

SEMINOLE COUNTY

COMMUNITY **HEALTH NEEDS** ASSESSMENT

JUNE 2019



TABLE OF CONTENTS



2019 COMMUNITY HEALTH NEEDS ASSESSMENT

01 | BACKGROUND

Acknowledgements	03
Letter to the Community	04

02 | METHODOLOGY

Introduction & Methodology	05
Seminole County Overview	06
About this Report	10
Primary & Secondary Data	12

03 | COMMUNITY PROFILE

Community Profile	14
Demographics	15

04 | HEALTH OUTCOMES

Length of Life	16
Leading Causes of Death	17
Quality of Life Indicators	18
Chronic Disease Indicators	18
Mental Health Indicators	20
Community Input: Top County Health Issues	22
Key Changes Since Last CHA	24

05 | HEALTH BEHAVIORS

Tobacco Use	28
Diet & Exercise	29
Alcohol & Drug Use	32
Sexual Activity	33

06 | CLINICAL CARE

Access to Care	34
Injury & Hospitalizations	36
Birth Characteristics	36

07 | SOCIAL & ECONOMIC FACTORS

Economic Conditions	38
School & Student Characteristics	40
Safety	41

08 | PHYSICAL ENVIRONMENT

Physical Environment	42
----------------------	----

09 | POLICIES AND PROGRAMS

Priority Areas	44
----------------	----

10 | APPENDIX

Sources and References	A
------------------------	---

ACKNOWLEDGMENTS

The Florida Department of Health in Seminole County thanks the following individuals and organizations for their invaluable contributions to this report:

CHNA LEADERSHIP TEAM

DATA COLLABORATIVE GROUP

AdventHealth
Aspire Health Partners
Orlando Health
Orange Blossom Family Health Services
Osceola Community Health Services
True Health
Florida Department of Health in Lake County
Florida Department of Health in Orange County
Florida Department of Health in Osceola County

FOCUS GROUPS (10)

Health and Hunger Task Force
First Responders
Elder Adult Providers
Homelessness Providers
Mental Health Providers
AdventHealth Care Center
Seminole County Correctional Facility – Female Population
Seminole County Correctional Facility – Male Population
Healthy Seminole Community Health Partners
Aspire Health Partners

STAKEHOLDER INTERVIEWS (18)

Central Florida YMCA
Aspire Health Partners
Health Council of East Central Florida
Metro Plan
Second Harvest Food Bank of Central Florida
Central Florida Commission on Homelessness
Florida Department of Children and Families - Regional Director
Florida Department of Children and Families - Substance Abuse

Mental Health Association of Central Florida
True Health
Seminole County EMS
Shepherd's Hope
Boys and Girls Club of Central Florida
Florida Department of Children and Families - Refugee Services
Florida Department of Children and Families - Human Trafficking
Florida Department of Children and Families - Adult Services
Florida Department of Children and Families - Foster Care

LETTER TO THE COMMUNITY

The Florida Department of Health in Seminole County is pleased to once again be part of a collaborative effort with local hospitals, surrounding county health departments and other stakeholders and community partners to develop a comprehensive Community Health Needs Assessment (CHNA).

The health of a community is often measured by the physical, mental and social well being of the people who live there. It is becoming commonly understood that factors like our socioeconomic status, education, physical environment, employment, social supports, and access to care all play a part in shaping our health and quality of life.

Health data that is collected and analyzed through the Community Health Needs Assessment is used to identify these and other key health indicators that help us address the significant health issues affecting our communities and focus on opportunities for improvement.

These assessments have led to findings of high rates of cardiovascular disease, diabetes and obesity, as well as food insecurities and access to health care challenges in our community, which have allowed us to develop initiatives such as farmer's markets, access to food pantries and mobile health services to reduce health disparities and improve health outcomes.

The Florida Department of Health in Seminole County, along with our partners and stakeholders, is committed to promoting healthy communities where we live, work, learn and play, and improving the quality of life for everyone by providing equal opportunities to achieve optimal health and wellness.

We at the Florida Department of Health in Seminole County would like to thank Orlando Health, Advent Health, Aspire Health Partners, True Health, Orange Blossom Family Health Center, Osceola Community Health Services and the health departments of Osceola, Lake and Orange counties for their vision and partnership in providing this valuable service to our communities.



Donna J. Walsh, MPA, BSN, RN
Health Officer
Florida Department of Health in Seminole County

Donna J. Walsh, MPA, BSN, RN

 Health Officer
Florida Department of Health in
Seminole County



INTRODUCTION

The Florida Department of Health in Seminole County (DOH-Seminole) produces a Community Health Needs Assessment (CHNA) every three years. The CHNA **tells the story of public health in Seminole County**. It shares the wonderful things about our community and the ways we can improve. We all have a role to play in making Seminole County a **healthier place to live, learn, work and play!** As you read the CHNA, think about how you can become involved.

METHODOLOGY

To develop the CHNA, we used the Mobilizing for Action through Planning and Partnerships (MAPP) model. The MAPP model is made up of four assessments that help identify public health issues in our community:

Community Health Status Assessment | This explains the health standing of our community. Between September 2018 and June 2019, the assessment helped us identify our key community health problems by reviewing data about health conditions, quality of life and risk factors in the community.

Community Themes and Strengths Assessment | Information was collected between October 2018 and May 2019 from 10 focus groups, 14 individual stakeholder interviews and 623 community survey participants, 9 intercept survey participants and 83 key informant survey participants. This data helped us learn what issues are important to our community, how the quality of life is seen in our community and what resources our community has that can be used to improve health.

Local Public Health System Assessment | The local public health system (LPHSA) is a process for evaluating and documenting how well the local public health system is organized, governed, and fulfills the essential services of public health. The Florida Department of Health in Seminole County facilitated the assessment in June 2019 to discover opportunities for improving the performance of the system by collaborating with community partners. Facts and figures were collected from four public health system scoring groups. This data helped us learn how well public health services are being provided to our community and the performance and abilities of our community health system. To read the complete LPHSA visit <http://seminole.floridahealth.gov>.

Forces of Change Assessment | Information was collected from community leaders, which helped us learn what is happening or could happen that affects the health of our community and what dangers, or opportunities are exposed by these occurrences.

On April 5, the DOH-Seminole Community Health Improvement team met with the county, collaborative and community leadership team to review data and rate and rank priorities.

Using this CHNA as a guide, we will create the Community Health Improvement Plan (CHIP). It will be used to improve health concerns reported in the CHNA, in partnership with a group of dedicated leaders from community organizations.

SEMINOLE COUNTY OVERVIEW

COMMUNITY DEMOGRAPHICS AND HIGH RISK POPULATIONS

According to Census Pop-Facts from Environics in 2019, over the next 5-year period, Seminole County is expected to grow by about 6.4%, from 473,408 in 2019 to 503,576 in 2024, which is slightly below the state of Florida's expected growth rate (6.8%). The community has slightly more females (50.9%) than males (49.1%). The population is also predominantly White (74.9%) and has a sizable Hispanic population (21.7%). While the Hispanic percentage is below that of the state of Florida (31.2%), it is higher than the nation overall (18.3%). The median age in 2019 is 40.2, slightly lower than the state of Florida overall (42.5). The median age is expected to grow slightly older to 41.7 by 2023. The percentage of residents living in Seminole County with an education beyond high school (66.4%) is substantially higher than the state of Florida (49.3%), and nation (39.0%). The median household income is \$66,494 with 8.7% of the families having incomes below the federal poverty level and 29.4% of households having incomes under \$50,000.¹

Health is influenced by conditions where we live and the ability and means to access healthy food, education, affordable housing, and jobs. The poverty rate in Seminole County in 2017 was 11.2%. While this is lower than the state rate of 14%, the rate increased from 7.4% in 2000. In Seminole County, the Sanford zip codes have both the highest poverty rates (between 15.0% and 20.0%) as well as the highest unemployment rates (5.4% and 5.2%) of the zip codes in the county.²

The largest health disparities in the four-county region are related to race, income and education. For example in 2016 for behavioral risk factors and disease incidence and 2017 for death rates.

- Blacks in Seminole County have the highest rate of colorectal cancer incidence (34.4) compared to Whites (30.3) and Hispanics (25.5)
- Whites have the highest rate of breast cancer incidence (113.7) compared to Blacks (91.7) and Hispanics (75.2)
- Whites (48.3) also have the highest rate of lung cancer in Seminole County compared to Blacks (44.0) and Hispanics (24.5)
- Blacks have the highest rates of asthma (13.6%) compared to Hispanics (5.7%) and Whites (4.9%)
- Non-Hispanic Blacks (44.5) have the highest diabetes death rates compared to Whites (23.8), White Hispanics (19.5) and Black Hispanics (10.5)
- Infant mortality per 1,000 births in Seminole County is highest among Blacks (7.9) compared to Whites (5.4) and Hispanics (6.1)
- Births to mothers with less than a high school education is highest among Hispanics (11.2%), compared to Blacks (7.1%) and Whites (5.9%)
- Adults with incomes less than \$25k are more likely (17.1%) to have poor mental health compared to those with incomes between \$25k and \$49k (7.3%) and those with incomes \$50k and above (2.6%).³

HEALTH ISSUES AMONG POPULATION GROUPS⁴

There are a variety of health issues identified among specific population groups, although these specific needs and issues may not be identified as one of the "top 10" issues within each of the primary research methodologies. In Seminole County, stakeholders identified Adverse Childhood Experiences (ACEs) and the impact of parental stress on a child as key community issues. According to key informants, community issues faced by teens include: a lack of housing stability as well as a lack of access to nutritious food and quality healthcare. There is also a lack of knowledge of oral hygiene and obesity among youth.

Focus group participants identified endocarditis (infection inside the heart as a result of IV drug use), Hepatitis C (due to needle sharing), and sexually transmitted diseases as top community issues related to communicable diseases, particularly among those who are IV drug users. Intercept survey respondents identify Hepatitis C and AIDS as top community health needs. Key informants identified HIV/AIDS as a top community issue because a stigma still exists toward people who have HIV and there is a perception that AIDS has been solved. The new HIV cases reported rate per 100,000 has been increasing in Seminole County over the past fifteen years from 12.8 in 2008 to 17.3 in 2017.³

Being obese or overweight is one of the most prevalent chronic conditions among Seminole County respondents to the 2018 community survey, with over half (52.6%) indicating that it is a problem for them or a family member. Hypertension and high blood pressure is almost nearly as prevalent at 51%. Almost half of the respondents indicated that high cholesterol (48.1%) is also a problem for them or someone in their family.

Almost a third of the Seminole County respondents (29.1%) to the community survey indicated that diabetes is a problem. Heart disease (26.5%), cardiovascular diseases (25.7%) and asthma/COPD (chronic obstructive pulmonary disease) (25.5%) affect about a quarter of respondents' families. Cancer affects one in five families (20.6%). One in ten (9.3%) respondents indicated that stroke affects them. Almost one in ten (7.8%) indicated that childhood obesity is a problem they have experienced. A higher percentage of respondents from Seminole County have experienced obesity/overweight (52.6%) when compared to the four-county region overall (51.3%). All other chronic conditions were lower or comparable.

Focus Group participants identified cancer (all types), obesity, high blood pressure, high cholesterol, kidney disease, heart disease, stroke, diabetes, and asthma as top community health needs. Intercept survey respondents identified lack of transportation especially for follow up appointments and health literacy among adults as key community issues.

Almost all of the key informants representing Seminole County (97.8%) indicated that mental health issues affect the clients they serve. Almost two-thirds (64.0%) of stakeholders indicated that mental health is a top community issue, with lack of mental health providers and corresponding services as a priority to be addressed. Focus group participants commented that people are not paying enough attention to their own mental health. Another concern is that individuals diagnosed with a mental health condition may be overmedicated.

SOCIAL DETERMINANTS OF HEALTH AFFECTING SEMINOLE⁴

Almost a quarter of the community survey respondents in Seminole County (22.4%) had experienced the lack of affordable and adequate housing. Seminole County had a smaller percentage of respondents experiencing housing problems when compared to the four-county region (25.2%). In the four-county region overall, 9.1% of the Community survey respondents indicated that they were worried about stable housing versus 4.5% in Seminole County. Stakeholders indicated that lack of affordable housing and homelessness were important economic issues.

Focus group participants commented that people do not have access to food and shelter and those with lower income may not have good health. Responses indicated there is a high population of individuals who are homeless, and the community lacks a common definition of homeless. There is also a lack of economic mobility.

Key informant survey participants cited poverty, homeless adults and youth, lack of good paying jobs/jobs with advancement options, and lack of affordable housing as important community issues.

Uninsured and underinsured residents delay seeking care until their illnesses are acute due to economic conditions and access to care barriers.

Intercept survey participants identified lack of living wage jobs and lack of transportation as important community issues. Barriers include a lack of transportation, poverty, financial literacy, lack of livable wage jobs, criminal records and work (can't take time off work to get care).

Services needed identified by the primary research respondents include increased public transportation (routes and times), affordable quality housing, homeless support, shelters and job training. There is a need for more job training and education. Training for professionals when dealing with someone who is homeless or struggling would also be beneficial. Respondents indicated that it is important to educate young people on economics and to focus on financial planning and education for community residents.

Key informants representing Seminole County commented that ACEs (Adverse Childhood Experiences) need to be taken into account and that there are more behavioral and mental health care services needed for students. The stressors related to poverty and housing instability increase the need for mental health services.

Barriers to care include the continued stigma associated with mental health issues as well as difficulty accessing mental health services. According to focus group participants, not all mental health professionals are welcoming or show compassion and respect to individuals who need help. There is also a lack of self-awareness to recognize when someone has a mental health problem and people often do not know where to go for care.

According to the primary research participants, needed services included transportation, more compassionate providers available, reduced wait time for services, services in schools and more services for LGBTQ+, both youth and adults. There is also a need for therapy services, an increased need for clinically sound bilingual care, as well as appropriate care for victims of natural disasters who are dealing with trauma. The community would also benefit from more treatment for substance abuse, more options for grief counseling, and education on how to recognize when people need mental health services or support. There is also a need for peer support, mentoring and role modeling as well as education to reduce stigma.

A slightly higher percentage of community survey respondents from Seminole County (14.1%) have experienced alcohol abuse compared to the region overall (12.2%). Stakeholders stressed that substance use disorder is a top community problem. Key informants indicated that there is a rise in vaping and e-cigarette use. The number of fentanyl-related deaths in Seminole County increased from 2 in 2011 (a rate of 0.48 per 100,000) to 36 in 2017 (7.78 per 100,000). The controlled substance prescribing rate for Seminole County per 1,000 population increased from 573.3 in 2013 (249,973 pills) to 592.7 in 2017 (274,222 pills).⁵

According to the community survey participants, 18.7% of Seminole County respondents lack recreational opportunities, 19.5% lack safe roads/sidewalks, 25.8% lack access to healthy high-quality affordable food and 6.6% lack access to fresh available drinking water. Stakeholders commented that there is insufficient access to healthy food and a lack of physical activity opportunities in the county. There is also a lack of usable sidewalks.

Focus group participants discussed that many residents have poor diets and are not eating well. Food insecurity is a problem in certain areas. People are not physically active either. Key informants cited poor infrastructure, including low quality housing, as key issues in the county. They noted the numbers of individuals living in homes that are unfit for habitation, especially those with children.



HEALTH BEGINS WHERE YOU LIVE, LEARN, WORK AND PLAY⁶

All Seminole County residents should have the opportunity to make the choices that allow them to live a long, healthy life, regardless of their income, education, ethnic background or abilities.

It is important to work toward raising the bar for all Seminole County residents so that everyone can have the opportunity to make healthy choices. A disparity is when different groups of people have very different levels of health for no obvious reason. For example, it is important to know if people in one part of our county are sicker than people in the rest of the county. We would want to figure out what is going on and identify opportunities for better health.

WHAT DETERMINES OUR HEALTH?



Economic Stability: employment, income, housing, affordability of food and other necessities

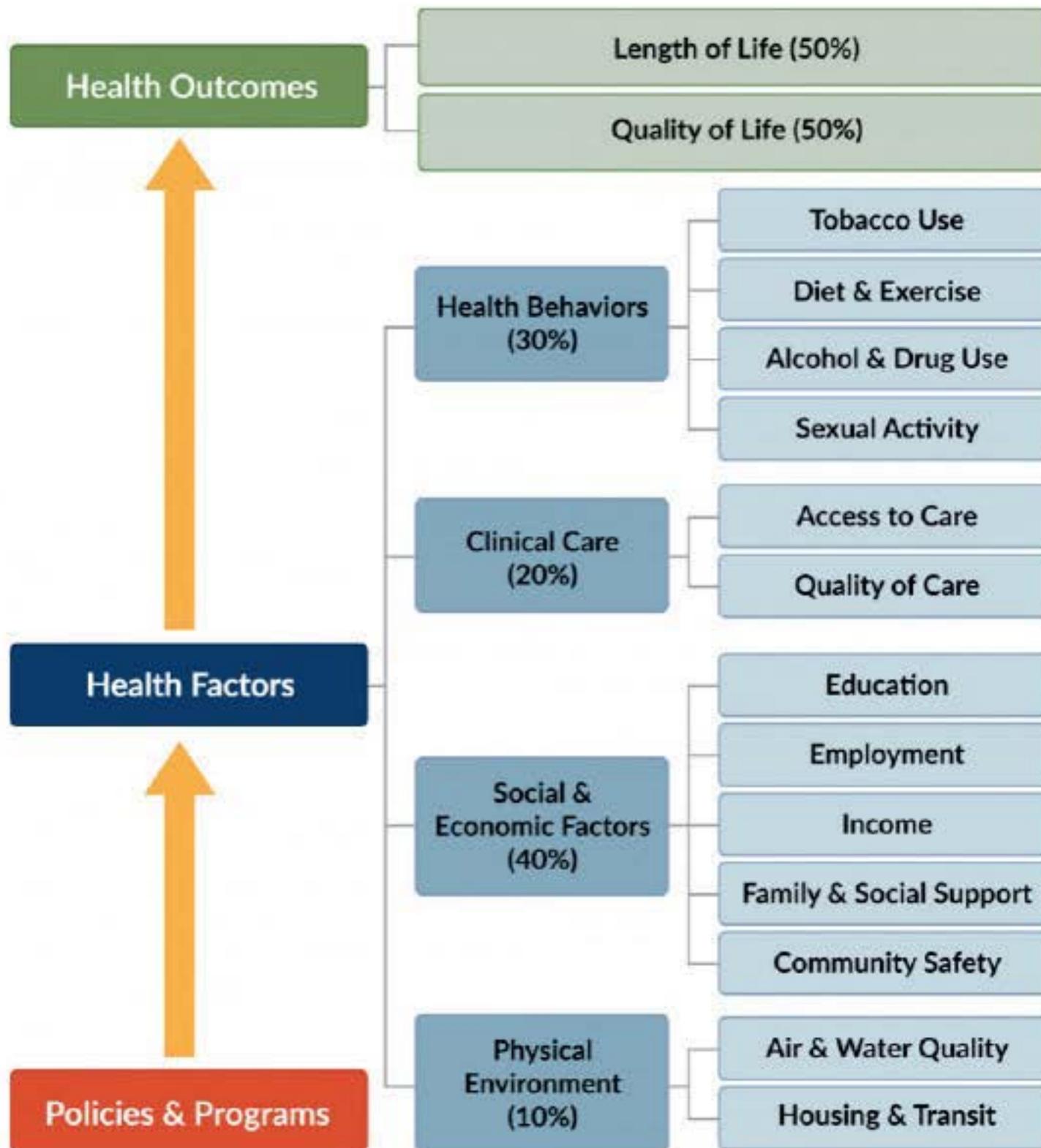
Education: high school graduation, language, literacy

Social & Community Context: social support, discrimination, civic participation, policies, culture

Health & Health Care: access to health care, access to interventions, health literacy (or ability to understand and interpret health information)

Neighborhood & Built Environment: public safety, access to healthy foods, quality of housing, access to sidewalks, air quality, water quality, street lighting, parks.⁷

COUNTY HEALTH RANKINGS MODEL⁸



HEALTH IS MORE THAN HEALTH CARE

Health is more than what happens at the doctor's office. As illustrated in the model at left, a wide range of factors influence how long and how well we live, from education and income, to what we eat and how we move, to the quality of our housing and the safety of our neighborhoods. For some people, the essential elements for a healthy life are readily available; for others, the opportunities for healthy choices are significantly limited.

HEALTH IS FOR EVERYONE

Across the country there are significant differences in health outcomes, from one county to the next and among racial/ethnic groups. For example, Blacks, Native Americans and Hispanics have consistently faced barriers to opportunity and good health. Health disparities emerge when some individuals gain more than others—from consistently better access to opportunities and resources over the course of their lives. Increasing opportunities for everyone can reduce gaps in health. For example, providing better access to high-quality education and enrichment opportunities boosts workforce skills that are key to landing a good job and for upward economic mobility.

The Seminole County 2019 Community Health Needs Assessment is organized according to the topics in the County Health Rankings Model. The data provides a snapshot of the Health Outcomes, Health Factors and Policies and Programs in Seminole County.

WHY DOES THE CHNA INCLUDE INFORMATION ON EDUCATION AND INCOME?

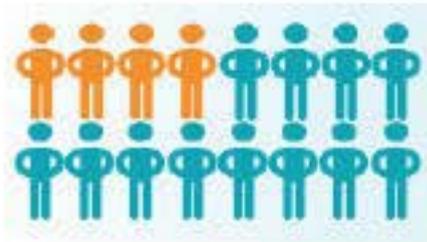
Higher education and incomes impact health in many ways. People with higher incomes have the opportunity to make healthy choices because they are more likely to live in safe homes and neighborhoods, have access to healthy foods and safe places to exercise, have health insurance and resources to deal with stressful life events. Those who are working and still struggling to pay the rent can't always make healthy choices because they don't have as many resources. Families who are struggling to get by are also more likely to face more overall stress and have less resources to deal with stressful events. Chronic stress creates higher levels of harmful hormones, which can increase the risk of many diseases such as cancer, diabetes, heart disease and stroke.⁸

So, it makes sense that groups of people with more education and higher incomes generally have better health and live longer than those with lower incomes. Middle-income Americans are healthier than those who struggle financially, but they are less healthy than those with high incomes. Groups of people with the lowest incomes tend to have the worst health and die younger.⁸



WHY ARE THE STATISTICS BROKEN DOWN BY POPULATION GROUPS?

By comparing, we can see where we are doing well and where we could improve. It is helpful to look at how healthy people in Seminole are, as a group, compared to people in the rest of Florida or in the whole United States. These comparisons cannot be applied to individual people, only to groups of people. For example, men might be twice as likely to die of accidental poisoning than women, but that does not mean a specific man is twice as likely to die from poisoning than his sister.



The graphic on the left shows the group of men have a 25% chance of being orange, not that one man has a 25% chance of being orange.



WHAT ARE THE RATES? Rates are a way to compare between groups of different sizes. Let's say 1,000 ice cream cones were handed out at the county fair and 100 ice cream cones fell to the ground. 50 of the ice cream cones were strawberry ice cream and 50 were mint chocolate chip ice cream. These numbers would make us think that strawberry and mint chocolate chip ice cream cones fall to the ground at the same rate. But, what if 80% of the ice cream cones handed out were strawberry and 20% were mint chocolate chip? Then we would expect that if 100 cones had fallen, 80 would be strawberry and 20 would be mint chocolate chip. Rates help us see the number of ice cream cones that fell in relation to the number of ice cream cones handed out.

Ice Cream Cones Handed Out
800 Strawberry
200 Mint Chocolate Chip
1,000 Total Cones



Ice Cream Cones that Fell
50 Strawberry
50 Mint Chocolate Chip
100 Total Cones



Fall Rate
50 of 800 - 6% (1 out of every 16)
50 of 200 - 25% (1 out of every 4)
100 of 1,000 - 10% (1 out of every 10)



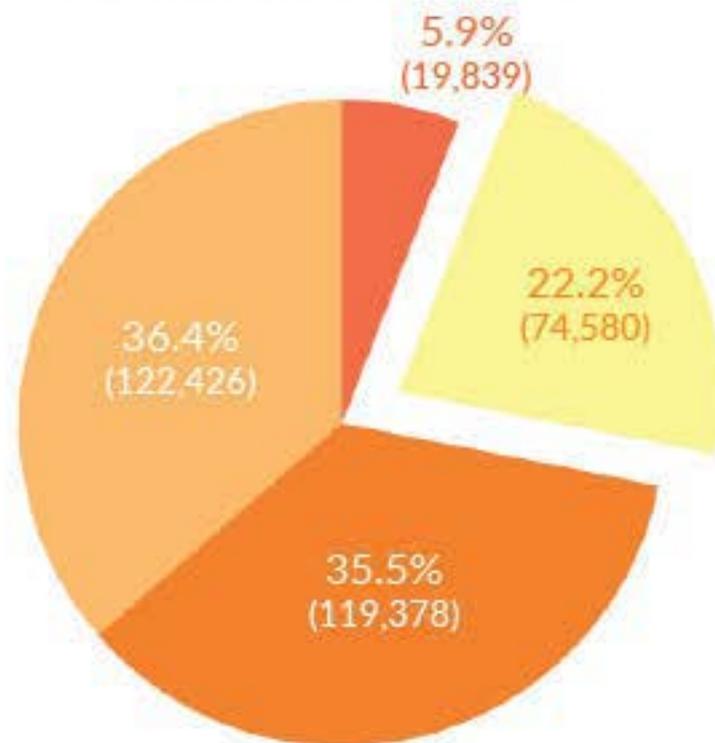
This symbol is used throughout the CHNA to highlight disparities, or areas that need improvement. We focus on the issues that need improvement so we can work together on solutions!

COMMUNITY PROFILE

POPULATION¹



EDUCATIONAL ATTAINMENT¹

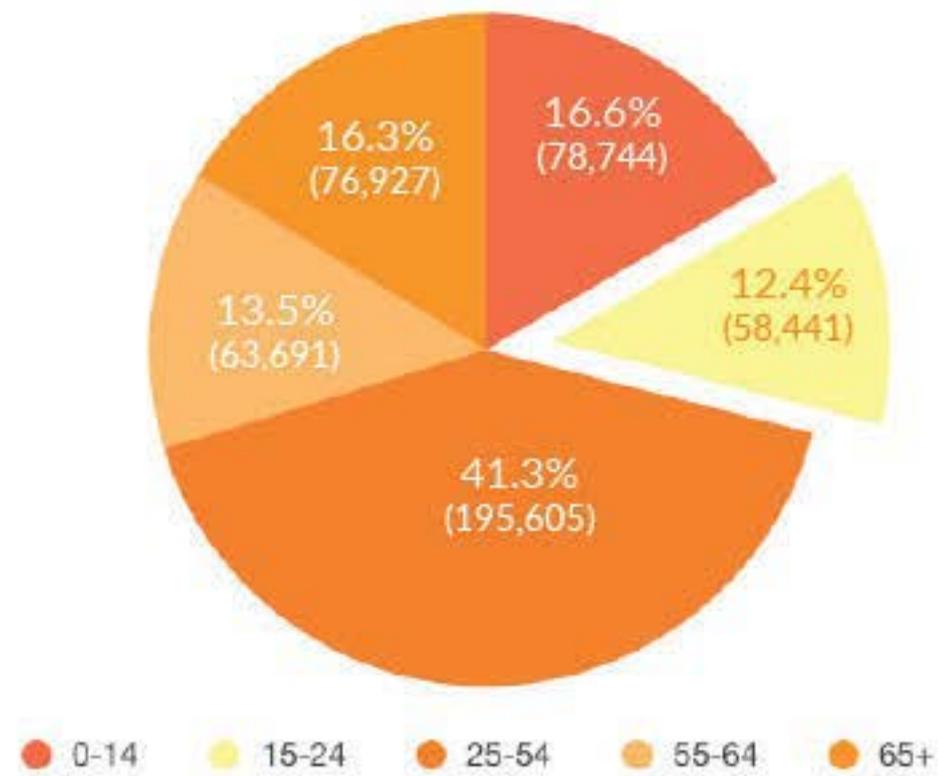


- Less Than High School
- Some College | Associate Degree
- High School
- Bachelor Degree or Above



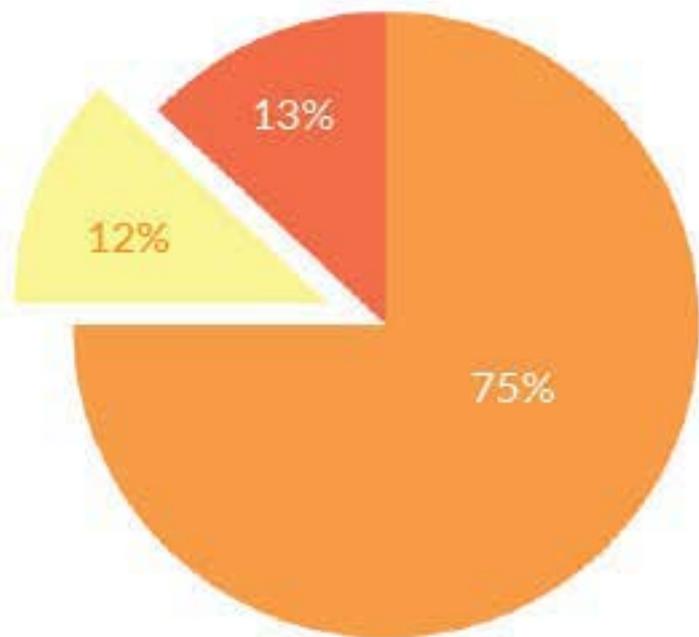
21.7% of the population in Seminole County is also Hispanic or Latino.¹

POPULATION BY AGE¹



Graphs are based on the 2019 total estimated population of 473,408.

POPULATION BY RACE¹



● White, Alone ● Black, Alone ● Other

American Indian, Alone (0.3%)
 Asian Alone (4.5%)
 Native Hawaiian/Pacific Islander (0.08%)
 2 or More Races, Alone (3.6%)
 Some Other Race, Alone (4.5%)

HISPANIC POPULATION BY RACE

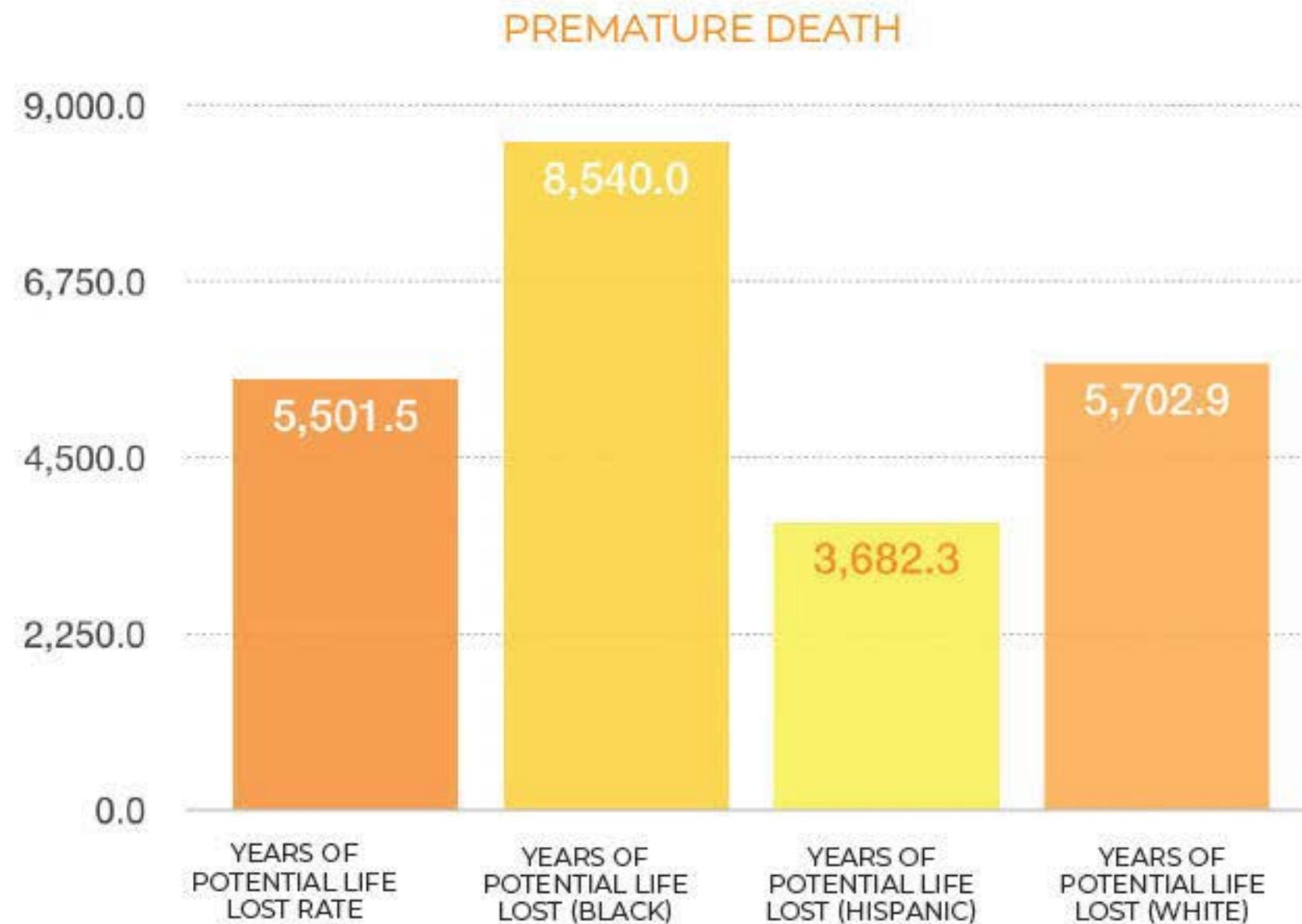
RACE/ETHNICITY ³	2018
White Alone	280,793
White, Hispanic	87,330
Black Alone	52,298
Black, Hispanic	6,734



HEALTH OUTCOMES

Health Outcomes represent how healthy a county is right now. They reflect the physical and mental well-being of residents within a community through measures representing not only the length of life but quality of life as well. ⁸

Years of potential life lost (YPLL) or potential years of life lost (PYLL)⁸, is an estimate of the average years a person would have lived if he or she had not died prematurely (before age 75). It is, therefore, a measure of premature mortality. As an alternative to death rates, it is a method that gives more weight to deaths that occur among younger people.



Hispanic residents of Seminole County tend to live longer than Black or White residents.

PREMATURE
MORTALITY 2018*

4379.0

Number of Deaths

283.2

Age-Adjusted
Mortality

414.8

Age-Adjusted
Mortality (Black)

184.4

Age-Adjusted
Mortality (Hispanic)

294.3

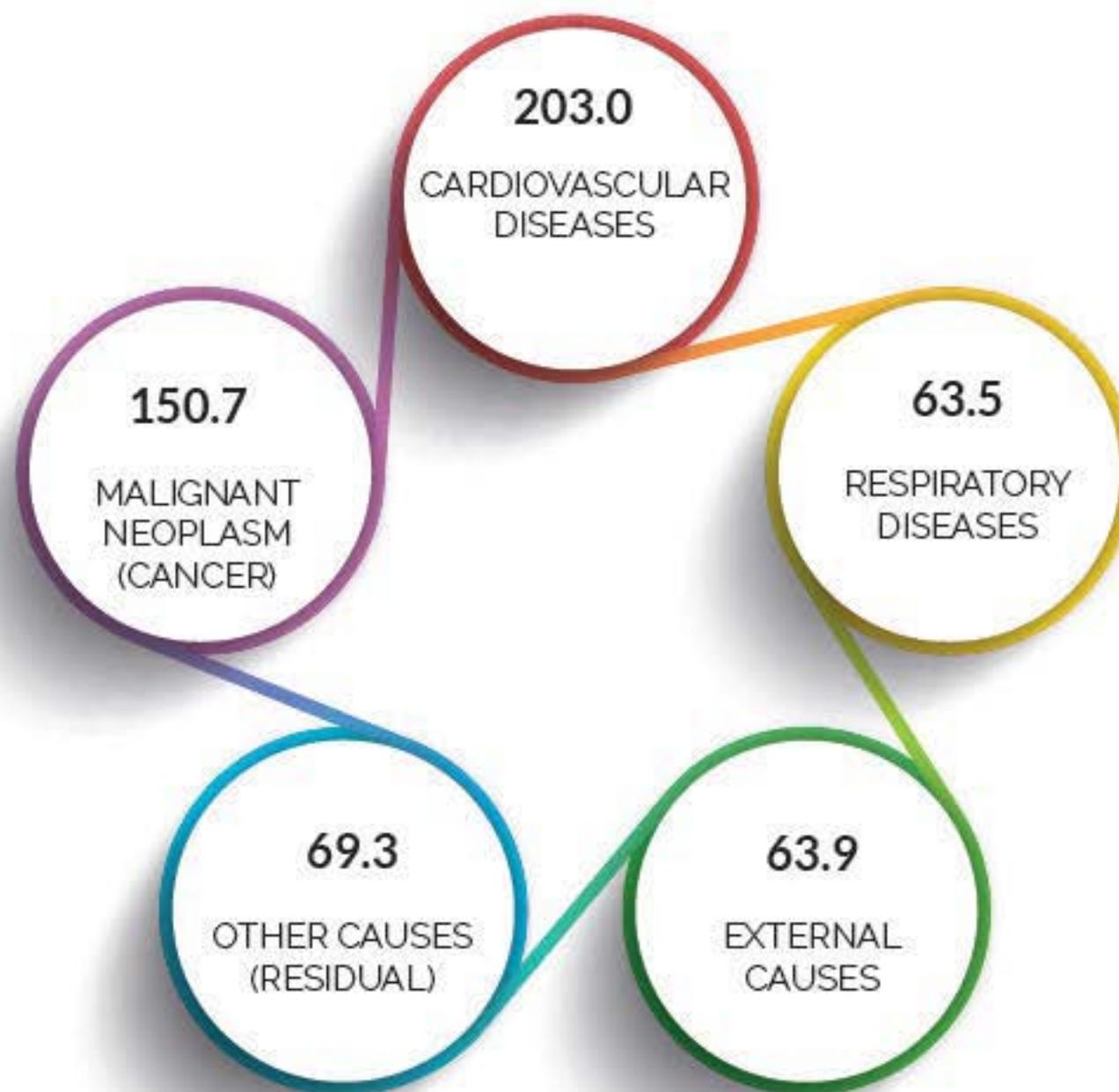
Age-Adjusted
Mortality (White)

* Rates are 2018 per 100,000 population³



Cardiovascular Diseases is the leading cause of death in Seminole County. Risk factors including smoking, high cholesterol, high blood pressure, physical inactivity and diabetes.⁹

LEADING CAUSES OF DEATH*



HEALTH OUTCOMES

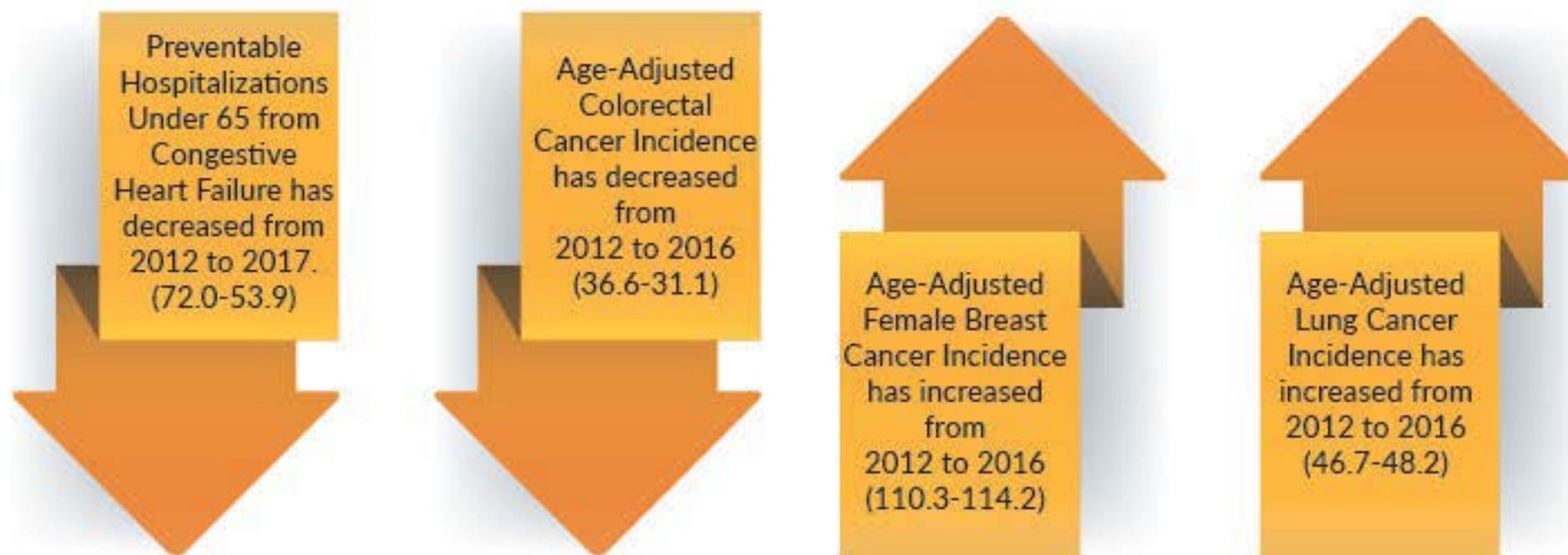


White residents of Seminole County (55.1) are more likely to die of a stroke than White Florida residents overall (38.8).³

QUALITY OF LIFE¹⁰



CHRONIC DISEASE³



STUDENTS DIAGNOSED WITH ASTHMA³



ADULTS DIAGNOSED WITH DIABETES³



Heart Disease deaths have increased in Seminole County 2.0% between 2011 (1377) and 2017(1405).³



Hispanics are less likely to die of heart disease, cancer, cardiovascular diseases and chronic lower respiratory disease than other races/ethnicity.³



Women are more likely than men to experience "silent" heart attacks, which have less recognizable symptoms like chest pain. This may explain why fewer women survive their first heart attack than men.⁹

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

- Community Stakeholder

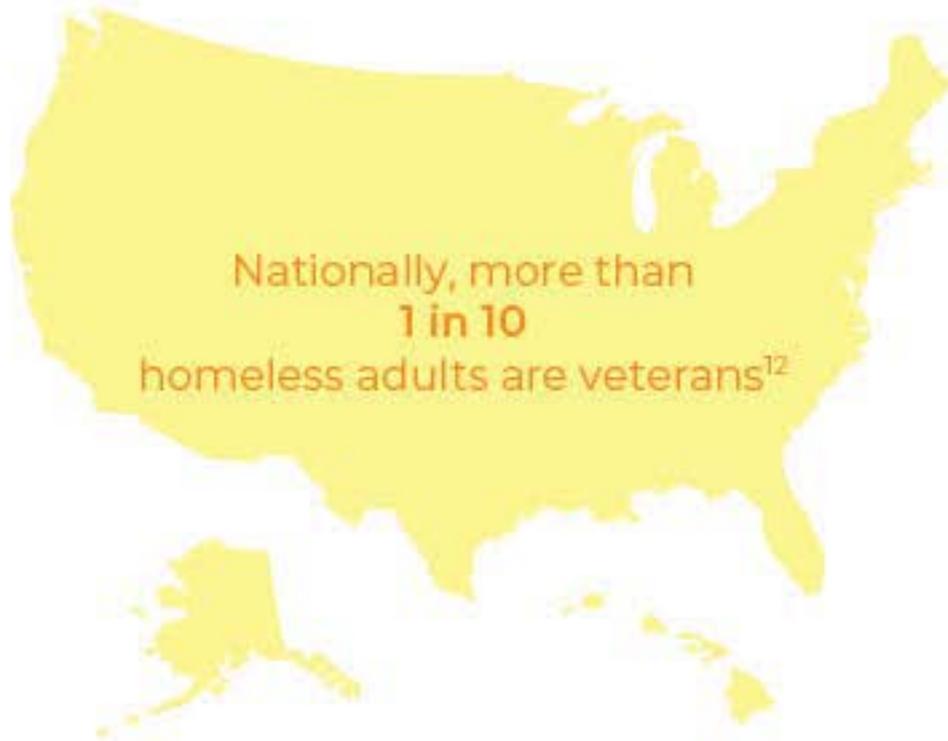


HEALTH OUTCOMES

SOCIAL & MENTAL HEALTH



Adults with household incomes under \$50K are more likely to have depressive disorder than those with higher incomes.³



11.3% of Seminole County adults have frequent mental distress.³



Adults age 18-44 are more likely to have depressive disorder than other age groups.³



Almost 40% of households in Seminole County are cost burdened or severely cost burdened.³



In Florida, mental illness is the number one disabling condition that leads to homelessness.¹²



Seminole County had the largest overall increase for suicide rates in the region for young adults age 19-21, from 6.3 in 2004 to 24.0 in 2017.³



11.3% of Seminole County adults have frequent physical distress.³



"While the **"public face" of homelessness** is often that of people experiencing long-term chronic homelessness, the reality is that the experience of homelessness spans demographics and populations - young and old, employed and unemployed, healthy and ill, female and male."¹²

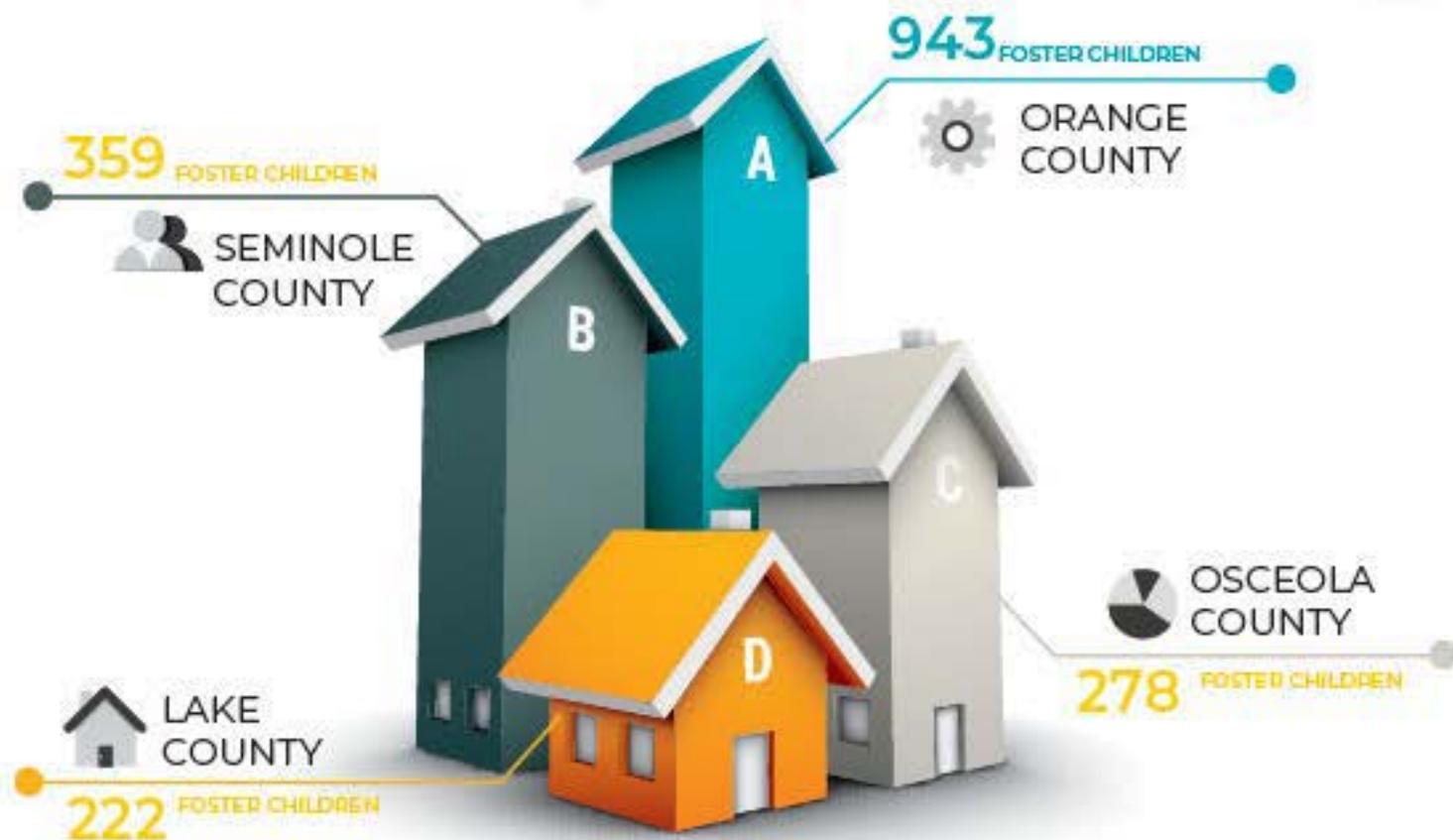
Between 2012 and 2017,



Estimated number of people in each county that are homeless
 Lake (312) | Seminole (288)
 Orange (1,539) | Osceola (226)³



Home Ownership rates have decreased in Seminole County from 69.5% in 2000 to 65.8% in 2017.²



³Approximate foster children, each County (2017)

"Mental health is a top community need. I think that families we deal with become easily overwhelmed and don't know where to turn. Then they defer getting treatment and it gets worse and worse. We end up with a call to the hotline and we get involved to help at that point."

- Stakeholder Interview Participant



HEALTH OUTCOMES

COMMUNITY INPUT OF TOP COUNTY HEALTH ISSUES

COMMUNITY SURVEY TOP ISSUES AFFECTING RESPONDENTS & FAMILIES¹⁰



STAKEHOLDER INTERVIEWS TOP 10 PRIORITIES¹³



COMMUNITY INPUT OF TOP COUNTY HEALTH ISSUES

KEY INFORMANT SURVEY TOP COMMUNITY ISSUES¹⁴



FOCUS GROUP TOP COMMUNITY ISSUES¹⁵



HEALTH OUTCOMES

KEY CHANGES SINCE 2016 COMMUNITY HEALTH NEEDS ASSESSMENT¹⁶



KEY CHANGES SINCE 2016 COMMUNITY HEALTH NEEDS ASSESSMENT¹⁶



* For data on all indicators see Central Florida Community Collaborative 2019 Community Health Needs Assessment

KEY CHANGES SINCE 2016 COMMUNITY HEALTH NEEDS ASSESSMENT¹⁶



KEY CHANGES SINCE
2016 COMMUNITY
HEALTH NEEDS
ASSESSMENT¹⁶



* Note that the Built Environment indicators do not have arrows because the data is not compared to previous reporting periods and are not illustrating a positive or negative trend. Compared to the other counties in Florida, there is room for improvement.

* For data on all indicators see Central Florida Community Collaborative 2019 Community Health Needs Assessment

HEALTH BEHAVIORS

TOBACCO USE



SPOTLIGHT ON E-CIGARETTES¹⁷

Electronic cigarettes are devices that deliver vapor to the user by heating "e-liquids." Many e-liquids contain nicotine, a highly addictive chemical. Nicotine is the main reason people continue to use tobacco.

The vapor that e-cigarettes release may not be tobacco smoke, but it is still harmful. Studies have shown that probable cancer-causing chemicals are measurable in some e-cigarette vapor. Bystanders exposed to e-cigarette vapor can also absorb its nicotine.

It is common for people to use e-cigarettes to attempt to quit smoking. Most e-cigarette users - nearly 6 in 10 - do not quit smoking. They continue to smoke conventional cigarettes while also using e-cigarettes. There are still many unknowns regarding the health impacts of e-cigarettes. Regulations for e-cigarettes and vaping products are lagging.



Tobacco-related deaths are preventable.⁷



Moms who smoke during pregnancy are at a greater risk for having a low birth weight and/or preterm delivery compared to moms who do not smoke during pregnancy.⁷



25% of smokers in Florida are 44 years old or younger.¹⁸

A

The percentage of adults who are current smokers in Seminole County has declined from 19.5% in 2002 to 15.2% in 2016.⁹

B

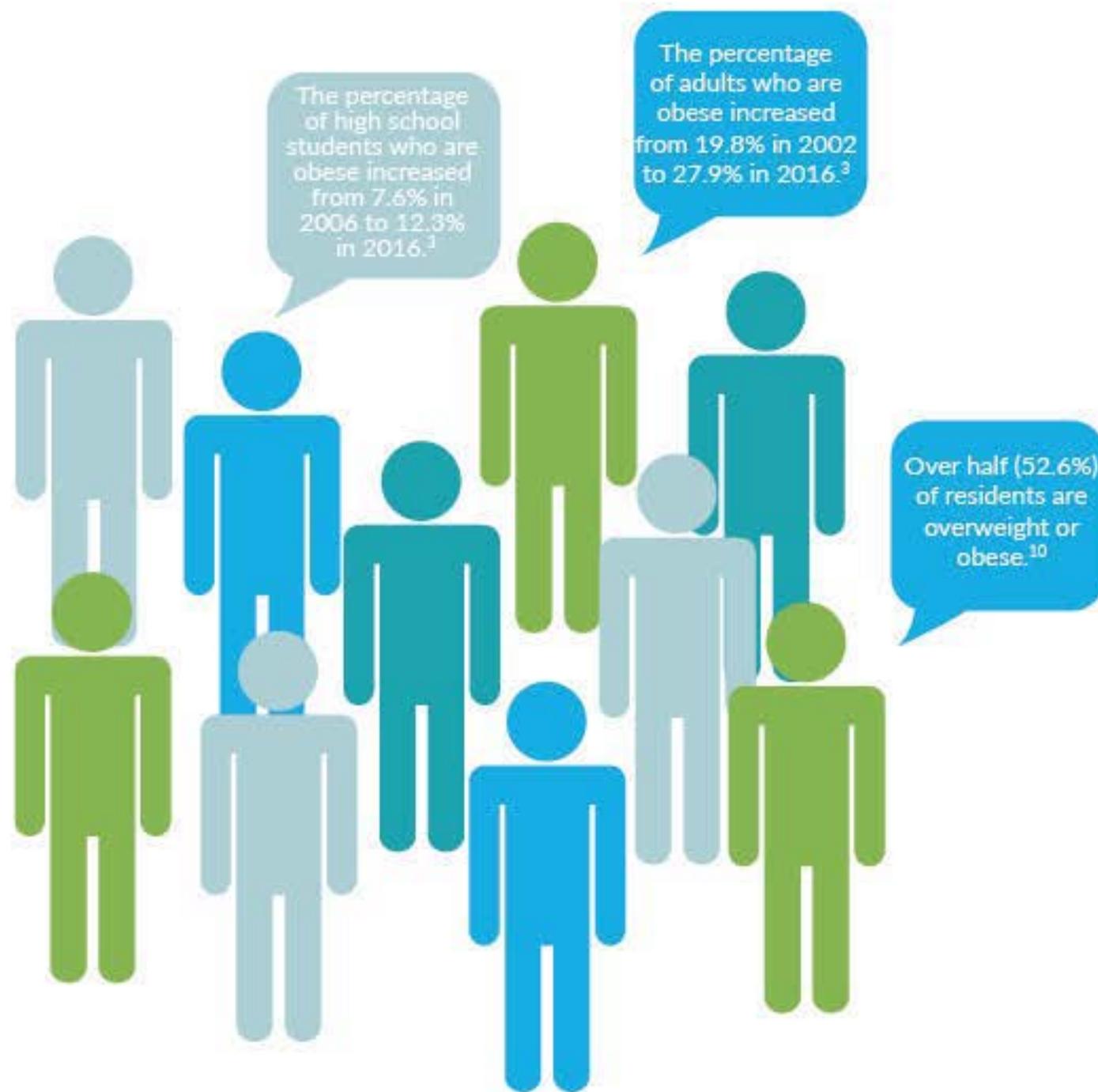
The percentage of middle school students who smoked cigarettes in the past 30 days has declined from 5.0% in 2012 to 0.5% in 2018.³

C

The percentage of high school students who smoked cigarettes in the past 30 days has declined from 7.5% in 2012 to 3.1% in 2018.³

HEALTH BEHAVIORS

DIET & EXERCISE



Black women have a higher obesity rate (34.7%) during pregnancy than White (23.0%) or Hispanic (26.0%) women.³

Health behaviors are actions individuals take that affect their health. They include actions that lead to improved health, such as eating well and being physically active, and actions that increase one's risk of disease, such as smoking, excessive alcohol intake, and risky sexual behavior.⁸

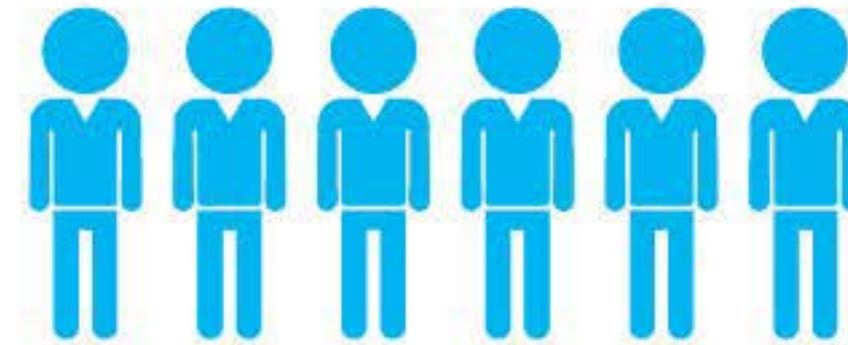
"Baby boomers are experiencing high blood pressure and high cholesterol because of poor diets."

– Focus Group Participant



HEALTH BEHAVIORS

DIET & EXERCISE



The average commute time (the time it takes to get to work) is 30 minutes.¹



73% of middle school and 80% of high school students don't get enough physical activity.³

37.4% Over a third of adults in Seminole County have high cholesterol (37.4%).³ People with high cholesterol have 2X the risk of heart disease as people with low cholesterol.

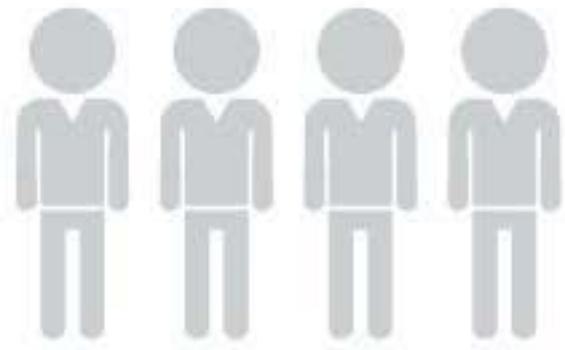
42% 42% of Seminole County residents spend more than 30 minutes traveling to work, which leaves less time for physical activity and recreation.¹

22.8% 22.8% of Seminole County adults don't get enough physical activity.³

40.6% Only one in four (40.6%) of Seminole County residents live within a ½ mile from a park.³

91% 91% of residents have access to exercise.³





6 out of 10 children born in Florida will be obese by the time they graduate high school.¹⁹



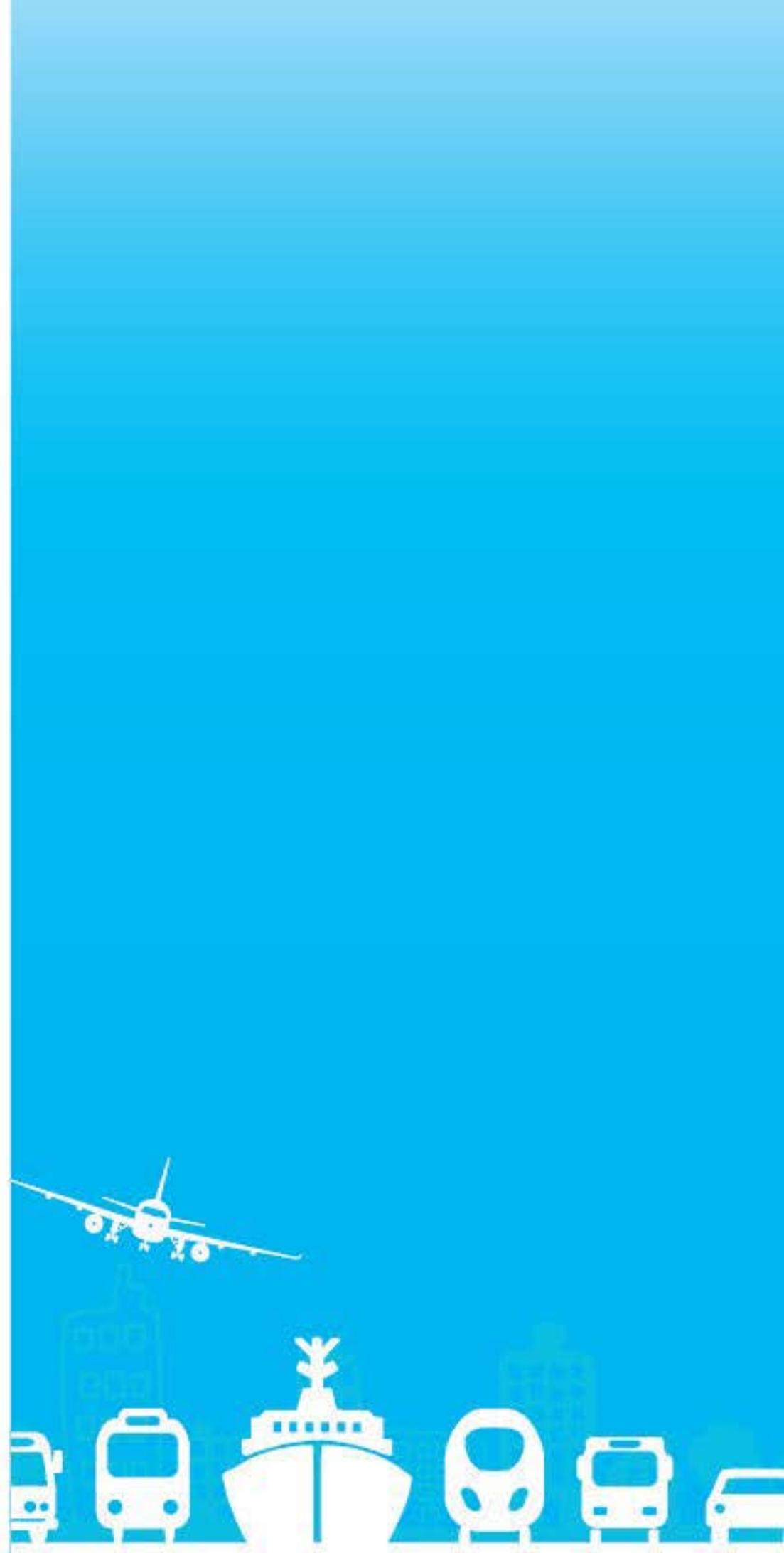
Being overweight or obese is a risk factor for nearly every leading cause of death including: cancer, heart disease, stroke and chronic lower respiratory disease.⁷



Nationally, research estimates that **\$117 billion** in health care costs per year can be linked to a lack of physical activity.⁷



Seminole County has 3 census tracts that are designated food deserts. These are located near Altamonte Springs, Oviedo and Sanford.²⁰



HEALTH BEHAVIORS

ALCOHOL & DRUG USE



The Heroin-related death rate increased in 2015 but decreased to 7.1 in 2017.³



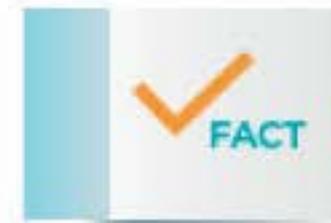
One in five adults binge drinks alcohol. Binge drinking among Seminole County adults decreased to 15.4% in 2010 then increased to 20.1% in 2016.³

"We need better navigation to follow patients who come in with overdoses to make sure they get their meds and get to their appointment and follow up with them to make sure they get what they need."

- Focus Group Participant

"The heroin addict doesn't want to stop; seldom that they want to stop. They just want to continue doing it - and we don't have many options to provide support."

Focus Group Participant



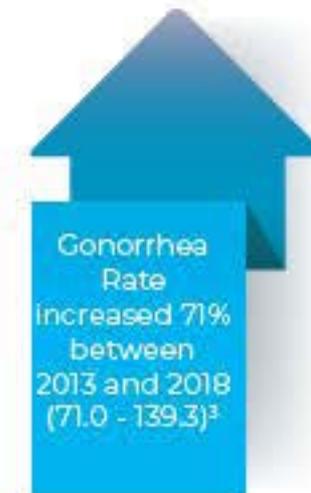
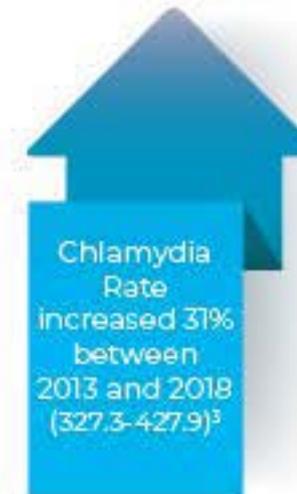
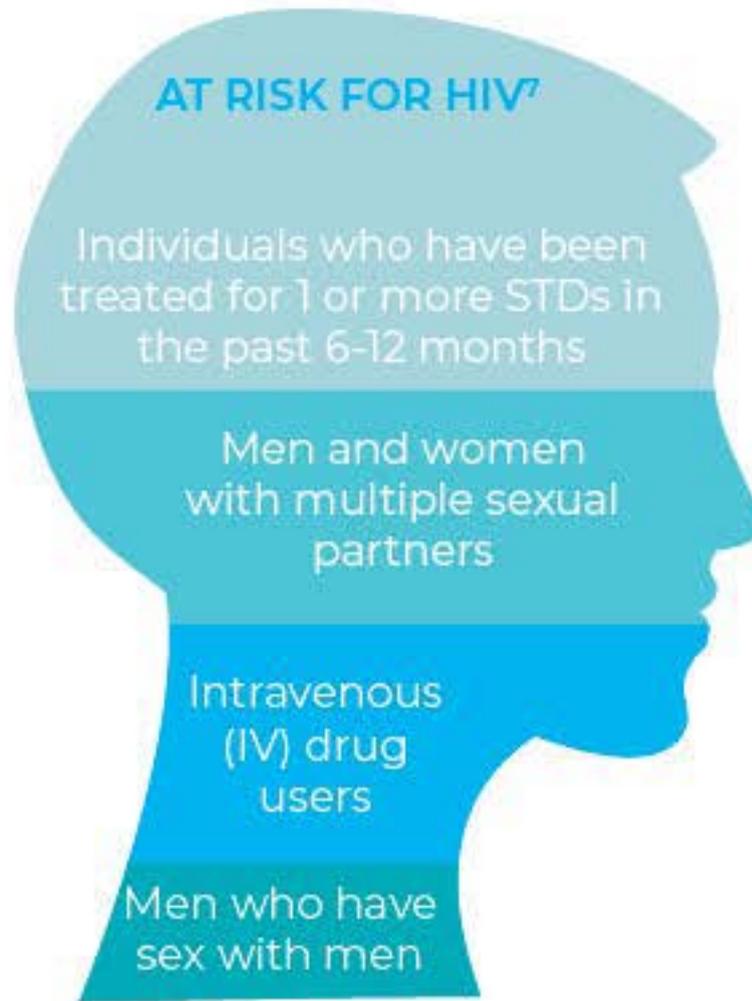
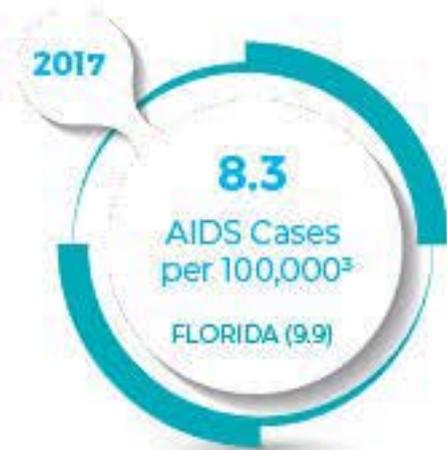
The Fentanyl-related death rate in Seminole County has risen over 400% from 1.5 in 2013 to 7.8 in 2017.³

FENTANYL-RELATED DEATHS³ RATE PER 100,000



HEALTH BEHAVIORS

SEXUAL ACTIVITY



The rate of new HIV cases in Seminole County increased from 10.9 in 2013 to 17.3 in 2017.³



Every pregnant woman should be tested for HIV and STDs. Untreated STDs in pregnant women can have serious health consequences for newborns, including: premature birth, low birth weight, eye and lung infections, developmental problems and death.⁷



The rate of new AIDS cases reported has increased from 7.2 in 2013 to 8.3 in 2017.³



Men are about 50% more likely to have gonorrhea than women (165.5 versus 114.8).³

HIV/AIDS

Stopping the spread of HIV/AIDS is still a major public health concern. However, with new medications it is now possible for those who are HIV-positive to live a long and healthy life.⁷

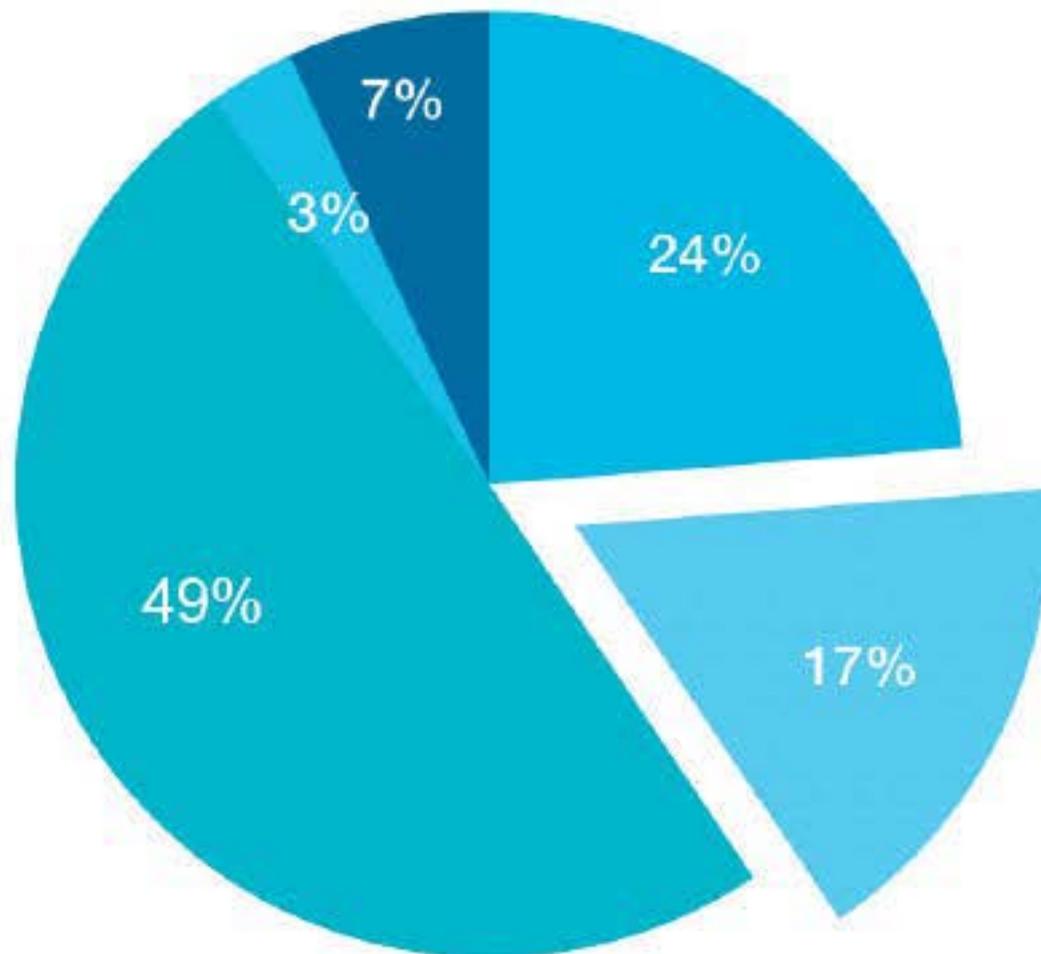
CLINICAL CARE

ACCESS TO CARE



Almost half (49.8%) of Community Survey respondents only see a doctor or other medical provider when they are sick.¹⁰

COMMUNITY SURVEY¹⁰
HOW OFTEN VISIT DOCTOR/HEALTH CARE PROVIDER



- Once Per Year
- Do Not Go to Doctor
- Few Times Per Year
- Other
- Only When Sick



Seminole County currently has one primary care physician for every 1,270 residents, much better than the state of Florida (1,390:1).⁸



Seminole County has 1 dentist for every 1,700 residents compared to the state of Florida that has 1 for every 1,735 residents.¹



Seminole County has 1 mental health provider for every 670 residents compared to the state of Florida that has 1 for every 670 residents.⁸

PNEUMONIA VACCINE³



Since 2010, fewer Seminole County adults are getting Pneumonia and Flu vaccines.³

ADULTS 65+ FLU VACCINE³



Access to affordable, quality, and timely health care can help prevent diseases and detect issues sooner, enabling individuals to live longer, healthier lives. While part of a larger context, looking at clinical care helps us understand why some communities can be healthier than others.⁸

"Our students lack adequate insurance and the ability to get regular updates."

– Key Informant Survey Participant



CLINICAL CARE

INJURY & HOSPITALIZATION



A small percentage (2.1%) of Seminole County Community Survey respondents have been impacted by motor vehicle crash deaths in their families.¹⁰



A little over 1/4 (25.5%) of Community Survey respondents indicated that they have been affected by texting and driving.¹⁰

The infant death rate in 2017 was 6.7, the second lowest in the four-county Central Florida region.



BIRTH CHARACTERISTICS³

Births to mothers with less than high school education have decreased over the past 15 years from 10.9% in 2003 to 5.9% in 2017.



Births to unwed mothers have increased from 29.6% in 2003 to 38.1% in 2017.



Births to uninsured mothers have decreased from 4.2% in 2004 to 3.6% in 2017.



Repeat births to mothers age 15-19 have decreased from 16.2% in 2012 to 11.5% in 2017.



Fewer women received 1st trimester prenatal care in 2017 (80%) than in 2012 (86.1%).





Blacks are more likely to have³:



Higher infant mortality -3X the Hispanic rate and 5X the White rate.



Mothers who were obese during pregnancy – 33% higher than white mothers



Higher unwed mother rate – almost double (97%) the White rate



Pre-term birth – 43% higher than White and 25% higher than Hispanic



Mothers with less than a high school education – 35% higher than the White rate



The percentage of low birthweight babies born in Seminole County has remained between 8-9% for the past 15 years.³



Hispanic women have the highest rate of uninsured births in Seminole County(3.9%).³

“There is lack of access to care for those who are immigrants, especially undocumented.”

– Key Informant Survey Participant



SOCIAL & ECONOMIC FACTORS

ECONOMIC CONDITIONS



A little more than one in five (22.4%) of Seminole County respondents to the Community Survey indicated that they are experiencing challenges to finding affordable and adequate housing.¹⁰

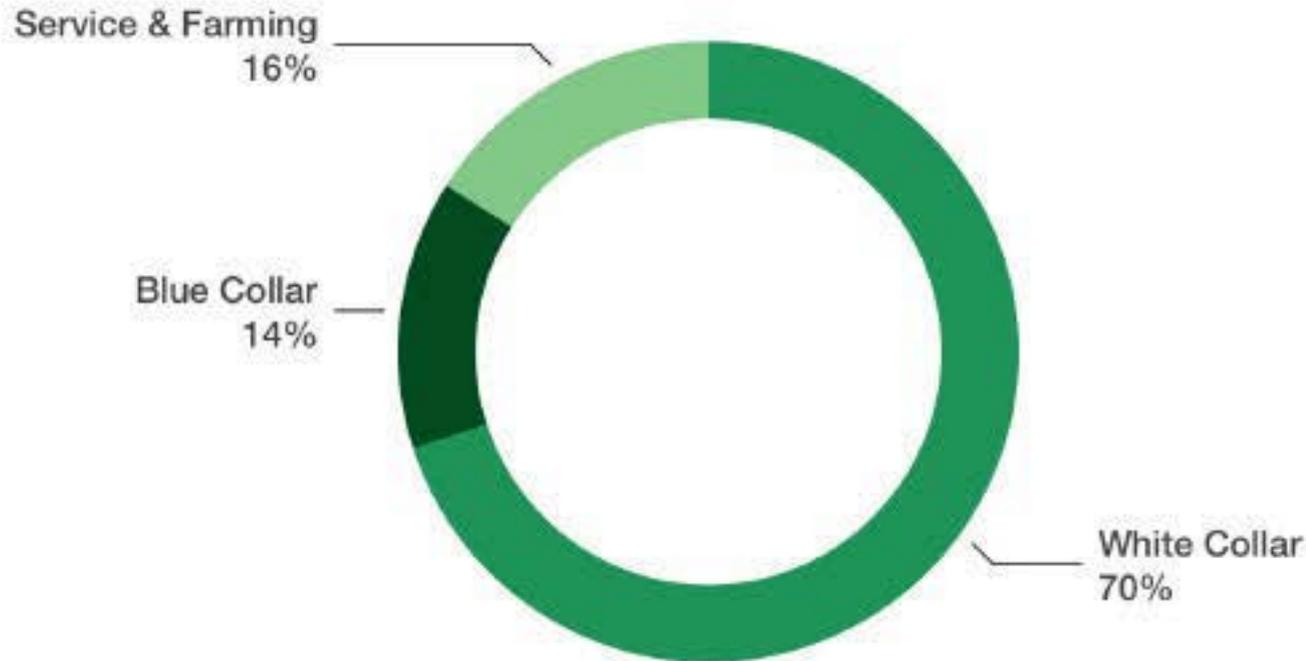


The number of homeless people in Seminole County has decreased by 65% between 2013 and 2018.³

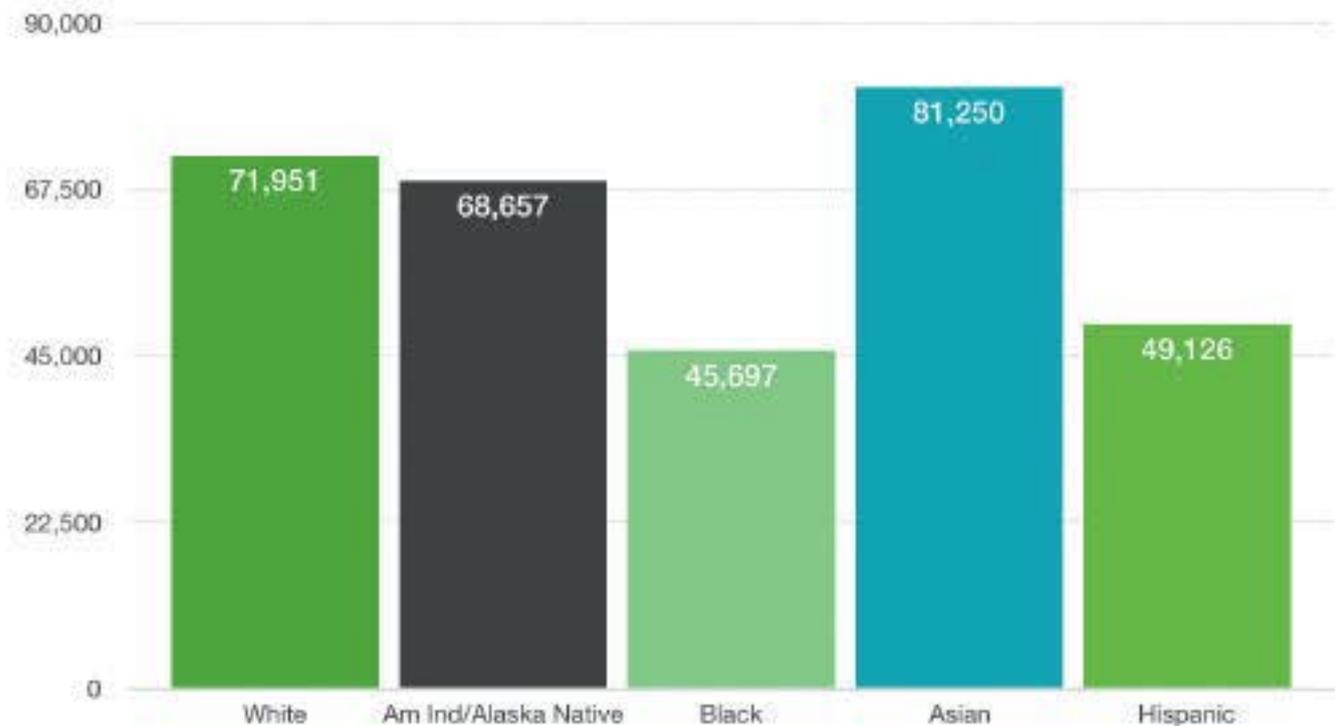


Blacks and Hispanics have much lower median household incomes versus other races/ethnicities.⁴

EMPLOYMENT¹



MEDIAN HOUSEHOLD INCOME¹



14.1% OF CHILDREN IN SEMINOLE COUNTY ARE LIVING IN POVERTY⁸



Poverty Level: 8.6%
Poverty Level with Children: 5.4%⁸

Social and economic factors, such as income, education, employment, community safety and social supports can significantly affect how well and how long we live. These factors affect our ability to make healthy choices, afford medical care and housing, manage stress and more.⁸

17.0%

POVERTY DISPARITY (2013-2017)²¹

18.7%

HISPANIC OR LATINO

BLACK OR AFRICAN AMERICAN



10.5%

ASIAN

10.1%

WHITE

"Largely those with low income and multiple jobs, people are trying to make ends meet and it has a ripple effect. Without the time necessary to take care of themselves and their families, unable to make better health choices and are just focusing on getting through the day"

- Stakeholder Interview Participant



2.8% of Community Survey respondents indicated that they have experienced homelessness.¹⁰



SOCIAL & ECONOMIC FACTORS

SCHOOL & STUDENT CHARACTERISTICS³



In 2017, Seminole County saw 489 juvenile arrests for simple assault and 473 for Larceny/Theft.³



In 2018, 56.1% of students reported that they have taunted or teased other students.³

The percentage of Seminole County students who have been absent 21 or more days in the school year has increased from 5.8% in 2014 to 7.5% in 2018.

2.8% of Seminole County Students admit to currently being in a gang.

Seminole County High School Graduation rates have increased from 83.8% in 2013 to 88.3% in 2017

The illustration features three students: a man on the left sitting on a stack of books reading a red book, a boy in the center standing on a stack of books with a backpack, and a girl on the right sitting on a stack of books wearing a graduation cap and gown. Educational icons like a lightbulb, gears, a rocket, and an apple are scattered around them.

SOCIAL & ECONOMIC FACTORS

SAFETY



6.6% of Seminole County Community Survey Respondents experienced crime versus 9.9% in the region³



56.1% OF SEMINOLE COUNTY STUDENTS INDICATED THAT THEY HAVE EXPERIENCED VERBAL BULLYING, WHILE 27.6% HAVE EXPERIENCED PHYSICAL BULLYING³



25.9% OF STUDENTS INDICATED THEY HAVE BEEN VICTIMS OF CYBER-BULLYING.³

"We are attempting to help victims of sex trafficking who have criminal records get their records expunged so that they can get education and get a job."

- Stakeholder Interview Participant



PHYSICAL ENVIRONMENT

(PARK ACCESS, EXERCISE FACILITIES, FOOD DESERTS, TRANSPORTATION)



25.5% of Community Survey Respondents lack safe roads and sidewalks.⁴



86.7% OF SEMINOLE COUNTY RESIDENTS HAVE ACCESS TO EXERCISE OPPORTUNITIES⁸



SEMINOLE COUNTY CURRENTLY HAS 85 FITNESS FACILITIES²²



ONLY BETWEEN 16% AND 33% OF SEMINOLE COUNTY RESIDENTS HAVE PARK ACCESS³



Seminole County has 7.3 days per month of particulate matter air pollution.⁸



Seminole County currently has 3 census tracts considered food deserts. These are located near Altamonte Springs, Oviedo and Sanford.³



6.6% of Seminole County Community Survey respondents indicated they had problems with access to fresh, available drinking water.¹⁰



APPROXIMATELY 1.2% OF RESIDENTS RIDE A BICYCLE OR WALK TO WORK

8.0% WORK AT HOME¹⁰

The physical environment is where individuals live, learn, work, and play. People interact with their physical environment through the air they breathe, water they drink, houses they live in, and the transportation they access to travel to work and school. Poor physical environment can affect our ability and that of our families and neighbors to live long and healthy lives.⁸

SEMINOLE COUNTY HAS SEVEN UNIQUE COMMUNITIES:

- SANFORD
- LAKE MARY
- LONGWOOD
- WINTER SPRINGS
- ALTAMONTE SPRINGS
- CASSELBERRY
- OVIEDO



POLICIES AND PROGRAMS

The County Health Rankings model illustrates the many factors that, if improved, can help make communities healthier places to live, learn, work, and play. Policies and programs at the local, state, and federal levels play an important role in influencing these factors. By implementing strategies that target the specific health challenges of a community, there is an opportunity to influence how long and how well people live.⁸

PRIORITY AREAS

These priority areas will be addressed through policies and programs developed through the Seminole County Community Health Improvement Plan (CHIP) 2020-2023.

CHRONIC DISEASE SCREENINGS

- Mammograms
- PSA
- Colorectal Screenings

PROMOTING HEALTHY LIFESTYLES

- Poor nutrition
- Lack of physical activity
- Unhealthy weight
- Tobacco/nicotine use
- Access to healthy food
- Risk reduction and education

COMMUNICABLE DISEASES

- HIV/AIDS
- Hepatitis
- Child and Adult Immunizations

SUPPORTING MENTAL HEALTH

- Lack of services
- Suicide

DECREASING DRUG USE

- High opioid use
- Drug use among teens

OTHER PRIORITIES

- Protecting children & teens
- Preventing injuries
- Strengthening families

TOGETHER WE CAN MAKE
SEMINOLE COUNTY A HEALTHIER
PLACE TO LIVE, LEARN, WORK
AND PLAY.

JOIN THE HEALTHY SEMINOLE
COLLABORATIVE BY
CONTACTING US AT
[HTTP://SEMINOLE.FLORIDAHEALTH.GOV](http://seminole.floridahealth.gov)



APPENDIX A

SOURCES AND REFERENCES

- 1 2019 Population Estimates, Claritas - Pop-Facts Premier 2018, Environics Analytics
- 2 Poverty Rate as of 11/15/18: US Census Bureau, 2012-2016 American Community Survey, retrieved from <https://www.census.gov/topics/income-poverty/poverty/data/tables/acs.html>
- 3 FLHealthCHARTS, Florida Department of Health (2002-2018), retrieved from www.flhealthcharts.org
- 4 2019 Central Florida Collaborative Community Health Needs Assessment, Strategy Solutions, 2019
- 5 Florida Drug-Related Outcomes Surveillance System (FROST), retrieved from <https://frost.med.ufl.edu/frost/>
- 6 Robert Wood Johnson Foundation (2016-2017), retrieved from www.countyhealthrankings.org
- 7 Centers for Disease Control and Prevention (2014-2017), Retrieved from www.cdc.gov
- 8 County Health Rankings and Roadmaps, retrieved from www.countyhealthrankings.com
- 9 FLHealthCHARTS, Florida Department of Health (2002-2018), retrieved from www.flhealthcharts.org
- 10 Central Florida Community Benefit Collaborative Community Survey, Strategy Solutions, 2019
- 11 American Heart Association (2017), retrieved from www.goredforwomen.org
- 12 Florida Council on Homelessness (2016-2017), retrieved from www.myflfamilies.com
- 13 Central Florida Community Benefit Collaborative Stakeholder Interviews, Strategy Solutions, 2019
- 14 Central Florida Community Benefit Collaborative Key Informant Survey, Strategy Solutions, 2019
- 15 Central Florida Community Benefit Collaborative Focus Groups, Strategy Solutions, 2019
- 16 2019 Central Florida Collaborative Community Health Needs Assessment, Strategy Solutions, 2019
- 17 Florida Behavioral Risk Factor Surveillance System (BRFSS; 2000-2016), FLHealthCHARTS, Florida Department of Health, retrieved from <https://www.flhealthcharts.org>
- 18 Tobacco Free Florida (2017), retrieved from www.tobaccofreeflorida.com
- 19 Healthiest Weight Florida (2017), retrieved from www.healthiestweightflorida.com
- 20 US Department of Agriculture Food Deserts, retrieved from <https://www.ers.usda.gov/data-products/food-access-research-atlas/go-to-the-atlas.aspx>
- 21 American Community Survey (2017), retrieved from <https://www.census.gov/programs-surveys/acs/>
- 22 US Census Bureau, County Business Patterns, retrieved from <https://www.census.gov/data/datasets/2016/econ/cbp/2016-cbp.htm>

