903 N STATE RD 434	ALTAMONTE SPRINGS,	FL	32714
926 GREAT POND DRIVE	ALTAMONTE SPRINGS,	FL	32714
931 CENTRE CIRCLE	ALTAMONTE SPRINGS,	FL	32714
982 DOUGLAS AVENUE	ALTAMONTE SPRINGS,	FL	32714
Hospital Affiliated Clinics			
440 West Highway 436	Altamonte Springs	FL	32714
Hospitals			
601 E Altamonte Dr	Altamonte Springs	FL	32701
Imaging Centers			
398 E Altamonte Dr	Altamonte Spgs	FL	32701
Labs			
745 Orienta Avenue	Altamonte Springs	FL	32701
270 Northlake Blvd	Altamonte Springs	FL	32701
249 Maitland Avenue	Altamonte Springs	FL	32701
661 East Altamonte Drive	Altamonte Springs	FL	32701
393 Center Pointe Cir	Altamonte Springs	FL	32701
745 Orienta Avenue	Altamonte Springs	FL	32701
MDs Dos DPMs			
1022 West State Road 436	Altamonte Springs	FL	32714
106 Boston Ave	Altamonte Springs	FL	32701
125 West Pineview Street	Altamonte Springs	FL	32714
160 Boston Ave	Altamonte Springs	FL	32701
205 Loraine Drive	Altamonte Springs	FL	32714
210 N Westmonte Drive	Altamonte Springs	FL	32714
220 E Central PKWY	Altamonte Springs	FL	32701
220 N Westmonte	Altamonte Springs	FL	32714
235 N Westmonte Dr	Altamonte Springs	FL	32714
249 Maitland Avenue	Altamonte Springs	FL	32701
264 Douglas Ave	Altamonte Springs	FL	32714
270 Northlake Boulevard	Altamonte Springs	FL	32701
360 Douglas AVE	Altamonte Springs	FL	32714
440 Hwy 436	Altamonte Springs	FL	32714
441 Maitland Avenue	Altamonte Springs	FL	32701
450 W Central Pkwy	Altamonte Springs	FL	32714
460 E Altamonte Dr	Altamonte Springs	FL	32701
475 Osceola ST	Altamonte Springs	FL	32701
478 E Altamonte Dr	Altamonte Springs	FL	32701
499 E Central Parkway	Altamonte Springs	FL	32701
501 Arvern Court	Altamonte Springs	FL	32701
585 Maitland AVE	Altamonte Springs	FL	32701
597 Maitland Ave	Altamonte Springs	FL	32701
601 E Altamonte Drive	Altamonte Springs	FL	32701
605 Montgomery Rd	Altamonte Springs	FL	32714

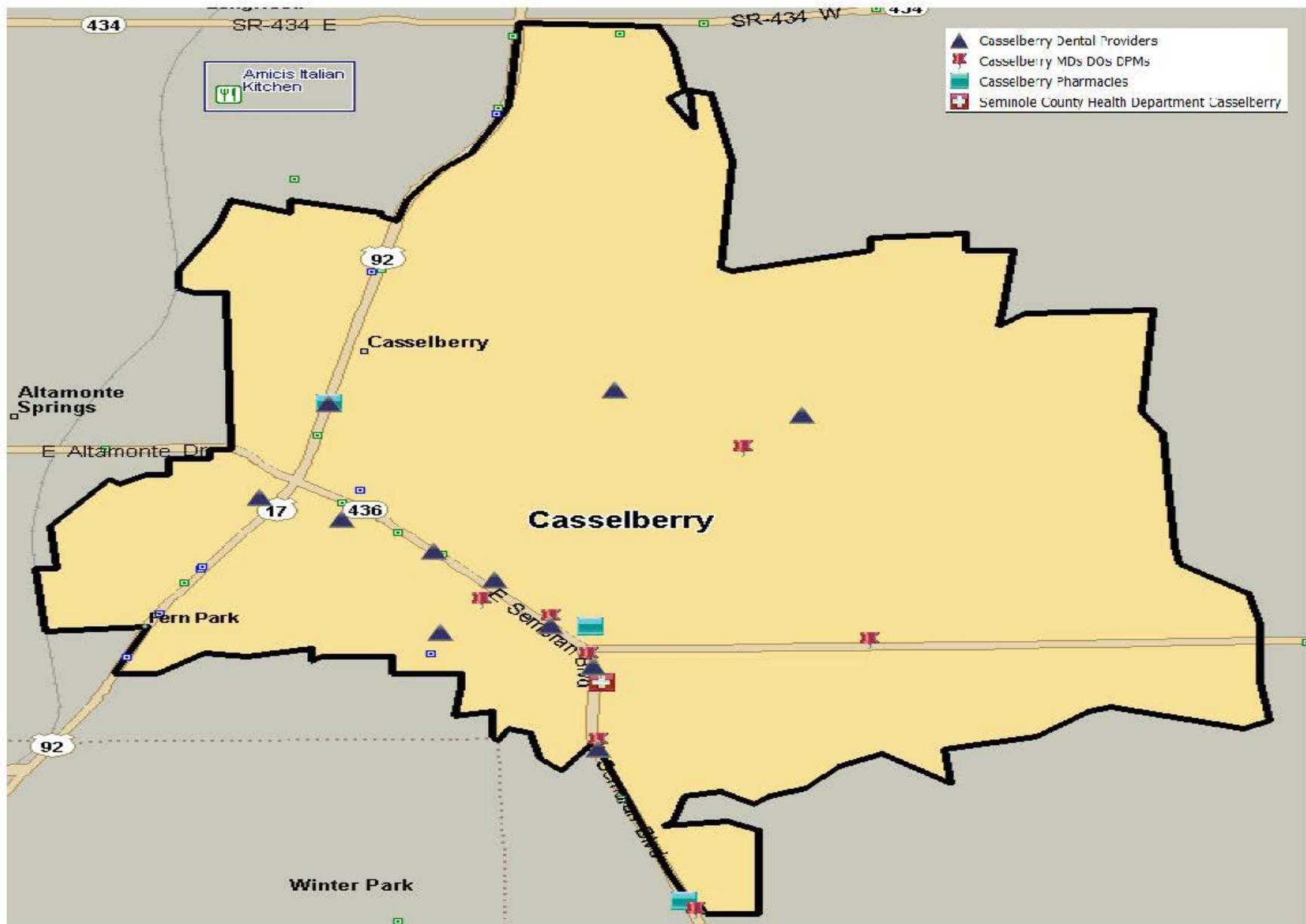
608 Maitland Ave	Altamonte Springs	FL	32701
610 Jasmine Rd	Altamonte Springs	FL	32701
616 E Altamonte Dr	Altamonte Springs	FL	32701
623 Maitland AVE	Altamonte Springs	FL	32701
630 Jasmine Road	Altamonte Springs	FL	32701
630 Main St	Altamonte Springs	FL	32701
631 Laurel Oak Lane	Altamonte Springs	FL	32701
631 Palm Springs Dr	Altamonte Springs	FL	32701
652 Palm Springs Dr	Altamonte Springs	FL	32701
659 Douglas Avenue	Altamonte Springs	FL	32714
681 Douglas Avenue	Altamonte Springs	FL	32714
685 Palm Springs DR	Altamonte Springs	FL	32701
687 Douglas AVE	Altamonte Springs	FL	32714
689 E Altamonte Dr	Altamonte Springs	FL	32701
693 Douglas AVE	Altamonte Springs	FL	32714
707 Ballard Street	Altamonte Springs	FL	32701
711 E Altamonte Drive	Altamonte Springs	FL	32701
745 Orienta AVE	Altamonte Springs	FL	32701
773 Douglas Avenue	Altamonte Springs	FL	32714
789 Douglas Avenue	Altamonte Springs	FL	32714
800 N. Highway 434	Altamonte Springs	FL	32714
809 Douglas Ave	Altamonte Springs	FL	32714
825 Douglas Avenue	Altamonte Springs	FL	32714
829 Douglas Ave.	Altamonte Springs	FL	32714
894 E Altamonte Drive	Altamonte Springs	FL	32701
900 Hope Way	Altamonte Springs	FL	32714
974 Douglas Ave	Altamonte Springs	FL	32714
661 E Altamonte Dr	Altamonte Springs	FL	32701
793 Douglas Ave	Altamonte Springs	FL	32714
Optometrists			
120 PINE NEEDLE LANE	ALTAMONTE SPRINGS	FL	32714
685 DOUGLAS AVE.	ALTAMONTE SPRINGS	FL	32714
104 MARCIA DR.	ALTAMONTE SPRINGS	FL	32714
160 BOSTON AVE	ALTAMONTE SPRINGS	FL	32701
451 E. ALTAMONTE DRIVE	ALTAMONTE SPRINGS	FL	32701
515 E. ALTAMONTE DR.	ALTAMONTE SPRINGS	FL	32701
515 SPRING VALLEY ROAD	ALTAMONTE SPRINGS	FL	32714
741 ORANGE AVE	ALTAMONTE SPRINGS	FL	32714
931 NORTH STATE ROAD 434	ALTAMONTE SPRINGS	FL	32714
Parks			
1002 Lakefront Lane	Altamonte Springs	FL	32714
1100 Sand Lake Road	Altamonte Springs	FL	32714
1153 Lake Lotus Park Rd	Altamonte Springs	FL	32714
150 Cranes Roost Road	Altamonte Springs	FL	32701

2200 North Street	Altamonte Springs	FL	32714
401 West Highland Street	Altamonte Springs	FL	32714
624 Bills Lane	Altamonte Springs	FL	32714
830 Magnolia Drive	Altamonte Springs	FL	32714
985 Merrill Park Drive	Altamonte Springs	FL	32714
Hattaway Drive And Sharon Drive	Altamonte Springs	FL	32701
Hermit'S Trail And Highway 436	Altamonte Springs	FL	32701
Oakland Drive & Spring Lake Hills Drive	Altamonte Springs	FL	32701
Turnbull Avenue And Main Street	Altamonte Springs	FL	32701
931 Morse Street	Altamonte Springs	FL	32701
Pharmacies			
503 E Altamonte Dr	Altamonte Springs	FL	32701
741 Orange Avenue	Altamonte Springs	FL	32714
277 W State Road 436	Altamonte Springs	FL	32714
1098 Montgomery Rd	Altamonte Springs	FL	32714
1401 Dutch Elm Dr	Altamonte Springs	FL	32714
221 S State Road 434	Altamonte Springs	FL	32714
484 E Altamonte Dr	Altamonte Springs	FL	32714
600 E Altamonte Dr	Altamonte Springs	FL	32714
393 Maitland Ave	Altamonte Springs	FL	32714
482 E Altamonte Dr Ste 1005	Altamonte Springs	FL	32701
951 N State Road 434	Altamonte Springs	FL	32714
851 S State Road 434	Altamonte Springs	FL	32714
886 W State Road 436	Altamonte Springs	FL	32714
200 W State Road 436	Altamonte Springs	FL	32714
113 Maitland Ave	Altamonte Springs	FL	32714
1201 W State Road 436	Altamonte Springs	FL	32714
340 S. SR 434, Altamonte Springs	Altamonte Springs	FL	32714
370 Northlake Blvd	Altamonte Springs	FL	32701
Urgent Care Centers			
411 Maitland Ave	Altamonte Springs	FL	32701
745 Orienta Ave,	Altamonte Springs	FL	32701
Vision Services			
773 Douglas Ave	Altamonte Springs	FL	32714
931 N State Road 434	Altamonte Springs	FL	32714
940 Centre Cir	Altamonte Springs	FL	32714
104 Marcia Dr	Altamonte Springs	FL	32714
741 Orange Ave	Altamonte Springs	FL	32714
451 E Altamonte Dr	Altamonte Springs	FL	32701
515 E Altamonte Dr	Altamonte Springs	FL	32701
706 W State Road 436	Altamonte Springs	FL	32714
160 Boston Ave	Altamonte Springs	FL	32701
451 Altamonte Drive	Altamonte Springs	FL	32701
155 Cranes Roost Blvd	Altamonte Springs	FL	32701

451 East Altamonte Dr	Altamonte Springs	FL	32701
520 W State Road 436	Altamonte Springs	FL	32714
120 Pine Needle Lane	Altamonte Springs	FL	32714
685 Douglas Ave	Altamonte Springs	FL	32714
403 E Altamonte Dr	Altamonte Springs	FL	32701
706 W State Road 436	Altamonte Springs	FL	32714
305 E Altamonte Dr	Altamonte Springs	FL	32701

CASSELBERRY MAPS



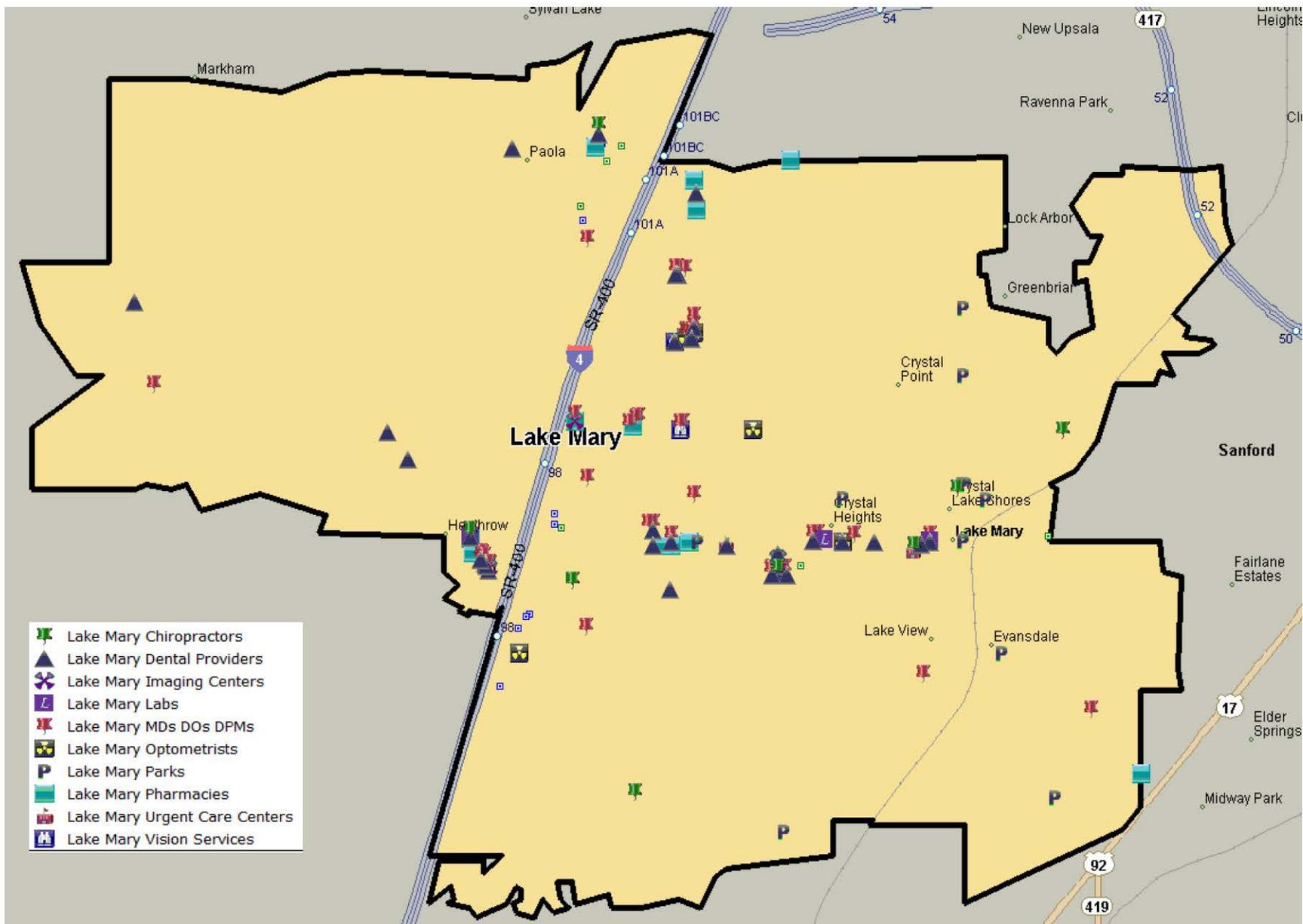


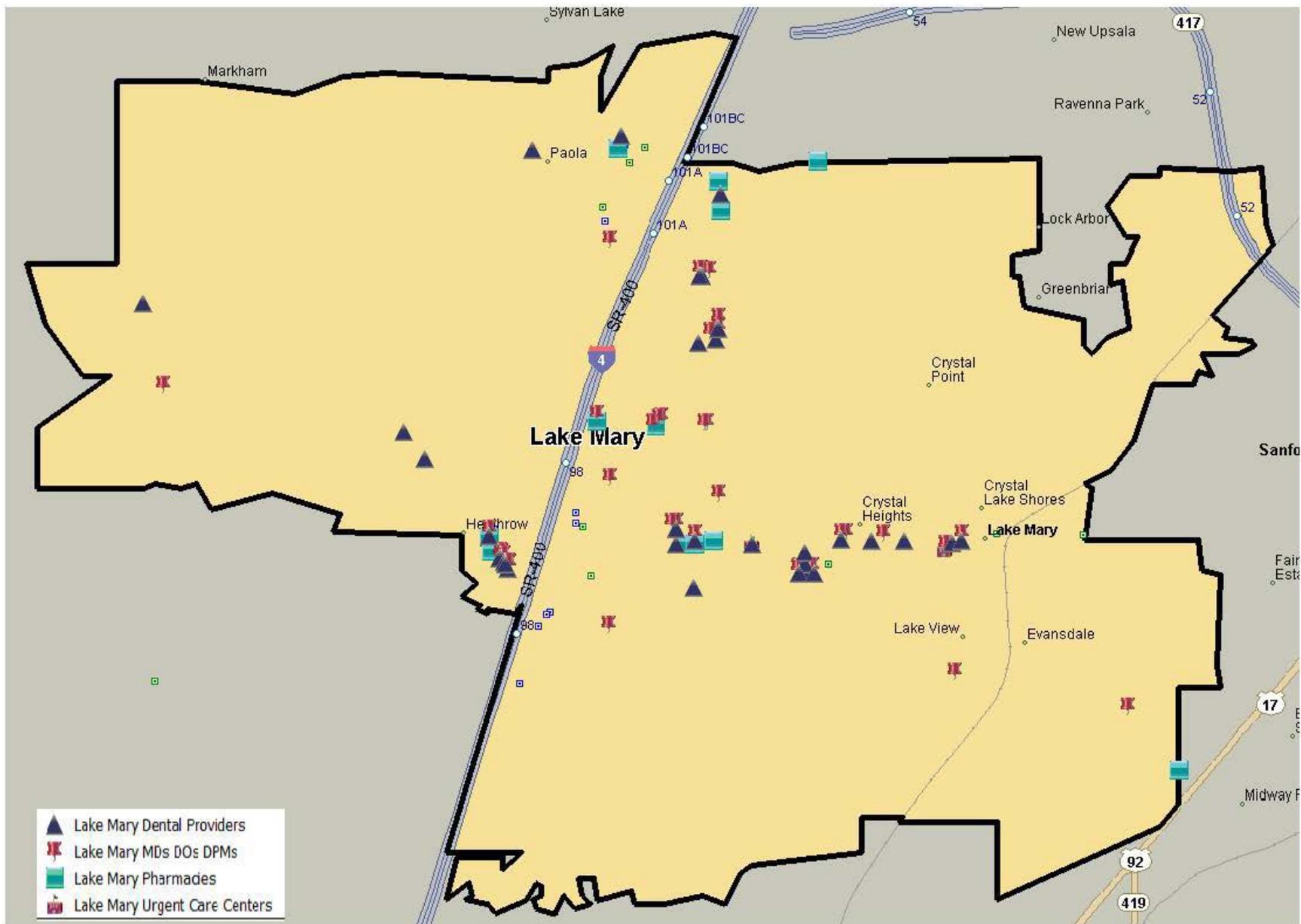
CASSELBERRY DATA TABLES

Audiologists			
1120 SEMORAN BLVD.	CASSELBERRY	FL	32707
400 SR 436	CASSELBERRY	FL	32707
170 N. CYPRESS WAY	CASSELBERRY	FL	32707
Chiropractors			
1230 SEMINOLA BLVD.	CASSELBERRY	FL	32707
172 SAUSALITO BLVD	CASSELBERRY	FL	32707
232 COLOMBO DR.	CASSELBERRY	FL	32707
480 EAST STATE ROAD 436	CASSELBERRY	FL	32707
5025 S U.S. HWY 17/92	CASSELBERRY	FL	32707
897 E. SEMORAN BLVD.	CASSELBERRY	FL	32707
Dental Providers			
1012 STATE RD 436	CASSELBERRY	FL	32707
1120 SR 436 SUITE 1800	CASSELBERRY	FL	32707
1311 QUEEN ELAINE DRIVE	CASSELBERRY	FL	32707
213 NORRIS PLACE	CASSELBERRY	FL	32707
290 HIBISCUS RD	CASSELBERRY	FL	32707
400 HWY 436	CASSELBERRY	FL	32707
500 STATE ROAD 436	CASSELBERRY	FL	32707
515 STATE ROAD 436	CASSELBERRY	FL	32707
5761 US HIGHWAY 17-92	CASSELBERRY	FL	32707
344 WILSHIRE BLVD.	CASSELBERRY	FL	32707
130 OXFORD RD	FERN PARK	FL	32730
2715 LAKEVIEW DR.	FERN PARK	FL	32730
Labs			
1239 SR 436	Casselberry	FL	32707
MDs Dos DPMs			
1062 Crystal Bowl CIR	Casselberry	FL	32707
1120 State RD 436	Casselberry	FL	32707
178 Wilshire Blvd	Casselberry	FL	32707
2911 Red Bug Lake Road	Casselberry	FL	32707
515 State Road 436	Casselberry	FL	32707
946 Semoran Blvd	Casselberry	FL	32707
985 State Rd 436	Casselberry	FL	32707
Optometrists			
1239 STATE ROAD 436	CASSELBERRY	FL	32707
1415 SR 436	CASSELBERRY	FL	32707
183 E STATE RD 436	FERN PARK	FL	32730
355 SEMORAN BLVD.	FERN PARK	FL	32730
Parks			
102 S Winter Park Dr	Casselberry	FL	32707
1101 Crystal Bowl Circle	Casselberry	FL	32707
1199 Lancelot Way	Casselberry	FL	32707
127 Quail Pond Circle	Casselberry	FL	32707

1309 Avalon Blvd	Casselberry	FL	32707
140 Plumosa Ave	Casselberry	FL	32707
1505 Kewanee Trail	Casselberry	FL	32707
168 North Sunset Blvd	Casselberry	FL	32707
200 N Triplet Lake Drive	Casselberry	FL	32707
3600 Red Bug Lake Road	Casselberry	FL	32707
450 Ballpark Rd	Casselberry	FL	32707
806 Mark David Blvd	Casselberry	FL	32707
Derbyshire Road And Lake Howell Road	Casselberry	FL	32707
Poplar Court	Casselberry	FL	32707
Triplet Lake Dr & Sunset Dr	Casselberry	FL	32707
Pharmacies			
3385 S US Highway 17/92	Casselberry	FL	32707
1455 State Road 436	Casselberry	FL	32707
4410 S Highway 17 92	Casselberry	FL	32707
955 S Winter Park Dr	Casselberry	FL	32707
7815 S Us Highway 17/92	Casselberry	FL	32707
Vision Services			
1455 Semoran Blvd	Casselberry	FL	32707
3405 US Highway 17-92 South	Casselberry	FL	32707
1415 State Road 436	Casselberry	FL	32730
1239 State Road 436	Casselberry	FL	32707
183 E Semoran Blvd	Fern Park	FL	32730
355 Semoran Blvd	Fern Park	FL	32730

LAKE MARY MAPS





LAKE MARY DATA TABLES

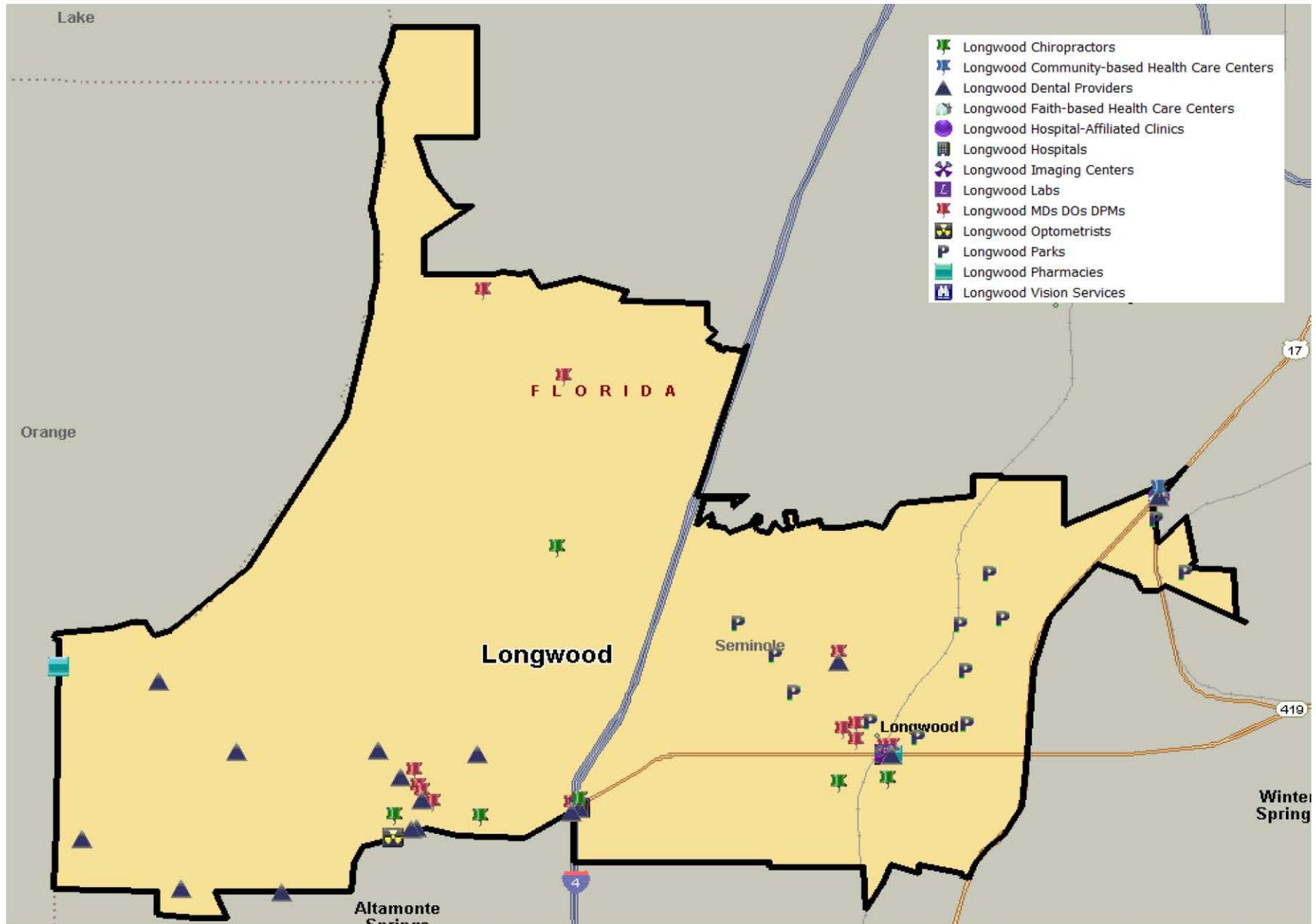
Chiropractors			
1130 TOWNPARK AVE	LAKE MARY	FL	32746
115 W WILBUR AVE	LAKE MARY	FL	32746
120 INTERNATIONAL PARKWAY	LAKE MARY	FL	32746
142 PARLIAMENT LOOP	LAKE MARY	FL	32746
149 ESTATES CIRCLE	LAKE MARY	FL	32746
250 WAYMONT COURT	LAKE MARY	FL	32746
3621 LAKE EMMA RD.	LAKE MARY	FL	32746
928 W. CHARING CROSS CIRCLE	LAKE MARY	FL	32746
Dental Providers			
1110 ST. ALBANS LOOP	HEATHROW	FL	32746
120 INTERNATIONAL PARKWAY	HEATHROW	FL	32746
1433 SHADWELL CIR	HEATHROW	FL	32746
1048 SHADOWMOSS CIRCLE	LAKE MARY	FL	32746
1125 TOWN PARK AVENUE	LAKE MARY	FL	32746
1301 S. INTERNATIONAL PKWY	LAKE MARY	FL	32746
1325 S INTERNATIONAL PKWY	LAKE MARY	FL	32746
1331 S. INTERNATIONAL PARKWAY	LAKE MARY	FL	32746
1349 S INTERNATIONAL PKWY	LAKE MARY	FL	32746
145 WAYMONT COURT	LAKE MARY	FL	32746
200 WAYMONT COURT	LAKE MARY	FL	32746
245 WAYMONT COURT	LAKE MARY	FL	32746
2500 W LAKE MARY BLVD	LAKE MARY	FL	32746
2601 W LAKE MARY BLVD	LAKE MARY	FL	32746
2910 WEST LAKE MARY BLVD	LAKE MARY	FL	32746
3098 W LAKE MARY BLVD	LAKE MARY	FL	32746
311 SOUTH DOVER COURT	LAKE MARY	FL	32746
3300 WEST LAKE MARY BOULEVARD	LAKE MARY	FL	32746
345 WAYMONT COURT	LAKE MARY	FL	32746
3801 WEST LAKE MARY BLVD	LAKE MARY	FL	32746
4106 W LAKE MARY BLVD	LAKE MARY	FL	32746
4267 LAKE MARY BLVD	LAKE MARY	FL	32746
430 WAYMONT CT	LAKE MARY	FL	32746
440 ST. CHARLES CT	LAKE MARY	FL	32746
570 RINEHART ROAD	LAKE MARY	FL	32746
737 STIRLING CENTER PLACE	LAKE MARY	FL	32746
746 STIRLING CENTER PLACE	LAKE MARY	FL	32746
752 STIRLING CENTER PLACE	LAKE MARY	FL	32746
758 N SUN DRIVE	LAKE MARY	FL	32746
890 S. SUN DR	LAKE MARY	FL	32746
910 WILLISTON PARK PT	LAKE MARY	FL	32746
917 RINEHART ROAD	LAKE MARY	FL	32746
Imaging Centers			
775 Primera Blvd Lake Mary	Lake Mary	FL	32746

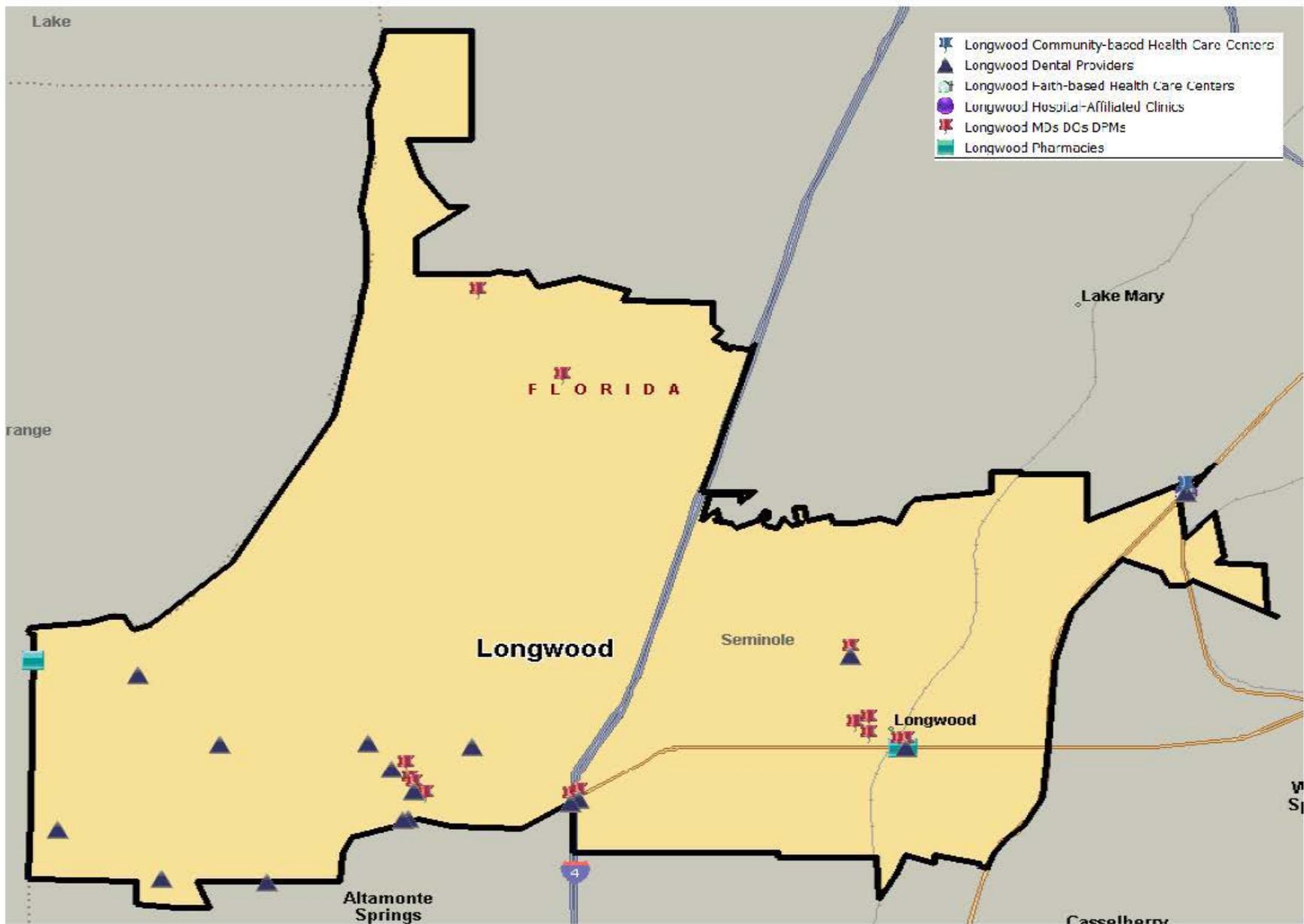
1343 S International Pkwy	Lake Mary	FL	32746
165 Waymont Ct.	Lake Mary	FL	32746
Labs			
3224 Lake Mary Blvd West	Lake Mary	FL	32746
2500 W Lake Mary Blvd	Lake Mary	FL	32746
120 International Pkwy	Lake Mary	FL	32746
2500 West Lake Mary Blvd	Lake Mary	FL	32746
MDs Dos DPMs			
101 8th ST	Lake Mary	FL	32746
101 North 8th Street	Lake Mary	FL	32746
1025 Primera Blvd	Lake Mary	FL	32746
1035 Primera BLVD	Lake Mary	FL	32746
109 Timberlachen Cir	Lake Mary	FL	32746
120 International PKWY	Lake Mary	FL	32746
1307 S International Pkwy	Lake Mary	FL	32746
1319 S International Pkwy	Lake Mary	FL	32746
1337 International Parkway South	Lake Mary	FL	32746
1349 S International Parkway	Lake Mary	FL	32746
1355 S International Pkwy	Lake Mary	FL	32746
142 Parliament Loop	Lake Mary	FL	32746
1710 Shadow Moss Circle	Lake Mary	FL	32746
210 Rinehart Road	Lake Mary	FL	32746
2500 W Lake Mary Blvd	Lake Mary	FL	32746
255 Primera BLVD	Lake Mary	FL	32746
3272 W. Lake Mary BLVD	Lake Mary	FL	32746
3300 W Lake Mary BLVD	Lake Mary	FL	32746
370 Woldunn Cir	Lake Mary	FL	32746
385 Waymont Court	Lake Mary	FL	32746
410 Waymont Court	Lake Mary	FL	32746
4106 W Lake Mary Blvd	Lake Mary	FL	32746
430 Waymont Court	Lake Mary	FL	32746
460 Raccoon St	Lake Mary	FL	32746
560 Rinehart Road	Lake Mary	FL	32746
580 Rinehart RD	Lake Mary	FL	32746
701 Platinum Pointe	Lake Mary	FL	32746
725 Rodel Cove	Lake Mary	FL	32746
735 Primera Blvd	Lake Mary	FL	32746
735 Primera Blvd.	Lake Mary	FL	32746
749 Stirling Center Place	Lake Mary	FL	32746
752 Stirling Center Place	Lake Mary	FL	32746
755 Stirling Center Place	Lake Mary	FL	32746
758 N Sun Dr	Lake Mary	FL	32746

766 N Sun Drive	Lake Mary	FL	32746
785 Primera Blvd	Lake Mary	FL	32746
795 Primera Blvd	Lake Mary	FL	32746
910 Williston Park Point	Lake Mary	FL	32746
917 Rhinehart Rd.	Lake Mary	FL	32746
925 Williston Park Point	Lake Mary	FL	32746
934 Williston Park Pointe	Lake Mary	FL	32746
1301 S. International Pkwy	Lake Mary	FL	32746
Optometrists			
1070 GREENWOOD BLVD	LAKE MARY	FL	32746
1331 S. INTERNATIONAL PKWY	LAKE MARY	FL	32746
3098 W LAKE MARY BLVD	LAKE MARY	FL	32746
3805 MESSINA DRIVE	LAKE MARY	FL	32746
560 RINEHART ROAD	LAKE MARY	FL	32746
938 WILLSTON PARK POINT	LAKE MARY	FL	32746
Parks			
100 North Country Club Road	Lake Mary	FL	32746
105 E Lake Mary Ave	Lake Mary	FL	32746
106 W Lake Mary Avenue	Lake Mary	FL	32746
188 2nd Street	Lake Mary	FL	32746
195 Park Place	Lake Mary	FL	32746
301 Sprucewood Road	Lake Mary	FL	32746
338 Clermont Ave	Lake Mary	FL	32746
3990 W Lake Mary Blvd	Lake Mary	FL	32746
455 North Country Club Road	Lake Mary	FL	32746
550 Rantoul Ln	Lake Mary	FL	32746
660 Green Way Blvd	Lake Mary	FL	32746
Pharmacies			
100 International Pkwy	Lake Mary	FL	32746
924 Rinehart Rd	Lake Mary	FL	32746
601 Weldon Blvd	Lake Mary	FL	32746
4195 W Lake Mary Blvd	Lake Mary	FL	32746
825 Rinehart Rd	Lake Mary	FL	32746
870 Village Oak Ln	Lake Mary	FL	32746
765 Primera Blvd	Lake Mary	FL	32746
4155 W Lake Mary Blvd	Lake Mary	FL	32746
4024 W Lake Mary Blvd	Lake Mary	FL	32746
1201 S International Pkwy	Lake Mary	FL	32746
7085 County Road 46a	Lake Mary	FL	32746
1201 Intl Pkwy S	Lake Mary	FL	32746
Urgent Care Centers			
136 Parliament Loop	Lake Mary	FL	32746
3801 W. Lake Mary Blvd.	Lake Mary	FL	32746
Vision Services			

Vision Services			
440 St Charles Ct	Lake Mary	FL	32746
1070 Greenwood Blvd	Lake Mary	FL	32746
1025 Primera Blvd	Lake Mary	FL	32746
938 Williston Park Pt	Lake Mary	FL	32746
3098 W Lake Mary Blvd	Lake Mary	FL	32746
1331 S International Pkwy	Lake Mary	FL	32746
560 Rinehart Road	Lake Mary	FL	32746

LONGWOOD MAPS





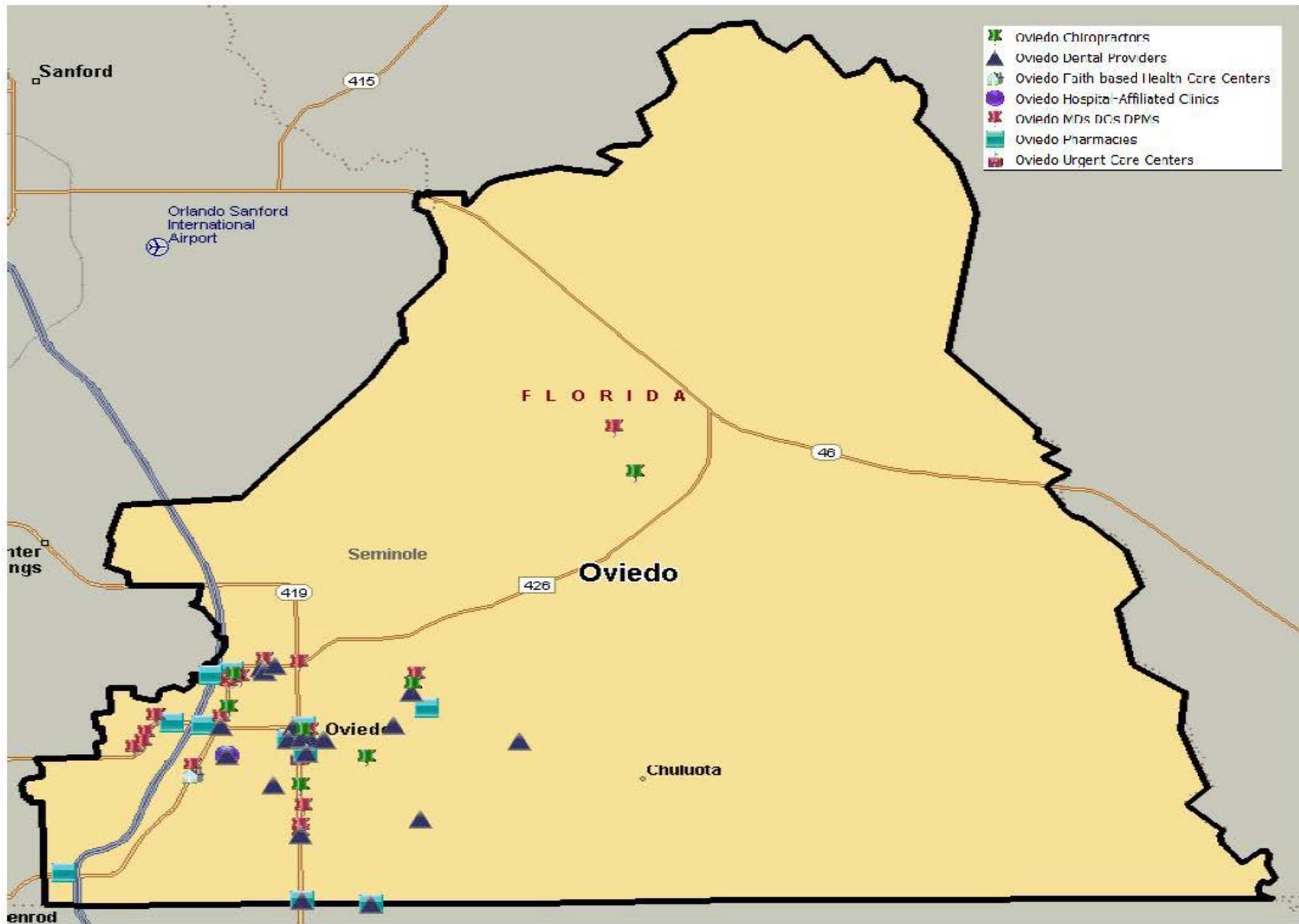
LONGWOOD DATA TABLES

Chiropractors			
163 EAST LAKE BRANTLEY DR	LONGWOOD	FL	32779
1856 WINGFIELD DRIVE	LONGWOOD	FL	32779
205 CROWN OAKS WAY	LONGWOOD	FL	32779
242 WEST HIGHWAY 434	LONGWOOD	FL	32750
410 S RONALD REAGAN BLVD	LONGWOOD	FL	32750
660 FLORIDA CENTRAL PKWY	LONGWOOD	FL	32750
830 EAST ST RD 434	LONGWOOD	FL	32750
Community-Based Health Care Centers			
600 N. Hwy. 17-92	Longwood	FL	32750
Dental Providers			
117 MEADOWFIELD LANE	LONGWOOD,	FL	32779
112 FOREST PARK COURT	LONGWOOD,	FL	32779
107 STONE BROOK CT	LONGWOOD,	FL	32779
901 WEKIVA SPRINGS RD	LONGWOOD,	FL	32779
2633 WEST STATE ROAD 434	LONGWOOD,	FL	32779
365 WEKIVA SPRINGS RD	LONGWOOD,	FL	32779
286 EAST STATE ROAD 434	LONGWOOD,	FL	32750
195 BRIAR CLIFF DRIVE	LONGWOOD,	FL	32779
102 WILD PLUM	LONGWOOD,	FL	32779
301 BRANTLEY CLUB PLACE	LONGWOOD,	FL	32779
1670 S. HWY 17-92	LONGWOOD,	FL	32750
225 W S.R. 434	LONGWOOD,	FL	32750
1250 W SR 434	LONGWOOD,	FL	32750
1060 W HWY 434	LONGWOOD,	FL	32750
WEKIVA PLACE STE 100	LONGWOOD,	FL	32779
505 WEKIVA SPRINGS ROAD	LONGWOOD,	FL	32779
2855 W STATE ROAD 434	LONGWOOD,	FL	32779
442 WEKIVA COVE RD	LONGWOOD,	FL	32779
1385 WEST HWY. 434	LONGWOOD,	FL	32750
Faith-Based Health Care Centers			
600 North US 17-92	Longwood	FL	32750
Hospital Affiliated Clinics			
855 South US Highway 17-92	Longwood	FL	32750
Hospitals			
555 W State Rd 434	Longwood	FL	32750
Imaging Centers			
521 W. State Road 434	Longwood	FL	32750
Labs			
705 W State Rd 434	Longwood	FL	32750
555 W State Road 434	Longwood	FL	32750
1060 West State Road 434	Longwood	FL	32750
Labs			
1250 W State Road 434	Longwood	FL	32750

1385 W SR 434	Longwood	FL	32750
2135 W State RD 434	Longwood	FL	32779
2180 W State Road 434	Longwood	FL	32779
2648 W State RD 434	Longwood	FL	32779
2721 W State Road 434	Longwood	FL	32779
280 Wekiva Springs Road	Longwood	FL	32779
295 W Pine Ave	Longwood	FL	32750
296 W Pine Ave	Longwood	FL	32750
301 E Highway 434	Longwood	FL	32750
301 S. Milwee ST	Longwood	FL	32750
3197 Deer Chase Run	Longwood	FL	32779
320 W Sabal Palm PL	Longwood	FL	32779
3388 Fernlake Place	Longwood	FL	32779
365 Wekiva Springs Road	Longwood	FL	32779
407 Wekiva Springs Rd	Longwood	FL	32779
450 W State RD 434	Longwood	FL	32750
455 W Warren Ave	Longwood	FL	32750
461 W Warren Ave	Longwood	FL	32750
500 E SR 434	Longwood	FL	32750
515 W SR 434	Longwood	FL	32750
521 W SR 434	Longwood	FL	32750
550 E State RD 434	Longwood	FL	32750
555 W ST RD 434	Longwood	FL	32750
556 FL Central PKWY	Longwood	FL	32750
587 East State Road 434	Longwood	FL	32750
Optometrists			
105 E. LAKE BRANTLEY DR	LONGWOOD	FL	32779
1495 W STATE RD 434	LONGWOOD	FL	32750
983 WEST STATE ROAD 434	LONGWOOD	FL	32750
Parks			
1405 N Grant Street	Longwood	FL	32750
146 Sunset Drive	Longwood	FL	32750
149 Sandalwood Way	Longwood	FL	32750
206 W Magnolia Avenue	Longwood	FL	32750
2400 State Road 419	Longwood	FL	32750
2985 Osprey Trail	Longwood	FL	32750
311 Warren Avenue	Longwood	FL	32750
599 Longdale Avenue	Longwood	FL	32750
635 E Magnolia Avenue	Longwood	FL	32750
761 General Hutchinson Pkwy	Longwood	FL	32750
803 Raven Avenue	Longwood	FL	32750
909 McClintock Street	Longwood	FL	32750
Parks			
252 W State Road 434	Longwood	FL	32750

3905 Wekiva Springs Rd	Longwood	FL	32750
130 E State Road 434	Longwood	FL	32750
115 E State Road 434	Longwood	FL	32750
951 W State Road 434	Longwood	FL	32750
Vision Services			
983 W State Road 434	Longwood	FL	32750
105 E Lake Brantley Dr	Longwood	FL	32779
1495 W State Rd 434	Longwood	FL	32750

OVIEDO MAPS



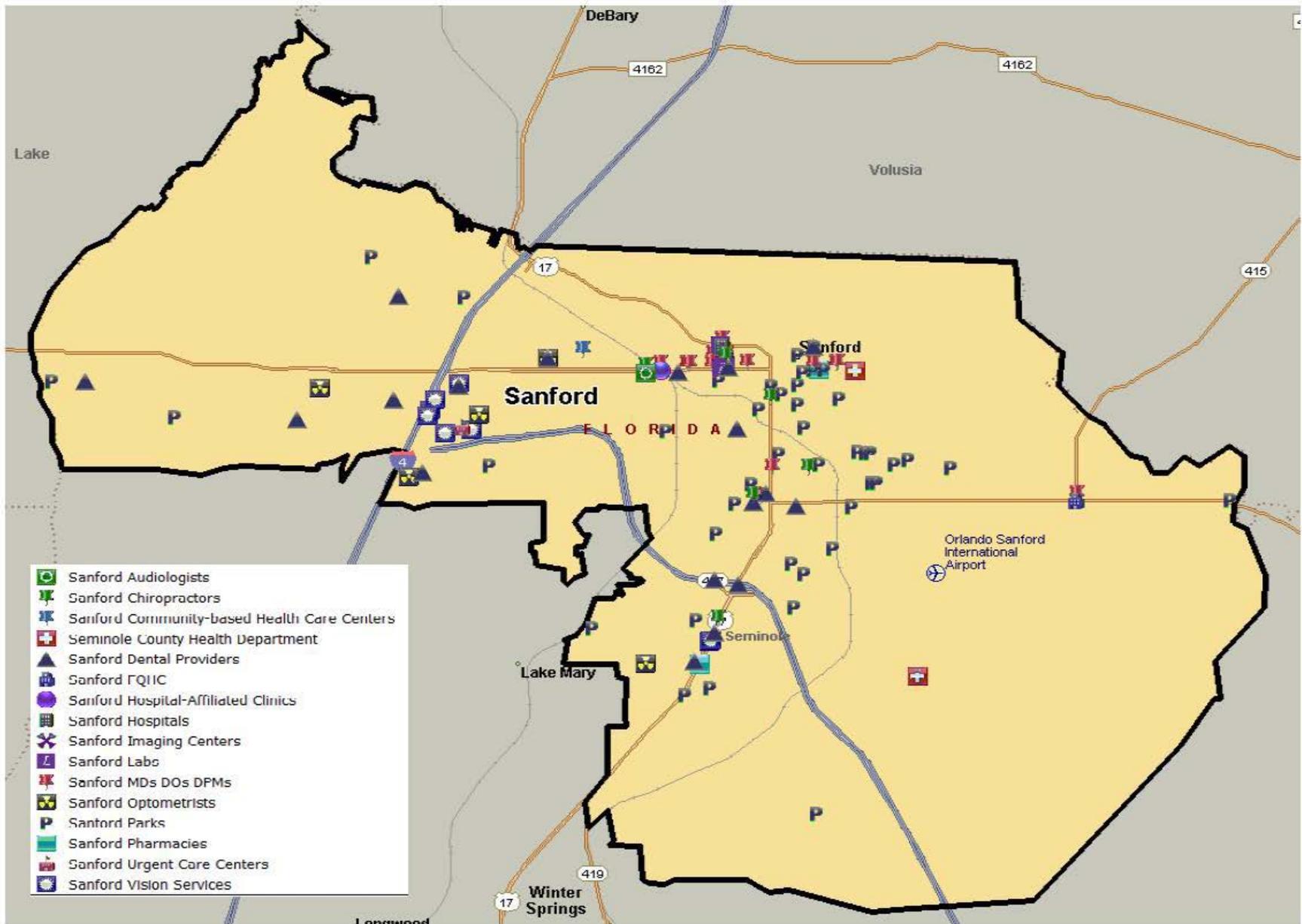
OVIEDO DATA TABLES

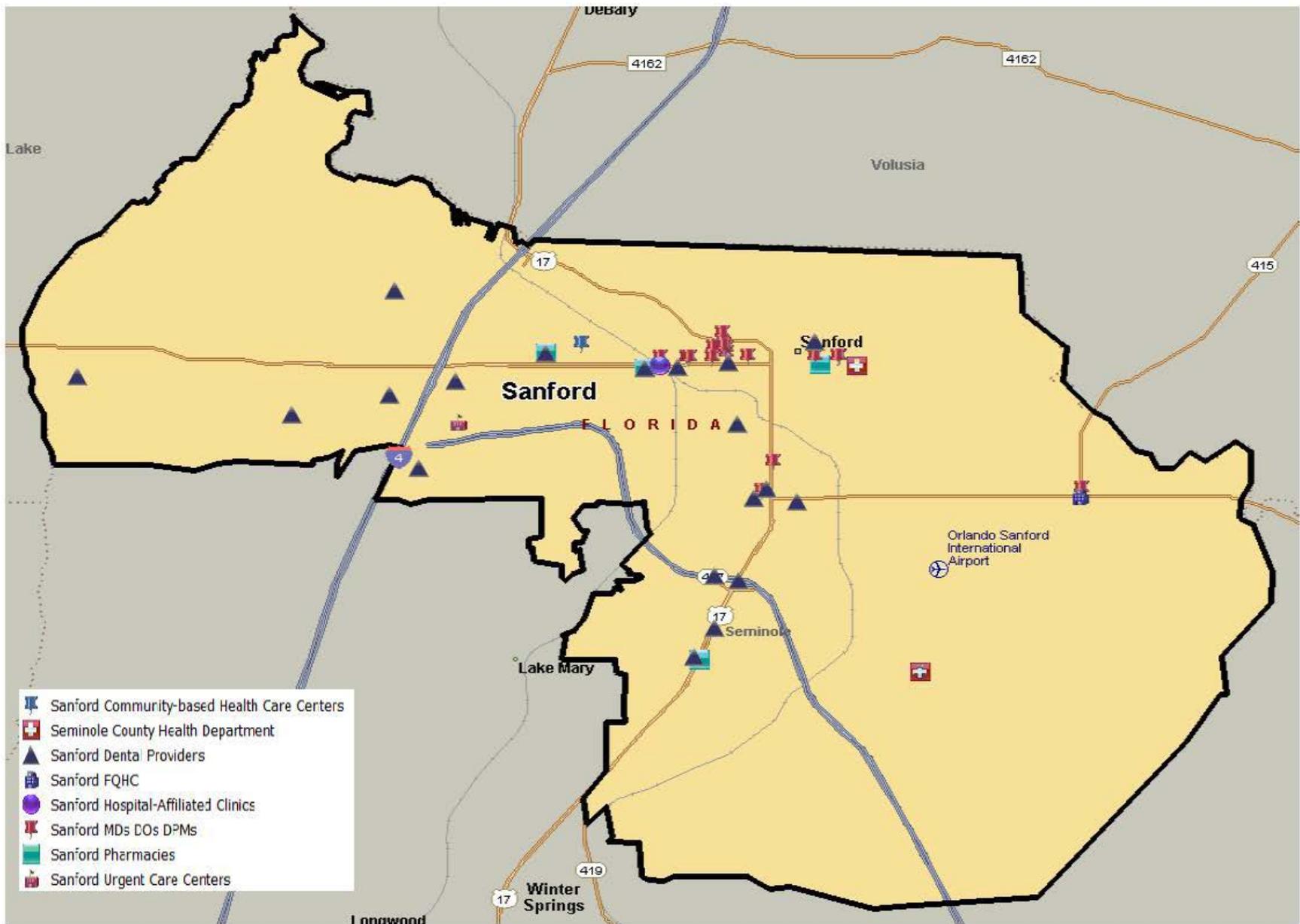
Audiologists			
8000 RED BUG LAKE ROAD	OVIEDO	FL	32765
Chiropractors			
681 PINE HILL BLVD.	GENEVA	FL	32732
100 BURNSED PLACE	OVIEDO	FL	32765
1056 GWYN CIR	OVIEDO	FL	32765
1750 W BROADWAY ST	OVIEDO	FL	32765
1791 EAST BROADWAY STREET	OVIEDO	FL	32765
40 ALEXANDRIA BLVD.	OVIEDO	FL	32765
870 CLARK STREET	OVIEDO	FL	32765
Dental Providers			
1013 LOCKWOOD BLVD.	OVIEDO	FL	32765
106 WEST MITCHELL HAMMOCK RD.	OVIEDO	FL	32765
120 ALEXANDRIA BLVD	OVIEDO	FL	32765
1390 CITY VIEW CENTER	OVIEDO	FL	32765
1445 E. MITCHELL HAMMOCK ROAD	OVIEDO	FL	32765
1460 EAST RED BUG ROAD	OVIEDO	FL	32765
1781 EAST BROADWAY STREET	OVIEDO	FL	32765
19333 AYRSHIER PLACE	OVIEDO	FL	32765
1941 WEST COUNTY ROAD 419	OVIEDO	FL	32766
252 PLAZA DRIVE	OVIEDO	FL	32765
2696 RUNNING SPRINGS LOOP	OVIEDO	FL	32765
2959 ALAFAYA TRAIL	OVIEDO	FL	32765
30 ALEXANDRIA BLVD.	OVIEDO	FL	32765
3228 WEST SR 426	OVIEDO	FL	32765
35 WINDSORMERE WAY	OVIEDO	FL	32765
385 ALEXANDRA BOULEVARD	OVIEDO	FL	32765
405 ALEXANDRIA BOULEVARD	OVIEDO	FL	32765
4250 ALAFAYA TRAIL	OVIEDO	FL	32765
475 W BROADWAY	OVIEDO	FL	32765
50 WINDSORMERE WAY	OVIEDO	FL	32765
5662 DALEY WAY	OVIEDO	FL	32765
95 ALAFAYA WOODS BLVD	OVIEDO	FL	32765
258 PLAZA DRIVE	OVIEDO	FL	32765
Faith-based Health Care Clinics			
2021 West State Road 426	Oviedo	FL	32765
Hospital Affiliated Clinics			
8010 Red Bug Road	Oviedo	FL	32765
Imaging Centers			
1000 W Broadway St	Oviedo	FL	32765
Labs			
1000 W Broadway St	Oviedo	FL	32765
1950 West SR 426	Oviedo	FL	32765
MDs DOs DPMs			

8000 Red Bug Lake Rd	Oviedo	FL	32765
40 Alexandria BLVD	Oviedo	FL	32765
2572 W State Rd 426	Oviedo	FL	32765
100 Alexandria Blvd	Oviedo	FL	32765
1000 Executive Drive	Oviedo	FL	32765
7560 Red Bug Lake Rd	Oviedo	FL	32765
7408 Red Bug Lake RD	Oviedo	FL	32765
110 Alafaya Woods Blvd	Oviedo	FL	32765
230 Lynn St	Oviedo	FL	32765
8010 Red Bug Lake Rd	Oviedo	FL	32765
7416 Red Bug Lake RD	Oviedo	FL	32765
2959 Alafaya Trail	Oviedo	FL	32765
2984 Alafaya Trail	Oviedo	FL	32765
71 S Central Ave	Oviedo	FL	32765
101 Lake Hayes RD	Oviedo	FL	32765
808 Executive Dr	Oviedo	FL	32765
30 Windsormere Way	Oviedo	FL	32765
7404 Red Bug Lake Road	Oviedo	FL	32765
1410 W Broadway	Oviedo	FL	32765
2441 W State Road 426	Oviedo	FL	32765
7250 Red Bug Lake Rd	Oviedo	FL	32765
486 Valley Stream DR	Geneva	FL	32732
Optometrists			
870 RIDGE RD.	GENEVA	FL	32732
1020 LOCKWOOD BLVD	OVIEDO	FL	32765
1115 VIDINA PL	OVIEDO	FL	32765
2030 WINTER SPRINGS BLVD	OVIEDO	FL	32765
2243 WESTBOURNE DR	OVIEDO	FL	32765
2429 EKANA DR	OVIEDO	FL	32765
2984 NORTH ALAFAYA TRAIL	OVIEDO	FL	32765
875 CLARK STREET	OVIEDO	FL	32765
Parks			
1301 Tropical Avenue	Chuluota	FL	32766
3895 Curryville Road	Chuluota	FL	32766
1350 Snow Hill Road	Geneva	FL	32732
2368 Mullet Lake Park Rd	Geneva	FL	32732
2395 Osceola Fish Camp Road	Geneva	FL	32732
3485 N Cr 426	Geneva	FL	32732
4600 E State Road 46	Geneva	FL	32732
920 E State Road 46	Geneva	FL	32732
1050 Mccully Court	Oviedo	FL	32765
1251 East Broadway Street	Oviedo	FL	32765
1350 Carolyn Drive	Oviedo	FL	32765
148 Oviedo Boulevard	Oviedo	FL	32765

1555 N County Road 426	Oviedo	FL	32765
1600 Lockwood Boulevard	Oviedo	FL	32765
1608 Lockwood Blvd	Oviedo	FL	32765
1988 Spring Ave	Oviedo	FL	32765
200 West Broadway Street	Oviedo	FL	32765
201 East Magnolia Street	Oviedo	FL	32765
2135 South Street	Oviedo	FL	32765
3276 Howard Avenue	Oviedo	FL	32765
3795 Old Lockwood Rd	Oviedo	FL	32765
38 South Central Avenue	Oviedo	FL	32765
777 South Central Avenue	Oviedo	FL	32765
891 East Broadway Street	Oviedo	FL	32765
County Road 419	Oviedo	FL	32765
Pharmacies			
1030 Lockwood Blvd	Oviedo	FL	32765
8315 Red Bug Lake Rd	Oviedo	FL	32765
2100 Winter Springs Blvd	Oviedo	FL	32765
2871 Clayton Crossing Way	Oviedo	FL	32765
81 Alafaya Woods Blvd	Oviedo	FL	32765
4250 Alafaya Trl	Oviedo	FL	32765
1801 E Broadway St	Oviedo	FL	32765
820 Oviedo Mall Blvd	Oviedo	FL	32765
785 Lockwood Blvd	Oviedo	FL	32765
3755 Alafaya Trl, Oviedo	Oviedo	FL	32765
85 E Mitchell Hammock Rd	Oviedo	FL	32765
1000 W Broadway St	Oviedo	FL	32765
1021 Lockwood Blvd	Oviedo	FL	32765
Urgent Care Centers			
1500 Alafaya Trail	Oviedo	FL	32765
Vision Services			
1115 Vidina Pl	Oviedo	FL	32765
1327 W Broadway St	Oviedo	FL	32765
2984 N Alafaya Trl	Oviedo	FL	32765
1020 Lockwood Blvd	Oviedo	FL	32765
2030 Winter Springs Blvd	Oviedo	FL	32766
171 S Central Ave	Oviedo	FL	32765
875 Clark St	Oviedo	FL	32765
1360 Oviedo Marketplace Blvd	Oviedo	FL	32765
3635 Aloma Ave	Oviedo	FL	32765

SANFORD MAPS





SANFORD DATA TABLES

Audiologists			
5268 W STATE ROAD 46	SANFORD	FL	32771
Chiropractors			
1430 LEXINGTON GREEN LANE	SANFORD	FL	32771
2214 PALMETTO AVENUE	SANFORD	FL	32771
3505 S. ORLANDO DR.	SANFORD	FL	32773
4932 W STATE ROAD 46	SANFORD	FL	32771
804 FRENCH AVENUE	SANFORD	FL	32771
900 W 25TH ST	SANFORD	FL	32771
Community-based Health Care Centers			
225 N Kennel Road	Sanford	FL	32771
Dental Providers			
1145 RINEHART ROAD	SANFORD	FL	32771
1204 W 13TH ST	SANFORD	FL	32771
176 STEEPLECHASE CIRCLE	SANFORD	FL	32771
200 WEST LAKE MARY BLVD	SANFORD	FL	32773
205 TOWNE CENTER BLVD	SANFORD	FL	32771
205 Bellagio Circle	SANFORD	FL	32771
2421 S MAPLE AVE	SANFORD	FL	32771
2509 PARK DRIVE	SANFORD	FL	32773
2921 S. ORLANDO DRIVE	SANFORD	FL	32773
320 LEXINGTON GREEN LANE	SANFORD	FL	32771
338 SAVANNH HOLLY LANE	SANFORD	FL	32771
3607 ORLANDO DR	SANFORD	FL	32773
400 WEST AIRPORT BLVD	SANFORD	FL	32773
4907 INTERNATONAL PKWY	SANFORD	FL	32771
4942 WEST SR 46	SANFORD	FL	32771
5030 WEST SR 46	SANFORD	FL	32771
5264 WEST STATE ROAD 46	SANFORD	FL	32771
541 N. PALMETTO AVE	SANFORD	FL	32771
856 WETSTONE PL	SANFORD	FL	32771
902 W 25TH ST	SANFORD	FL	32771
DENTAL DEPARTMENT	SANFORD	FL	32773
FQHC			

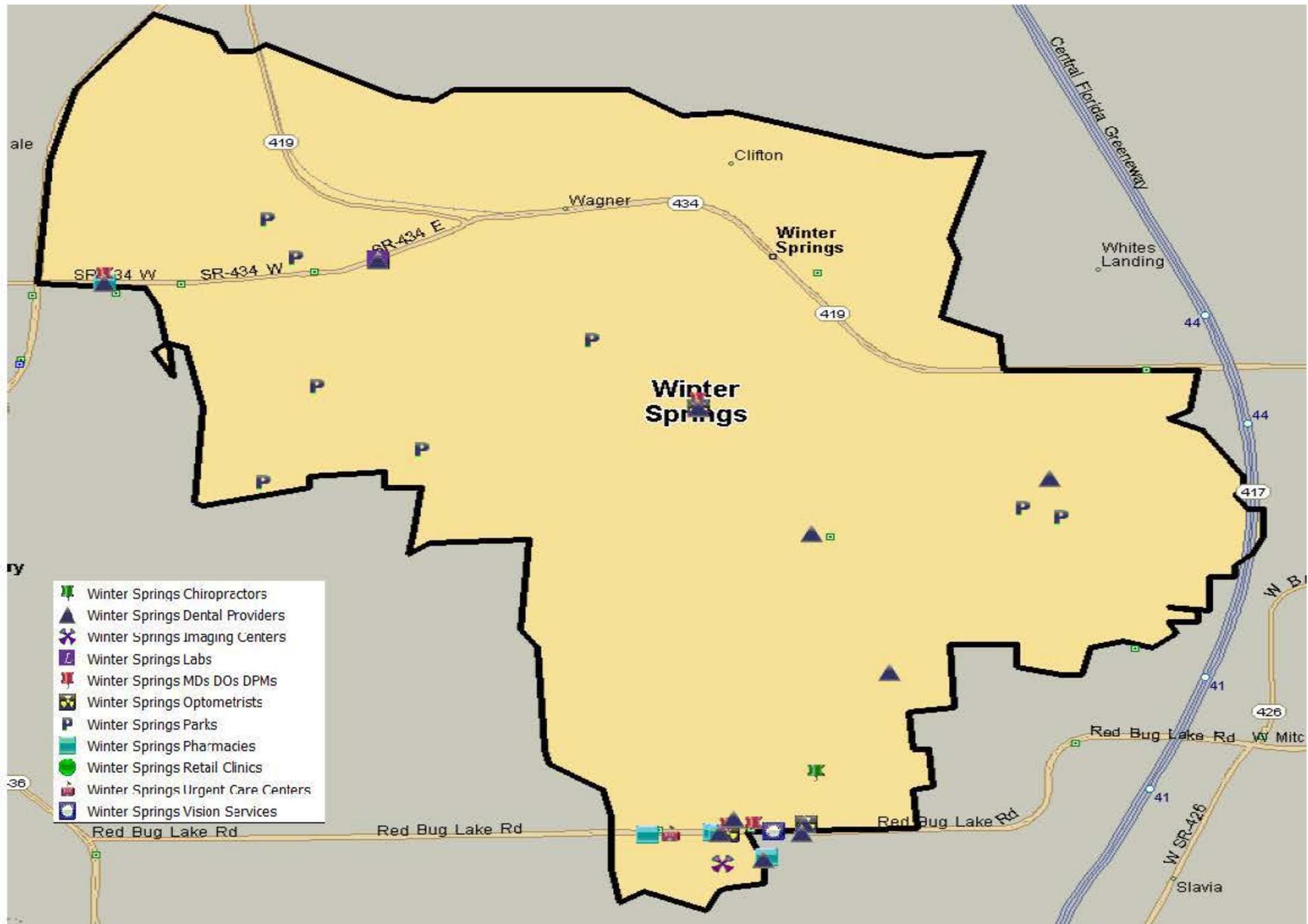
4451 West 1st Street	Sanford	FL	32771
1401 W Seminole Blvd	Sanford Hospital Affiliated Clinics	FL	32771
1401 West Seminole Blvd.	Sanford Imaging Centers	FL	32771
1404 W Seminole Blvd	Sanford Labs	FL	32771
910 Lexington Green Ln	Sanford	FL	32771
1418 W 1st St	Sanford	FL	32771
1001 W First Street	Sanford MDs, DPs, DPMs	FL	32771
1401 W. Seminole Boulevard	Sanford	FL	32771
1403 Medical Plaza Dr	Sanford	FL	32771
1621 West 1st. Street	Sanford	FL	32771
1718 Lexington Green Lane	Sanford	FL	32771
2100 West First Street	Sanford	FL	32771
2200 W 1st Street	Sanford	FL	32771
2209 S. French Avenue	Sanford	FL	32771
2400 State Road 415	Sanford	FL	32771
305 N Mangoustine Ave	Sanford	FL	32771
311 North Mangoustine	Sanford	FL	32771
313 N Mangoustine Ave	Sanford	FL	32771
317 N Mangoustine Ave	Sanford	FL	32771
319 N Mangoustine AVE	Sanford	FL	32771
419 East 1st Street	Sanford	FL	32771
4451 West 1st Street	Sanford	FL	32771
712 W. 25th Street	Sanford	FL	32771
801 E First Street	Sanford	FL	32771
819 E First St	Sanford	FL	32771
910 Lexington Green Lane	Sanford	FL	32771

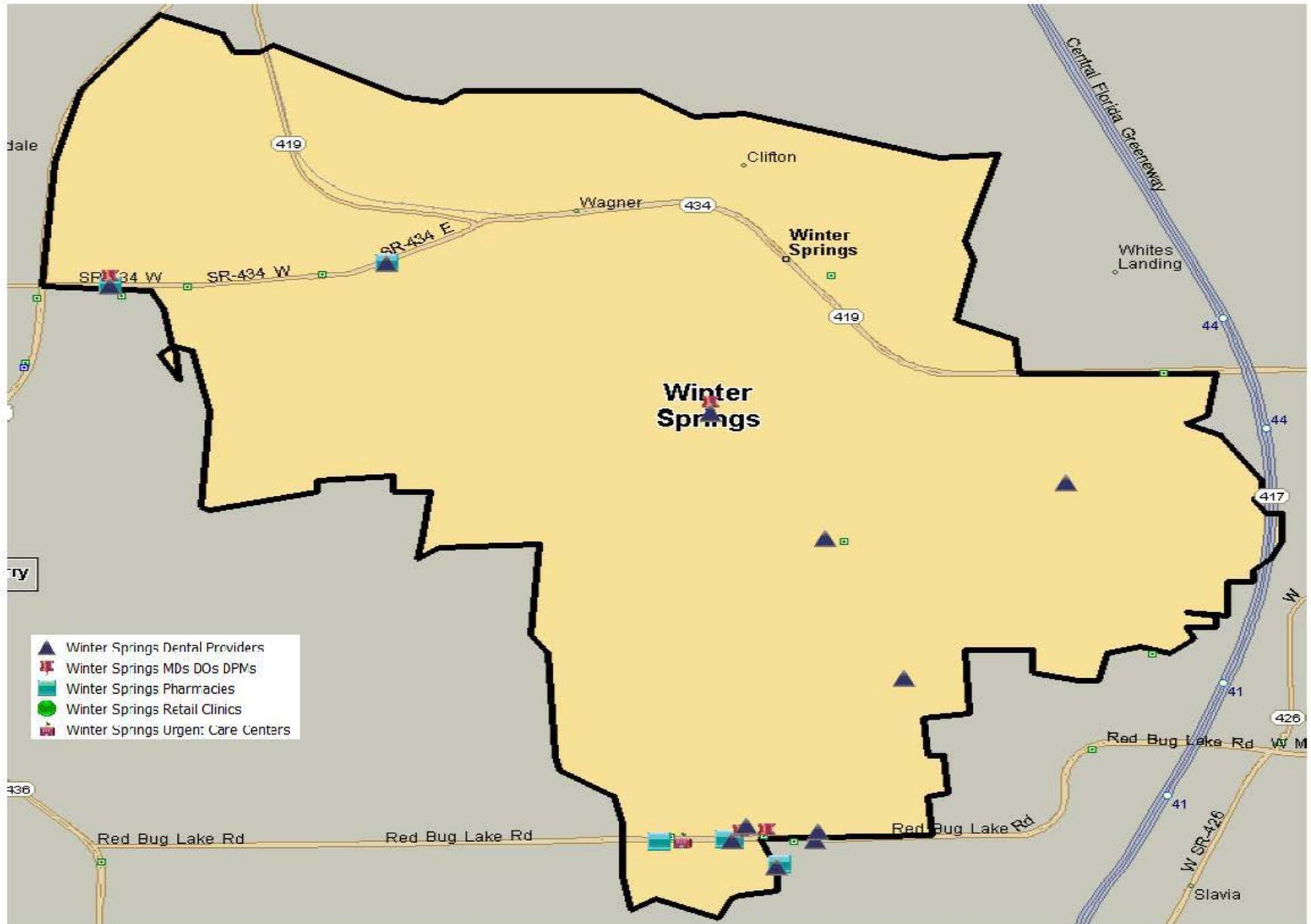
1201 W.P. BALL BLVD	SANFORD	FL	32771
1601 RINEHART ROAD	SANFORD	FL	32771
5680 WAYSIDE DRIVE	SANFORD	FL	32771
820 WEST LAKE MARY BLVD	SANFORD	FL	32773
Parks			
100 Lake Dot Drive	Sanford	FL	32773
100 S Magnolia Ave	Sanford	FL	32771
1000 W 24Th Street	Sanford	FL	32771
101 Sterling Avenue	Sanford	FL	32771
102 S Sanford Ave	Sanford	FL	32771
106 Sweet Bay Drive	Sanford	FL	32773
110 E Seminole Blvd	Sanford	FL	32771
110 W Jinkins Circle	Sanford	FL	32773
1201 W 25Th Street	Sanford	FL	32771
140 Pinecrest Drive	Sanford	FL	32773
1501 W 3Rd Street	Sanford	FL	32771
152 Academy Avenue	Sanford	FL	32771
180 Collins Drive	Sanford	FL	32771
1800 Palm Way	Sanford	FL	32771
1801 Rose Way	Sanford	FL	32771
1830 Mellonville Avenue	Sanford	FL	32771
1898 Rosseberry Lane	Sanford	FL	32771
2000 Hibiscus Court	Sanford	FL	32771
2000 Lilly Court	Sanford	FL	32771
201 E 13Th Street	Sanford	FL	32771
2045 Hurston Avenue	Sanford	FL	32771
2199 Oregon Avenue	Sanford	FL	32771
2200 Bel-Air Boulevard	Sanford	FL	32771
2401 Summerlin Avenue	Sanford	FL	32771
2430 Bay Avenue	Sanford	FL	32773
2703 Ridgewood Avenue	Sanford	FL	32773
2801 Grove Drive	Sanford	FL	32773
2951 Magnolia Avenue	Sanford	FL	32773
306 Springview Drive	Sanford	FL	32773

387 Malekean Trail	Sanford	FL	32771
400 Park Avenue	Sanford	FL	32771
427 French Avenue	Sanford	FL	32771
430 W 18th Street	Sanford	FL	32771
4640 Richard Allen Street	Sanford	FL	32771
5298 Michigan Avenue	Sanford	FL	32771
542 N Palmetto Ave	Sanford	FL	32771
5502 Old Geneva Road	Sanford	FL	32771
5951 S Sanford Ave	Sanford	FL	32773
5951 South Sanford Avenue	Sanford	FL	32773
600 E 1St Street	Sanford	FL	32771
601 Elm Avenue	Sanford	FL	32771
701 Orange Avenue	Sanford	FL	32771
800 Park Avenue	Sanford	FL	32771
8300 W State Road 46	Sanford	FL	32771
845 Lake Markham Road	Sanford	FL	32771
900 W 9Th Street	Sanford	FL	32725
4150 Northwest Us Hwy 17/92	Sanford	FL	32771
Pharmacies			
3798 S Orlando Dr	Sanford	FL	32771
4639 W State Road 46	Sanford	FL	32771
5240 W State Road 46	Sanford	FL	32771
1201 W P Ball Blvd	Sanford	FL	32771
503 E 1st St.	Sanford	FL	32771
3803 S Orlando Dr	Sanford	FL	32771
2821 W 25th St	Sanford	FL	32771
2501 S French Ave	Sanford	FL	32771
1514 S French Ave	Sanford	FL	32771
Urgent Care Centers			
1481 WP Ball Blvd.	Sanford	FL	32771
Vision Services			
2053 WP Ball Blvd	Sanford	FL	32771
5680 Wayside Dr	Sanford	FL	32771
820 W Lake Mary Blvd	Sanford	FL	32773

251 Towne Center Circle	Sanford	FL	32771
157 Towne Center Blvd	Sanford	FL	32771
156 Towne Center Circle	Sanford	FL	32771
3661 S Orlando Drive	SANFORD	FL	32773
313 N Mangoustine Ave	Sanford	FL	32771
1101 Rinehart Rd	Sanford	FL	32771
320 Towne Ctr Circle	SANFORD	FL	32771
1201 WP Ball Blvd	Sanford	FL	32771
203 Seminole Town Cntr Cir	Sanford	FL	32771
1601 Rinehart Rd	Sanford	FL	32771
3653 S Orlando Dr	Sanford	FL	32773

WINTER SPRINGS MAPS





WINTER SPRINGS DATA TABLES

1339 PALO ALTO COURT	Chiropractors	WINTER SPRINGS	FL	32708
5965 RED BUG LAKE ROAD		WINTER SPRINGS	FL	32708
1122 E. STATE RD. 434		WINTER SPRINGS	FL	32708
1142 E STATE ROAD 434		WINTER SPRINGS	FL	32708
1196 EAST STATE ROAD 434		WINTER SPRINGS	FL	32708
1340 TUSKAWILLA ROAD		WINTER SPRINGS	FL	32708
1350 TUSCAWILLA RD		WINTER SPRINGS	FL	32708
1450 TUSKAWILLA RD		WINTER SPRINGS	FL	32708
5659 RED BUG LAKE ROAD		WINTER SPRINGS	FL	32708
5739 CANTON COVE	Dental	WINTER SPRINGS	FL	32708
616 N PINTO CT	Providers	WINTER SPRINGS	FL	32708
620 W STATE RD 434		WINTER SPRINGS	FL	32708
741 BEAR CREEK CIRCLE		WINTER SPRINGS	FL	32708
890 NORTHERN WAY		WINTER SPRINGS	FL	32708
1049 Willa Springs Dr		Winter Springs	FL	32708
5732 Canton Cove Winter Springs		Winter Springs	FL	32708
1132 E State Rd 434		Winter Springs	FL	32708
	Imaging Centers			
118 W Highway 434		Winter Springs	FL	32708
1340 Tuscawilla Road		Winter Springs	FL	32708
5703 Red Bug Lake RD		Winter Springs	FL	32708
5840 Red Bug Lake Rd		Winter Springs	FL	32708
	Optometrists			
1122 EAST STATE ROAD 434		WINTER SPRINGS	FL	32708
1340 TUSCAWILLA RD	MDs D OS	WINTER SPRINGS	FL	32708
5705 RED BUG LAKE RD		WINTER SPRINGS	FL	32708
5727 CANTON COVE		WINTER SPRINGS	FL	32708
1000 Central Winds Drive		Winter Springs	FL	32708
104 N Moss Road		Winter Springs	FL	32708
1555 Winter Springs Blvd		Winter Springs	FL	32708
1562 Winter Springs Blvd		Winter Springs	FL	32708
191 E Tradewinds Road		Winter Springs	FL	32708
305 Winding Hollow Blvd	Parks	Winter Springs	FL	32708
314 S Moss Road		Winter Springs	FL	32708
400 N Edgemon Ave		Winter Springs	FL	32708
601 Fruitwood Ave		Winter Springs	FL	32708
701 Northern Way & 1224 Trotwood Blvd		Winter Springs	FL	32708
900 Hicks Ave		Winter Springs	FL	32708

5650 Red Bug Lake Rd	Winter Springs	FL	32708
1425 Tuskawilla Rd	Winter Springs	FL	32708
5655 Red Bug Lake Rd	Winter Springs	FL	32708
1160 E State Road 434	Winter Springs	FL	32708
401 W State Road 434	Winter Springs	FL	32708
5205 Red Bug Lake Rd	Winter Springs	FL	32708
Retail Clinics			
5650 Red Bug Lake Rd	Winter Springs	FL	32708
5205 Red Bug Lake Rd	Winter Springs	FL	32708
Urgent Care Centers			
5355 Red Bug Lake Road	Winter Springs	FL	32708
Vision Services			
5705 Red Bug Lake Rd	Winter Springs	FL	32708
5942 Red Bug Lake Rd	Winter Springs	FL	32708
5727 Canton Cove	Winter Springs	FL	32708
1122 E State Rd 434	Winter Springs	FL	32708
1340 Tusawilla Road	Winter Springs	FL	32708

SEMINOLE COUNTY CONTINUUM OF CARE

Institute of Healthcare Improvement

INSTITUTE OF HEALTHCARE IMPROVEMENT PATIENT NEEDS PATHWAY DESCRIPTION

The Institute for Healthcare Improvement (IHI), an independent not-for-profit organization based in Cambridge, Massachusetts, is a leading innovator in health and health care improvement worldwide. For more than 25 years, they have partnered with visionaries, leaders, and front-line practitioners around the globe to spark bold, inventive ways to improve the health of individuals and populations.

To advance their mission, IHI's work is focused in five key areas: Improvement Capability; Person- and Family-Centered Care; Patient Safety; Quality, Cost, and Value; and Triple Aim for Populations. IHI also works with a wide range of entities — health care facilities, entire health care systems, and governments — to help them achieve significant results in quality, safety, and innovation.

Five IHI researchers have designed a new model for patient-centered care design to improve communication between patients and those who provide health care. This Patient Needs Pathway tool may be used to facilitate communication between patients and physicians in Seminole County. Released this month, and still in its early testing stages with patients and physicians at locations in both the United States and overseas, we have included it here because the tool enables us to identify opportunities to appropriately support patients as they move from full health through a crisis to recovery (changing), and to their new normal.

FLORIDA DEPARTMENT OF HEALTH – SEMINOLE COUNTY

CHRONIC DISEASE SERVICE MATRIX

Developed by the IHI Research and Development Team

Copyright 2013 Institute for Healthcare Improvement

Health Status	Stage	Patient Feelings	Relationship to Health Care	What Matters	Structure of Interaction	Service Available in Seminole County	Resource Information
Full Health	Healthy	Busy	Inconvenience	Affirmation of health	Shorter appointments	Retail health clinics; urgent care clinics	MinuteClinic, Walgreens Take Care; CentraCare, Care Spot
	Full Functioning	Teachable	Occasionally used tool	Teaching	Same day visits	Certified Patient Centered Medical Homes	
		No family reliance	Patient in control	Timely response	Education	Disease Specific Resource Services	American Lung Association, American Heart Association, American Cancer Society, American Diabetes Association, Arthritis Foundation
			Self and community supported		Convenience	Heart of Florida United Way 211 information and referral	

Health Status	Stage	Patient Feelings	Relationship to Health Care	What Matters	Structure of Interaction	Service Available in Seminole County	Resource Information
Crisis	New diagnosis	Overwhelmed, powerless	Heavily reliant	Trust, confidence, professionalism	Specialists	Pulmonologists; Cardiologists; Hematologists; Oncologists; Endocrinologists; Rheumatologists	
	Sudden onset	Acutely focused, information seeking	High intensity, high frequency	Responsive-ness	Longer appointments		
	Unexpected, traumatic and/or emergency event	Difficulty absorbing information		Individualized information	Frequent check-ins		
		Strong family reliance					

Health Status	Stage	Patient Feelings	Relationship to Health Care	What Matters	Structure of Interaction	Service Available in Seminole County	Resource Information
Changing	Post diagnosis	Coping	Wants help	Immediate access	Family engagement		
	Transition home or long term	Feeling alone	Seeking disease specific information	Decision-making tools	Information	HFUW 2-1-1	
	Medication balancing	Interrupted life	Changing to self-management support		24 hour access	Hospital, Seminole Behavioral Health	
		Moderate family reliance			Patient determines frequency of appointments		

Health Status	Stage	Patient Feelings	Relationship to Health Care	What Matters	Structure of Interaction	Service Available in Seminole County	Resource Information
New Normal	Balanced medications	In community	Partner	Support network	Regular, periodic appointments		
	Learning lifestyle maintenance, diet, exercise	Return to usual level of functioning	Loyal	Relationship	Group visits	See Chronic Conditions Support Services (p.90-93)	
		Minimal family reliance	Regaining control	Regular access	Tele-health		
			Fewer visits, more peer support				
			Engaging in self-management support				

Chronic disease: "Conditions that are slow in progression and long in duration." Florida State Department of Health Improvement Plan

Support Services

**Florida Department of Health – Seminole County
Chronic Condition Support Services**

Chronic Condition	Sponsor	Support Service
Arthritis	Arthritis Foundation Address: 13000 Avalon Lake Drive Suite 302 Orlando, FL 32828 Phone: 407.208.1766	<i>Aquatic Program</i> Westmonte Park Therapeutic Pool Address: 624 Bills Lane Altamonte Springs, FL 32714 Phone: 407.208.1766
		<i>Aquatic Program</i> Winter Springs Therapy Pool Address: 400 North Edgemon Avenue Winter Springs, FL 32708 Phone: 407.208.1766
		<i>Exercise Program</i> Longwood Elementary School Address: 840 Orange Avenue Longwood, FL 32750 Phone: 407.208.1766
		<i>Exercise Program</i> Casselberry Senior Center Address: 200 North Lake Triplet Drive Casselberry, FL 32707 Phone: 407.208.1766

Chronic Condition	Sponsor	Support Service
Cancer	American Cancer Society Address: 1601 West Colonial Drive Orlando, FL 32804-7007 Phone: 407.843.8680 Hours: 9:00 am - 5:00 pm (M-F)	<i>I Can Cope</i> free support group for newly diagnosed cancer patients and their family/friends/caregivers Contact: Gina Becker, Patient Services Manager; 407.843.8680, ext. 2535
	Florida Hospital	<i>Free colorectal home screening kit</i> CentraCare Addresses: 855 S Hwy 17-92 Longwood, FL 32750; 440 West SR 436, Altamonte Spgs, FL 32714; 4451 West First Street, Sanford, FL 32771; 8010 Red Bug Lake Road, Oviedo, FL 32765
	Hispanic Health Initiatives Address: 201 Live Oak Blvd., Casselberry, FL 32707 Phone: 407.339.2001	<i>Gift of Life Get Together Breast Self-Examination; Breast Health Bingo education; low cost mammography; health risk assessment</i> Address: 201 Live Oak Blvd., Casselberry, FL 32707 Phone: 407.339.2001

Chronic Condition	Sponsor	Support Service
Diabetes	American Diabetes Association Address: 2290 Lucien Way Suite 230 Maitland, FL 32751 Phone: 407.660.1926	<i>Live EMPOWERED</i> African American initiative including <i>Fit and Faithful, Body and Soul; O' Taste and See; Choose to Live; Power Over Diabetes; Train Up a Child</i> Contact: Pauline Lowe at 407.660.1926
	Hispanic Health Initiatives Address: 201 Live Oak Blvd. Casselberry, FL 32707 Phone: 407.339.2001	<i>Type 2 Diabetes Prevention and Control; health risk assessment</i> Address: 201 Live Oak Blvd. Casselberry, FL 32707 Phone: 407.339.2001

Chronic Condition	Sponsor	Support Service
	<p>American Heart Association Address: 237 East Marks Street Orlando, FL 32803 Phone: 407.481.6300</p>	<p>Family and Friends CPR Training Florida Hospital – Altamonte Springs Address: 201 Park Place Suite 321 Altamonte Springs, FL 32701 Phone: 407.303.5288</p>
		<p>Better Breathers Club Address: Lincare - Maitland 1009 Maitland Center Commons Blvd Maitland, FL 32751 When: Fourth Thursday of every month from 4:00 to 5:30 P.M. Contact: Claudia Elliott at 321.280.5020</p> <p>Lung Cancer Support Group When: Second Tuesday of each month from 5:30 to 7:00 P.M. Address: 851 Outer Road Orlando, FL 32814 Contact: Justin Yelkin, 407.425.5864, ext. 1300</p>
<p>Lung</p>	<p>American Lung Association Address: 851 Outer Road Orlando, FL 32814 Phone: 407.425.5864, ext. 1300</p>	

CONCLUSION

Using the results from the CHIP and CHA along with the Healthcare Resource Inventory, Seminole County can begin the process of assessing the effectiveness of current provider utilization as it relates to achieving expected population health outcomes. Focusing on the development and promotion of self-care resources and primary healthcare services will maximize the efficiency and effectiveness of care at home. Enhanced coordination and collaboration among all county resources has the potential to develop a sustainable healthcare model that will reduce costs, especially among residents with chronic disease, through medical stability and preventive care. Through a data-driven process, Seminole County has built a foundation from which new policies can be developed that will support the attainment of the CHIP and CHA goals and fulfill their mission to protect, promote and improve the health of all residents using state, county, and community efforts.

RESOURCES

Central Florida Regional Hospital, www.centralfloridaregional.com

CVS, www.cvs.com

Florida Department of Health Licensure Verification, <http://ww2.doh.state.fl.us/IRM00PRAES/PRASLIST.ASP>

Florida Department of Health Licensure Verification, <https://ww2.doh.state.fl.us/downloadnet/Main.aspx>

Florida Hospital Altamonte, www.floridahospitalaltamonte.com

Heart of Florida United Way 2-1-1, http://www.hfuw.org/United_Way_2-1-1.php

Health Council of East Central Florida, www.hcecf.org

Kmart, www.kmart.com

Laboratories of America Corporation, www.labcorp.com

Publix, www.publix.com

Walgreens, www.walgreens.com

Quest Diagnostics, www.questdiagnostics.com

Seminole County Government, www.seminolecountyfl.gov

South Seminole Hospital, www.orlandohealth.com/southseminolehospital/

Target, www.target.com

Yellow Pages, www.yellowpages.com

Walmart, www.walmart.com

Appendix B

**LOCAL PUBLIC HEALTH SYSTEM PERFORMANCE
ASSESSMENT (LPHSA)**
REPORT OF RESULTS
SEMINOLE COUNTY
9/22/2011



Table of Contents

A. The NPHPSP Report of Results

- I. Introduction
- II. About the Report
- III. Tips for Interpreting and Using NPHPSP Assessment Results
- IV. Final Remarks

B. Performance Assessment Instrument Results

- I. How well did the system perform the ten Essential Public Health Services (EPHS)?
- II. How well did the system perform on specific Model Standards?
- III. Overall, how well is the system achieving optimal activity levels?

C. Optional Priority Rating Results

What are potential areas for attention, based on the priority ratings and performance scores?

D. Optional Agency Contribution Results

How much does the Local Health Department contribute to the system's performance, as perceived by assessment participants?

Appendix

Resources for Next Steps

I. INTRODUCTION

The National Public Health Performance Standards Program (NPHPSP) assessments are intended to help users answer questions such as "What are the activities and capacities of our public health system?" and "How well are we providing the Essential Public Health Services in our jurisdiction?" The dialogue that occurs in answering these questions can help to identify strengths and weaknesses and determine opportunities for improvement.

The NPHPSP is a partnership effort to improve the practice of public health and the performance of public health systems. The NPHPSP assessment instruments guide state and local jurisdictions in evaluating their current performance against a set of optimal standards. Through these assessments, responding sites consider the activities of all public health system partners, thus addressing the activities of all public, private and voluntary entities that contribute to public health within the community.

Three assessment instruments have been designed to assist state and local partners in assessing and improving their public health systems or boards of health. These instruments are the:

- State Public Health System Performance Assessment Instrument,
- Local Public Health System Performance Assessment Instrument, and
- Local Public Health Governance Performance Assessment Instrument.

This report provides a summary of results from the NPHPSP Local Public Health System Assessment (OMB Control number 0920-0555, expiration date: August 31, 2013). The report, including the charts, graphs, and scores, are intended to help sites gain a good understanding of their performance and move on to the next step in strengthening their public system.

The NPHPSP is a collaborative effort of seven national partners:

- Centers for Disease Control and Prevention, Office of Chief of Public Health Practice (CDC/OCPHP)
- American Public Health Association (APHA)
- Association of State and Territorial Health Officials (ASTHO)
- National Association of County and City Health Officials (NACCHO)
- National Association of Local Boards of Health (NALBOH)
- National Network of Public Health Institutes (NNPHI)
- Public Health Foundation (PHF)

II. ABOUT THE REPORT

Calculating the scores

The NPHPSP assessment instruments are constructed using the Essential Public Health Services (EPHS) as a framework. Within the Local Instrument, each EPHS includes between 2-4 model standards that describe the key aspects of an optimally performing public health system. Each model standard is followed by assessment questions that serve as measures of performance. Each site's responses to these questions should indicate how well the model standard - which portrays the highest level of performance or "gold standard" - is being met.

Sites responded to assessment questions using the following response options below. These same categories are used in this report to characterize levels of activity for Essential Services and model standards.

NO ACTIVITY	0% or absolutely no activity.
MINIMAL ACTIVITY	Greater than zero, but no more than 25% of the activity described within the question is met.
MODERATE ACTIVITY	Greater than 25%, but no more than 50% of the activity described within the question is met.
SIGNIFICANT ACTIVITY	Greater than 50%, but no more than 75% of the activity described within the question is met.
OPTIMAL ACTIVITY	Greater than 75% of the activity described within the question is met.

Using the responses to all of the assessment questions, a scoring process generates scores for each first-tier or "stem" question, model standard, Essential Service, and one overall score. The scoring methodology is available

from CDC or can be accessed on-line at <http://www.cdc.gov/nphpsp/conducting.html>.

Understanding data limitations

Respondents to the self-assessment should understand what the performance scores represent and potential data limitations. All performance scores are a composite; stem question scores represent a composite of the stem question and subquestion responses; model standard scores are a composite of the question scores within that area, and so on. The responses to the questions within the assessment are based upon processes that utilize input from diverse system participants with different experiences and perspectives. The gathering of these inputs and the development of a response for each question incorporates an element of subjectivity, which can be minimized through the use of particular assessment methods. Additionally, while certain assessment methods are recommended, processes can differ among sites. The assessment methods are not fully standardized and these differences in administration of the self-assessment may introduce an element of measurement error. In addition, there are differences in knowledge about the public health system among assessment participants. This may lead to some interpretation differences and issues for some questions, potentially introducing a degree of random non-sampling error.

Because of the limitations noted, the results and recommendations associated with these reported data should be used for quality improvement purposes. More specifically, results should be utilized for guiding an overall public health infrastructure and performance improvement process for the public health system. These data represent the collective performance of all organizational participants in the assessment of the local public health system. The data and results should not be interpreted to reflect the capacity or performance of any single agency or organization.

Presentation of results

The NPHPSP has attempted to present results - through a variety of figures and tables - in a user-friendly and clear manner. Results are presented in a Microsoft Word document, which allows users to easily copy and paste or edit the report for their own customized purposes. Original responses to all questions are also available.

For ease of use, many figures in tables use short titles to refer to Essential Services, model standards, and questions. If in doubt of the meaning, please refer to the full text in the assessment instruments.

Sites may choose to complete two optional questionnaires - one which asks about priority of each model standard and the second which assesses the local health department's contribution to achieving the model standard. Sites that submit responses for these questionnaires will see the results included as an additional component of their reports. Recipients of the priority results section may find that the scatter plot figures include data points that overlap. This is unavoidable when presenting results that represent similar data; in these cases, sites may find that the table listing of results will more clearly show the results found in each quadrant.

III. TIPS FOR INTERPRETING AND USING NPHPSP ASSESSMENT RESULTS

The use of these results by respondents to strengthen the public health system is the most important part of the performance improvement process that the NPHPSP is intended to promote. Report data may be used to identify strengths and weaknesses within the local public health system and pinpoint areas of performance that need improvement. The NPHPSP User Guide describes steps for using these results to develop and implement public health system performance improvement plans. Implementation of these plans is critical to achieving a higher performing public health system. Suggested steps in developing such improvement plans are:

1. Organize Participation for Performance Improvement
2. Prioritize Areas for Action
3. Explore "Root Causes" of Performance Problems
4. Develop and Implement Improvement Plans
5. Regularly Monitor and Report Progress

Refer to the User Guide section, "After We Complete the Assessment, What Next?" for details on the above steps.

Assessment results represent the collective performance of all entities in the local public health system and not

any one organization. Therefore, system partners should be involved in the discussion of results and improvement strategies to assure that this information is appropriately used. The assessment results can drive improvement planning within each organization as well as system-wide. In addition, coordinated use of the Local Instrument with the Governance Instrument or state-wide use of the Local Instrument can lead to more successful and comprehensive improvement plans to address more systemic statewide issues.

Although respondents will ultimately want to review these results with stakeholders in the context of their overall performance improvement process, they may initially find it helpful to review the results either individually or in a small group. The following tips may be helpful when initially reviewing the results, or preparing to present the results to performance improvement stakeholders.

Examine performance scores

First, sites should take a look at the overall or composite performance scores for Essential Services and model standards. These scores are presented visually in order by Essential Service (Figure 1) and in ascending order (Figure 2). Additionally, Figure 3 uses color designations to indicate performance level categories. Examination of these scores can immediately give a sense of the local public health system's greatest strengths and weaknesses.

Review the range of scores within each Essential Service and model standard

The Essential Service score is an average of the model standard scores within that service, and, in turn, the model standard scores represent the average of stem question scores for that standard. If there is great range or difference in scores, focusing attention on the model standard(s) or questions with the lower scores will help to identify where performance inconsistency or weakness may be. Some figures, such as the bar charts in Figure 4, provide "range bars" which indicate the variation in scores. Looking for long range bars will help to easily identify these opportunities.

Also, refer back to the original question responses to determine where weaknesses or inconsistencies in performance may be occurring. By examining the assessment questions, including the subquestions and discussion toolbox items, participants will be reminded of particular areas of concern that may most need attention.

Consider the context

The NPHPSP User Guide and other technical assistance resources strongly encourage responding jurisdictions to gather and record qualitative input from participants throughout the assessment process. Such information can include insights that shaped group responses, gaps that were uncovered, solutions to identified problems, and impressions or early ideas for improving system performance. This information should have emerged from the general discussion of the model standards and assessment questions, as well as the responses to discussion toolbox topics.

The results viewed in this report should be considered within the context of this qualitative information, as well as with other information. The assessment report, by itself, is not intended to be the sole "roadmap" to answer the question of what a local public health system's performance improvement priorities should be. The original purpose of the assessment, current issues being addressed by the community, and the needs and interests for all stakeholders should be considered.

Some sites have used a process such as Mobilizing for Action through Planning and Partnerships (MAPP) to address their NPHPSP data within the context of other community issues. In the MAPP process, local users consider the NPHPSP results in addition to three other assessments - community health status, community themes and strengths, and forces of change - before determining strategic issues, setting priorities, and developing action plans. See "Resources for Next Steps" for more about MAPP.

Use the optional priority rating and agency contribution questionnaire results

Sites may choose to complete two optional questionnaires - one which asks about priority of each model standard and the second which assesses the local health department's contribution to achieving of the model standard. The supplemental priority questionnaire, which asks about the priority of each model standard to the public health system, should guide sites in considering their performance scores in relationship to their own system's priorities. The use of this questionnaire can guide sites in targeting their limited attention and resources to areas of high priority but low performance. This information should serve to catalyze or strengthen the performance improvement activities resulting from the assessment process.

Report of Results

The second questionnaire, which asks about the contribution of the public health agency to each model standard, can assist sites in considering the role of the agency in performance improvement efforts. Sites that use this component will see a list of questions to consider regarding the agency role and as it relates to the results for each model standard. These results may assist the local health department in its own strategic planning and quality improvement activities.

IV. FINAL REMARKS

The challenge of preventing illness and improving health is ongoing and complex. The ability to meet this challenge rests on the capacity and performance of public health systems. Through well equipped, high-performing public health systems, this challenge can be addressed. Public health performance standards are intended to guide the development of stronger public health systems capable of improving the health of populations. The development of high-performing public health systems will increase the likelihood that all citizens have access to a defined optimal level of public health services. Through periodic assessment guided by model performance standards, public health leaders can improve collaboration and integration among the many components of a public health system, and more effectively and efficiently use resources while improving health intervention services.

Local Public Health System Performance Assessment - Report of Results
Seminole County Health Department
9/22/2011



B. Performance Assessment Instrument Results

I. How well did the system perform the ten Essential Public Health Services (EPHS)?

Table 1: Summary of performance scores by Essential Public Health Service (EPHS)

EPHS	Score
1 Monitor Health Status To Identify Community Health Problems	90
2 Diagnose And Investigate Health Problems and Health Hazards	86
3 Inform, Educate, And Empower People about Health Issues	68
4 Mobilize Community Partnerships to Identify and Solve Health Problems	60
5 Develop Policies and Plans that Support Individual and Community Health Efforts	82
6 Enforce Laws and Regulations that Protect Health and Ensure Safety	43
7 Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable	85
8 Assure a Competent Public and Personal Health Care Workforce	41
9 Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services	51
10 Research for New Insights and Innovative Solutions to Health Problems	45
Overall Performance Score	65

Figure 1: Summary of EPHS performance scores and overall score (with range)

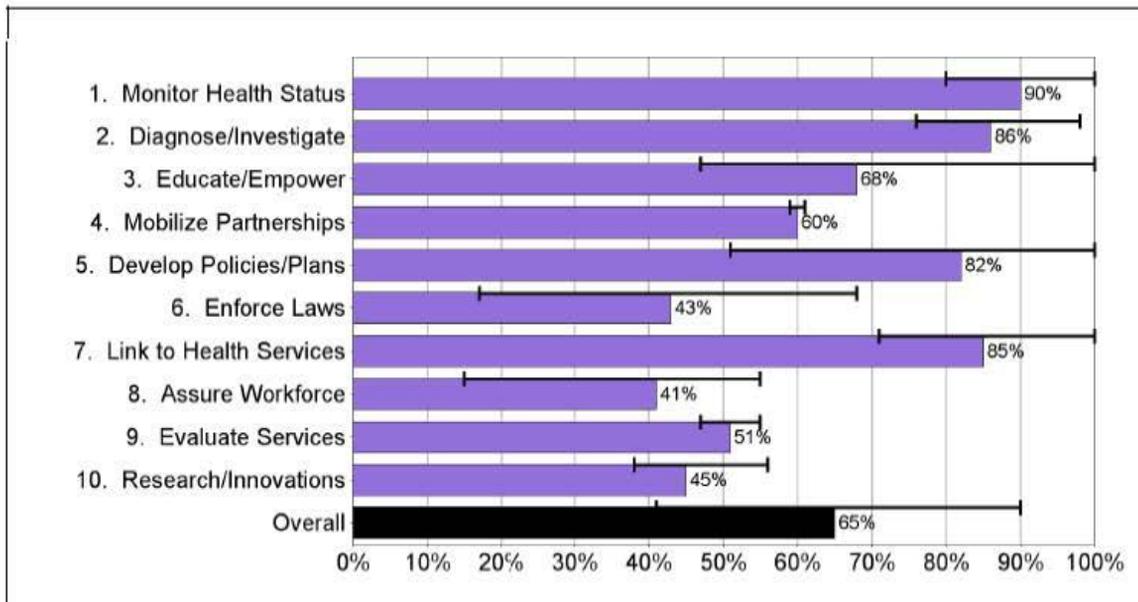


Table 1 (above) provides a quick overview of the system's performance in each of the 10 Essential Public Health Services (EPHS). Each EPHS score is a composite value determined by the scores given to those activities that contribute to each Essential Service. These scores range from a minimum value of 0% (no activity is performed pursuant to the standards) to a maximum of 100% (all activities associated with the standards are performed at optimal levels).

Figure 1 (above) displays performance scores for each Essential Service along with an overall score that indicates the average performance level across all 10 Essential Services. The range bars show the minimum and maximum values of responses within the Essential Service and an overall score. Areas of wide range may warrant a closer look in **Figure 4** or the raw data.

Figure 2: Rank ordered performance scores for each Essential Service

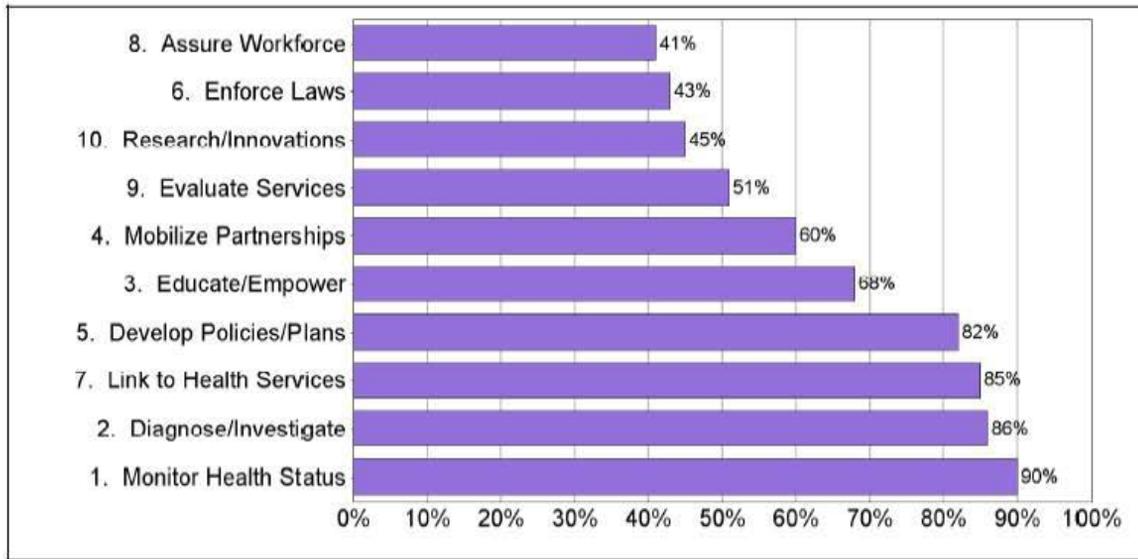


Figure 3: Rank ordered performance scores for each Essential Service, by level of activity

Report of Results

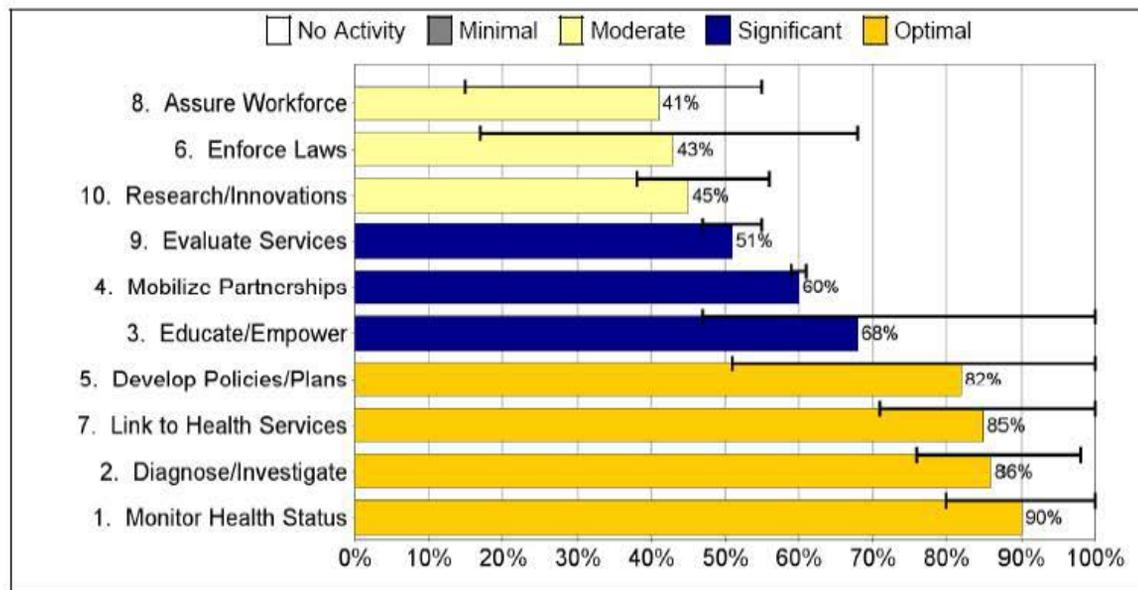


Figure 2 (above) displays each composite score from low to high, allowing easy identification of service domains where performance is relatively strong or weak.

Figure 3 (above) provides a composite picture of the previous two graphs. The range lines show the range of responses within an Essential Service. The color coded bars make it easier to identify which of the Essential Services fall in the five categories of performance activity.

Figure 4 (next page) shows scores for each model standard. Sites can use these graphs to pinpoint specific activities within the Essential Service that may need a closer look. Note these scores also have range bars, showing sub-areas that comprise the model standard.

II. How well did the system perform on specific model standards?

Figure 4: Performance scores for each model standard, by Essential Service

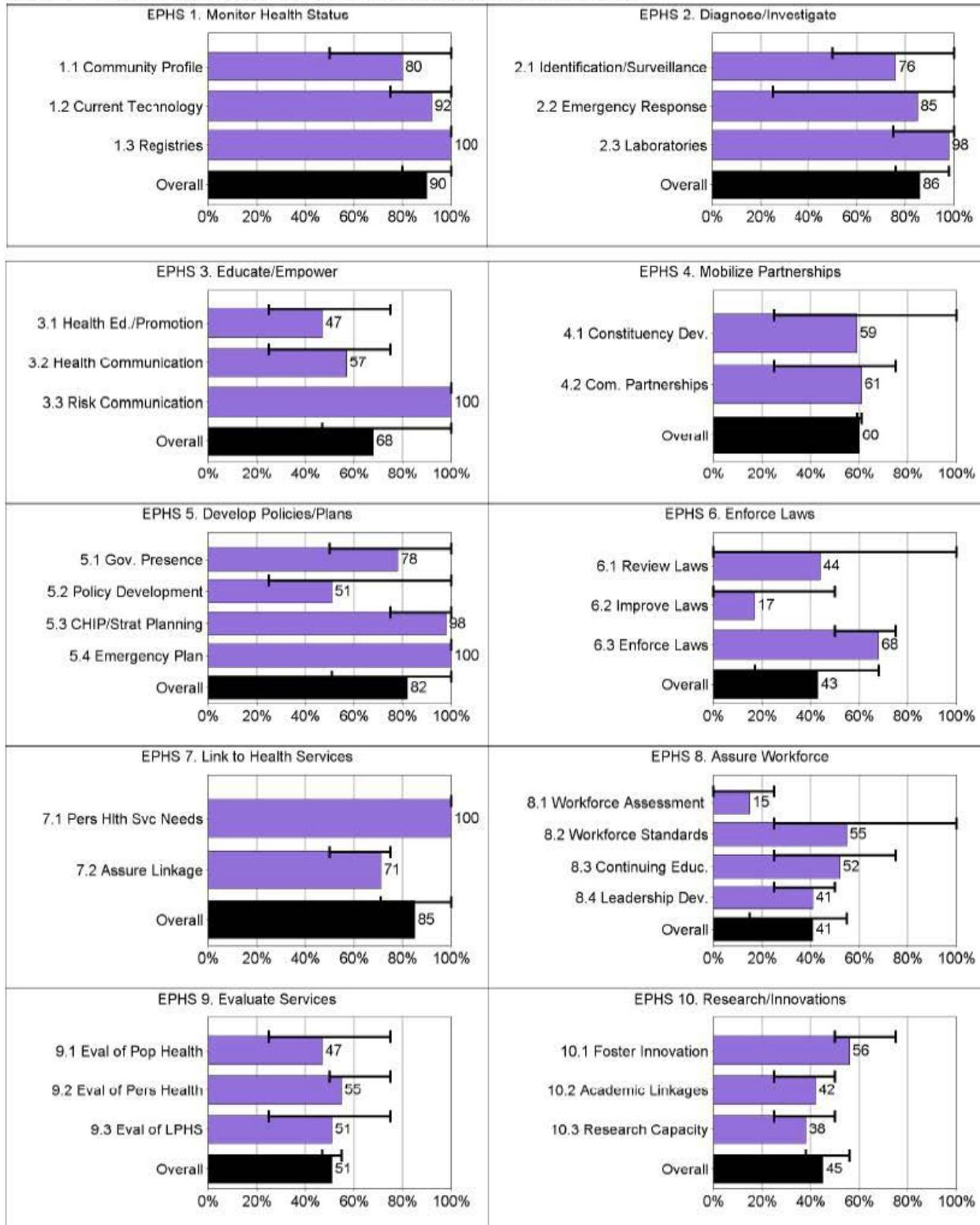


Table 2: Summary of performance scores by Essential Public Health Service (EPHS) and model standard

Essential Public Health Service	Score
EPHS 1. Monitor Health Status To Identify Community Health Problems	90
1.1 Population-Based Community Health Profile (CHP)	80
1.1.1 Community health assessment	91
1.1.2 Community health profile (CHP)	65
1.1.3 Community-wide use of community health assessment or CHP data	83
1.2 Access to and Utilization of Current Technology to Manage, Display, Analyze and Communicate	92
Population Health Data	
1.2.1 State-of-the-art technology to support health profile databases	100
1.2.2 Access to geocoded health data	75
1.2.3 Use of computer-generated graphics	100
1.3 Maintenance of Population Health Registries	100
1.3.1 Maintenance of and/or contribution to population health registries	100
1.3.2 Use of information from population health registries	100
EPHS 2. Diagnose And Investigate Health Problems and Health Hazards	86
2.1 Identification and Surveillance of Health Threats	76
2.1.1 Surveillance system(s) to monitor health problems and identify health threats	58
2.1.2 Submission of reportable disease information in a timely manner	100
2.1.3 Resources to support surveillance and investigation activities	69
2.2 Investigation and Response to Public Health Threats and Emergencies	85
2.2.1 Written protocols for case finding, contact tracing, source identification, and containment	84
2.2.2 Current epidemiological case investigation protocols	75
2.2.3 Designated Emergency Response Coordinator	100
2.2.4 Rapid response of personnel in emergency / disasters	91
2.2.5 Evaluation of public health emergency response	75
2.3 Laboratory Support for Investigation of Health Threats	98
2.3.1 Ready access to laboratories for routine diagnostic and surveillance needs	100
2.3.2 Ready access to laboratories for public health threats, hazards, and emergencies	94
2.3.3 Licenses and/or credentialed laboratories	100
2.3.4 Maintenance of guidelines or protocols for handling laboratory samples	100
EPHS 3. Inform, Educate, And Empower People about Health Issues	68
3.1 Health Education and Promotion	47
3.1.1 Provision of community health information	50
3.1.2 Health education and/or health promotion campaigns	58
3.1.3 Collaboration on health communication plans	31
3.2 Health Communication	57
3.2.1 Development of health communication plans	45
3.2.2 Relationships with media	50
3.2.3 Designation of public information officers	75
3.3 Risk Communication	100
3.3.1 Emergency communications plan(s)	100
3.3.2 Resources for rapid communications response	100
3.3.3 Crisis and emergency communications training	100
3.3.4 Policies and procedures for public information officer response	100

Essential Public Health Service	Score
EPHS 4. Mobilize Community Partnerships to Identify and Solve Health Problems	60
4.1 Constituency Development	59
4.1.1 Identification of key constituents or stakeholders	66
4.1.2 Participation of constituents in improving community health	56
4.1.3 Directory of organizations that comprise the LPHS	63
4.1.4 Communications strategies to build awareness of public health	50
4.2 Community Partnerships	61
4.2.1 Partnerships for public health improvement activities	67
4.2.2 Community health improvement committee	65
4.2.3 Review of community partnerships and strategic alliances	50
EPHS 5. Develop Policies and Plans that Support Individual and Community Health Efforts	82
5.1 Government Presence at the Local Level	78
5.1.1 Governmental local public health presence	100
5.1.2 Resources for the local health department	85
5.1.3 Local board of health or other governing entity (not scored)	0
5.1.4 LHD work with the state public health agency and other state partners	50
5.2 Public Health Policy Development	51
5.2.1 Contribution to development of public health policies	67
5.2.2 Alert policymakers/public of public health impacts from policies	50
5.2.3 Review of public health policies	38
5.3 Community Health Improvement Process	98
5.3.1 Community health improvement process	94
5.3.2 Strategies to address community health objectives	100
5.3.3 Local health department (LHD) strategic planning process	100
5.4 Plan for Public Health Emergencies	100
5.4.1 Community task force or coalition for emergency preparedness and response plans	100
5.4.2 All-hazards emergency preparedness and response plan	100
5.4.3 Review and revision of the all-hazards plan	100
EPHS 6. Enforce Laws and Regulations that Protect Health and Ensure Safety	43
6.1 Review and Evaluate Laws, Regulations, and Ordinances	44
6.1.1 Identification of public health issues to be addressed through laws, regulations, and ordinances	0
6.1.2 Knowledge of laws, regulations, and ordinances	75
6.1.3 Review of laws, regulations, and ordinances	0
6.1.4 Access to legal counsel	100
6.2 Involvement in the Improvement of Laws, Regulations, and Ordinances	17
6.2.1 Identification of public health issues not addressed through existing laws	0
6.2.2 Development or modification of laws for public health issues	0
6.2.3 Technical assistance for drafting proposed legislation, regulations, or ordinances	50
6.3 Enforce Laws, Regulations and Ordinances	68
6.3.1 Authority to enforce laws, regulation, ordinances	75
6.3.2 Public health emergency powers	75
6.3.3 Enforcement in accordance with applicable laws, regulations, and ordinances	75
6.3.4 Provision of information about compliance	63
6.3.5 Assessment of compliance	50

Essential Public Health Service	Score
EPHS 7. Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable	85
7.1 Identification of Populations with Barriers to Personal Health Services	100
7.1.1 Identification of populations who experience barriers to care	100
7.1.2 Identification of personal health service needs of populations	100
7.1.3 Assessment of personal health services available to populations who experience barriers to care	100
7.2 Assuring the Linkage of People to Personal Health Services	71
7.2.1 Link populations to needed personal health services	75
7.2.2 Assistance to vulnerable populations in accessing needed health services	71
7.2.3 Initiatives for enrolling eligible individuals in public benefit programs	75
7.2.4 Coordination of personal health and social services	63
EPHS 8. Assure a Competent Public and Personal Health Care Workforce	41
8.1 Workforce Assessment Planning, and Development	15
8.1.1 Assessment of the LPHS workforce	25
8.1.2 Identification of shortfalls and/or gaps within the LPHS workforce	21
8.1.3 Dissemination of results of the workforce assessment / gap analysis	0
8.2 Public Health Workforce Standards	55
8.2.1 Awareness of guidelines and/or licensure/certification requirements	25
8.2.2 Written job standards and/or position descriptions	25
8.2.3 Annual performance evaluations	25
8.2.4 LHD written job standards and/or position descriptions	100
8.2.5 LHD performance evaluations	100
8.3 Life-Long Learning Through Continuing Education, Training, and Mentoring	52
8.3.1 Identification of education and training needs for workforce development	75
8.3.2 Opportunities for developing core public health competencies	58
8.3.3 Educational and training incentives	50
8.3.4 Interaction between personnel from LPHS and academic organizations	25
8.4 Public Health Leadership Development	41
8.4.1 Development of leadership skills	50
8.4.2 Collaborative leadership	25
8.4.3 Leadership opportunities for individuals and/or organizations	50
8.4.4 Recruitment and retention of new and diverse leaders	38

Essential Public Health Service	Score
EPHS 9. Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services	51
9.1 Evaluation of Population-based Health Services	47
9.1.1 Evaluation of population-based health services	25
9.1.2 Assessment of community satisfaction with population-based health services	63
9.1.3 Identification of gaps in the provision of population-based health services	75
9.1.4 Use of population-based health services evaluation	25
9.2 Evaluation of Personal Health Care Services	55
9.2.1. In Personal health services evaluation	50
9.2.2 Evaluation of personal health services against established standards	50
9.2.3 Assessment of client satisfaction with personal health services	75
9.2.4 Information technology to assure quality of personal health services	50
9.2.5 Use of personal health services evaluation	50
9.3 Evaluation of the Local Public Health System	51
9.3.1 Identification of community organizations or entities that contribute to the EPHS	75
9.3.2 Periodic evaluation of LPHS	54
9.3.3 Evaluation of partnership within the LPHS	25
9.3.4 Use of LPHS evaluation to guide community health improvements	50
EPHS 10. Research for New Insights and Innovative Solutions to Health Problems	45
10.1 Fostering Innovation	56
10.1.1 Encouragement of new solutions to health problems	50
10.1.2 Proposal of public health issues for inclusion in research agenda	50
10.1.3 Identification and monitoring of best practices	75
10.1.4 Encouragement of community participation in research	50
10.2 Linkage with Institutions of Higher Learning and/or Research	42
10.2.1 Relationships with institutions of higher learning and/or research organizations	50
10.2.2 Partnerships to conduct research	25
10.2.3 Collaboration between the academic and practice communities	50
10.3 Capacity to Initiate or Participate in Research	38
10.3.1 Access to researchers	50
10.3.2 Access to resources to facilitate research	50
10.3.3 Dissemination of research findings	25
10.3.4 Evaluation of research activities	25

III. Overall, how well is the system achieving optimal activity levels?

Figure 5: Percentage of Essential Services scored in each level of activity

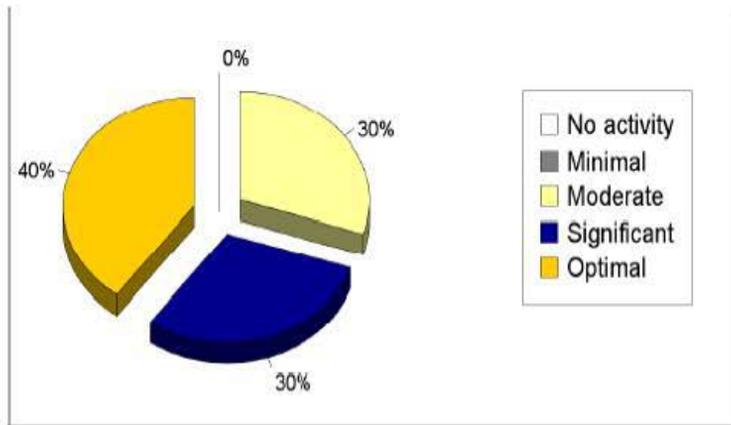


Figure 5 displays the percentage of the system's Essential Services scores that fall within the five activity categories. This chart provides the site with a high level snapshot of the information found in **Figure 3**.

Figure 6: Percentage of model standards scored in each level of activity

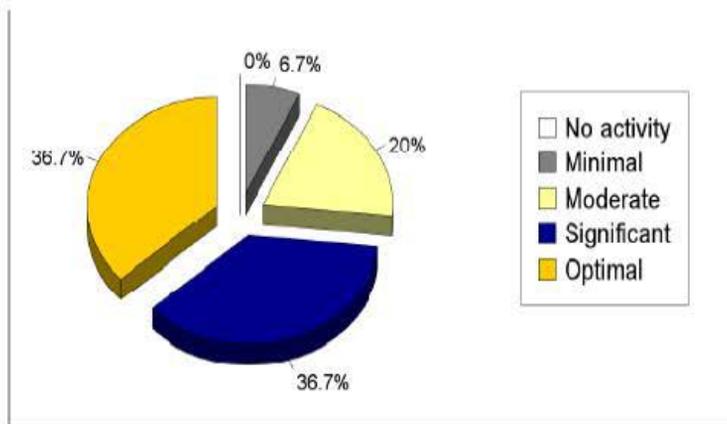


Figure 6 displays the percentage of the system's model standard scores that fall within the five activity categories.

Figure 7: Percentage of all questions scored in each level of activity

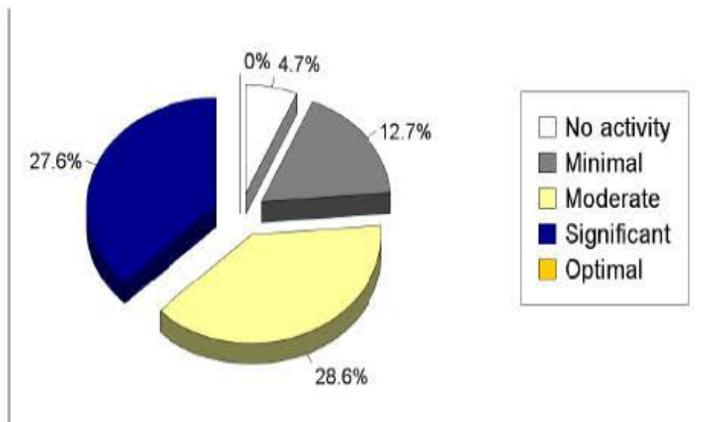


Figure 7 displays the percentage of all scored questions that fall within the five activity categories. This breakdown provides a closer snapshot of the system's performance, showing variation that may be masked by the scores in **Figures 5 and 6**.

C. Optional Priority Rating Results

What are potential areas for attention, based on the priority ratings and performance scores?

Tables 3 and **4** show priority ratings (as rated by participants on a 1-10 scale, with 10 being the highest) and performance scores for Essential Services and model standards, arranged under the four quadrants in **Figures 8** and **9**, which follow the tables. The four quadrants, which are based on how the performance of each Essential Service and/or model standard compares with the priority rating, should provide guidance in considering areas for attention and next steps for performance improvement.

Table 3: Essential Service by priority rating and performance score, with areas for attention

Essential Service	Priority Rating	Performance Score (level of activity)
Quadrant I (High Priority/Low Performance) - These important activities may need increased attention.		
4. Mobilize Community Partnerships to Identify and Solve Health Problems	2	60 (Significant)
6. Enforce Laws and Regulations that Protect Health and Ensure Safety	6	43 (Moderate)
8. Assure a Competent Public and Personal Health Care Workforce	4	41 (Moderate)
9. Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services	4	51 (Significant)
10. Research for New Insights and Innovative Solutions to Health Problems	4	45 (Moderate)
Quadrant II (High Priority/High Performance) - These activities are being done well, and it is important to maintain efforts.		
1. Monitor Health Status To Identify Community Health Problems	4	90 (Optimal)
2. Diagnose And Investigate Health Problems and Health Hazards	2	86 (Optimal)
3. Inform, Educate, And Empower People about Health Issues	2	68 (Significant)
5. Develop Policies and Plans that Support Individual and Community Health Efforts	2	82 (Optimal)
7. Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable	2	85 (Optimal)
Quadrant III (Low Priority/High Performance) - These activities are being done well, but the system can shift or reduce some resources or attention to focus on higher priority activities.		
Quadrant IV (Low Priority/Low Performance) - These activities could be improved, but are of low priority. They may need little or no attention at this time.		

Table 4: Model standards by priority and performance score, with areas for attention

Model Standard	Priority Rating	Performance Score (level of activity)
Quadrant I (High Priority/Low Performance) - These important activities may need increased attention.		
4.1 Constituency Development	3	59 (Significant)
5.2 Public Health Policy Development	6	51 (Significant)
6.1 Review and Evaluate Laws, Regulations, and Ordinances	6	44 (Moderate)
6.2 Involvement in the Improvement of Laws, Regulations, and Ordinances	7	17 (Minimal)
8.1 Workforce Assessment Planning, and Development	4	15 (Minimal)
8.2 Public Health Workforce Standards	3	55 (Significant)
8.3 Life-Long Learning Through Continuing Education, Training, and Mentoring	5	52 (Significant)
9.1 Evaluation of Population-based Health Services	4	47 (Moderate)
9.2 Evaluation of Personal Health Care Services	4	55 (Significant)
9.3 Evaluation of the Local Public Health System	4	51 (Significant)
10.1 Fostering Innovation	4	56 (Significant)
10.2 Linkage with Institutions of Higher Learning and/or Research	4	42 (Moderate)
10.3 Capacity to Initiate or Participate in Research	4	38 (Moderate)
Quadrant II (High Priority/High Performance) - These activities are being done well, and it is important to maintain efforts.		
1.2 Access to and Utilization of Current Technology to Manage, Display, Analyze and Communicate Population Health Data	5	92 (Optimal)
1.3 Maintenance of Population Health Registries	5	100 (Optimal)
2.3 Laboratory Support for Investigation of Health Threats	4	98 (Optimal)
6.3 Enforce Laws, Regulations and Ordinances	4	68 (Significant)
Quadrant III (Low Priority/High Performance) - These activities are being done well, but the system can shift or reduce some resources or attention to focus on higher priority activities.		
1.1 Population-Based Community Health Profile (CHP)	1	80 (Optimal)
2.1 Identification and Surveillance of Health Threats	1	76 (Optimal)
2.2 Investigation and Response to Public Health Threats and Emergencies	1	85 (Optimal)
3.3 Risk Communication	2	100 (Optimal)
5.1 Government Presence at the Local Level	1	78 (Optimal)
5.3 Community Health Improvement Process	1	98 (Optimal)
5.4 Plan for Public Health Emergencies	1	100 (Optimal)
7.1 Identification of Populations with Barriers to Personal Health Services	2	100 (Optimal)
7.2 Assuring the Linkage of People to Personal Health Services	1	71 (Significant)
Quadrant IV (Low Priority/Low Performance) - These activities could be improved, but are of low priority. They may need little or no attention at this time.		
3.1 Health Education and Promotion	2	47 (Moderate)
3.2 Health Communication	2	57 (Significant)
4.2 Community Partnerships	1	61 (Significant)
8.4 Public Health Leadership Development	2	41 (Moderate)

Figures 8 and 9 (below) display Essential Services and model standards data within the following four categories using adjusted priority rating data:

- Quadrant I** (High Priority/Low Performance) - These important activities may need increased attention.
- Quadrant II** (High Priority/High Performance) - These activities are being done well, and it is important to maintain efforts.
- Quadrant III** (Low Priority/High Performance) - These activities are being done well, but the system can shift or reduce some resources or attention to focus on higher priority activities.
- Quadrant IV** (Low Priority/Low Performance) - These activities could be improved, but are of low priority. They may need little or no attention at this time.

The priority data are calculated based on the percentage standard deviation from the mean. Performance scores above the median value are displayed in the "high" performance quadrants. All other levels are displayed in the "low" performance quadrants. Essential Service data are calculated as a mean of model standard ratings within each Essential Service. In cases where performance scores and priority ratings are identical or very close, the numbers in these figures may overlap. To distinguish any overlapping numbers, please refer to the raw data or Table 4.

Figure 8: Scatter plot of Essential Service scores and priority ratings

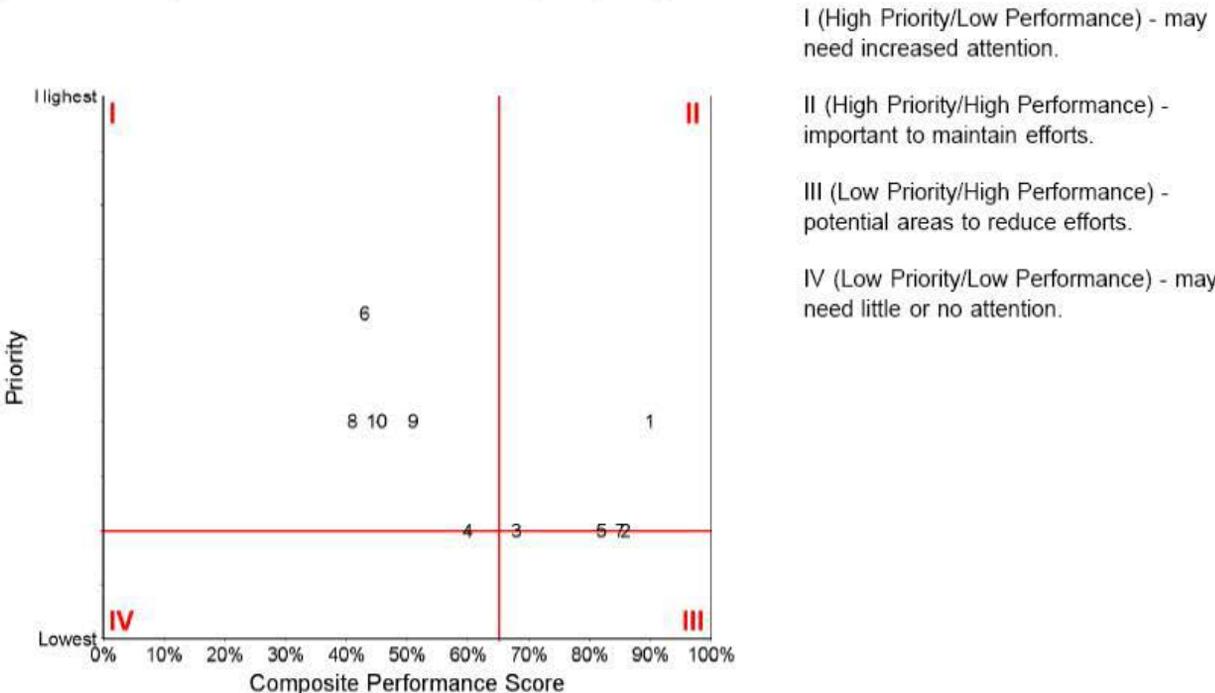
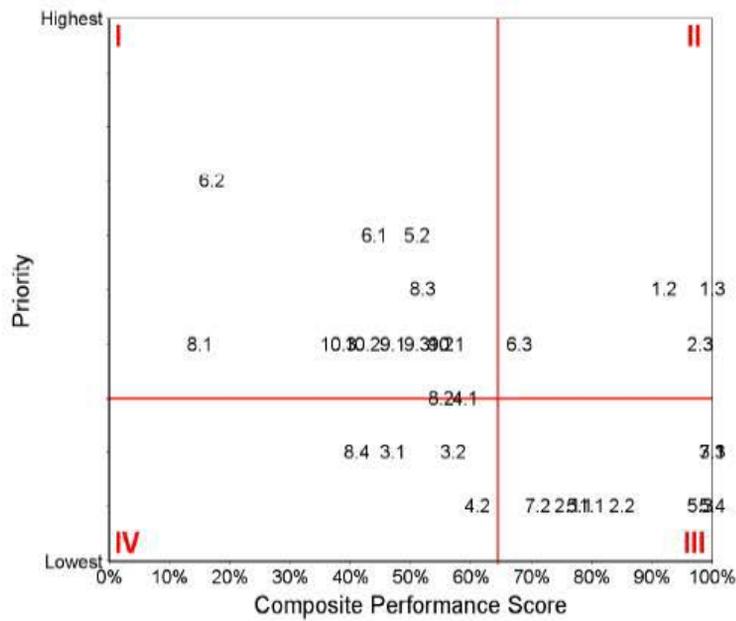


Figure 9: Scatter plot of model standards scores and priority ratings



I (High Priority/Low Performance) - may need increased attention.

II (High Priority/High Performance) - important to maintain efforts.

III (Low Priority/High Performance) - potential areas to reduce efforts.

IV (Low Priority/Low Performance) - may need little or no attention.

D. Optional agency contribution results

How much does the Local Health Department contribute to the system's performance, as perceived by assessment participants?

Tables 5 and 6 (below) display Essential Services and model standards arranged by Local Health Department (LHD) contribution (Highest to Lowest) and performance score. Sites may want to consider the questions listed before these tables to further examine the relationship between the system and Department in achieving Essential Services and model standards. Questions to consider are suggested based on the four categories or "quadrants" displayed in **Figures 10 and 11**.

Quadrant		Questions to Consider
I.	Low Performance/High Department Contribution	<ul style="list-style-type: none"> • Is the Department's level of effort truly high, or do they just do more than anyone else? • Is the Department effective at what it does, and does it focus on the right things? • Is the level of Department effort sufficient for the jurisdiction's needs? • Should partners be doing more, or doing different things? • What else within or outside of the Department might be causing low performance?
II.	High Performance/High Department Contribution	<ul style="list-style-type: none"> • What does the Department do that may contribute to high performance in this area? Could any of these strategies be applied to other areas? • Is the high Department contribution appropriate, or is the Department taking on what should be partner responsibilities? • Could the Department do less and maintain satisfactory performance?
III.	High Performance/Low Department Contribution	<ul style="list-style-type: none"> • Who are the key partners that contribute to this area? What do they do that may contribute to high performance? Could any of these strategies be applied to other areas? • Does the low Department contribution seem right for this area, or are partners picking up slack for Department responsibilities? • Does the Department provide needed support for partner efforts? • Could the key partners do less and maintain satisfactory performance?
IV.	Low Performance/Low Department Contribution	<ul style="list-style-type: none"> • Who are the key partners that contribute to this area? Are their contributions truly high, or do they just do more than the Department? • Is the total level of effort sufficient for the jurisdiction's needs? • Are partners effective at what they do, and do they focus on the right things? • Does the low Department contribution seem right for this area, or is it likely to be contributing to low performance? • Does the Department provide needed support for partner efforts? • What else might be causing low performance?

Table 5: Essential Service by perceived LHD contribution and score

Essential Service	LHD Contribution	Performance Score	Consider Questions for:
1. Monitor Health Status To Identify Community Health Problems	50%	Optimal (90)	Quadrant II
2. Diagnose And Investigate Health Problems and Health Hazards	100%	Optimal (86)	Quadrant II
3. Inform, Educate, And Empower People about Health Issues	50%	Significant (68)	Quadrant II
4. Mobilize Community Partnerships to Identify and Solve Health Problems	100%	Significant (60)	Quadrant I
5. Develop Policies and Plans that Support Individual and Community Health Efforts	88%	Optimal (82)	Quadrant II
6. Enforce Laws and Regulations that Protect Health and Ensure Safety	25%	Moderate (43)	Quadrant IV
7. Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable	38%	Optimal (85)	Quadrant II
8. Assure a Competent Public and Personal Health Care Workforce	31%	Moderate (41)	Quadrant IV
9. Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services	25%	Significant (51)	Quadrant IV
10. Research for New Insights and Innovative Solutions to Health Problems	25%	Moderate (45)	Quadrant IV

Table 6: Model standards by perceived LHD contribution and score

Model Standard	LHD Contribution	Performance Score	Consider Questions for:
1.1 Population-Based Community Health Profile (CHP)	50%	Optimal (80)	Quadrant II
1.2 Access to and Utilization of Current Technology to Manage, Display, Analyze and Communicate Population Health Data	50%	Optimal (92)	Quadrant II
1.3 Maintenance of Population Health Registries	50%	Optimal (100)	Quadrant II
2.1 Identification and Surveillance of Health Threats	100%	Optimal (76)	Quadrant II
2.2 Investigation and Response to Public Health Threats and Emergencies	100%	Optimal (85)	Quadrant II
2.3 Laboratory Support for Investigation of Health Threats	100%	Optimal (98)	Quadrant II
3.1 Health Education and Promotion	25%	Moderate (47)	Quadrant IV
3.2 Health Communication	50%	Significant (57)	Quadrant I
3.3 Risk Communication	75%	Optimal (100)	Quadrant II
4.1 Constituency Development	100%	Significant (59)	Quadrant I
4.2 Community Partnerships	100%	Significant (61)	Quadrant I
5.1 Government Presence at the Local Level	75%	Optimal (78)	Quadrant II
5.2 Public Health Policy Development	75%	Significant (51)	Quadrant I
5.3 Community Health Improvement Process	100%	Optimal (98)	Quadrant II
5.4 Plan for Public Health Emergencies	100%	Optimal (100)	Quadrant II
6.1 Review and Evaluate Laws, Regulations, and Ordinances	25%	Moderate (44)	Quadrant IV
6.2 Involvement in the Improvement of Laws, Regulations, and Ordinances	25%	Minimal (17)	Quadrant IV
6.3 Enforce Laws, Regulations and Ordinances	25%	Significant (68)	Quadrant III
7.1 Identification of Populations with Barriers to Personal Health Services	50%	Optimal (100)	Quadrant II
7.2 Assuring the Linkage of People to Personal Health Services	25%	Significant (71)	Quadrant III
8.1 Workforce Assessment Planning, and Development	25%	Minimal (15)	Quadrant IV
8.2 Public Health Workforce Standards	25%	Significant (55)	Quadrant IV
8.3 Life-Long Learning Through Continuing Education, Training, and Mentoring	25%	Significant (52)	Quadrant IV
8.4 Public Health Leadership Development	50%	Moderate (41)	Quadrant I
9.1 Evaluation of Population-based Health Services	25%	Moderate (47)	Quadrant IV
9.2 Evaluation of Personal Health Care Services	25%	Significant (55)	Quadrant IV
9.3 Evaluation of the Local Public Health System	25%	Significant (51)	Quadrant IV
10.1 Fostering Innovation	25%	Significant (56)	Quadrant IV
10.2 Linkage with Institutions of Higher Learning and/or Research	25%	Moderate (42)	Quadrant IV
10.3 Capacity to Initiate or Participate in Research	25%	Moderate (38)	Quadrant IV

APPENDIX: RESOURCES FOR NEXT STEPS

The NPHPSP offers a variety of information, technical assistance, and training resources to assist in quality improvement activities. Descriptions of these resources are provided below. Other resources and websites that may be of particular interest to NPHPSP users are also noted below.

- **Technical Assistance and Consultation** - NPHPSP partners are available for phone and email consultation to state and localities as they plan for and conduct NPHPSP assessment and performance improvement activities. Contact 1-800-747-7649 or phpsp@cdc.gov.
- **NPHPSP User Guide** - The NPHPSP User Guide section, "After We Complete the Assessment, What Next?" describes five essential steps in a performance improvement process following the use of the NPHPSP assessment instruments. The NPHPSP User Guide may be found on the NPHPSP website (<http://www.cdc.gov/NPHPSP/PDF/UserGuide.pdf>).
- **NPHPSP Online Tool Kit** - Additional resources that may be found on, or are linked to, the NPHPSP website (<http://www.cdc.gov/NPHPSP/generalResources.html>) under the "Post Assessment/ Performance Improvement" link include sample performance improvement plans, quality improvement and priority-setting tools, and other technical assistance documents and links.
- **NPHPSP Online Resource Center** - Designed specifically for NPHPSP users, the Public Health Foundation's online resource center (www.phf.org/nphpsp) for public health systems performance improvement allows users to search for State, Local, and Governance resources by model standards, essential public health service, and keyword.;
- **NPHPSP Monthly User Calls** - These calls feature speakers and dialogue on topic of interest to users. They also provide an opportunity for people from around the country to learn from each other about various approaches to the NPHPSP assessment and performance improvement process. Calls occur on the third Tuesday of each month, 2:00 - 3:00 ET. Contact phpsp@cdc.gov to be added to the email notification list for the call.
- **Annual Training Workshop** - Individuals responsible for coordinating performance assessment and improvement activities may attend an annual two-day workshop held in the spring of each year. Visit the NPHPSP website (<http://www.cdc.gov/nphpsp/annualTrainingWorkshop.html>) for more information.
- **Public Health Improvement Resource Center at the Public Health Foundation** - This website (www.phf.org/improvement) provides resources and tools for evaluating and building the capacity of public health systems. More than 100 accessible resources organized here support the initiation and continuation of quality improvement efforts. These resources promote performance management and quality improvement, community health information and data systems, accreditation preparation, and workforce development.
- **Mobilizing for Action through Planning and Partnerships (MAPP)** - MAPP has proven to be a particularly helpful tool for sites engaged in community-based health improvement planning. Systems that have just completed the NPHPSP may consider using the MAPP process as a way to launch their performance improvement efforts. Go to www.naccho.org/topics/infrastructure/MAPP to link directly to the MAPP website.

Appendix C

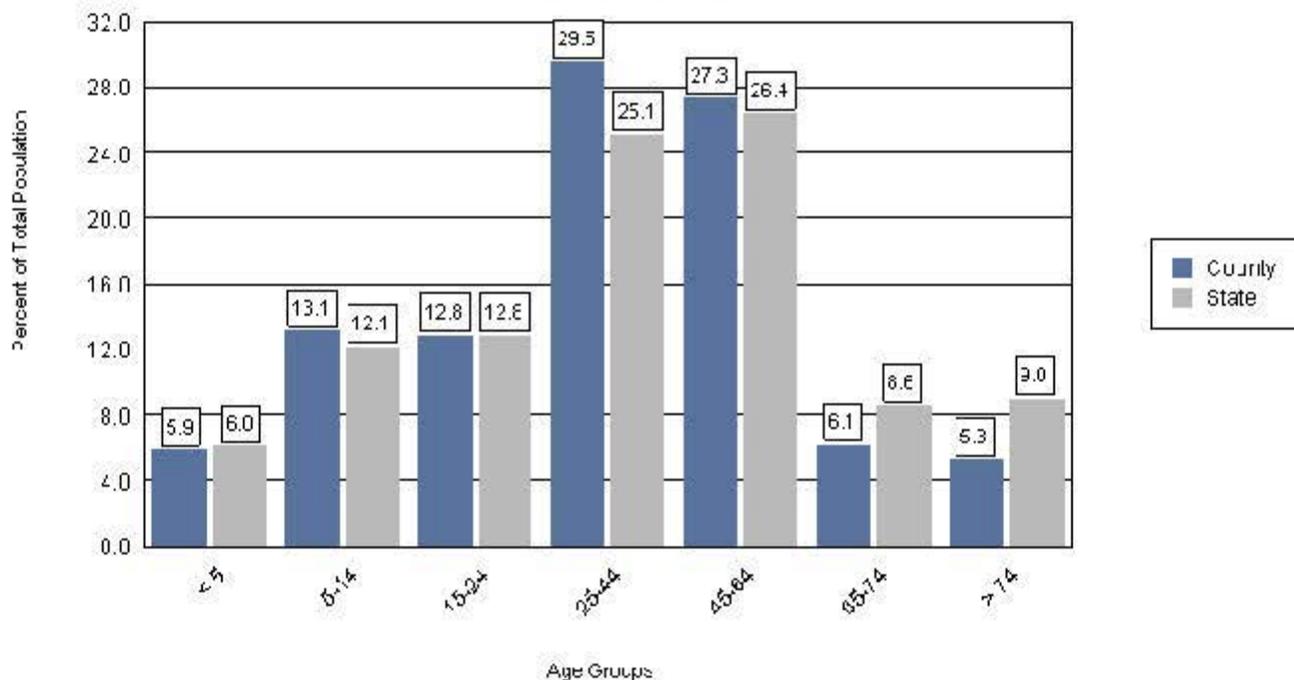
HEALTH INDICATOR DATA

Population by Age and Gender - Seminole County

Age group	County - 2009			State - 2009			State - 2009		
	Male	Number Female	Total	Male	Percentage Female	Total	Male	Percentage Female	Total
< 5	12,661	12,221	24,882	6.1	5.7	5.9	6.3	5.8	6.0
5-14	28,535	27,120	55,655	13.7	12.6	13.1	12.7	11.7	12.1
15-24	27,759	26,586	54,345	13.3	12.4	12.8	13.4	12.3	12.8
25-44	62,915	62,135	125,050	30.1	28.9	29.5	26.0	24.2	25.1
45-64	55,815	59,805	115,620	26.7	27.8	27.3	26.0	26.7	26.4
65-74	12,150	13,900	26,050	5.8	6.5	6.1	8.0	9.1	8.6
> 74	9,184	13,164	22,348	4.4	6.1	5.3	7.7	10.2	9.0
Total	209,019	214,931	423,950	100.0	100.0	100.0	100.0	100.0	100.0

Data Source: Population Estimates from the Executive Office of the Governor

Population by Age Group, County and State, 2009



Population Trends (1990-2000)

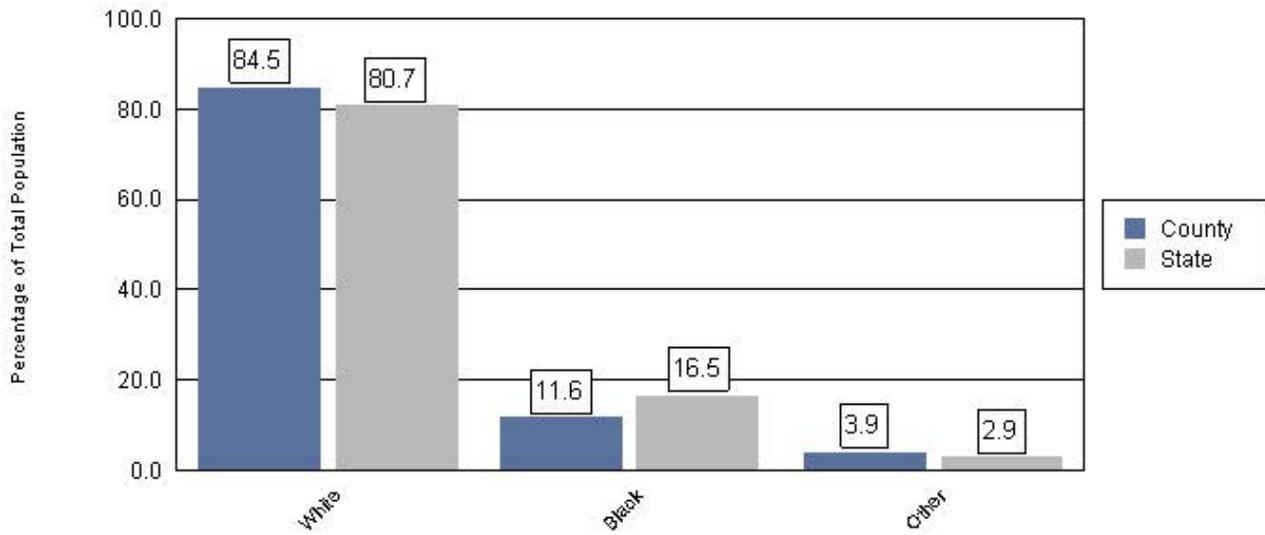
1990 Population	2000 Population	Net Change	Percent Change 1990-2000	Percent Change-State 1990-2000	Population Density - 2000 (persons/sq. mi.)	Population Density -State-2000 (persons/sq. mi.)
237,529	365,195	77,667	27.0	23.5	1,184.9	296.4

Population by Race

Race	COUNTY		STATE
	Population	Percentage	Percentage
White	358,426	84.5	80.7
Black	49,060	11.6	16.5
Other	16,461	3.9	2.9
TOTAL	423,947	100.0	100.0

Data Source: Population estimates from the Office of the Governor

Population Percentage by Race, County and State, 2009

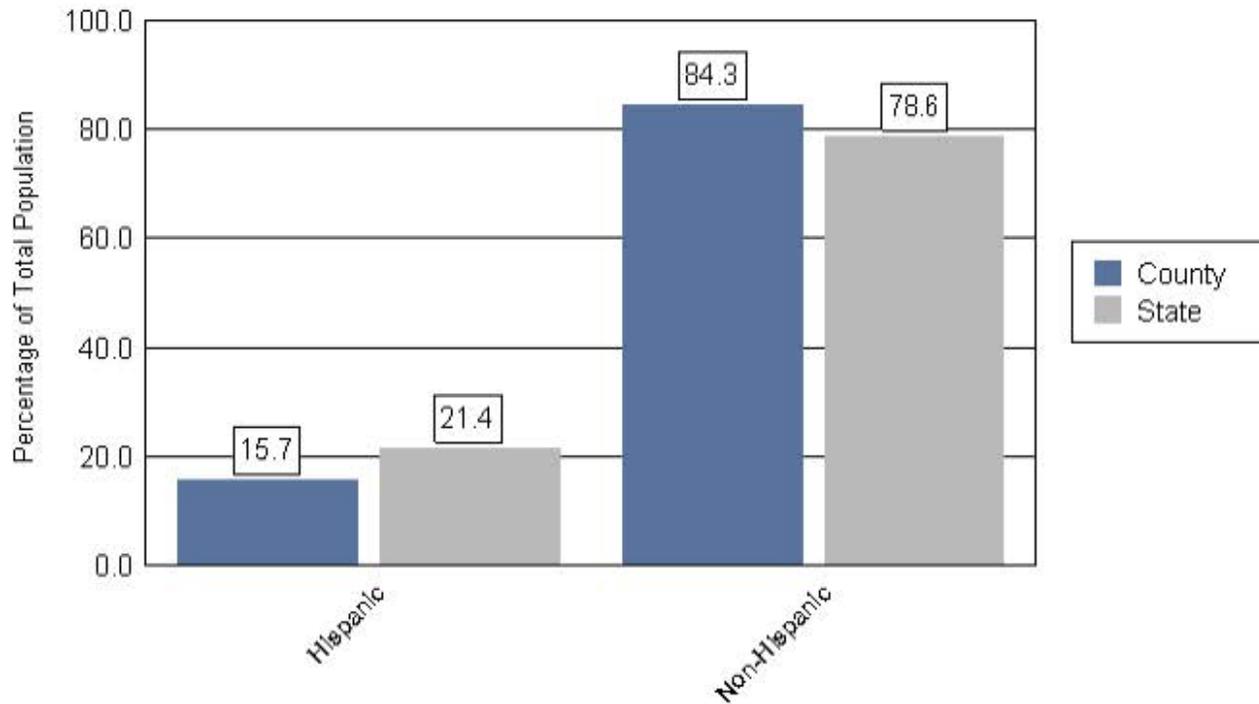


Hispanic Population

Ethnicity	COUNTY - 2009		STATE - 2009
	Number	Percentage	Percentage
Hispanic	66,453	15.7	21.4
Non-Hispanic	357,494	84.3	78.6
Total	423,947	100.0	100.0

Data Source: Population Estimates from the Office of the Governor

Hispanic Population Percentage, County and State, 2009

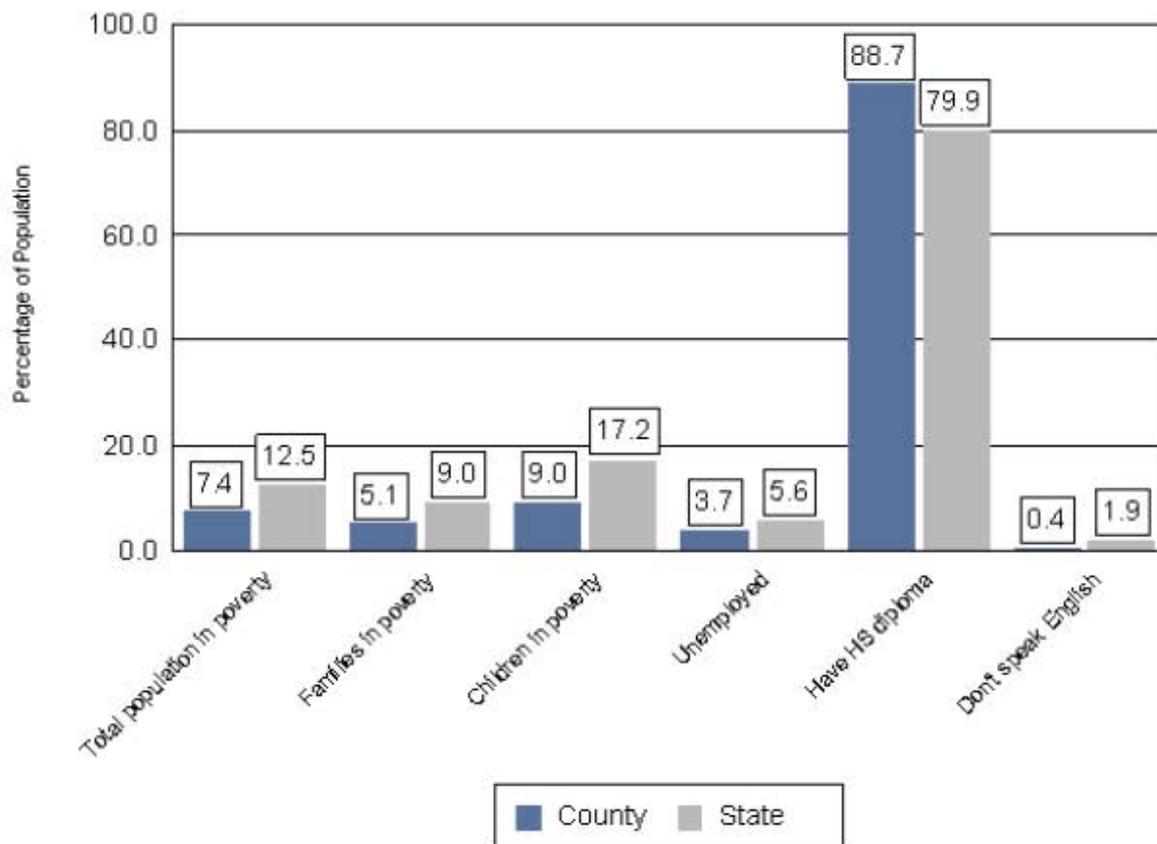


Socioeconomic Indicators

	COUNTY			STATE
	1990	2000	Quartile	2000
Percent of total population below poverty level	7.2	7.4	1	12.5
Percent of families below poverty level	5.2	5.1	1	9.0
Percent of population under 18 below poverty level	9.5	9.0	1	17.2
Percent of civilian labor force which is unemployed	4.6	3.7	1	5.6
Median household income	35,637	49,326	4	38,819
Percent of population > 25 with a high school diploma	84.6	88.7	4	79.9
Percent of population > 5 that doesn't speak English		0.4	3	1.9
Median age		36.2	2	38.7

Data Source: 2000 U.S. Census

Selected Socioeconomic Indicators, County and State, 2000

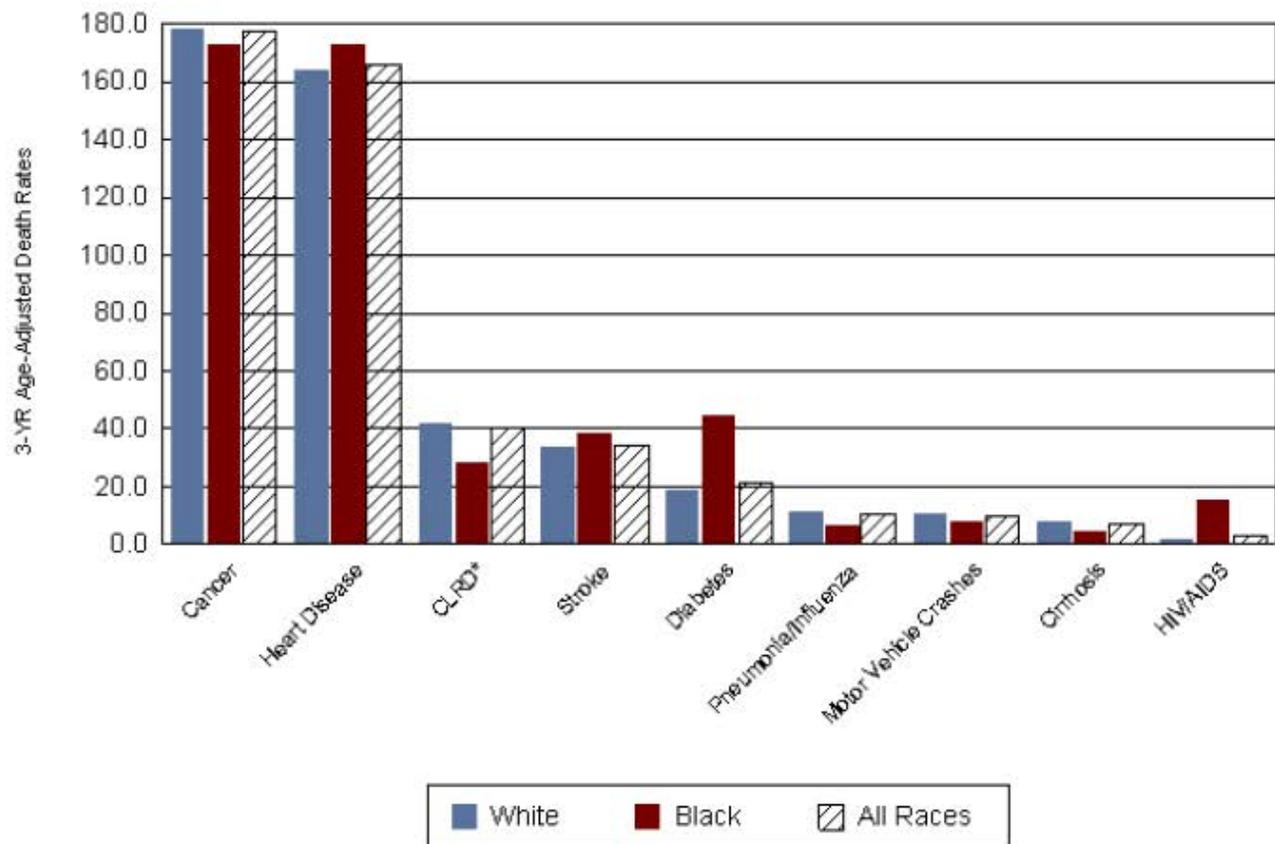


Major Causes of Death

Resident 3-Year Age-Adjusted Death Rates, 2007-09, by Cause	COUNTY						STATE		
	White	Quartile	Black	Quartile	All Races	Quartile	White	Black	All Races
Total Deaths	690.7	2	760.4	2	697.6	2	649.3	799.9	666.7
Cancer	178.2	3	172.8	2	177.4	3	159.5	171.6	160.7
Heart Disease	163.9	3	172.9	2	165.7	2	150.6	190.3	155.0
CLRD*	41.6	2	27.9	3	40.2	2	38.4	23.8	37.1
Stroke	33.7	3	38.5	1	34.2	3	29.3	52.8	31.6
Diabetes	18.8	2	44.2	2	21.0	2	17.7	41.4	20.0
Pneumonia/Influenza	11.1	3	6.2	2	10.6	3	8.4	11.1	8.7
Motor Vehicle Crashes	10.1	1	8.0	1	10.1	1	16.3	13.4	15.7
Cirrhosis	7.5	1	4.6	2	7.0	1	10.9	5.8	10.2
AIDS/HIV	1.8	2	15.1	2	3.0	1	3.4	29.5	7.4

Data Source: Florida Office of Vital Statistics
*Chronic Lower Respiratory Disease

3-Year Age-Adjusted Death Rates for Major Causes of Death by Race, County, 2007-2009





Seminole County, Florida County Health Status Summary

Indicator	Year(s)	Rate Type	County Quartile ^A 1=most favorable 4=least favorable	County Rate	State Rate	County Trend ^B (click to view)	Healthy People 2020 Goals ^C
Actual Causes of Death*							
Physical Activity							
Adults who meet moderate physical activity recommendations ¹	2007	Percent	3	34.2%	34.6%		
Adults who meet vigorous physical activity recommendations ¹	2007	Percent	1	28.8%	26.0%		
Adults who engage in no leisure-time physical activity ¹	2002	Percent	1	22.8%	26.4%		32.6%
Overweight and Obesity							
Adults who consume at least five servings of fruits and vegetables a day ¹	2007	Percent	1	31.6%	26.2%		
Adults who are overweight ¹	2007	Percent	2	37.4%	38.0%		
Adults who are obese ¹	2007	Percent	2	24.1%	24.1%		30.6%
Tobacco Use							
Adults who are current smokers ¹	2007	Percent	1	15.7%	19.3%		12%
Socio-Demographics							
Median income (in dollars) ²	2000	Dollars	1	\$49,326	\$38,819		
Residents below 100% poverty ²	2000	Percent	1	7.4%	12.5%		
Unemployment rate ³	2009	Percent	2	9.8%	10.2%	Worse ↑	
Population that is linguistically isolated ²	2000	Percent	3	0.4%	1.9%		
Population over 25 without high school diploma or equivalency ²	2000	Percent	1	11.3%	20.1%		
Health Status and Access to Care							
Adults who rate their health status as "fair" or "poor" ¹	2007	Percent	1	13.4%	16.6%		
Adults with any type of health care insurance coverage ¹	2007	Percent	1	85.9%	81.4%		
Adults who could not see a dentist in the past year because of cost ¹	2007	Percent	1	17.1%	19.2%		
Adults who received a flu shot in the past year ¹	2007	Percent	4	29.7%	32.7%		
Total licensed family physicians ⁴	2007-09	Per 100,000	1	20.2	19.3		
Total licensed dentists ⁴	2007-09	Per 100,000	1	54.8	61.8		
Total hospital beds ⁵	2007-09	Per 100,000	3	181.7	316.7		



Seminole County, Florida County Health Status Summary

Indicator	Year(s)	Rate Type	County Quartile ^A 1=most favorable 4=least favorable	County Rate	State Rate	County Trend ^B (click to view)	Healthy People 2020 Goals ^C
Chronic Diseases							
Coronary Heart Disease							
Coronary heart disease age-adjusted death rate ⁷	2007-09	Per 100,000	2	111.1	108.5	Better ↓	100.8
Coronary heart disease age-adjusted hospitalization rate ⁸	2007-09	Per 100,000	1	380.3	440.4	Better ↓	
Stroke							
Stroke age-adjusted death rate ⁷	2007-09	Per 100,000	3	34.2	31.6	Better ↓	33.8
Stroke age-adjusted hospitalization rate ⁸	2007-09	Per 100,000	3	270.9	268.6	Better ↓	
Heart Failure							
Heart failure age-adjusted death rate ⁷	2007-09	Per 100,000	3	11.4	7.6	No Trend ↔	
Congestive heart failure age-adjusted hospitalization rate ⁸	2007-09	Per 100,000	2	167.0	185.3	Better ↓	
Adults with diagnosed hypertension ¹	2007	Percent	2	28.7%	28.2%		
Adults who have diagnosed high blood cholesterol ¹	2007	Percent	1	30.6%	37.1%		13.5%
Adults who had their cholesterol checked in the past five years ¹	2007	Percent	1	80.8%	73.3%		
Lung Cancer							
Lung cancer age-adjusted death rate ⁷	2007-09	Per 100,000	1	45.4	46.9	Better ↓	45.5
Lung cancer age-adjusted incidence rate ⁹	2005-07	Per 100,000	1	58.5	67.7	Better ↓	
Colorectal Cancer							
Colorectal cancer age-adjusted death rate ⁷	2007-09	Per 100,000	3	17.1	14.7	No Trend ↔	14.5
Colorectal cancer age-adjusted incidence rate ⁹	2005-07	Per 100,000	2	39.8	43.0	Better ↓	
Adults 50 years of age and older who received a sigmoidoscopy or colonoscopy in the past five years ¹	2007	Percent	2	55.7%	53.7%		
Adults 50 years of age and older who received a blood stool test in the past year ¹	2007	Percent	2	24.0%	21.2%		
Breast Cancer							
Breast cancer age-adjusted death rate ⁷	2007-09	Per 100,000	4	24.5	20.4	No Trend ↔	20.6
Breast cancer age-adj. incidence rate ⁹	2005-07	Per 100,000	2	105.9	109.3	No Trend ↔	
Women 40 years of age and older who received a mammogram in the past year ¹	2007	Percent	2	63.2%	64.9%		



Seminole County, Florida County Health Status Summary

Indicator	Year(s)	Rate Type	County Quartile ^A 1=most favorable 4=least favorable	County Rate	State Rate	County Trend ^B (click to view)	Healthy People 2020 Goals ^C
Chronic Diseases (continued)							
Prostate Cancer							
Prostate cancer age-adjusted death rate ⁷	2007-09	Per 100,000	4	24.1	18.3	Better ↓	21.2
Prostate cancer age-adjusted incidence rate ⁹	2005-07	Per 100,000	2	123.4	130.6	Better ↓	
Cervical Cancer							
Cervical cancer age-adjusted death rate ⁷	2007-09	Per 100,000	2	1.7	2.5	No Trend ↔	2.2
Cervical cancer age-adjusted incidence rate ⁹	2005-07	Per 100,000	1	6.3	9.1	No Trend ↔	
Women 18 years of age and older who received a Pap test in the past year ¹	2007	Percent	1	69.8%	64.8%		93%
Melanoma							
Melanoma age-adjusted death rate ⁷	2007-09	Per 100,000	2	3.0	2.9	No Trend ↔	2.4
Melanoma age-adjusted incidence rate ⁹	2005-07	Per 100,000	3	17.7	17.4	No Trend ↔	
Chronic Lower Respiratory Diseases							
Chronic lower respiratory diseases (CLRD) age-adjusted death rate ⁷	2007-09	Per 100,000	2	40.2	37.1	No Trend ↔	
CLRD age-adjusted hospitalization rate ⁸	2007-09	Per 100,000	1	292.8	339.9	Worse ↑	50.1
Adults who currently have asthma ¹	2007	Percent	2	6.4%	6.2%		
Asthma age-adjusted hospitalization rate ⁸	2007-09	Per 100,000	2	575.6	729.9	Worse ↑	
Diabetes							
Diabetes age-adjusted death rate ⁷	2007-09	Per 100,000	2	21.0	20.0	No Trend ↔	65.8
Diabetes age-adjusted hospitalization rate ⁸	2007-09	Per 100,000	2	2055.5	2130.8	Worse ↑	
Amputation due to diabetes age-adjusted hospitalization rate ⁸	2006-08	Per 100,000	2	22.2	23.8	No Trend ↔	
Adults with diagnosed diabetes ¹	2007	Percent	1	7.5%	8.7%		



Seminole County, Florida County Health Status Summary

Indicator	Year(s)	Rate Type	County Quartile ^A 1=most favorable 4=least favorable	County Rate	State Rate	County Trend ^B (click to view)	Healthy People 2020 Goals ^C
Communicable & Infectious Diseases							
Vaccine preventable diseases ¹⁰	2007-09	Per 100,000	2	2.1	3.8	No Trend ↔	
HIV cases reported ¹⁰	2007-09	Per 100,000	3	19.8	33.2		
AIDS cases reported ¹⁰	2007-09	Per 100,000	2	11.4	22.9	No Trend ↔	
HIV/AIDS age-adjusted death rate ⁷	2007-09	Per 100,000	1	3.0	7.4	Better ↓	3.7
TB cases reported ¹⁰	2007-09	Per 100,000	2	2.4	4.9	Better ↓	1.0
Chlamydia cases reported ¹⁰	2007-09	Per 100,000	1	204.2	357.3	Worse ↑	
Gonorrhea cases reported ¹⁰	2007-09	Per 100,000	2	63.0	119.7	No Trend ↔	
Infectious syphilis cases reported ¹⁰	2007-09	Per 100,000	4	3.4	5.3	No Trend ↔	
Maternal, Infant & Young Child Health							
Early prenatal care (care began 1st trimester) ^{7, 13}	2007-09	Percent	2	80.5%	77.0%		77.9%
Low birth weight births (births < 2500 grams) ⁷	2007-09	Percent	2	7.9%	8.7%	No Trend ↔	
Premature births (births < 37 weeks gestation) ⁷	2007-09	Percent	2	13.1%	14.1%	No Trend ↔	11.4%
Multiple births ⁷	2007-09	Percent	3	3.3%	3.2%	No Trend ↔	
Births to teens 15-19 ⁷	2007-09	Rate per 1,000	1	26.5	40.4	Better ↓	
Repeat births to mothers 15-19 ⁷	2007-09	Percent	1	15.6%	18.7%	No Trend ↔	
Infant death rate ⁷	2007-09	Per 1,000 live births	2	6.3	7.1	Worse ↑	6.0
Neonatal death rate ⁷	2007-09	Per 1,000 live births	3	4.3	4.5	Worse ↑	4.1
Postneonatal death rate ⁷	2007-09	Per 1,000 live births	2	2.0	2.5	No Trend ↔	2.0
Fetal death ratio ⁷	2007-09	Per 1,000 deliveries	3	7.5	7.4	No Trend ↔	5.6
Kindergarten children fully immunized ¹¹	2007-09	Percent	2	94.6%	91.5%	No Trend ↔	



Seminole County, Florida County Health Status Summary

Indicator	Year(s)	Rate Type	County Quartile ^A 1=most favorable 4=least favorable	County Rate	State Rate	County Trend ^B (click to view)	Healthy People 2020 Goals ^C
Unintentional Injuries							
Unintentional injuries age-adjusted death rate ⁷	2007-09	Per 100,000	1	30.8	44.0	No Trend ↔	36.0
Motor vehicle crash age-adjusted death rate ⁷	2007-09	Per 100,000	1	10.1	15.7	No Trend ↔	12.4
Social and Physical Environment							
Criminal homicide ¹²	2007-09	Per 100,000	2	3.7	6.0	No Trend ↔	
Domestic violence offenses ¹²	2007-09	Per 100,000	2	523.6	611.8	Better ↓	
Adults who currently have asthma ¹	2007	Percent	2	6.4%	6.2%		
Suicide age-adjusted death rate ⁷	2007-09	Per 100,000	1	12.0	13.7	No Trend ↔	10.2

⁷Actual causes of death are the major external (nongenetic) factors that contribute to death in the US, first identified by McGinnis and Foege in 1993. These three sets of behaviors each contribute to over 100,000 deaths annually in addition to their impact on morbidity, quality of life, and public health burden.

Data Sources

- ¹Florida Department of Health, Bureau of Epidemiology, Florida BRFSS survey
²US Census Bureau
³US Department of Labor, Bureau of Labor Statistics
⁴Florida Department of Health, Division of Medical Quality Assurance
⁵Florida Agency for Health Care Administration, Certificate of Need Office
⁶Florida Department of Health, Office of Health Statistics and Assessment
⁷Florida Department of Health, Office of Vital Statistics
⁸Florida Agency for Health Care Administration (AHCA)
⁹University of Miami (FL) Medical School, Florida Cancer Data System
¹⁰Florida Department of Health, Division of Disease Control
¹¹Florida Department of Health, Bureau of Immunization
¹²Florida Department of Law Enforcement

All Age-Adjusted rates are 3-year rates per 100,000 and are calculated using the 2000 Standard US Population. These rates also use July 1 Florida population estimates from the Florida Legislature, Office of Economic and Demographic Research.

[View ICD Codes for death, cancer, and hospitalization indicators](#)

^ACounty Quartiles

Most favorable situation 1 (25% of counties)	Average 2 or 3 (50% of counties)	Least favorable situation 4 (25% of counties)
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Quartiles in this report allow you to compare health data from one county to another in the state. Quartiles are calculated by ordering an indicator from most favorable to least favorable by county and dividing the list into 4 equal-size groups. In this report, a low quartile number (1) always represents more favorable health situations while fours (4) represent less favorable situations.

^BCounty Trends

As with rates, there is also random variation in the trend lines of these rates, so that a line that slopes upward may not represent a statistically significant increase, particularly if it is based on small numbers. For that reason, we test statistically to determine whether or not we can be at least 95 percent confident that what appears to be an increase or decrease is real, not just the result of random fluctuation.

Trends only calculated for indicators with 12 or more years of data available.

[Click here for more information about trends](#)

Trend Values

 Trend is getting better and is statistically significant

 Trend is getting worse and is statistically significant

 Trend is not statistically significant

Blank cell - Not enough data to compute a trend

¹³No trend available for entry into prenatal care due to a change in the measurement of this indicator in 2004. This renders data prior to 2004 incomparable to data from 2004 and forward.

^CHealthy People 2020 Goals

Healthy People 2020 is a national health promotion and disease prevention initiative. Its goals are to increase the quality and years of healthy life and eliminate health disparities. More information available at: <http://www.healthypeople.gov>. Goals are not available for every indicator.

County-State Profile for Seminole County

2009 Population: **423,947**

Health Status Indicators	Measure	COUNTY			STATE		
		2001-03	2004-06	2007-09	2001-03	2004-06	2007-09
Premature Death							
Age-Adjusted All Causes 3-Year Death Rate	Age-adjusted Death Rate	802.6	734.9	697.6	773.0	714.3	666.7
All Causes Years of Potential Life Lost Under 75	Rate per 100,000 Population < 75	5,916.8	5,914.1	5,884.7	8,135.0	8,024.0	7,777.9
Smoking Attributable Deaths Over Age 35	Rate per 100,000 Population > 35		161.4			217.7	
Chronic Diseases							
Age-Adjusted Coronary Heart Disease 3-Year Death Rate	Age-adjusted Death Rate	187.6	140.6	111.1	166.7	136.0	108.5
Age-Adjusted Stroke 3-Year Death Rate	Age-adjusted Death Rate	53.6	42.7	34.2	44.7	37.1	31.6
Age-Adjusted Diabetes 3-Year Death Rate	Age-adjusted Death Rate	21.3	21.1	21.0	21.1	21.2	20.0
Age-Adjusted 3-Year Hospitalization Rate From Amputation of a Lower Extremity Attributable to Diabetes	Age-adjusted Hospitalization Rate	21.5	20.8	22.0	25.1	24.3	23.9
Breast Cancer							
Age-Adjusted Breast Cancer 3-Year Incidence Rate	Age-adjusted Incidence Rate	111.9	102.9		116.7	108.3	
Metastatic Breast Cancer at Diagnosis	Rate per 100,000 Females	41.7	38.8		45.2	44.6	
Cervical Cancer							
Age-Adjusted Cervical Cancer 3-Year Incidence Rate	Age-adjusted Incidence Rate	7.1	7.4		9.8	9.1	
Metastatic Cervical Cancer at Diagnosis	Rate per 100,000 Females	3.2	3.5		4.4	4.4	
Colorectal Cancer							
Age-Adjusted Colorectal Cancer 3-Year Incidence Rate	Age-adjusted Incidence Rate	47.4	40.9		50.1	45.0	
Injuries							
Age-Adjusted Unintentional Injury 3-Year Death Rate	Age-adjusted Death Rate	29.3	30.0	30.8	41.6	44.7	44.0
Age-Adjusted Unintentional Poisoning 3-Year Death Rate	Age-adjusted Death Rate	7.8	7.2	11.0	9.4	11.4	14.0
Communicable Diseases							
HIV/AIDS							
Age-Adjusted HIV/AIDS 3-Year Death Rate	Age-adjusted Death Rate	3.9	3.7	3.0	10.3	9.7	7.4
AIDS Cases	Rate Per 100,000 Population	12.9	11.2	11.4	26.3	27.2	22.9
Sexually Transmitted Diseases							
Chlamydia Cases	Rate Per 100,000 Population	166.0	184.3	204.2	242.4	249.4	357.3
Gonorrhea Cases	Rate Per 100,000 Population	101.3	103.2	63.0	122.8	116.1	119.7
Infectious Syphilis Cases	Rate Per 100,000 Population	1.2	1.0	3.4	3.5	4.0	5.3
Bacterial STDs (Women 15-34)	Rate Per 100,000 Females 15-34	1,324.6	1,416.8	1,348.0	1,978.0	1,991.3	2,499.2
Tuberculosis							
Tuberculosis Cases	Rate Per 100,000 Population	2.7	3.7	2.4	6.5	5.9	4.9

County-State Profile for Seminole County

2009 Population: **423,947**

COUNTY

STATE

		COUNTY			STATE		
Enteric Diseases							
Enteric Disease Cases	Count of Cases	191.3	157.3	169.0	8,727.7	8,114.7	10,449.7
Enteric Disease Rate	Rate Per 100,000 Population	49.2	38.0	39.7	52.0	45.0	55.6
Access to Dental Care							
Percentage of Low Income Persons with Access to Dental Care	Percent of Persons Below Poverty	22.7	39.3	32.4	24.2	25.0	27.8
Maternal and Child Health							
Infant Mortality							
Total Infant Mortality Rate	Rate Per 1,000 Live Births	5.7	6.9	6.3	7.4	7.2	7.1
White Infant Mortality Rate	Rate Per 1,000 White Live Births	4.6	4.9	4.2	5.7	5.5	5.2
Nonwhite Infant Mortality Rate	Rate Per 1,000 Nonwhite Live Births	11.1	14.6	14.2	12.3	11.9	12.0
Prenatal Care							
Births With First Trimester Prenatal Care	Percent of Births With Known PNC Status	90.7	82.9	80.5	85.1	78.7	77.0
Low Birth Weight							
Live Births Under 2500 Grams	Percent of Live Births	7.6	7.8	7.9	8.4	8.7	8.7
White Live Births Under 2500 Grams	Percent of White Live Births	7.1	6.8	7.1	7.0	7.3	7.3
Nonwhite Live Births Under 2500 Grams	Percent of Nonwhite Live Births	10.1	11.8	11.2	12.3	12.5	12.6
Births to Teen Mothers							
Number of Births to Females Ages 10-14 (SE)	Count of Births	4.3	4.3	3.0	429.7	390.7	331.3
Number of Births Per 1,000 Females Ages 10-14	Rate Per 1,000 Females 10-14	.3	.3	.2	.8	.7	.6
Number of Births Per 1,000 Females Ages 15-18	Rate Per 1,000 Females 15-18	19.8	18.8	18.5	33.9	31.7	29.7
Repeat Births to Mothers Ages 15-19	Percent of Births 15-19	16.1	15.1	15.6	20.1	18.7	18.7
Vaccine Preventable Diseases							
Vaccine Preventable Diseases Total	Rate Per 100,000 Population	2.6	2.9	2.1	3.6	3.3	3.8

All counts and rates are **three-year averages**.

All population-based rates are calculated using July 1 Florida population estimates from the Florida Legislature, Office of Economic and Demographic Research.

(SE) - Sentinel Event

Blanks indicate that data is not available for the specified time period.

Data Sources

Births and Deaths - Florida Department of Health, Office of Vital Statistics

Hospitalizations - Florida Agency for Health Care Administration (AHCA)

Cancer Incidence - University of Miami (FL) Medical School, Florida Cancer Data System

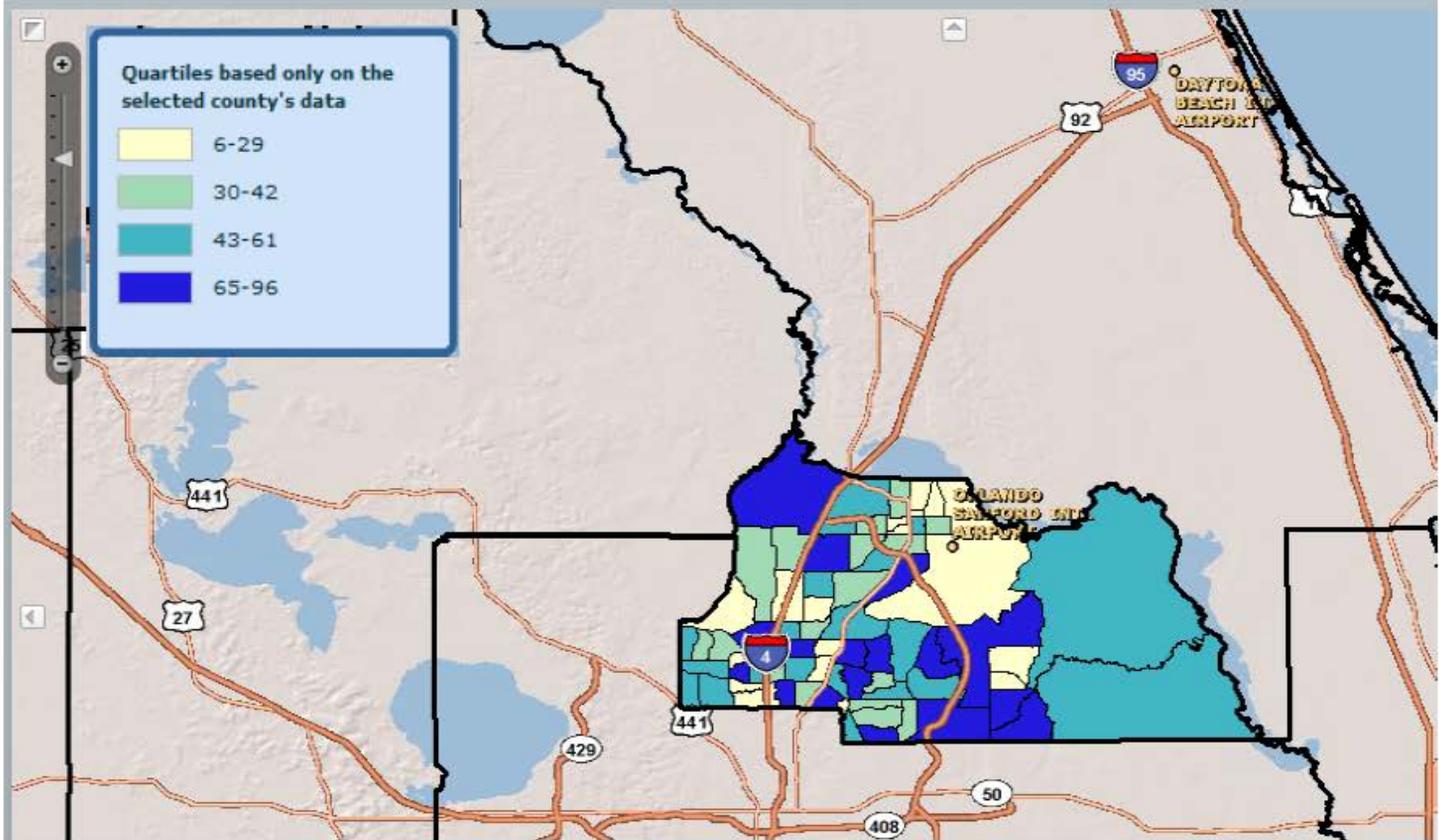
AIDS - Florida Department of Health, Bureau of HIV/AIDS

STD - Florida Department of Health, Bureau of STD Prevention and Control

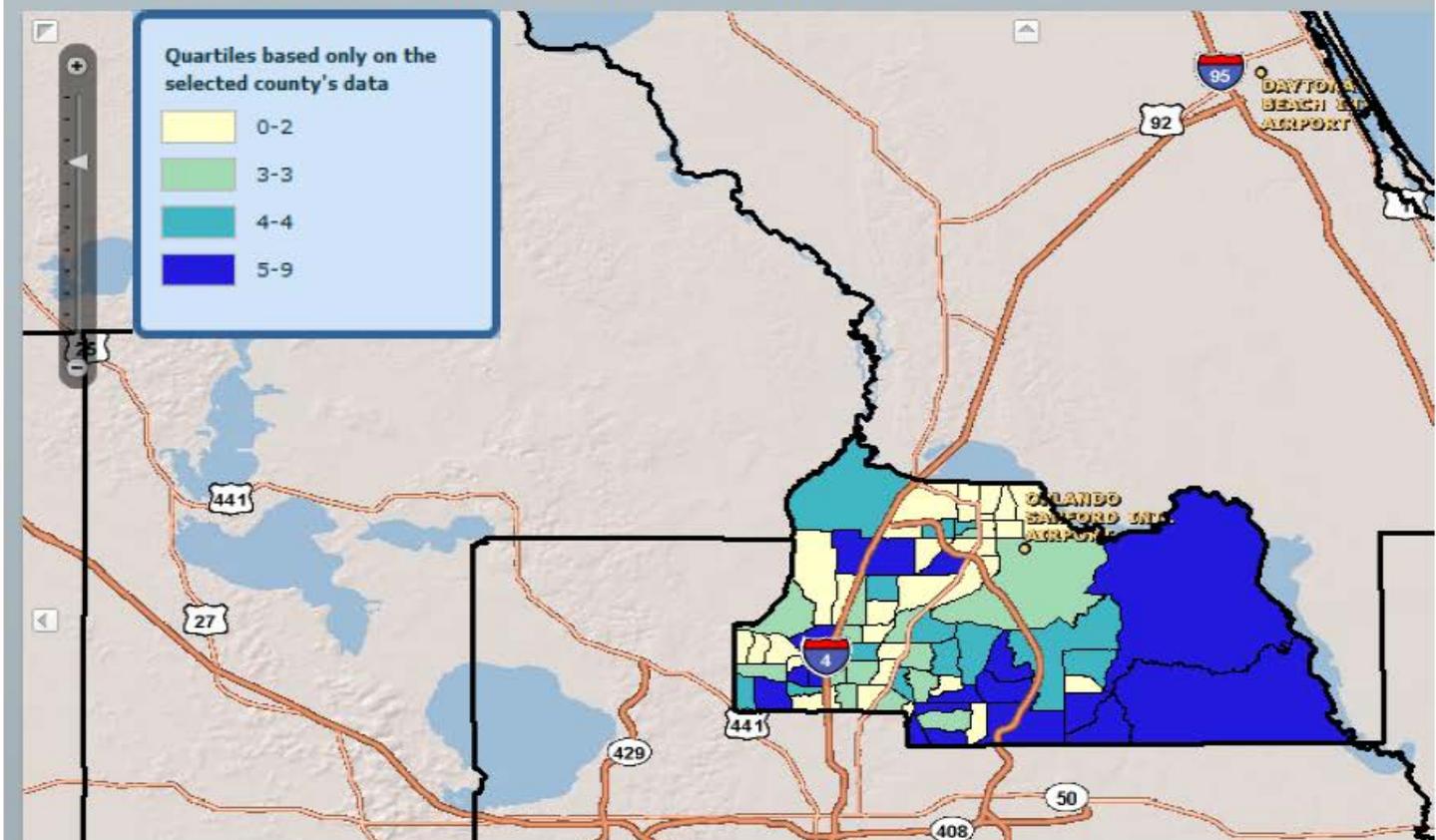
TB - Florida Department of Health, Bureau of TB and Refugee Health

Reportable Diseases - Florida Department of Health, Bureau of Epidemiology

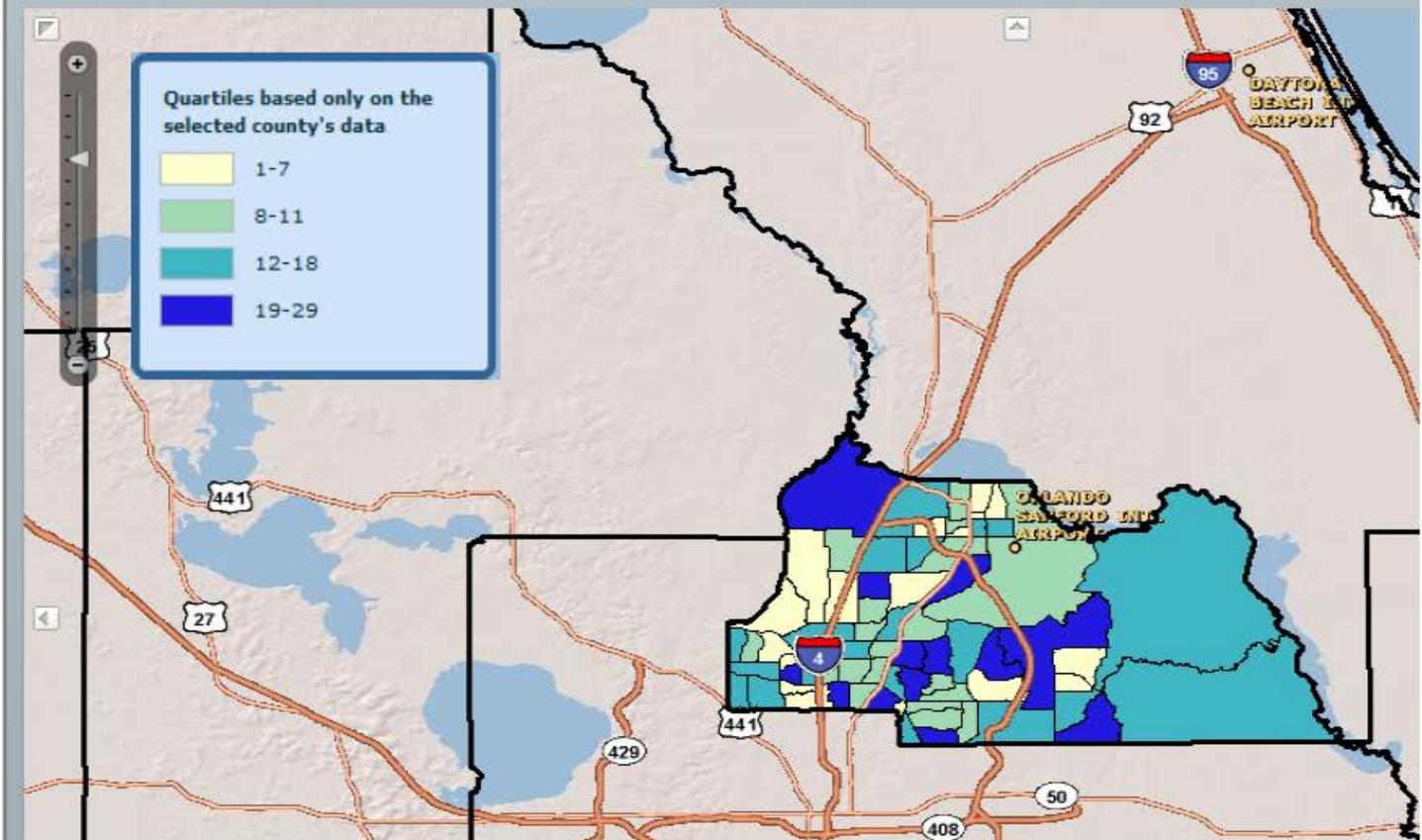
Deaths from Cancer, Seminole County, 2005 - 2009



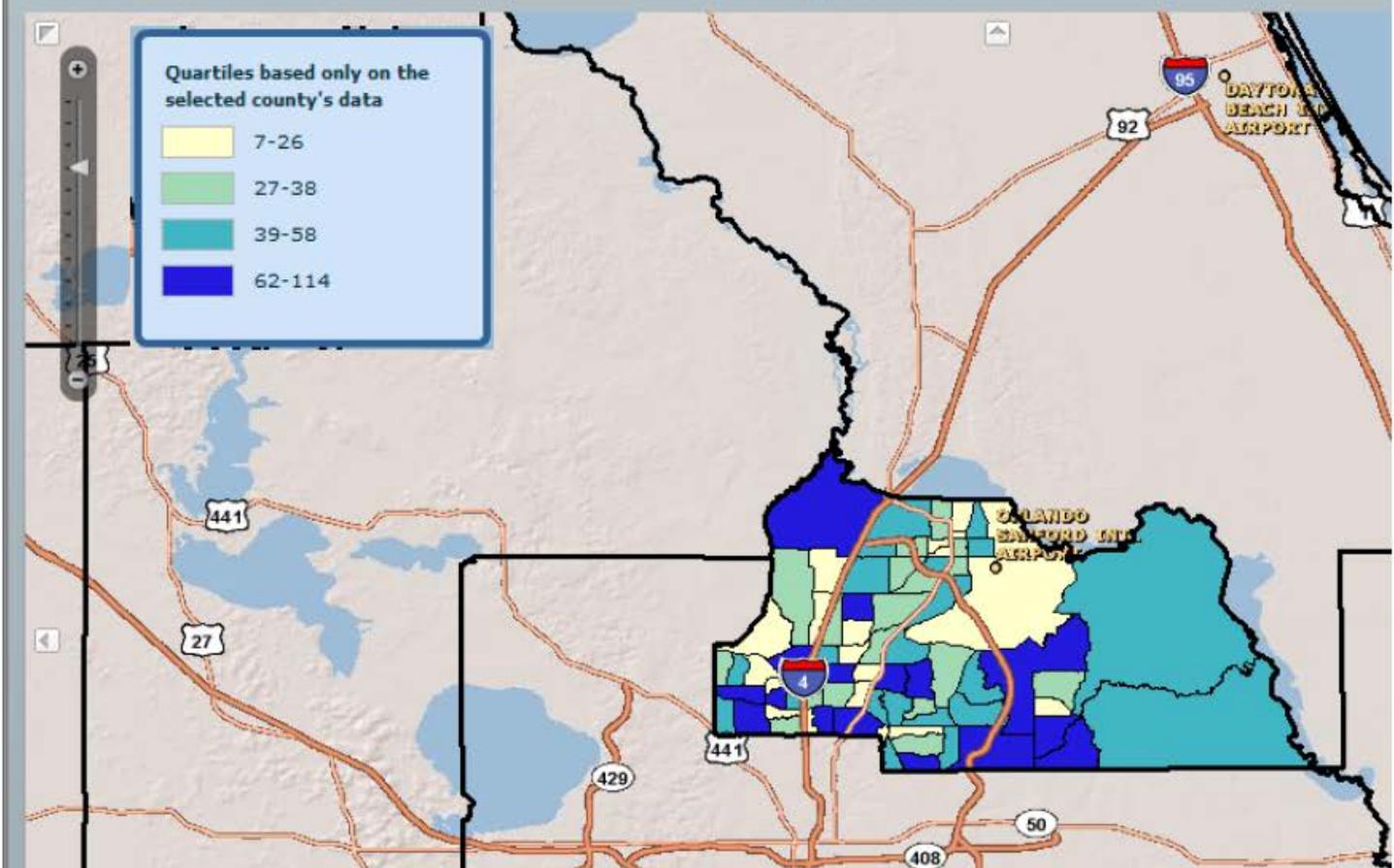
Deaths from Breast Cancer, Seminole County, 2005 - 2009



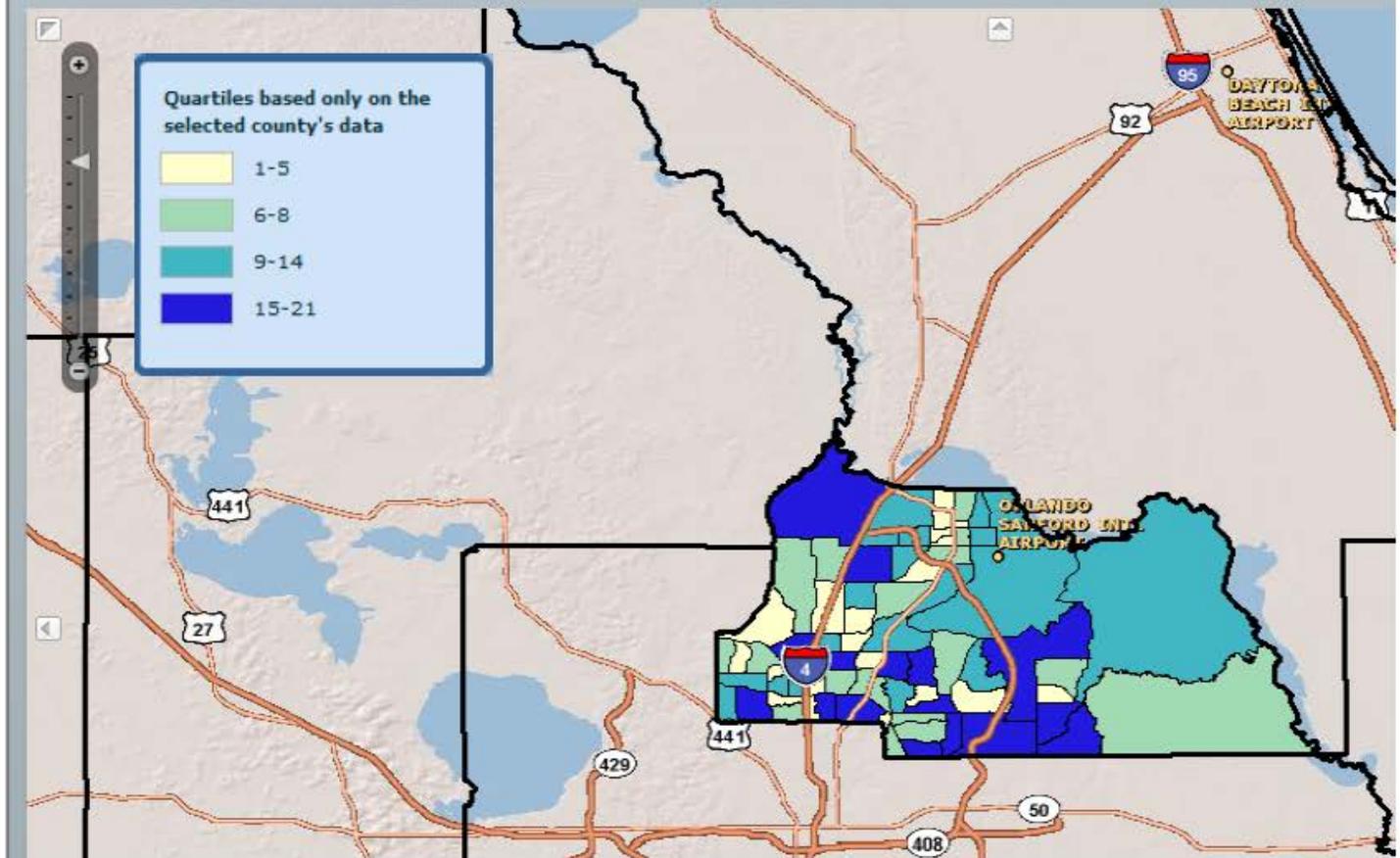
Deaths from Lung Cancer, Seminole County, 2005 - 2009



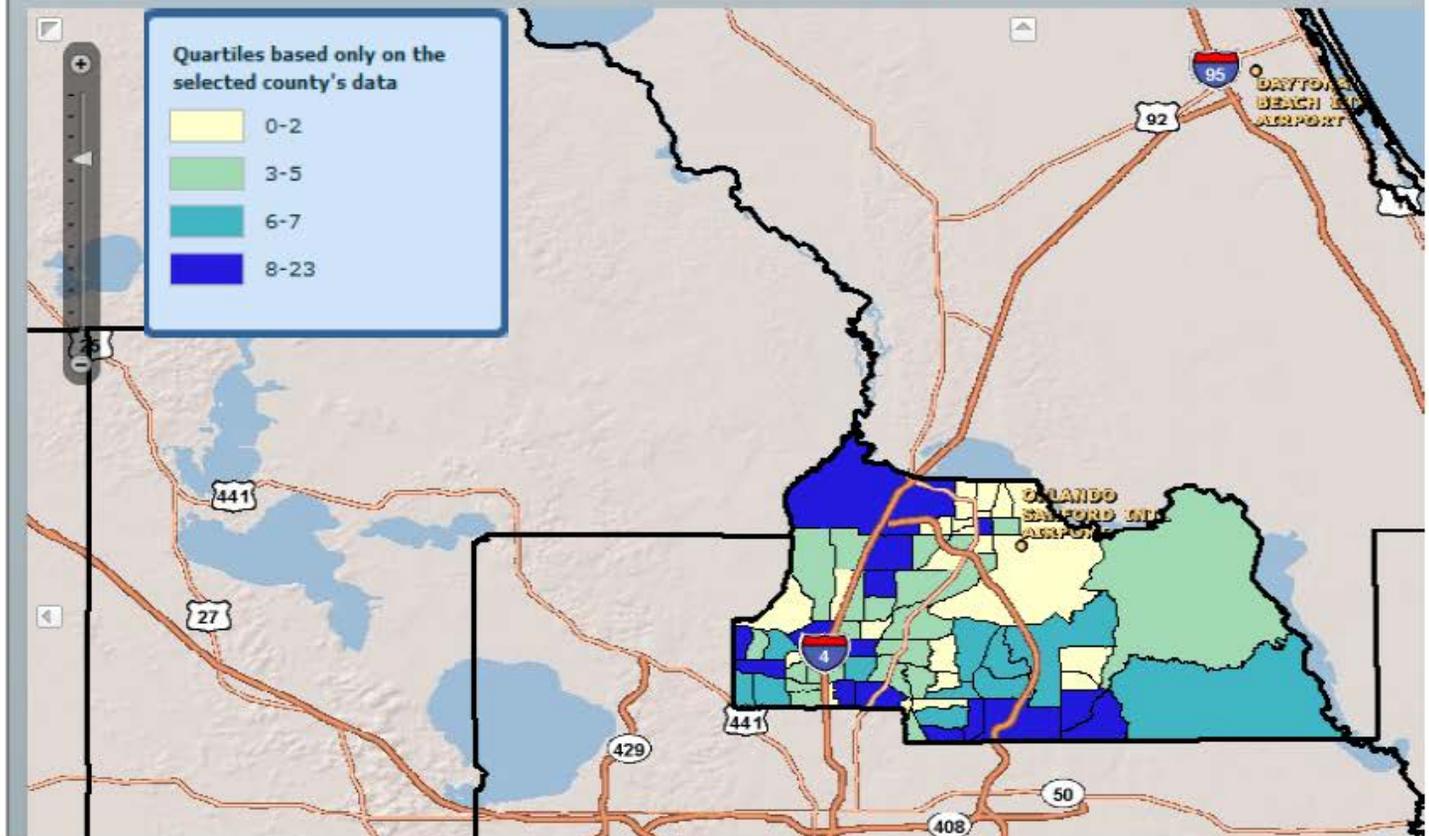
Deaths from Heart Disease, Seminole County, 2005 - 2009



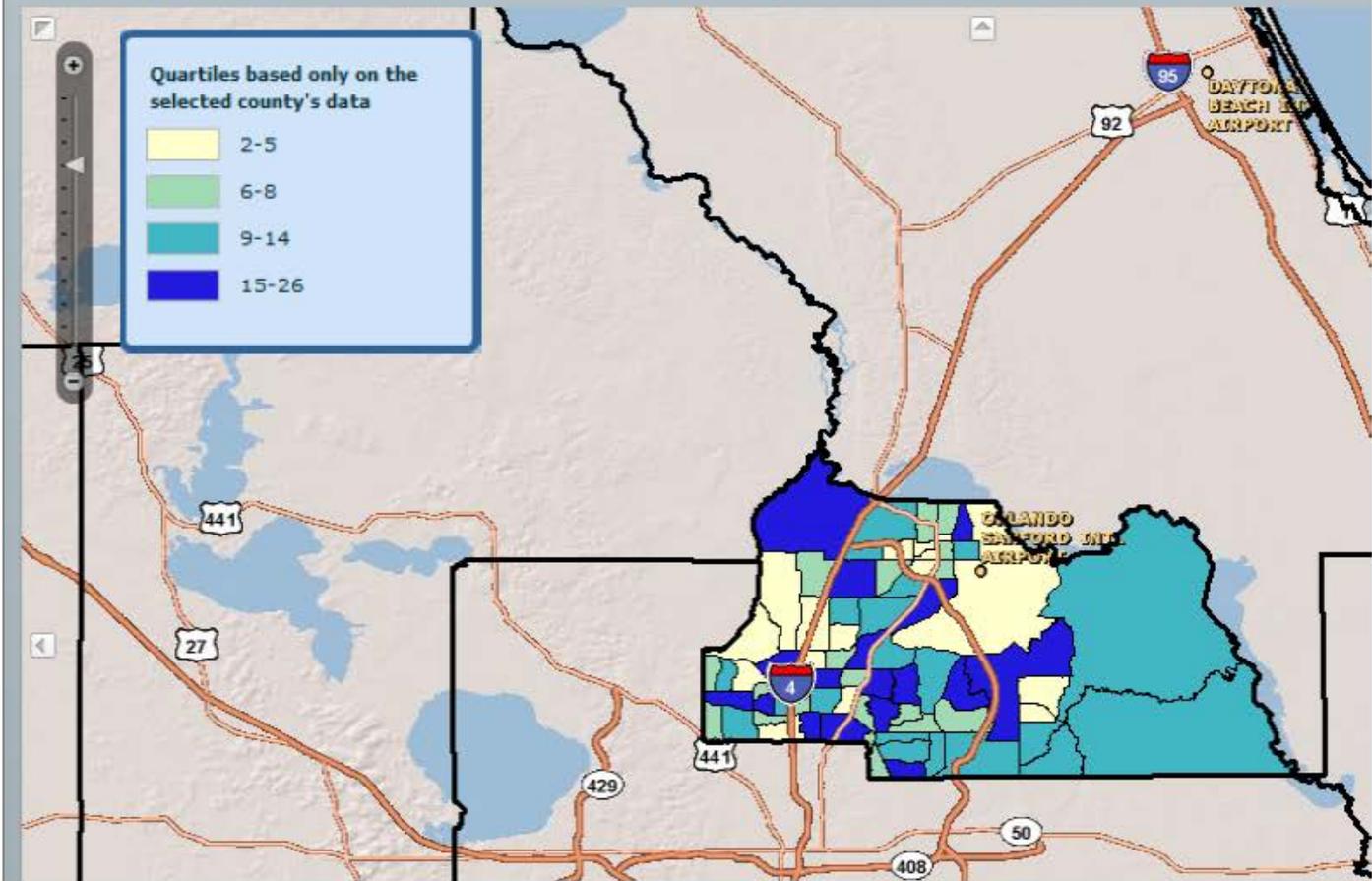
Deaths from Stroke, Seminole County, 2005 - 2009



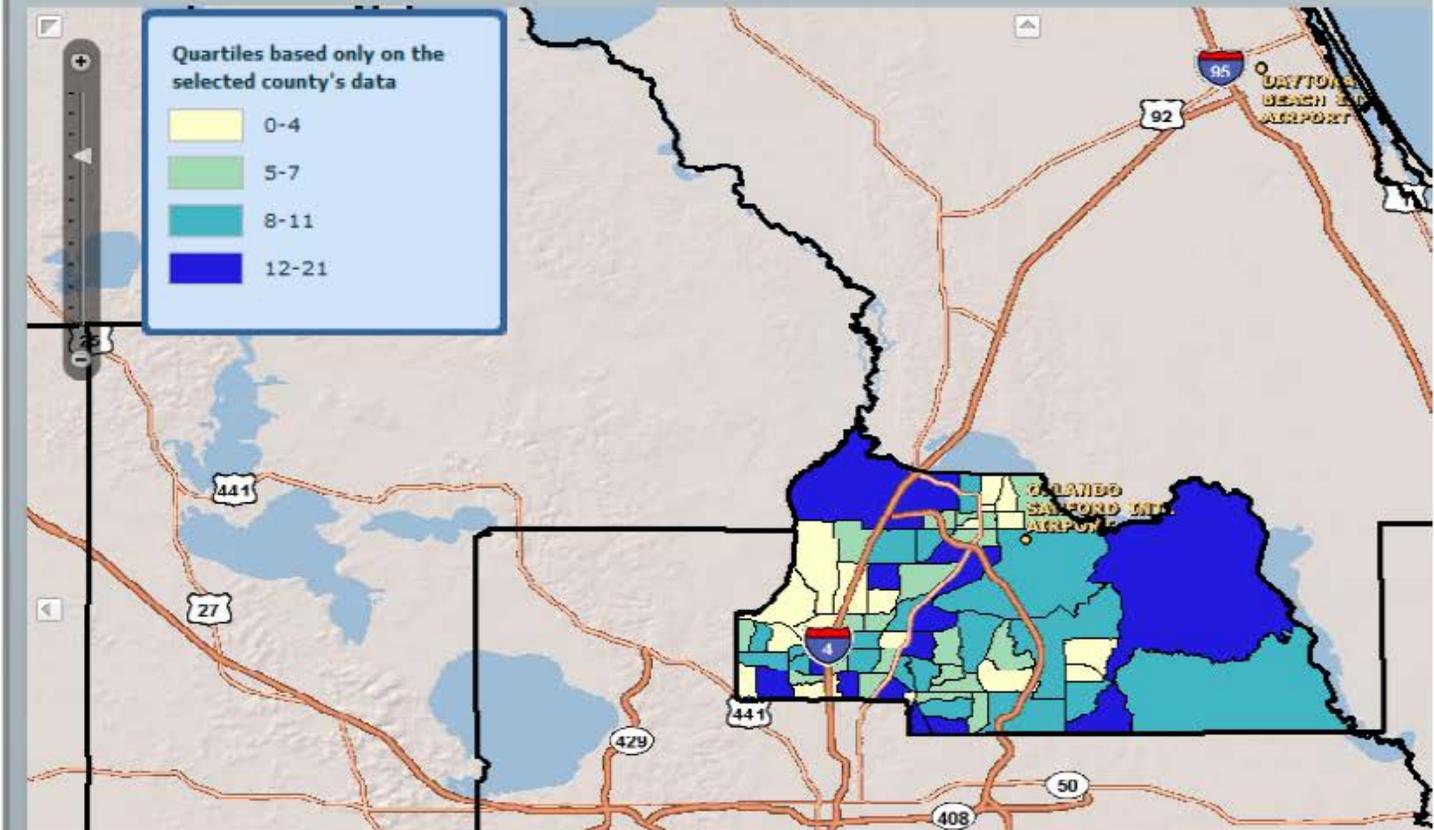
Deaths from Alzheimers Disease, Seminole County, 2005 - 2009



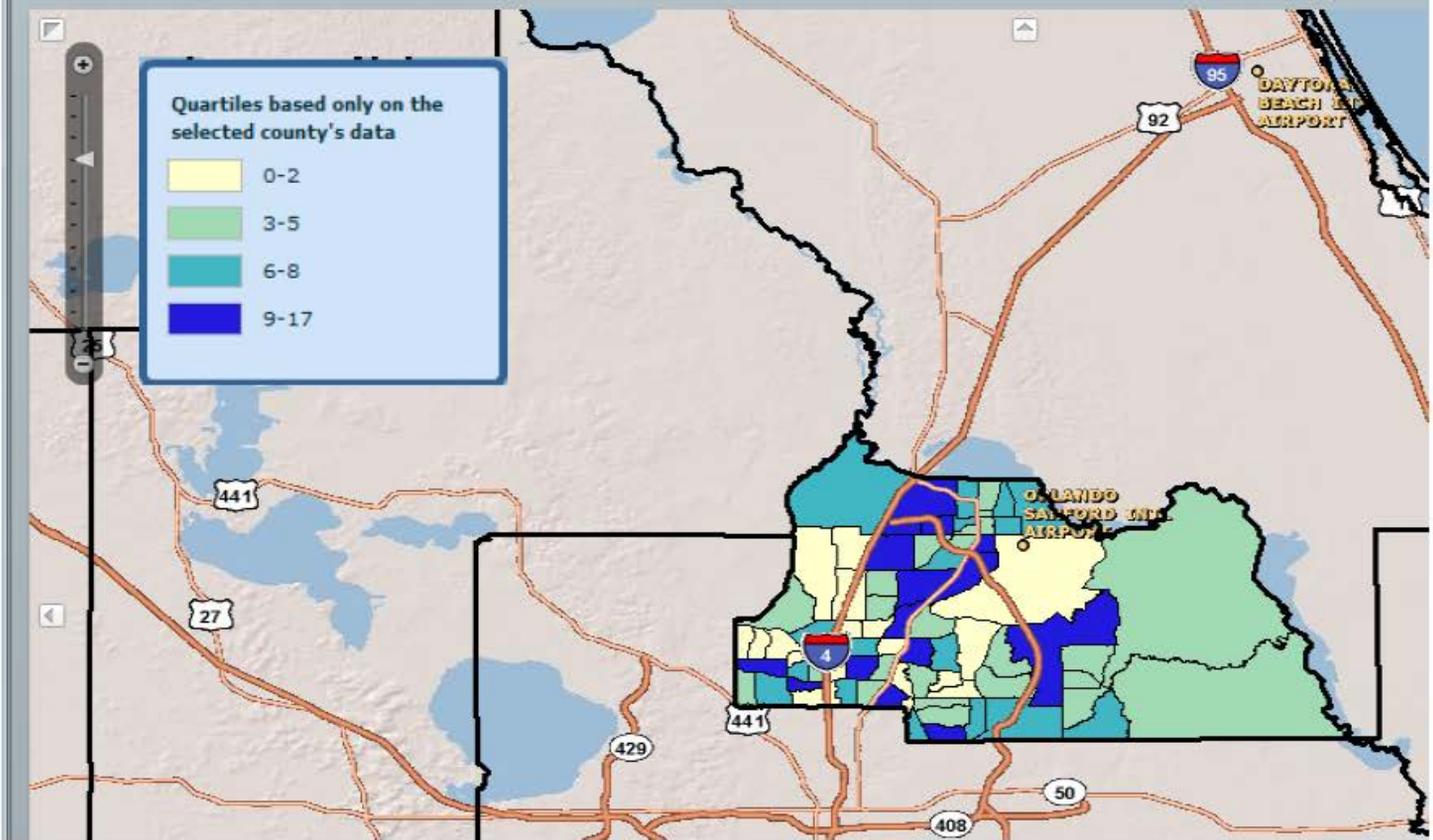
Deaths from C.O.P.D. (including Asthma), Seminole County, 2005 - 2009



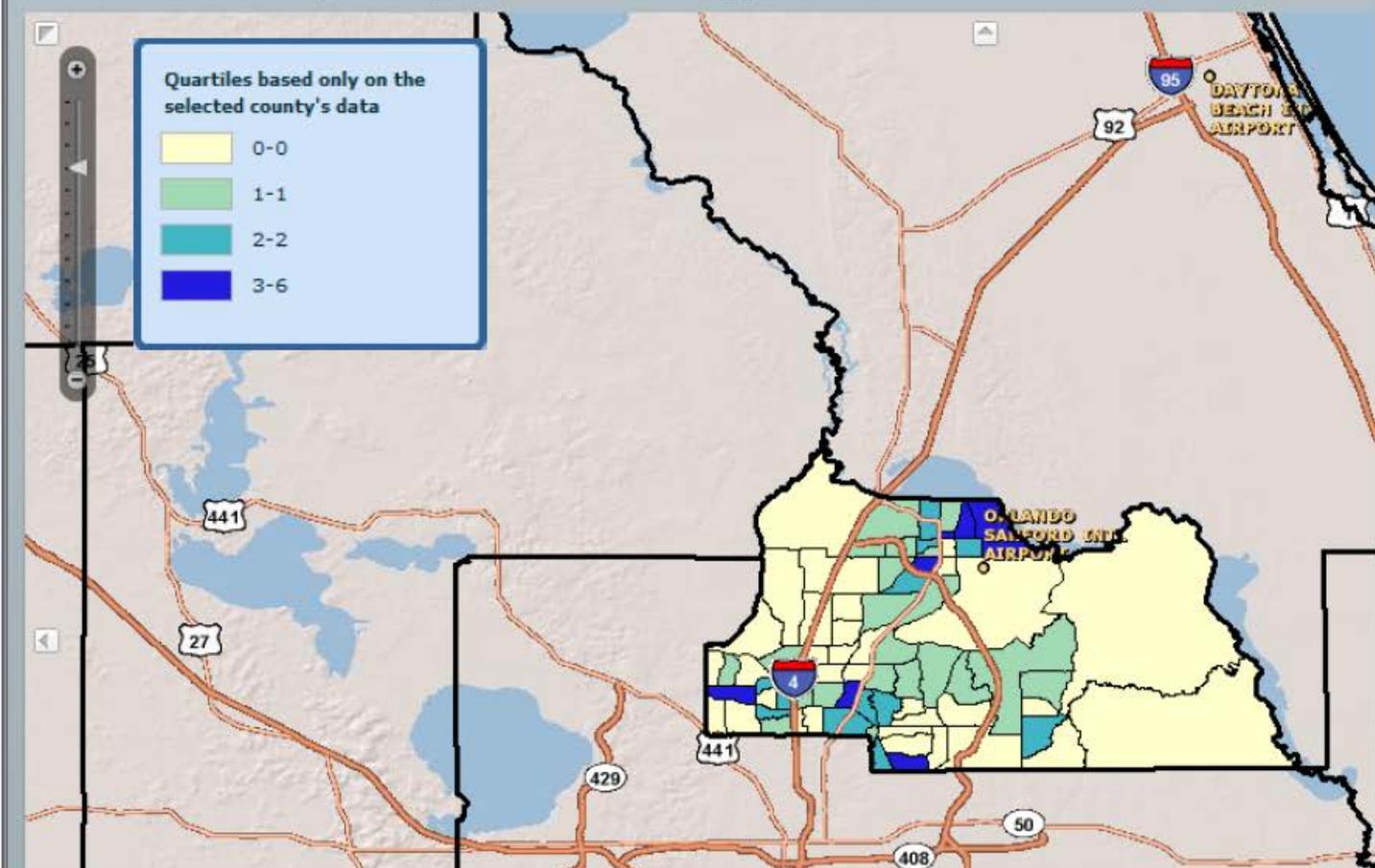
Deaths from Unintentional Injury (Accident), Seminole County, 2005 - 2009



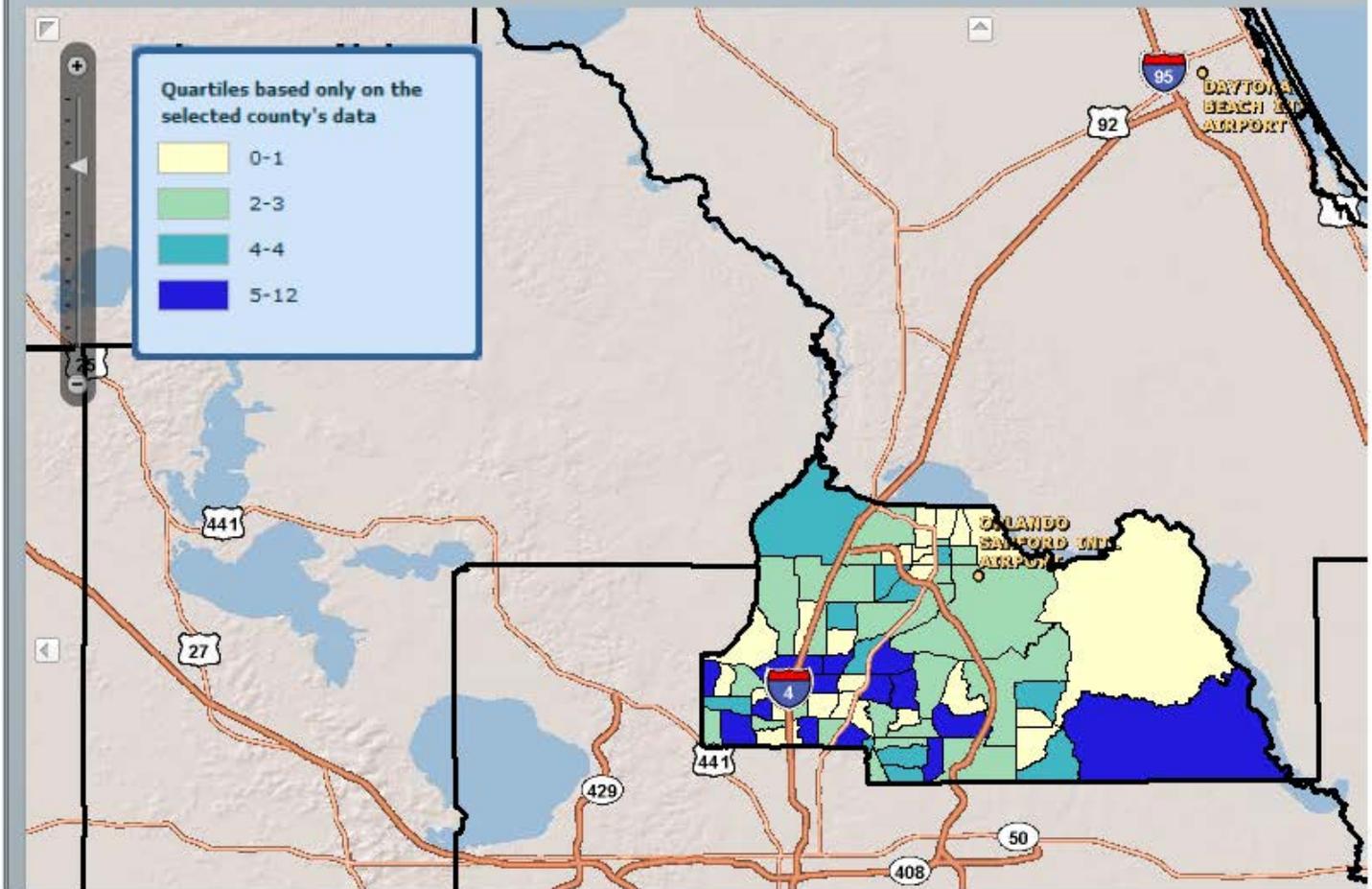
Deaths from Diabetes, Seminole County, 2005 - 2009



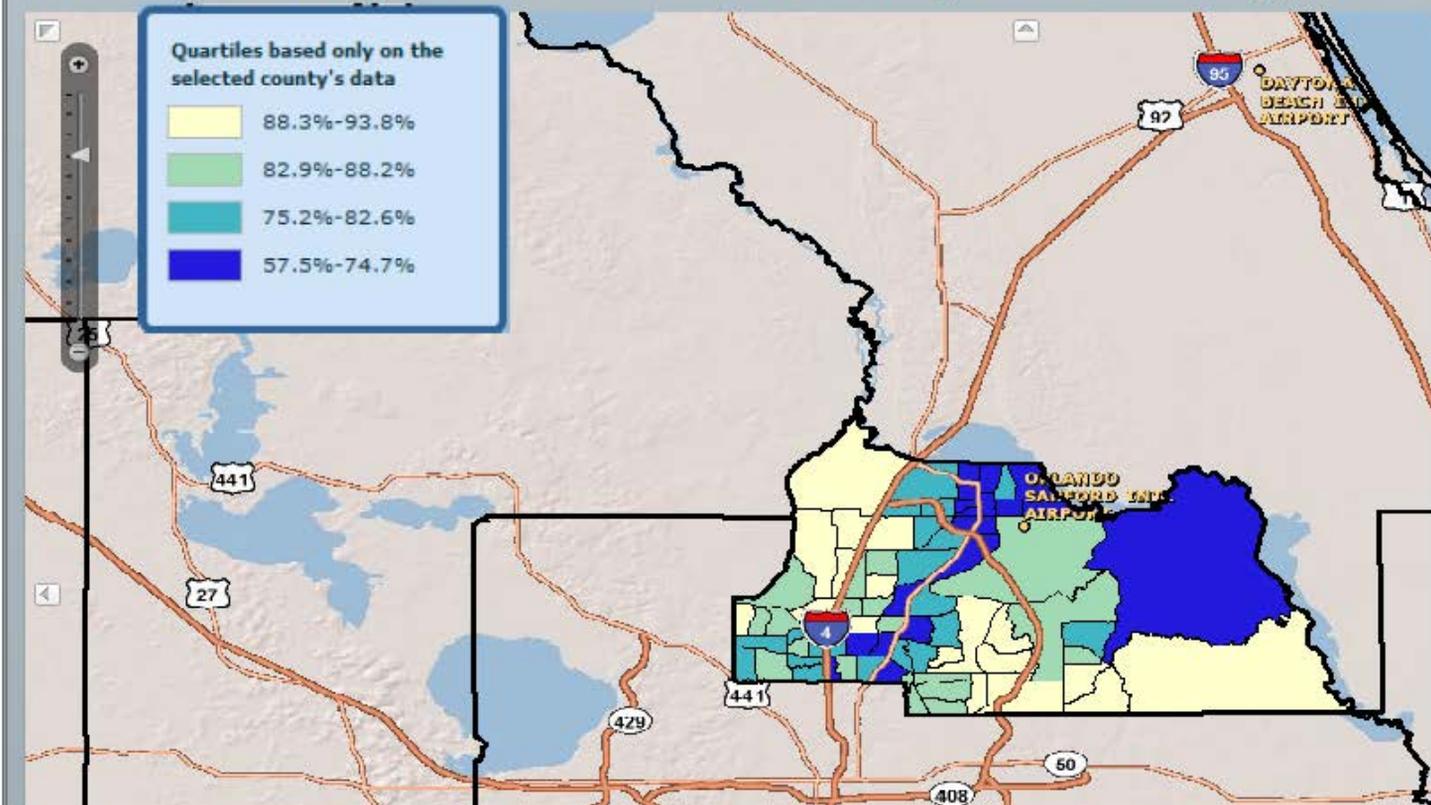
Deaths from HIV/AIDS, Seminole County, 2005 - 2009



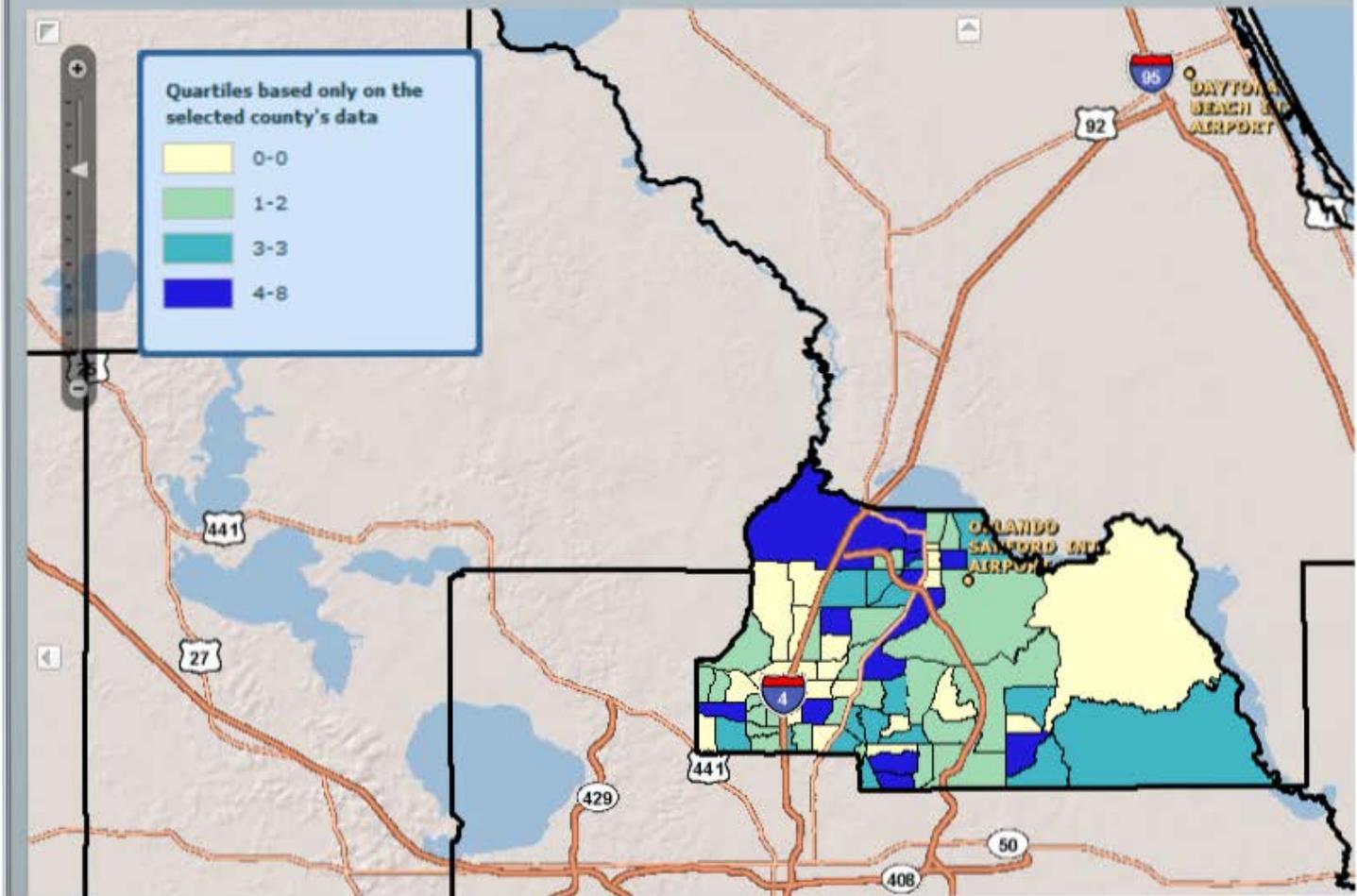
Deaths from Influenza and Pneumonia, Seminole County, 2005 - 2009



Percent of Births with 1st Trimester Prenatal Care, Seminole County, 2005 - 2009



Infant Deaths, Seminole County, 2005 - 2009



Appendix D

SUMMARY OF FINDINGS

Mobilizing for Action Through Planning and Partnerships: Development of Seminole County's Community Health Improvement Plan - 2011

Goals and Objectives
Next Steps
September 2011

MAPP Process

- 4 Assessments Completed in the Summer of 2011 – Community Health Assessment, Community Themes and Strengths Assessment, Forces of Change and the Local Public Health System Assessment
- Summary Document being developed and will be disseminated

Community Health Assessment – Key Findings

- Major Causes of Death – Rates are considerably worse than the last time the MAPP process was undertaken (~2007).
- Higher rates of death for all races in Seminole County than the State rate in Cancer, Heart Disease, Chronic Lower Respiratory Disease (CLRD), Stroke, Diabetes and Pneumonia/Influenza
- Lower rates of death for Motor Vehicle Crashes, Cirrhosis and HIV/AIDS

Community Health Assessment – Key Findings Continued

- Death rates for Blacks are higher than they are for Whites in Seminole County for Heart Disease, Stroke, Diabetes and HIV/AIDS
- Death rates for Whites are higher than they are for Blacks in Seminole County for Cancer, CLRD, Pneumonia/Influenza, Motor Vehicle Crashes and Cirrhosis.
- Seminole County's rates of Communicable Disease are much lower than the national average.

Community Health Assessment – Key Findings Continued

- Disparity continues in Seminole County for Black mothers and babies.
- Black infant death rate is four times that of the death rate for White babies in Seminole County.
- The low birth weight rate for Black babies in Seminole County is more than double that for White babies.
- The prenatal care rate for Black mothers is significantly less than that for White mothers in Seminole County.

Community Health Assessment Key Findings - 2011

- The percentage of adults who have been diagnosed with high blood cholesterol has increased from 30.6% in 2007 to 41.3% in 2010.
- Increase in the percentage of Seminole County adults who have been told they have some form of arthritis.
- Significant increase in the number of Seminole County adults who have been diagnosed with diabetes.

Community Themes and Strengths Assessment (health behaviors)

- Increase in percentage of Obesity/Overweight adults
- Increased rate of smoking
- The percentage of Seminole County residents having health screenings has decreased for all areas – blood stool, sigmoidoscopy/colonoscopy, PSA, digital rectal exams, mammograms, clinical breast exams, Pap tests.

Community Themes and Strengths (behaviors)

- Increase in uninsured
- Increase in underinsured
- Fewer Seminole County residents seeing doctor regularly.

Forces of Change

- Workforce challenges/shortages – nursing, dental, physician, allied health.
- Increase in chronic disease and disability – heart, stroke, diabetes, lung.
- Lack of personal responsibility for health – apathy.
- Increasing racial and ethnic diversity in the county and increasing poverty.

Forces of Change Continued

- Increase in uninsured and underinsured.
- Increase in homeless families.
- New partnerships around homelessness.
- Increase in co-pays for the insured preventing needed access.
- Decreased capacity in local safety net system due to funding shortfalls.



Forces of Change Continued

- Cuts in Medicaid; changes in reimbursement (i.e. cost-based for FQHC's of concern)
- Lack of coordination in the county between health partners.
- Other State budget cuts in health and social services – new Governor.
- Unknown direction of health care reform nationally.



Forces of Change Continued

- Increased use of health information technology.
- Racial and ethnic disparity continuing in maternal and child health.
- Increasing number of seniors.
- Evidenced based best practices evolving.
- New technology and treatment in health care.

Local Public Health System Assessment (LPHSA) Results

- Monitor Health Status To Identify Community Health Problems – 90%
- Diagnose and Investigate Health Problems and Health Hazards – 86%
- Inform, Educate, and Empower People about Health Issues – 68%
- Mobilize Community Partnerships to Identify and Solve Health Problems – 60%

LPHSA Results

- Develop Policies and Plans that Support Individual and Community Health Efforts – 82%
- Enforce Laws and Regulations that Protect Health and Ensure Safety – 43%
- Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable – 85%



LPHSA Results

- Assure a Competent Public and Personal Health Care Workforce – 41%
- Evaluate Effectiveness, Accessibility and Quality of Personal and Population-Based Health Services – 51%
- Research for New Insights and Innovative Solutions to Health Problems – 45%



MAPP Process (continued)

- Strategic Issues identified by the Seminole County Health Improvement Plan Advisory Council
- Approach and specific Action Items identified

Strategy

- Over-riding goals/objectives are to ensure excellence in QUALITY, effectiveness in CARE COORDINATION, assurance of appropriate and adequate CAPACITY and continuous INNOVATION in methods and approach.
- Focus areas based on the assessment findings are Behavioral Health, Secondary Care and Shoring up the Safety Net
- Create a Leadership Group and re-convene and re-charge the Seminole County Health Planning Partnership

Next Steps

- All deliverables to FL DOH and Robert Wood Johnson Foundation completed by consultant and submitted by Seminole County Health Department by October 7, 2011
- Finalize Leadership Group
- Leadership Group Meeting set for early November and meeting invitation letter developed and sent in early October.

Next Steps

- All MAPP documents disseminated in early October
- Health Council completes PARTNER assessment
- Proposal for logistics coordinator developed
- Agenda and materials for Leadership Group developed

Appendix E

PRIORITIZED HEALTH NEEDS

**Community Health Needs Assessment (CHNA)
Prioritized Health Needs by Health Council of East
Central Florida Planning Council**

Orange County Population 1,169,107 <small>(July 2011 Census)</small>	Osceola County Population 276,163 <small>(July 2011 Census)</small>	Seminole County Population 425,071 <small>(July 2011 Census)</small>
<ol style="list-style-type: none"> 1. Diabetes 2. Heart Disease 3. Obesity 4. Maternal and Child Health 5. Cancer 	<ol style="list-style-type: none"> 1. Heart Disease 2. Obesity 3. Cancer 4. Diabetes 5. Asthma 	<ol style="list-style-type: none"> 1. Obesity 2. Diabetes 3. Cancer 4. Heart Disease 5. Substance Abuse
<ol style="list-style-type: none"> 6. Sexually Transmitted Disease 7. Substance Abuse 8. Mental Health 9. Chronic Disease Management 10. Violent Crime 11. Health Literacy 12. Single Parent Household 13. Motor Vehicle Collisions 14. Access to Care 	<ol style="list-style-type: none"> 6. Maternal and Child Health 7. Mental Health 8. Substance Abuse 9. Dental Care 10. Affordable Health Care 11. Housing Affordability 12. Homelessness 13. High Unemployment 14. Single Parent Household 	<ol style="list-style-type: none"> 6. Mental Health 7. Maternal and Child Health 8. Stroke 9. Asthma 10. Affordable Health Care 11. Motor Vehicle Collisions 12. Physical Activity Among Youth 13. Marijuana Use Among Youth 14. Housing Affordability

Appendix F

COMMUNITY HEALTH IMPROVEMENT PLAN ALIGNMENT WITH NATIONAL AND STATE GOALS



Appendix F: Community Health Improvement Plan (CHIP) Alignment with National and State Goals

Seminole CHIP	Florida State Health Improvement Plan (SHIP) ¹	Healthy People 2020 ²	National Prevention Strategy: Strategic Direction and Priorities ³	HHS Action Plan to Reduce Racial and Ethnic Health Disparities ⁴
<p>Priority Area: Community health assessment Goal: Assess the health needs of the county population to identify and prioritize issues requiring intervention.</p>	<p>Goal AC1: Regularly assess health care assets and service needs. Goal HP1.4: Conduct disease surveillance to detect, monitor and collect data for public health program planning, evaluation and policy development.</p>	<p>Social Determinants of Health (SDOH) Health and Health Care (Under Development) Public Health Infrastructure PHI-7: Increase the proportion of population-based Healthy People 2020 objectives for which national data are available for all major population groups. PHI-14: Increase the proportion of State and local public health jurisdictions that conduct a public health system assessment using national performance standards.</p>	<p>Strategic Direction: Elimination of Health Disparities. Key Indicator: Proportion of adults (from racial/ethnic minority groups) in fair or poor health. Key Indicator: Proportion of individuals who are unable to obtain or delay in obtaining necessary medical care, dental care, or prescription medicines. Key Indicator: Proportion of persons who report their health care provider always listens carefully.</p> <p>Priority: Healthy Eating Priority: Active Living Priority: Reproductive and Sexual Health Priority: Tobacco Free Living Priority: Preventing Drug Abuse and Excessive Alcohol Use Priority: Injury and Violence Free Living Priority: Mental and Emotional Well-being</p>	<p>Strategy IV.A.: Increase the availability and quality of data collected and reported on racial and ethnic minority populations.</p>
<p>Priority Area: Preventive care Goal: Encourage and support health service providers as they move from the existing fee-for-service "sick care" model to one of "preventive care".</p>	<p>Goal HP1: Prevent and control infectious disease. Goal HP2: Prevent and reduce illness, injury and death related to environmental factors. Goal HP4: Prevent and reduce unintentional and intentional injuries. Goal CD1: Increase the percentage of adults and children who are at a healthy weight. Goal CD2: Increase access to resources that promote healthy behaviors. Goal CD3: Reduce chronic disease morbidity and mortality. Goal AC1: Regularly access health care assets and service needs. Goal AC2: Improve access to primary care services for Floridians.</p>	<p>Access to Health Services AHS-1: Increase the proportion of persons with health insurance. AHS-2: Increase the proportion of insured persons with coverage for clinical preventive services. AHS-3: Increase the proportion of persons with a usual primary care provider. AHS-4: Increase the number of practicing primary care providers. AHS-5: Increase the proportion of persons who have a specific source of ongoing care. AHS-6: Reduce the proportion of persons who are unable to obtain or delay in obtaining necessary medical care, dental care or prescription medicines. AHS-7: Increase the proportion of persons who receive appropriate evidence-based clinical preventive services.</p> <p>Health Communication and Health IT HC/HIT-1: Improve the health literacy of the population. HC/HIT-2: Increase the proportion of persons who report that their health care providers have satisfactory communication skills. HC/HIT-3: Increase the proportion of persons who report that their health care providers always involved them in decisions about their health care as much as they wanted.</p>	<p>Strategic Direction: Clinical and Community Preventive Services. Key Indicator: Proportion of medical practices that use electronic health records. Key Indicator: Proportion of adults aged 18 years and older with hypertension whose blood pressure is under control. Key Indicator: Proportion of adults aged 20 years and older with high low-density lipoprotein (LDL) cholesterol whose LDL is at or below recommended levels. Key Indicator: Proportion of adults aged 50 to 75 years who receive colorectal cancer screening based on the most recent guidelines.</p> <p>Strategic Direction: Empowered people. Key Indicator: Proportion of persons who report their health care provider always explained things so they could understand them. Key Indicator: Proportion of adults reporting that they receive the social and emotional support they need.</p>	<p>Strategy 1.A.: Reduce disparities in health insurance coverage and access to care. Strategy 1.B.: Reduce disparities in access to primary care services and care coordination. Strategy 1.C.: Reduce disparities in the quality of health care. Strategy II.A.: Increase the ability of all health professionals and the healthcare system to identify and address racial and ethnic health disparities. Strategy III.A: Reduce disparities in population health by increasing the availability and effectiveness of community-based programs and policies.</p>

PHAB 5, STANDARD 5.2, MEASURE 5.2.2 L



Appendix F: Community Health Improvement Plan (CHIP) Alignment with National and State Goals

		<p>NSW-17: Reduce consumption of calories from solid fats and added sugars in the population aged 2 years and older. NWS-18: Reduce consumption of saturated fat in the population aged 2 years and older.</p> <p>Diabetes D-3: Reduce the diabetes death rate. D-14: Increase the proportion of persons with diagnosed diabetes who receive formal diabetes education. D-16: Increase prevention behaviors in persons at high risk for diabetes with prediabetes.</p> <p>Heart Disease and Stroke HDS1: Increase overall cardiovascular health in the U.S. population. HDS-9: Increase the proportion of adults with prehypertension who meet the recommended guidelines. HDS-10: Increase the proportion of adults with hypertension who meet the recommended guidelines.</p> <p>Educational and Community Based Programs ECBP-1: Increase the proportion of preschool Early Head Start and Head Start programs that provide health education to prevent health problems in the following areas: unintentional injury; violence; tobacco use and addiction; alcohol and drug use, unhealthy dietary patterns; and inadequate physical activity, dental health, and safety. ECBP-2: Increase the proportion of elementary, middle and senior high schools that provide comprehensive school health education to prevent health problems in the following areas: unintentional injury; violence; suicide; tobacco use and addiction; alcohol or other drug use; unintended pregnancy, HIV/AIDS, and STD infection; unhealthy dietary patterns; and inadequate physical activity. ECBP-7: Increase the proportion of college and university students who receive information from their institution on each of the priority health risk behavior areas (all priority areas; unintentional injury; violence; suicide; tobacco use and addiction; alcohol and other drug use; unintended pregnancy, HIV/AIDS, and STD infection; unhealthy dietary patterns, and inadequate physical activity). ECBP-8: Increase the proportion of work sites that offer an employee health promotion program to their employees. ECBP-9: Increase the proportion of employees who participate in employer-sponsored health promotion activities. ECBP-10: Increase the number of community-based organizations (including local health departments, tribal health services, nongovernmental organizations, and State agencies) providing population-based primary prevention services. ECBP-11: Increase the proportion of local health</p>	<p>Key Indicator: Proportion of adults reporting that they receive the social and emotional support they need.</p> <p>Strategic Direction: Elimination of Health Disparities. Key Indicator: Proportion of adults (from racial/ethnic minority groups) in fair or poor health. Key Indicator: Proportion of individuals who are unable to obtain or delay in obtaining necessary medical care, dental care, or prescription medicines. Key Indicator: Proportion of persons who report their health care provider always listens carefully.</p> <p>Priority: Healthy Eating Key Indicator: Proportion of adults and children and adolescents who are obese.</p>	
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Appendix F: Community Health Improvement Plan (CHIP) Alignment with National and State Goals

		<p>departments that have established culturally appropriate and linguistically competent community health promotion and disease prevention programs.</p> <p>Health Communication and Health IT HC/HIT-1: Improve the health literacy of the population. HC/HIT-2: Increase the proportion of persons who report that their health care providers have satisfactory communication skills. HC/HIT-3: Increase the proportion of persons who report that their health care providers always involved them in decisions about their health care as much as they wanted. HC/HIT-4: Increase the proportion of patients whose doctor recommends personalized health information resources to help them manage their health. HC/HIT-5: Increase the proportion of persons who use personal health management tools. HC/HIT-8: Increase the proportion of quality health-related websites. HC/HIT-9: Increase the proportion of online information seekers who report easily accessing health information. HC/HIT-13: Increase social marketing in health promotion and disease prevention.</p>		
<p>Priority Area: Obesity. Goal: Prevent and reduce obesity and associated health conditions; such as, heart disease, diabetes, asthma and cancer. Objective: Prevent and reduce obesity through increasing access to healthy food.</p>	<p>Goal CD1: Increase the percentage of adults and children who are at a healthy weight. Goal CD2: Increase access to resources that promote healthy behaviors.</p>	<p>Nutrition and Weight Status NWS-2: Increase the proportion of schools that offer nutritious foods and beverages outside of school meals. NWS-4: Increase the proportion of Americans who have access to a food retail outlet that sales a variety of foods that are encouraged by the Dietary Guidelines for Americans. NWS-8: Increase the proportion of adults who are at a healthy weight. NWS-9: Reduce the proportion of adults who are obese. NSW-10: Reduce the proportion of children and adolescents who are considered obese. NSW-11: Prevent inappropriate weight gain in youth and adults. NWS-12: Eliminate very low food security in children. NWS-13: Reduce household food insecurity and in so doing reduce hunger. NWS-14: Increase the contribution of fruits to the diets of the population aged 2 years and older. NWS-15: Increase the contribution of vegetables to the diets of the population aged 2 years and older. NWS-16: Increase the consumption of whole grains to the diets of the population aged 2 years and older. NSW-17: Reduce consumption of calories from solid fats and added sugars in the population aged 2 years and older. NWS-18: Reduce consumption of saturated fat in the population aged 2 years and older.</p>	<p>Strategic Direction: Clinical and Community Preventive Services. Key Indicator: Proportion of adults aged 18 years and older with hypertension whose blood pressure is under control. Key Indicator: Proportion of adults aged 20 years and older with high low-density lipoprotein (LDL) cholesterol whose LDL is at or below recommended levels. Key Indicator: Proportion of adults aged 50 to 75 years who receive colorectal cancer screening based on the most recent guidelines.</p> <p>Strategic Direction: Empowered people. Key Indicator: Proportion of adults reporting that they receive the social and emotional support they need.</p> <p>Strategic Direction: Elimination of Health Disparities. Key Indicator: Proportion of adults (from racial/ethnic minority groups) in fair or poor health. Key Indicator: Proportion of individuals who are unable to obtain or delay in obtaining necessary medical care, dental care, or prescription medicines.</p>	<p>Strategy IIIA: Reduce disparities in population health by increasing the availability and effectiveness of community-based programs and policies.</p>



Appendix F: Community Health Improvement Plan (CHIP) Alignment with National and State Goals

		<p>Educational and Community-Based Programs ECBP-8: Increase the proportion of work sites that offer an employee health promotion program to their employees. ECBP-9: Increase the proportion of employees who participate in employer-sponsored health promotion activities. ECBP-10: Increase the number of community-based organizations (including local health departments, tribal health services, nongovernmental organizations, and State agencies) providing population-based primary prevention services. ECBP-11: Increase the proportion of local health departments that have established culturally appropriate and linguistically competent community health promotion and disease prevention programs.</p> <p>Diabetes D-3: Reduce the diabetes death rate. D-16: Increase prevention behaviors in persons at high risk for diabetes with prediabetes.</p> <p>Heart Disease and Stroke HDS1: Increase overall cardiovascular health in the U.S. population. HDS-9: Increase the proportion of adults with prehypertension who meet the recommended guidelines. HDS-10: Increase the proportion of adults with hypertension who meet the recommended guidelines.</p>	<p>Priority: Healthy Eating Key Indicator: Proportion of adults and children and adolescents who are obese.</p>	
<p>Priority Area: Obesity. Goal: Prevent and reduce obesity and associated health conditions; such as, heart disease, diabetes, asthma and cancer. Objective: Prevent and reduce obesity by promoting the benefits of physical activity.</p>	<p>Goal CD2: Increase access to resources that promote healthy behaviors. Goal CD3: Reduce chronic disease morbidity and mortality. Goal CR2: Build and revitalize communities so people can live healthy lives. Goal CR3: Provide equal access to culturally and linguistically competent care.</p>	<p>Physical Activity PA-1: Reduce the proportion of adults who engage in no leisure-time physical activity. PA-2: Increase the proportion of adults who meet current Federal physical activity guidelines for aerobic physical activity and for muscle-strengthening activity. PA-3: Increase the proportion of adolescents who meet current Federal physical activity guidelines for aerobic physical activity and for muscle-strengthening activity. PA-4: Increase the proportion of the Nation's public and private schools that require daily physical activity for all students. PA-5: Increase the proportion of adolescents who participate in daily school physical education. PA-6: Increase regularly scheduled elementary school recess in the United States. PA-7: Increase the proportion of school districts that require or recommend elementary school recess for an appropriate period of time. PA-10: Increase the proportion of the Nation's public and private schools that provide access to their physical activity spaces and facilities for all persons outside of normal school hours. PA-11: Increase the proportion of physician office visits that</p>	<p>Strategic Direction: Clinical and Community Preventive Services. Key Indicator: Proportion of medical practices that use electronic health records. Key Indicator: Proportion of adults aged 18 years and older with hypertension whose blood pressure is under control. Key Indicator: Proportion of adults aged 20 years and older with high low-density lipoprotein (LDL) cholesterol whose LDL is at or below recommended levels. Key Indicator: Proportion of adults aged 50 to 75 years who receive colorectal cancer screening based on the most recent guidelines.</p> <p>Strategic Direction: Empowered people. Key Indicator: Proportion of persons who report their health care provider always explained things so they could understand them. Key Indicator: Proportion of adults reporting that they receive the social and emotional support they need.</p>	<p>Strategy I.C: Reduce disparities in the quality of health care. Strategy II.A: Increase the ability of all health professions and the healthcare system to identify and address racial and ethnic health disparities. Strategy III.A: Reduce disparities in population health by increasing the availability and effectiveness of community-based programs and policies.</p>

PHAB 5, STANDARD 5.2, MEASURE 5.2.2 L



Appendix F: Community Health Improvement Plan (CHIP) Alignment with National and State Goals

		<p>Educational and Community-Based Programs ECBP-8: Increase the proportion of work sites that offer an employee health promotion program to their employees. ECBP-9: Increase the proportion of employees who participate in employer-sponsored health promotion activities. ECBP-10: Increase the number of community-based organizations (including local health departments, tribal health services, nongovernmental organizations, and State agencies) providing population-based primary prevention services. ECBP-11: Increase the proportion of local health departments that have established culturally appropriate and linguistically competent community health promotion and disease prevention programs.</p> <p>Diabetes D-3: Reduce the diabetes death rate. D-16: Increase prevention behaviors in persons at high risk for diabetes with prediabetes.</p> <p>Heart Disease and Stroke HDS1: Increase overall cardiovascular health in the U.S. population. HDS-9: Increase the proportion of adults with prehypertension who meet the recommended guidelines. HDS-10: Increase the proportion of adults with hypertension who meet the recommended guidelines.</p>	<p>Priority: Healthy Eating Key Indicator: Proportion of adults and children and adolescents who are obese.</p>	
<p>Priority Area: Obesity. Goal: Prevent and reduce obesity and associated health conditions; such as, heart disease, diabetes, asthma and cancer. Objective: Prevent and reduce obesity by promoting the benefits of physical activity.</p>	<p>Goal CD2: Increase access to resources that promote healthy behaviors. Goal CD3: Reduce chronic disease morbidity and mortality. Goal CR2: Build and revitalize communities so people can live healthy lives. Goal CR3: Provide equal access to culturally and linguistically competent care.</p>	<p>Physical Activity PA-1: Reduce the proportion of adults who engage in no leisure-time physical activity. PA-2: Increase the proportion of adults who meet current Federal physical activity guidelines for aerobic physical activity and for muscle-strengthening activity. PA-3: Increase the proportion of adolescents who meet current Federal physical activity guidelines for aerobic physical activity and for muscle-strengthening activity. PA-4: Increase the proportion of the Nation's public and private schools that require daily physical activity for all students. PA-5: Increase the proportion of adolescents who participate in daily school physical education. PA-6: Increase regularly scheduled elementary school recess in the United States. PA-7: Increase the proportion of school districts that require or recommend elementary school recess for an appropriate period of time. PA-10: Increase the proportion of the Nation's public and private schools that provide access to their physical activity spaces and facilities for all persons outside of normal school hours. PA-11: Increase the proportion of physician office visits that</p>	<p>Strategic Direction: Clinical and Community Preventive Services. Key Indicator: Proportion of medical practices that use electronic health records. Key Indicator: Proportion of adults aged 18 years and older with hypertension whose blood pressure is under control. Key Indicator: Proportion of adults aged 20 years and older with high low-density lipoprotein (LDL) cholesterol whose LDL is at or below recommended levels. Key Indicator: Proportion of adults aged 50 to 75 years who receive colorectal cancer screening based on the most recent guidelines.</p> <p>Strategic Direction: Empowered people. Key Indicator: Proportion of persons who report their health care provider always explained things so they could understand them. Key Indicator: Proportion of adults reporting that they receive the social and emotional support they need.</p>	<p>Strategy I.C: Reduce disparities in the quality of health care. Strategy II.A: Increase the ability of all health professions and the healthcare system to identify and address racial and ethnic health disparities. Strategy III.A: Reduce disparities in population health by increasing the availability and effectiveness of community-based programs and policies.</p>

PHAB 5, STANDARD 5.2, MEASURE 5.2.2 L



Appendix F: Community Health Improvement Plan (CHIP) Alignment with National and State Goals

		<p>include counseling or education related to physical activity. PA-12: Increase the proportion of employed adults who have access to and participate in employer-based exercise facilities and exercise programs. PA-13: Increase the proportion of trips made by walking. PA-14: Increase the proportion of trips made by bicycling.</p> <p>Educational and Community-Based Programs ECBP-1: Increase the proportion of preschool Early Head Start and Head Start programs that provide health education to prevent health problems in the following areas: unintentional injury; violence; tobacco use and addiction; alcohol and drug use, unhealthy dietary patterns; and inadequate physical activity, dental health, and safety. ECBP-2: Increase the proportion of elementary, middle and senior high schools that provide comprehensive school health education to prevent health problems in the following areas: unintentional injury; violence; suicide; tobacco use and addiction; alcohol or other drug use; unintended pregnancy, HIV/AIDS, and STD infection; unhealthy dietary patterns; and inadequate physical activity. ECBP-7: Increase the proportion of college and university students who receive information from their institution on each of the priority health risk behavior areas (all priority areas; unintentional injury; violence; suicide; tobacco use and addiction; alcohol and other drug use; unintended pregnancy, HIV/AIDS, and STD infection; unhealthy dietary patterns, and inadequate physical activity). ECBP-8: Increase the proportion of work sites that offer an employee health promotion program to their employees. ECBP-9: Increase the proportion of employees who participate in employer-sponsored health promotion activities. ECBP-10: Increase the number of community-based organizations (including local health departments, tribal health services, nongovernmental organizations, and State agencies) providing population-based primary prevention services. ECBP-11: Increase the proportion of local health departments that have established culturally appropriate and linguistically competent community health promotion and disease prevention programs.</p> <p>Diabetes D-3: Reduce the diabetes death rate. D-14: Increase the proportion of persons with diagnosed diabetes who receive formal diabetes education. D-16: Increase prevention behaviors in persons at high risk for diabetes with prediabetes</p> <p>Heart Disease and Stroke HDS1: Increase overall cardiovascular health in the U.S.</p>	<p>Strategic Direction: Elimination of Health Disparities. Key Indicator: Proportion of adults (from racial/ethnic minority groups) in fair or poor health. Key Indicator: Proportion of individuals who are unable to obtain or delay in obtaining necessary medical care, dental care, or prescription medicines. Key Indicator: Proportion of persons who report their health care provider always listens carefully.</p> <p>Priority: Active Living Key Indicator: Proportion of adults who meet physical activity guidelines for aerobic physical activity. Key Indicator: Proportion of adolescents who meet physical activity guidelines for aerobic physical activity. Key Indicator: Proportion of the nation's public and private schools that provide access to their physical activity spaces and facilities for all persons outside of normal school hours. Key Indicator: Proportion of commuters who use active transportation (i.e., walk, bicycle, and public transit) to travel to work.</p>	
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Appendix F: Community Health Improvement Plan (CHIP) Alignment with National and State Goals

		<p>population. HDS-9: Increase the proportion of adults with prehypertension who meet the recommended guidelines. HDS-10: Increase the proportion of adults with hypertension who meet the recommended guidelines.</p> <p>Health Communication and Health IT HC/HIT-1: Improve the health literacy of the population. HC/HIT-2: Increase the proportion of persons who report that their health care providers have satisfactory communication skills. HC/HIT-3: Increase the proportion of persons who report that their health care providers always involved them in decisions about their health care as much as they wanted. HC/HIT-4: Increase the proportion of patients whose doctor recommends personalized health information resources to help them manage their health. HC/HIT-5: Increase the proportion of persons who use personal health management tools. HC/HIT-8: Increase the proportion of quality health-related websites. HC/HIT-9: Increase the proportion of online information seekers who report easily accessing health information. HC/HIT-13: Increase social marketing in health promotion and disease prevention.</p>		
<p>Priority Area: Obesity. Goal: Prevent and reduce obesity and associated health conditions; such as, heart disease, diabetes, asthma and cancer. Objective: Prevent and reduce obesity by increasing access and awareness of physical activity resources.</p>	<p>Goal CD2: Increase access to resources that promote healthy behaviors. Goal CD3: Reduce chronic disease morbidity and mortality. Goal CR2: Build and revitalize communities so people can live healthy lives. Goal CR3: Provide equal access to culturally and linguistically competent care.</p>	<p>Physical Activity PA-1: Reduce the proportion of adults who engage in no leisure-time physical activity. PA-2: Increase the proportion of adults who meet current Federal physical activity guidelines for aerobic physical activity and for muscle-strengthening activity. PA-3: Increase the proportion of adolescents who meet current Federal physical activity guidelines for aerobic physical activity and for muscle-strengthening activity. PA-4: Increase the proportion of the Nation's public and private schools that require daily physical activity for all students. PA-5: Increase the proportion of adolescents who participate in daily school physical education. PA-6: Increase regularly scheduled elementary school recess in the United States. PA-7: Increase the proportion of school districts that require or recommend elementary school recess for an appropriate period of time. PA-10: Increase the proportion of the Nation's public and private schools that provide access to their physical activity spaces and facilities for all persons outside of normal school hours. PA-11: Increase the proportion of physician office visits that include counseling or education related to physical activity. PA-12: Increase the proportion of employed adults who have access to and participate in employer-based exercise</p>	<p>Strategic Direction: Clinical and Community Preventive Services. Key Indicator: Proportion of adults aged 18 years and older with hypertension whose blood pressure is under control. Key Indicator: Proportion of adults aged 20 years and older with high low-density lipoprotein (LDL) cholesterol whose LDL is at or below recommended levels. Key Indicator: Proportion of adults aged 50 to 75 years who receive colorectal cancer screening based on the most recent guidelines.</p> <p>Strategic Direction: Empowered people. Key Indicator: Proportion of persons who report their health care provider always explained things so they could understand them. Key Indicator: Proportion of adults reporting that they receive the social and emotional support they need.</p> <p>Strategic Direction: Elimination of Health Disparities. Key Indicator: Proportion of adults (from racial/ethnic minority groups) in fair or poor</p>	<p>Strategy I.C: Reduce disparities in the quality of health care. Strategy II.A: Increase the ability of all health professions and the healthcare system to identify and address racial and ethnic health disparities. Strategy III.A: Reduce disparities in population health by increasing the availability and effectiveness of community-based programs and policies.</p>



Appendix F: Community Health Improvement Plan (CHIP) Alignment with National and State Goals

		<p>facilities and exercise programs. PA-13: Increase the proportion of trips made by walking. PA-14: Increase the proportion of trips made by bicycling. PA-15: Increase legislative policies for the built environment that enhance access to and availability of physical activity opportunities.</p> <p>Educational and Community-Based Programs ECBP-8: Increase the proportion of work sites that offer an employee health promotion program to their employees. ECBP-9: Increase the proportion of employees who participate in employer-sponsored health promotion activities. ECBP-10: Increase the number of community-based organizations (including local health departments, tribal health services, nongovernmental organizations, and State agencies) providing population-based primary prevention services. ECBP-11: Increase the proportion of local health departments that have established culturally appropriate and linguistically competent community health promotion and disease prevention programs.</p> <p>Diabetes D-3: Reduce the diabetes death rate. D-14: Increase the proportion of persons with diagnosed diabetes who receive formal diabetes education. D-16: Increase prevention behaviors in persons at high risk for diabetes with prediabetes</p> <p>Heart Disease and Stroke HDS1: Increase overall cardiovascular health in the U.S. population. HDS-9: Increase the proportion of adults with prehypertension who meet the recommended guidelines. HDS-10: Increase the proportion of adults with hypertension who meet the recommended guidelines.</p> <p>Health Communication and Health IT HC/HIT-1: Improve the health literacy of the population. HC/HIT-2: Increase the proportion of persons who report that their health care providers have satisfactory communication skills. HC/HIT-3: Increase the proportion of persons who report that their health care providers always involved them in decisions about their health care as much as they wanted. HC/HIT-4: Increase the proportion of patients whose doctor recommends personalized health information resources to help them manage their health. HC/HIT-5: Increase the proportion of persons who use personal health management tools. HC/HIT-8: Increase the proportion of quality health-related</p>	<p>health. Key Indicator: Proportion of individuals who are unable to obtain or delay in obtaining necessary medical care, dental care, or prescription medicines. Key Indicator: Proportion of persons who report their health care provider always listens carefully.</p> <p>Strategic Direction: Healthy and Safe Community Environments. Key Indicator: Proportion of children aged 5 to 17 years with asthma who missed school days in the past 12 months.</p> <p>Priority: Active Living Key Indicator: Proportion of adults who meet physical activity guidelines for aerobic physical activity. Key Indicator: Proportion of adolescents who meet physical activity guidelines for aerobic physical activity. Key Indicator: Proportion of the nation's public and private schools that provide access to their physical activity spaces and facilities for all persons outside of normal school hours. Key Indicator: Proportion of commuters who use active transportation (i.e., walk, bicycle, and public transit) to travel to work.</p>	
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Appendix F: Community Health Improvement Plan (CHIP) Alignment with National and State Goals

		websites. HC/HIT-9: Increase the proportion of online information seekers who report easily accessing health information. HC/HIT-13: Increase social marketing in health promotion and disease prevention.		
<p>Priority Area: Obesity Goal: Prevent and reduce obesity and associated health conditions; such as, heart disease, diabetes, asthma and cancer. Objective: Prevent and reduce obesity related to behavioral health and stress.</p>	<p>Goal CD2: Increase access to resources that promote healthy behaviors. Goal CD4: Reduce illness, disability and death related to tobacco use and secondhand smoke exposure. Goal AC3: Improve behavioral health services so that adults, children and families are active, self-sufficient participants living in their communities. Goal AC7: Provide equal access to culturally and linguistically competent care.</p>	<p>Mental Health and Mental Disorders MHMD-3: Reduce the proportion of adolescents who engage in disordered eating behaviors in an attempt to control their weight. MHMD-10: Increase the proportion of persons with co-occurring substance abuse and mental disorders who receive treatment for both disorders. MHMD-11: Increase depression screening by primary care providers.</p> <p>Tobacco Use TU-1: Reduce tobacco use by adults. TU-2: Reduce tobacco use by adolescents. TU-3: Reduce the initiation of tobacco use among children, adolescents, and young adults. TU-4: Increase smoking cessation attempts by adult smokers. TU-5: Increase recent smoking cessation success by adult smokers. TU-6: Increase smoking cessation during pregnancy. TU-7: Reduce recent smoking cessation attempts by adolescent smokers. TU-9: Increase tobacco screening in healthcare settings. TU-10: Increase tobacco cessation counseling in healthcare settings. TU-18: Reduce the proportion of adolescents and young adults in grades 6 through 12 who are exposed to tobacco advertising and promotion.</p> <p>Physical Activity PA-1: Reduce the proportion of adults who engage in no leisure-time physical activity. PA-2: Increase the proportion of adults who meet current Federal physical activity guidelines for aerobic physical activity and for muscle-strengthening activity. PA-3: Increase the proportion of adolescents who meet current Federal physical activity guidelines for aerobic physical activity and for muscle-strengthening activity. PA-4: Increase the proportion of the Nation's public and private schools that require daily physical activity for all students. PA-5: Increase the proportion of adolescents who participate in daily school physical education. PA-6: Increase regularly scheduled elementary school recess in the United States. PA-7: Increase the proportion of school districts that require or recommend elementary school recess for an appropriate</p>	<p>Strategic Direction: Clinical and Community Preventive Services. Key Indicator: Proportion of adults aged 18 years and older with hypertension whose blood pressure is under control. Key Indicator: Proportion of adults aged 20 years and older with high low-density lipoprotein (LDL) cholesterol whose LDL is at or below recommended levels. Key Indicator: Proportion of adults aged 50 to 75 years who receive colorectal cancer screening based on the most recent guidelines.</p> <p>Strategic Direction: Empowered people. Key Indicator: Proportion of persons who report their health care provider always explained things so they could understand them. Key Indicator: Proportion of adults reporting that they receive the social and emotional support they need.</p> <p>Strategic Direction: Elimination of Health Disparities. Key Indicator: Proportion of adults (from racial/ethnic minority groups) in fair or poor health. Key Indicator: Proportion of individuals who are unable to obtain or delay in obtaining necessary medical care, dental care, or prescription medicines. Key Indicator: Proportion of persons who report their health care provider always listens carefully.</p> <p>Priority: Tobacco Free Living Key Indicator: Proportion of adults who are current smokers (have smoked at least 100 cigarettes during their lifetime and report smoking every day or some days). Key Indicator: Proportion of adolescents who smoked cigarettes in the past 30 days).</p> <p>Priority: Preventing Drug Abuse and Excessive Alcohol Use Key Indicator: Proportion of adults aged 18</p>	<p>Strategy I.C: Reduce disparities in the quality of health care. Strategy II.A: Increase the ability of all health professions and the healthcare system to identify and address racial and ethnic health disparities. Strategy III.A: Reduce disparities in population health by increasing the availability and effectiveness of community-based programs and policies.</p>



Appendix F: Community Health Improvement Plan (CHIP) Alignment with National and State Goals

		<p>period of time.</p> <p>PA-10: Increase the proportion of the Nation's public and private schools that provide access to their physical activity spaces and facilities for all persons outside of normal school hours.</p> <p>PA-11: Increase the proportion of physician office visits that include counseling or education related to physical activity.</p> <p>PA-12: Increase the proportion of employed adults who have access to and participate in employer-based exercise facilities and exercise programs.</p> <p>PA-13: Increase the proportion of trips made by walking.</p> <p>PA-14: Increase the proportion of trips made by bicycling.</p> <p>Educational and Community-Based Programs</p> <p>ECBP-8: Increase the proportion of work sites that offer an employee health promotion program to their employees.</p> <p>ECBP-9: Increase the proportion of employees who participate in employer-sponsored health promotion activities.</p> <p>ECBP-10: Increase the number of community-based organizations (including local health departments, tribal health services, nongovernmental organizations, and State agencies) providing population-based primary prevention services.</p> <p>ECBP-11: Increase the proportion of local health departments that have established culturally appropriate and linguistically competent community health promotion and disease prevention programs.</p> <p>Health Communication and Health IT</p> <p>HC/HIT-1: Improve the health literacy of the population.</p> <p>HC/HIT-2: Increase the proportion of persons who report that their health care providers have satisfactory communication skills.</p> <p>HC/HIT-3: Increase the proportion of persons who report that their health care providers always involved them in decisions about their health care as much as they wanted.</p> <p>HC/HIT-4: Increase the proportion of patients whose doctor recommends personalized health information resources to help them manage their health.</p> <p>HC/HIT-5: Increase the proportion of persons who use personal health management tools.</p> <p>HC/HIT-8: Increase the proportion of quality health-related websites.</p> <p>HC/HIT-9: Increase the proportion of online information seekers who report easily accessing health information.</p> <p>HC/HIT-13: Increase social marketing in health promotion and disease prevention.</p>	<p>years and older who reported that they engaged in binge drinking during the past month.</p> <p>Key Indicator: Proportion of high school seniors who reported binge drinking during the past two weeks.</p> <p>Key Indicator: Proportion of persons aged 12 or older who reported nonmedical use of any psychotherapeutic drug in the past year.</p> <p>Key Indicator: Proportion of youth aged 12 to 17 years who have used illicit drugs in the past 30 days.</p> <p>Priority: Mental and Emotional Well-being</p> <p>Key Indicator: Proportion of primary care physician office visits that screen adults and youth for depression.</p> <p>Key Indicator: Proportion of persons who experience major depressive episode (MDE).</p>	
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Appendix F: Community Health Improvement Plan (CHIP) Alignment with National and State Goals

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The Seminole County Community Health Improvement Plan was prepared by the Health Council of East Central Florida, Inc. We are a private, non-profit healthcare planning agency providing research, evaluation and program support to improve healthcare delivery and outcomes. The East Central Florida District VII encompasses the four counties of Brevard, Orange, Osceola and Seminole.



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