COMMUNITY HEALTH NEEDS ASSESSMENT
2016 REPORT

CENTRAL FLORIDA COMMUNITY BENEFIT COLLABORATION
LAKE, ORANGE, OSCEOLA AND SEMINOLE COUNTIES

ASPIRE HEALTH PARTNERS

FLORIDA HOSPITAL
The skill to heal. The spirit to care.®

ORLANDO HEALTH

ORLANDO HEALTH | South Lake Hospital
In affiliation with Orlando Health

Florida HEALTH
Lake County

Florida HEALTH
Orange County

Florida HEALTH
Osceola County

Florida HEALTH
Seminole County

TABLE OF CONTENTS

MESSAGE FROM THE LEADERS OF THE CENTRAL FLORIDA COMMUNITY BENEFIT COLLABORATION

Aspire Health Partners is pleased to be able to participate in the comprehensive Community Health Needs Assessment (CHNA) with our other partners. This approach better enables us to address the needs of our patients in a collaborative manner and avoid duplication of efforts.

The patients of Aspire with mental health and substance use disorders also suffer from other physical illness and disabilities that prevent them from living a fully healthy life. This needs assessment has given us a better picture of all the community needs of the people whom we serve and allows us, with our partners, to focus on the most severe and pressing concerns that will impact the quality of their lives in Central Florida.

Jerry Kassab
President
Aspire Health Partners

At Florida Hospital, our mission is to extend the healing ministry of Christ. As a not-for-profit healthcare organization, one of the ways we carry out this mission is by collaborating with community partners to improve the health of the communities we serve. We've had the privilege of working together with Orlando Health, Aspire Health Partners and the Departments of Health representing our service areas on the CHNA to provide a baseline of health status in Central Florida.

The health of a community is determined by the physical, mental, spiritual, environmental and social well-being of community residents. The CHNA examines some of these health factors that will help us identify the most critical health barriers that our communities face. These insights will then inform our Community Health Plans, allowing us to more effectively and efficiently improve health in our community and better meet the needs of underserved populations in Central Florida.

Daryl Tol
President & CEO
Florida Hospital & Central Florida Region of Adventist Health System

Orlando Health is committed to reaching beyond our walls to touch lives in the places where our care is needed most. In order to provide this critical care, we align with those who share this commitment. Through the CHNA, we worked alongside our local health departments and other healthcare organizations to identify the health needs of our community. We look forward to continuing our collaborative efforts to improve the health and quality of life in the Central Florida region.

David Strong
President & CEO
Orlando Health

MESSAGE FROM THE CEOS OF THE CENTRAL FLORIDA COMMUNITY BENEFIT COLLABORATION

Participating in this regional collaboration for our CHNA has been tremendously helpful in identifying healthcare gaps that exist in our community and throughout the region. We believe partnering with the local health departments and other healthcare organizations in Central Florida to conduct this assessment will allow us to more effectively address the healthcare needs in our community and throughout the region. Collaboration is a key component to successfully impacting the health and social well-being for the populations we serve.

John A. Moore, FACHE
President
South Lake Hospital

The CHNA gives us a great opportunity to align our goals with our partners and focus in on what will be the most important health challenges our communities will face. The Florida Department of Health in Lake County is determined to discover the most impactful health issues that we will strive to overcome in the upcoming years. We appreciate our partners' willingness to address these issues in unison. Thank you for your continued interest in our CHNA and welcome, to what we hope will be an integral step in addressing a path to better health outcomes!

Aaron Kissler, MPH
Health Officer
Florida Department of Health in Lake County

The CHNA is an example of the commitment of the agencies that came together to make it happen. It is also a valuable asset to our community. It serves as a call to action to community leaders, elected officials, and the business and faith communities to come together to positively impact all sectors of our community. The CHNA helps us to focus on health equity, heroin use, the homeless, hunger and HIV. It also allows us to create a roadmap and action plan for collective impact to make our community the healthiest place to work, live and play.

Kevin Sherin, MD, FAAFP, FACPM
Health Officer and Director
Florida Department of Health in Orange County

MESSAGE FROM THE CEOS OF THE CENTRAL FLORIDA COMMUNITY BENEFIT COLLABORATION

The CHNA represents a collaborative, community-based approach to identify, assess and prioritize the most important health issues affecting a community. The CHNA looks at health status, barriers to care and other social determinants of health that can have an impact on individuals, families and the community as a whole.

The Florida Department of Health in Osceola County has worked with our community partners and stakeholders in previous assessment cycles, through which we developed a Community Health Improvement Plan (CHIP) with specific opportunities for improved health. The results of this most recent CHNA will provide critical information that will help us to continue to address short- and long-term strategies to further advance the health of our community.

Belinda Johnson-Cornett, MS, RN-C, MBA
Health Officer
Florida Department of Health in Osceola County

This was a great opportunity to collaborate across jurisdictional lines to improve population health and implement interventions that are truly needed to make Central Floridians healthier. Moving forward with new data will allow us to focus on the social determinants of health and address the root causes of what is making people sick.

Swannie Jett, DrPH
Health Officer
Florida Department of Health in Seminole County

CHAPTER 2: ABOUT THE COLLABORATION

ABOUT THE CENTRAL FLORIDA COMMUNITY BENEFIT COLLABORATION

The Central Florida Community Benefit Collaboration's Vision: *To promote and inspire a culture of health by collaborating with traditional and non-traditional partners, ensuring access to healthcare resources, developing evidence-based programs and advancing health equity throughout the Central Florida region.*

Hospital community benefit activities promote health and well-being by collaboratively addressing community health needs. In Central Florida, there is a well-established tradition of healthcare organizations, providers, community partners and individuals committed to meeting our local health needs. The region is home to several respected hospitals that are ranked in the nation's top 100, a Level One Trauma Center, nine designated teaching hospitals and the University of Central Florida College of Medicine.

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

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

Not only has the ACA increased the number of insured, the landmark legislation also has helped communities mobilize and develop Community Health Improvement Plans to improve community health outcomes. The ACA requires all licensed not-for-profit hospitals to conduct a Community Health Needs Assessment (CHNA) every three years. Not-for-profit hospitals must also develop measurable Implementation Strategies (i.e., a Community Health Plan, or CHP) to address the needs defined by the assessment. In addition, the hospitals must provide annual updates on these strategies in their IRS Form 990. In parallel with the not-for-profit hospitals, all 67 county health departments in Florida are required to conduct a CHNA. The purpose of the required assessment is to determine public health priorities for the next three to five years. As a best practice for health assessment and planning, most county health departments use Mobilizing for Action through Planning and Partnership (MAPP), which was developed by the National Association for City and County Health Officials (NACCHO), as the framework for their assessment. Many national and state public health organizations including NACCHO and the Florida Department of Health use MAPP. As a result, Lake, Orange, Osceola and Seminole Counties used MAPP for their assessments.

Given these new requirements for both not-for-profit hospitals and departments of health, in 2012, Florida Hospital, Orlando Health and Aspire Health Partners (formerly Lakeside Behavioral Healthcare) partnered to prepare the first joint CHNA. In 2015, Florida Hospital, Orlando Health, South Lake Hospital, in affiliation with Orlando Health, Aspire Health Partners and the Florida Department of Health in Lake, Orange, Osceola and Seminole Counties formed the Central Florida Community Benefit Collaboration ("the Collaboration") to provide a broader perspective of the region's health needs.

Community engagement is the process of working collaboratively with and through groups of people affiliated by geographic proximity, special interest or similar situations to address issues affecting their well-being. It is a powerful vehicle for bringing about environmental, cultural, health and behavioral changes that will improve the quality of life of the community. It often involves partnerships and coalitions that help mobilize resources and influence systems, change relationships among partners, and serve as catalysts for changing policies, programs and practices (Principles of Community Engagement, ASTDR, CDC, 2011).

The Collaboration engaged the consulting services of Impact Partners, LLC to lead Central Florida through an expanded CHNA. Impact Partners worked to build on top of the first CHNA, completed in 2013, in order to maintain the integrity of the original benchmark data, to evaluate the progress of the previous priorities by comparing historical benchmark data and to measure long-term progress.

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

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

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

EXECUTIVE SUMMARY

The health of a community is determined by the physical, mental, environmental, spiritual and social well-being of all community residents. Achieving such a complex state of being requires an equally complex understanding of the determinants of each of these aspects of health. A Community Health Needs Assessment (CHNA) — driven by community input — is a systematic approach to collecting, analyzing and using complex data and information to identify priority areas for health improvement efforts. This CHNA report serves as a baseline of the health status of the four counties identified by the Collaboration as the geography of focus: Lake, Orange, Osceola and Seminole Counties located in Central Florida.

Using national strategies including Healthy People 2020 (HP2020) and The Robert Wood Johnson Foundation's County Heath Rankings as a framework for the CHNA, data were compiled from the most up-to-date, publicly available resources and primary research with community residents, providers and stakeholders. In order to provide more geographically granular information, facility utilization data were used to generate hot spots in the community. In combination with the other data sources, hot spotting allows the Collaboration to prioritize community need in the provision of care (Cutts, Rafalski, Grant, & Marinescu, 2014).

The findings from the Collaboration's CHNA demonstrate the need for improvement in social determinants of health, health status, access to care and built environment elements across the four counties. The four-county area falls short of HP2020 goals in multiple areas and is worse than state statistics in many others. Disparities in access and preventative care as well as food access demonstrate the need for concerted action in order to achieve health equity and overall health improvement for the entire population. Health disparities are differences in health outcomes between groups that reflect social inequalities. According to the Centers for Disease Control and Prevention (CDC) 2011 Health Disparities and Inequalities Report, "Since the 1980s, our nation has made substantial progress in improving residents' health and reducing health disparities, but ongoing racial/ethnic, economic and other social disparities in health are both unacceptable and correctable." Throughout this report, we will highlight health disparities in the identified CHNA region.

There are benefits to addressing the health of the community beyond simply having healthier residents. According to The Robert Wood Johnson Foundation, improving the health of the community benefits the bottom line of local businesses and the local economy. Healthier communities help to cultivate a healthy, more productive workforce fueling future economic growth. Healthy communities are also associated with higher rates of education, which benefits both workers and employers. Finally, healthier communities attract more talented employees and a healthier customer base that can strengthen their economies.

The issues brought to light in this report are the product of a social determinants approach to health; that is, how the social conditions in which individuals live and work affect their physical health (Lang, Lepage, Schieber, Lamy, & Kelly-Irving, 2012). Thus, rather than prioritizing physical diagnoses that may need addressing, this reports aims to guide efforts toward changing the aspects of the environment that have causal links to those diagnoses.

SOCIAL-ECOLOGICAL MODEL[1]

INDIVIDUAL

INFLUENCES: ATTITUDES AND BELIEFS THAT SUPPORT UNHEALTHY BEHAVIORS

RELATIONSHIPS

INFLUENCES: ASSOCIATION WITH FRIENDS, FAMILY, CO-WORKERS AND SOCIAL NETWORKS

COMMUNITY

INFLUENCES: SOCIAL NORMS AS WELL AS THE INTERACTIONS AND RELATIONSHIPS AMONG ORGANIZATIONS

SOCIETAL

INFLUENCES: HEALTH, ECONOMIC, EDUCATIONAL AND SOCIETAL POLICIES

COMMUNITY HEALTH NEEDS ASSESSMENT: SOCIAL-ECOLOGICAL MODEL OF HEALTH

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

This Community Health Needs Assessment (CHNA) report serves as the foundation for improving health, wellness and quality of life in Central Florida. In order for the Collaboration and community partners to identify communities in need of public health services and strategically plan health interventions, it is first necessary to understand the elements that influence health and well-being.

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

Human behavior is difficult to change and is nearly impossible to modify without understanding the environment in which one lives. In order to increase behavior that supports health and wellness, efforts need to focus on behavior choices and factors that influence those choices. The SEM helps identify factors that influence behavior by considering the complex interplay among individual, interpersonal, community and public policy factors. It shows how the changes and interactions between these four levels over the course of one's life greatly affect health and wellness. By utilizing the SEM, the likelihood of developing sustainable interventions with the broadest impact on health and wellness is increased.

[1]Social-Ecological Model, CDC.

The four-county assessment covering Lake, Orange, Osceola and Seminole Counties collected and analyzed secondary and primary data that generated common themes for the region, county, ZIP code and neighborhood census tracts. Secondary data about health indicators, healthcare utilization and insurance coverage was gathered from sources including the U.S. Census, Florida Community Health Assessment Resource Tool Set (CHARTS), the Centers for Disease Control and Prevention's Behavioral Risk Factor Surveillance System (BRFSS) Data, County Health Rankings, the American Community Survey and hospital claims data. Primary data sources included a consumer survey, a provider survey, in-depth interviews with community stakeholders and community conversations.

DEFINING THE COMMUNITY

Using community health data, hospital claims data and geographic-specific utilization data, the Collaboration recognized the disparity between health status, socioeconomics and insurance coverage. Those individuals in the lowest income level without insurance have the greatest health needs and are most challenged in gaining access to high quality, affordable healthcare. In addition, the Community Health Needs Assessment (CHNA) identified children and youth as the population most at risk for adopting poor health behaviors but with the greatest opportunity for successful intervention. Each of the participating hospitals' Implementation Strategies and Community Benefit Plans will address the health needs of the broader population with a special focus on those members of the population who demonstrate the greatest need.

Each of the participating hospitals in the Collaboration discussed and agreed upon their respective targeted communities. Internal hospital patient census, existing community benefit programs, as well as secondary data and community scans facilitated the specific community audiences to engage for the primary data collection. The targeted community audience for primary data collected included, but was not limited to, adults and children living below the poverty level, homeless/transient, unwed mothers, the disabled and their caregivers, children and adolescents, senior citizens, adults and children with a variety of education levels, adults and children from diverse racial identification, and healthcare professionals.

SECONDARY DATA

Existing data collected by other entities were utilized in the assessment. These data sources included the U.S. Census Bureau, including the American Community Survey; Florida CHARTS; the Centers for Disease Control and Prevention BRFSS Data; County Health Rankings; and hospital utilization data. These resources provide data related to specific health indicators, built environment, healthcare access and utilization, and health insurance coverage.

Data collected from these sources report incidence, prevalence or age-adjusted death rates (AADR) for each indicator. Incidence refers to the rate of new cases of a disease, reflecting the risk of contracting said disease, while prevalence indicates how widespread a condition is at a given point in time. AADRs are computed after giving consideration to the relationship between a given disease and how commonly it occurs in different age groups. These numerical rates are reported per 100,000 residents.

Healthy People 2020 (HP2020) objectives are used as benchmarks for a number of indicators in this report. Healthy People is an initiative of the U.S. Department of Health and Human Services that provides empirically-based national objectives for improving the health of all Americans. HP2020 is the 10-year agenda for improving the nation's health launched in December 2010.

HOSPITAL HOT SPOTTING GIS METHODOLOGY

Patients who frequently over-utilize healthcare services typically suffer from multiple chronic conditions, requiring frequent care provided by a number of different providers. Many also have complicated social situations that directly impact their ability to get and stay well. Too often high-utilizer patients experience inefficient, poorly coordinated care that results in multiple trips to emergency rooms and costly hospital admissions. Patient data from hospitals in the Collaboration allow the location analysis and mapping of local "hot spots" with high numbers of uninsured visits over-utilizing the healthcare system.

In addition to the standard hospital patient data in most hot spotting projects, this hot spotting includes economic variables and conditions of the area to analyze the correlation between healthcare utilizations and the socioeconomic conditions in which people live.

Step 1: Converting Hospital Excel Data to GIS Data

The hospital systems first sent patient data in the form of Microsoft Excel tables. These tables had no identifying information within them, with the exception of address data and visit IDs. While address data were essential to the development of hot spots, the East Central Florida Regional Planning Council (ECFRPC) did not analyze addresses or other identifying information.

The uninsured visit data were split into admitting facilities and then further separated into inpatient and emergency room (ER) discharges. In order to reduce the size of data to be analyzed in the Geographic Information System (GIS), visits from out of state, addresses with P.O. boxes or those noted as "homeless" were removed, as well as addresses external to the service areas of the hospitals. This left only valid addresses within the region for the purpose of geocoding. A copy of the original data was kept for overall analysis based on type of visit. Florida Hospital for Children data were derived from Florida Hospital Orlando's facility data by querying patients who were age 17 and under at the time of visit.

The ECFRPC then imported the Excel tables into ArcGIS 10.2 to "geocode" these addresses into a GIS. This was done using the ESRI-based address locator that places a point on the map for each record utilizing the address located in the Excel table.

This process was completed separately for inpatient and ER/outpatient data tables, for each hospital, which resulted in the geocoding of more than 30 Excel tables.

Step 2: Developing Hot Spots From Point Data

Once point data were moved to the GIS database, the ECFRPC ran the 'point density' function in ArcGIS, which results in a weighted proximity average for each square block of land (known as a 'raster').

The results of the point density function are — overall — related to the spatial distribution of point (patient) data. If data are spread out over a large region with no true density nodes, then the output will be highly generalized and not useful. However, if the points conglomerate in certain areas, those areas are identified as potential hot spots.

Within the point density function, two parameters were set. One parameter was the proximity, which is a radius placed around each raster (or square piece of land in varying resolutions). This variable sets the distance from which rasters are calculated. For example, if the resolution is approximately 400 feet and a raster has 12 patients within that distance, then the raster is given a value of 12. When this is repeated across a geographical study area, hot spots are identified as the conglomerations of rasters with the highest values.

The second input was the size of each raster. The size of the raster is the length of the four sides of each raster square, which again are a series of aligned squares that overlay a map. When rasters are larger, the result is more generalized and less detailed. With smaller raster sizes, very detailed maps can be completed.

HOSPITAL HOT SPOTTING GIS METHODOLOGY, CONT'D.

Overall, the size of the rasters in an output is a function of the spatial distribution of the points. For example, if the entire Central Florida region had just five points of data, the raster size would naturally be very large to account for the lack of data. For the patient data, it was the ECFRPC's goal to obtain the smallest rasters possible to identify neighborhood scale trends and hot spots. Each hot spot model run (via the point density tool) was unique to the distribution of points. ArcGIS will take the spatial relationship of each point (for the dataset being analyzed) and assign customized parameters to each dataset. The ECFRPC then ran the tool for each hospital. If the point density tool showed neighborhood-level detail, then the process was completed. However, if the point density tool was too generalized, the parameters were customized until the output showed neighborhood-level results. Some hospitals had multiple model runs to obtain neighborhood-level results, while other hospitals only required one (or the 'default parameter') model run.

Step 3: Identifying Hot Spots

ArcGIS will automatically take the distribution of values assigned to each raster (from Step 2, above) and tranche these rasters into categories of classes. For example, a raster value of five through 10 can be within one tranche, while raster values of 11 through 15 could be in another tranche. The ECFRPC utilized the default tranches assigned in ArcGIS and increased the number of classification categories to a range of 15 through 30. This means that, for each output dataset of rasters, 15 to 30 categories of values were assigned. Each of these classes was then assigned a color within the map, with higher values popping out more, becoming easier to identify.

The boundaries of the hot spots were the edges of the rasters that met a threshold corresponding to the tranche (of values) for which each raster was assigned. For example, a hot spot boundary could consist of the three highest value tranches out of 30 total tranches, or the top tranche in a 20-tranche output. The boundaries of these hot spots were customized in order to obtain approximately 500 to 1,500 visits within each hot spot. Inpatient hot spots, in some cases, had less records due to aspects of their regional spatial distribution. Once a hot spot was identified, the ECFRPC then selected all of the visit records (or points) within the hot spot and exported the associated table data back into Excel for analysis.

PRIMARY DATA

Consumer Survey

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

Provider Survey

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

PRIMARY DATA, CONT'D.

Stakeholder In-depth Interviews

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

The structured interviews asked questions about the following topics:

- *Community Health & Wellness Subscale*
  - Physical
  - Mental & Behavioral Health
  - Environmental Health
  - Social Health
- *Risk Factors Subscale*
  - Health Promoting Behaviors
  - Sickness & Death Behaviors
- *Healthcare Access Subscale*
  - Primary Healthcare
  - Specialty Healthcare
  - ER and Urgent Care
  - Mental and Behavioral Healthcare
  - Dental Care
- *Forces of Change Subscale*

Basic information for each stakeholder is outlined in Table 5.1.

Collaboration County-level Themes

Members of the Collaboration developed a distilled list of county-level areas of concern based on the knowledge that each of them brought to the group about the needs of the residents in each county. Initially, any area of concern was heard and added to a list. Then, the group worked together in multiple rounds of voting to drill down from dozens of topics to 10-15 areas of concern for each county.

Community Conversations

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

TABLE 5.1 DEMOGRAPHIC INFO FOR STAKEHOLDER PARTICIPANTS FROM IN-DEPTH INTERVIEWS*

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

*See Appendix for complete list of names.

RETROSPECTIVE DATA EVALUATION

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

CHAPTER 6: COMMUNITY PROFILE OF THE FOUR-COUNTY REGION

DEMOGRAPHICS

Population Growth (2000-2015)

According to the U.S. Census Bureau, every county in the four-county assessment region has seen consistent population growth from 2000-2015. Orange County is by far the most populous of the assessment region and Osceola is the least populous. However, Osceola County has seen the largest percentage of growth (80 percent) since 2000. (See Chart 6.1)

Population by Age (2014)

Similar to the age distribution at the state level, residents between the ages of 0-14 are the largest age group. Orange, Osceola and Seminole Counties skew younger, while Lake County has a noticeably higher percentage of residents aged 65 and older than the other three counties. (See Chart 6.2)

Permanent Resident Growth by Age (2014)

Chart 6.3 breaks down the anticipated age breakdown for the population residing in the four-county assessment region. In the year 2020, residents aged 20-39 are still expected to make up the largest segment of the population. The year 2020 is expected to be the first since 2000 that there will be more youth residents than middle-aged residents; people aged 0-19 will outnumber those aged 40-59. Across the region, each age group is expected to experience an increase from 2015-2020, with the largest increases among those aged 60-74 (20 percent) and aged 75+ (18 percent). (See Chart 6.3)

Population by Gender (2014)

All four counties have a gender distribution that is nearly equal, with slightly more women than men. Osceola County most closely mirrors the state proportions and Seminole County has the most unequal distribution. (See Chart 6.4)

Population by Race (2014)

Each county in the assessment is overwhelmingly White. Orange County has the largest percentage of Black residents. The largest percentage of Asian residents is in Seminole County. American Indian and Native Hawaiian each make up less than one percent in every county of the region and the state as a whole. (See Chart 6.5)

Population by Ethnicity (2015)

Just under a quarter of Florida residents are Hispanic or Latino. Seminole and Lake Counties are below the state level while Orange and Osceola have a larger percentage of Hispanic residents than the state. Osceola by far has the most Hispanic or Latino residents, with nearly half of their population identifying as such. (See Chart 6.6)

Language Other Than English Spoken at Home (2014)

Based on the number of Hispanic or Latino residents in Osceola County, it is not surprising that nearly half of those who live in Osceola speak a language other than English at home. Orange County also has a higher proportion of residents speaking a language other than English at home compared to the state level of 28 percent. (See Chart 6.7)

ECONOMIC CONDITIONS

Median Household Income (2000-2014)

Seminole County consistently has a higher median household income than the other three counties in the assessment region and the state as a whole but has experienced a decline since 2010. Lake County has experienced consistent increases in median income since 2000; the other three counties peaked in 2010 then slightly dropped in 2013, similar to what happened at the state level. (See Chart 6.8)

Persons Living Below Poverty Level (2000-2014)

Every county in the region has experienced an increase in the percentage of people living under the poverty line from 2000-2014. Osceola has the highest percentage at nearly 21 percent in 2014. Lake and Seminole have consistently seen percentages below the state level. Orange County was below the state level in 2000 and 2010, then reported higher percentages in 2013 and 2014. (See Chart 6.9)

Title I Schools - Students Receiving Free & Reduced Lunch (2014)

Title I designation provides additional resources to schools with economically disadvantaged students. These resources provide additional teachers, professional development, extra time for teaching, parent involvement activities and other activities designed to raise student achievement. Orange County has the highest percentage of Title I schools in the region while Lake County has the lowest. Regarding free and reduced lunch, Osceola County has the highest percent of students receiving free and reduced lunch while Seminole County has the lowest. (See Chart 6.10)

Unemployment Rate (2008-2015)

Every county in the region and the state saw their highest average unemployment rates in 2010. Seminole County has consistently had the lowest average unemployment rate in recent years, while Osceola has had the highest. The 2014 rates for all counties in the region returned approximately to their 2008 rates. (See Chart 6.11)

Homeownership Rates (2000-2014)

Lake County has consistently had the highest homeownership rates but also experienced the most significant decrease from 2000-2014. Seminole County also has homeownership rates higher than the state level. Orange County has had consistently low homeownership rates. (See Chart 6.12)

Cost Burdens of Households (2014)

According to the Department of Housing and Urban Development (HUD), households who pay more than 30 percent of their income for housing are considered cost burdened and may have difficulty affording necessities such as food, clothing, transportation and medical care. Severely cost burdened is considered more than 50 percent of income for housing. Even with the high percentage of household income spent on rent and varying homeownership levels, the majority of people in each assessment county and throughout the state experience no cost burden as defined by HUD. Osceola County has the highest percentage of residents who are cost burdened or severely cost burdened. (See Chart 6.13 and Figure 6.1)

Homeowner Cost Burden (2014)

Homeowners are far less likely to be burdened by the cost of their home than renters. Seminole County homeowners nearly mirror the state level cost burden figures. Lake County homeowners experience the least cost burden and Osceola County experiences the most. (See Chart 6.14)

ECONOMIC CONDITIONS, CONT'D.

Gross Rent as a Percent of Income - 5-Year Estimates (2014)

Orange and Osceola Counties have very high percentages of residents who spend more than 30 percent of their household income on rent. In every county within the region and at the state level, a plurality of people spend more than 35 percent on rent. (See Chart 6.15)

Cost Burden Experienced by Renter Households (2014)

Seminole County residents are least cost burdened by their housing costs while Osceola County sees the highest levels of cost burden among its renters. (See Chart 6.16)

Homeless People by County (2010-2015)

Every county in the region saw a spike in homelessness between 2011-2013. While Lake County has a small population overall, in 2011 and 2012 its residents experienced a very high number of homeless individuals. In 2015, Orange County still had the highest number of homeless people in the four-county assessment region and it was the only county that had not experienced an increase from the previous year. (See Table 6.1)

Income Inequality (2014)

Income inequality refers to the uneven distribution of income across a population. One measure of income inequality involves generating percentiles for household income. Then, the income (in dollars) at the 20th and 80th percentiles are used to generate a ratio; the higher the ratio, the higher the income inequality. All four counties in the region have a ratio lower than the state level, indicating more equal distribution of income. Osceola County is the lowest level of income inequality with the only ratio under 4.0 in the four-county assessment region; Orange County has the highest level of income inequality. (See Chart 6.17)

Key Findings

Housing has been a major issue for every county in the assessment region. According to stakeholder interviews, homelessness continues to affect the community in a myriad of ways. Law enforcement utilizes resources to connect homeless individuals with mental health and substance abuse services as needed. Additionally, homeless individuals rarely utilize or have access to preventative care; rather, those experiencing homelessness use ERs as their primary source of healthcare. Low wages and lack of affordable housing contribute significantly to the likelihood of experiencing homelessness. As mentioned previously, untreated substance abuse and mental health issues both contribute to the loss of wages that can lead to homelessness and make it significantly difficult to secure housing.

Aside from homelessness, poverty is a theme that both secondary and primary sources of data point to as a community concern. The stress of living in poverty has a direct effect on a person's physical and mental health and well-being. It also limits access to healthy and nutritious foods. The impact of poverty is discussed further throughout the report.

CHART 6.1 POPULATION GROWTH (2000–2015)

	LAKE	ORANGE	OSCEOLA	SEMINOLE
2000	210,528	896,344	172,493	365,196
2010	297,052	1,145,956	268,685	422,718
2014	315,690	1,253,001	310,211	442,516
2015	317,329	1,261,064	310,534	443,522
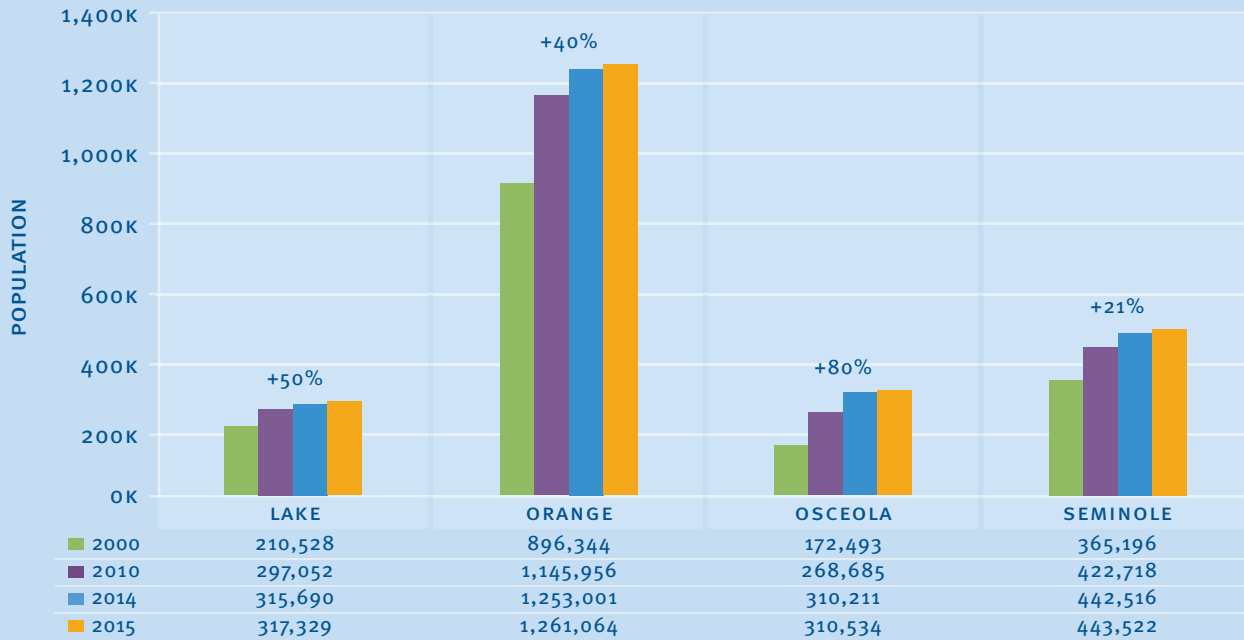
Source: Census Quick Facts 2015, BEBR 2015, Healthy Measures 2015

CHART 6.2 POPULATION BY AGE (2014)
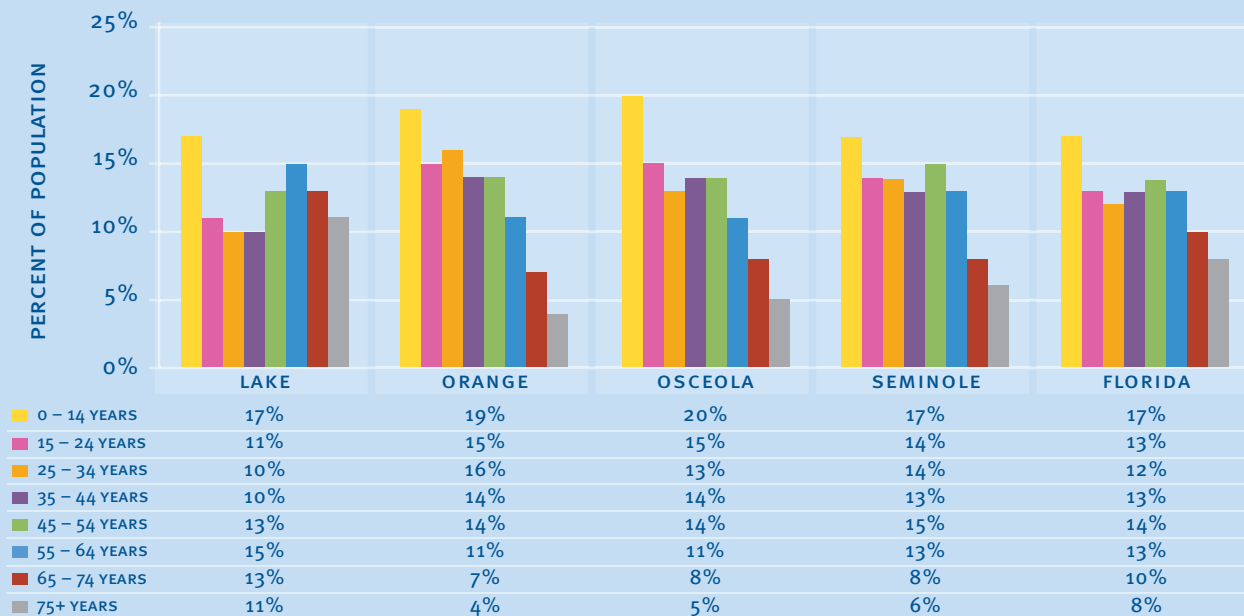
	LAKE	ORANGE	OSCEOLA	SEMINOLE	FLORIDA
0 – 14 YEARS	17%	19%	20%	17%	17%
15 – 24 YEARS	11%	15%	15%	14%	13%
25 – 34 YEARS	10%	16%	13%	14%	12%
35 – 44 YEARS	10%	14%	14%	13%	13%
45 – 54 YEARS	13%	14%	14%	15%	14%
55 – 64 YEARS	15%	11%	11%	13%	13%
65 – 74 YEARS	13%	7%	8%	8%	10%
75+ YEARS	11%	4%	5%	6%	8%

Source: Census Quick Facts 2015, BEBR 2015, Healthy Measures 2015
This chart reflects the most current open-sourced data available at the time the report was printed.

CHART 6.3 PERMANENT RESIDENT GROWTH BY AGE (2014)
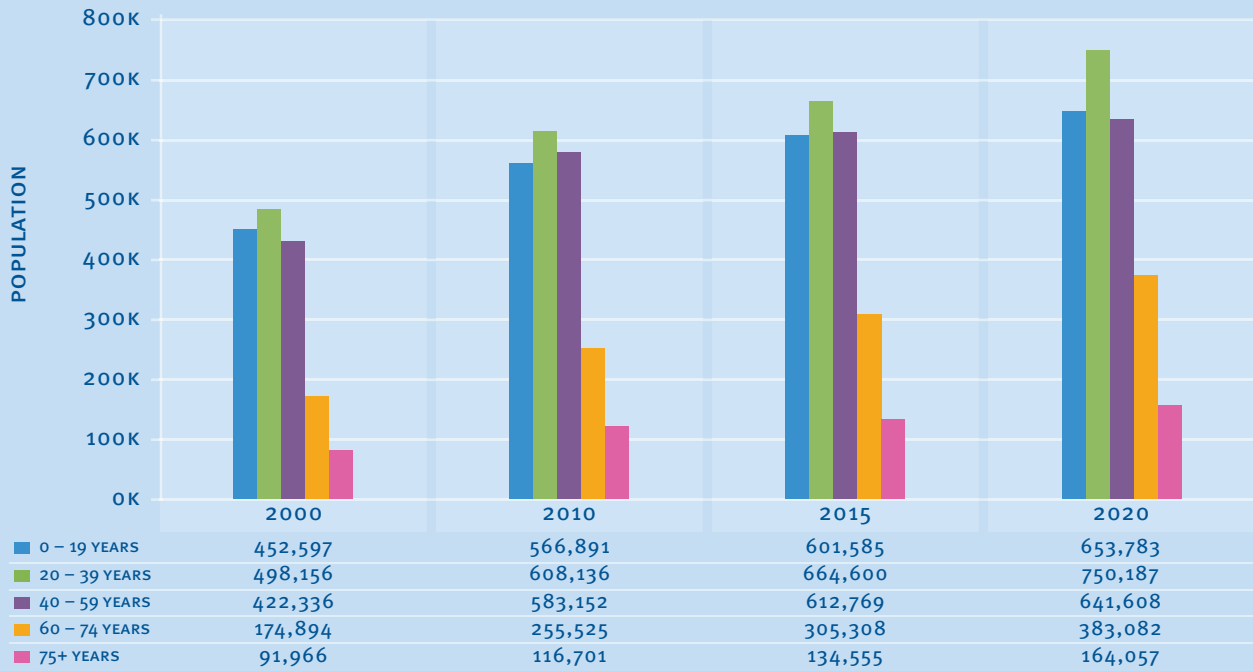
	2000	2010	2015	2020
■ 0 – 19 YEARS	452,597	566,891	601,585	653,783
■ 20 – 39 YEARS	498,156	608,136	664,600	750,187
■ 40 – 59 YEARS	422,336	583,152	612,769	641,608
■ 60 – 74 YEARS	174,894	255,525	305,308	383,082
■ 75+ YEARS	91,966	116,701	134,555	164,057

Source: Census Quick Facts 2015, BEBR 2015, Healthy Measures 2015
This chart reflects the most current open-sourced data available at the time the report was printed.

CHART 6.4 POPULATION BY GENDER (2014)

	LAKE	ORANGE	OSCEOLA	SEMINOLE	FLORIDA
■ FEMALE	51.5%	50.8%	51.0%	51.6%	51.1%
■ MALE	48.5%	49.2%	49.0%	48.4%	48.9%
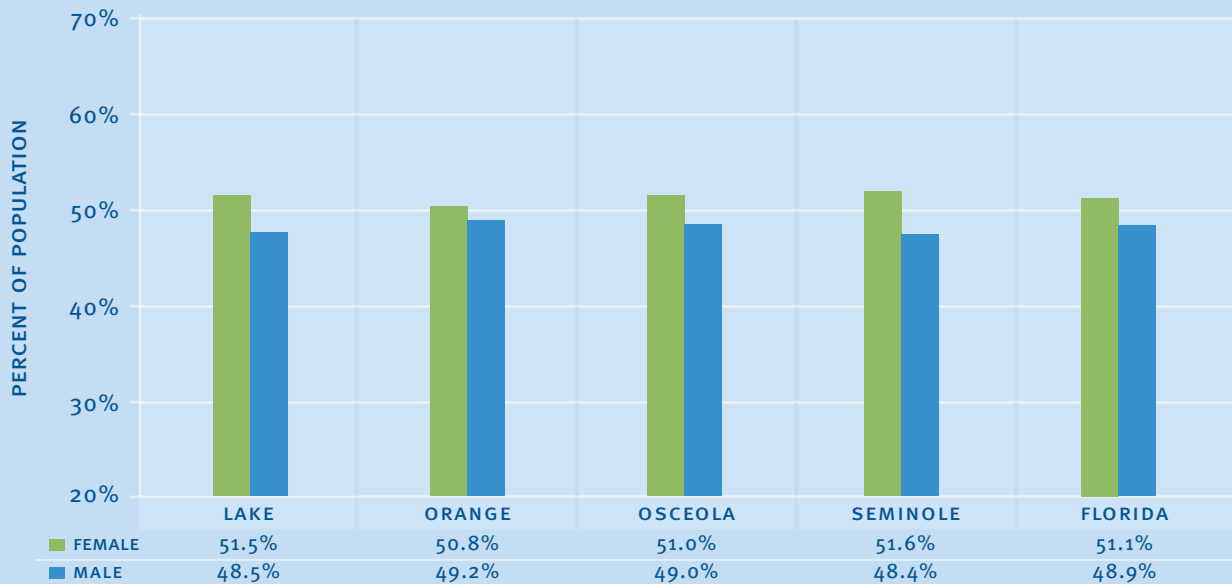
Source: Healthy Measures 2015
This chart reflects the most current open-sourced data available at the time the report was printed.

CHART 6.5 POPULATION BY RACE (2014)
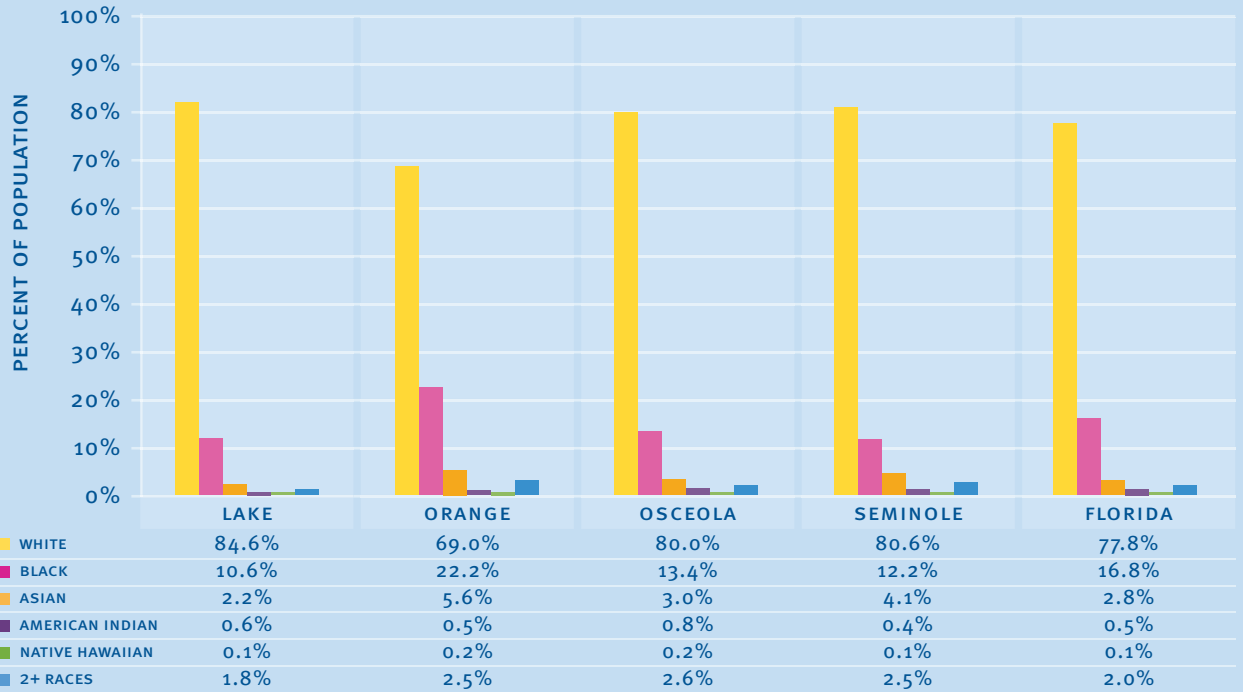
	LAKE	ORANGE	OSCEOLA	SEMINOLE	FLORIDA
WHITE	84.6%	69.0%	80.0%	80.6%	77.8%
BLACK	10.6%	22.2%	13.4%	12.2%	16.8%
ASIAN	2.2%	5.6%	3.0%	4.1%	2.8%
AMERICAN INDIAN	0.6%	0.5%	0.8%	0.4%	0.5%
NATIVE HAWAIIAN	0.1%	0.2%	0.2%	0.1%	0.1%
2+ RACES	1.8%	2.5%	2.6%	2.5%	2.0%

Source: http://quickfacts.census.gov/qfd/states/12000.html
This chart reflects the most current open-sourced data available at the time the report was printed.

CHART 6.6 POPULATION BY ETHNICITY (2015)
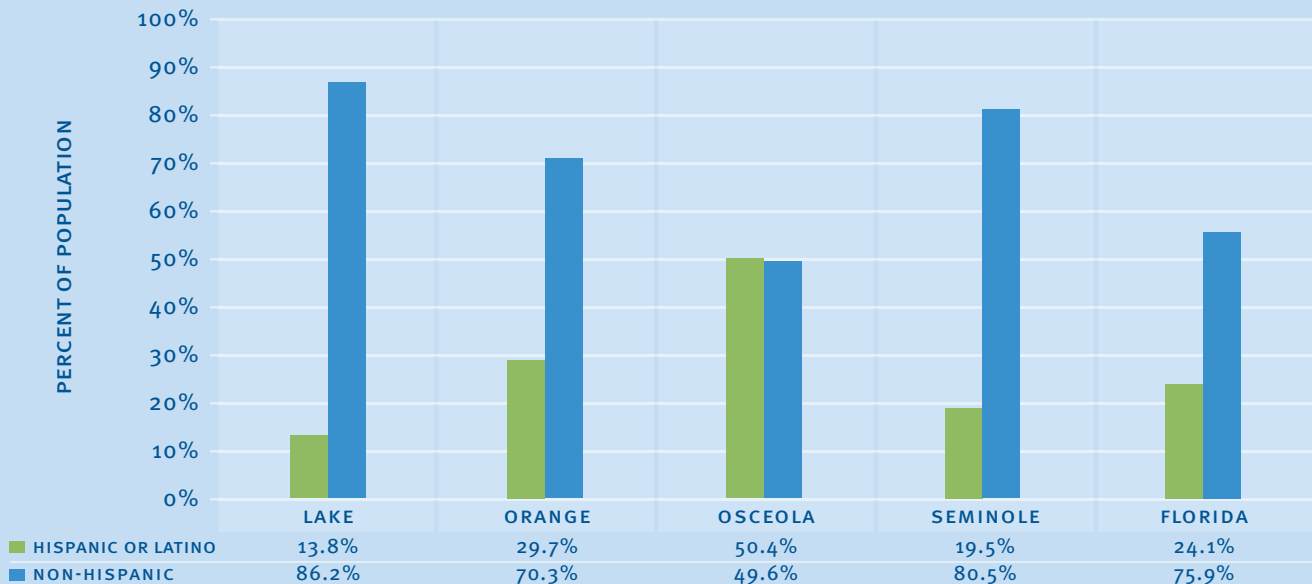
	LAKE	ORANGE	OSCEOLA	SEMINOLE	FLORIDA
HISPANIC OR LATINO	13.8%	29.7%	50.4%	19.5%	24.1%
NON-HISPANIC	86.2%	70.3%	49.6%	80.5%	75.9%

Source: http://quickfacts.census.gov/qfd/states/12000.html
This chart reflects the most current open-sourced data available at the time the report was printed.

CHART 6.7 LANGUAGE OTHER THAN ENGLISH SPOKEN AT HOME (2014)
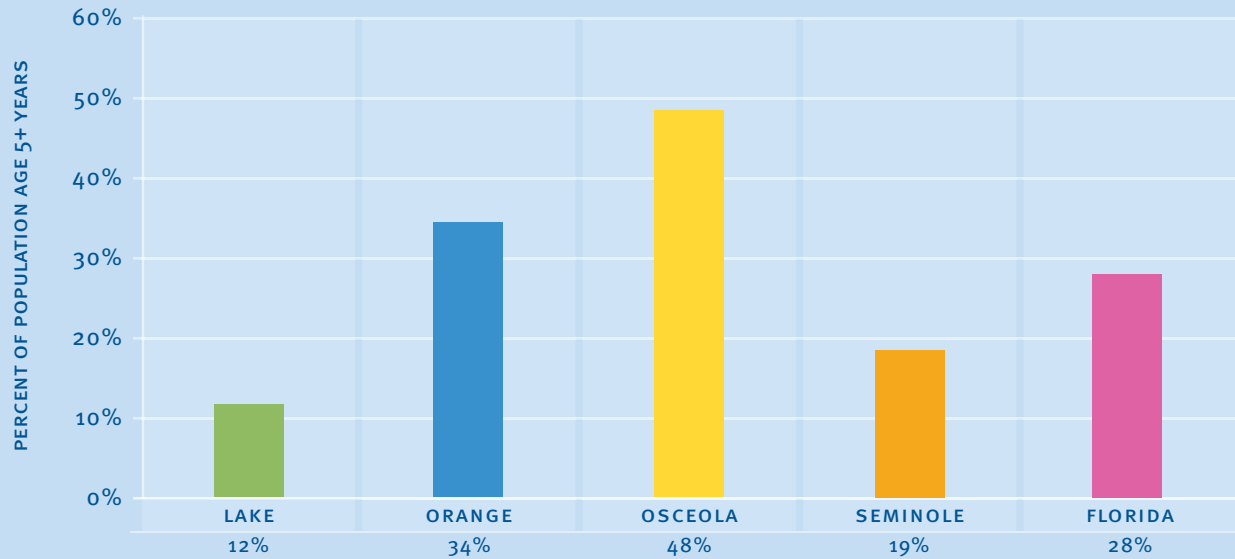
	LAKE	ORANGE	OSCEOLA	SEMINOLE	FLORIDA
	12%	34%	48%	19%	28%

Source: Florida Office of Economic and Demographic Research, 2016
This chart reflects the most current open-sourced data available at the time the report was printed.

CHART 6.8 MEDIAN HOUSEHOLD INCOME (2000-2014)

	LAKE	ORANGE	OSCEOLA	SEMINOLE	FLORIDA
2000	$36,903	$41,311	$38,214	$49,326	$38,819
2010	$46,477	$50,138	$46,328	$58,971	$47,661
2013	$47,439	$47,581	$43,891	$58,175	$46,956
2014	$47,465	$47,556	$44,551	$57,875	$47,212

Source: Census Quick Facts, 2015 Healthy Measures and EDR
This chart reflects the most current open-sourced data available at the time the report was printed.

CHART 6.9 PERSONS LIVING BELOW POVERTY LEVEL (2000-2014)
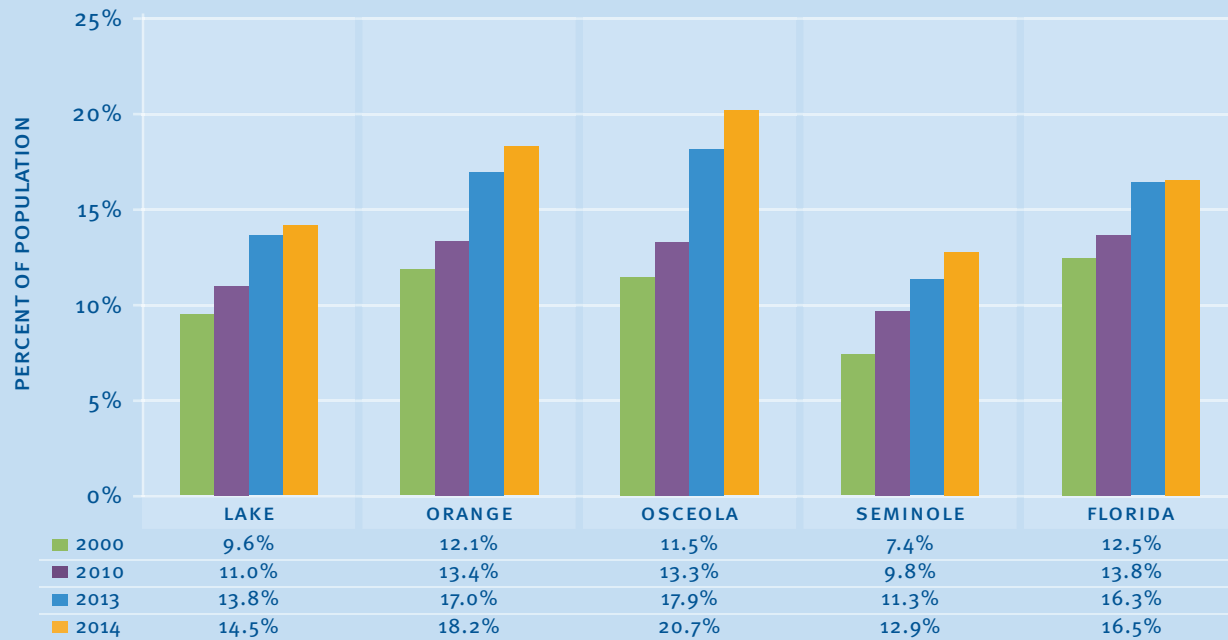
	LAKE	ORANGE	OSCEOLA	SEMINOLE	FLORIDA
2000	9.6%	12.1%	11.5%	7.4%	12.5%
2010	11.0%	13.4%	13.3%	9.8%	13.8%
2013	13.8%	17.0%	17.9%	11.3%	16.3%
2014	14.5%	18.2%	20.7%	12.9%	16.5%

Source: Florida Office of Economic and Demographic Research, 2016
This chart reflects the most current open-sourced data available at the time the report was printed.

CHART 6.10 TITLE I SCHOOLS - STUDENTS RECEIVING FREE & REDUCED LUNCH (2014)
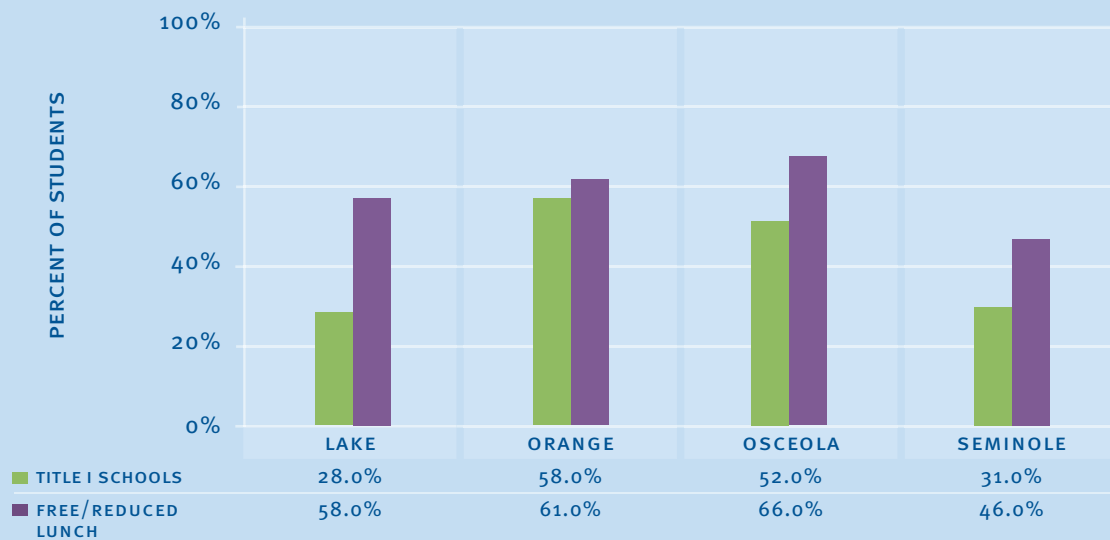
	LAKE	ORANGE	OSCEOLA	SEMINOLE
TITLE I SCHOOLS	28.0%	58.0%	52.0%	31.0%
FREE/REDUCED LUNCH	58.0%	61.0%	66.0%	46.0%

Source: Census Quick Facts, 2015 Healthy Measures and EDR
This chart reflects the most current open-sourced data available at the time the report was printed.

CHART 6.11 UNEMPLOYMENT RATE (2008–2015)

	2008	2009	2010	2011	2012	2013	2014	2015
LAKE	6%	11%	12%	11%	9%	8%	6%	5.4%
ORANGE	6%	11%	11%	10%	8%	7%	6%	4.9%
OSCEOLA	6%	11%	12%	12%	9%	8%	7%	5.7%
SEMINOLE	6%	10%	11%	10%	8%	6%	6%	4.8%
FLORIDA	6%	10%	12%	11%	8%	7%	6%	5.4%
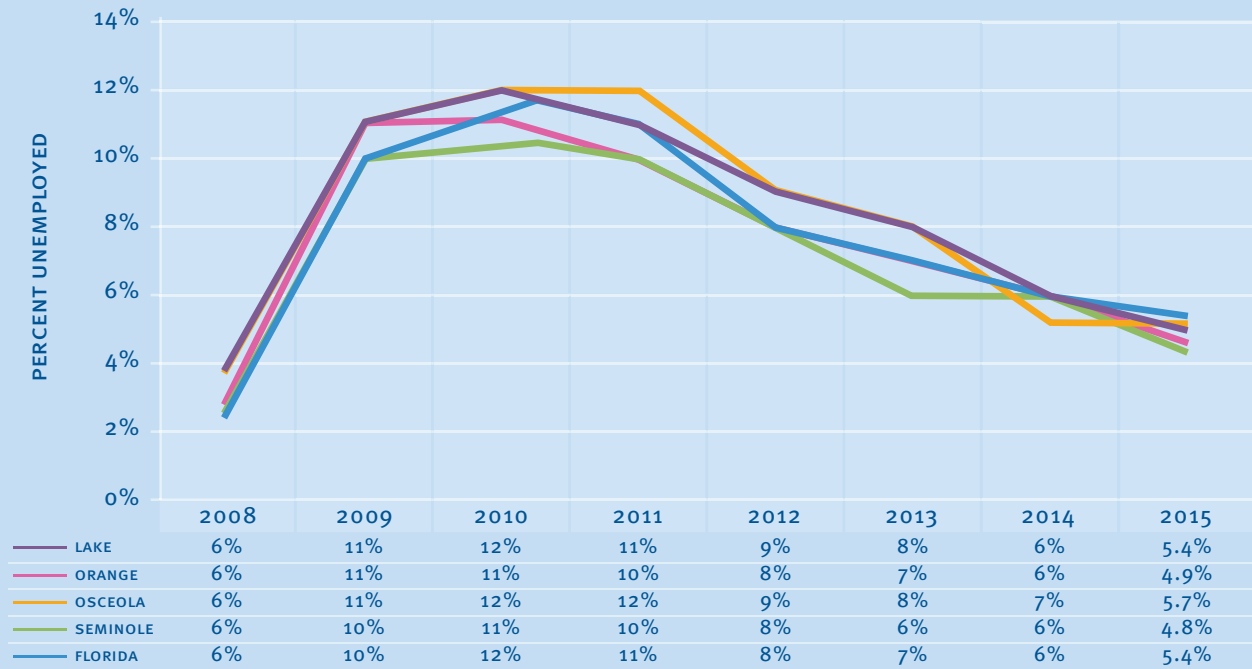
Source: Office of Economic and Demographic Research, 2015 and US Department of Labor, Bureau of Labor Statistics (2008-2014). http://edr.state.fl.us/Content/area-profiles/country/

CHART 6.12 HOMEOWNERSHIP RATES (2000–2014)

	2000	2010	2012	2014
LAKE	81.5%	78.7%	76.6%	74.5%
ORANGE	60.7%	59.9%	58.4%	56.0%
OSCEOLA	65.7%	66.5%	63.9%	62.5%
SEMINOLE	69.5%	71.3%	71.0%	69.6%
FLORIDA	70.1%	69.7%	68.1%	66.1%
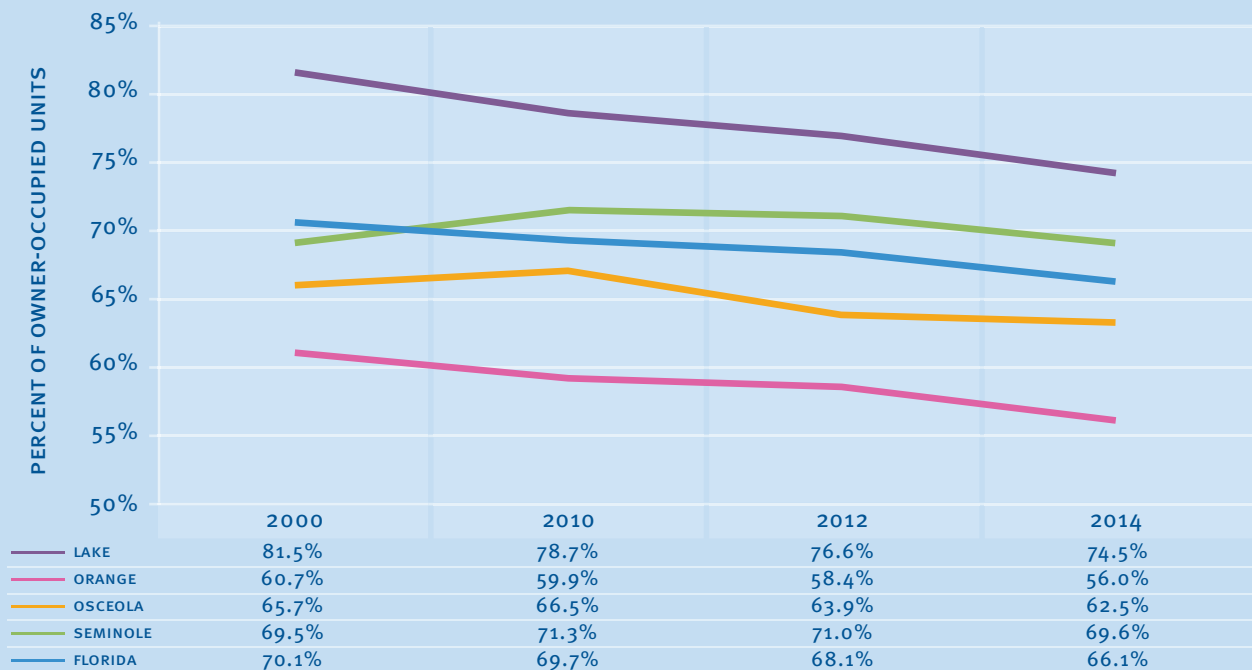
Source: Florida Charts, 2015 - US Census; Census Quick Facts, 2015
This chart reflects the most current open-sourced data available at the time the report was printed.

CHART 6.13 COST BURDEN OF HOUSEHOLDS (2014)

	LAKE	ORANGE	OSCEOLA	SEMINOLE	FLORIDA
■ NOT COST BURDENED	64%	53%	50%	59%	57%
■ COST BURDENED	19%	23%	26%	21%	21%
■ SEVERLY COST BURDENED	17%	24%	24%	20%	22%

Source: Shimberg Center, 2016: http://flhousingdata.shimberg.ufl.edu/a/profiles
This chart reflects the most current open-sourced data available at the time the report was printed.

CHART 6.14 HOMEOWNER COST BURDEN (2014)
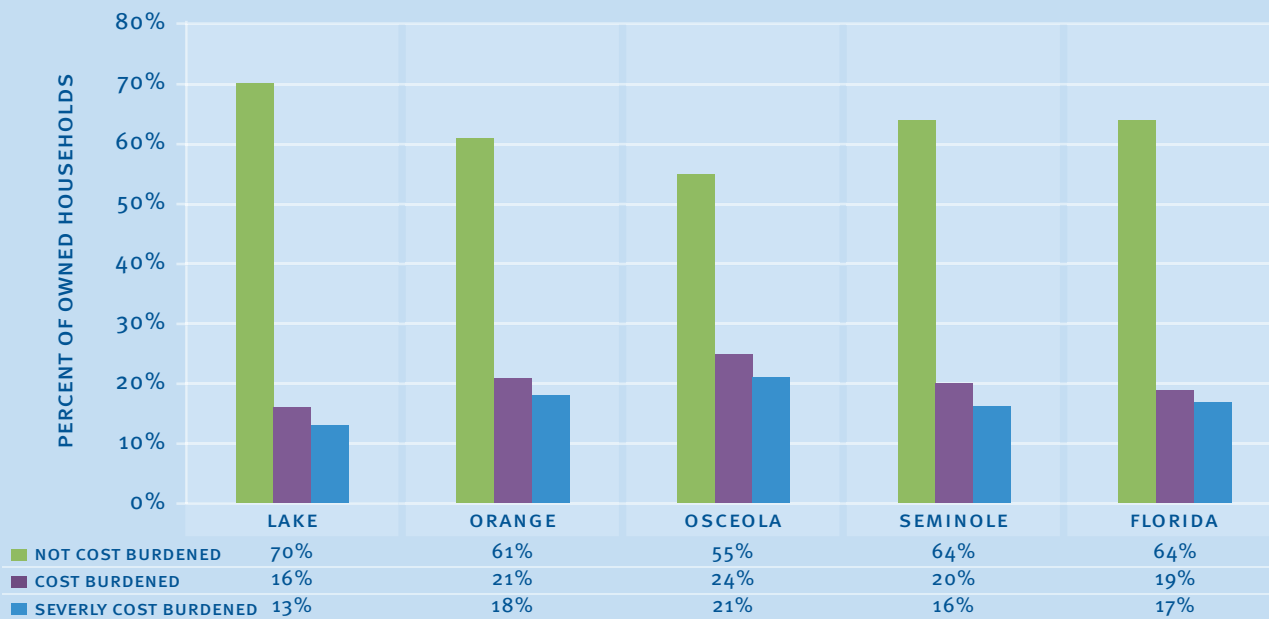
	LAKE	ORANGE	OSCEOLA	SEMINOLE	FLORIDA
■ NOT COST BURDENED	70%	61%	55%	64%	64%
■ COST BURDENED	16%	21%	24%	20%	19%
■ SEVERLY COST BURDENED	13%	18%	21%	16%	17%

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

FIGURE 6.1 HOUSING COST BURDEN MAP (2014)

Map Legend

Severely Cost Burdened Households (Housing
Costs Exceed 50% of Household Income),
Percent by Tract. ACS 2010-14

- Over 15.0%
- 12.1 - 15.0%
- 9.1 - 12.0%
- Under 9.1%
- No Data or Data Suppressed

Community Commons, 6/27/2016
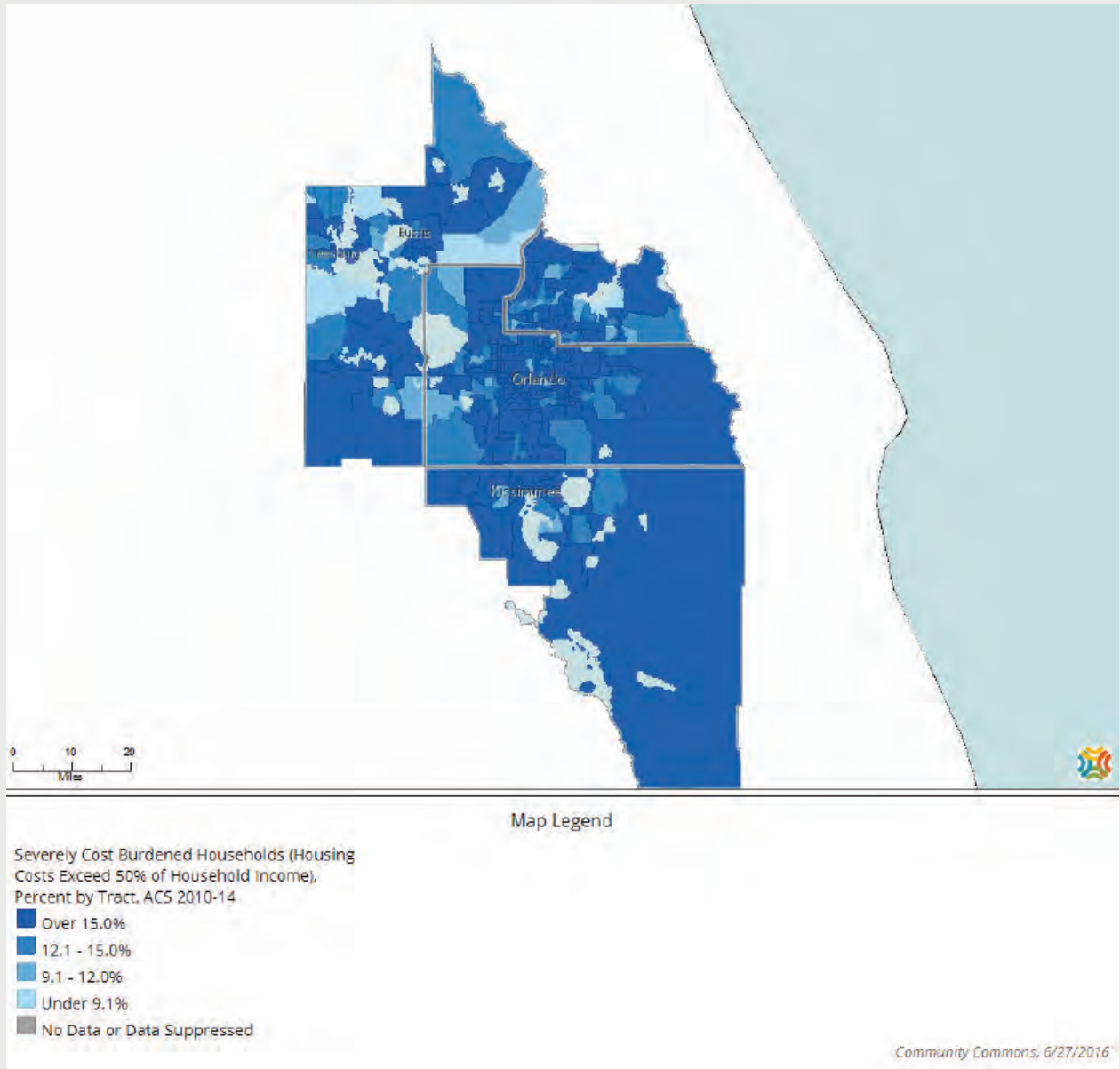
CHART 6.15 GROSS RENT AS A PERCENT OF INCOME — 5 YEAR ESTIMATES (2014)

	LAKE	ORANGE	OSCEOLA	SEMINOLE	FLORIDA
LESS THAN 15%	8%	4%	3%	7%	7%
15% – 19.9%	11%	6%	6%	11%	9%
20% – 24.9%	11%	7%	8%	13%	11%
25% – 29.9%	9%	7%	6%	11%	10%
30% – 34.9%	8%	39%	41%	9%	9%
35% OR MORE	46%	33%	34%	42%	46%
NOT COMPUTED	7%	3%	3%	7%	8%
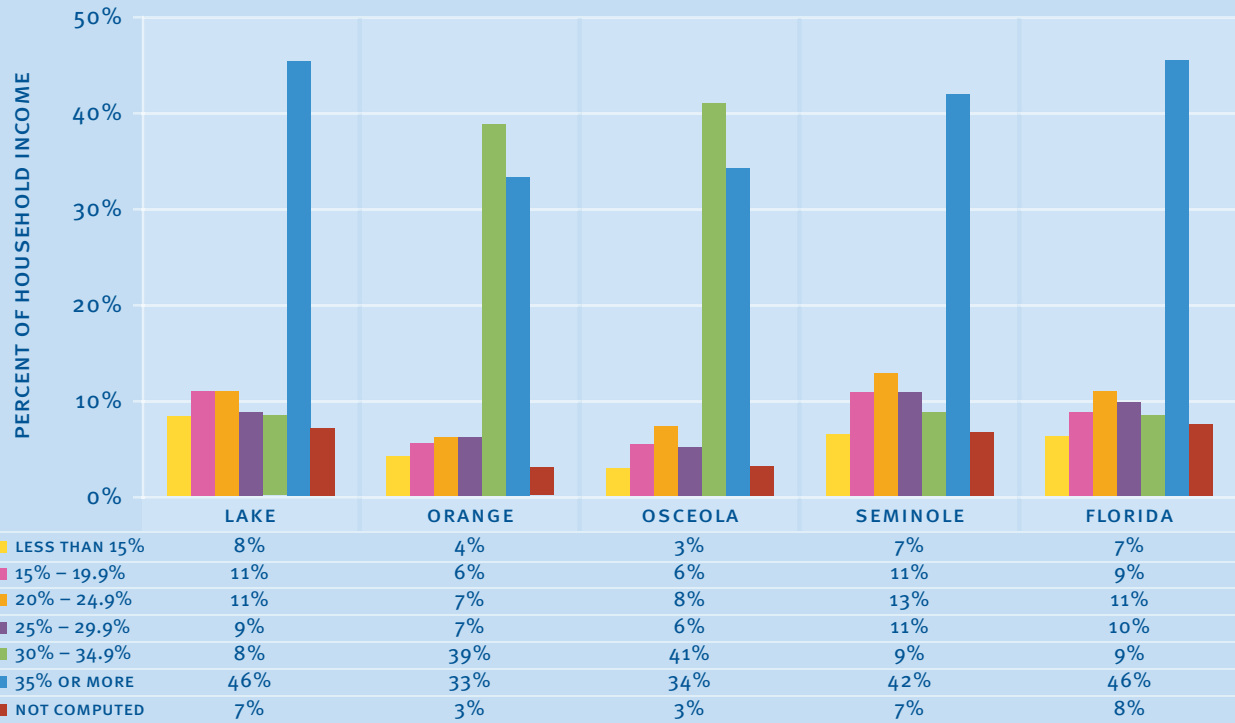
Source: Table 25070 - Census 2014 5-Year Estimates
This chart reflects the most current open-sourced data available at the time the report was printed.

CHART 6.16 COST BURDEN EXPERIENCED BY RENTER HOUSEHOLDS (2014)
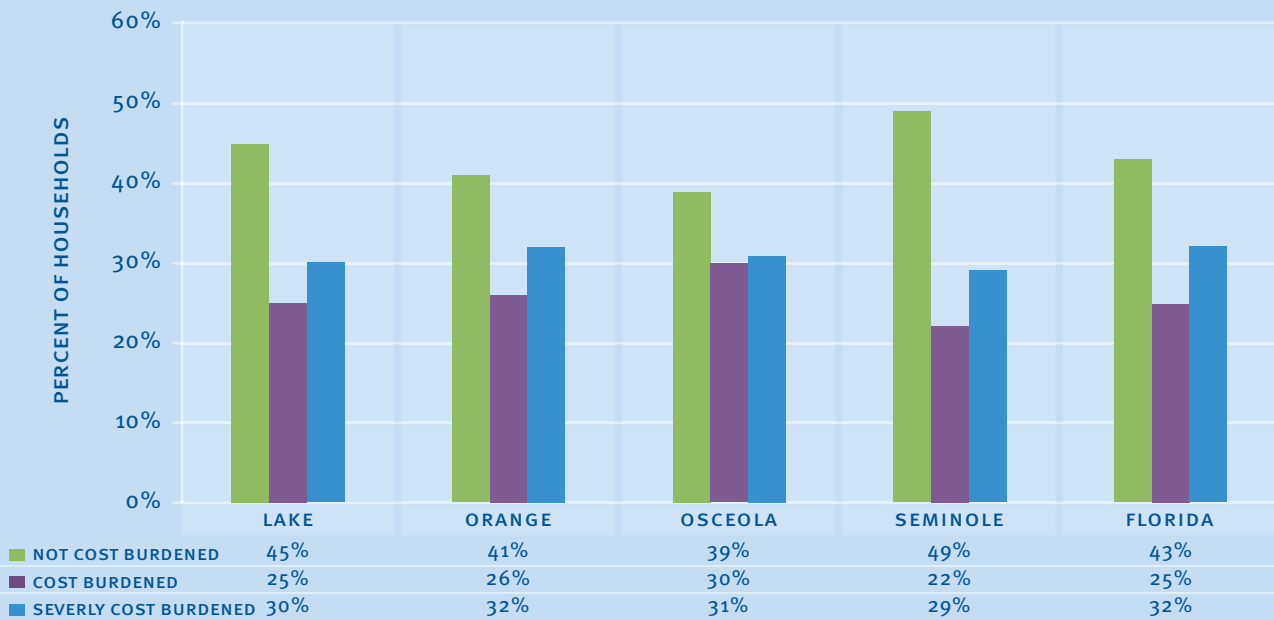
	LAKE	ORANGE	OSCEOLA	SEMINOLE	FLORIDA
NOT COST BURDENED	45%	41%	39%	49%	43%
COST BURDENED	25%	26%	30%	22%	25%
SEVERLY COST BURDENED	30%	32%	31%	29%	32%

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

TABLE 6.1   HOMELESS PEOPLE BY COUNTY (2010-2015)

COUNTY	2010	2011	2012	2013	2014	2015
LAKE	796	1,008	1,019	282	187	265
ORANGE	1,494	2,872	2,281	2,937	1,701	1,396
OSCEOLA	443	833	722	599	278	372
SEMINOLE	397	810	658	842	275	344
TOTAL	3,130	5,523	4,680	4,660	2,441	35,964

Source: Department of Children and Families Council on Homeless, 2015 Report and FLDOE

CHART 6.17   INCOME INEQUALITY (2014)

	LAKE	ORANGE	OSCEOLA	SEMINOLE	FLORIDA
■ 80TH PERCENTILE	86,539	95,798	80,720	110,922	95,296
■ 20TH PERCENTILE	21,453	21,145	20,536	26,278	20,333
RATIO	4.0	4.5	3.9	4.2	4.7
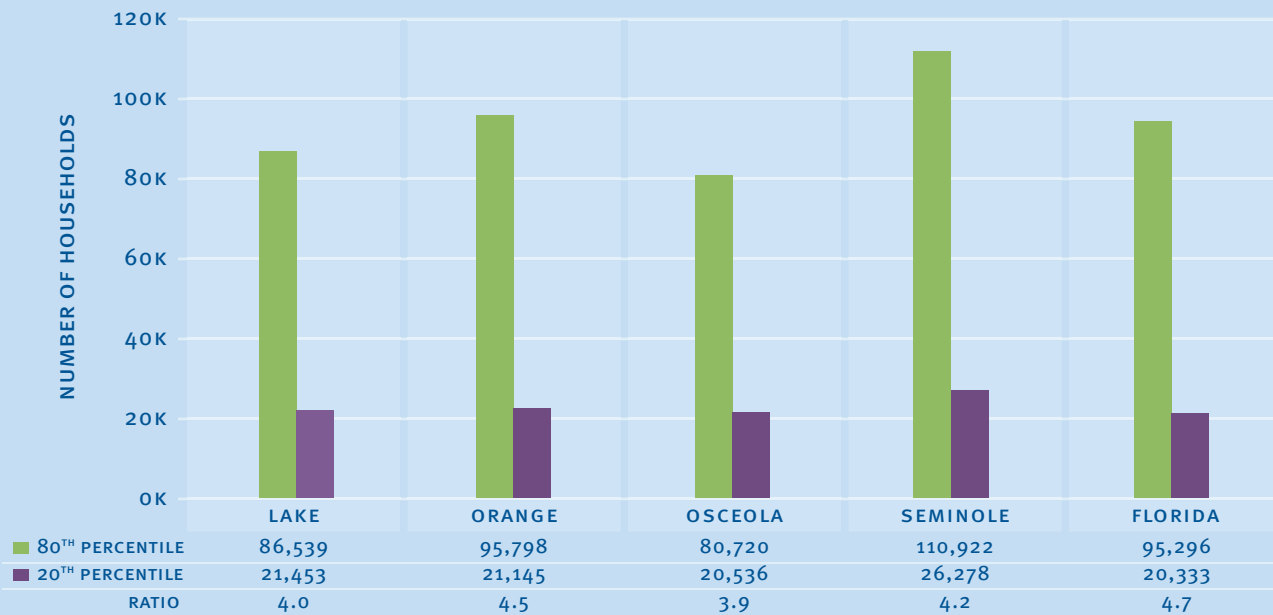
Source: County Health Rankings 2015 - The Robert Wood Johnson Foundation
This chart reflects the most current open-sourced data available at the time the report was printed.

SCHOOL AND STUDENT DEMOGRAPHIC CHARACTERISTICS

Student Race/Ethnicity by Percent (2014/2015)

The majority of students in Lake and Seminole Counties are Non-Hispanic White. About a quarter of the students in each of these counties are Black and another quarter are Hispanic. Orange County has a more diverse student population, with two-thirds of their students identifying as White, another third Black, and nearly 35 percent Hispanic. Osceola County has the lowest percentage of Black students and the highest percentage of Hispanic students at more than 55 percent. It should be noted that by measuring race and ethnicity separately, the percentages will total 200 percent instead of 100 percent. The reader should be mindful that students may identify as White or Black racially and still Hispanic ethnically. (See Chart 6.18)

Student Race/Ethnicity by Number (2014/2015)

Orange County has the most students in the four-county region (more than 250,000) while Lake County has the fewest (just over 52,000). (See Chart 6.19)

High School Graduation Rate (2010-2015)

Orange, Osceola and Seminole Counties have all seen at least a five percent increase in graduation rates since the 2010-2011 school year. Lake County experienced a three percent increase from 2010-2011 to 2011-2012 and has steadily dropped one percentage point per year since the 2012-2013 school year. Seminole County has the highest graduation rate at 86 percent, eight percent higher than the state average. Osceola County is also above the state average by three percent. (See Chart 6.20)

Student Absenteeism (2013/2014)

The percentages reported in this chart reflect the percentage of students in each assessment county who were absent 21 or more days during the school year. Lake and Orange Counties have percentages nearly identical to the state average. Osceola's students are chronically absent more often than the state and the other counties in the region, while Seminole County has the lowest absentee percentage. (See Chart 6.21)

Homeless Students (2012/2013 - 2014/2015)

Between the 2012/2013 and 2014/2015 school years, Osceola County experienced increases in their already above-average percentage of students who are homeless. Seminole County's percentage remained the same across the three school years. Orange and Lake Counties experienced a decrease in the most recent school year. (See Chart 6.22)

High School Gang Activity (2014)

In 2014, Osceola and Seminole Counties had half the percentage of students in gangs as the state average. Lake County's percentage was in line with the state average at just over two percent. Orange County had the highest percentage of students involved with gangs. As the county with the largest number of students, having the highest percentage of students in gangs also means they had the most students (by count) involved in a gang as well. (See Chart 6.23)

Violent Acts per 1,000 Students Grades K-12 (2010-2012)

Even with a recent downward trend, students in Orange County have consistently reported much higher rates of violent acts than other counties in the region and it is the only county to report 2012 rates above the state level. Lake and Osceola Counties have also reported declines between 2010-2012 with Osceola County at the lowest 2012 rate. Seminole County has seen a slight increase over the same time period. (See Chart 6.24)

SCHOOL AND STUDENT DEMOGRAPHIC CHARACTERISTICS, CONT'D.

Bullying Prevalence K-12 (2014)

More than one-third of all students in the region and in the state experienced bullying that caused worry. Additionally, every county in the region saw at least a quarter of their students taunted or teased in the previous 30 days. Eight percent of students in Lake County had skipped school because of bullying — the highest percentage in the region. Lake County also had the highest percentage of students who reported having been physically bullied (kicked or shoved) in the previous 30 days. Lake County students were more likely than students in other counties to physically or verbally bully others, while Orange County students were more likely to cyberbully others. (See Chart 6.25)

Key Findings

It is quite possible that poverty is at the root of a number of these indicators. Osceola County, which has the highest percentage of students in poverty (26.2 percent) also has the highest percentage of chronically absent students and saw the highest increase in student homelessness. Meanwhile, Seminole County has the lowest percentage of students living in poverty (14.3 percent), the highest graduation rate, lowest absenteeism, fewest homeless students and lowest percentage of students involved with gangs.

CHART 6.18 STUDENT RACE/ETHNICITY BY PERCENT (2014/2015)
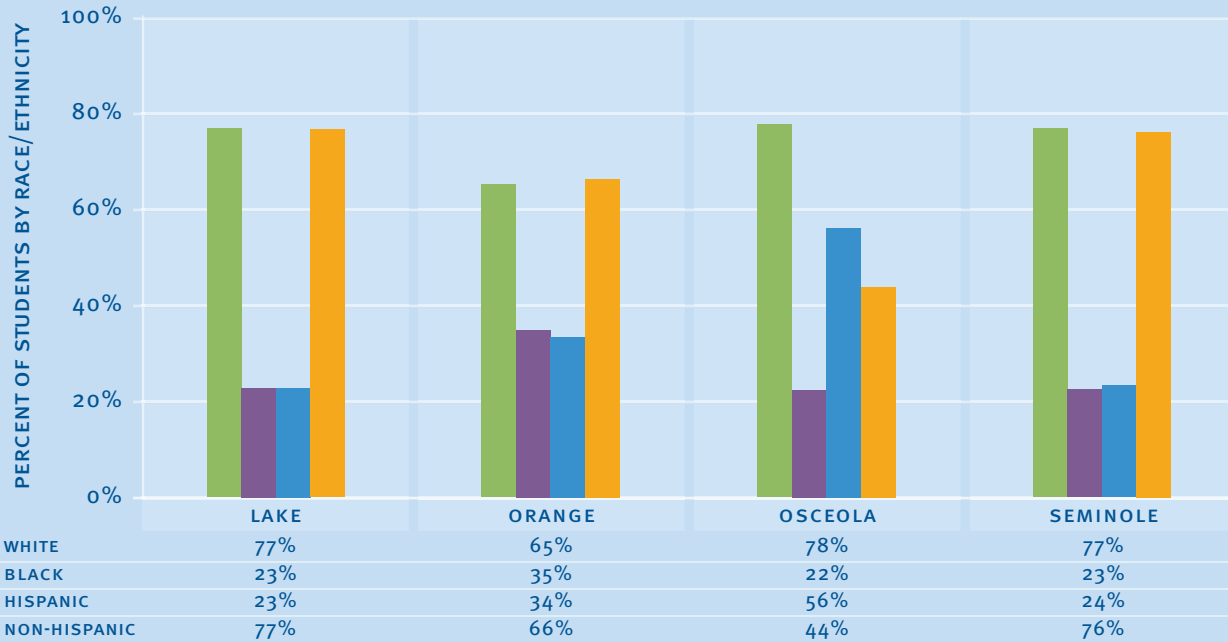
	LAKE	ORANGE	OSCEOLA	SEMINOLE
WHITE	77%	65%	78%	77%
BLACK	23%	35%	22%	23%
HISPANIC	23%	34%	56%	24%
NON-HISPANIC	77%	66%	44%	76%

Source: Florida Charts, 2015; Department of Health, Office of Health Statistics and Assessment
This chart reflects the most current open-sourced data available at the time the report was printed.
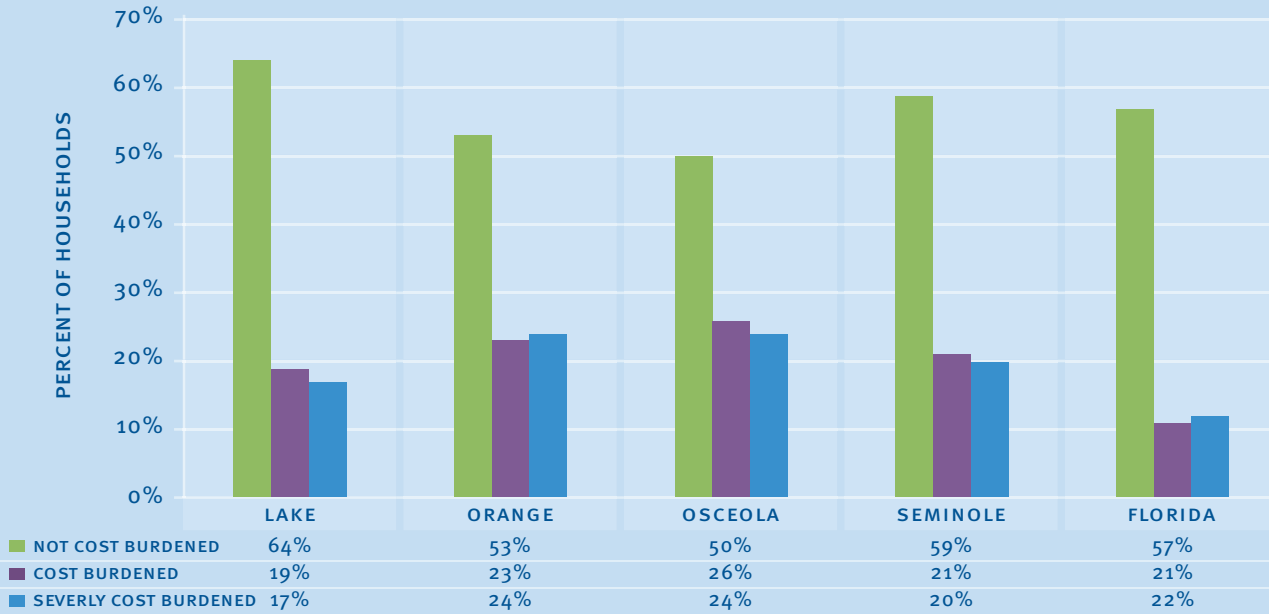
CHART 6.19 STUDENT RACE/ETHNICITY BY NUMBER (2014/2015)
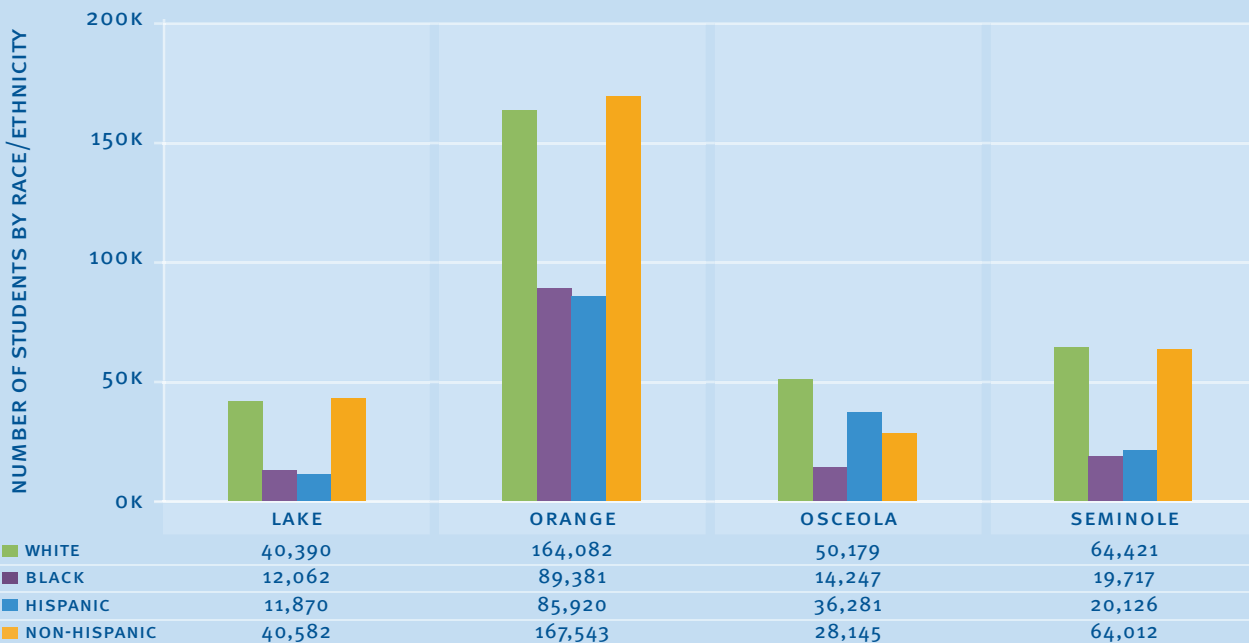
	LAKE	ORANGE	OSCEOLA	SEMINOLE
WHITE	40,390	164,082	50,179	64,421
BLACK	12,062	89,381	14,247	19,717
HISPANIC	11,870	85,920	36,281	20,126
NON-HISPANIC	40,582	167,543	28,145	64,012

Source: Florida Charts, 2015; Department of Health, Office of Health Statistics and Assessment
This chart reflects the most current open-sourced data available at the time the report was printed.

CHART 6.20 HIGH SCHOOL GRADUATION RATE (2010-2015)

PERCENT GRADUATED

	LAKE	ORANGE	OSCEOLA	SEMINOLE	FLORIDA
2010 – 2011	75%	71%	76%	79%	71%
2011 – 2012	78%	74%	78%	80%	75%
2012 – 2013	78%	76%	78%	84%	76%
2013 – 2014	77%	75%	78%	85%	76%
2014 – 2015	76%	78%	81%	86%	78%
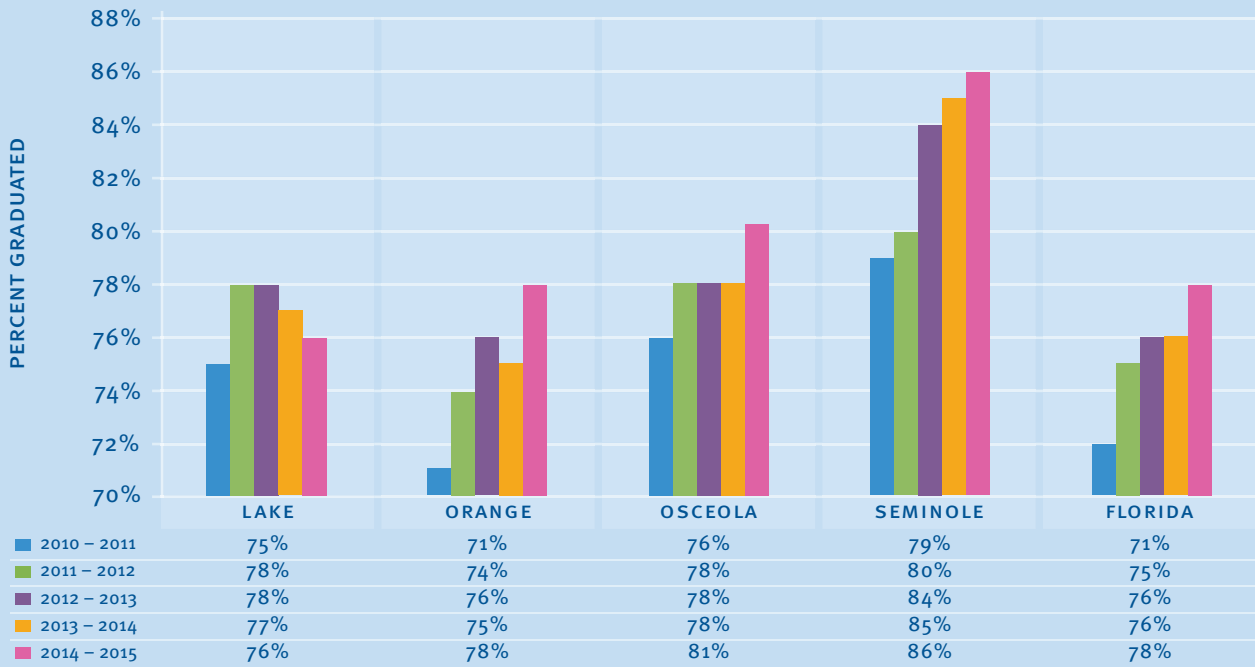
Source: Florida Department of Education, 2016

CHART 6.21   STUDENT ABSENTEEISM (2013/2014)

PERCENT ABSENT

	LAKE	ORANGE	OSCEOLA	SEMINOLE	FLORIDA
% OF ABSENT 21+ DAYS	9.3%	9.6%	10.9%	5.8%	9.5%
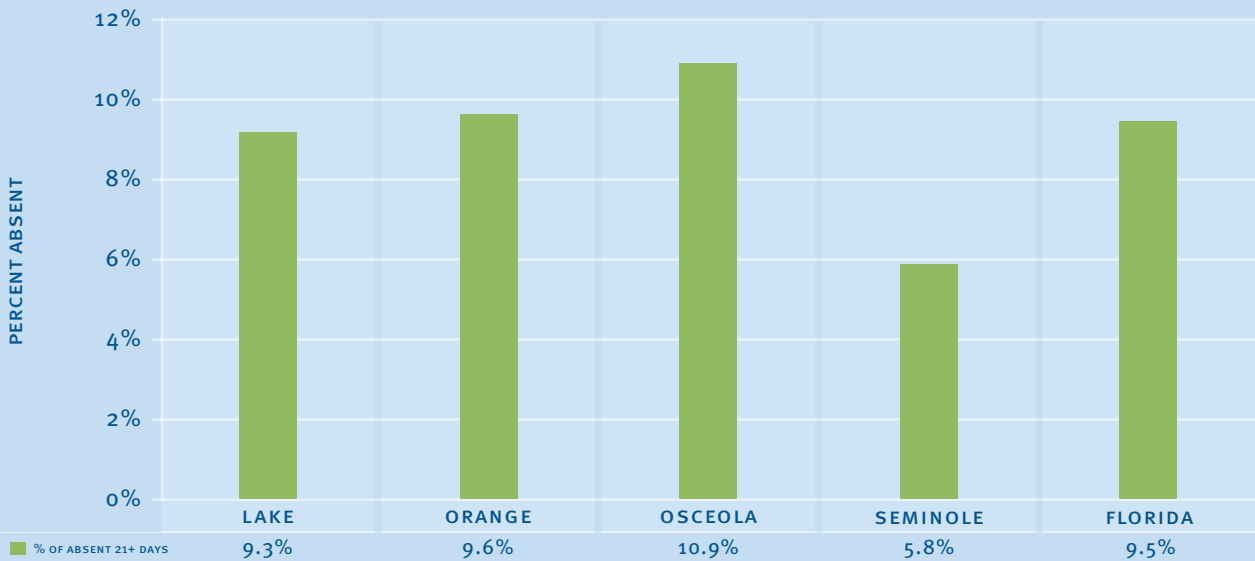
Source: Florida Department of Education, 2016

CHART 6.22 HOMELESS STUDENTS (2012/2013 - 2014/2015)

PERCENT HOMELESS

	LAKE	ORANGE	OSCEOLA	SEMINOLE	FLORIDA
% OF HOMELESS STUDENTS — 2012 / 2013	7%	4%	5%	3%	2%
% OF HOMELESS STUDENTS — 2013 / 2014	8%	4%	8%	3%	3%
% OF HOMELESS STUDENTS — 2014 / 2015	5%	3%	8%	3%	3%
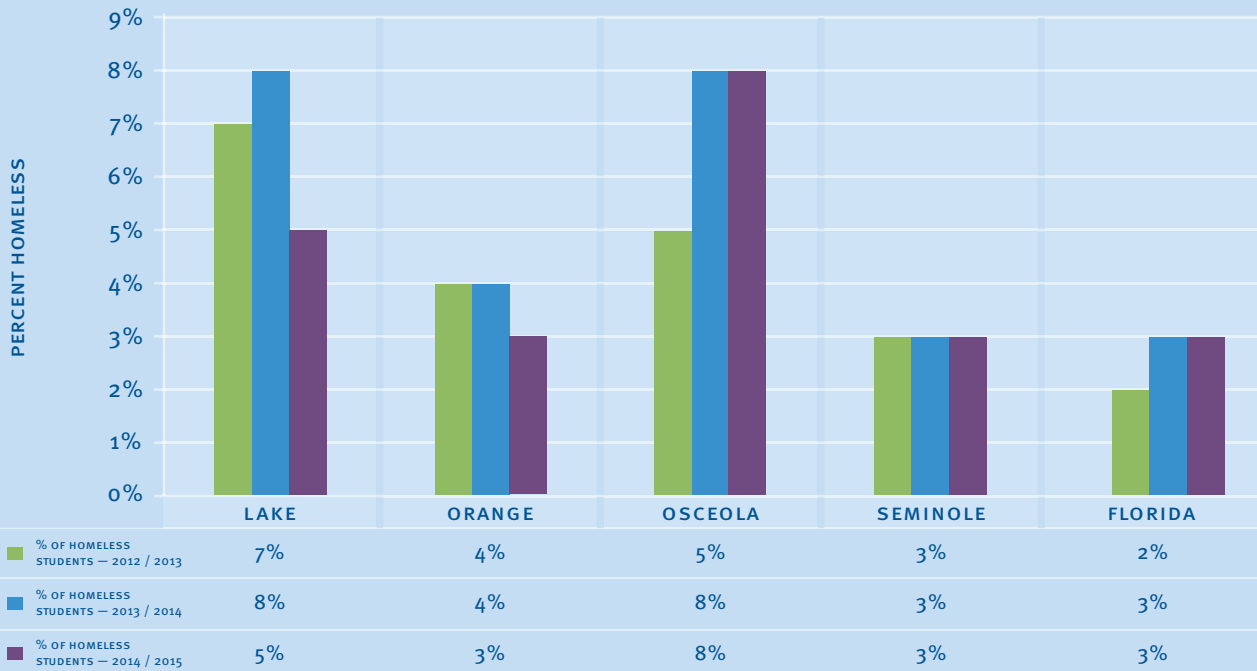
Source: Department of Children & Families Council on Homeless 2015 Report and FLDOE
This chart reflects the most current open-sourced data available at the time the report was printed.

CHART 6.23 HIGH SCHOOL GANG ACTIVITY (2014)
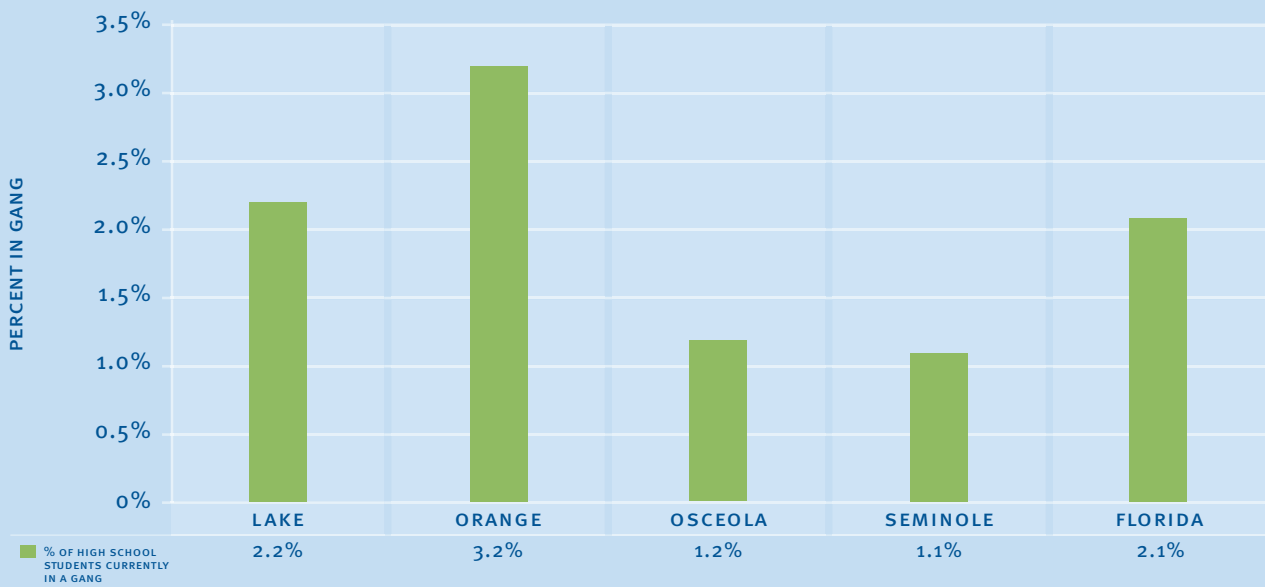
PERCENT IN GANG

	LAKE	ORANGE	OSCEOLA	SEMINOLE	FLORIDA
% OF HIGH SCHOOL STUDENTS CURRENTLY IN A GANG	2.2%	3.2%	1.2%	1.1%	2.1%

Source: 2014 Florida Youth Substance Abuse Survey – Florida Department of Children & Families
This chart reflects the most current open-sourced data available at the time the report was printed.

CHART 6.24 VIOLENT ACTS PER 1,000 STUDENTS GRADES K-12 (2010-2012)

RATE PER 1,000 STUDENTS

	LAKE	ORANGE	OSCEOLA	SEMINOLE	FLORIDA
■ 2010	8.7	25.4	3.9	4.5	15.2
■ 2011	7.4	17.6	4.0	7.5	14.0
■ 2012	4.0	13.9	1.8	7.2	11.6
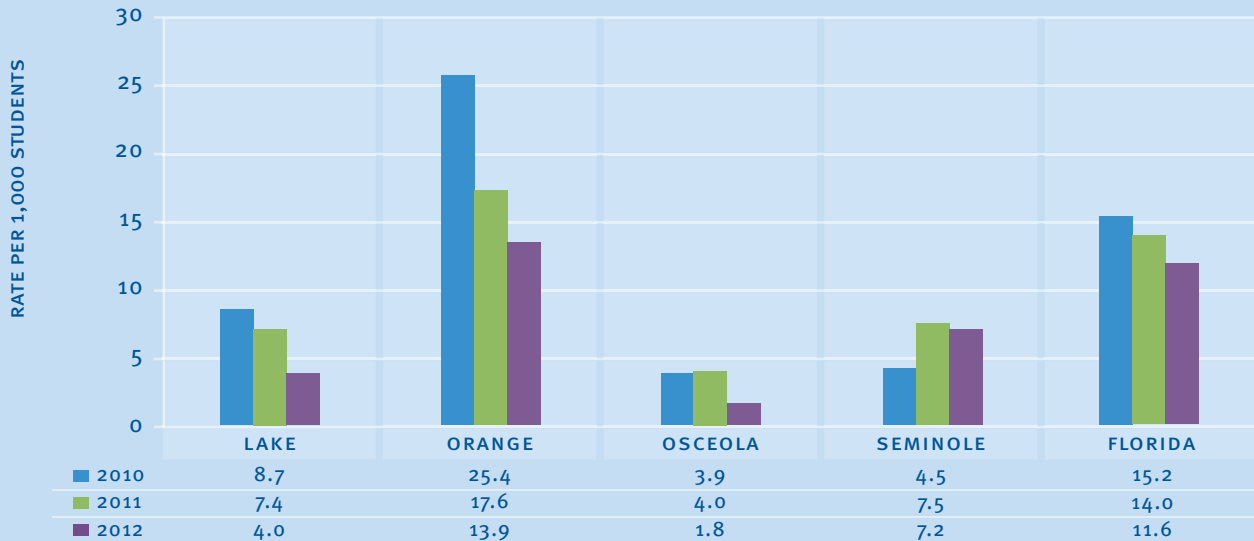
Source: Florida Department of Education, Office of Safe Schools
This chart reflects the most current open-sourced data available at the time the report was printed.

CHART 6.25 BULLYING PREVALENCE K-12 (2014)

PERCENT EXPERIENCED

	LAKE	ORANGE	OSCEOLA	SEMINOLE	FLORIDA
■ BULLYING CAUSED WORRY	37.8%	35.4%	36.2%	34.5%	33.9%
■ SKIPPED SCHOOL BECAUSE OF BULLYING	8.1%	4.9%	6.3%	6.9%	5.9%
■ WAS KICKED OR SHOVED IN PAST 30 DAYS	15.4%	11.0%	10.6%	10.5%	12.1%
■ WAS TAUNTED OR TEASED IN PAST 30 DAYS	32.0%	27.3%	28.3%	26.6%	28.1%
■ WAS VICTIM OF CYBER BULLYING IN PAST 30 DAYS	8.0%	7.4%	5.8%	9.1%	7.4%
■ PHYSICALLY BULLIED OTHERS IN PAST 30 DAYS	7.5%	5.4%	6.0%	3.1%	6.0%
■ VERBALLY BULLIED OTHERS IN PAST 30 DAYS	13.1%	11.0%	12.1%	9.7%	12.0%
■ CYBER BULLIED OTHERS IN PAST 30 DAYS	2.8%	4.1%	3.4%	2.8%	3.6%

Source: 2014 Florida Youth Substance Abuse Survey – Florida Department of Children & Families U.S. Census Bureau, 2010
This chart reflects the most current open-sourced data available at the time the report was printed.

COUNTY HEALTH RANKINGS

County Health Rankings are published by the University of Wisconsin Population Health Institute and The Robert Wood Johnson Foundation to help counties understand what influences how healthy residents are now (Health Outcomes) and how healthy a county will be in the future (Health Factors). Health Outcomes weigh Length of Life and Quality of Life equally and Health Factors are comprised of Health Behaviors (weighted at 30 percent), Clinical Care (20 percent), Social and Economic Factors (40 percent) and Physical Environment (10 percent). This results in numerical rankings given to each county in a state. Thus, decision-makers in said counties can see how they stack up relative to the other counties in their state on each of the aforementioned six measures. They can also help these same decision-makers pinpoint areas of focus to improve the health and well-being of residents. All 67 counties in Florida receive rankings.

In terms of Health Outcomes and Factors generally, Seminole County leads the way in the region by far as the fourth best in the state in both areas. (See Table 7.1) When the components of Health Outcomes are broken down, Seminole County is fourth in the state for resident Length of Life and sixth in Quality of Life. Of the component parts of Health Factors, Seminole County continues to be the standout of the region in Social and Economic Factors, but falls behind in measures of the Physical Environment.

Lake and Orange Counties are both in the top 30 percent of the state for both Outcomes and Factors. Osceola County's Health Outcomes ranking is equally as impressive but they rank in the bottom third of the state on Health Factors. This is likely due to very low rankings on Clinical Care and Physical Environment. Osceola County also has the lowest score in the region for Social and Economic Factors. (See Table 7.2)

TABLE 7.1   OVERALL COUNTY HEALTH RANKINGS

COUNTY	HEALTH OUTCOMES	HEALTH FACTORS
LAKE	14	17
ORANGE	21	21
OSCEOLA	32	40
SEMINOLE	5	3

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

TABLE 7.2   HEALTH OUTCOME / FACTOR RANKINGS

COUNTY	LENGTH OF LIFE	QUALITY OF LIFE	HEALTH BEHAVIOR	CLINICAL CARE	SOCIAL & ECONOMIC FACTORS	PHYSICAL ENVIRONMENT
LAKE	23	14	15	14	17	42
ORANGE	7	43	18	31	18	53
OSCEOLA	8	58	30	59	32	59
SEMINOLE	4	21	10	16	3	50

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

COMMUNICABLE DISEASES

Childhood Immunizations (2011-2014)

Childhood immunization rates have increased in all four counties of the assessment region as well as for the state of Florida between 2011-2014 for both the two-year-old and kindergarten-age levels, with the exception of Osceola County. Again, with the exception of Osceola County, all 2014 figures surpassed the 80 percent Healthy People 2020 (HP2020) target. Osceola County is the only regional county that has seen a decrease in the immunization rates for both two-year olds and kindergarten-aged children. As compared to two-year-olds, kindergarten-aged children are the best off in the four counties analyzed, as each county had immunization rates exceeding 90 percent, 10 percent above the HP2020 target. While Florida rates have remained somewhat constant from 2011-2014, regional counties have been less consistent. Lake County has seen an increase in kindergarten-aged rates, while two-year-old rates are unavailable. With the exception of Osceola County, where both age-based rates saw a decrease, immunization rates within Orange and Seminole Counties increased for kindergarten-aged children but decreased for two-year-olds. (See Chart 7.1)

Influenza Vaccination 65+ (2007-2013)

Influenza (flu) vaccination rates for adults aged 65 and older have decreased overall during the 2007-2013 time period for all four counties in the region, as well as the state of Florida. The 2010 time period saw increases in influenza vaccination rates within Orange County as well as the state of Florida; remained constant at 71.9 percent within Lake County; and underwent modest reductions in Osceola and Seminole Counties. The 2013 time period saw a somewhat significant decrease from 2010; especially when compared to the changes observed during the 2007-2010 time period; with the exception of Osceola County, which saw a nominal decrease of 2.9 percent from 2010-2013. All other counties (as well as the state of Florida) saw at least a 10 percent nominal decrease over the 2010-2013 time period. The most significant change occurred in Lake County; rates from 2010-2013 decreased from 71.9 percent to 51.8 percent, respectively. Florida, as a whole, saw a nominal 10.7 percent decrease within the same time period. (See Chart 7.2)

Pneumonia Vaccination 65+ (2007-2013)

From 2007-2013, pneumonia vaccination rates for adults aged 65 and older have remained relatively stable in Lake County, hovering just above 70 percent. Orange and Seminole Counties have seen increases over that time span. Osceola County increased by about four percent in 2010, but returned to its 2007 level in 2013. The state of Florida saw a similar peak in 2010; however, the state's 2013 rates were still higher than the 2007 level. Seminole, Lake and Orange Counties all have 2013 rates around 70 percent while Osceola is closer to 60 percent. (See Chart 7.3)

New HIV Cases Reported (2010-2014)

Orange County has consistently had the highest rate of new HIV cases from 2010-2014. Every county in the region, and the state of Florida, has experienced an increase over this time period. Osceola County's increase is the starkest — a 40 percent increase. While Lake County's rate is not as high, they also saw a significant increase from 2010-2014. Lake and Seminole Counties remain lower than the state rate while Osceola and Orange Counties rates are higher. (See Chart 7.4)

COMMUNICABLE DISEASES, CONT'D.

New AIDS Cases Reported (2010-2014)

Lake County's rate of new AIDS cases doubled from 2010-2014 but still remained lower than the state average. Seminole is the only county to see consistent decreases in the new AIDS rate over the same time span and currently has the lowest rate in the region. Orange County's rate is the only one in the region that is starkly higher than the state average; the county rate in 2014 was higher than in 2012 but still an overall decrease from the 2010 rate. Osceola County experienced a stark decrease in 2012 but the rate in 2014 increased to a level slightly higher than the 2010 rate. (See Chart 7.5)

Key Findings

Osceola County has seen a decrease, or no positive change, in the percentage of people, young and old, who are receiving vaccinations. Additionally, they have seen an increase in both new HIV and new AIDS cases. It is the only county in the region whose two-year-old immunization percentage is not at or above the HP2020 target. Across the region, we have seen a decrease in the number of two-year-olds who are fully immunized and, with the exception of Orange County, a decrease in the percentage of elderly adults receiving flu vaccinations. HIV and STIs in general did emerge as themes in Lake, Orange and Osceola Counties' concerns generated by the Collaboration.

CHART 7.1   CHILDHOOD IMMUNIZATIONS (2011-2014)
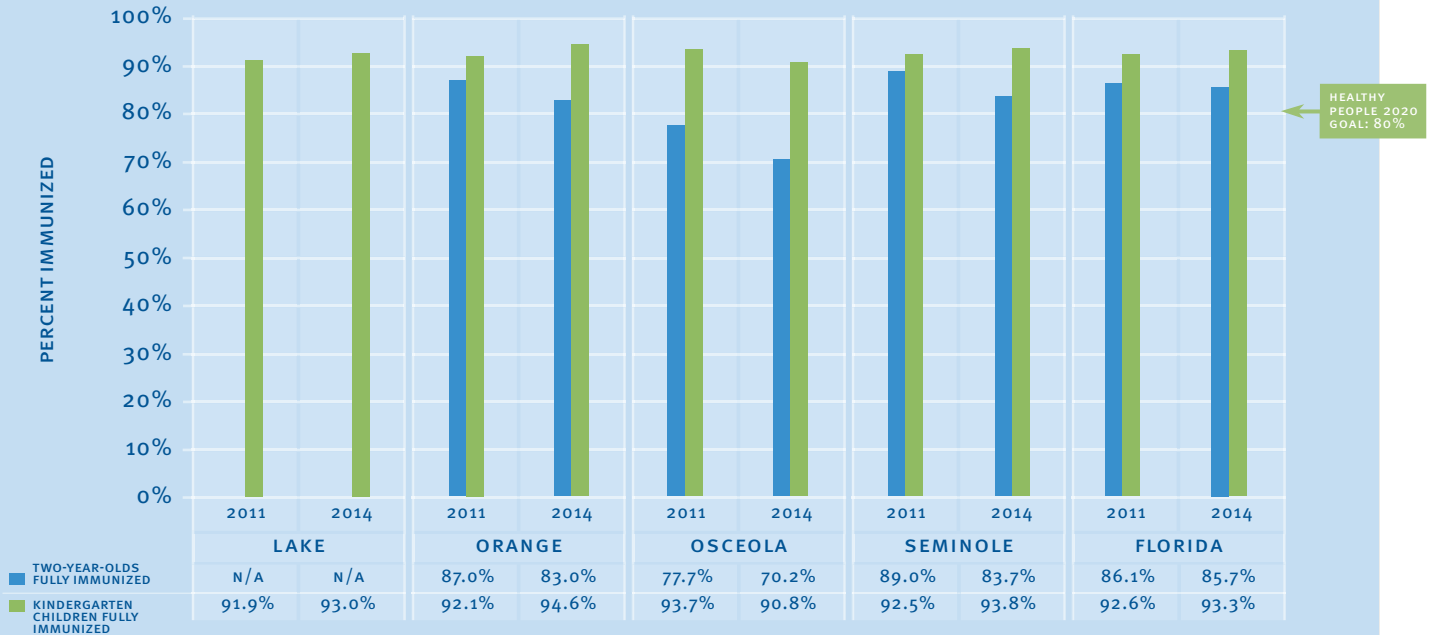
HEALTHY PEOPLE 2020 GOAL: 80%

	LAKE		ORANGE		OSCEOLA		SEMINOLE		FLORIDA	
	2011	2014	2011	2014	2011	2014	2011	2014	2011	2014
TWO-YEAR-OLDS FULLY IMMUNIZED	N/A	N/A	87.0%	83.0%	77.7%	70.2%	89.0%	83.7%	86.1%	85.7%
KINDERGARTEN CHILDREN FULLY IMMUNIZED	91.9%	93.0%	92.1%	94.6%	93.7%	90.8%	92.5%	93.8%	92.6%	93.3%

Source:Florida Charts, 2015: Florida Behavioral Risk Factor Surveillance System. N/A = no data reported in source.
This chart reflects the most current open-sourced data available at the time the report was printed.

CHART 7.2   INFLUENZA VACCINATION ADULTS 65+ (2007-2013)
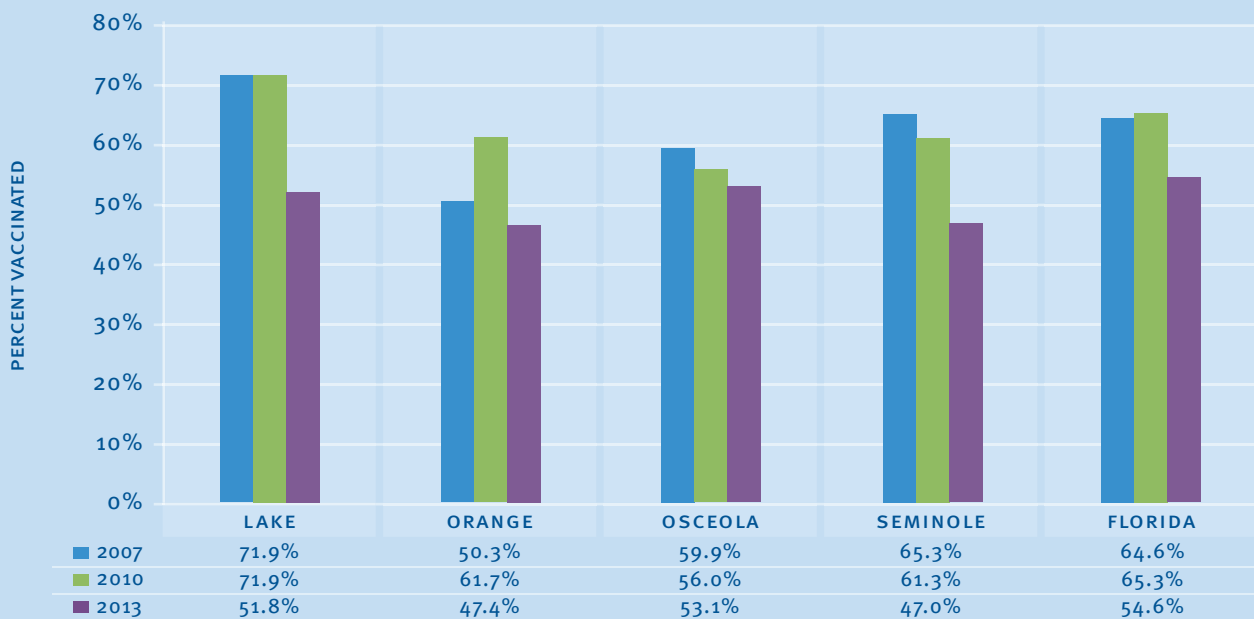
	LAKE	ORANGE	OSCEOLA	SEMINOLE	FLORIDA
2007	71.9%	50.3%	59.9%	65.3%	64.6%
2010	71.9%	61.7%	56.0%	61.3%	65.3%
2013	51.8%	47.4%	53.1%	47.0%	54.6%

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

CHART 7.3   PNEUMONIA VACCINATION ADULTS 65+ (2007-2013)

	LAKE	ORANGE	OSCEOLA	SEMINOLE	FLORIDA
2007	70.4%	63.0%	61.0%	59.4%	63.0%
2010	73.9%	61.6%	65.2%	63.8%	69.9%
2013	70.1%	68.5%	61.3%	69.1%	66.2%

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

CHART 7.4 NEW HIV CASES REPORTED (2010-2014)

	LAKE	ORANGE	OSCEOLA	SEMINOLE	FLORIDA
2010	12.1	37.4	21.9	12.5	26.0
2012	10.9	36.4	13.5	8.9	23.7
2014	19.3	40.8	36.7	16.5	31.4

Source: 2016, Florida Department of Health, Bureau of HIV/AIDS
This chart reflects the most current open-sourced data available at the time the report was printed.

CHART 7.5 NEW AIDS CASES REPORTED (2010-2014)

RATE PER 100,000	LAKE	ORANGE	OSCEOLA	SEMINOLE	FLORIDA
2010	5.4	23.7	13.0	8.0	16.9
2012	5.6	17.0	5.7	6.6	14.1
2014	10.9	20.0	14.0	6.2	13.8

Source: 2016, Florida Department of Health, Bureau of HIV/AIDS
This chart reflects the most current open-sourced data available at the time the report was printed.

PREVENTATIVE CARE

The United States Prevention Services Task Force (USPSTF) was first convened by the U.S. Public Health Service in 1984 and is now sponsored by the Agency for Healthcare Research and Quality. The USPSTF is the leading independent panel of private-sector experts in prevention and primary care. The USPSTF recommendations are based on rigorous, impartial assessments of the scientific evidence for the effectiveness of a broad range of clinical preventative services, including screening, counseling and preventative medications. The mission of the USPSTF is to evaluate the benefits of individual services based on age, gender and risk factors for disease; make recommendations about which preventative services should be incorporated routinely into primary medical care and for which populations; and identify a research agenda for clinical preventative care. Recommendations issued by the USPSTF are assigned a letter grade of A, B, C, D and I to help clinicians recommend appropriate services to their patients. For a complete list of grades and their definitions, please visit http://www.uspreventiveservicestaskforce.org/Page/Name/grade-definitions#grade-definitions-after-july-2012.

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

2012 USPSTF Recommendations:

Women aged 50 to 74 years	B
Women aged 40 to 49 years	C
Women aged 75 years or older	I
All women	I
Women with dense breasts	I

In most of the region, and in the state, the number of women aged 40 years and older who received a mammogram in the previous year decreased from 2002-2010. Lake County is the only area in the region that has increased over that time period. In 2010, Lake County was also the only county in the region that had a rate above the state average. Osceola County had the lowest rate with less than half of women aged 40 years and older receiving a mammogram. (See Chart 7.6)

Women 18 Years+ Who Received Pap Test in Past Year (2002-2013)

2012 USPSTF Recommendations:

Women aged 21 to 65 years (Pap Smear) or 30 to 65 (in combo with HPV testing)	A
Women younger than 30 years, HPV testing	D
Women younger than 21 years	D
Women older than 65, who have had adequate prior screening	D
Women who have had a hysterectomy	D

In all counties in the region, and in the state, the number of women aged 18 years and older who received a pap test in the previous year decreased from 2002-2013. In 2013, Orange County is the only county in the region that had a rate above the state average. Osceola County had the lowest rate with less than 40 percent of women aged 18 years and older receiving a pap test. (See Chart 7.7)

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

2012 USPSTF Recommendations:

Adults aged 50 to 75 years   A
Adults aged 76 to 85 years   C

In all counties in the assessment region, and in the state, the number of adults aged 50 years and older who had received a sigmoidoscopy or colonoscopy in the past five years increased from 2002-2013. Orange County is the only county with a 2013 rate below the state average. Lake County has the highest rate and saw the largest increase over that time period. (See Chart 7.8)

Adults 50 Years+ Who Received a Stool Blood Test in Past Year (2002-2013)

Every county in the assessment region, and the state as a whole, has experienced a significant drop in the percentage of adults aged 50 years and older who received a stool blood test in the past year. Lake County is the only one in the region with a 2013 rate above the state average. Orange County had the lowest 2013 rate. (See Chart 7.9)

Men 50 Years+ Who Received a PSA Test in Past Two Years (2007-2010)

2012 USPSTF Recommendations:

Men, screening with PSA   D
New 2017 recommendations are in progress

Across the assessment region and around the state, the percentage of men aged 50 years and older receiving a PSA test in the past two years increased. Lake County's 2010 rate is the only one above the state level. Osceola County's rate is the lowest in the region. (See Chart 7.10)

Key Findings Based on Secondary and Primary Data Analysis

While statewide data show rather significant changes from the 2002-2013 time period over a number of variables, counties within the Central Florida region have seen rather moderate reductions in positive health decisions for women and the population aged 50 years and older. However, trends on the statewide level as compared to trends at the county level are consistent in terms of the overall trend since the 2002 timeframe. PSA testing — across the board — rose approximately 15 percent to 20 percent across all counties and statewide. Another area of significant improvement was the number of adults aged 50 years or older who have received a sigmoidoscopy or colonoscopy in the past five years, with numbers exceeding historic figures. However, a downward trend can be seen on the statewide level and on the county level, across the board, for mammograms and stool blood tests. Updated data for men aged 50 years or older who received a PSA test in the past two years, as well as updated data for women aged 40 years and older who received a mammogram in the previous year, were not readily available at the time of this study.

When looking at other data sources utilized in this assessment, only Lake County's 2013 priorities cited cancer screenings as a concern for the community. Otherwise, preventative care did not emerge as an area of concern in other data collection methods.

CHART 7.6   WOMEN 40 YEARS+ WHO RECEIVED A MAMMOGRAM IN PAST YEAR (2002-2010)
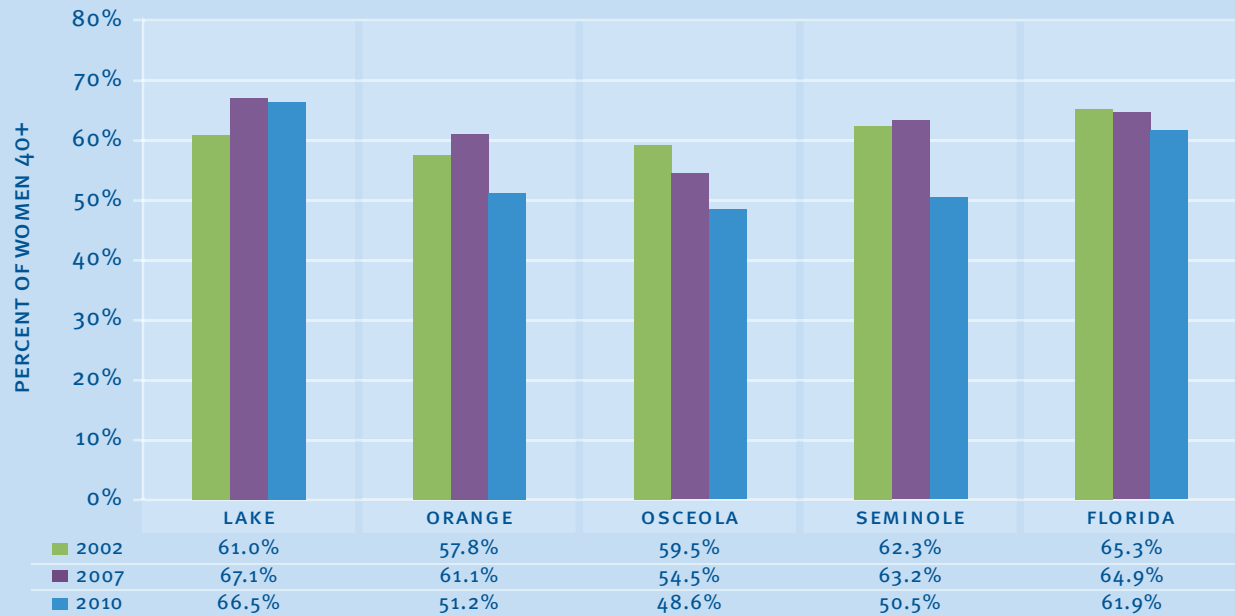
PERCENT OF WOMEN 40+

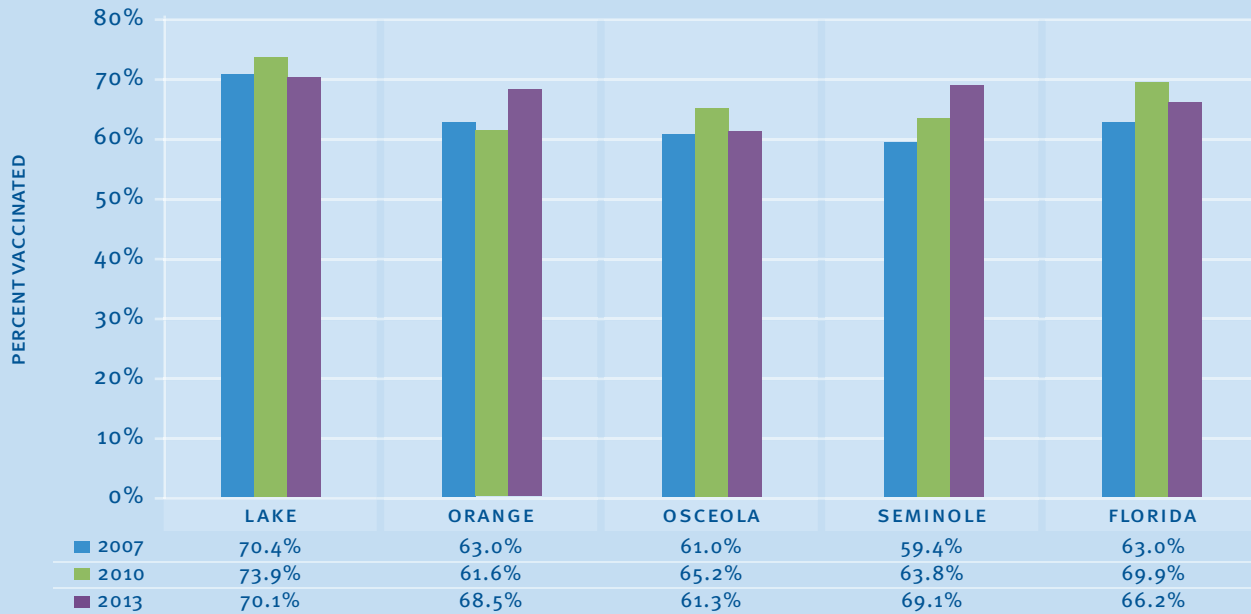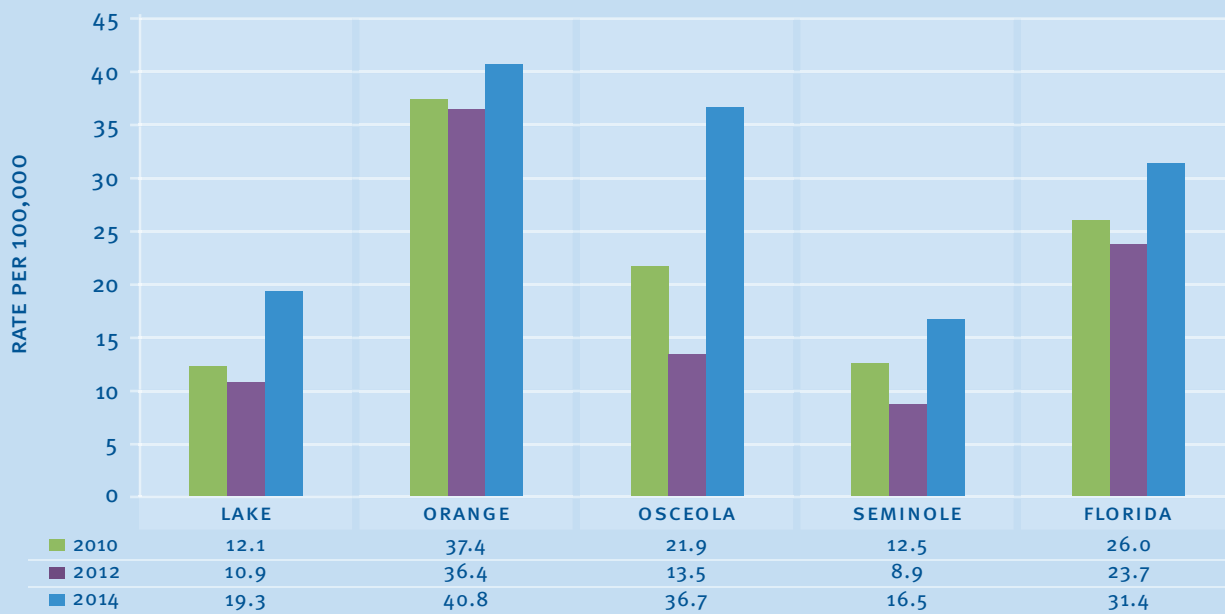|	LAKE	ORANGE	OSCEOLA	SEMINOLE	FLORIDA
2002	61.0%	57.8%	59.5%	62.3%	65.3%
2007	67.1%	61.1%	54.5%	63.2%	64.9%
2010	66.5%	51.2%	48.6%	50.5%	61.9%

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

CHART 7.7   WOMEN 18 YEARS+ WHO RECEIVED PAP TEST IN PAST YEAR (2002-2013)
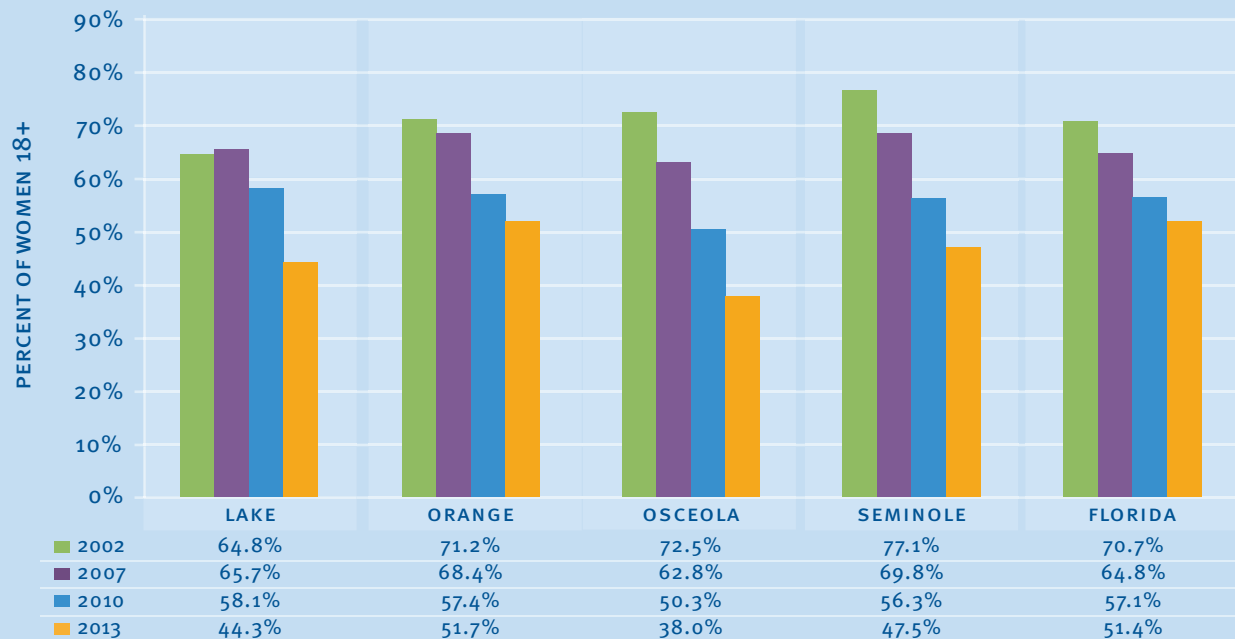
PERCENT OF WOMEN 18+

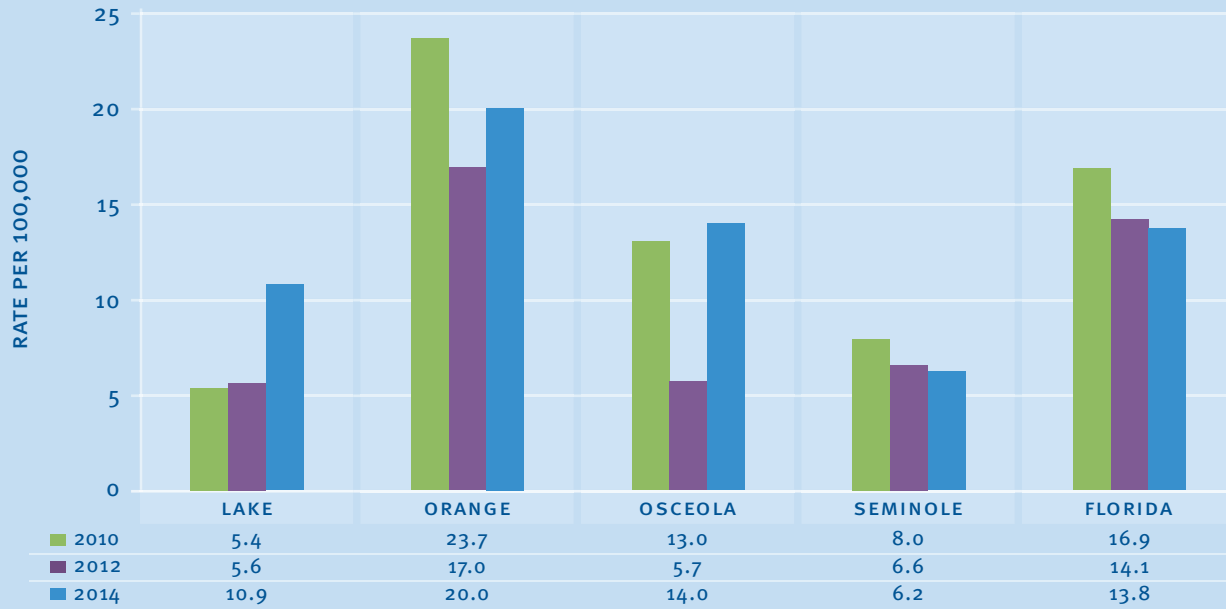|	LAKE	ORANGE	OSCEOLA	SEMINOLE	FLORIDA
2002	64.8%	71.2%	72.5%	77.1%	70.7%
2007	65.7%	68.4%	62.8%	69.8%	64.8%
2010	58.1%	57.4%	50.3%	56.3%	57.1%
2013	44.3%	51.7%	38.0%	47.5%	51.4%

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

CHART 7.8 ADULTS 50+ YEARS WHO RECEIVED A SIGMOIDOSCOPY OR COLONOSCOPY IN PAST FIVE YEARS (2002-2013)

PERCENT OF ADULTS 50+

	LAKE	ORANGE	OSCEOLA	SEMINOLE	FLORIDA
2002	44.2%	45.0%	43.6%	45.5%	44.6%
2007	57.8%	46.9%	48.4%	55.7%	53.7%
2010	58.1%	49.8%	50.0%	53.3%	56.4%
2013	61.4%	49.6%	56.1%	61.2%	55.3%
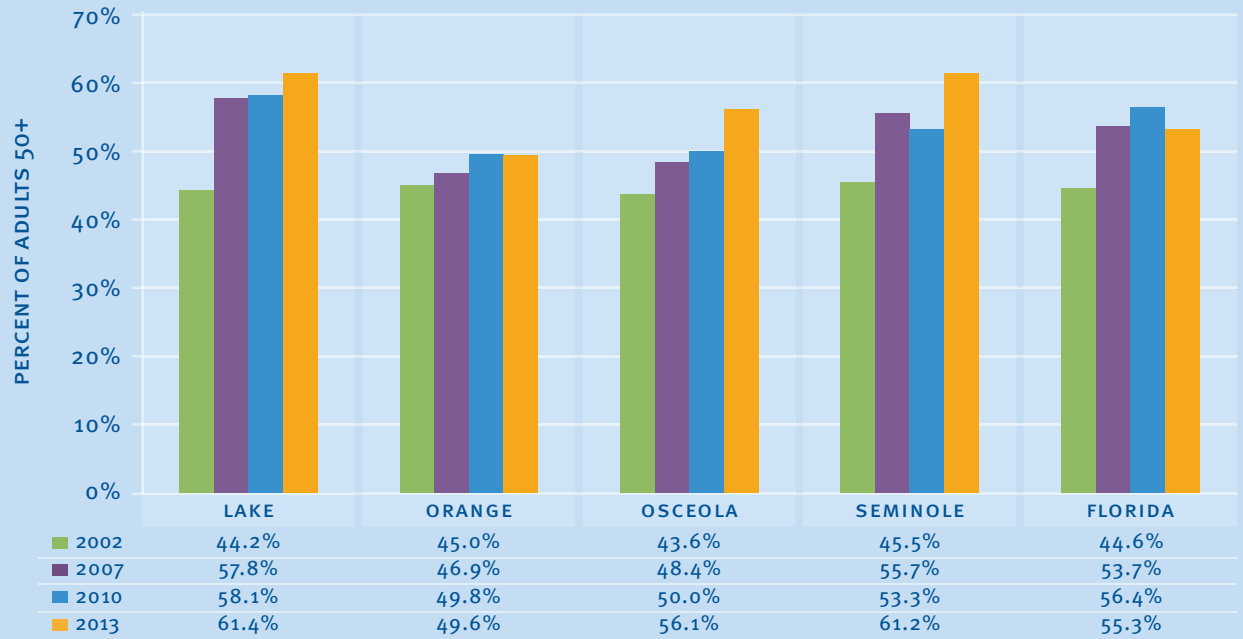
Source: Florida Charts 2016: Florida Behavioral Risk Factor Surveillance System
This chart reflects the most current open-sourced data available at the time the report was printed.

CHART 7.9 ADULTS 50+ YEARS WHO RECEIVED A STOOL BLOOD TEST IN PAST YEAR (2002-2013)
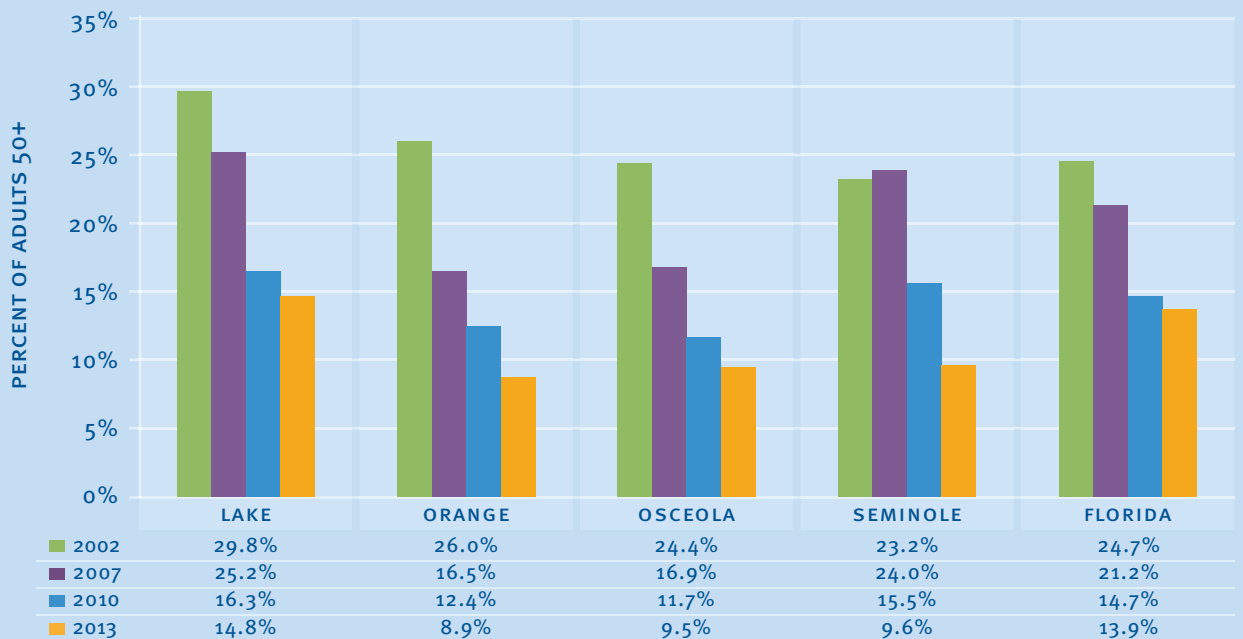
PERCENT OF ADULTS 50+

	LAKE	ORANGE	OSCEOLA	SEMINOLE	FLORIDA
2002	29.8%	26.0%	24.4%	23.2%	24.7%
2007	25.2%	16.5%	16.9%	24.0%	21.2%
2010	16.3%	12.4%	11.7%	15.5%	14.7%
2013	14.8%	8.9%	9.5%	9.6%	13.9%

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

CHART 7.10 MEN 50 YEARS + WHO RECEIVED A PSA TEST IN PAST TWO YEARS (2007-2010)
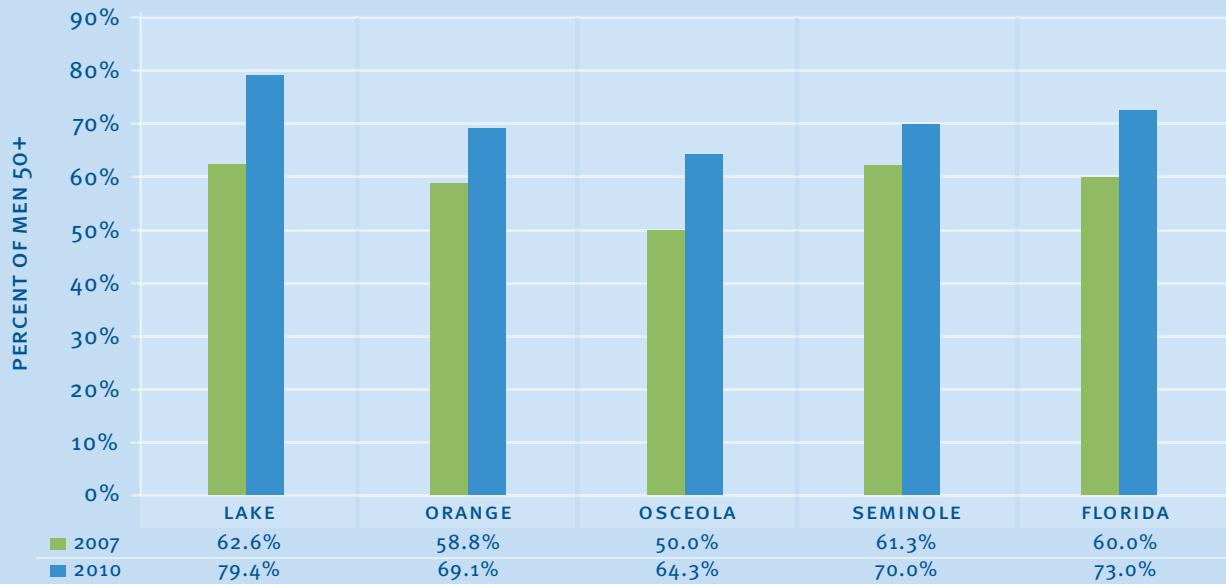
	LAKE	ORANGE	OSCEOLA	SEMINOLE	FLORIDA
2007	62.6%	58.8%	50.0%	61.3%	60.0%
2010	79.4%	69.1%	64.3%	70.0%	73.0%

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

CHRONIC CONDITIONS

Adults Who Are Obese (2002-2013)

While the four counties have been able to maintain levels below the HP2020 goal of 30.5 percent, Seminole County's upward trend follows closely with that of the state of Florida from 2002-2013. Osceola County trended above the 30.5 percent goal in 2010, however, was able to move below this goal in 2013. Lake and Orange Counties both trended upward through 2010 with a decline through 2013. (See Chart 7.11)

Middle School Students Reporting BMI At or Above 95th Percentile (2006-2012)

The percentage of middle school students reporting a BMI at or above the 95th percentile has remained relatively constant at the state level from 2006-2012. Lake County is the only county in the region to report an increase over that time period. It is also the only county whose 2012 level is above that of the state. Orange County peaked in 2008 and has steadily dropped since. Seminole County's trend has worked in the opposite fashion; the low point was in 2008 but has steadily increased since then. (See Chart 7.12)

High School Students Reporting BMI At or Above 95th Percentile (2006-2012)

The state's trend for high school students reporting a BMI at or above the 95th percentile has been upward between 2006-2012. Lake, Orange and Seminole Counties have followed this trend. Lake County has the highest percentage and the only rate above the state level. Seminole County had been consistently low until 2012. (See Chart 7.13)

Adults With Diagnosed Diabetes (2002-2013)

The HP2020 goal for new cases per 1,000 population aged 18-84 years is 7.2 percent. The data presented in the graphic represent the percent of adults in each county who have ever been diagnosed with diabetes, thus it is not a true comparison to the HP2020 goal. There has been an upward trend regionally in the percent of adults who have been diagnosed with diabetes. Osceola County had a large increase (43 percent) between 2010-2013, while Seminole County's increase between 2007-2010 was 80 percent. Seminole County, however, experienced a 30 percent decline in this indicator since 2010, the only county to decline in the region since 2002. Lake County, Orange County and the state of Florida, as a whole, have been showing a steady increase in the percent of adults with diagnosed diabetes. (See Chart 7.14)

Diabetes Hospitalizations - Children, Ages 5-11 (2011-2014)

The rate for hospitalizations due to diabetes for children aged 5-11 years in the state has fluctuated right around 40 per 100,000 since 2011. Orange County's rates have hovered right under that rate from 2012-2014. Osceola County experienced increases from 2011-2013 then a stark decrease for 2014. While Lake County has seen a decrease since their peak in 2012, their 2014 rate is still higher than in 2011. Seminole County reports a 2014 rate that is significantly lower than any other rate in the assessment region and much lower than the state level. (See Chart 7.15)

Diabetes Hospitalizations - Children, Ages 12-18 (2011-2014)

For diabetes hospitalizations among children aged 12-18 years, Lake County's 2014 rate is the highest it's been for the county and much higher than the state level. Orange County has experienced fluctuations each year but has had an overall increase since 2011. Osceola County peaked in 2012 and has dropped to levels consistent with the state in 2013 and 2014. Seminole County is the only one to report a 2014 rate lower than the previous year's. (See Chart 7.16)

CHRONIC CONDITIONS, CONT'D.

High Blood Pressure Prevalence - Adults (2002-2013)

The prevalence of adults with high blood pressure has increased across the region upwards of 57 percent in Lake County and 80 percent in Seminole County in 2010. As a region, in 2013, the prevalence of high blood pressure (hypertension) (33.7 percent average) is above the HP2020 goal of 26.9 percent, despite a decrease in 2013 from the uptick in 2010, while still slightly below the state at 35 percent. (See Chart 7.17)

Adults With Hypertension Who Take Blood Pressure Medication (2007-2013)

Every county in the assessment region has percentages lower than the state average of adults with hypertension who take blood pressure medication. Additionally, every county has experienced a decrease since 2007. Lake County has the highest rate, while Osceola County has the lowest rate. (See Chart 7.18)

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

In line with the state level trend, Lake, Orange and Seminole Counties have experienced an increase between 2007-2013 in the percent of adults who have ever had a stroke. Osceola County, despite a spike in 2010, still experienced an overall decrease over the same time period and reported the lowest rate in the region for 2013. Lake County reported the highest 2013 rate and was the only county whose rate was above the state average. (See Chart 7.19)

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

Within the four-county region, Lake County consistently experienced the highest level of high cholesterol, hovering around 40 percent, well above the 13.5 percent target for HP2020. Orange County appears to be trending downward with a decline of approximately 32 percent, despite a slight increase in 2010. Osceola County's prevalence of high cholesterol has experienced the same trend as Lake County's with a slight increase in 2010, though remaining relatively constant. Seminole County has experienced the largest increase in the percentage of adults having been told they have high cholesterol, increasing from 26.7 percent in 2002 to 37.4 percent in 2013 (41.3 percent in 2010). This is an increase of 40 percent from 2002-2013. (See Chart 7.20)

Heart Disease Age Adjusted Death Rate (AADR) by County (2014)

Osceola County's AADR for heart disease is the highest in the region and much higher than the state level. Lake County is also marginally higher than the state. Orange and Seminole Counties are under the state rate with figures right around 150 people per 100,000. (See Chart 7.21)

Age Adjusted Hospitalizations From Congestive Heart Failure (2010-2014)

Hospitalizations from congestive heart failure have decreased across the assessment region and throughout the state. Lake County has the lowest rate in the region and is the only rate below the state level. Orange County has consistently had the highest rate since 2010. (See Chart 7.22)

Rectal Cancer Incidence (2008-2012)

Lake County has mimicked the state's gradual decrease from 2008-2012, but remains higher than the state. Every county in the assessment region reported 2012 rates above the state average. Seminole County has remained the most stable with a slight increase since 2008. Orange and Osceola Counties have fluctuated year-to-year with Orange experiencing a marginal increase and Osceola a marginal decrease from 2008-2012. (See Chart 7.23)

CHRONIC CONDITIONS, CONT'D.

Breast Cancer Incidence (2008-2012)

Lake and Seminole Counties mirror the steady decrease in breast cancer incidence that has been seen at the state level. However, both counties' rates remain above the state average. Orange and Osceola Counties have experienced marginal decreases between 2008-2012. (See Chart 7.24)

Lung Cancer Incidence, Age Adjusted (2010-2012)

Seminole County is the only county in the assessment region with rates consistently below the state level for lung cancer incidence and experienced a decrease from 2010-2012. Osceola County has experienced a 40 percent increase over the same period. Orange County experienced a less severe increase after dipping slightly in 2011. Lake County has decreased since 2010 despite having a 2012 rate that is higher than the previous year. (See Chart 7.25)

Adults Currently With Asthma (2002-2013)

Regionally and statewide, there has been an increase, overall, in the percent of adults currently with asthma. Lake County experienced their largest jump between 2010-2013 from 6.2 percent to 8.7 percent. While Orange County had a significant decline in 2007, their numbers increased to above their 2002 baseline in 2010, and since has declined to below eight percent in 2013. Between 2002-2010, Osceola County's prevalence of adults currently with asthma doubled to more than 10 percent. Seminole County has shown an upward trend in adults currently with asthma since 2007 from 6.4 percent to just over eight percent. (See Chart 7.26)

Students With Known Asthma (2006-2012)

Every county in the assessment region has seen an increase in both middle and high school students with known asthma. In 2010, Osceola County had the highest percentages by far. Orange County experienced a large jump from 2010-2012 that put them above the state average for 2012. (See Chart 7.27)

Asthma Hospitalizations Ages 1-5 (Rolling Rate 1991-2014)

Overall, children within the age range of 1-5 have the highest rate of hospitalizations due to asthma than children aged 5-11 years and 12-18 years. In Lake County, the admittance rate in the 1-5 year age range has remained relatively consistent, with a slight downward trend, fluctuating around the 700 per 100,000 rate range trending down to 639 and upward of 897. In Orange County, hospitalizations of children ages 1-5 due to asthma experienced a sharp increase in rates since 2007-2008. In Osceola County, children in the 1-5 year age range have the highest rate of hospitalizations due to asthma (compared to other age groups). Osceola County experienced the strongest upward trend in hospitalizations due to asthma in the 1-5 year range. This trend is inconsistent with the regional trend that has a stronger increasing trend of hospitalization in older children. Seminole County has the lowest rate of hospitalizations in children aged 1-5 years, well below the state's rate. (See Chart 7.28)

Asthma Hospitalizations Ages 5-11 (Rolling Rate 1996-2014)

In the 5-11 year age range, Lake County has experienced an overall downward trend, especially until about 2005. Since 2007-2008, this age range in Lake County has experienced an increase in hospitalizations due to asthma. This increase is similar to the increase in hospitalizations trend since 2007 in the other counties. (See Chart 7.29)

CHRONIC CONDITIONS, CONT'D.

Asthma Hospitalizations Ages 12-18 (Rolling Rate 1996-2014)

Since 1996 there has been a steady increase in hospitalizations due to asthma for teenagers in every county within the assessment region. Every county was below the state level until Osceola County's increase in 2009-2011; it has continued to increase above the state average since. Orange County has also reported rates higher than the state level since 2010-2012. Lake County has remained the lowest since 2006-2008. (See Chart 7.30)

Key Findings Based on Secondary and Primary Data Analysis

With regard to juvenile diabetes, the rates for children aged 12-18 years are higher than those for children aged 5-11 years, indicating either an increase in diabetes diagnoses or an increase in severity of symptoms.

While blood pressure rates have increased, fewer of those diagnosed with hypertension are taking blood pressure medication.

Overall, children within the age range of 1-5 years have the highest rate of hospitalizations due to asthma than children aged 5-11 years or 12-18 years. As a region, the rate of asthma hospitalizations is increasing faster in teenagers than other age ranges. Only Osceola County is outside this norm with a faster rate of increase in children aged 1-5 years.

Diabetes, cancer and heart disease repeatedly are discussed by both decision-makers in the region and by consumers. Data collected using a variety of methods draw strong connections between diabetes, poverty, and access to quality and nutritious foods. While primary data did not directly connect cancer to the use of tobacco and vape products, both emerged as concerns in the region. Finally, in the experience of those who provided input, heart disease may be addressed by increasing access to healthy food and reducing inactivity among residents. The use of tobacco products may also contribute to heart disease as a regional concern.

CHART 7.11 ADULTS WHO ARE OBESE (2002-2013)
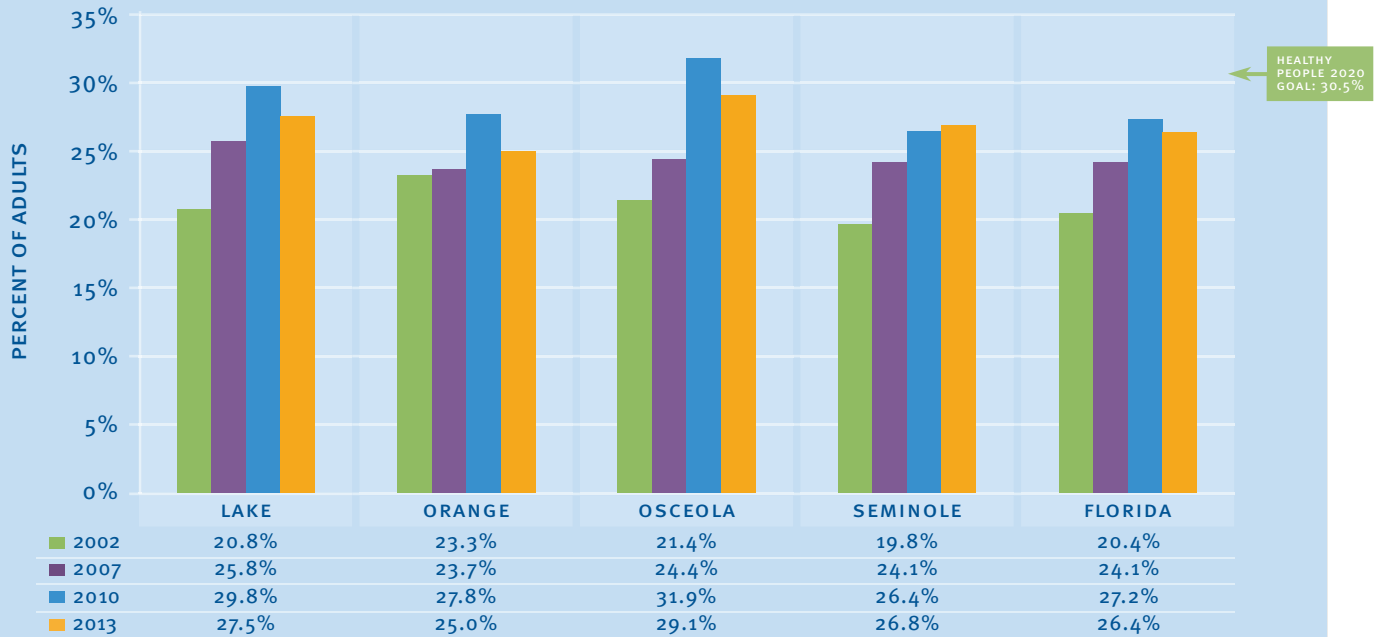
HEALTHY PEOPLE 2020 GOAL: 30.5%

	LAKE	ORANGE	OSCEOLA	SEMINOLE	FLORIDA
2002	20.8%	23.3%	21.4%	19.8%	20.4%
2007	25.8%	23.7%	24.4%	24.1%	24.1%
2010	29.8%	27.8%	31.9%	26.4%	27.2%
2013	27.5%	25.0%	29.1%	26.8%	26.4%

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

CHART 7.12 MIDDLE SCHOOL STUDENTS REPORTING BMI AT OR ABOVE 95TH PERCENTILE (2006-2012)
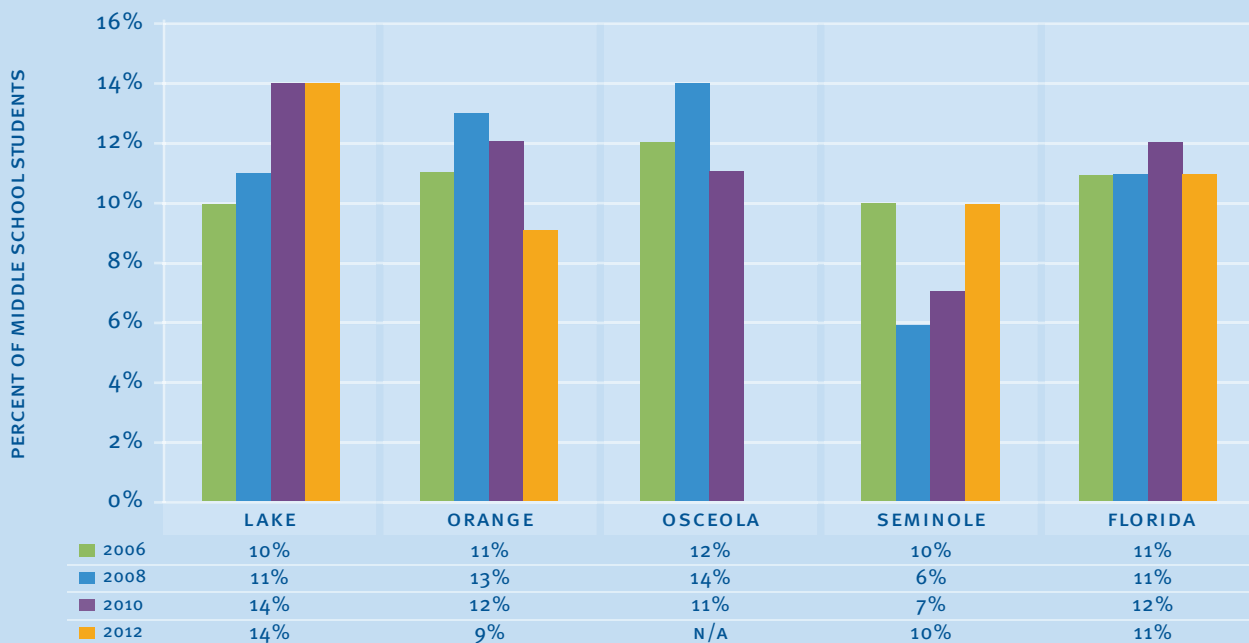
	LAKE	ORANGE	OSCEOLA	SEMINOLE	FLORIDA
2006	10%	11%	12%	10%	11%
2008	11%	13%	14%	6%	11%
2010	14%	12%	11%	7%	12%
2012	14%	9%	N/A	10%	11%

Source: Florida Charts, 2016: Florida Department of Health, Bureau of Epidemiology. N/A = no data reported in source.
This chart reflects the most current open-sourced data available at the time the report was printed.

CHART 7.13 HIGH SCHOOL STUDENTS REPORTING BMI AT OR ABOVE 95TH PERCENTILE (2006-2012)

	LAKE	ORANGE	OSCEOLA	SEMINOLE	FLORIDA
2006	14%	9%	10%	8%	11%
2008	11%	11%	13%	8%	11%
2010	14%	11%	12%	8%	12%
2012	15%	14%	N/A	11%	14%

Source: Florida Charts, 2016: Florida Department of Health, Bureau of Epidemiology. N/A = no data reported in source.
This chart reflects the most current open-sourced data available at the time the report was printed.

CHART 7.14 ADULTS WITH DIAGNOSED DIABETES (2002-2013)

	LAKE	ORANGE	OSCEOLA	SEMINOLE	FLORIDA
2002	9.5%	7.4%	6.2%	5.0%	8.2%
2007	12.9%	8.0%	9.9%	7.5%	8.7%
2010	13.4%	9.9%	9.9%	13.5%	10.4%
2013	15.2%	10.3%	14.2%	9.0%	11.2%

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

CHART 7.15   DIABETES HOSPITALIZATIONS — CHILDREN, AGES 5 - 11 (2011-2014)

	LAKE	ORANGE	OSCEOLA	SEMINOLE	FLORIDA
2011	49.8	49.6	32.9	43.1	43.9
2012	90.5	36.6	57.3	24.3	38.3
2013	65.6	37.4	87.2	29.6	42.1
2014	56.4	37.9	54.3	13.4	41.9

Source: Florida Charts, 2016: Florida Agency for Health Care Administration (AHCA)
This chart reflects the most current open-sourced data available at the time the report was printed.

CHART 7.16   DIABETES HOSPITALIZATIONS — CHILDREN, AGES 12 - 18 (2011-2014)

	LAKE	ORANGE	OSCEOLA	SEMINOLE	FLORIDA
2011	104.2	98.6	102.2	69.8	119.9
2012	99.5	129.1	154.9	111.4	116.2
2013	116.2	111.5	129.0	116.3	117.8
2014	148.4	135.3	130.7	88.1	130.1

Source: Florida Charts, 2016: Florida Agency for Health Care Administration (AHCA)
This chart reflects the most current open-sourced data available at the time the report was printed.

CHART 7.17   HIGH BLOOD PRESSURE PREVALENCE - ADULTS (2002-2013)

HEALTHY
PEOPLE 2020
GOAL: 26.9%

	LAKE	ORANGE	OSCEOLA	SEMINOLE	FLORIDA
2002	28%	22%	26%	20%	28%
2007	36%	26%	24%	29%	28%
2010	44%	34%	35%	36%	34%
2013	39%	30%	22%	34%	35%

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

CHART 7.18   ADULTS WITH HYPERTENSION WHO TAKE BLOOD PRESSURE MEDICATION (2007-2013)

	LAKE	ORANGE	OSCEOLA	SEMINOLE	FLORIDA
2007	86%	77%	79%	79%	82%
2010	90%	76%	77%	79%	83%
2013	77%	74%	66%	70%	79%

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

CHART 7.19   ADULTS WHO HAVE EVER BEEN TOLD THEY HAD A STROKE (2007-2013)
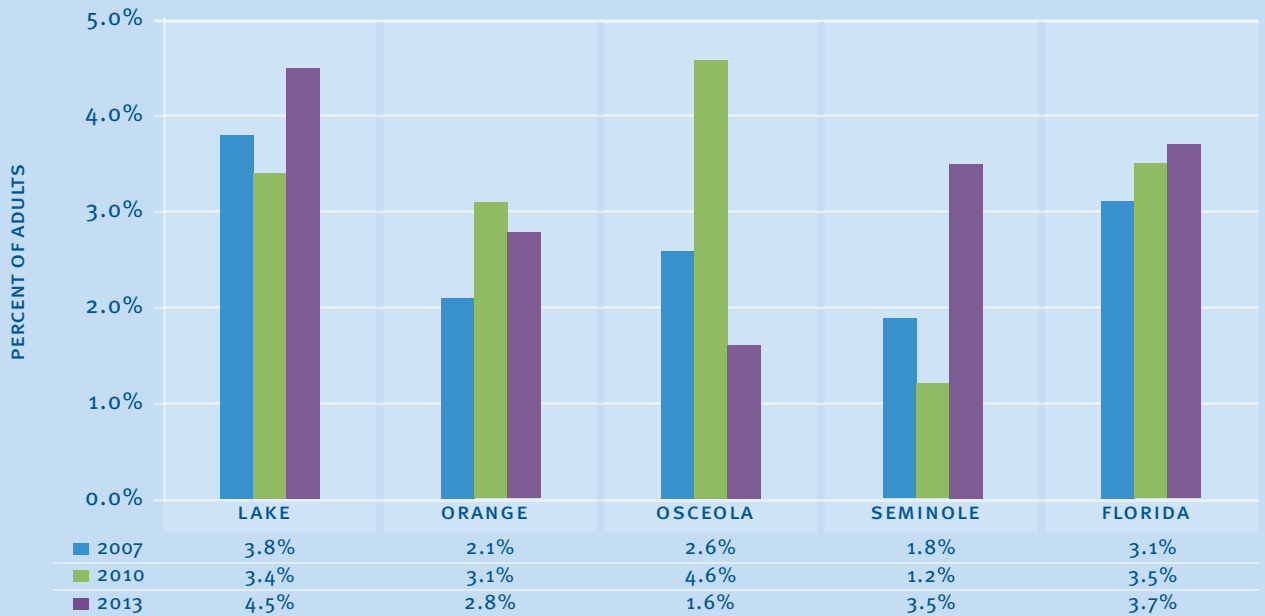
	LAKE	ORANGE	OSCEOLA	SEMINOLE	FLORIDA
2007	3.8%	2.1%	2.6%	1.8%	3.1%
2010	3.4%	3.1%	4.6%	1.2%	3.5%
2013	4.5%	2.8%	1.6%	3.5%	3.7%

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

CHART 7.20   ADULTS WHO HAVE EVER BEEN TOLD THEY HAD HIGH CHOLESTEROL (2002-2013)
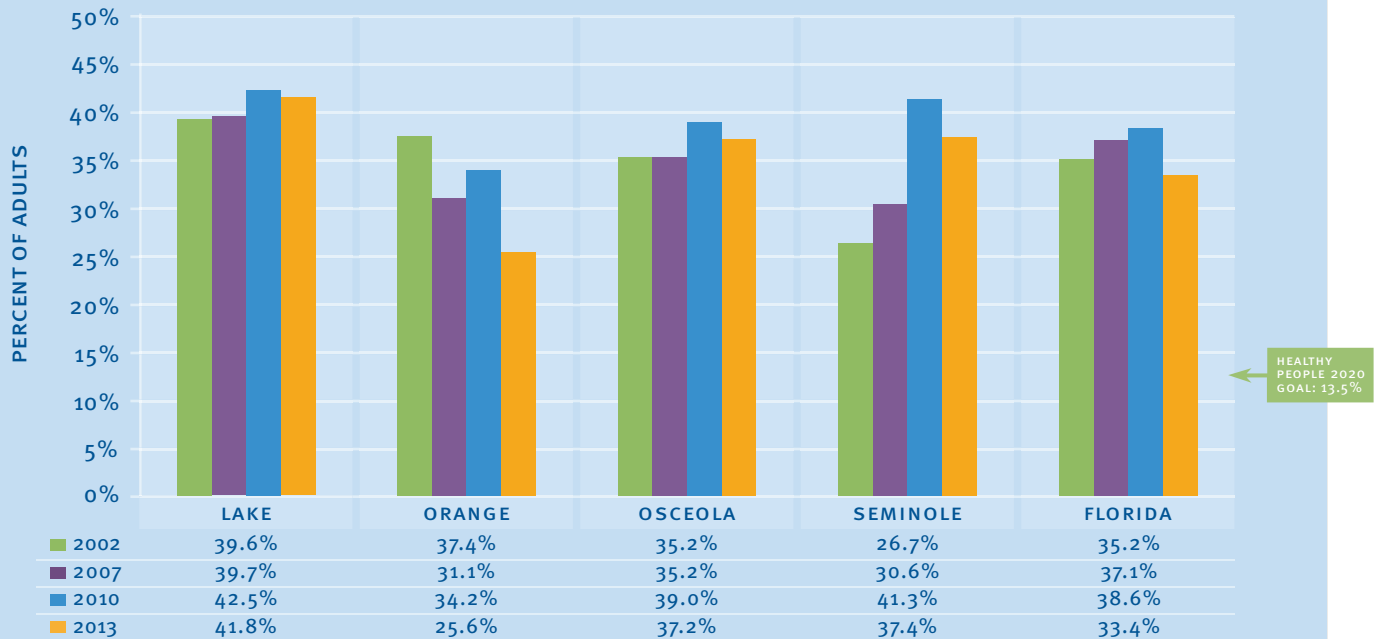
HEALTHY PEOPLE 2020 GOAL: 13.5%

	LAKE	ORANGE	OSCEOLA	SEMINOLE	FLORIDA
2002	39.6%	37.4%	35.2%	26.7%	35.2%
2007	39.7%	31.1%	35.2%	30.6%	37.1%
2010	42.5%	34.2%	39.0%	41.3%	38.6%
2013	41.8%	25.6%	37.2%	37.4%	33.4%

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

CHART 7.21   HEART DISEASE AGE ADJUSTED DEATH RATE (AADR) BY COUNTY (2014)
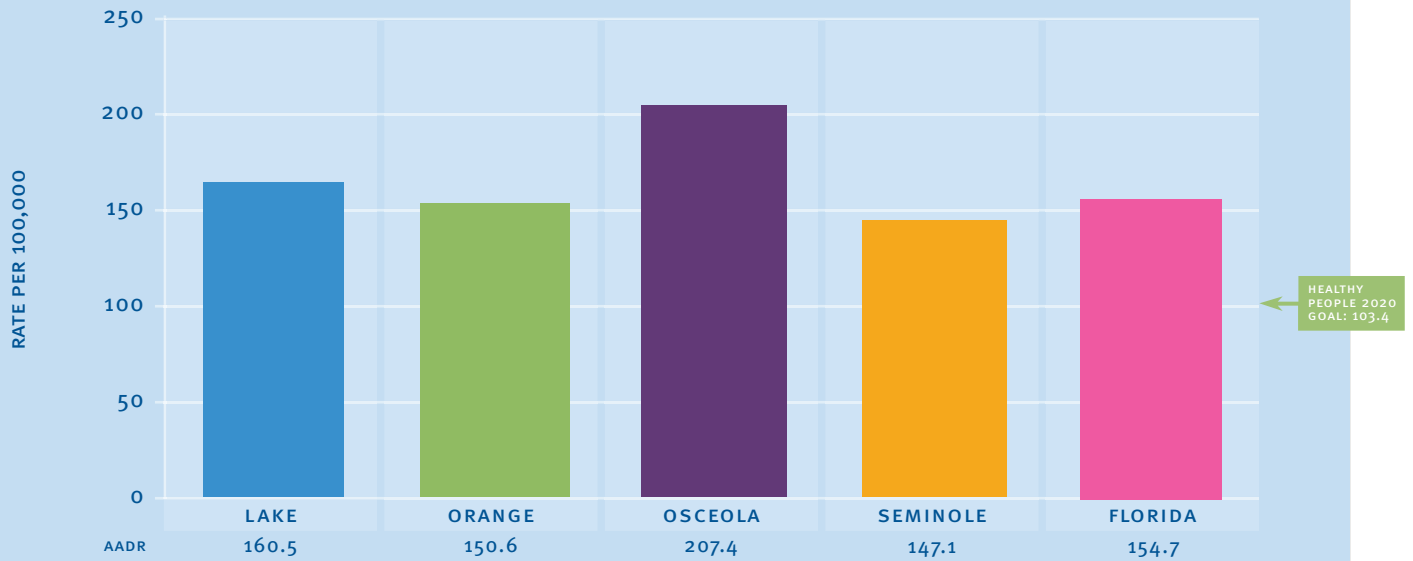
RATE PER 100,000

HEALTHY
PEOPLE 2020
GOAL: 103.4

	LAKE	ORANGE	OSCEOLA	SEMINOLE	FLORIDA
AADR	160.5	150.6	207.4	147.1	154.7

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

CHART 7.22 AGE ADJUSTED HOSPITALIZATIONS FROM CONGESTIVE HEART FAILURE (2010-2014)
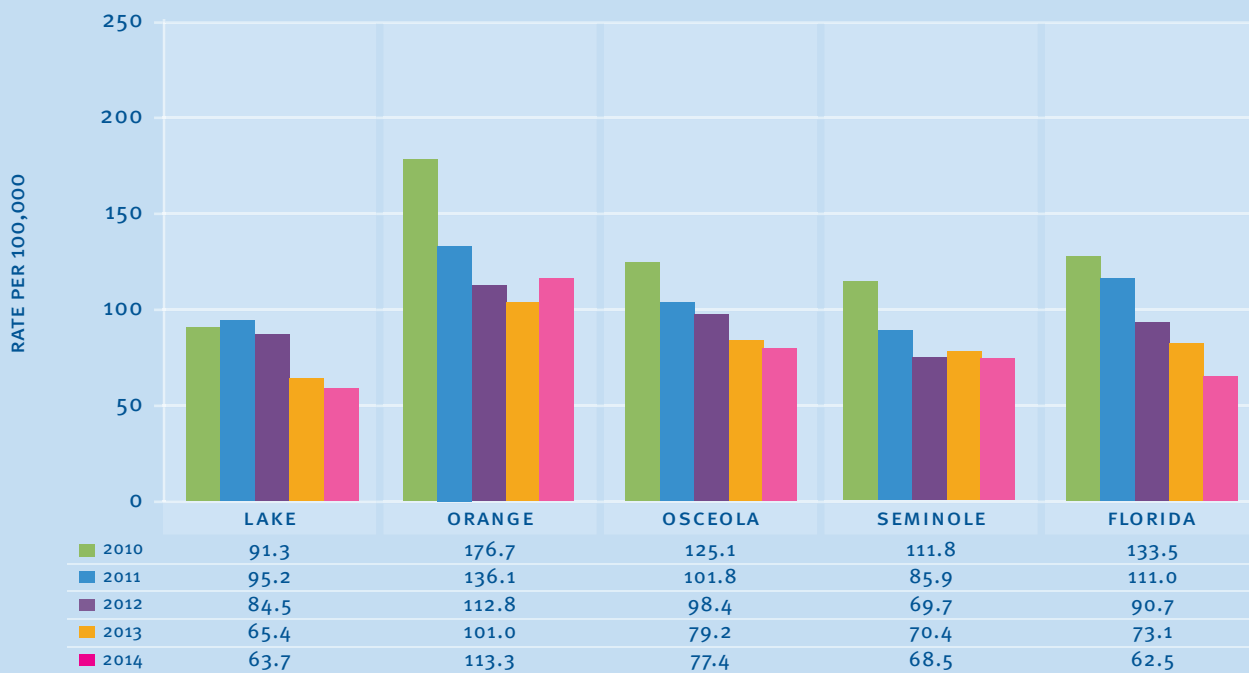
RATE PER 100,000

	LAKE	ORANGE	OSCEOLA	SEMINOLE	FLORIDA
2010	91.3	176.7	125.1	111.8	133.5
2011	95.2	136.1	101.8	85.9	111.0
2012	84.5	112.8	98.4	69.7	90.7
2013	65.4	101.0	79.2	70.4	73.1
2014	63.7	113.3	77.4	68.5	62.5

Source: Florida Charts, 2016: Florida Agency for Health Care Administration
This chart reflects the most current open-sourced data available at the time the report was printed.

CHART 7.23 RECTAL CANCER INCIDENCE (2008-2012)
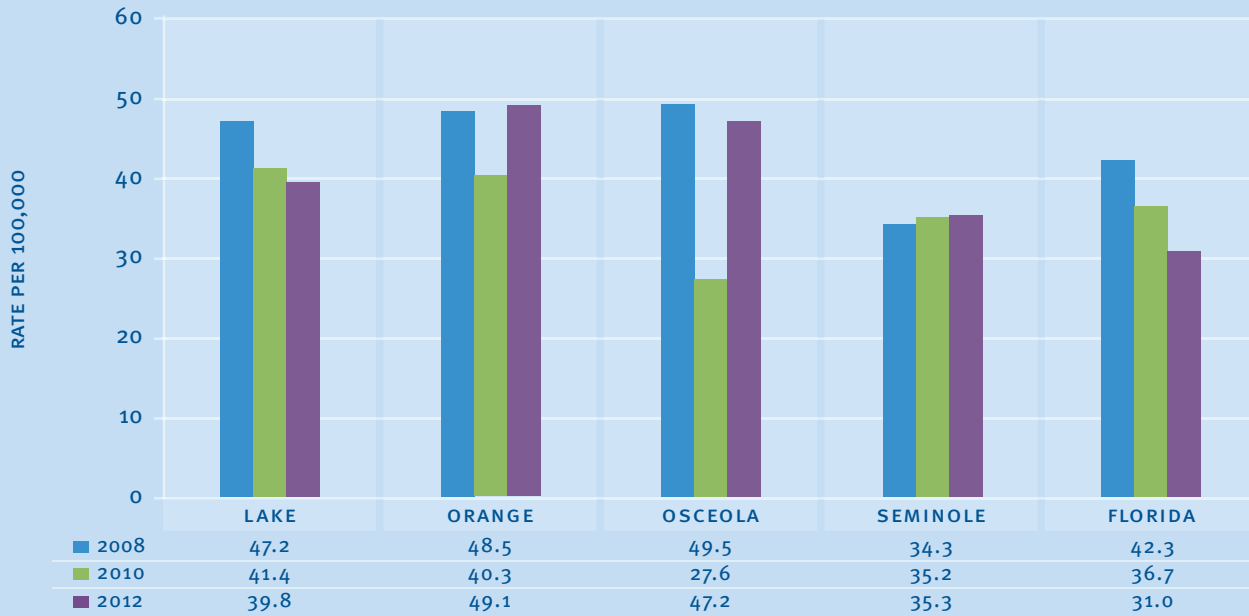
RATE PER 100,000

	LAKE	ORANGE	OSCEOLA	SEMINOLE	FLORIDA
2008	47.2	48.5	49.5	34.3	42.3
2010	41.4	40.3	27.6	35.2	36.7
2012	39.8	49.1	47.2	35.3	31.0

Source: Florida Charts, 2016: University of Miami (FL) Medical School, Florida Cancer Data System
This chart reflects the most current open-sourced data available at the time the report was printed.

CHART 7.24 BREAST CANCER INCIDENCE (2008-2012)

RATE PER 100,000

	LAKE	ORANGE	OSCEOLA	SEMINOLE	FLORIDA
2008	124.0	118.8	106.0	111.0	115.0
2010	119.0	109.1	118.0	107.7	112.5
2012	90.0	110.7	103.3	89.8	79.7

Source: Florida Charts, 2016: University of Miami (FL) Medical School, Florida Cancer Data System
This chart reflects the most current open-sourced data available at the time the report was printed.

CHART 7.25 LUNG CANCER INCIDENCE, AGE ADJUSTED (2010-2012)
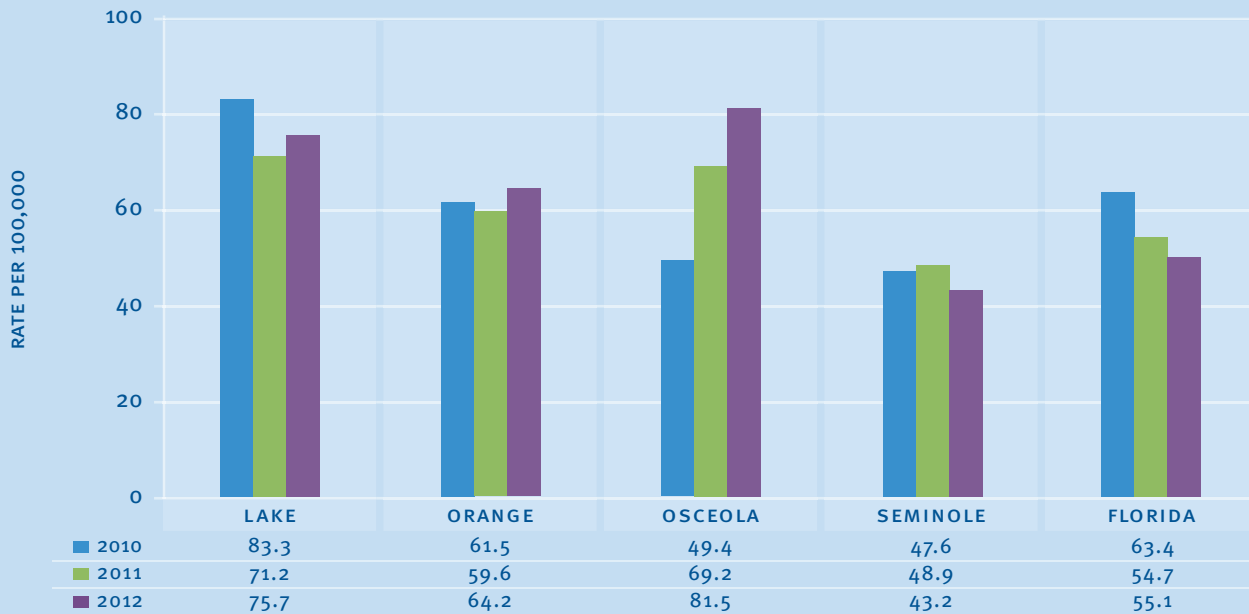
RATE PER 100,000

	LAKE	ORANGE	OSCEOLA	SEMINOLE	FLORIDA
2010	83.3	61.5	49.4	47.6	63.4
2011	71.2	59.6	69.2	48.9	54.7
2012	75.7	64.2	81.5	43.2	55.1

Source: University of Miami (FL) Medical School, Florida Cancer Data System
This chart reflects the most current open-sourced data available at the time the report was printed.

CHART 7.26 ADULTS CURRENTLY WITH ASTHMA (2002-2013)
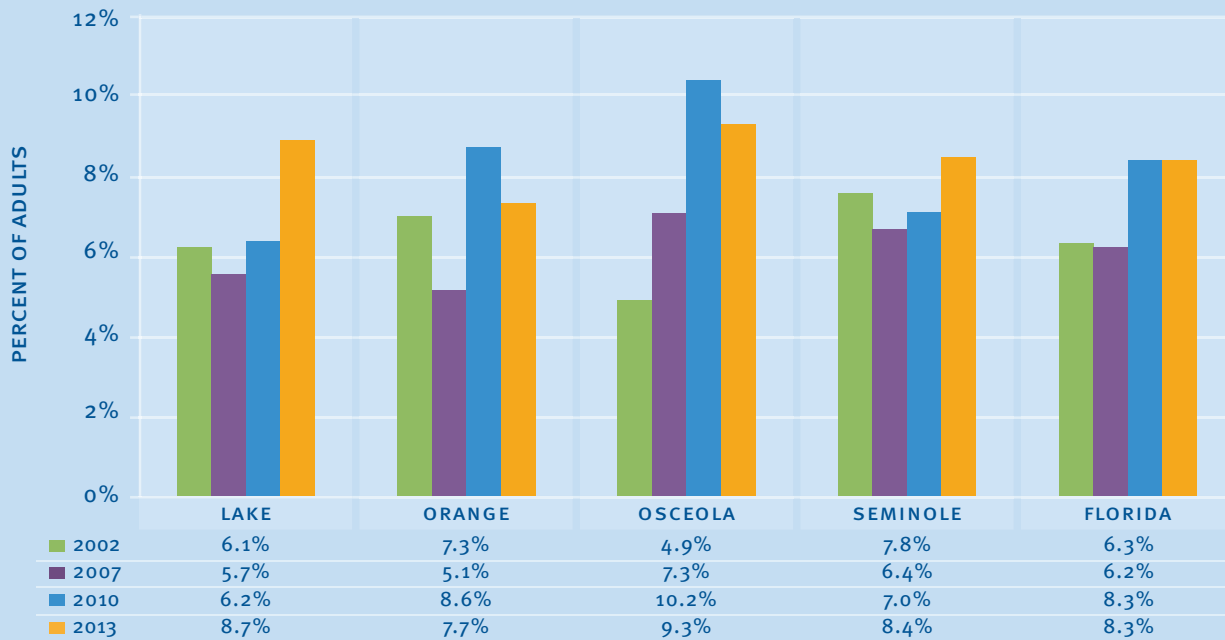
PERCENT OF ADULTS

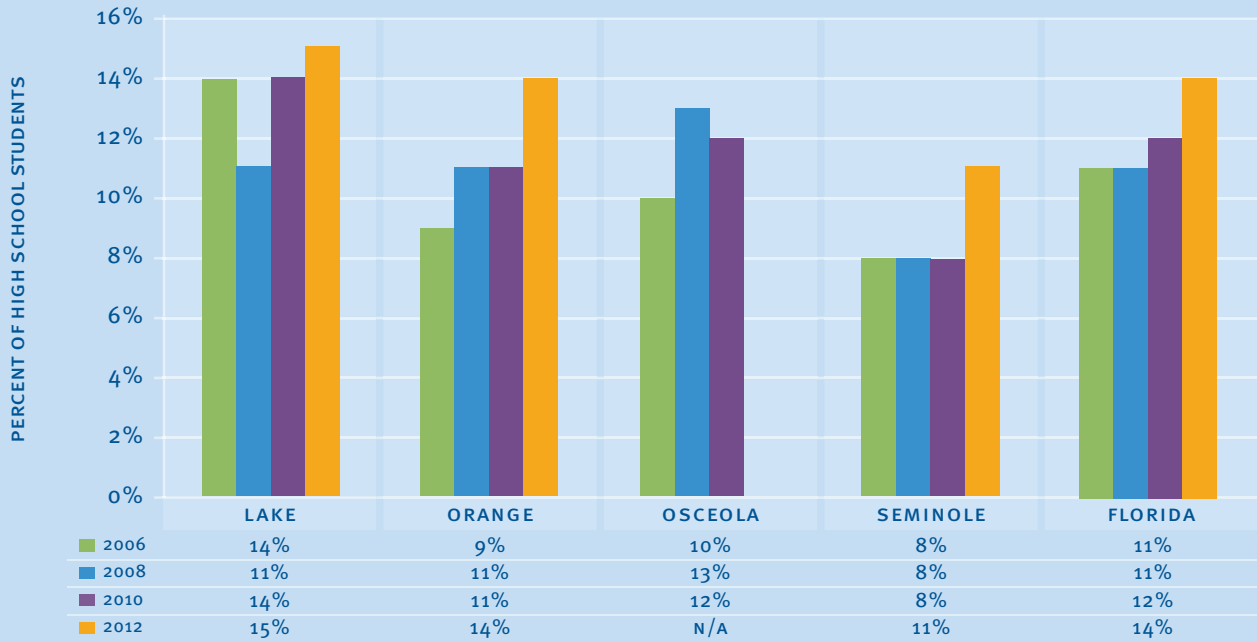|	LAKE	ORANGE	OSCEOLA	SEMINOLE	FLORIDA
2002	6.1%	7.3%	4.9%	7.8%	6.3%
2007	5.7%	5.1%	7.3%	6.4%	6.2%
2010	6.2%	8.6%	10.2%	7.0%	8.3%
2013	8.7%	7.7%	9.3%	8.4%	8.3%

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

CHART 7.27 STUDENTS WITH KNOWN ASTHMA (2006-2012)

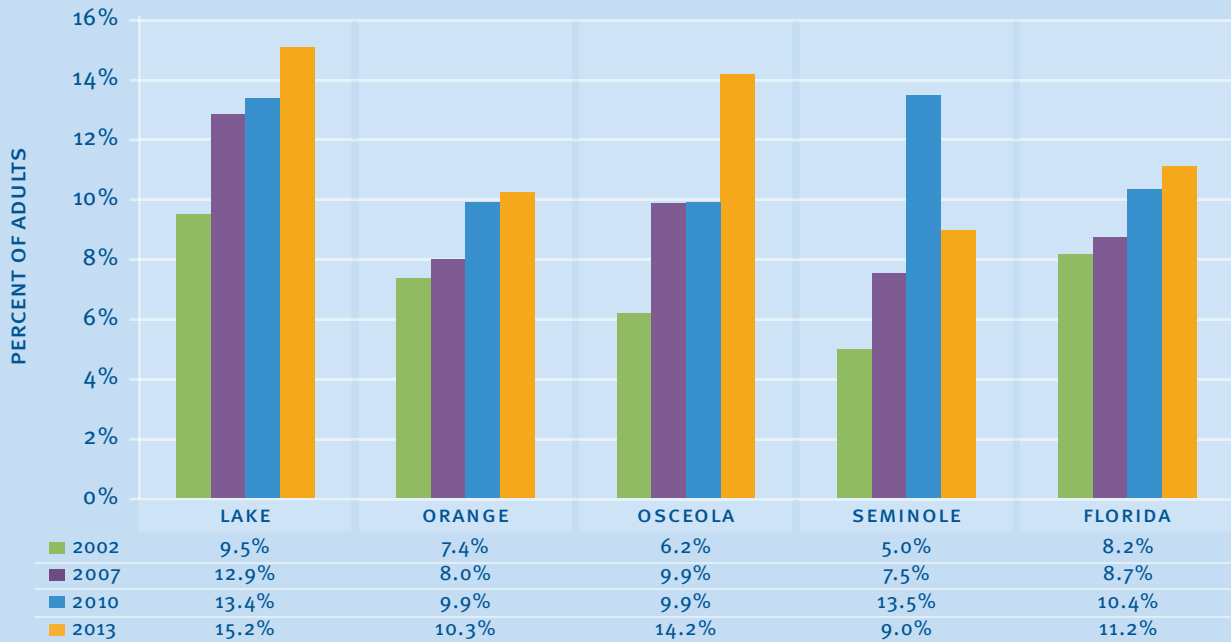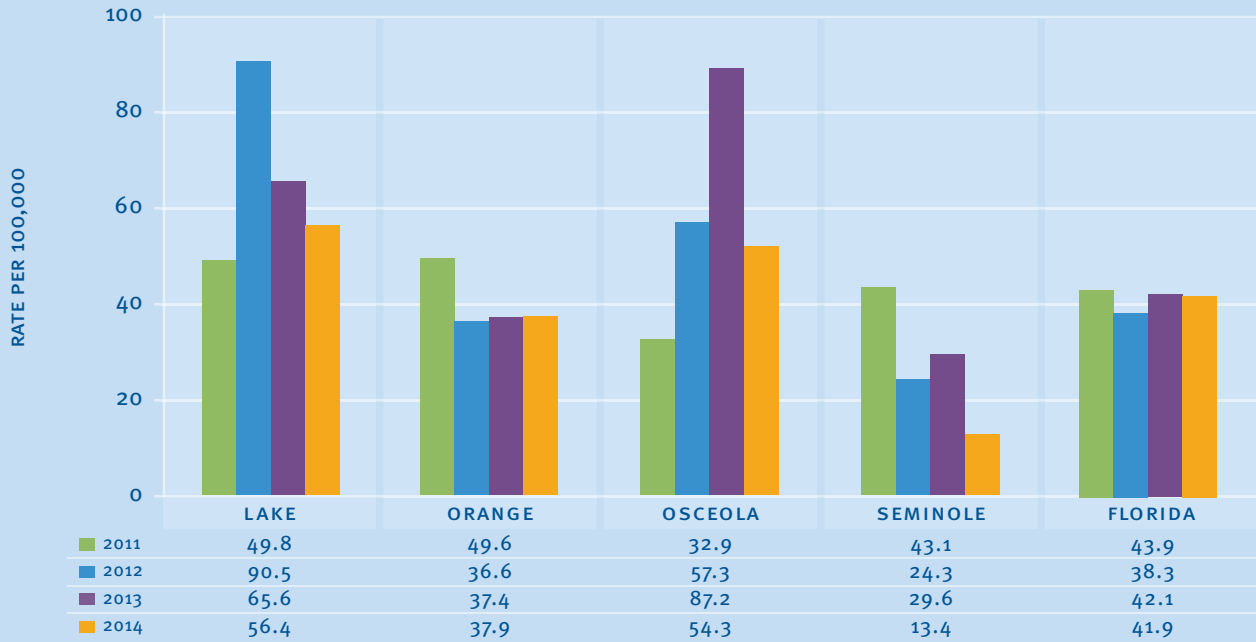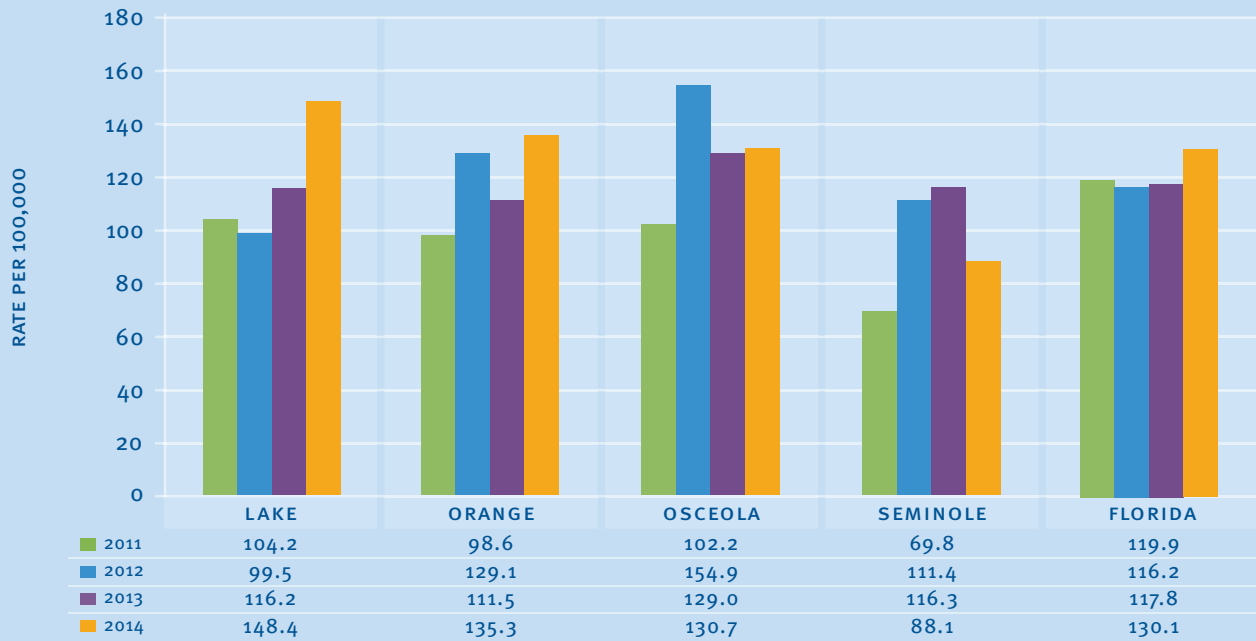|	MIDDLE SCHOOL (MS)				HIGH SCHOOL (HS)			
	2006	2008	2010	2012	2006	2008	2010	2012
LAKE	18.1%	18.9%	19.5%	19.9%	19.8%	16.6%	17.8%	19.3
ORANGE	16.0%	17.0%	15.8%	20.9%	16.7%	17.5%	19.4%	20.1%
OSCEOLA	17.0%	20.2%	20.8%	N/A	15.8%	17.6%	23.2%	N/A
SEMINOLE	16.4%	16.0%	18.2%	19.2%	18.3%	16.3%	18.5%	20.3%
FLORIDA	18.9%	16.9%	18.0%	20.10%	17.9%	17.2%	18.7%	20.8%
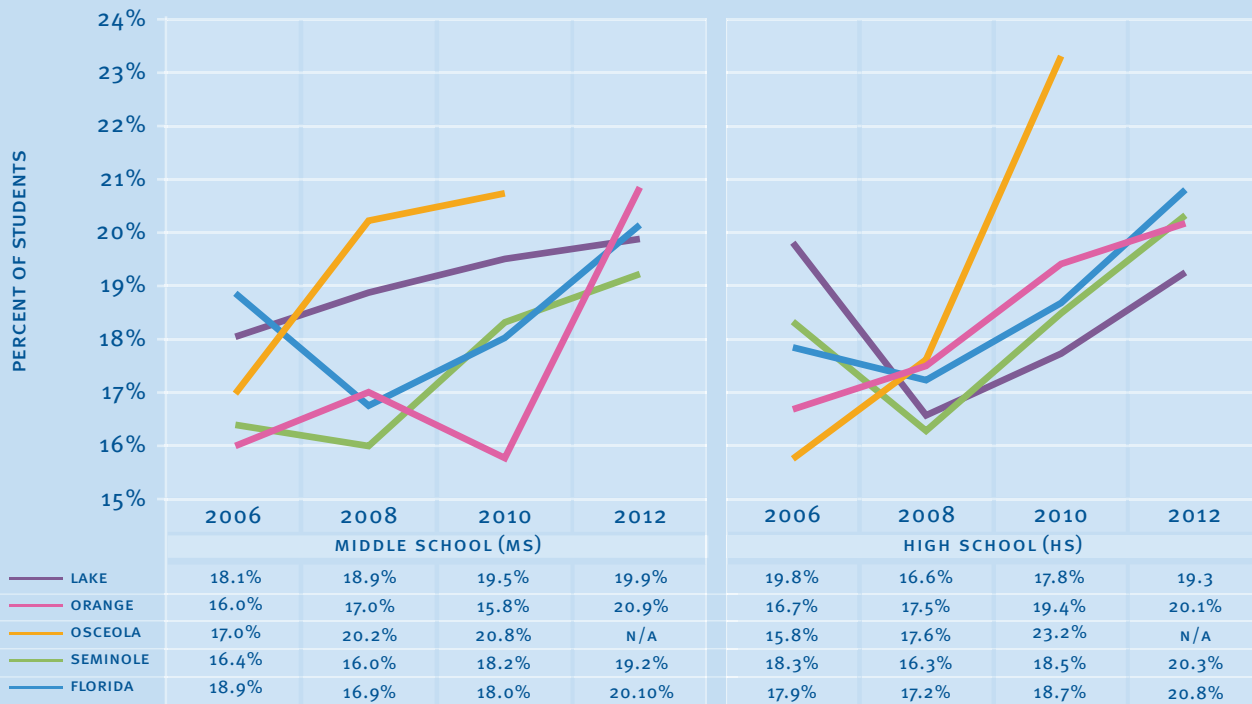
Source: Florida Charts, 2016: Florida Department of Health, Bureau of Epidemiology, 2015 N/A = no data reported in source.
This chart reflects the most current open-sourced data available at the time the report was printed.

CHART 7.28 ASTHMA HOSPITALIZATIONS AGES 1 – 5 RATE PER 100,000 (ROLLING RATE 1991-2014)

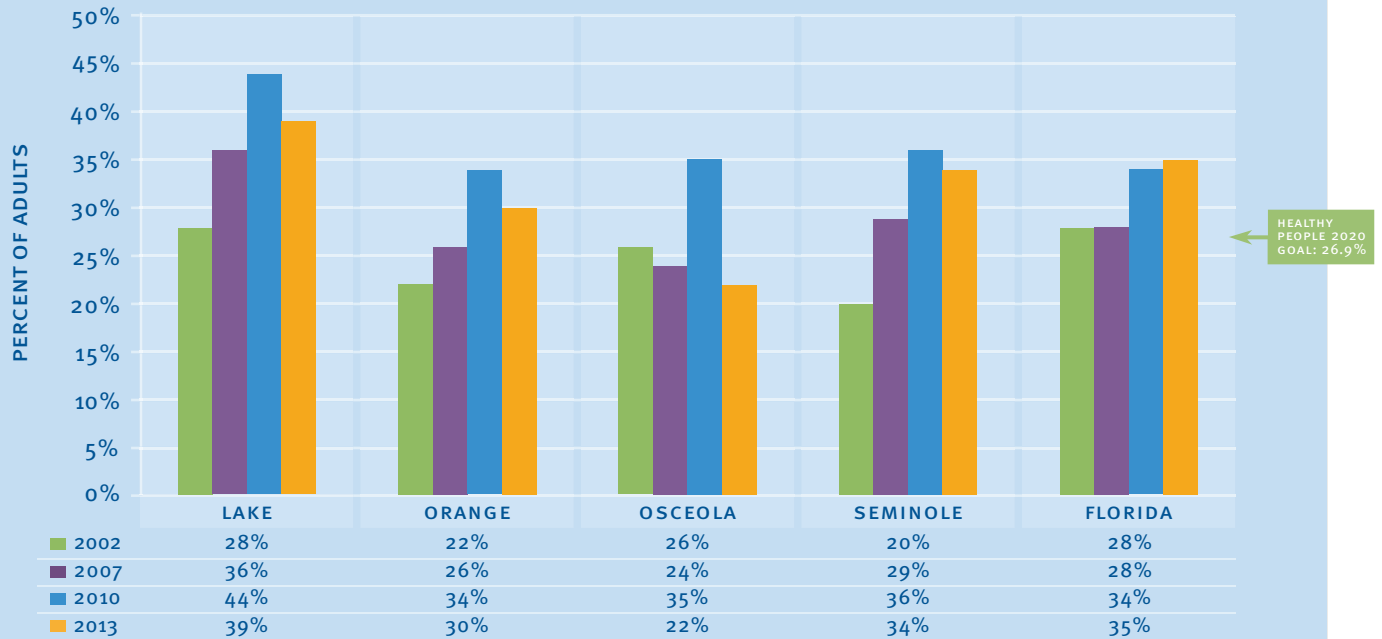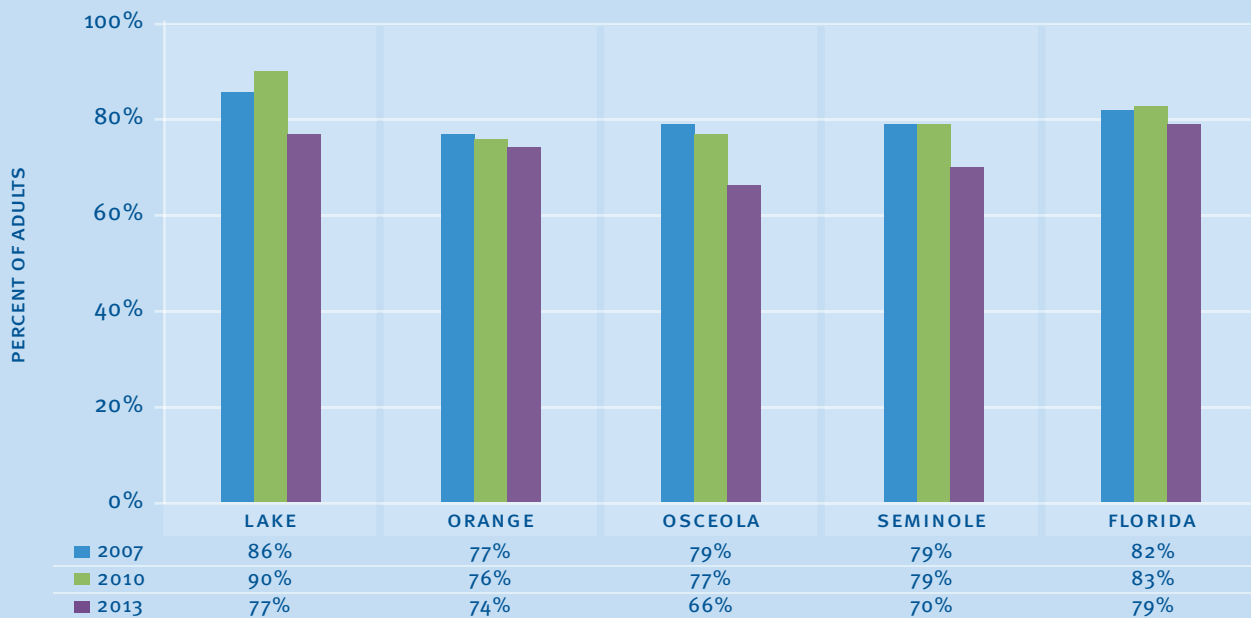|	1991-93	1992-94	1993-95	1994-96	1995-97	1996-98	1997-99	1998-00	1999-01	2000-02	2001-03	2002-04	2003-05	2004-06	2005-07	2006-08	2007-09	2008-10	2009-11	2010-12	2011-13	2012-14
LAKE	713.2	779.5	764.4	714.4	803.8	876.5	897.5	861.9	834.4	847.4	820.0	760.6	778.2	702.2	689.0	639.5	722.2	826.0	851.8	851.6	799.7	775.2
ORANGE	540.9	551.7	600.4	639.1	678.8	657.1	634.2	626.7	627.5	639.5	697.2	712.5	719.2	656.4	633.0	638.3	663.7	730.6	814.9	914.3	946.1	921.2
OSCEOLA	449.7	480.3	465.5	492.9	570.5	609.6	635.4	575.3	610.1	672.7	760.2	745.5	771.3	665.1	664.1	667.7	848.5	936.0	989.7	926.5	898.7	840.0
SEMINOLE	442.5	457.4	406.5	373.6	354.0	338.5	359.9	388.7	404.0	399.9	399.3	416.2	432.8	409.6	360.4	359.5	398.1	455.7	465.3	492.6	520.6	519.1
FLORIDA	711.0	717.3	718.4	732.5	770.2	750.6	780.9	790.0	839.9	877.2	939.2	966.5	962.8	927.7	885.0	836.8	834.3	877.8	940.3	938.8	923.2	854.4

Source: Florida Charts, 2016: Florida Agency for Health Care Administration
This chart reflects the most current open-sourced data available at the time the report was printed.

CHART 7.29 ASTHMA HOSPITALIZATIONS AGES 5 – 11 RATE PER 100,000 (ROLLING RATE 1996-2014)
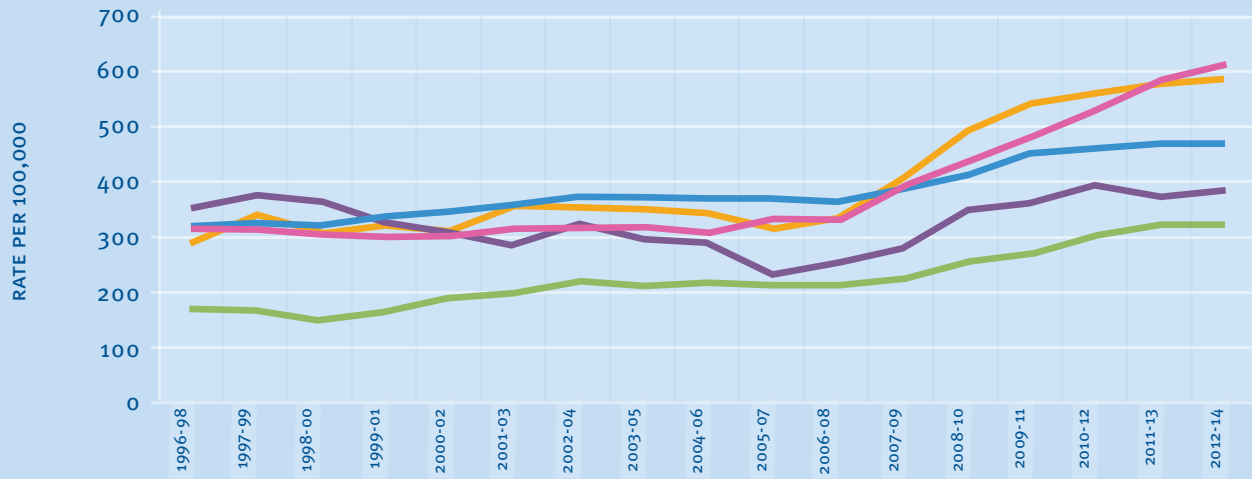
	1996-98	1997-99	1998-00	1999-01	2000-02	2001-03	2002-04	2003-05	2004-06	2005-07	2006-08	2007-09	2008-10	2009-11	2010-12	2011-13	2012-14
LAKE	355.2	373.1	363.8	326.1	310.5	286.3	323.1	298.9	289.0	234.5	254.3	284.2	347.6	365.0	396.4	377.8	384.9
ORANGE	317.7	315.3	306.8	302.3	302.6	316.1	314.3	319.3	309.3	327.0	334.5	392.4	437.1	481.6	528.9	584.1	611.8
OSCEOLA	294.2	337.2	311.1	319.9	314.6	356.4	352.5	353.2	344.0	319.3	338.6	407.8	495.3	543.5	558.7	580.1	588.1
SEMINOLE	173.4	169.4	155.7	165.9	191.7	200.0	219.9	213.8	221.5	217.7	213.8	227.4	255.7	275.3	306.4	325.1	324.6
FLORIDA	323.5	328.3	323.9	335.5	346.7	360.9	372.9	371.2	371.3	370.9	368.1	388.1	416.8	451.4	462.7	473.0	470.5

Source: Florida Charts, 2016: Florida Agency for Health Care Administration
This chart reflects the most current open-sourced data available at the time the report was printed.

CHART 7.30 ASTHMA HOSPITALIZATIONS AGES 12 – 18 RATE PER 100,000(ROLLING RATE 1996 - 2014)

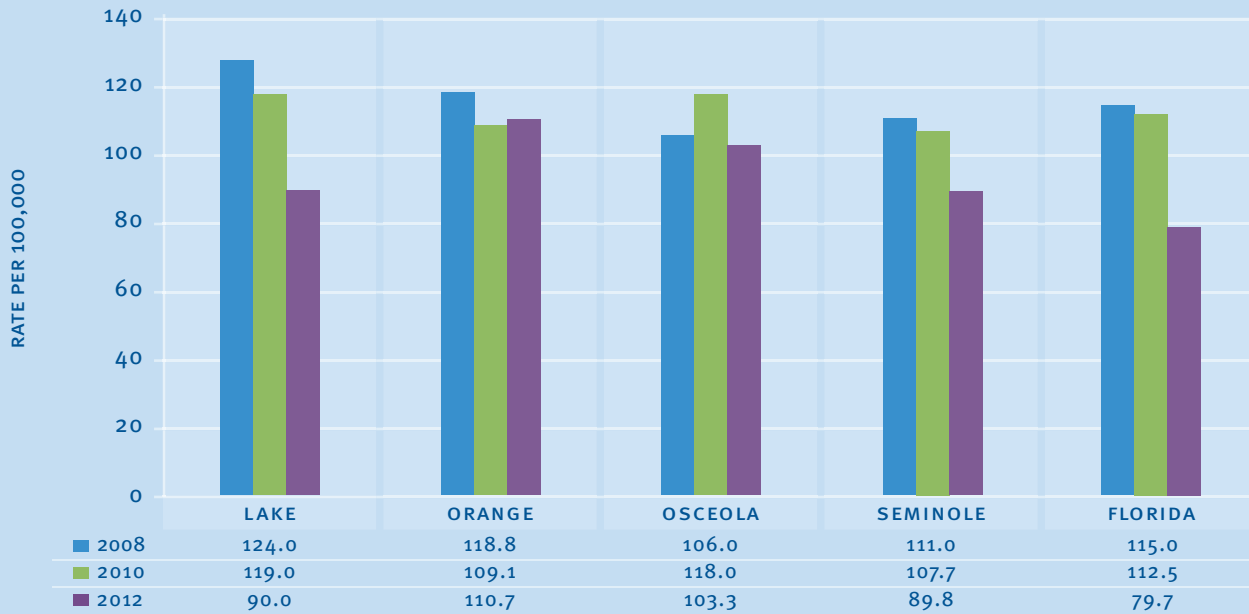|	1996-98	1997-99	1998-00	1999-01	2000-02	2001-03	2002-04	2003-05	2004-06	2005-07	2006-08	2007-09	2008-10	2009-11	2010-12	2011-13	2012-14
LAKE	162.9	182.9	191.0	197.3	190.3	173.1	185.7	210.5	249.1	230.0	215.9	222.3	263.8	288.2	306.1	294.9	295.2
ORANGE	234.6	256.9	242.5	237.0	243.4	268.4	266.5	262.6	243.3	252.8	257.4	289.5	311.9	327.6	351.0	391.5	447.4
OSCEOLA	258.6	226.5	195.3	198.5	202.2	249.6	237.1	228.3	211.3	231.1	261.7	289.9	329.6	374.4	428.6	461.4	448.4
SEMINOLE	170.7	188.6	182.9	193.3	173.4	195.9	227.5	262.0	282.8	295.2	308.4	322.4	309.9	309.0	324.7	352.8	383.9
FLORIDA	222.4	226.8	229.2	238.2	243.8	255.8	264.2	275.9	286.6	297.3	302.7	315.0	330.1	345.7	351.7	367.9	390.4

Source: Florida Charts, 2016: Florida Agency for Health Care Administration
This chart reflects the most current open-sourced data available at the time the report was printed.
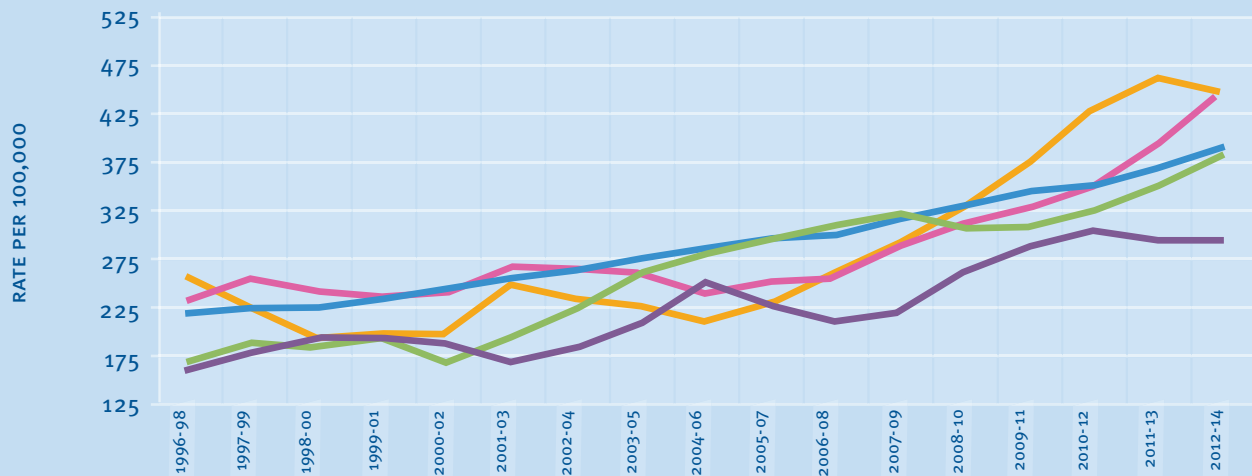
LEADING CAUSES OF DEATH

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

In Lake County, cancer is the leading cause of death, though between 2008-2014 there was a slight decline in those numbers, after a rise in 2010. Alzheimer's disease had the largest decline in rates, followed by cancer. Heart disease has fluctuated tremendously over the six-year period despite a decline between 2010-2012. Although unintentional injury remained relatively constant between 2008-2012, there was an increase in the 2014 calculations. The AADR from chronic lower respiratory disease has fluctuated slightly since 2008. The death rate due to diabetes has remained relatively constant with minimal fluctuations. (See Table 7.3)

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

In Orange County, the AADR for all leading causes of death, except unintentional injury and cerebrovascular disease, have declined. Cancer deaths have declined in Orange County to below the HP2020 goal of 161.4 per 100,000. While heart disease continues to decline from 2008, the AADR rate still remains significantly higher than the HP2020 goal. Chronic lower respiratory disease related deaths also continue to decline. The diabetes AADR shows a decrease between 2008-2010, however, it fluctuated between 2010-2014. Unintentional injury AADR, while remaining steady in previous years, increased between 2012-2014, moving above the HP2020 goal. After a decline in AADR for cerebrovascular disease between 2008-2010, there has been an increase in the AADR since 2010, pushing the rate also above the 34.8 per 100,000 HP2020 goal for Orange County. Alzheimer's disease related AADR has remained relatively constant. (See Table 7.4)

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

Heart disease continues to be the leading cause of death in Osceola County (207.4 AADR) and continues to increase to twice above the HP2020 goal of 103.4 per 100,000. Cancer, the second leading cause of death is below the HP2020 goal but over the past six years has encountered fluctuations, resulting in little overall change. Chronic lower respiratory disease and cerebrovascular disease, while the AADR showed variations in an increase/decrease in rates, there is an overall downward trend in the AADR for these diseases. Cerebrovascular disease AADR has moved below the HP2020 goal of 34.8 per 100,000. Unintentional injury related deaths had been below the HP2020 goal of 36.4 per 100,000. However, between 2012-2014, AADR rose to 42.7 per 100,000. Diabetes and Alzheimer's disease AADR both continue to fluctuate, with a slight downward trend for diabetes and an upward trend for Alzheimer's disease. (See Table 7.5)

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

Cancer and heart disease are the leading causes of death in Seminole County. The AADR for these diseases have fluctuated since 2008, however, overall show a downward trend. While the cancer-related AADR has decreased below the HP2020 goal, heart disease is still well above the goal mark of 103.4 per 100,000. Chronic lower respiratory disease and unintentional injury AADR have risen since 2008, with unintentional injury slightly surpassing the 36.4 per 100,000 rate for the HP2020 goal. While cerebrovascular disease AADR had decreased between 2008-2010, it has since increased nearly to its 2008 level, and above the 34.8 per 100,000 rate for the HP2020 goal. Diabetes and Alzheimer's disease related AADR have both fluctuated around 2008 levels, showing no true trend. However, deaths due to diabetes continue to be well below the 65.8 per 100,000 rate for the HP2020 goal. (See Table 7.6)

LEADING CAUSES OF DEATH, CONT'D.

Key Findings Based on Secondary and Primary Data Analysis

Cancer is the leading cause of death throughout the four-county region, followed by heart disease, despite an increase in heart disease rates between 2012-2014. Although both rates have decreased since 2008, cancer and heart disease result in approximately four times the number of deaths than the next top cause of death, unintentional injury. Unintentional injury related deaths are the only cause that has shown a steady increase across the region. Respiratory disease related death has generally trended downward, however, remained level between 2012-2014. While regionally AADR for cardiovascular disease experienced a decline between 2008-2010, the death rate has been gradually increasing near the 2008 level. Diabetes AADR has steadily declined from 2008 across the region, while Alzheimer's disease has fluctuated resulting in little overall change since 2008. AADR from respiratory disease and external causes has fluctuated between 2008-2014 with no true trend.

Data from Florida CHARTS show that these top seven leading causes of death at the very least account for double the number of the eighth leading cause of death — diseases of the kidney such as nephritis, nephrotic syndrome and nephrosis.

TABLE 7.3   TOP CAUSES OF DEATH - LAKE COUNTY (RATE PER 100,000) (2008-2014)

CAUSE OF DEATH	2008	2010	2012	2014	HEALTHY PEOPLE 2020 GOALS
CANCER	161.4	172.9	159.9	157.8	161.4
HEART DISEASE	145.4	158.3	139.0	160.5	103.4
UNINTENTIONAL INJURY	53.2	55.4	52.0	64.2	36.4
CHRONIC LOWER RESPIRATORY DISEASE	38.0	36.7	37.9	39.5	N/A
CEREBROVASCULAR DISEASE	30.8	34.0	28.7	33.4	34.8
ALZHEIMER'S DISEASE	26.3	30.8	18.5	22.3	N/A
DIABETES	22.8	23.8	21.4	21.7	65.8

Source: Florida Charts 2016: Florida Department of Health Bureau of Vital Statistics. N/A = no data reported in source.
This table reflects the most current open-sourced data available at the time the report was printed.

Causes of death are sorted from highest to lowest for each county based on the average age-adjusted death rate over the four years measured.

TABLE 7.4   TOP CAUSES OF DEATH - ORANGE COUNTY (RATE PER 100,000) (2008-2014)

CAUSE OF DEATH	2008	2010	2012	2014	HEALTHY PEOPLE 2020 GOALS
CANCER	170.5	159.7	164.5	150.4	161.4
HEART DISEASE	167.2	155.7	153.9	150.6	103.4
UNINTENTIONAL INJURY	34.0	34.5	34.6	37.7	36.4
CHRONIC LOWER RESPIRATORY DISEASE	42.1	39.8	37.8	33.3	N/A
CEREBROVASCULAR DISEASE	37.1	30.7	34.8	35.7	34.8
DIABETES	26.1	23.4	24.7	23.1	65.8
ALZHEIMER'S DISEASE	22.3	20.1	20.4	20.3	N/A

Source: Florida Charts 2016: Florida Department of Health Bureau of Vital Statistics. N/A = no data reported in source.
This table reflects the most current open-sourced data available at the time the report was printed.

Causes of death are sorted from highest to lowest for each county based on the average age-adjusted death rate over the four years measured.

TABLE 7.5   TOP CAUSES OF DEATH - OSCEOLA COUNTY (RATE PER 100,000) (2008-2014)

CAUSE OF DEATH	2008	2010	2012	2014	HEALTHY PEOPLE 2020 GOALS
HEART DISEASE	173.6	189.8	187.0	207.4	103.4
CANCER	148.3	142.2	162.3	148.6	161.4
CHRONIC LOWER RESPIRATORY DISEASE	53.2	45.3	37.5	44.6	N/A
UNINTENTIONAL INJURY	35.6	31.8	34.4	42.7	36.4
CEREBROVASCULAR DISEASE	37.7	35.6	36.8	29.0	34.8
DIABETES	24.8	22.4	17.8	21.1	65.8
ALZHEIMER'S DISEASE	15.6	21.5	15.7	24.4	N/A

Source: Florida Charts 2016: Florida Department of Health Bureau of Vital Statistics. N/A = no data reported in source.
This table reflects the most current open-sourced data available at the time the report was printed.

Causes of death are sorted from highest to lowest for each county based on the average age-adjusted death rate over the four years measured.

TABLE 7.6   TOP CAUSES OF DEATH - SEMINOLE COUNTY (RATE PER 100,000) (2008-2014)

CAUSE OF DEATH	2008	2010	2012	2014	HEALTHY PEOPLE 2020 GOALS
CANCER	169.3	161.8	159.2	154.6	161.4
HEART DISEASE	171.5	149.3	138.3	147.1	103.4
CHRONIC LOWER RESPIRATORY DISEASE	36.8	36.9	39.5	42.4	N/A
CEREBROVASCULAR DISEASE	39.5	28.0	31.0	36.7	34.8
UNINTENTIONAL INJURY	29.5	32.1	31.1	37.4	36.4
DIABETES	25.6	24.7	27.4	21.0	65.8
ALZHEIMER'S DISEASE	23.2	26.4	17.4	24.9	N/A

Source: Florida Charts 2016: Florida Department of Health Bureau of Vital Statistics. N/A = no data reported in source.
This table reflects the most current open-sourced data available at the time the report was printed.

Causes of death are sorted from highest to lowest for each county based on the average age-adjusted death rate over the four years measured.

INJURIES

Top Five Causes of Injury Deaths

Lake County

In Lake County, in 2013, the majority of fatal injuries were classified as unintentional at a County Age Adjusted Rate (CAAR) of 48.75 followed by suicide at a CAAR of 12.64. When analyzed by type and age group, unintentional death from falls was the number-one cause of unintentional fatal injuries with a CAAR of 16.78, and was the highest cause of death of those aged 65 and older. Falls combined with unspecified motor vehicle deaths and poisoning (the top three causes of unintentional deaths) made up 74 percent of unintentional fatal injury occurrences in Lake County.

Data indicate that firearms were the leading method of suicide (CAAR 6.76), followed by poisoning, suffocation and then drowning/submersion. Lake County had a total of 43 suicides in 2013. More than 53 percent of these instances occurred in the 55+ age range, ages 35-54 accounted for 35 percent of suicides and the remaining instances were among those aged 20-34 years (12 percent).

Infant injury deaths were mostly attributed to suffocation. Motor vehicle (unspecified) was the leading cause of injury death in children aged 1-14 years and young adults aged 20-24 years. Poisoning occurred highest in teenagers aged 15-19 years. Poisoning and motor vehicle related deaths, both as pedestrians and unspecified, were even in the millennial age range, ages 25-34. Ages 35-44 were very close in causes of injury deaths led by motor vehicle (unspecified), followed by poisoning. Poisoning was the leading cause of unintentional fatal injuries in those aged 45-54 years. Falls began to show as the number-one cause of unintentional fatal injuries in adults aged 55-64 years, followed by motor vehicle accidents and poisoning.

Lake County has experienced a faster increase in the number of unintentional deaths related to falls than the state. Beginning in 2006, the AADR began to grow consistently and at a faster rate than historically through 2014. While regionally, Orange, Osceola and Seminole Counties appear to follow the same trends and fluctuations, Lake County has definitely experienced an increase beyond that of the other counties.

Orange County

In Orange County, in 2013, the majority of fatal injuries were classified as unintentional at a CAAR of 34.21 followed by suicide at a CAAR of 10.08. When analyzed by type and age group, unintentional death from falls was the number-one cause of unintentional fatal injuries with a CAAR of 10.88, and was the highest cause of death for those aged 65 years and older. Falls, poisoning and motor vehicle (occupant) comprised the top three causes of unintentional deaths, though the top two (falls and poisoning) accounted for more than 55 percent of all unintentional fatal injuries in Orange County during 2013.

Data indicate that firearms were the leading method of suicide (CAAR 4.94), followed by suffocation and poisoning. Orange County had a total of 122 suicides in 2013. The 45-54 year age range experienced the largest number of suicides, followed by the 25-34 age range. Approximately 58 percent of suicides occurred in the population between 25-54 years of age, 34 percent occurred in the 55+ age range, and eight percent occurred for those aged 15-24.

In 2013, data indicate that infant deaths were attributed to suffocation; drowning/submersion was the number-one cause of toddler deaths (ages 1-4); motor vehicle (pedestrian) was the leading cause in children (ages 5-14) followed closely by drowning, poisoning and other motor vehicle accidents; poisoning was the top cause of unintentional deaths for those aged 15-64 years. However, in the 20-24 year age range category, poisoning joined with motor vehicle (occupant, motorcyclist) as the leading causes of unintentional fatal injuries. Again, for ages 65 years and older, falls were the number-one cause of unintentional injury deaths.

INJURIES, CONT'D.

Orange County, cont'd.

Relatively, Orange County displays the same increase in deaths related to unintentional falls. There was a steady decline from 1995-2002. Since 2002, there has been an upward trend in the AADR from unintentional falls in Orange County.

Osceola County

In Osceola County, in 2013, the majority of fatal injuries were classified as unintentional at a CAAR of 41.36, followed by suicide at a CAAR of 9.42. When analyzed by type and age group, unintentional death from falls was the number-one cause of unintentional fatal injuries with a CAAR of 12.04, and was the highest cause of death for those aged 65 years and older. Falls, poisoning and motor vehicle (occupant) comprised the top three causes of unintentional deaths, though the top two (falls and poisoning) accounted for more than 51 percent of all unintentional fatal injuries in Osceola County.

Data indicate that firearms were the leading method of suicide (CAAR 4.87), followed by suffocation and poisoning. Osceola County had a total of 28 suicides in 2013, with the 55-64 year age range comprising 28 percent, followed by ages 45-54 at 21 percent and ages 25-34 at 18 percent. Approximately 50 percent of suicides occurred in the 25-54 year age range, 42 percent occurred in the population aged 55 years and older, and seven percent occurred in those aged 15-24.

In 2013, data indicate that most infant deaths were attributed to suffocation. For toddlers (ages 1-4) drowning/submersion was the number-one cause of death. Motor vehicle (pedestrian) was the leading cause in children aged 5-14 years followed closely by drowning, poisoning and other motor vehicle accidents. Poisoning was the top cause of unintentional deaths for those aged 15-64 years. In the 20-24 age range, poisoning was joined with motor vehicle (occupant, motorcyclist) as the leading cause of unintentional fatal injury. Again, for residents aged 65 and older, falls were the number-one cause of unintentional injury deaths.

There has been tremendous fluctuation in Osceola County in regard to the AADR of unintentional falls. The rate had remained relatively constant from 1995-2007, fluctuating mostly between three and five AADR. In 2007, while still fluctuating, the level of variation increased drastically between four AADR and 10-12 AADR. Historically, Osceola County has been below the state rate until about 2012. In 2014, Osceola County was still above the state rate but was heading in a downward direction.

Seminole County

In Seminole County, in 2013, the majority of fatal injuries were classified as unintentional at a CAAR of 35.72 followed by suicide at a CAAR of 13.47. When analyzed by type and age group, unintentional death from poisoning was the number-one cause of unintentional fatal injury with a CAAR of 10.78 followed by falls at a CAAR of 9.92, although the total count for these mechanisms was equal (48). Poisoning, falls and motor vehicle (unspecified) comprised the top three causes of unintentional deaths, though the top two (falls and poisoning) accounted for more than 59 percent of all unintentional fatal injuries in Seminole County.

Data indicate that firearms were the leading method of suicide (CAAR 6.56), followed by suffocation (CAAR 3.29) and poisoning (CAAR 2.66). Seminole County had a total of 61 suicides in 2013, with the 45-54 year age range comprising 24 percent, followed by ages 35-44 at 23 percent and ages 55-64 at 20 percent. Approximately 57 percent of suicides occurred in the 25-54 year age range, 38 percent occurred in the 55+ age range and five percent occurred in those aged 15-24.

INJURIES, CONT'D.

Seminole County, cont'd.

In 2013, Seminole County had no unintentional fatal injury deaths for infants. Data indicate that drowning/submersion was the number-one cause of unintentional toddler deaths (ages 1-4); only one unintentional injury death (motor vehicle – unspecified) was noted in children (ages 5-14) which was also the leading cause in teenagers (ages 15-19); poisoning was the top cause of unintentional deaths for those aged 20-64. For ages 55-64, poisoning was the number-one cause of unintentional injury death until falls became number one.

Seminole County has been experiencing an increase in the AADR of unintentional falls. Historically, the county, while varying in rates around the three AADR range through 2001, began experiencing more intense fluctuations beginning in 2002 with a sharp decline. Then, by 2004, the AADR rose to above five and while still fluctuating began an upward trend in 2008. By 2012, Seminole County moved slightly above the state AADR and began to decline again in 2013, falling below state level.

Motor Vehicle Crashes (2005-2014)

While Lake County's AADR for motor vehicle crashes has decreased since 2005, it remains higher than the state level and the HP2020 goal of 12.4 per 100,000. Osceola County has also decreased since 2005, but appears to be increasing in recent years. Seminole County is consistently lowest in the region for deaths from motor vehicle crashes. (See Chart 7.31)

Non-Fatal Hospitalizations From Motor Vehicle-Related Injuries (2012)

Across the region, children aged 1-5 experienced the highest rate of hospitalizations from motor vehicle-related injuries. The trends and breakdown of the region mimic that of the state pattern. Lake County rates are higher than in other counties and the state in all age categories except for ages 1-5. Orange County, while exceeding the state rate for children ages 1-5, falls below the state rates for all other age categories. Osceola County has the highest rate in the region, and is above the state rate for hospitalizations for children ages 1-5. Osceola County also exceeds the state rate in all other age categories for non-fatal hospitalizations for motor vehicle-related injuries. Seminole County experiences the lowest rates of hospitalization for all child age categories across the region. Seminole County also falls below the state rates for non-fatal hospitalizations for motor vehicle-related injuries. (See Chart 7.32)

Child Motor Vehicle Deaths (2012-2014)

Lake, Osceola and Seminole Counties had approximately six deaths related to motor vehicles for children aged 5-21 between 2011-2013. Orange County had approximately 20 deaths for children aged 5-21, with many more injured. In Seminole County, between 2008-2010 approximately 42 children aged 1-5 were killed or injured in motor vehicle crashes. In Orange County, approximately 249 children aged 1-5 were killed or injured between 2008-2010. In Lake County, nearly 50 children aged 1-5 were injured or killed between 2008-2010. In Osceola County, approximately 73 children aged 1-5 were injured or killed between 2008-2010.

Across the region, for those aged 19-21, the crude death rate as a result of motor vehicle crashes is trending upward. Lake County experienced a large increase in this rate between the reporting periods for ages 12-18, while the other counties experienced a decline. Orange County had a downward trend in all age groups except children aged 1-5 and ages 19-21. Osceola County had an upward trend in all age ranges except for ages 5-11, which was recorded at 0.

In Seminole County, while ages 19-21 and 5-11 trended upward, there was minimal change in children aged 1-5. (See Chart 7.33)

INJURIES, CONT'D.

Unintentional Falls by County, Age Adjusted (1995-2014)

Generally, in both the region and the state, there has been an increase in the death rate from falls since 1995. Lake County has seen the starkest increase; the county began to consistently increase faster than the rest of the region in 2007. Orange, Osceola and Seminole Counties remained under the state average until 2012, when they all saw rates above the state level. Osceola County remained above the state average in 2014. (See Chart 7.34)

Unintentional Poisoning by County, Age Adjusted (2012-2014)

In the assessment region and in the state, the AADR from poisoning has increased. The increase has been more pronounced in the region than in the state. Lake County is the only county in the region below the state level, while only marginally so. Orange County had the highest rate in 2014. (See Chart 7.35)

Drowning by County, Age Adjusted (2012-2014)

In the assessment region, and in the state as a whole, deaths from drownings have increased. Lake County had the highest rate in 2014 and is the only county with a rate above the state level. Osceola County had the lowest rate for both 2012 and 2014 and experienced the smallest increase over those two years. (See Chart 7.36)

Key Findings Based on Secondary and Primary Data Analysis

Accidental deaths appear to be increasing in the assessment region, with increases in deaths from unintentional falls, poisonings and drownings. Deaths from motor vehicle crashes have started to rise in recent years after years of decreases. Young residents, those aged 19-21, are most likely than other age groups to die in a motor vehicle incident. The members of the Collaboration noted a need to focus on accidental deaths from the perspective of the mobility and safety of elderly residents.

TABLE 7.7 TOP FIVE CAUSES OF INJURY DEATHS

REGION	FLORIDA
#1 - FALL	#1 - FALL
#2 - POISONING	#2 - POISONING
#3 - MOTOR VEHICLE TRAFFIC	#3 - FIREARM
#4 - SUFFOCATION	#4 - MOTOR VEHICLE TRAFFIC
#5 - DROWNING	#5 - SUFFOCATION

Source: Florida Department of Health, Office of Vital Statistics, DeathStat Database, 2015
This table reflects the most current open-sourced data available at the time the report was printed.

CHART 7.31 MOTOR VEHICLE CRASHES (2005-2014)
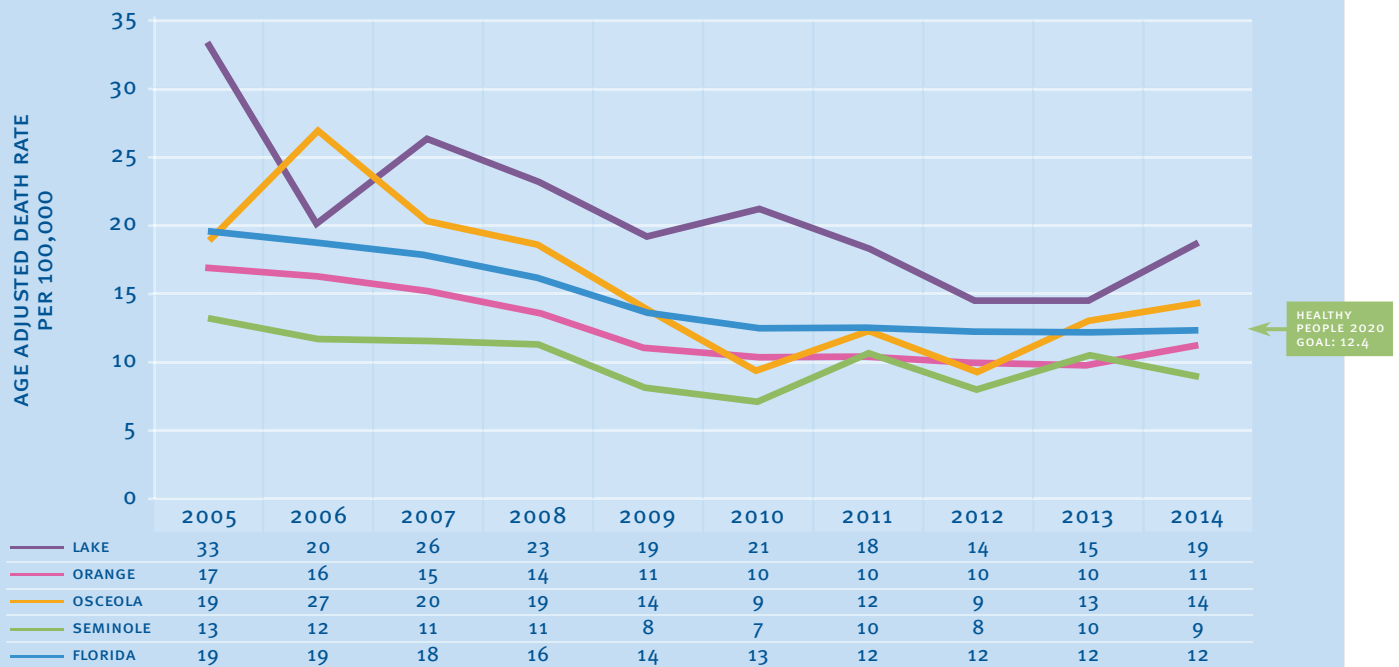
HEALTHY PEOPLE 2020 GOAL: 12.4

	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
LAKE	33	20	26	23	19	21	18	14	15	19
ORANGE	17	16	15	14	11	10	10	10	10	11
OSCEOLA	19	27	20	19	14	9	12	9	13	14
SEMINOLE	13	12	11	11	8	7	10	8	10	9
FLORIDA	19	19	18	16	14	13	12	12	12	12

Y-axis: AGE ADJUSTED DEATH RATE PER 100,000

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

CHART 7.32   NON-FATAL HOSPITALIZATIONS FOR MOTOR VEHICLE-RELATED INJURIES (2012)
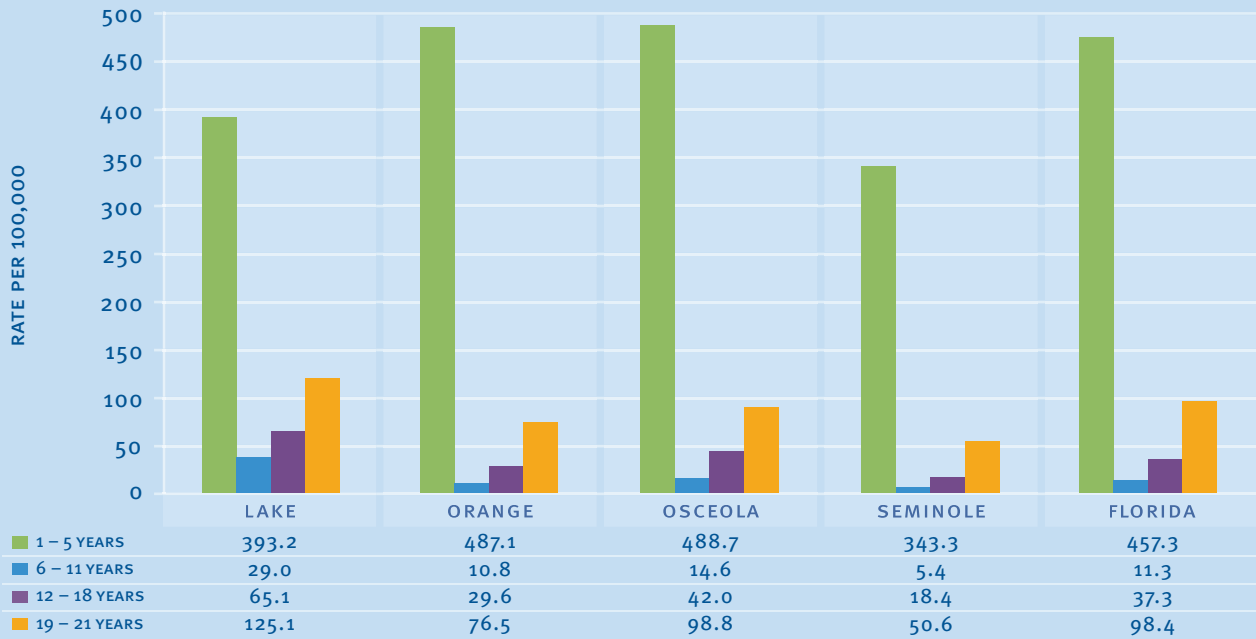
	LAKE	ORANGE	OSCEOLA	SEMINOLE	FLORIDA
■ 1 – 5 YEARS	393.2	487.1	488.7	343.3	457.3
■ 6 – 11 YEARS	29.0	10.8	14.6	5.4	11.3
■ 12 – 18 YEARS	65.1	29.6	42.0	18.4	37.3
■ 19 – 21 YEARS	125.1	76.5	98.8	50.6	98.4

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

CHART 7.33   CHILD MOTOR VEHICLE DEATHS (2012-2014)

	LAKE	ORANGE	OSCEOLA	SEMINOLE	FLORIDA
■ 1 – 5 YEARS	10.1	2.1	3.5	1.4	2.8
■ 5 – 11 YEARS	4.1	1.5	0.0	2.7	1.7
■ 12 – 18 YEARS	5.5	5.9	3.3	5.7	6.9
■ 19 – 21 YEARS	34.3	19.8	18.3	16.1	21.5

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

CHART 7.34 UNINTENTIONAL FALLS BY COUNTY, AGE ADJUSTED (1995-2014)

RATE PER 100,000

	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
LAKE	4.8	2.5	3.7	3.7	3.1	4.9	2.7	4.1	5.8	6.2	10.7	5.8	8.9	10.3	9.6	16.2	17.4	19.1	16.8	24.2
ORANGE	6.5	4.5	3.7	3.3	3.5	2.9	3.2	2.8	3.6	5.1	6.9	6.2	6.6	5.8	7.0	8.5	7.9	9.9	10.9	8.6
OSCEOLA	3.2	3.0	4.6	3.0	3.7	4.9	3.7	4.6	1.7	4.2	5.5	3.7	3.2	5.8	4.1	10.2	4.2	10.2	12.0	10.4
SEMINOLE	3.1	3.3	3.6	4.1	3.4	4.1	4.0	1.1	4.2	5.5	4.8	3.1	3.8	2.8	5.6	4.7	5.9	9.6	9.9	8.1
FLORIDA	4.3	4.2	4.3	4.3	4.3	4.4	5.1	5.4	6.1	6.4	7.0	6.8	6.7	6.6	7.2	8.2	8.6	8.9	9.4	9.7

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

CHART 7.35 UNINTENTIONAL POISONING BY COUNTY, AGE-ADJUSTED (2012-2014)

RATE PER 100,000

	LAKE	ORANGE	OSCEOLA	SEMINOLE	FLORIDA
2012	10.0	9.1	10.0	9.0	11.0
2014	11.2	12.3	11.9	12.1	11.5

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

CHART 7.36   DROWNING BY COUNTY, AGE-ADJUSTED (2012-2014)

RATE PER 100,000

	LAKE	ORANGE	OSCEOLA	SEMINOLE	FLORIDA
■ 2012	1.6	1.5	1.0	1.1	1.8
■ 2014	2.7	1.7	1.1	1.6	2.0

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

BIRTH CHARACTERISTICS

Infant Mortality (2012-2014)

Lake County's 2012 infant mortality rate was the closest the county has been to the HP2020 goal of 6.0 per 1,000 live births and has steadily increased to a rate of 8.8 in 2014. Orange County peaked in 2013 but fell in 2014 to 5.2. Osceola County has maintained an infant mortality rate below both the HP2020 goal and the state level from 2012-2014. Seminole County saw its rate fall below the goal in 2013 and continue that downward trend in 2014. (See Chart 7.37)

Births to Uninsured Women (2012-2014)

While they have decreased over time in all four counties, births to uninsured women are highest in Orange and Osceola Counties and lowest in Seminole County. Percentages in Lake and Seminole Counties have remained below the state average during the 2012-2014 span. (See Chart 7.38)

Births to Mothers With Less Than a High School Education (2012-2014)

Births to mothers with less than a high school education have steadily declined from 2012-2014 in Lake, Orange and Osceola Counties. Seminole County has also seen an overall decrease despite a slight uptick in 2014. Seminole County has consistently been the lowest in the region and well below the state level. Orange and Osceola Counties have also consistently remained below the state level. While Lake County was above the state average in 2012 and 2013, their 2014 rate caught up to the state average. (See Chart 7.39)
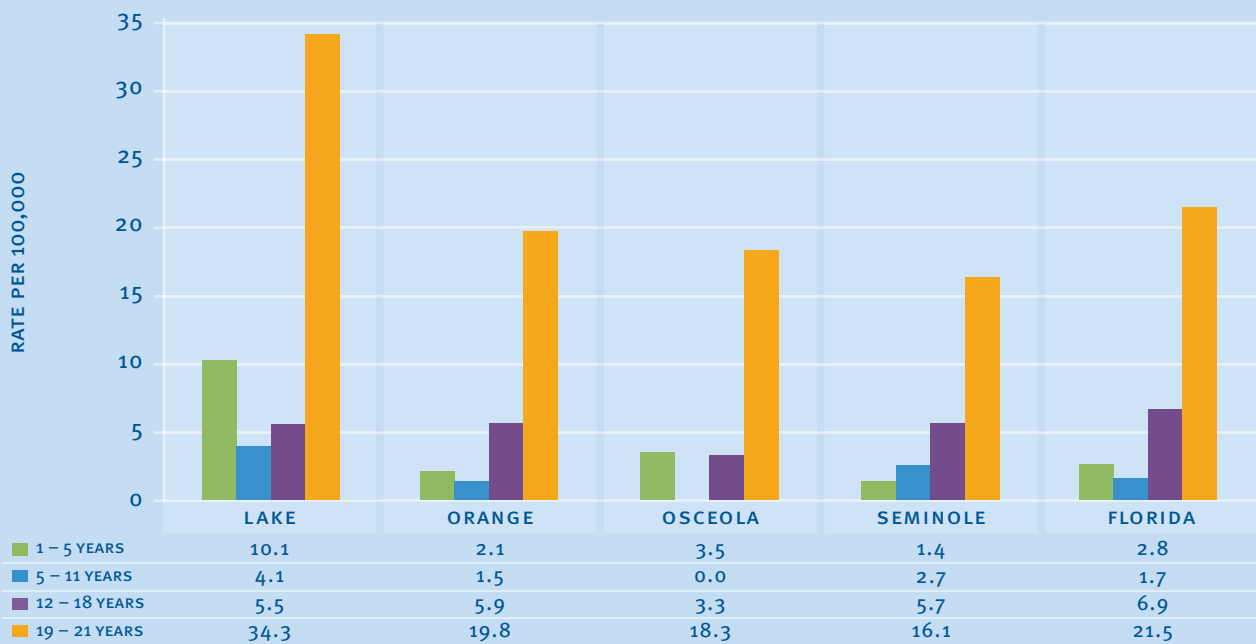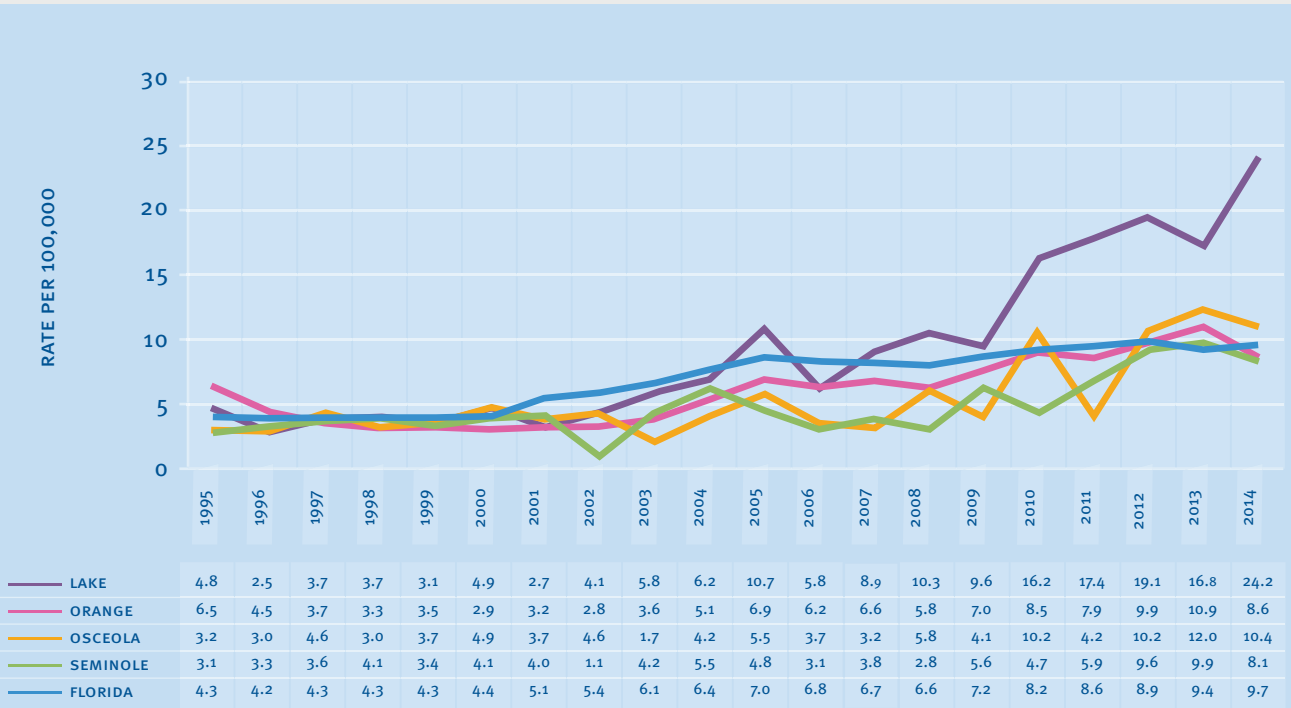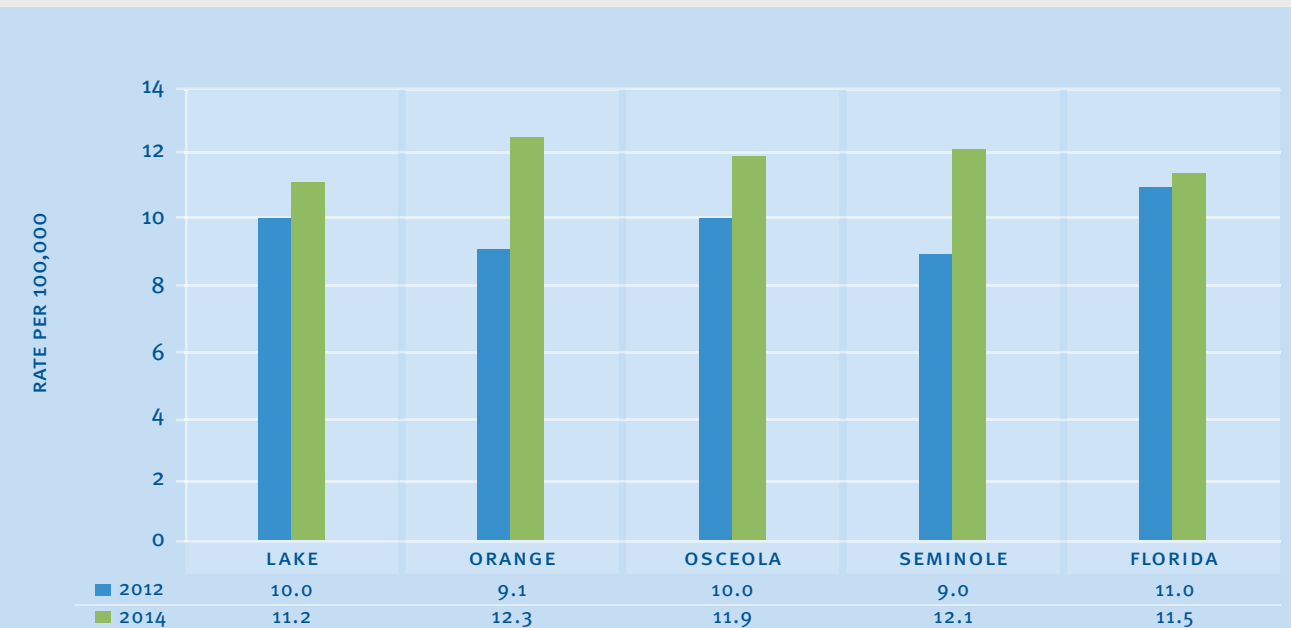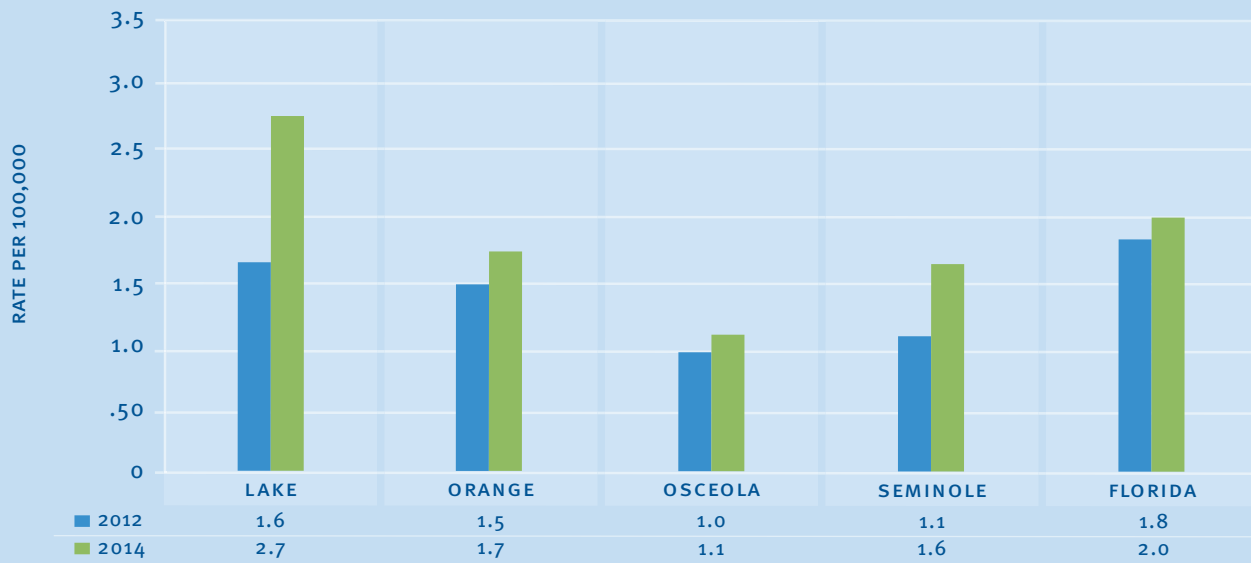
Births to Unwed Mothers (2012-2014)

Births to unwed mothers have remained nearly constant for every county in the region and in the state as a whole. From 2012-2014, the largest change (increase or decrease) was a 1.4 percent increase in Lake County. The other counties changed by no more than 0.5 percent over that three-year span. (See Chart 7.40)

Births to Mothers Who Were Obese During Pregnancy (2012-2014)

The percentage of births to mothers who were obese during pregnancy has decreased in both Lake and Seminole Counties from 2012-2014, contrary to the upward trend at the state level. Orange County's percentage has remained about the same despite a small increase in 2013. Osceola County has increased slightly from 22.7 percent in 2012 to 24.4 percent in 2014, mirroring the slight increase at the state level. (See Chart 7.41)

Repeat Births to Mothers Ages 15-19 (2012-2014)

This indicator describes the percent of births to mothers aged 15-19 years that were not the mothers' first child. Lake and Osceola Counties have seen an increase in the percent of repeat births to mothers aged 15-19; Lake County's 2013 and 2014 rates are above the state average while Osceola County, despite its increase, is below that level. Orange County has declined to a rate below the state average in 2014. Seminole County has remained marginally below the state level with the exception of a peak in 2013. (See Chart 7.42)

Births to Mothers With First Trimester Prenatal Care (2012-2014)

The rates for the percentage of births to mothers who had first trimester prenatal care were higher than the state level across the four-county region. Osceola County saw the largest gains from 2012-2014 and Lake County increased marginally. Orange County peaked in 2013, but returned to 2012 levels in 2014. Seminole County declined slightly but remains five percent above the state average. (See Chart 7.43)

BIRTH CHARACTERISTICS, CONT'D.

Preterm Birth Rate (<37 Weeks) (2012-2014)

All counties in the assessment region have held preterm birth rates around 15 percent. Seminole County's 2014 rate is the largest deviation from that with a positive change toward 12 percent, the only county below the state average for 2014. (See Chart 7.44)

Low Birth Weight (<2,550 grams) (2012-2014)

Every county in the assessment region, and the state as a whole, has had low birth weight rates below 10 percent. Seminole County has consistently been below the state level, while 2014 rates for Lake and Osceola Counties were marginally higher. (See Chart 7.45)

Births Covered by Medicaid (2012-2014)

Osceola and Lake Counties have the highest percent of total births covered by Medicaid despite experiencing a slight decrease from 2012-2014. Seminole and Orange Counties have experienced slight declines as well. Both counties have consistently had rates below the state level. (See Chart 7.46)

Key Findings Based on Secondary and Primary Data Analysis

Infant mortality continues to be of concern in Lake County based on secondary data. Births to uninsured women are high in the assessment region and likely reflect a larger issue with insurance coverage, a theme addressed in a number of the primary data sources for each county. Single-parent households were marked as priorities in the 2013 CHNAs for Osceola and Orange Counties. Births to unwed mothers likely play a role in this concern, especially in Osceola County where approximately 50 percent of the births were to unwed women. Additionally, Medicaid appears to play a significant role in helping expectant mothers as 40-60 percent of births in each of the four counties were covered by Medicaid. Medicaid expansion was listed as a force of change for the assessment region and the state.

CHART 7.37   INFANT MORTALITY (2012-2014)
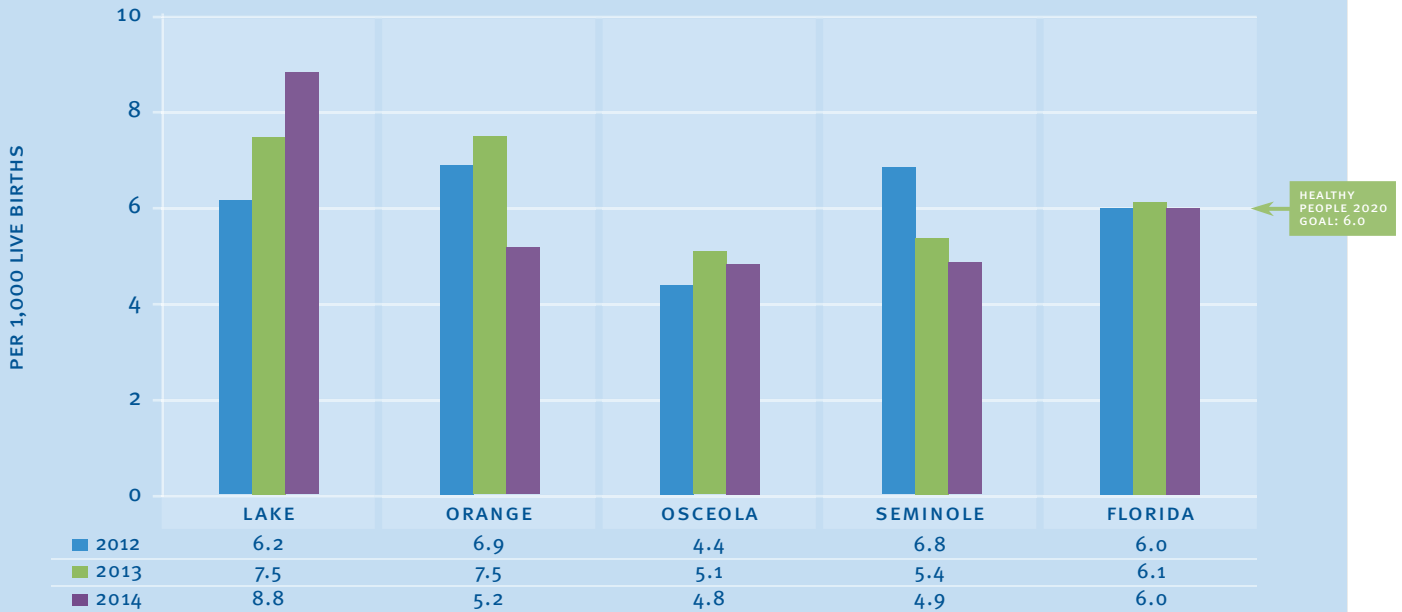
PER 1,000 LIVE BIRTHS

HEALTHY
PEOPLE 2020
GOAL: 6.0

	LAKE	ORANGE	OSCEOLA	SEMINOLE	FLORIDA
2012	6.2	6.9	4.4	6.8	6.0
2013	7.5	7.5	5.1	5.4	6.1
2014	8.8	5.2	4.8	4.9	6.0

Source: Florida Charts, 2016: Florida Department of Health, Bureau of Vital Statistics
This chart reflects the most current open-sourced data available at the time the report was printed.

CHART 7.38   BIRTHS TO UNINSURED WOMEN (2012-2014)
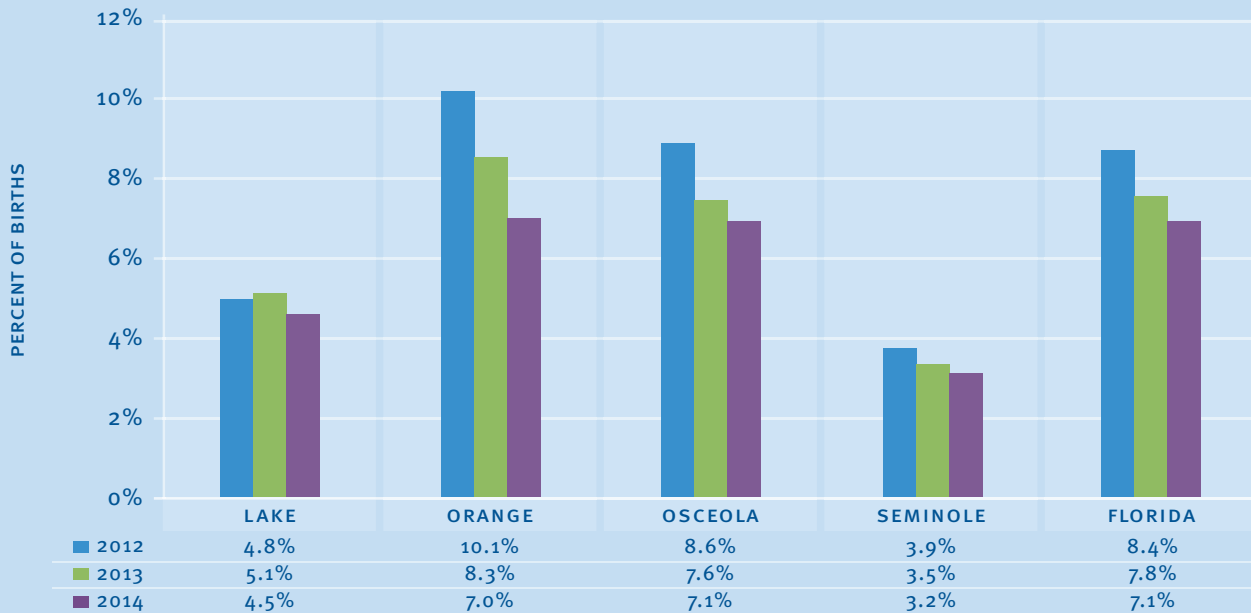
PERCENT OF BIRTHS

	LAKE	ORANGE	OSCEOLA	SEMINOLE	FLORIDA
2012	4.8%	10.1%	8.6%	3.9%	8.4%
2013	5.1%	8.3%	7.6%	3.5%	7.8%
2014	4.5%	7.0%	7.1%	3.2%	7.1%

Source: Florida Charts, 2016: Florida Department of Health, Bureau of Vital Statistics
This chart reflects the most current open-sourced data available at the time the report was printed.

CHART 7.39   BIRTHS TO MOTHERS WITH LESS THAN A HIGH SCHOOL EDUCATION (2012-2014)

	LAKE	ORANGE	OSCEOLA	SEMINOLE	FLORIDA
2012	16.2%	13.8%	12.8%	8.2%	15.2%
2013	15.3%	12.1%	11.3%	7.3%	14.3%
2014	13.2%	10.8%	11.0%	7.6%	13.2%

Source: Florida Charts, 2016: Florida Department of Health Bureau of Vital Statistics
This chart reflects the most current open-sourced data available at the time the report was printed.

CHART 7.40   BIRTHS TO UNWED MOTHERS (2012-2014)

	LAKE	ORANGE	OSCEOLA	SEMINOLE	FLORIDA
2012	46.1%	46.2%	50.5%	38.7%	48.0%
2013	46.9%	46.4%	50.1%	37.9%	48.0%
2014	47.5%	46.7%	50.2%	38.9%	47.9%

Source: Florida Charts, 2016: Florida Department of Health Bureau of Vital Statistics
This chart reflects the most current open-sourced data available at the time the report was printed.

CHART 7.41   BIRTHS TO MOTHERS WHO WERE OBESE DURING PREGNANCY (2012-2014)

PERCENT OF BIRTHS

	LAKE	ORANGE	OSCEOLA	SEMINOLE	FLORIDA
2012	26.0%	20.2%	22.7%	23.0%	20.6%
2013	24.7%	21.1%	22.6%	21.4%	21.0%
2014	25.0%	20.9%	24.4%	21.7%	21.5%

Source: Florida Charts, 2016: Florida Department of Health Bureau of Vital Statistics
This chart reflects the most current open-sourced data available at the time the report was printed.

CHART 7.42   REPEAT BIRTHS TO MOTHERS AGES 15–19 (2012-2014)

PERCENT OF REPEAT BIRTHS

	LAKE	ORANGE	OSCEOLA	SEMINOLE	FLORIDA
2012	16.8%	19.2%	14.9%	16.2%	16.9%
2013	19.5%	18.5%	12.3%	18.2%	16.4%
2014	18.1%	15.7%	15.4%	16.2%	16.5%

Source: Florida Department of Health, 2016: Florida Department of Health, Bureau of Vital Statistics
This chart reflects the most current open-sourced data available at the time the report was printed.

CHART 7.43   BIRTHS TO MOTHERS WITH FIRST TRIMESTER PRENATAL CARE (2012-2014)

	LAKE	ORANGE	OSCEOLA	SEMINOLE	FLORIDA
2012	83.8%	83.9%	79.3%	86.1%	80.0%
2013	84.1%	86.0%	82.0%	85.8%	79.9%
2014	85.1%	83.9%	82.9%	84.5%	79.4%

Source: Florida Charts, 2016: Florida Department of Health Bureau of Vital Statistics
This chart reflects the most current open-sourced data available at the time the report was printed.

CHART 7.44   PRE-TERM BIRTH RATE (<37 WEEKS) (2012-2014)

	LAKE	ORANGE	OSCEOLA	SEMINOLE	FLORIDA
2012	15.7%	16.6%	15.9%	13.8%	14.3%
2013	14.0%	16.3%	14.1%	14.3%	14.0%
2014	14.4%	14.9%	14.6%	12.2%	13.4%

Source: Florida Charts, 2016: Florida Department of Health Bureau of Vital Statistics
This chart reflects the most current open-sourced data available at the time the report was printed.

CHART 7.45   LOW BIRTH WEIGHT RATE (<2,550 GRAMS) (2012-2014)

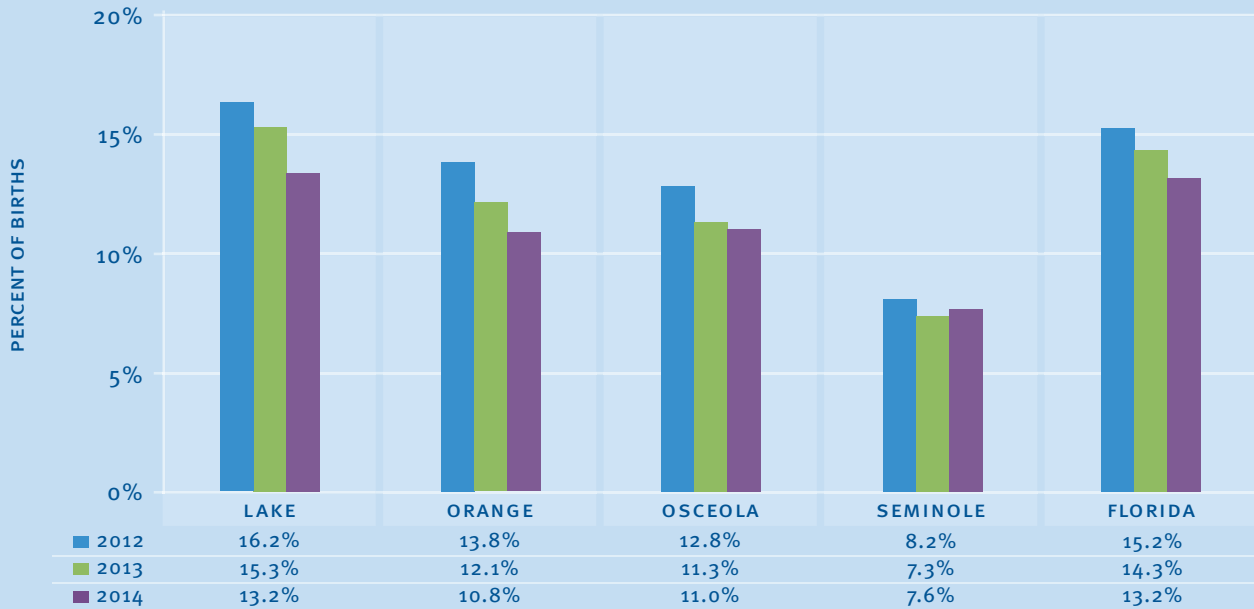|	LAKE	ORANGE	OSCEOLA	SEMINOLE	FLORIDA
2012	9.0%	8.4%	8.4%	7.7%	8.6%
2013	8.1%	9.0%	7.5%	7.9%	8.5%
2014	9.0%	8.6%	9.0%	7.5%	8.7%

Source: Florida Charts, 2016: Florida Department of Health Bureau of Vital Statistics
This chart reflects the most current open-sourced data available at the time the report was printed.

CHART 7.46   BIRTHS COVERED BY MEDICAID (2012-2014)

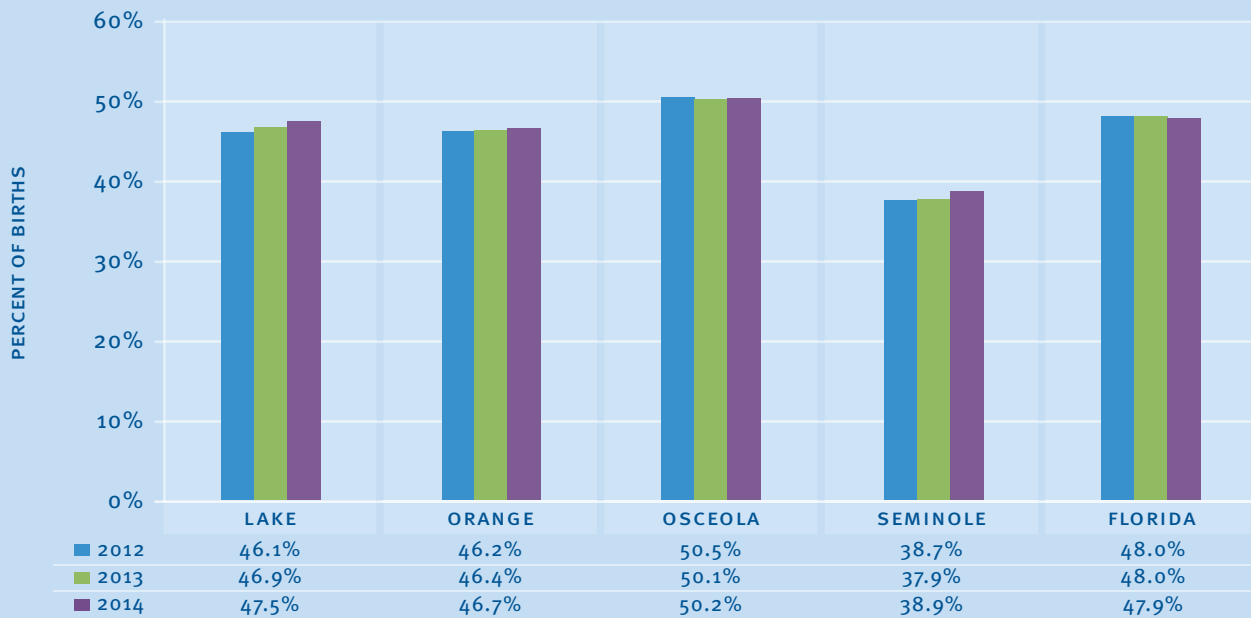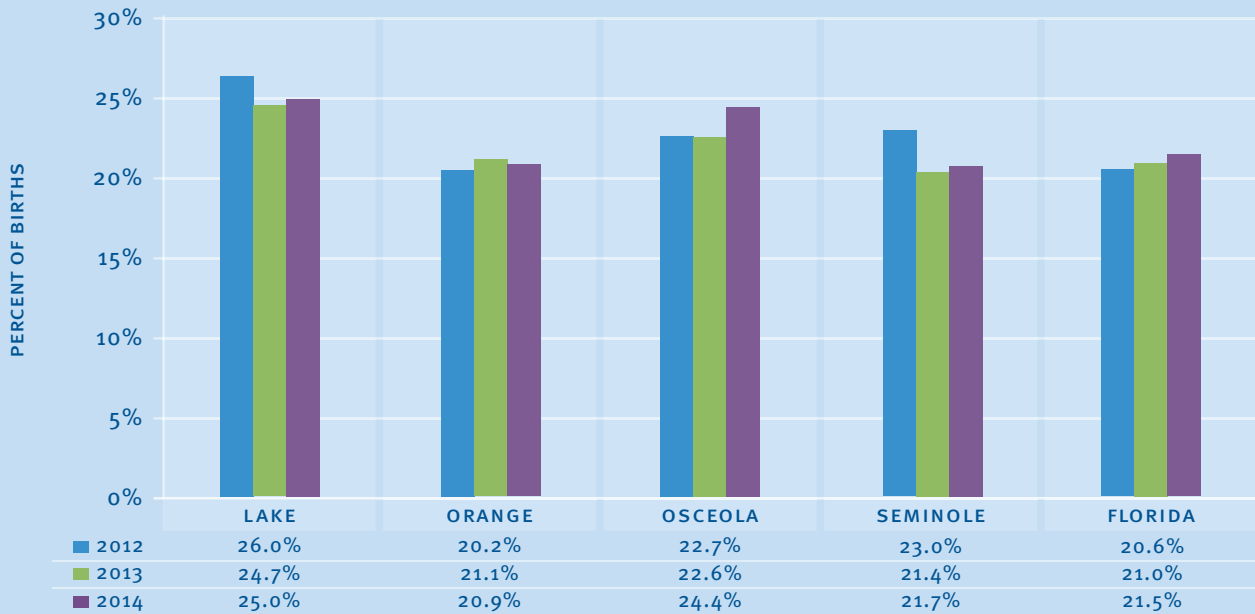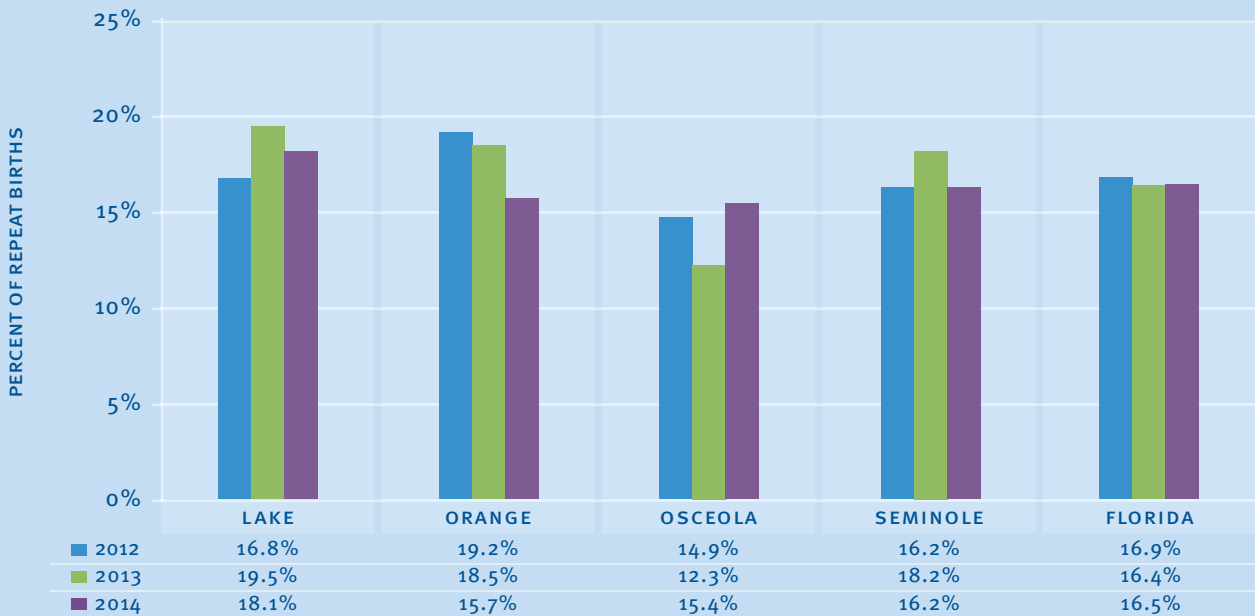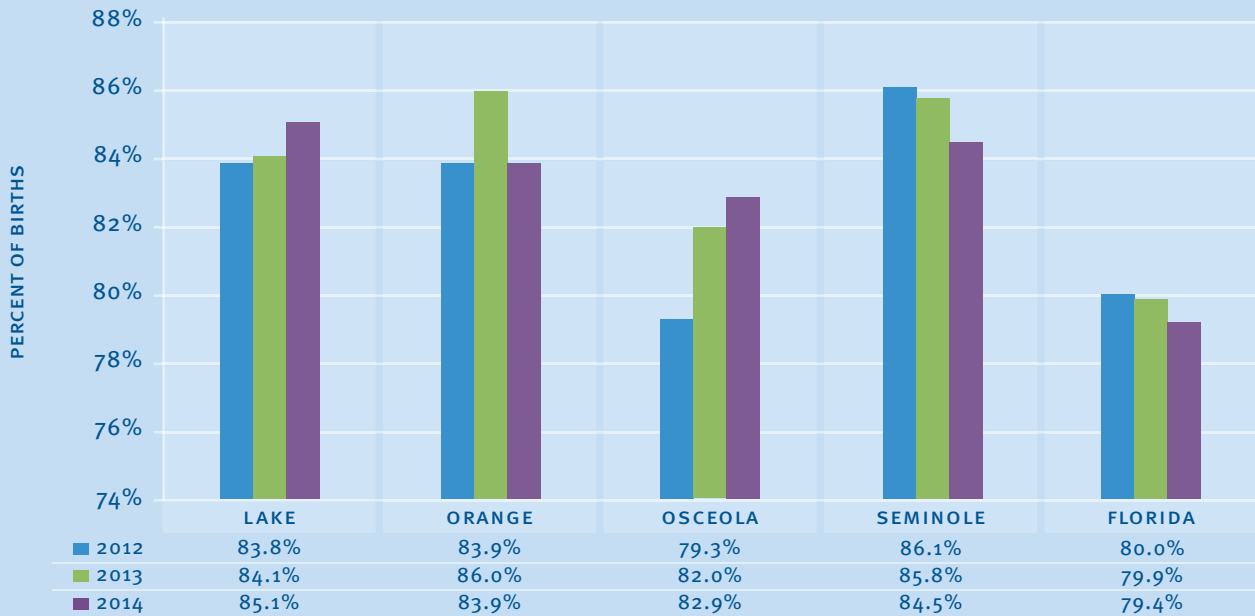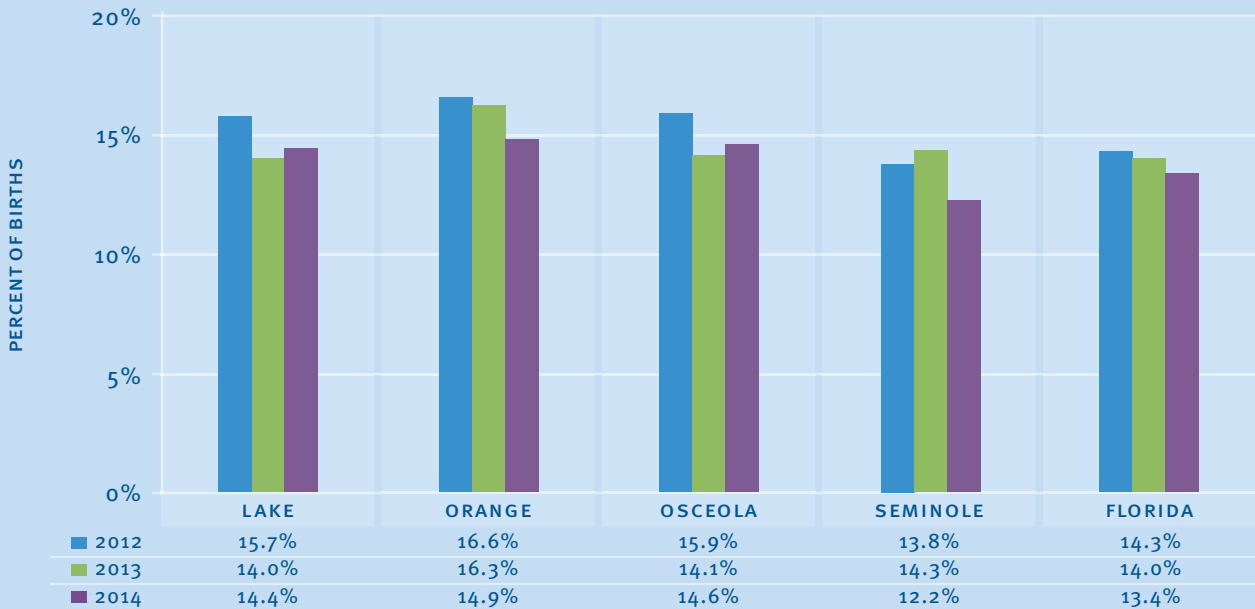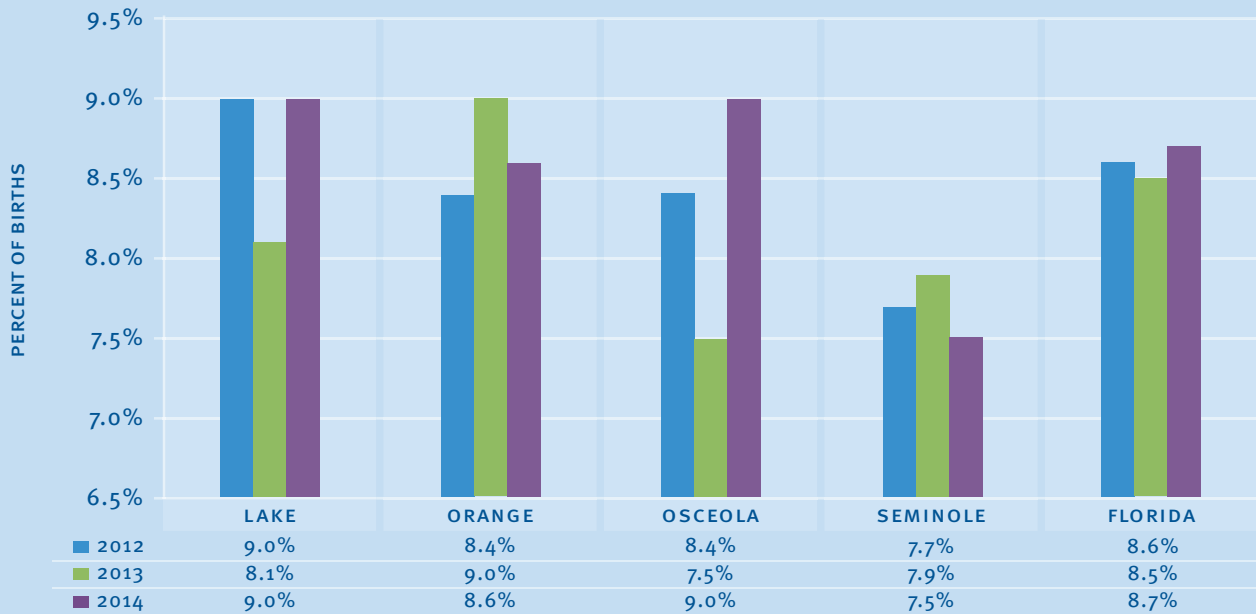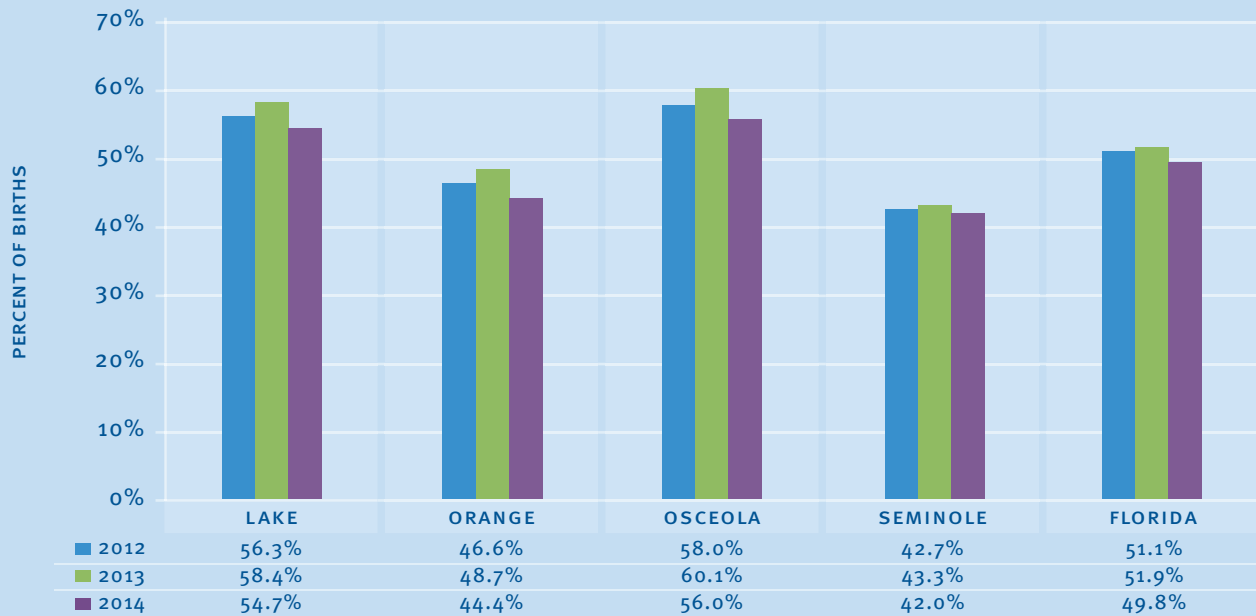|	LAKE	ORANGE	OSCEOLA	SEMINOLE	FLORIDA
2012	56.3%	46.6%	58.0%	42.7%	51.1%
2013	58.4%	48.7%	60.1%	43.3%	51.9%
2014	54.7%	44.4%	56.0%	42.0%	49.8%

Source: Florida Charts, 2016: Florida Department of Health Bureau of Vital Statistics
This chart reflects the most current open-sourced data available at the time the report was printed.

QUALITY OF LIFE / MENTAL HEALTH

Regional Managing Entity Outcomes

Central Florida Cares Health System, Inc. (CFCHS) is the managing entity overseeing state-funded mental health and substance abuse treatment services in four counties in Central Florida: Brevard, Orange, Osceola and Seminole. Three of those counties fall within the purview of this report: Orange, Osceola and Seminole. Basic conclusions from their 2015 Behavioral Health Needs Assessment are included below to supplement the secondary and primary mental health data gathered by Impact Partners for this CHNA. The following information is based on the amount of funding allocated to the Department of Children and Families each year by the Florida legislature. Service providers located in each managing entity region provide services based on this annual funding. Services may fluctuate based on the will of the legislature each year.

From fiscal year (FY) 2013-2014 to FY 2014-2015, the number of adult mental health (AMH) clients decreased slightly in each county. It should be noted that the number of services provided is directly related to the amount of funding available each year as part of the budget for the state of Florida.

Decreases among the child mental health (CMH) clients were higher when compared to their adult counterparts. However, the number of adult substance abuse (ASA) clients increased substantially from FY 2013-2014 to FY 2014-2015. Among child substance abuse (CSA) clients, numbers increased in Orange and Seminole Counties, while decreasing in Osceola County.

The number of clients reporting "homeless" decreased significantly for the AMH, CMH and CSA programs. ASA clients reporting their residential county as "homeless" increased 45 percent. Among ASA clients in Orange County, the number of clients living in a correctional facility more than doubled from FY 2013-2014 to FY 2014-2015.

Employment, family income and poverty status among CFCHS clients was lower when compared to the service area population. The unemployment percentage for the managing entity's four counties ranged from 5.8-7.0 percent in June 2014. Among AMH clients, 58.1 percent had an employment status of 'terminated/unemployed' in FY 2014-2015. The percent of 'terminated/unemployed' ASA clients was similar at 57.5 percent. More clients in the ASA program identified as a 'criminal inmate' when compared to those in the AMH program. Adults in the mental health program were more likely to be 'disabled' than their ASA counterparts. Close to 30 percent of adult clients and 40 percent of child clients reported having no income. The percentages of clients receiving disability benefits and public assistance were greater when compared to the service area population. Poverty among clients ranged from 78.9 percent to 98.5 percent, regardless of family size. This was much higher when compared to poverty in the service area where 16.5 percent of the population were at 0-99 percent Federal Poverty Level (FPL).

As a result of changes made in FY 2014-2015, there were significant increases in case management, intensive case management and inpatient units for AMH clients. Case management and inpatient units also increased for CSA clients along with crisis stabilization and in-home services. For ASA clients, units for methadone maintenance, level 2 residential treatment, and individual recovery support for substance abuse increased from FY 2013-2014 to FY 2014-2015. All units decreased for CMH clients with the exception of room and board level 2 (supportive housing).

The CFCHS conducted a consumer survey to determine the strengths and gaps in services provided to clients in mental health and substance abuse programs. A total of 883 consumer surveys were collected and analyzed. The majority of respondents were in mental health programs and identified as adult consumers. Less than 20 percent of respondents reported going outside of their resident county to access services. Individual counseling was cited as the most important service for clients in all programs. Medicaid was the source of payment for treatment for 58.7 percent of clients in mental health programs, 23.4 percent in substance abuse programs and 37.7 percent for clients in both programs.

QUALITY OF LIFE / MENTAL HEALTH, CONT'D.

Regional Managing Entity Outcomes, cont'd.

A provider survey collected responses from 18 network providers and other stakeholders of service who identified needed services, barriers and solutions to improve health outcomes. Crisis intervention/crisis stabilization services were identified by 55.6 percent of providers as a needed service for child and adolescent clients. For adult clients, housing was cited by most providers as a needed service; limited housing options create a significant barrier to accessing treatment. The biggest barrier to care, according to 66.7 percent of providers, was limited funding/capacity for needed treatment services. Providers shared that increased education, training and collaboration among the various support services have helped to improve the system of care. However, many issues remain to be resolved.

Coordinated community planning is needed to ensure all residents have access to appropriate services when care is needed. Surveyed providers indicated that this process is underway but needs to continue. Building strategic partnerships will leverage limited financial resources, improve program effectiveness, increase capacity, and strengthen the role of the provider as they work within the county to address community health needs. A strengthened health system can provide all residents with the opportunity to attain optimal health outcomes.

Adults Who Are "Satisfied" or "Very Satisfied" With Their Lives (2007-2010)

The percent of adults who are satisfied or very satisfied with their lives increased only marginally in Lake County. Residents of Orange, Osceola and Seminole Counties were less likely to report life satisfaction in 2010 than they were in 2007 but these decreases were small and in line with the state-level trend. Lake County residents appear to be the most satisfied with their lives. (See Chart 7.47)

Adults Who Have Ever Been Told They Had a Depressive Disorder (2013)

Regionally, approximately 16.6 percent of all adults have been told they had a depressive disorder, a percent in line with that of the state. Lake County and Seminole County are slightly above the regional average at 18.5 percent and 17.2 percent respectively, while Orange and Osceola Counties are below the regional average at about 15 percent. (See Chart 7.48)

Depressive Disorder by Age (2013)

Age groups with the highest percent of adults who have been told they have a depressive disorder vary by county. Ages 18-44 in Seminole County have the highest percent, while in Lake and Osceola Counties, this falls to the 45-64 year age range. In Orange County, those aged 65 and older have the highest percent. (See Chart 7.49)

Depressive Disorder by Income (2013)

Regionally, those making below $25k annually have a higher percentage of individuals diagnosed with a depressive disorder. In Lake County, those making less than $25k annually have a percent twice as high as those making $25-50k annually. In Orange and Osceola Counties, the mid-range income has the largest percent of adults who have been told they had a depressive disorder. Across the region, the $50k or more income range has the lowest percentage. (See Chart 7.50)

Children Aged 1-5 Receiving Mental Health Treatment Services (2008-2011)

Seminole County children receiving mental health treatment services has consistently declined since 2004 and the rate has been significantly lower than the other counties in the assessment region. Osceola County had the highest rate of young children receiving services in 2011 after a steady increase since 2008. The rates in 2011 for Orange and Lake Counties were both higher than their rates in 2008. (See Chart 7.51)

Children in Grades K-12 Who Are Emotionally Handicapped (2003-2014)

Overall, the percent of children who are emotionally handicapped has declined in every county in the assessment region and throughout the state as a whole. Only Lake County has consistently had a higher rate than the state average, but the difference is marginal. (See Chart 7.52)

Children Aged 5-11 Experiencing Sexual Violence (2003-2014)

In Lake County, children aged 5-11 experiencing sexual violence peaked in 2004-2005 and again in 2011-2012. Despite a downward trend since 2012, Lake County still reports the highest rate in the region, one that is well in excess of the state level. Orange County's lowest rate was recorded in 2013 after consistent year-to-year increases from 2009-2012. Osceola County experienced rates of more than 100 children per 100,000 in 2004 and 2006. Since then, the rate has fluctuated between 70 and 90, settling on 76.7 in 2013, which is higher than the state average. Seminole County has consistently had the lowest rate over the 11 years from 2003-2013. The lowest rate in the assessment region was recorded in Seminole County in 2011. Since then, the rate has increased, but remains the lowest in the region and below the state average. (See Chart 7.53)

Children Aged 5-11 Experiencing Child Abuse (2003-2014)

Seminole County experienced a slight increase in children aged 5-11 experiencing child abuse from 2003-2013. Osceola and Lake Counties saw a slight decrease over the same time period. Orange County's trend closely followed the state level over the 11-year span, reporting slightly lower than the state average in 2013. (See Chart 7.54)

Suicide Rate of Children Aged 12-18 (2012-2014)

In 2013, every county in the assessment region reported rates at or below the state average for childhood suicide. Rates in Lake, Orange and Seminole Counties have decreased slightly from 2012-2014. In Osceola County, the rate dropped in 2013 then returned to its 2012 rate in 2014. Lake County had the highest rate in the region in 2014 and Orange County had the lowest. (See Chart 7.55)

QUALITY OF LIFE / MENTAL HEALTH, CONT'D.

Key Findings Based on Secondary and Primary Data Analysis

The CFCHS report and stakeholder interviews point to an inappropriate use of emergency rooms (ERs) and jails to receive mental health services, especially in Orange County. While all residents may not actively seek out the ER or jails specifically to receive mental health help, a large number of people are getting services this way. While it is a community asset to have multiple avenues for residents to access mental health services, jails and ERs are a less than ideal use of valuable resources. These same sources also point to a significant overlap between homelessness, mental health needs and substance abuse. It is unclear in which direction this relationship functions but it is likely bi-directional: mental health issues can make it hard to secure or keep steady housing and homelessness can exacerbate mental health symptoms. The link between substance abuse and homelessness likely operates in a similar manner. Their connection is supported empirically by the Behavioral Health Needs Assessment and anecdotally by law enforcement interviewed for this CHNA. Providers in the CFCHS assessment and stakeholders from the CHNA discussed the importance of wrap-around services and coordinated care when addressing the intersectionality of poverty, homelessness and mental illness/substance abuse.

Access to mental health services was discussed as a concern in every county across nearly every data collection method of the CHNA. Substance abuse was also a common concern among residents, providers and stakeholders. Funding for mental health service providers in Central Florida likely limits the availability of services to residents. Of the seven managing entities in the state, CFCHS (serving Orange, Osceola and Seminole Counties) has an estimated funding amount per individual with mental illness or substance use disorders of $98.22. This is the lowest in the state and $15 per person lower than the statewide average. Lutheran Services Florida is the managing entity for 23 counties, including Lake. Lutheran receives the second-lowest amount of funding per person. Overall, funding for mental health in Central Florida is lacking.

Mental health indicators have improved for children in the region as a whole. However, Lake County children might be left behind in this trend. Lake County had the highest suicide rate among children, as well as the most children aged 5-11 in the region experiencing sexual violence and the highest rate of children who are emotionally handicapped.

CHART 7.47 ADULTS WHO ARE "SATISFIED" OR "VERY SATISFIED" WITH LIVES (2007-2010)
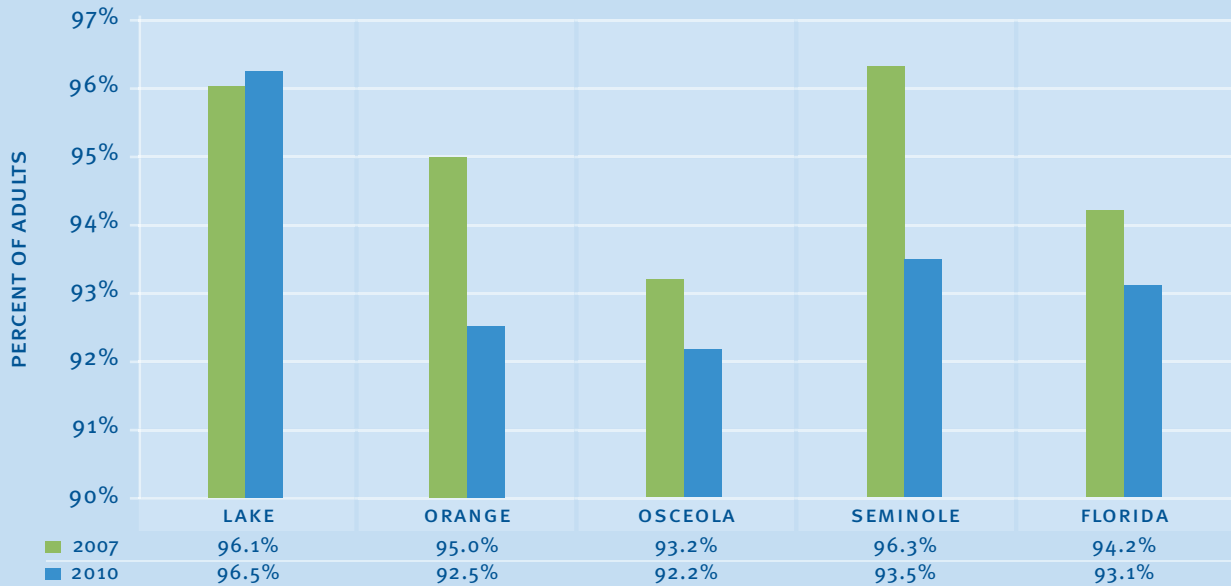
PERCENT OF ADULTS

	LAKE	ORANGE	OSCEOLA	SEMINOLE	FLORIDA
■ 2007	96.1%	95.0%	93.2%	96.3%	94.2%
■ 2010	96.5%	92.5%	92.2%	93.5%	93.1%

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

CHART 7.48 ADULTS WHO HAVE EVER BEEN TOLD THEY HAD A DEPRESSIVE DISORDER (2013)

PERCENT OF ADULTS

	LAKE	ORANGE	OSCEOLA	SEMINOLE	FLORIDA
■ 2013	18.5%	15.3%	15.4%	17.2%	16.8%

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

CHART 7.49   DEPRESSIVE DISORDER BY AGE (2013)
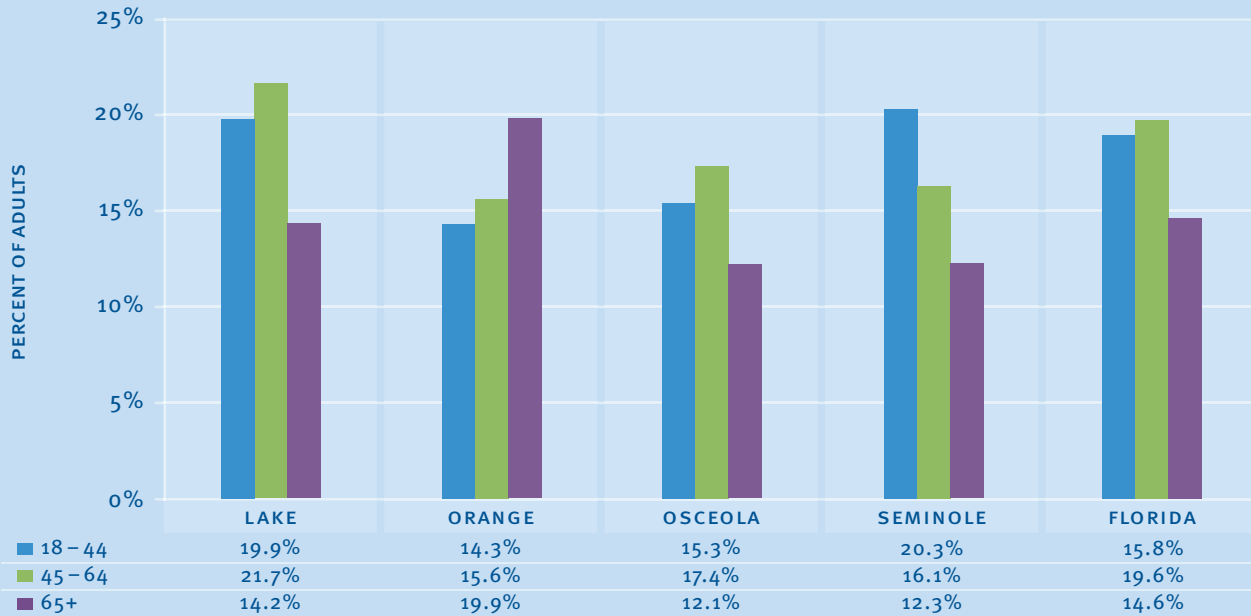
	LAKE	ORANGE	OSCEOLA	SEMINOLE	FLORIDA
■ 18 – 44	19.9%	14.3%	15.3%	20.3%	15.8%
■ 45 – 64	21.7%	15.6%	17.4%	16.1%	19.6%
■ 65+	14.2%	19.9%	12.1%	12.3%	14.6%

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

CHART 7.50   DEPRESSIVE DISORDER BY INCOME (2013)
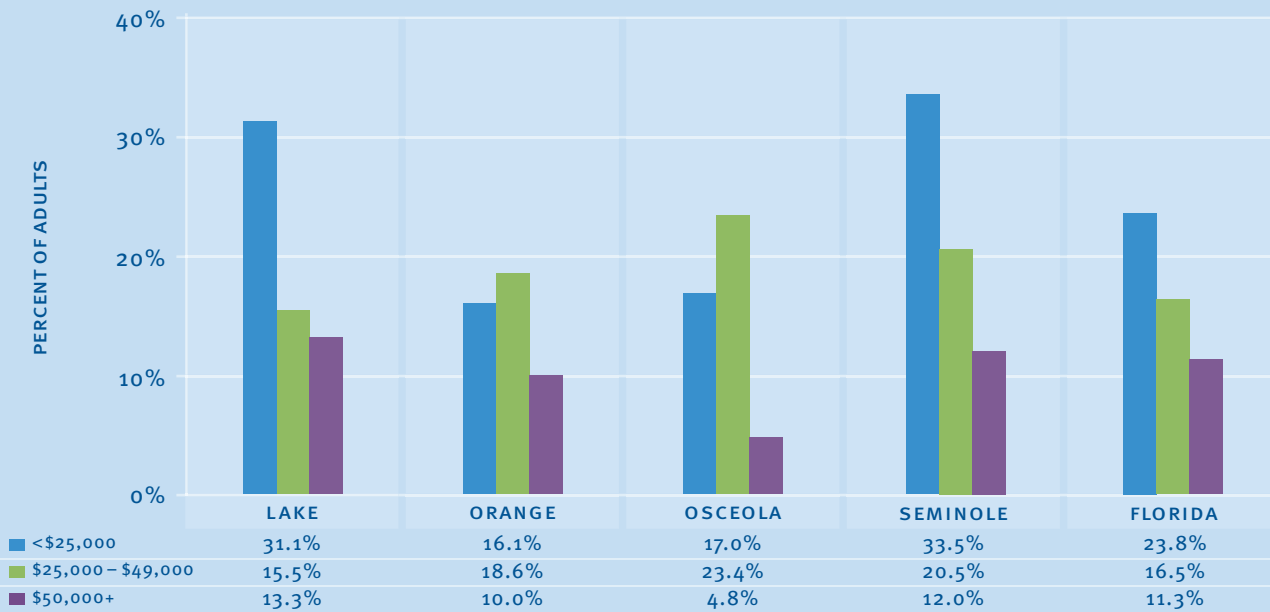
	LAKE	ORANGE	OSCEOLA	SEMINOLE	FLORIDA
■ <$25,000	31.1%	16.1%	17.0%	33.5%	23.8%
■ $25,000 – $49,000	15.5%	18.6%	23.4%	20.5%	16.5%
■ $50,000+	13.3%	10.0%	4.8%	12.0%	11.3%

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

CHART 7.51 CHILDREN AGED 1-5 RECEIVING MENTAL HEALTH TREATMENT SERVICES (2008-2011)

	LAKE	ORANGE	OSCEOLA	SEMINOLE	FLORIDA
2008	12.4	7.7	11.4	4.3	9.1
2009	11.8	9.3	11.4	3.6	10.1
2010	12.7	9.1	12.1	2.6	11.2
2011	14.4	9.0	15.0	2.3	11.7

Rate per 100,000

Source: Florida Charts, 2016: Florida Department of Children and Families
This chart reflects the most current open-sourced data available at the time the report was printed.

CHART 7.52 CHILDREN IN GRADES K-12 WHO ARE EMOTIONALLY HANDICAPPED (2003-2014)

	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
LAKE	1.5%	1.5%	1.5%	1.4%	1.4%	1.3%	1.2%	1.1%	1.1%	1.0%	1.0%	1.0%
ORANGE	1.0%	0.9%	0.8%	0.8%	0.8%	0.7%	0.6%	0.5%	0.5%	0.4%	0.4%	0.4%
OSCEOLA	1.2%	1.2%	1.3%	1.3%	1.3%	1.1%	0.8%	0.7%	0.6%	0.5%	0.5%	0.5%
SEMINOLE	1.2%	1.1%	1.1%	1.0%	1.0%	1.0%	0.9%	0.9%	0.7%	0.7%	0.6%	0.6%
FLORIDA	1.5%	1.4%	1.3%	1.3%	1.2%	1.1%	1.0%	0.9%	0.8%	0.7%	0.7%	0.7%

Percent of children

Source: Florida Charts, 2016: Florida Department of Education, Education Information and Accountability Services
This chart reflects the most current open-sourced data available at the time the report was printed.

CHART 7.53   CHILDREN AGED 5 – 11 EXPERIENCING SEXUAL VIOLENCE (2013-2014)
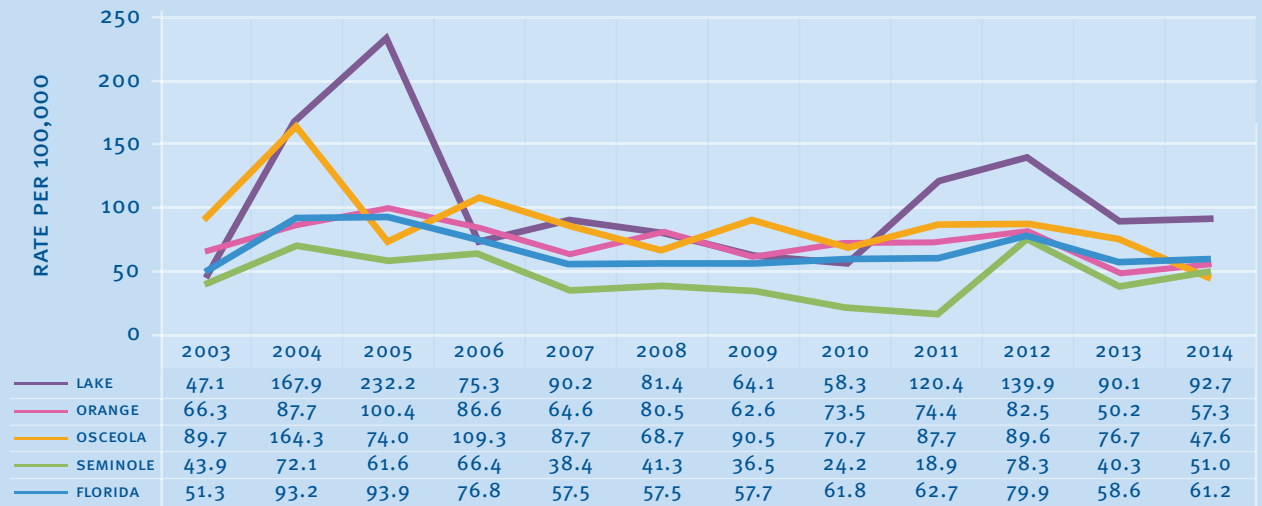
	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
LAKE	47.1	167.9	232.2	75.3	90.2	81.4	64.1	58.3	120.4	139.9	90.1	92.7
ORANGE	66.3	87.7	100.4	86.6	64.6	80.5	62.6	73.5	74.4	82.5	50.2	57.3
OSCEOLA	89.7	164.3	74.0	109.3	87.7	68.7	90.5	70.7	87.7	89.6	76.7	47.6
SEMINOLE	43.9	72.1	61.6	66.4	38.4	41.3	36.5	24.2	18.9	78.3	40.3	51.0
FLORIDA	51.3	93.2	93.9	76.8	57.5	57.5	57.7	61.8	62.7	79.9	58.6	61.2

Source: Florida Charts, 2016: Florida Department of Children and Families Florida Safe Families Network Data Mart
This chart reflects the most current open-sourced data available at the time the report was printed.

CHART 7.54 CHILDREN AGED 5 – 11 EXPERIENCING CHILD ABUSE (2004-2014)
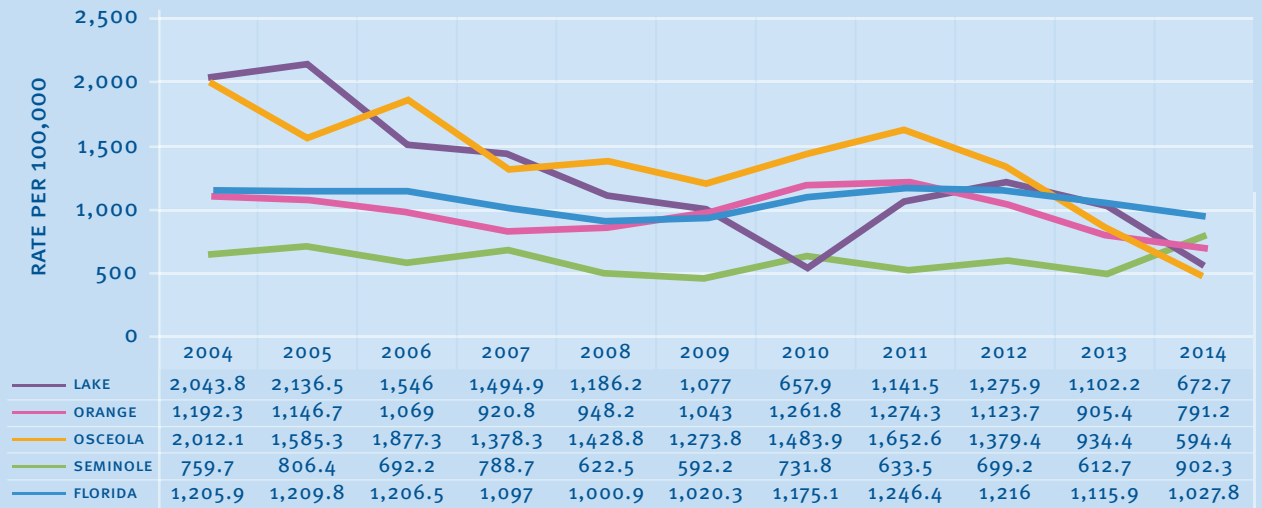
	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
LAKE	2,043.8	2,136.5	1,546	1,494.9	1,186.2	1,077	657.9	1,141.5	1,275.9	1,102.2	672.7
ORANGE	1,192.3	1,146.7	1,069	920.8	948.2	1,043	1,261.8	1,274.3	1,123.7	905.4	791.2
OSCEOLA	2,012.1	1,585.3	1,877.3	1,378.3	1,428.8	1,273.8	1,483.9	1,652.6	1,379.4	934.4	594.4
SEMINOLE	759.7	806.4	692.2	788.7	622.5	592.2	731.8	633.5	699.2	612.7	902.3
FLORIDA	1,205.9	1,209.8	1,206.5	1,097	1,000.9	1,020.3	1,175.1	1,246.4	1,216	1,115.9	1,027.8

Source: Florida Charts, 2016: Florida Department of Children and Families, Florida Safe Families Network Data Mart
Unduplicated count of children who were victims of at least one verified maltreatment by county of intake.

This chart reflects the most current open-sourced data available at the time the report was printed.

CHART 7.55   SUICIDE RATE OF CHILDREN AGED 12 – 18 (2012-2014)
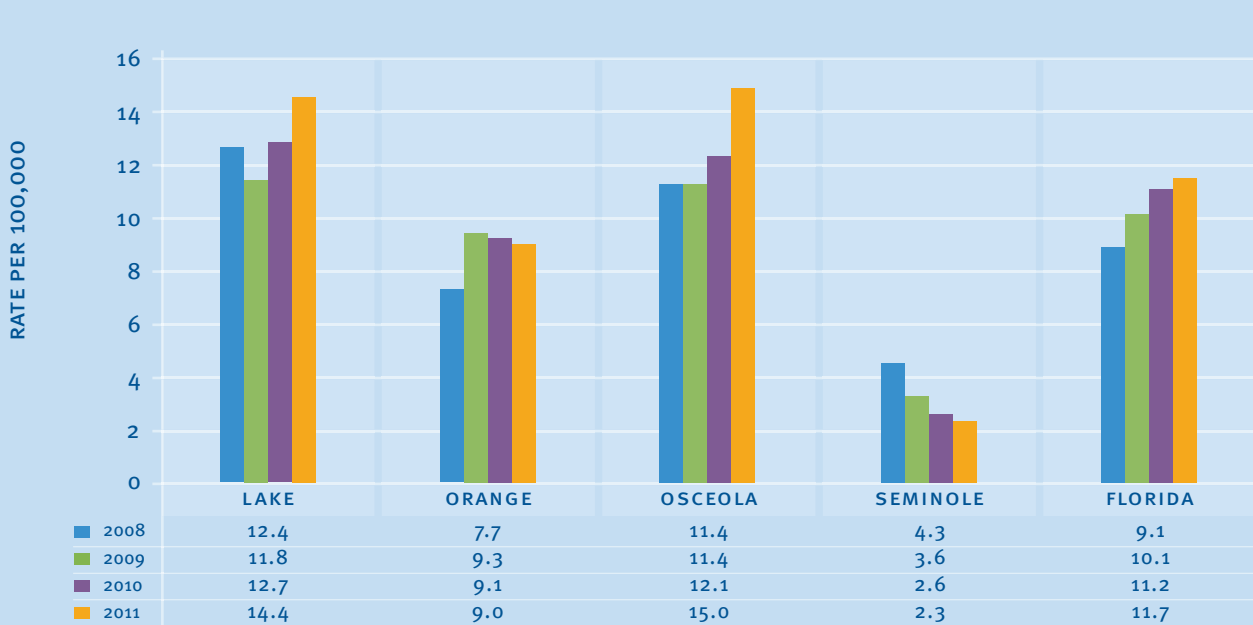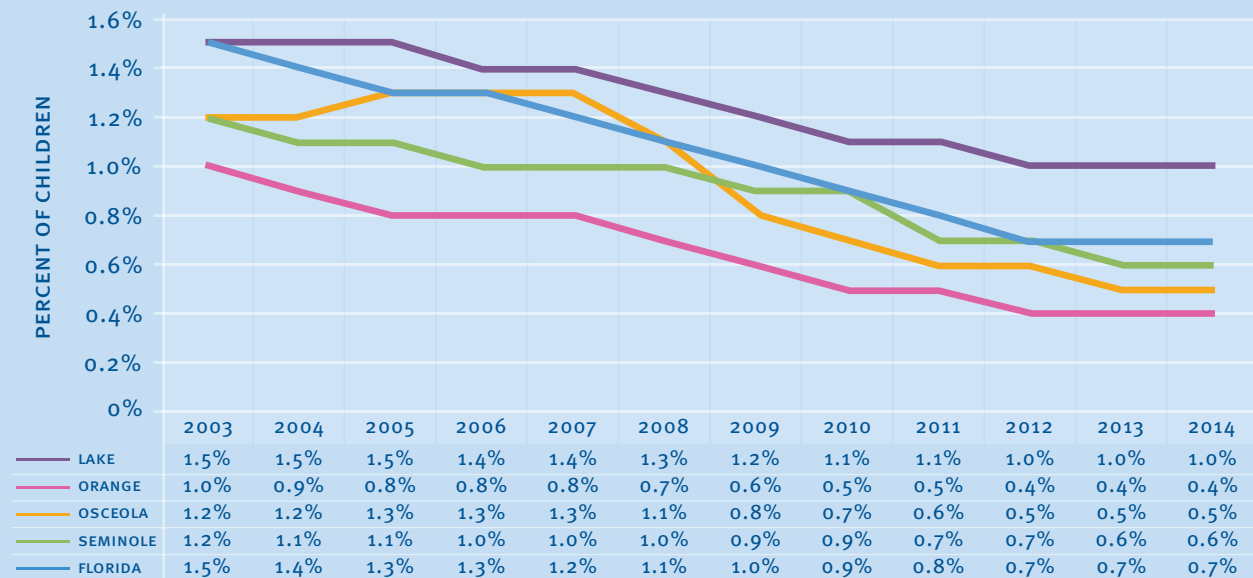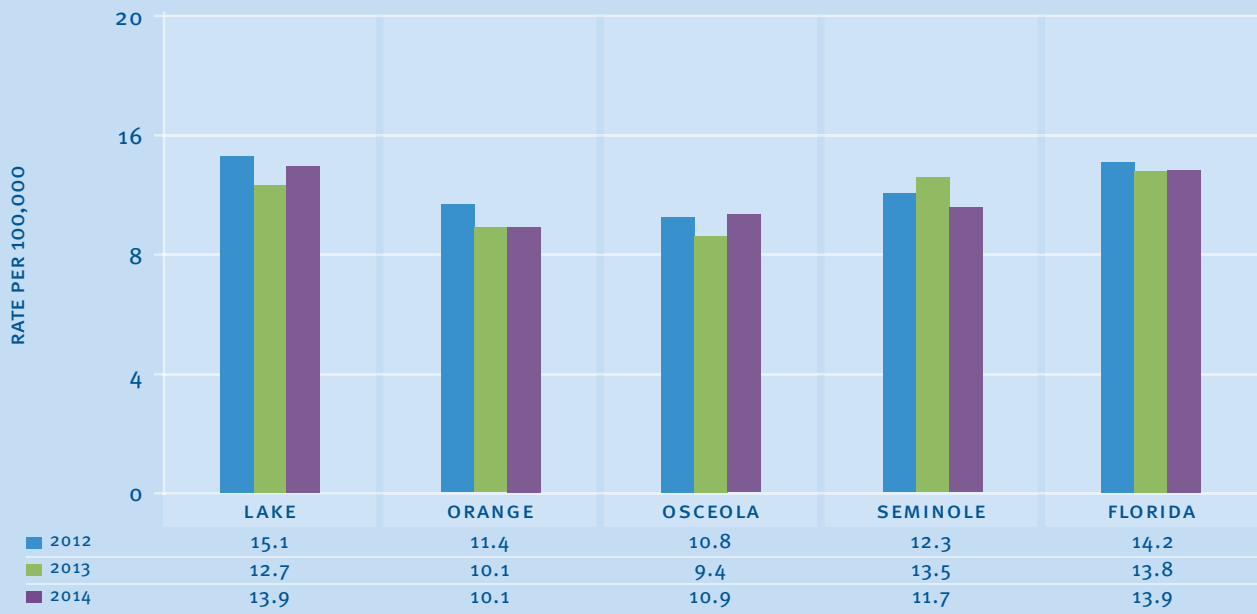
RATE PER 100,000

	LAKE	ORANGE	OSCEOLA	SEMINOLE	FLORIDA
■ 2012	15.1	11.4	10.8	12.3	14.2
■ 2013	12.7	10.1	9.4	13.5	13.8
■ 2014	13.9	10.1	10.9	11.7	13.9

Source: Florida Charts, 2016: Florida Department of Health, Bureau of Vital Statistics
This chart reflects the most current open-sourced data available at the time the report was printed.

BEHAVIORAL RISK FACTORS

Middle School Students Without Sufficient Physical Activity (2006-2012)

In Lake County, the middle school students without sufficient physical activity reached its highest point in 2012. Its 2012 rate was the only one in the assessment region above the state level. Seminole County had the lowest 2012 rate at 26.3 percent. Orange County peaked in 2008 and has since dropped just below the state level. Osceola County did not report data for 2012. The county was at its lowest level in 2010, after peaking in 2008. (See Chart 7.56)

High School Students Without Sufficient Physical Activity (2006-2012)

The percent of high school students without sufficient physical activity has steadily decreased in Lake, Orange and Seminole Counties, as well as throughout the state as a whole. Osceola County's percentage has increased marginally from 2006-2010. While Seminole County's 2012 rate was the lowest in the assessment region, all three of the counties reporting data for that year were within three percent of each other and lower than the state level. (See Chart 7.57)

Adults Who Are Sedentary (2002-2013)

Across the assessment region, the lowest rates of adult inactivity occurred in 2007. In Lake and Seminole Counties, the rate has not changed much from 2002-2013. Orange County has seen an overall decrease in sedentary adults over that time period, while Osceola has seen a slight increase. In 2013, Lake and Osceola Counties reported rates above the state average. (See Chart 7.58)

Adults Who Are Current Smokers (2010-2013)

Despite a marginal increase since 2010, Osceola County has the highest percentage of adults who are current smokers. Lake County has the fewest percentage of current smokers among adults after a one percent decrease between 2010-2013. Seminole County, previously the highest percentage in the region, experienced a substantial drop of six percent over the same period and is now below the state level; the other three counties are as well. (See Chart 7.59)

Adult Current Smokers Who Tried to Quit Smoking at Least Once in Past Year (2010-2013)

In 2013, three-quarters of Lake County adult smokers attempted to quit at least once in the previous year — a substantial increase from the number of people who tried in 2010. The other three counties in the assessment region also experienced increases in this indicator. Orange County smokers tried to quit the least often but still reported percentages above 50 percent. Only Orange and Osceola Counties had rates below the state level. (See Chart 7.60)

Middle School Students Smoking Cigarettes in Past 30 Days (2012-2014)

Middle school students smoking cigarettes in the past 30 days has declined across the assessment region and throughout the state of Florida. Orange County had the lowest percent of middle school-aged smokers in 2014, while Lake County had the most. While the percent of middle school children who smoke cigarettes is low, the numbers are still concerning. (See Chart 7.61)

High School Students Smoking Cigarettes in Past 30 Days (2012-2014)

High school students are more likely to smoke cigarettes than middle school students but have still seen a decrease since 2012. Similar to the middle school data, Lake County high schoolers are the students most likely in the assessment region to smoke cigarettes. Students in Seminole County are the least likely. (See Chart 7.62)

BEHAVIORAL RISK FACTORS, cont'd.

Binge Drinking Among Adults (2007-2013)

Binge drinking among adults varies by county. Lake County has seen a marginal increase from 2007-2013 as has Orange County. Osceola and Seminole Counties have both experienced decreases, which are more pronounced in Seminole County. For 2013, only Orange County had binge drinking percentages above the state level. (See Chart 7.63)

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

Among middle and high school students, binge drinking is declining across the board. The highest rate for high schoolers in 2014 was in Seminole County and the lowest in Osceola County. None of the counties studied for this assessment had high school or middle school binge drinking percentages above the state level. In 2014, Lake County middle school students were just as likely as the average Florida middle schooler to binge drink. (See Chart 7.64)

Heroin Use in Middle and High School (2010-2014)

Heroin use among middle and high school students has decreased in Orange, Osceola and Seminole Counties from 2012-2014. Lake County experienced a slight drop in 2012, but returned to its 2010 rate in 2014. Seminole County experienced the most significant decrease over that time period. (See Chart 7.65)

Heroin-Related Deaths (2011-2014)

Compared to 2011 rates, every county in the assessment region reported higher rates of heroin-related deaths per 100,000 in 2014. In the years between, the rates have fluctuated differently in each county. Lake County reported a slight decrease in 2012 and a steady increase since then. Orange County's rate has been up and down every year from 2011-2014. Osceola County peaked in 2012 and has decreased since then, yet their rate is still higher in 2014 than it was in 2011. Seminole County had its highest rates in 2012 and 2013. Only Seminole County reported a rate per 100,000 below that state level in 2014. (See Chart 7.66)

Heroin-Related Mortality - Orange County (2010-2015)

Due to the increase in heroin-related deaths in Orange County, resources have been allocated to address this emerging community issue. The recent surge has been linked to the closing of pain clinics. This mirrors the root cause of the increase in heroin use across the county: individuals who have become dependent on prescribed narcotic pain medications, but can no longer receive any, turn to heroin to meet the need of their addiction.

Data have been made available from the Florida Medical Examiner to convey the gravity of the problem heroin presents. According to the 2013 Florida Medical Examiner's Annual Report, deaths caused by heroin increased 78.7 percent in the state compared to 2012. Additionally, a recent study by the CDC issued earlier this year, shows the number of heroin users in the U.S. has grown by more than 300,000 in the last decade. Another study by the CDC issued earlier this year showed a steady increase in the number of drug-poisoning deaths involving heroin. In Orange County, the number of heroin-related deaths has increased nearly six-fold since 2010. Both heroin-related mortality and deaths with heroin present in the blood stream at the time of death are on the rise. Most of the deaths occur in white males. (See Charts 7.67 - 7.69)

Low Perceived Risk of Drug Use

Regarding perceived risk of drug use in each county, high school students are less likely to perceive drug use as risky compared to their middle school counterparts. There is no data recorded for this indicator more recently than 2010. (See Table 7.8)

Perceived Availability of Drugs

Middle school students have decreased in their perceived availability of drugs in every county and the state as a whole. A similar trend exists among high school students in the assessment region as well. Additionally, in

BEHAVIORAL RISK FACTORS, CONT'D.

2014, high school students in each county perceived a more limited availability of drugs than their middle school counterparts. (See Table 7.9)

Perceived Availability of Handguns

Across the board in 2014, middle and high school students perceived a lower availability of handguns than in 2010, with the exception of Lake County high school students. Lake County middle school and high school students were more likely than students in the other counties in the assessment region to perceive handguns as available. In 2014, Lake and Osceola Counties' middle schoolers and Lake County high schoolers have perceptions higher than the state level. (See Table 7.10)

Poor Family Management

Across the region and the state of Florida, the percent of poor family management has decreased for both middle and high school students from 2010-2014. In 2014, Osceola County middle school students and Lake County high school students saw the highest percentages. (See Table 7.11)

Family Conflict

Regarding family conflict, percentages have dropped for middle schoolers across the region and in the state. This trend is also true for high school students in Lake, Orange and Osceola Counties. There has been a slight increase for Seminole County high school students. Family conflict for Seminole County middle school students is the only percent in the region below the state level for 2014. Orange County high school student percentage is the only in the region below the state level for that population. (See Table 7.12)

Violent Acts Among Students Grades K-12 (2010-2012)

Orange County has consistently had the highest rate of violent acts among students from 2010-2012 despite a significant decrease over that time span. Lake and Osceola Counties also experienced decreases, while Seminole County saw a slight increase, contrary to the trend of the state as a whole and the other counties in the assessment region. (See Chart 7.70)

Firearms Discharge, Age Adjusted Death Rate (2010-2014)

The death rate from firearms discharge has fluctuated in Lake County from 13.2 in 2010, settling at 10.7 in 2014. Orange County's rate has remained around 9.0, with the exception of a spike in 2011. Osceola County's 2010 rate was remarkably low then jumped by an increase of nearly 70 percent in 2011. The following three years hovered around 7.5. Seminole County has shown the least extreme fluctuations and a general marginal decrease from 2010. Every county in the assessment region reported 2014 rates below the state average. (See Chart 7.71)

Total Domestic Violence Offenses (2010-2014)

When comparing domestic violence rates from 2010-2014 rates, every county in the assessment region except Seminole has experienced a decrease. In 2014, only Orange County reported a rate per 100,000 higher than the state level. Osceola County experienced the most significant decrease with a substantial drop between its 2013-2014 rates. (See Chart 7.72)

Key Findings Based on Secondary and Primary Data Analysis

Middle school students are not getting enough vigorous activity but high school students are getting more than in the past. Additionally, students are less likely to engage in risky behaviors (heroin use, cigarettes, binge drinking) than in previous years. Smoking among adults has declined too. This might be due to the popularity of vapes and e-cigarettes as a supplement to traditional tobacco products. E-cigarette usage emerged as a concern among community stakeholders, especially because the consequences of their use is still unknown and because of their appeal to young residents. Additionally, heroin use and smoking emerged as major themes in the Orange County collaborative themes and community conversations respectively.

CHART 7.56 MIDDLE SCHOOL STUDENTS WITHOUT SUFFICIENT PHYSICAL ACTIVITY (2006-2012)
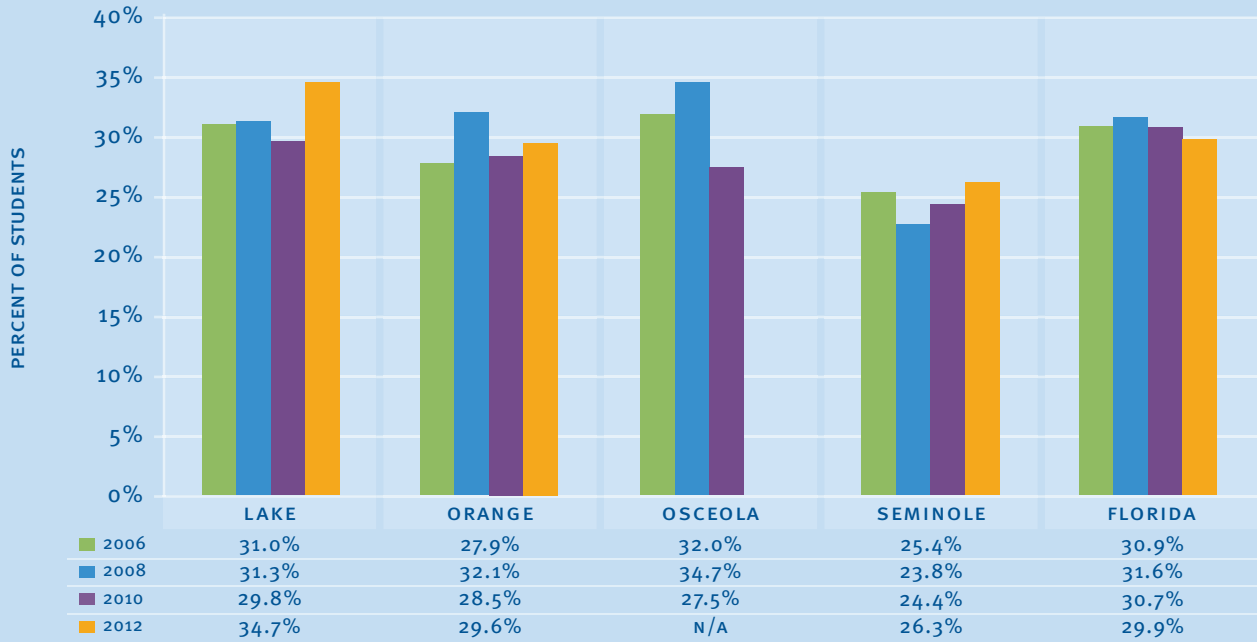
	LAKE	ORANGE	OSCEOLA	SEMINOLE	FLORIDA
2006	31.0%	27.9%	32.0%	25.4%	30.9%
2008	31.3%	32.1%	34.7%	23.8%	31.6%
2010	29.8%	28.5%	27.5%	24.4%	30.7%
2012	34.7%	29.6%	N/A	26.3%	29.9%

Source: Florida Charts, 2016: Florida Department of Health, Bureau of Epidemiology. N/A = no data reported in source.
This chart reflects the most current open-sourced data available at the time the report was printed.

CHART 7.57 HIGH SCHOOL STUDENTS WITHOUT SUFFICIENT PHYSICAL ACTIVITY (2006-2012)
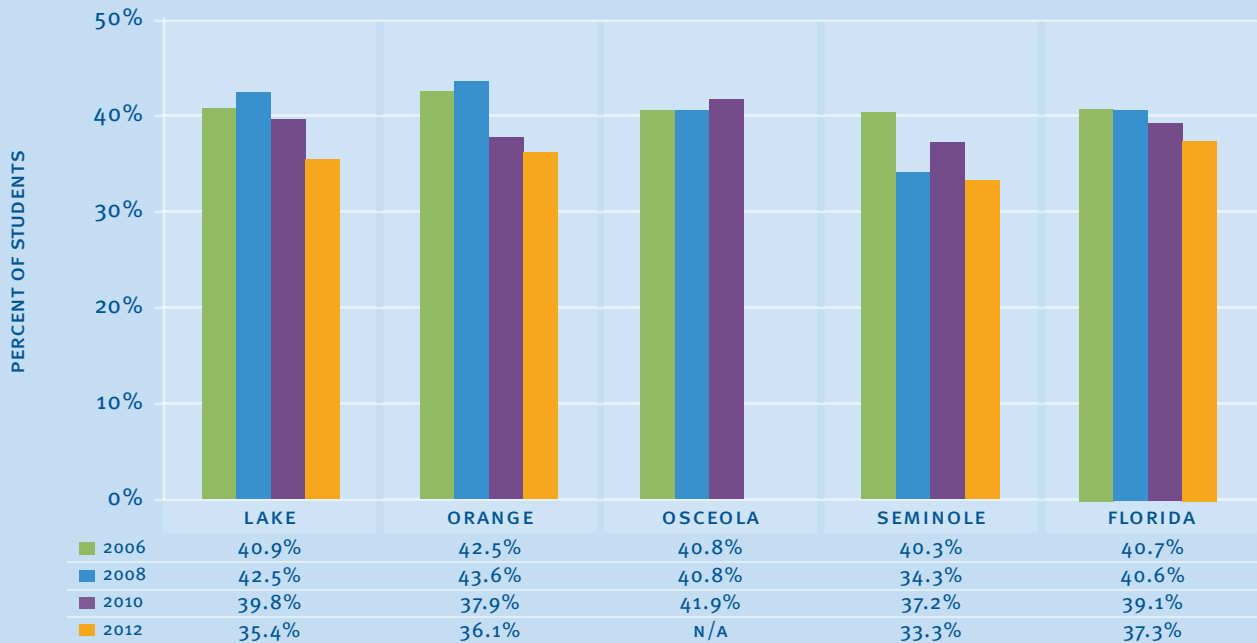
	LAKE	ORANGE	OSCEOLA	SEMINOLE	FLORIDA
2006	40.9%	42.5%	40.8%	40.3%	40.7%
2008	42.5%	43.6%	40.8%	34.3%	40.6%
2010	39.8%	37.9%	41.9%	37.2%	39.1%
2012	35.4%	36.1%	N/A	33.3%	37.3%

Source: Florida Charts, 2016: Florida Department of Health, Bureau of Epidemiology. N/A = no data reported in source.
This chart reflects the most current open-sourced data available at the time the report was printed.

CHART 7.58   ADULTS WHO ARE SEDENTARY (2002-2013)
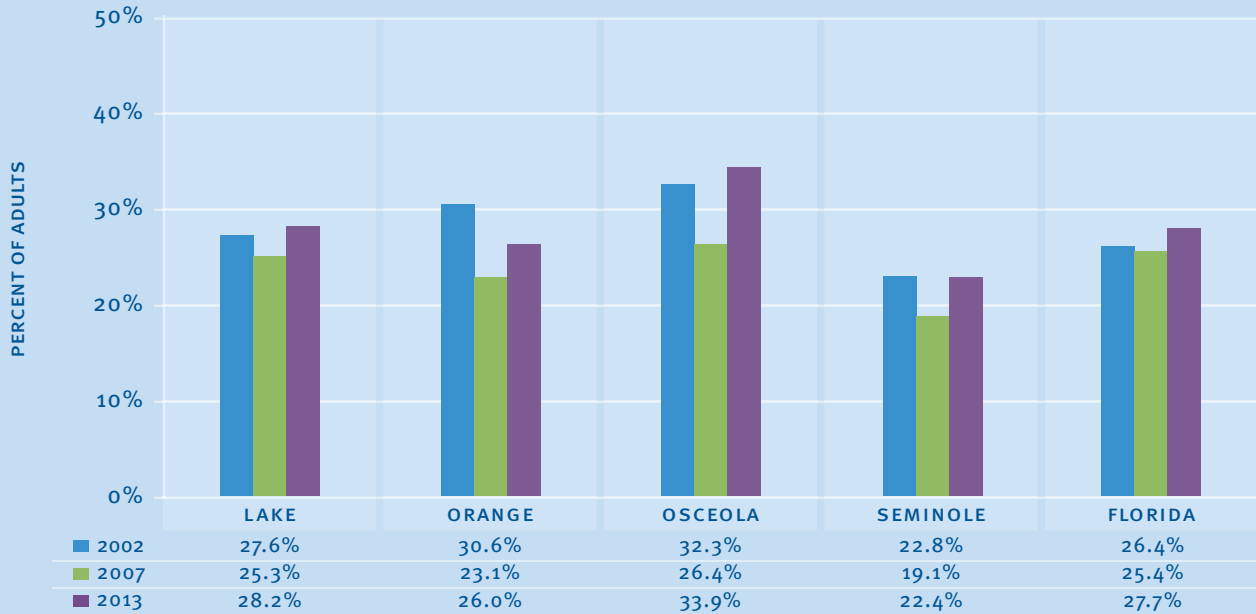
	LAKE	ORANGE	OSCEOLA	SEMINOLE	FLORIDA
2002	27.6%	30.6%	32.3%	22.8%	26.4%
2007	25.3%	23.1%	26.4%	19.1%	25.4%
2013	28.2%	26.0%	33.9%	22.4%	27.7%

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

CHART 7.59 ADULTS WHO ARE CURRENT SMOKERS (2010-2013)
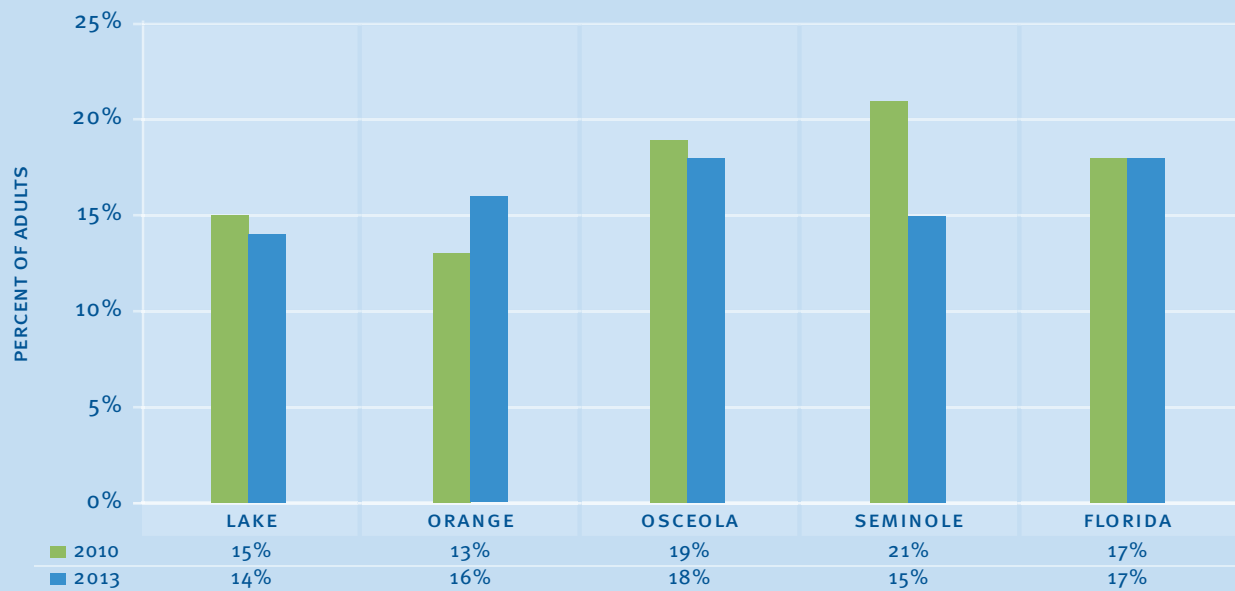
	LAKE	ORANGE	OSCEOLA	SEMINOLE	FLORIDA
2010	15%	13%	19%	21%	17%
2013	14%	16%	18%	15%	17%

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

CHART 7.60 ADULT CURRENT SMOKERS WHO TRIED TO QUIT SMOKING AT LEAST ONCE IN PAST YEAR (2010-2013)
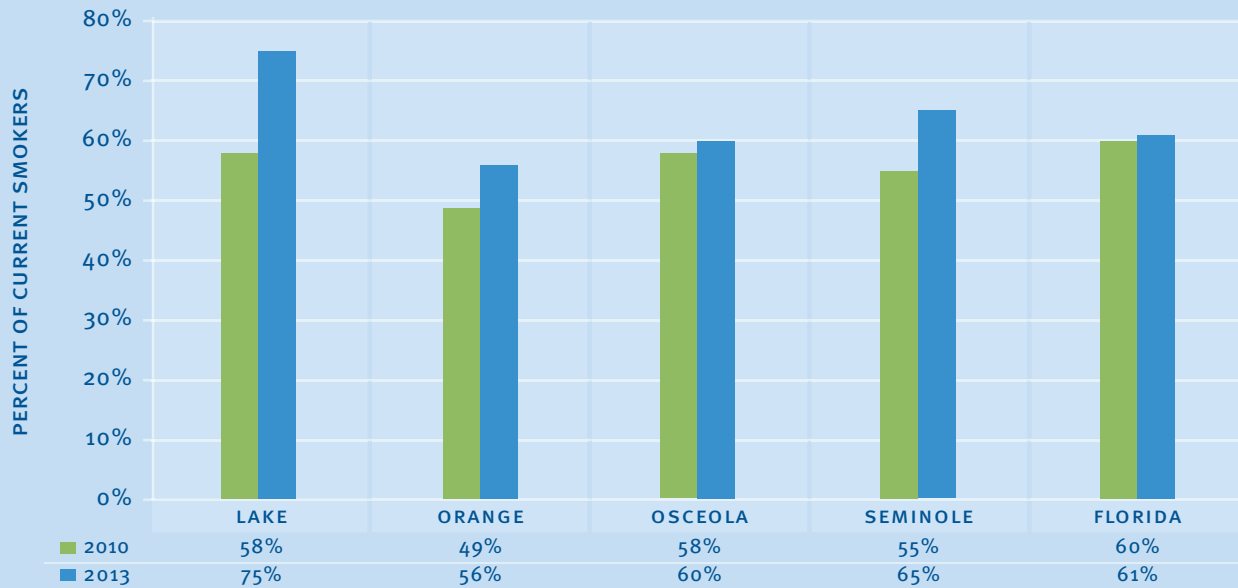
	LAKE	ORANGE	OSCEOLA	SEMINOLE	FLORIDA
2010	58%	49%	58%	55%	60%
2013	75%	56%	60%	65%	61%

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

CHART 7.61 MIDDLE SCHOOL STUDENTS SMOKING CIGARETTES IN PAST 30 DAYS (2012-2014)

	LAKE	ORANGE	OSCEOLA	SEMINOLE	FLORIDA
2012	4.3%	3.1%	N/A	3.6%	3.3%
2014	3.1%	1.4%	2.3%	2.0%	2.0%
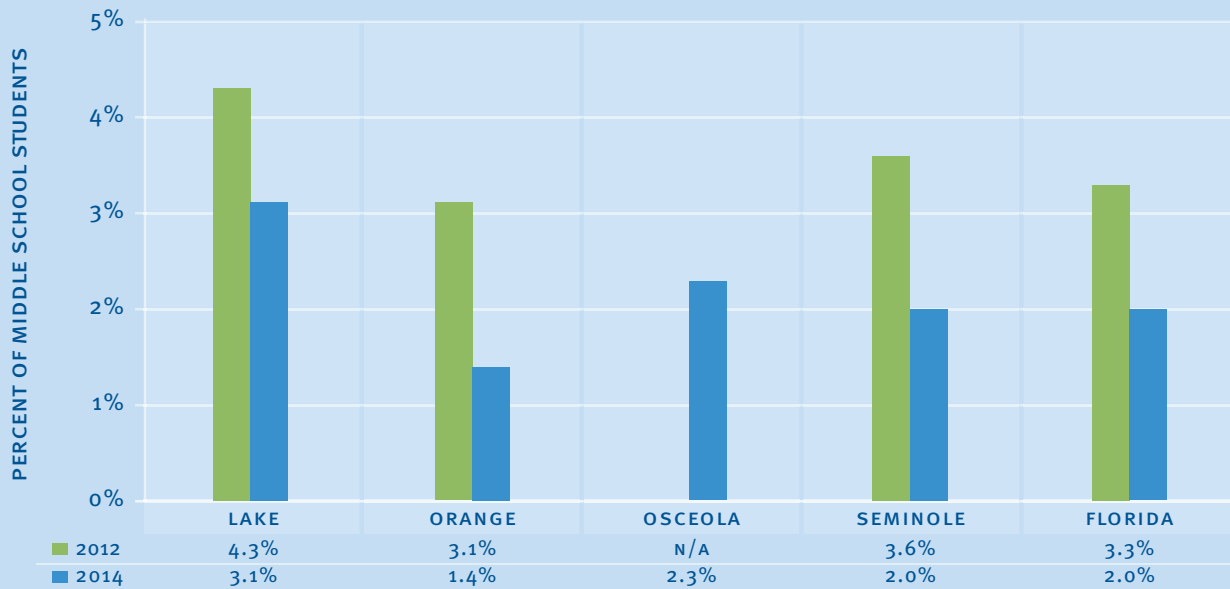
Source: Florida Youth Substance Abuse Survey – Department of Children and Families, 2014. N/A = no data reported in source.
This chart reflects the most current open-sourced data available at the time the report was printed.

CHART 7.62 HIGH SCHOOL STUDENTS SMOKING CIGARETTES IN PAST 30 DAYS (2012-2014)

	LAKE	ORANGE	OSCEOLA	SEMINOLE	FLORIDA
■ 2012	14.4%	8.7%	N/A	7.5%	10.1%
■ 2014	8.6%	5.7%	5.8%	5.5%	7.1%
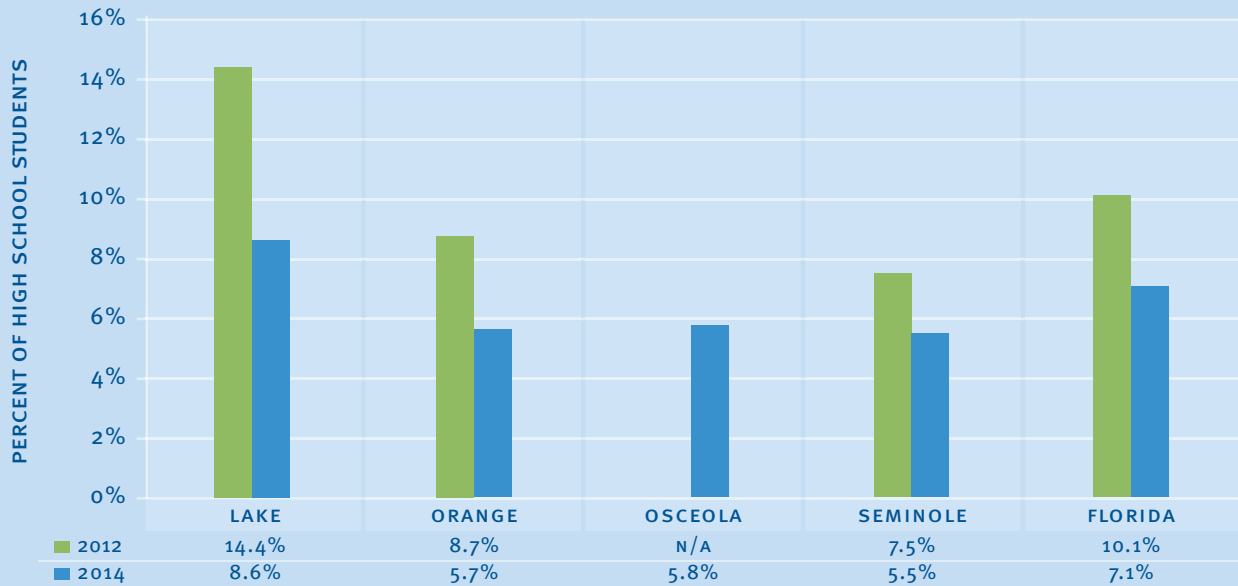
Source: Florida Youth Substance Abuse Survey – Department of Children and Families, 2014
This chart reflects the most current open-sourced data available at the time the report was printed.

CHART 7.63 BINGE DRINKING AMONG ADULTS (2007-2013)
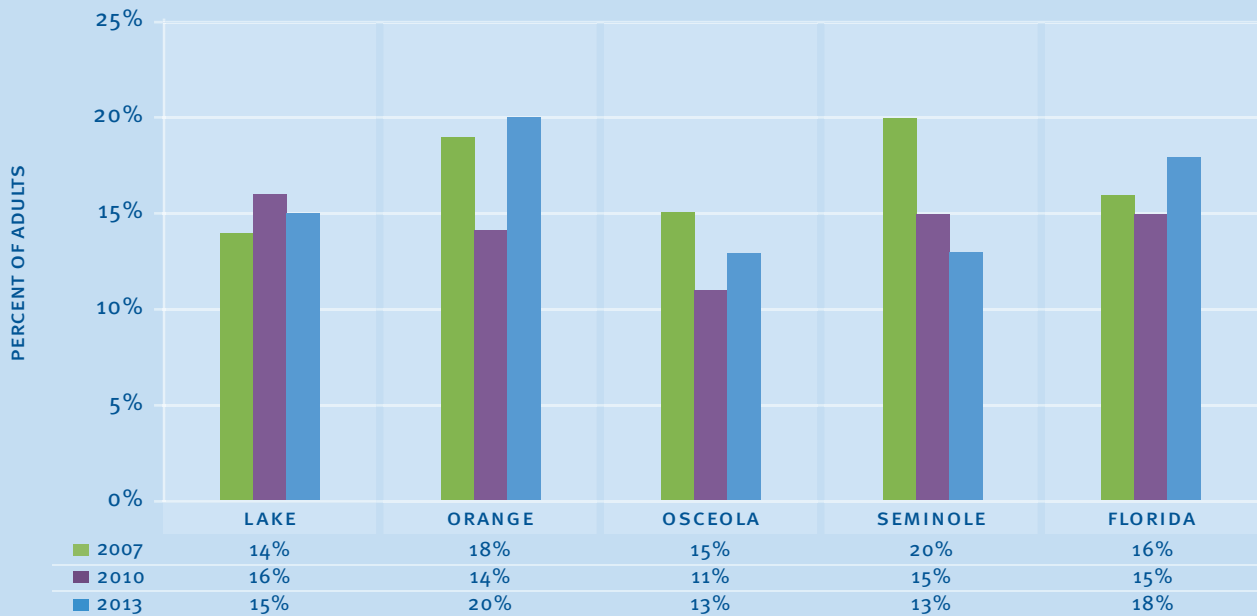
	LAKE	ORANGE	OSCEOLA	SEMINOLE	FLORIDA
■ 2007	14%	18%	15%	20%	16%
■ 2010	16%	14%	11%	15%	15%
■ 2013	15%	20%	13%	13%	18%

Source: Florida Charts 2016, Florida Behavioral Risk Factor Surveillance Survey
This chart reports the percentage of adults who have engaged in binge drinking. Binge drinking is defined as when men consume five or more drinks or when women consume four of more drinks within two hours.
This chart reflects the most current open-sourced data available at the time the report was printed.

CHART 7.64 BINGE DRINKING AMONG MIDDLE AND HIGH SCHOOL STUDENTS (2012-2014)
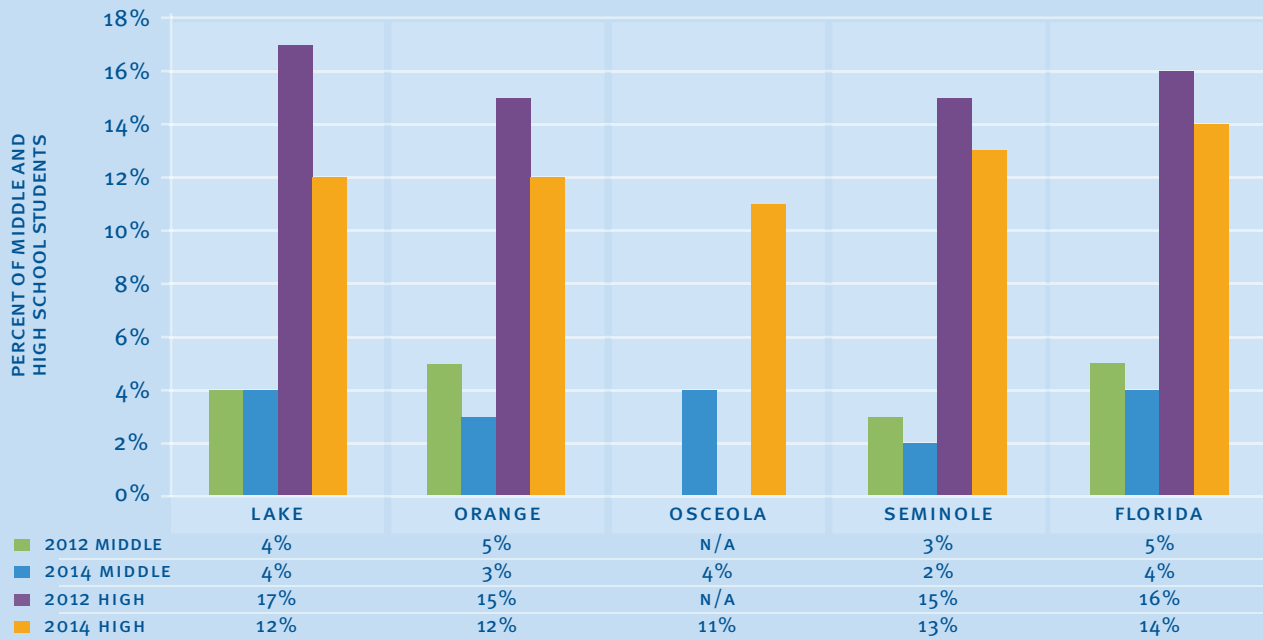
PERCENT OF MIDDLE AND HIGH SCHOOL STUDENTS

	LAKE	ORANGE	OSCEOLA	SEMINOLE	FLORIDA
■ 2012 MIDDLE	4%	5%	N/A	3%	5%
■ 2014 MIDDLE	4%	3%	4%	2%	4%
■ 2012 HIGH	17%	15%	N/A	15%	16%
■ 2014 HIGH	12%	12%	11%	13%	14%

Source: Florida Department of Children and Families, 2014 Florida Youth Substance Abuse Survey
This chart reflects the most current open-sourced data available at the time the report was printed.

CHART 7.65 HEROIN USE IN MIDDLE AND HIGH SCHOOL (2010-2014)
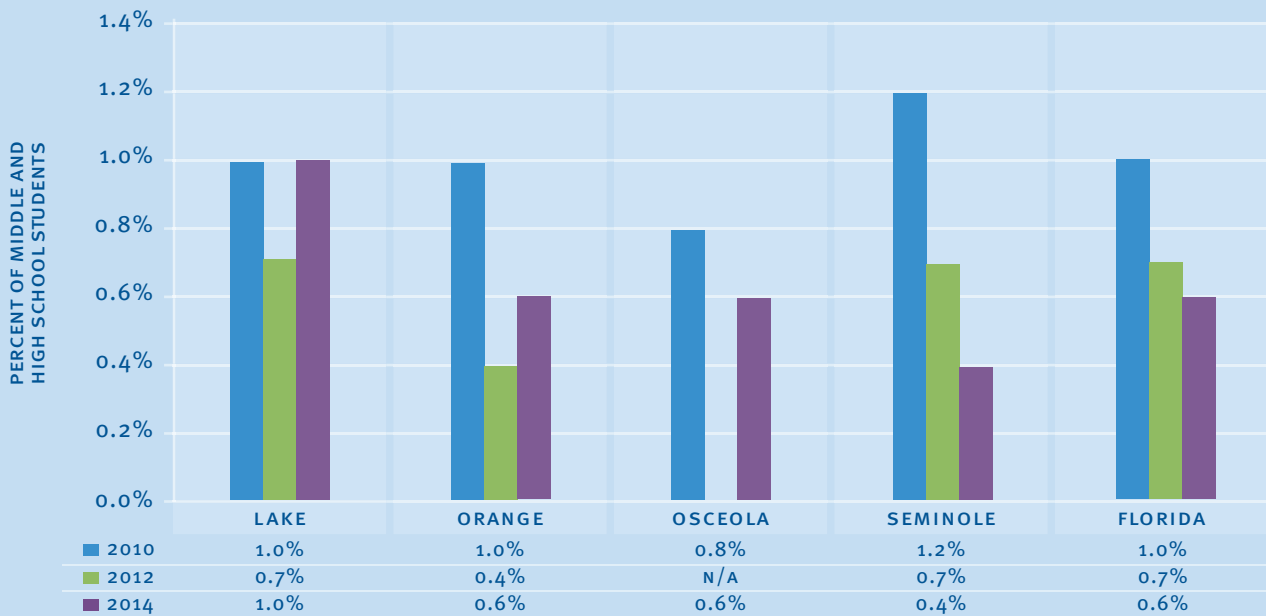
PERCENT OF MIDDLE AND HIGH SCHOOL STUDENTS

	LAKE	ORANGE	OSCEOLA	SEMINOLE	FLORIDA
■ 2010	1.0%	1.0%	0.8%	1.2%	1.0%
■ 2012	0.7%	0.4%	N/A	0.7%	0.7%
■ 2014	1.0%	0.6%	0.6%	0.4%	0.6%

Source: Florida Department of Children and Families, 2014 Florida Youth Substance Abuse Survey
This chart reflects the most current open-sourced data available at the time the report was printed.

CHART 7.66   HEROIN-RELATED DEATHS (2011-2014)

RATE OF HEROIN-RELATED DEATHS PER 100,000

	LAKE	ORANGE	OSCEOLA	SEMINOLE	FLORIDA
2011	104.2	98.6	102.2	69.8	119.9
2012	99.5	129.1	154.9	111.4	116.2
2013	102.2	111.5	129.0	116.3	117.8
2014	148.4	135.3	130.7	88.1	130.1
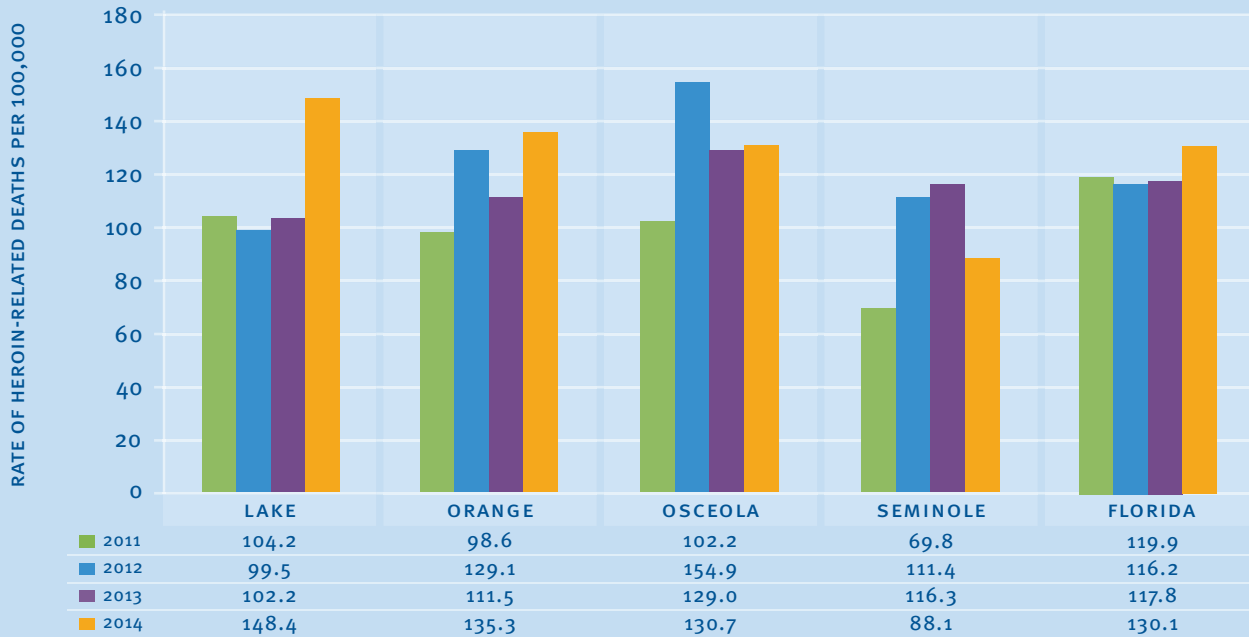
Source: Medical Examiners contacted via email, Orange County Health Department, FDLE
This chart reflects the most current open-sourced data available at the time the report was printed.

CHART 7.67   HEROIN-RELATED DEATHS – ORANGE COUNTY (2015)

NUMBER OF HEROIN-RELATED DEATHS

590%
INCREASE

	2010	2011	2012	2013	2014
ORANGE	10	14	20	32	69*
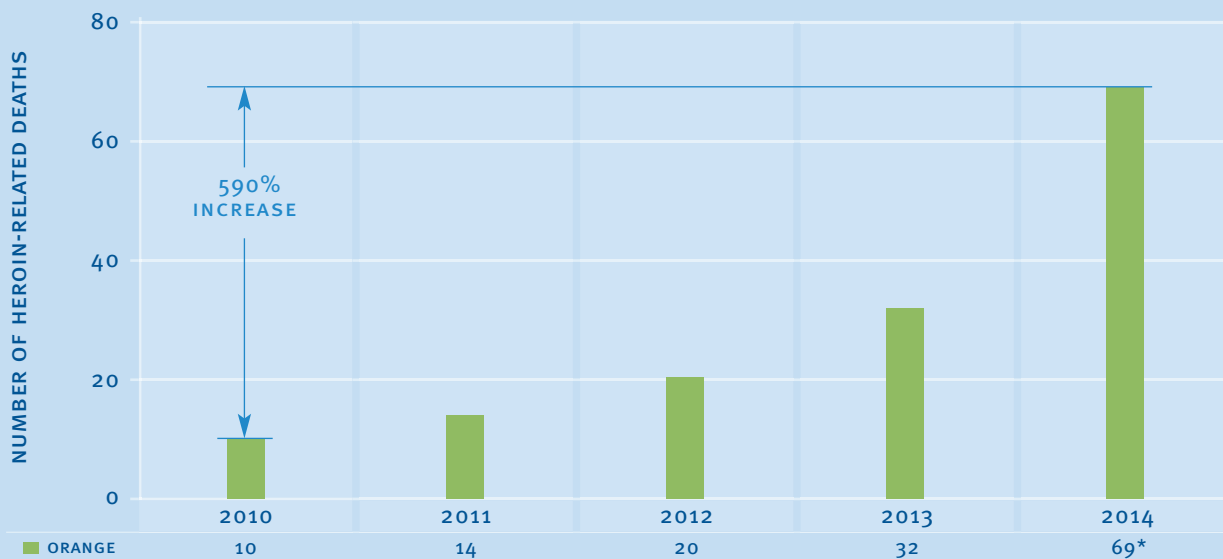
Source: Florida District 9 Medical Examiner, *Heroin listed as cause of death or heroin was in blood stream at time of death.
This chart reflects the most current open-sourced data available at the time the report was printed.

CHART 7.68 HEROIN-RELATED MORTALITY – ORANGE COUNTY (2010 - 2014)

CAUSE OF DEATH
PRESENT IN BLOOD STREAM AT TIME OF DEATH
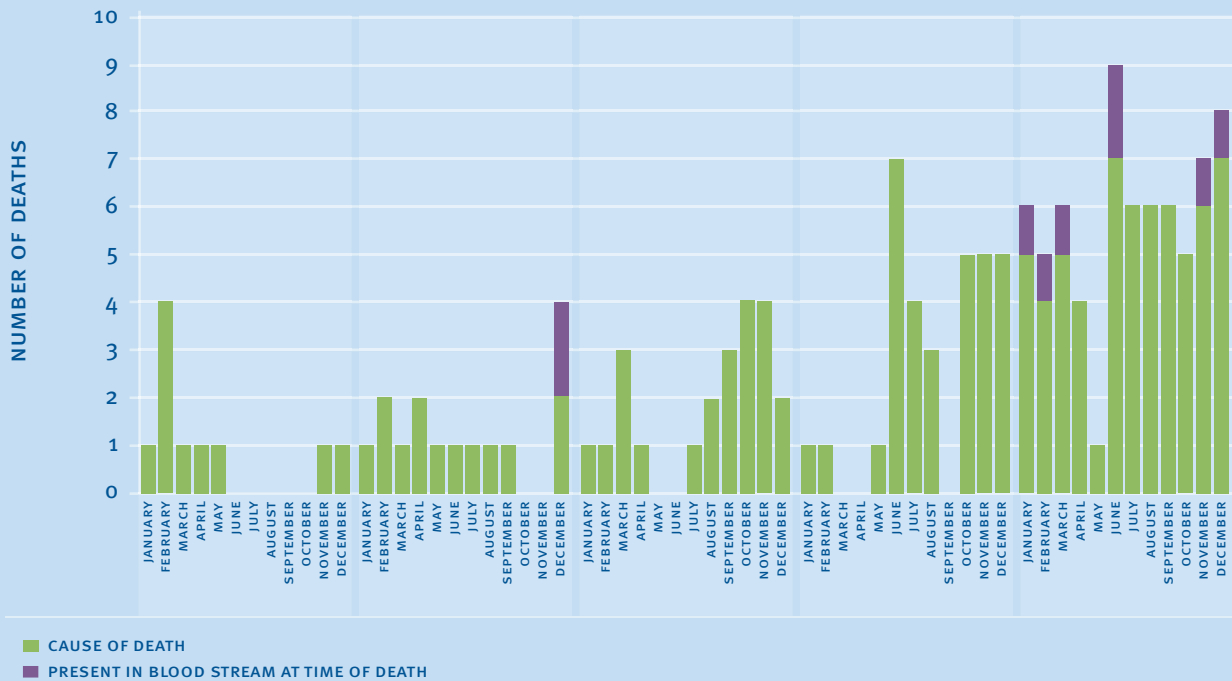
Source: Florida District 9 Medical Examiner
This chart reflects the most current open-sourced data available at the time the report was printed.

CHART 7.69 HEROIN-RELATED MORTALITY – ORANGE COUNTY BY GENDER, AGE, RACE/ETHNICITY (2010-2014)
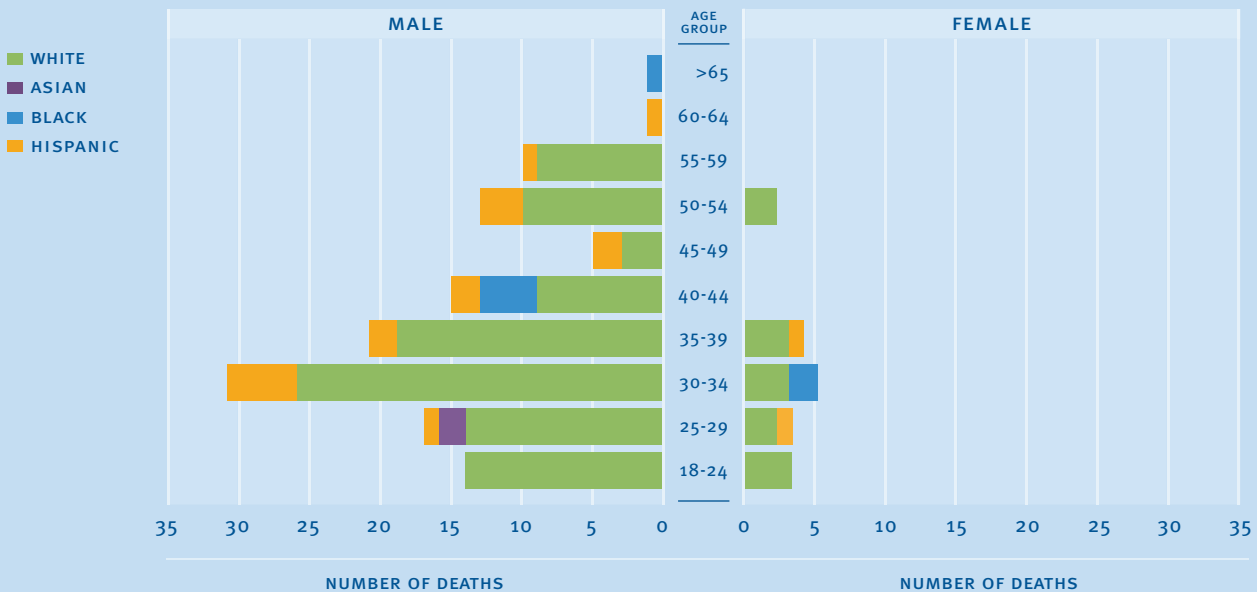
Source: Florida District 9 Medical Examiner   *Heroin listed as a cause of death or heroin was in blood stream at time of death
This chart reflects the most current open-sourced data available at the time the report was printed.

TABLE 7.8   LOW PERCEIVED RISK OF DRUG USE

	MIDDLE SCHOOL		HIGH SCHOOL	
	2010	2014	2010	2014
LAKE	44%	N/A	45%	N/A
ORANGE	41%	N/A	48%	N/A
OSCEOLA	42%	N/A	45%	N/A
SEMINOLE	46%	N/A	49%	N/A
FLORIDA	44%	N/A	49%	N/A

Source: DCF, 2015. N/A = no data reported in source.
This chart reflects the most current open-sourced data available at the time the report was printed.

TABLE 7.9   PERCEIVED AVAILABILITY OF DRUGS

	MIDDLE SCHOOL		HIGH SCHOOL	
	2010	2014	2010	2014
LAKE	56%	41%	39%	32%
ORANGE	45%	36%	37%	31%
OSCEOLA	46%	38%	33%	27%
SEMINOLE	52%	33%	35%	31%
FLORIDA	48%	40%	37%	31%

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

TABLE 7.10   PERCEIVED AVAILABILITY OF HANDGUNS

	MIDDLE SCHOOL		HIGH SCHOOL	
	2010	2014	2010	2014
LAKE	30%	29%	42%	44%
ORANGE	22%	21%	37%	36%
OSCEOLA	28%	25%	37%	36%
SEMINOLE	22%	19%	34%	35%
FLORIDA	25%	24%	38%	37%

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

TABLE 7.11   POOR FAMILY MANAGEMENT

	MIDDLE SCHOOL		HIGH SCHOOL	
	2010	2014	2010	2014
LAKE	46%	38%	44%	38%
ORANGE	44%	34%	47%	36%
OSCEOLA	47%	39%	45%	36%
SEMINOLE	47%	38%	41%	35%
FLORIDA	48%	40%	46%	38%

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

TABLE 7.12   FAMILY CONFLICT

	MIDDLE SCHOOL		HIGH SCHOOL	
	2010	2014	2010	2014
LAKE	49%	40%	37%	35%
ORANGE	42%	38%	38%	32%
OSCEOLA	47%	43%	40%	33%
SEMINOLE	40%	37%	37%	39%
FLORIDA	42%	38%	37%	33%

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

CHART 7.70 VIOLENT ACTS AMONG STUDENTS GRADES K-12 (2010-2012)

RATE PER 1,000 STUDENTS

|	LAKE	ORANGE	OSCEOLA	SEMINOLE	FLORIDA
2010	8.7	25.4	3.9	4.5	15.2
2011	7.4	17.6	4.0	7.5	14.0
2012	4.0	13.9	1.8	7.2	11.6
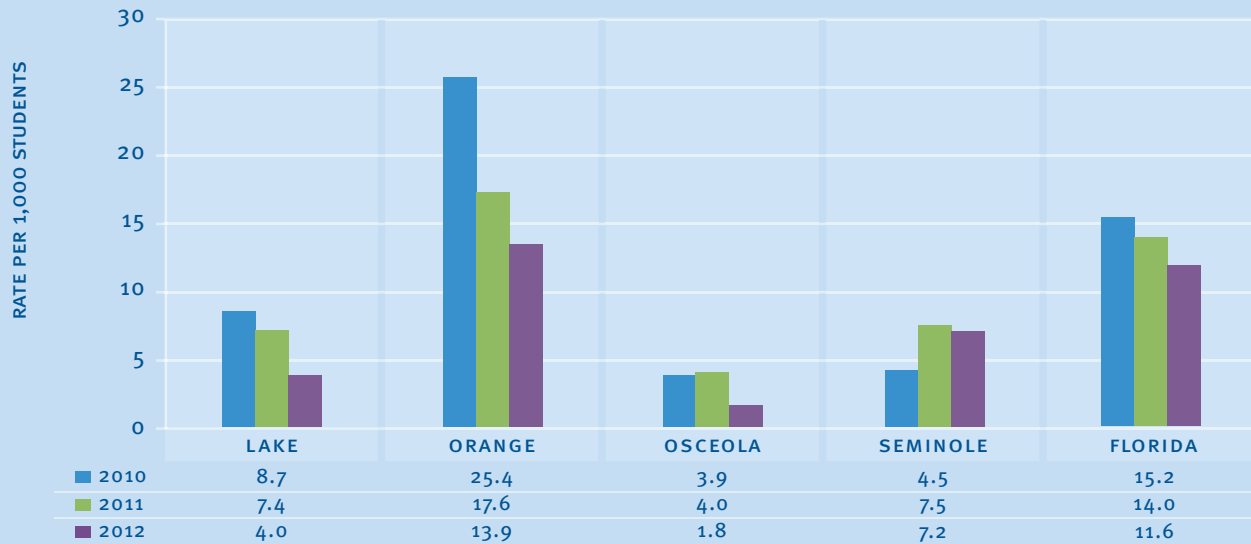
Source: Florida Department of Education, Office of Safe Schools, 2015
This chart reflects the most current open-sourced data available at the time the report was printed.

CHART 7.71 FIREARMS DISCHARGE, AGE-ADJUSTED DEATH RATE (2010-2014)

RATE PER 100,000

	LAKE	ORANGE	OSCEOLA	SEMINOLE	FLORIDA
2010	13.2	9.2	3.2	8.8	11.3
2011	12.7	11.3	9.5	9.9	11.9
2012	14.5	10.1	7.6	9.0	12.2
2013	8.8	9.4	7.6	8.4	11.9
2014	10.7	9.5	7.2	8.0	11.5
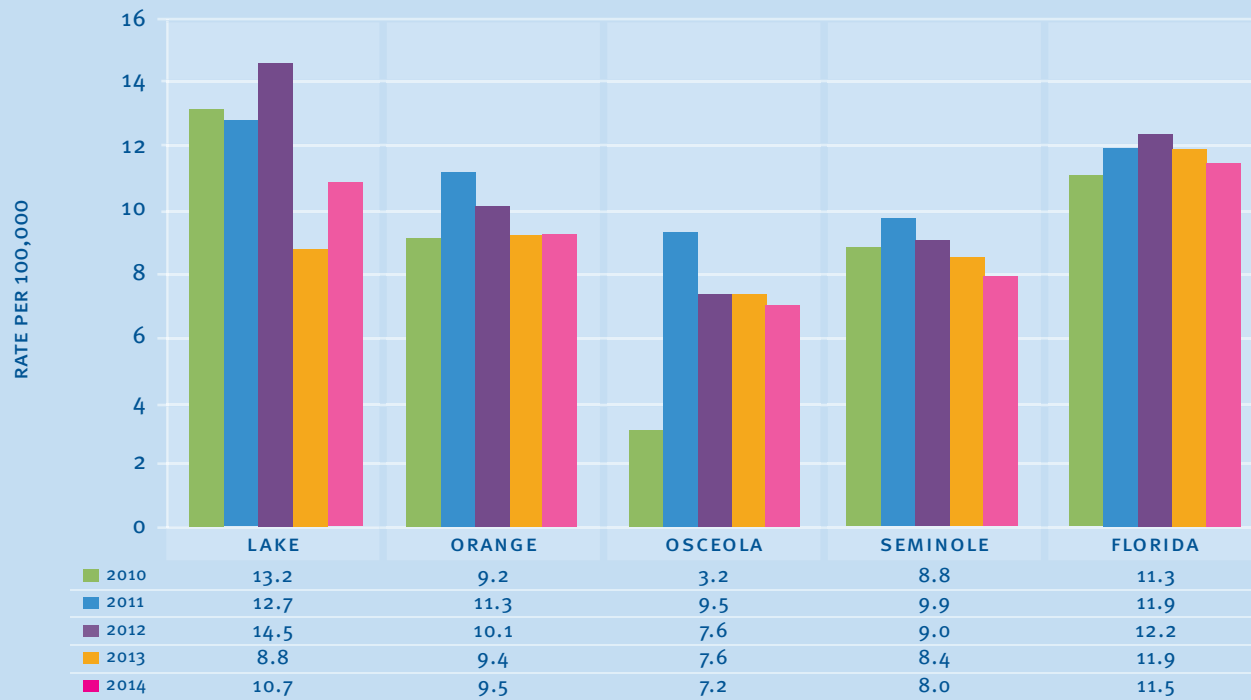
Source: Florida Department of Health, Bureau of Vital Statistics, 2015
This chart reflects the most current open-sourced data available at the time the report was printed.

CHART 7.72 TOTAL DOMESTIC VIOLENCE OFFENSES (2010-2014)

RATE PER 100,000

	LAKE	ORANGE	OSCEOLA	SEMINOLE	FLORIDA
2010	527.6	811.8	857.1	367.9	602.4
2011	588.5	732.5	858.8	562.4	589.8
2012	569.5	690.0	823.7	562.6	567.4
2013	517.6	700.0	816.4	559.9	559.2
2014	496.8	705.1	538.3	530.5	546.8
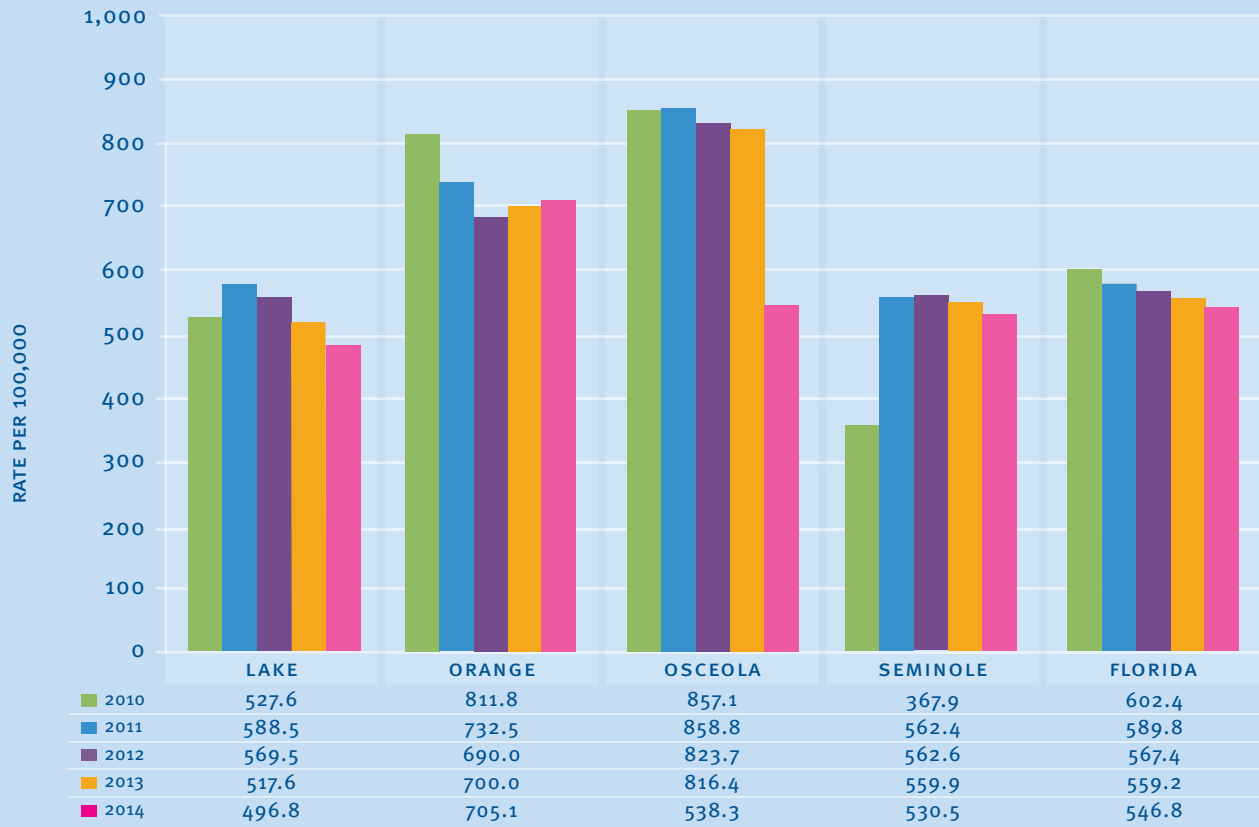
Source: Florida Charts, 2015: Florida Department of Law Enforcement, 2015
This chart reflects the most current open-sourced data available at the time the report was printed.

BUILT ENVIRONMENT

Population With Park Access (2013)

In the central portion of Orange County, near the city of Orlando, there are both a number of people within one-half mile of a park as well as a number of ZIP codes in which there are no parks or data. The eastern portion of the county provides little access to parks. In the north central portion of Osceola County, near Kissimmee, there is a small patch of people within one-half mile of a park. A good portion of the county has no parks or data. The eastern portion of the county is comprised of wildlife management areas. In the western portion of Seminole County, there are both a number of people within one-half mile of a park as well as a number of ZIP codes in which there are no parks or data. The eastern portion of the county provides low access to parks. In the northern portion of Lake County, there are a number of people within one-half mile of a park. This is likely due to Ocala National Forest covering much of this portion of the county. The southern portion of the county provides lower access to parks. (See Figures 7.1 - 7.4)

Recreation & Fitness Facilities (2011)

In Orange County, most opportunities for recreation and fitness facilities exist in the ZIP codes within the western portion of the county. These opportunities become more sparse or are not measured the farther east one goes. In Osceola County, most opportunities for recreation and fitness facilities exist within the ZIP codes in the northwestern portion of the county. These opportunities become sparse or are not measured the farther east and south one goes. Most of Seminole County's recreation and fitness facilities appear to be in the ZIP codes closest to the city of Orlando. Most opportunities for recreation and fitness facilities in Lake County exist in the ZIP codes within the southern portion of county. These opportunities become sparse or are not measured the farther north one goes. It should be noted, however, how much of the state is colored in blue, indicating quite a number of residents with access. (See Figures 7.5 - 7.8)

Food Deserts (2011)

Based on guidelines from The Healthy Food Financing Initiative (HFFI) Working Group, to qualify as a food desert census tract at least 33 percent of the tract's population, or a minimum of 500 people in the tract, must have low access to a supermarket or large grocery store (Community Commons, 2015). Some census tracts that contain supermarkets or large grocery stores may meet the criteria of a food desert if a substantial number or share of people within that census tract is more than one mile (urban areas) or 10 miles (rural areas) from the nearest supermarket. Residents of food desert census tracts may live within one or 10 miles of a supermarket; these residents are not counted as low access and thus not counted in the total (Community Commons, 2015).

There are a number of food deserts dispersed around Orange County, a number of which overlap with high levels of Supplemental Nutrition Assistance Program (SNAP) beneficiaries. The handful of food desert census tracts in Osceola County are in the same areas as those tracts with high proportions of SNAP recipients. Seminole County has three food desert census tracts near Sanford, Altamonte Springs and Oviedo. Seminole County has the fewest food desert census tracts in the four-county assessment region. Nearly all of the food deserts in Lake County are located in census tracts with high percentages of SNAP recipients. (See Figures 7.9 - 7.12)

Modified Retail Food Environment Score (2011)

The maps display the Modified Retail Food Environmental Index (MRFEi) Score by tract. The MRFEi is a measure of the proportion of food retailers that typically sell healthy foods by census tract. Scores range from 0 (no food retailers that typically sell healthy food) to 100 (only food retailers that typically sell healthy food). Areas with lower MRFEi scores have more food retailers, such as fast food restaurants and convenience stores, that are less likely to sell less healthy foods and fewer food retailers, such as supermarkets, that tend to sell

BUILT ENVIRONMENT, CONT'D.

healthy foods, such as fresh fruits and vegetables. According to the data, relatively few areas in the Central Florida region score "High Access" with most of the area with moderate to low access. Two of the areas considered "No Access" are very rural and have very low residential population.

Much of Orange County has a MRFEi score below 15 (low access, poor access or no access to healthy retail food outlets). Additionally, only two census tracts on the northern central edge of the county (near Maitland) have a score over 30, indicating high access. In Osceola County, nearly all areas have a MRFEi score below 15 (low access, poor access or no access to healthy retail food outlets). Additionally, only a handful of census tracts in northern central Osceola have a score over 15. None of the census tracts have a score high enough to indicate high access. Nearly all of Seminole County has a MRFEi score below 15 (low access, poor access or no access to healthy retail food outlets). Additionally, the entire county is without a census tract with a score over 30 (a score of 30 and above equals high access). A large portion of Lake County has a MRFEi score below 15 (low access, poor access or no access to healthy retail food outlets). Additionally, none of the counties' census tracts reported high access scores (over 30). (See Figures 7.13 - 7.16)

Family Households Receiving SNAP (2009-2013)

A number of the residents in Orange County receive SNAP benefits, mostly located in the center of the county. A number of Osceola County residents receive SNAP benefits, mostly located near Kissimmee. A number of the residents in the Sanford area of Seminole County receive SNAP benefits, the same area that is home to one of Seminole County's three food deserts. A number of the residents in the northern and southern portions of Lake County receive SNAP benefits. (See Figures 7.17 - 7.20)

Low-Income Population Living Near a Farmers' Market (2015)

In Lake County, the census tracts near Leesburg have the highest percentage of low-income residents living near a farmers' market while the tracts in and around Eustis have no data or suppressed data. There is a large group of census tracts spanning from the City of Orlando in Orange County to Altamonte Springs in Seminole County. A ring of census tracts around this group has no data or suppressed data. In Osceola County, most of the low-income residents near Kissimmee have access to farmers' markets. The one large census tract that makes up the eastern and southern areas of Osceola County has low access. (See Figures 7.21 - 7.24)

Fruit & Vegetables Expenditure (2014)

The fruit and vegetable expenditures of residents in every census tract in the state were split into five quintiles. Most of the tracts in the four-county assessment region fell in the fourth and fifth quintiles, meaning they had the lowest expenditures. None of the census tracts in the region were in the top quintile in the state. (See Figures 7.25 - 7.28)

Key Findings Based on Secondary and Primary Data Analysis

The census tracts and ZIP codes closest to Orlando, Kissimmee and Altamonte Springs have better access to parks, as well as recreation and fitness facilities, than most of the other census tracts in the assessment region. Across the region, there is a moderate amount of overlap between the location of food deserts and a high proportion of SNAP beneficiaries. Not only are there issues with access to supermarkets and the like, the quality of nutritious food available is lacking as evidenced by the MRFEi scores in the region as well as fruit and vegetable expenditures and access to farmers' markets among low-income residents. Access to quality food was also stated as a concern in provider surveys, interviews with community stakeholders and community conversations. Based on the primary data, bike- and pedestrian-friendly infrastructure is also a concern across the region.

FIGURE 7.1   LAKE COUNTY POPULATION WITH PARK ACCESS (2013)
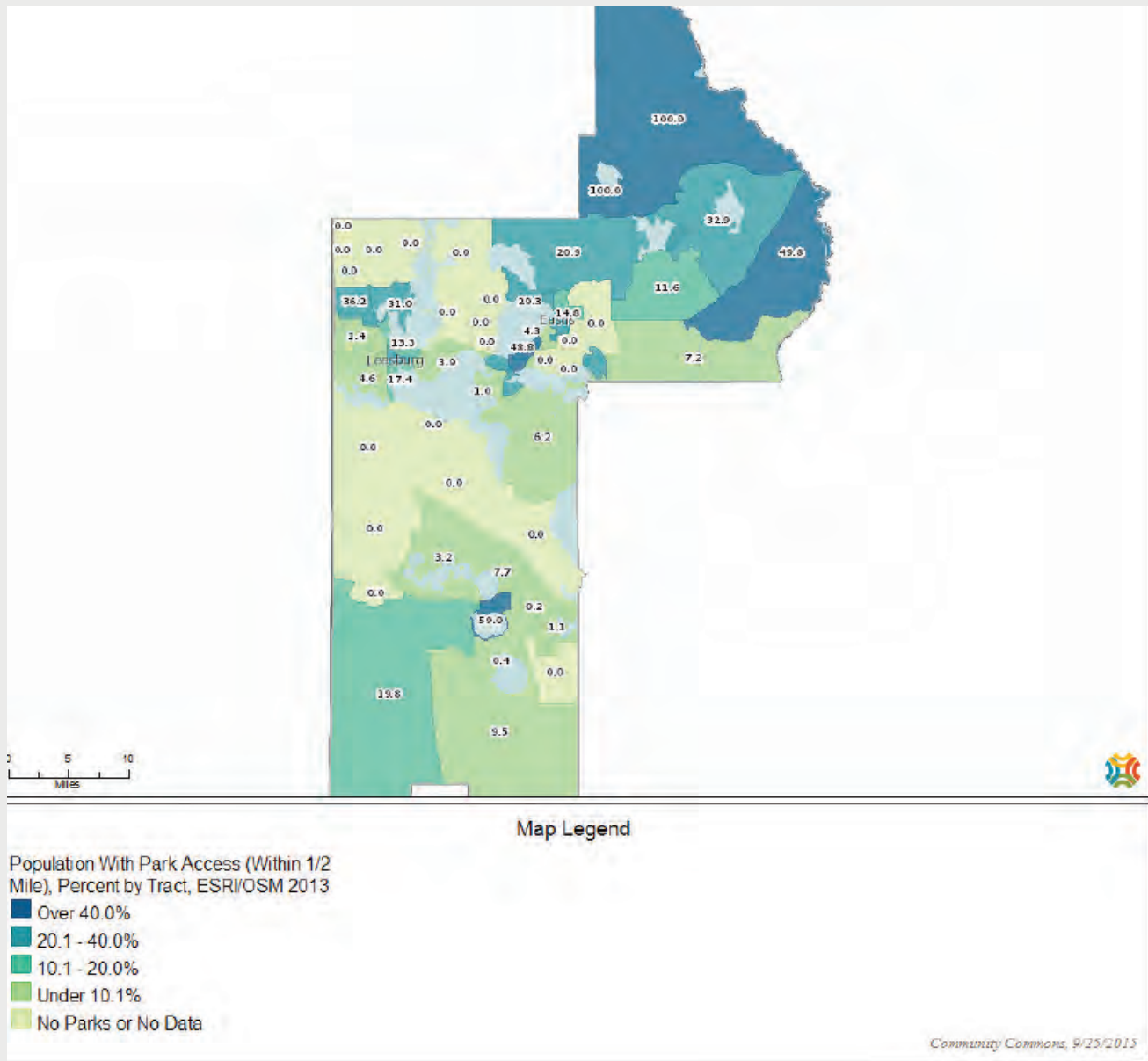
This figure reflects the most current open-sourced data available at the time the report was printed.

FIGURE 7.2   ORANGE COUNTY POPULATION WITH PARK ACCESS (2013)
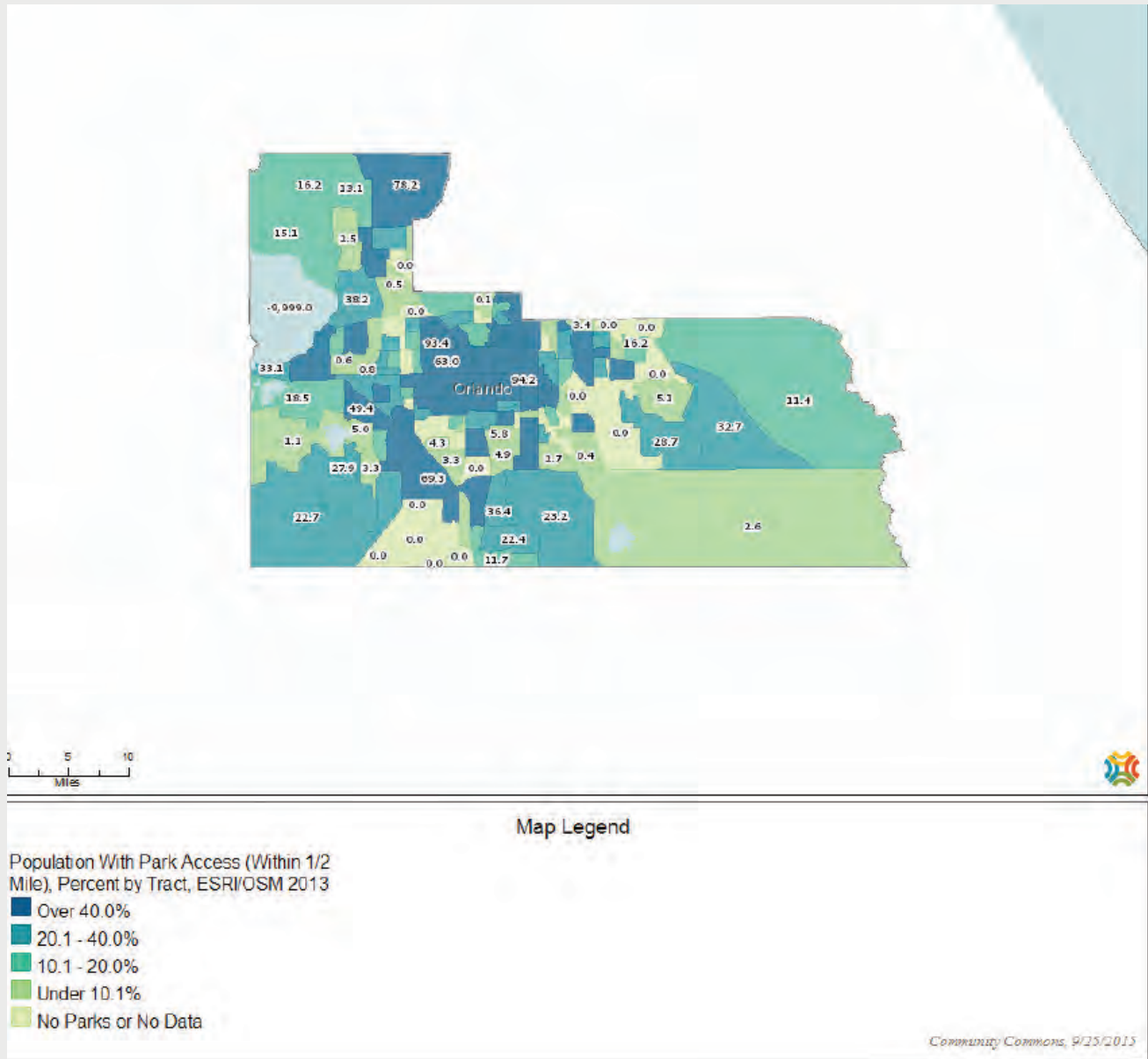
Map Legend

Population With Park Access (Within 1/2 Mile), Percent by Tract, ESRI/OSM 2013

- Over 40.0%
- 20.1 - 40.0%
- 10.1 - 20.0%
- Under 10.1%
- No Parks or No Data

Community Commons, 9/25/2015

This figure reflects the most current open-sourced data available at the time the report was printed.

FIGURE 7.3   OSCEOLA COUNTY POPULATION WITH PARK ACCESS (2013)

Map Legend

Population With Park Access (Within 1/2 Mile),
Percent by Tract, ESRI/OSM 2013

- Over 90.0%
- 40.1 - 90.0%
- 10.1 - 40.0%
- Under 10.1%
- No Park Access
- No Data or Data Suppressed

This figure reflects the most current open-sourced data available at the time the report was printed.

FIGURE 7.4   SEMINOLE COUNTY POPULATION WITH PARK ACCESS (2013)

This figure reflects the most current open-sourced data available at the time the report was printed.

FIGURE 7.5   LAKE COUNTY RECREATION & FITNESS FACILITIES (2011)

Map Legend

Recreation and Fitness Facilities, Rate (Per 100,000 Pop.) by ZCTA, CBP 2012
- Over 12.0
- 8.1 - 12.0
- 4.1 - 8.0
- Under 4.1
- No Establishments or No Data

Community Commons, 9/30/2015

This figure reflects the most current open-sourced data available at the time the report was printed.

FIGURE 7.6   ORANGE COUNTY RECREATION & FITNESS FACILITIES (2011)

This figure reflects the most current open-sourced data available at the time the report was printed.

FIGURE 7.7   OSCEOLA COUNTY RECREATION & FITNESS FACILITIES (2011)

Map Legend

Recreation and Fitness Facilities, Rate (Per
100,000 Pop.) by ZCTA, CBP 2012

Over 12.0
8.1 - 12.0
4.1 - 8.0
Under 4.1
No Establishments or No Data

Community Commons, 9/30/2015

This figure reflects the most current open-sourced data available at the time the report was printed.

FIGURE 7.8   SEMINOLE COUNTY RECREATION & FITNESS FACILITIES (2011)

This figure reflects the most current open-sourced data available at the time the report was printed.

FIGURE 7.9   LAKE COUNTY FOOD DESERTS (2011)

This figure reflects the most current open-sourced data available at the time the report was printed.

FIGURE 7.10   ORANGE COUNTY FOOD DESERTS (2011)

This figure reflects the most current open-sourced data available at the time the report was printed.

FIGURE 7.11   OSCEOLA COUNTY FOOD DESERTS (2011)
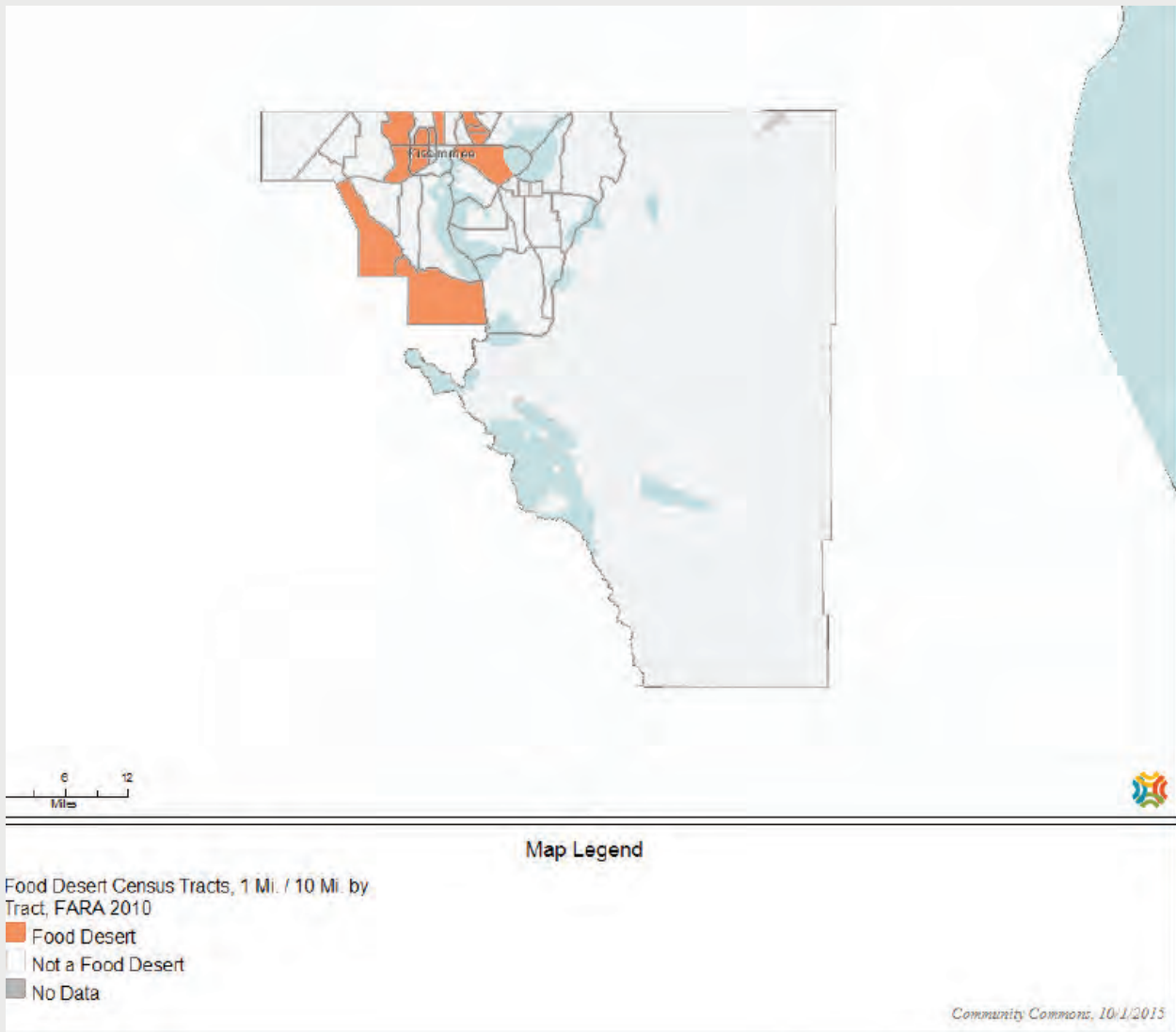
This figure reflects the most current open-sourced data available at the time the report was printed.

FIGURE 7.12 SEMINOLE COUNTY FOOD DESERTS (2011)
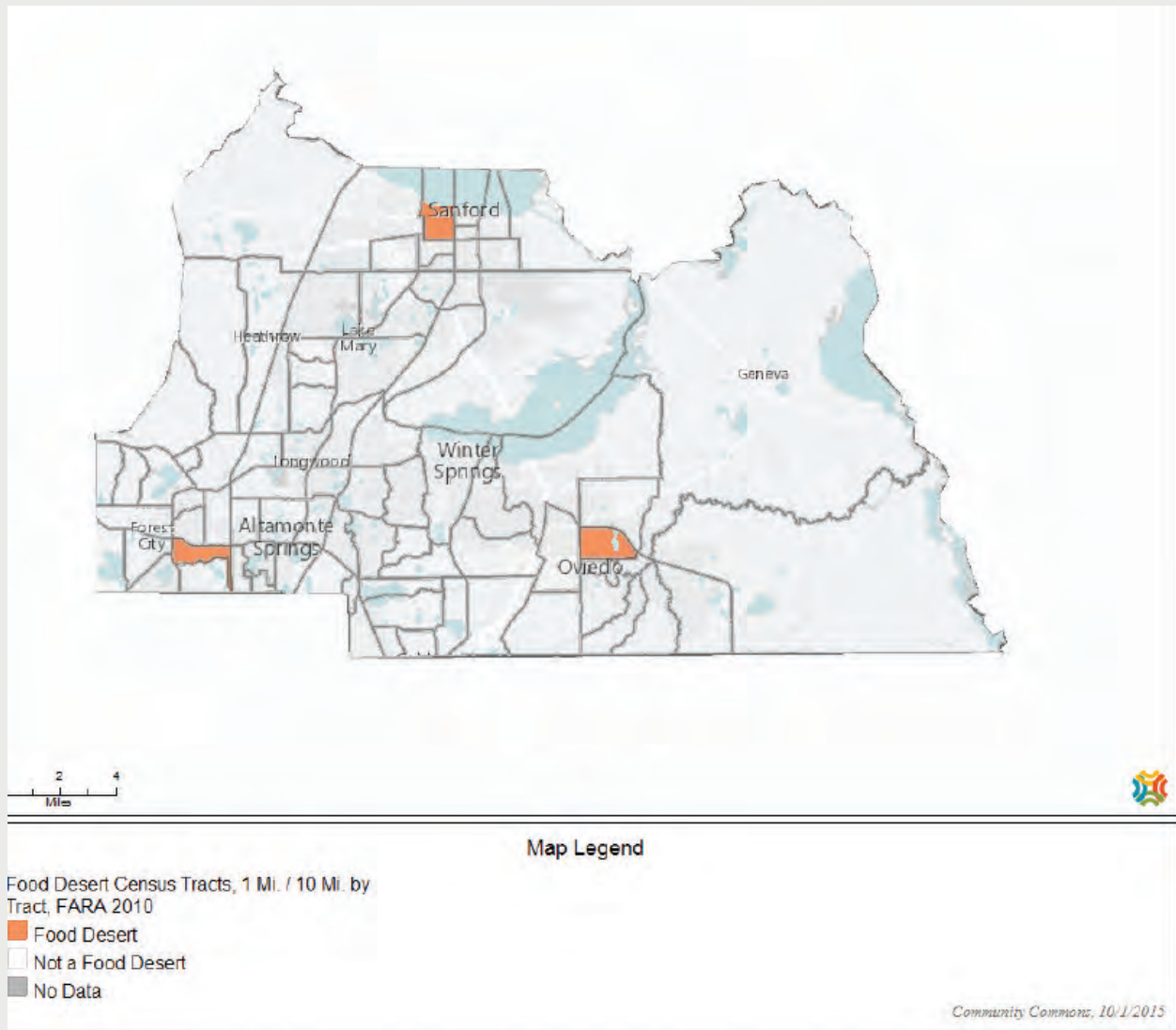
This figure reflects the most current open-sourced data available at the time the report was printed.

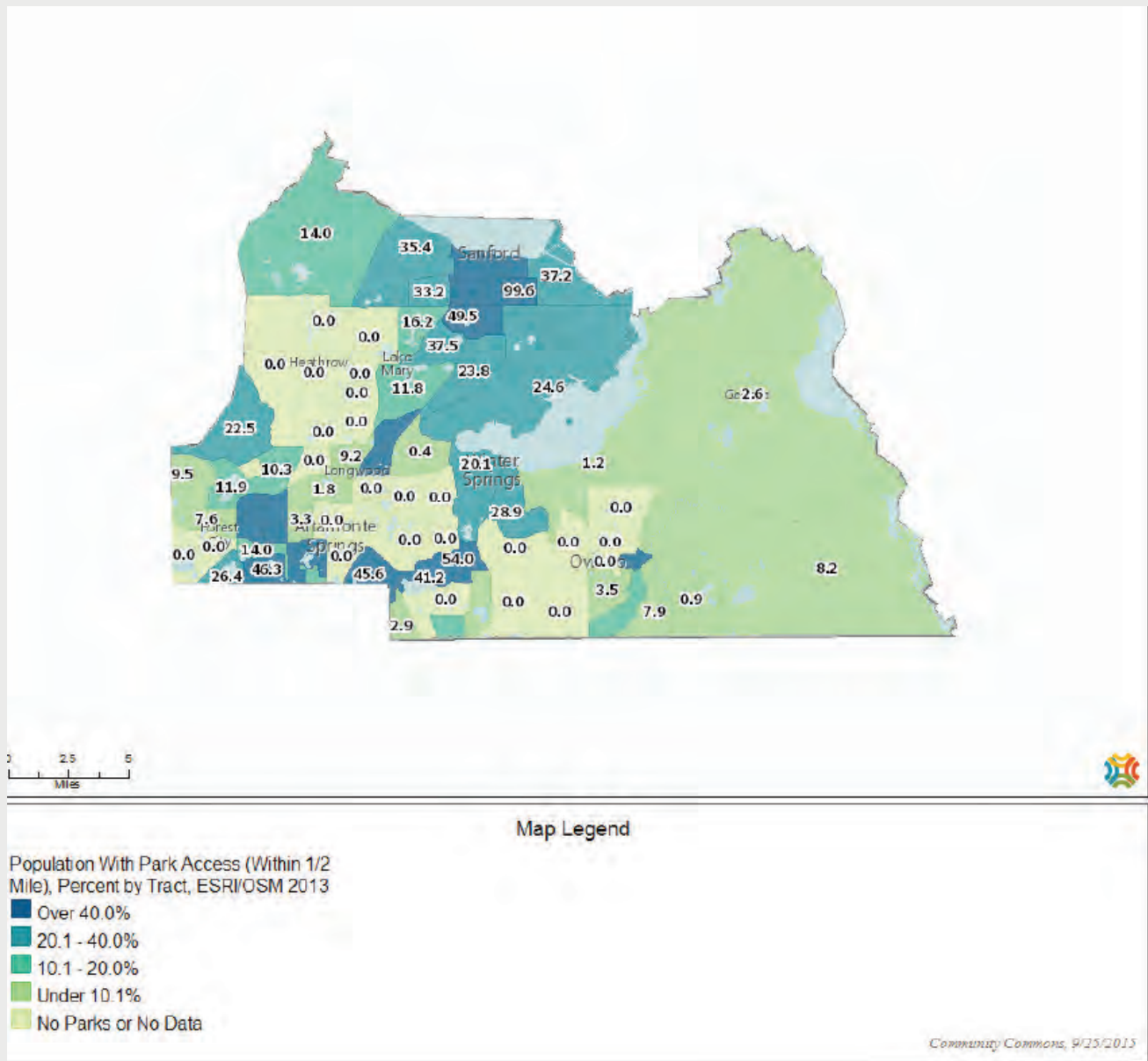**FIGURE 7.13   LAKE COUNTY MODIFIED RETAIL FOOD ENVIRONMENT SCORE (2011)**

This figure reflects the most current open-sourced data available at the time the report was printed.

FIGURE 7.14   ORANGE COUNTY MODIFIED RETAIL FOOD ENVIRONMENT SCORE (2011)
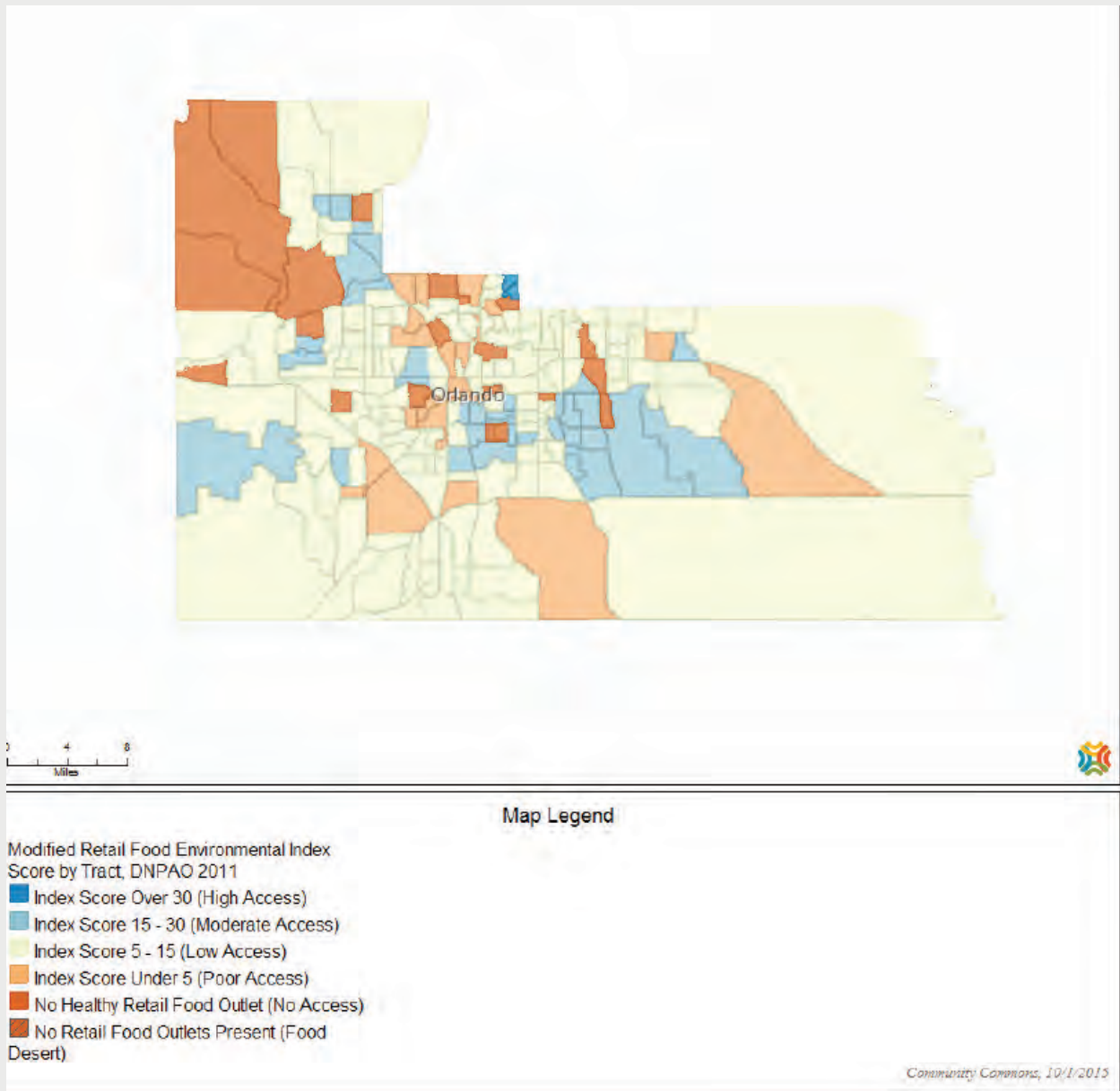
This figure reflects the most current open-sourced data available at the time the report was printed.

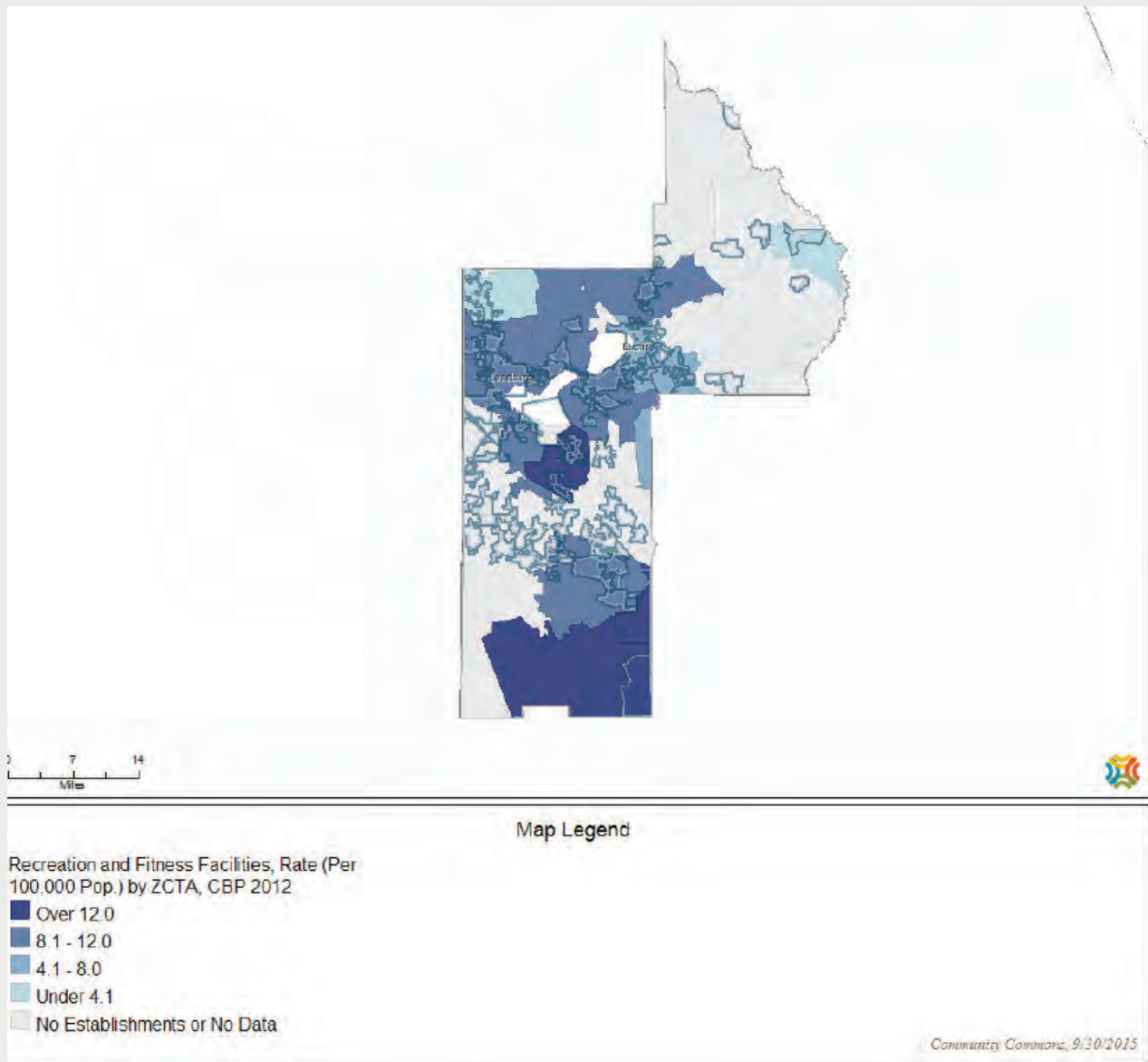**FIGURE 7.15   OSCEOLA COUNTY MODIFIED RETAIL FOOD ENVIRONMENT SCORE (2011)**

This figure reflects the most current open-sourced data available at the time the report was printed.

FIGURE 7.16   SEMINOLE COUNTY MODIFIED RETAIL FOOD ENVIRONMENT SCORE (2011)
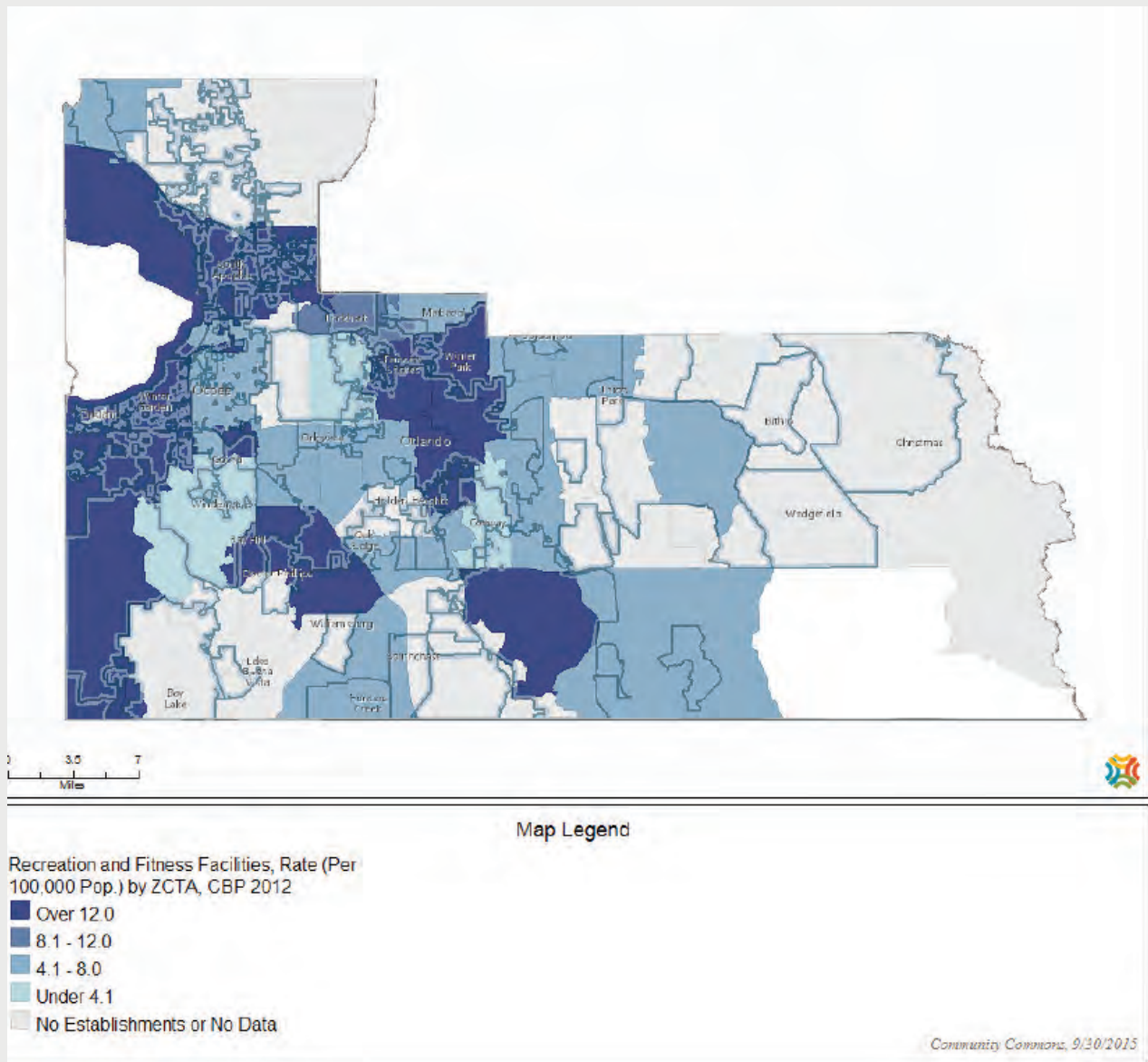

This figure reflects the most current open-sourced data available at the time the report was printed.

FIGURE 7.17   LAKE COUNTY FAMILY HOUSEHOLDS RECEIVING SNAP (2009 - 2013)

Map Legend

Family Households Receiving SNAP, Percent
by Tract, ACS 2009-13

■ Over 20.0%
■ 15.1 - 20.0%
■ 10.1 - 15.0%
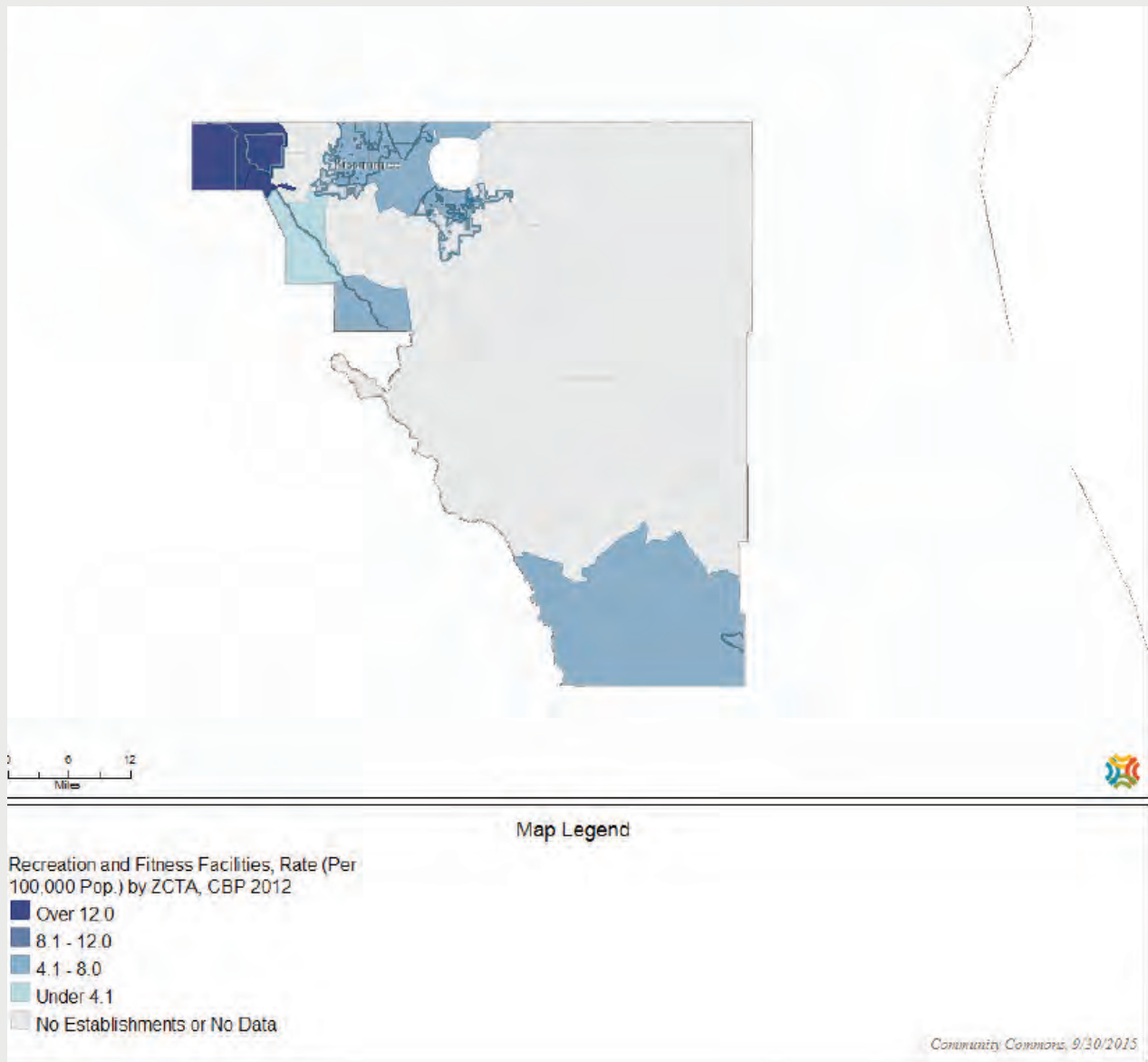□ Under 10.1%
■ No Data or Data Suppressed

Community Commons, 10/1/2015

This figure reflects the most current open-sourced data available at the time the report was printed.

FIGURE 7.18   ORANGE COUNTY FAMILY HOUSEHOLDS RECEIVING SNAP (2009 - 2013)
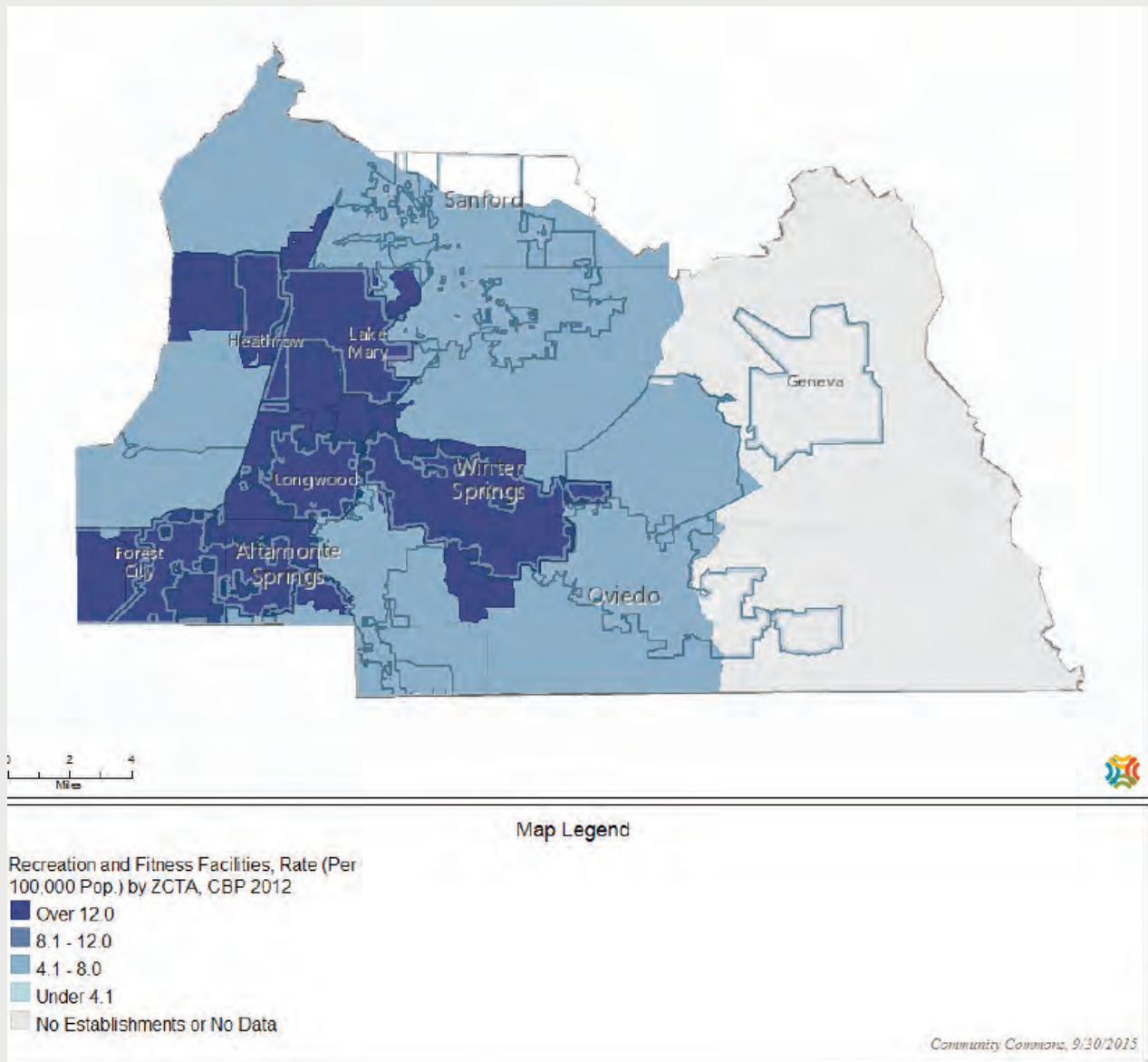

This figure reflects the most current open-sourced data available at the time the report was printed.

FIGURE 7.19   OSCEOLA COUNTY FAMILY HOUSEHOLDS RECEIVING SNAP (2009 - 2013)

This figure reflects the most current open-sourced data available at the time the report was printed.

FIGURE 7.20   SEMINOLE COUNTY FAMILY HOUSEHOLDS RECEIVING SNAP (2009 - 2013)

Map Legend

Family Households Receiving SNAP, Percent
by Tract, ACS 2009-13

- Over 20.0%
- 15.1 - 20.0%
- 10.1 - 15.0%
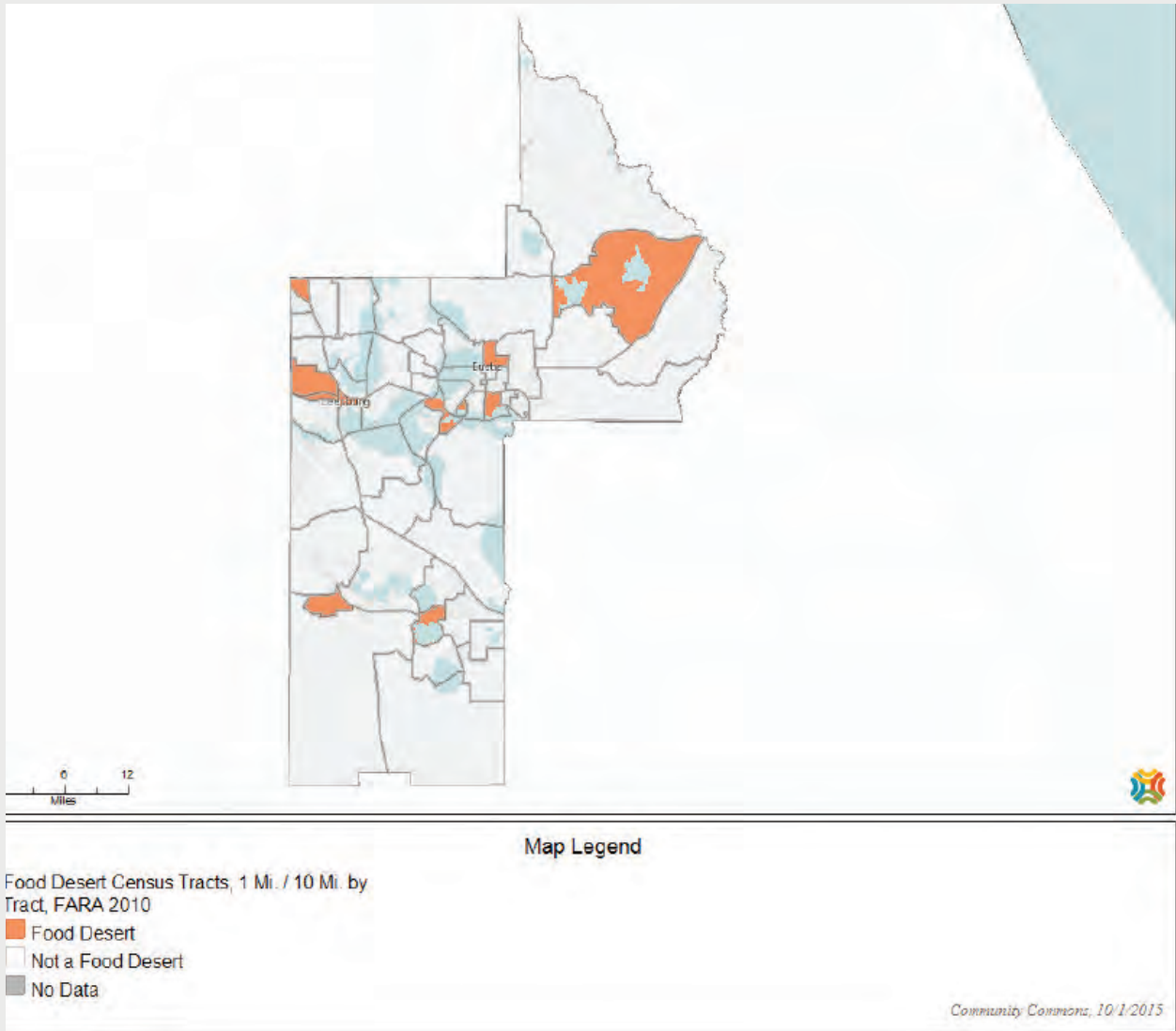- Under 10.1%
- No Data or Data Suppressed

Community Commons, 10/1/2015
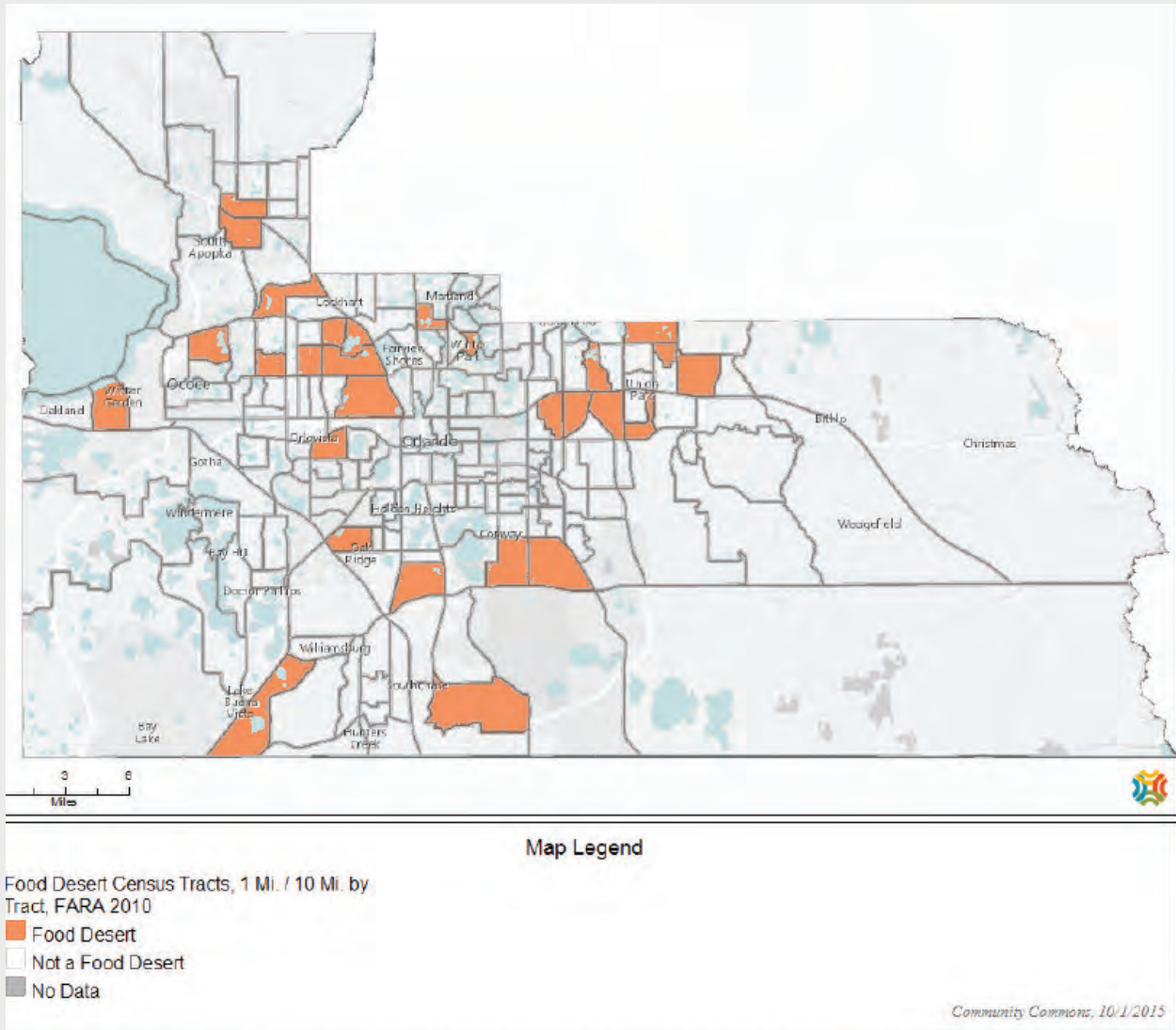
This figure reflects the most current open-sourced data available at the time the report was printed.

FIGURE 7.21   LAKE COUNTY LOW-INCOME POPULATION LIVING NEAR A FARMERS' MARKET (2016)

Map Legend

Low Income Population Living Near a Farmer's
Market by Tract, USDA - AMS May 2016

- Over 75.0%
- 60.1 - 75.0%
- 30.1 - 60.0%
- Under 30.1%
- No Data or Data Suppressed

Community Commons, 6/20/2016
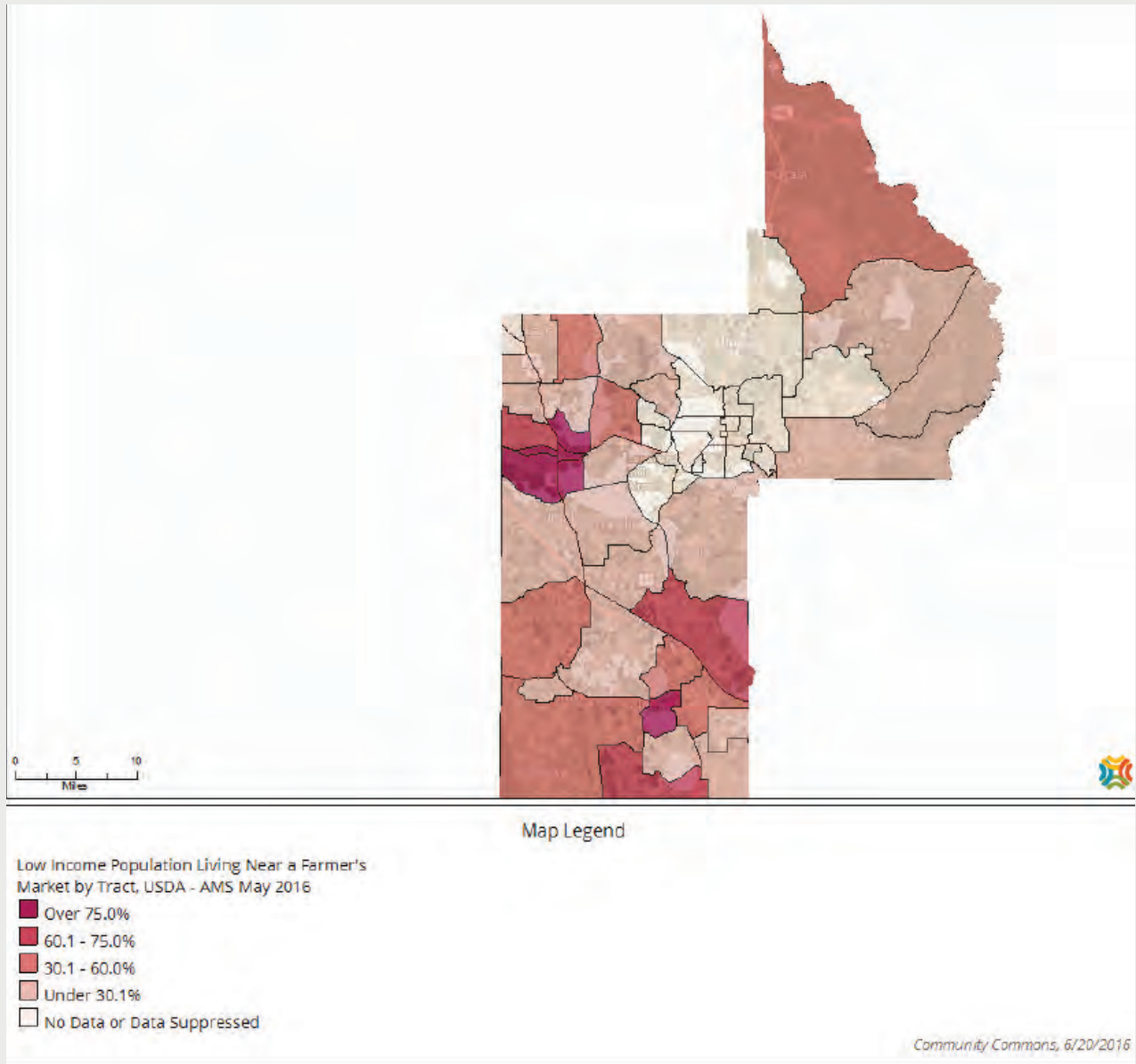
FIGURE 7.22   ORANGE COUNTY LOW-INCOME POPULATION LIVING NEAR A FARMERS' MARKET (2016)
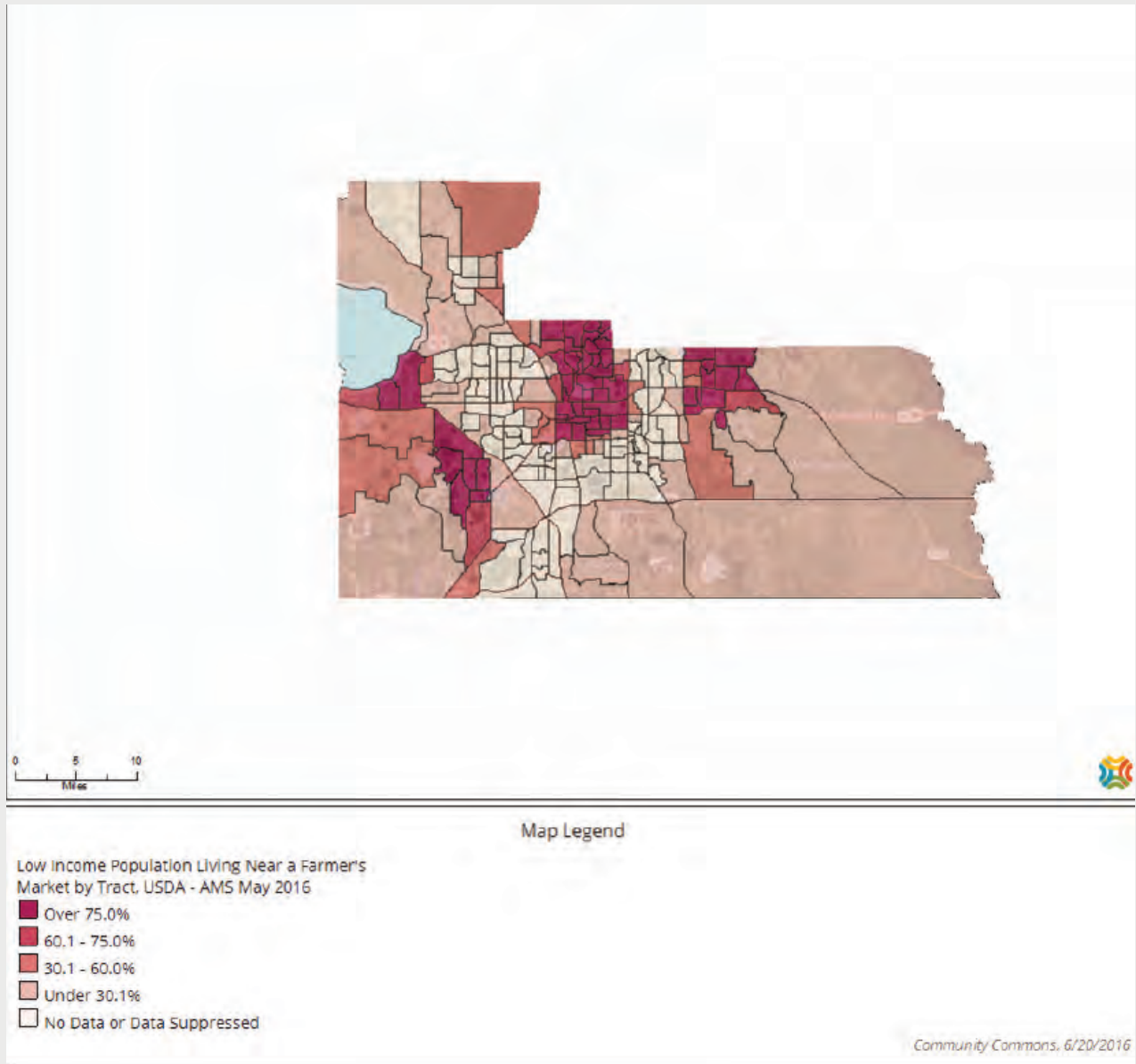
FIGURE 7.23   OSCEOLA COUNTY LOW-INCOME POPULATION LIVING NEAR A FARMERS' MARKET (2016)

Map Legend

Low Income Population Living Near a Farmer's
Market by Tract, USDA - AMS May 2016

- Over 75.0%
- 60.1 - 75.0%
- 30.1 - 60.0%
- Under 30.1%
- No Data or Data Suppressed

Community Commons, 6/20/2016
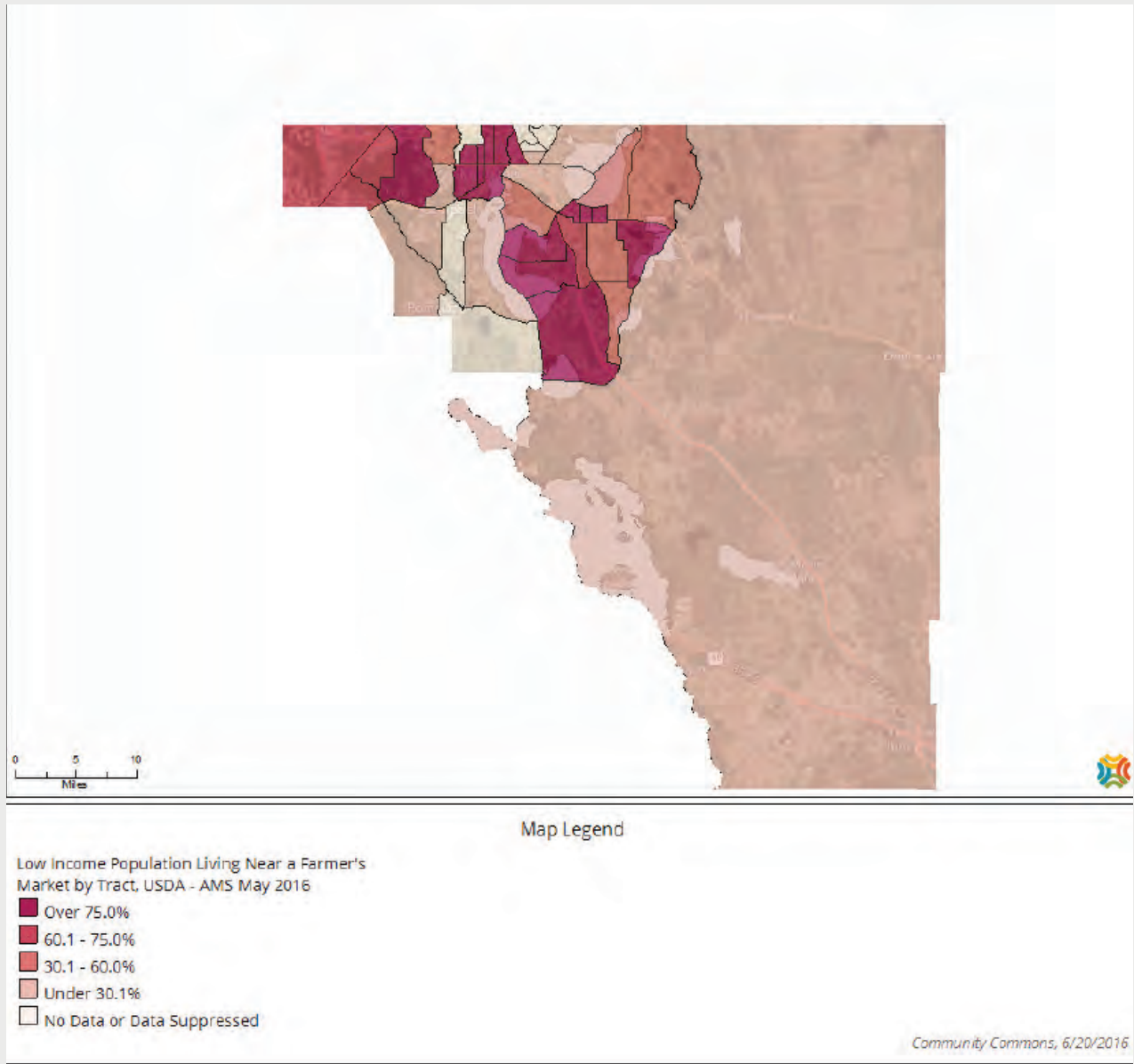
FIGURE 7.24 SEMINOLE COUNTY LOW-INCOME POPULATION LIVING NEAR A FARMERS' MARKET (2016)

Map Legend

Low Income Population Living Near a Farmer's
Market by Tract, USDA - AMS May 2016

- Over 75.0%
- 60.1 - 75.0%
- 30.1 - 60.0%
- Under 30.1%
- No Data or Data Suppressed

Community Commons, 6/20/2016
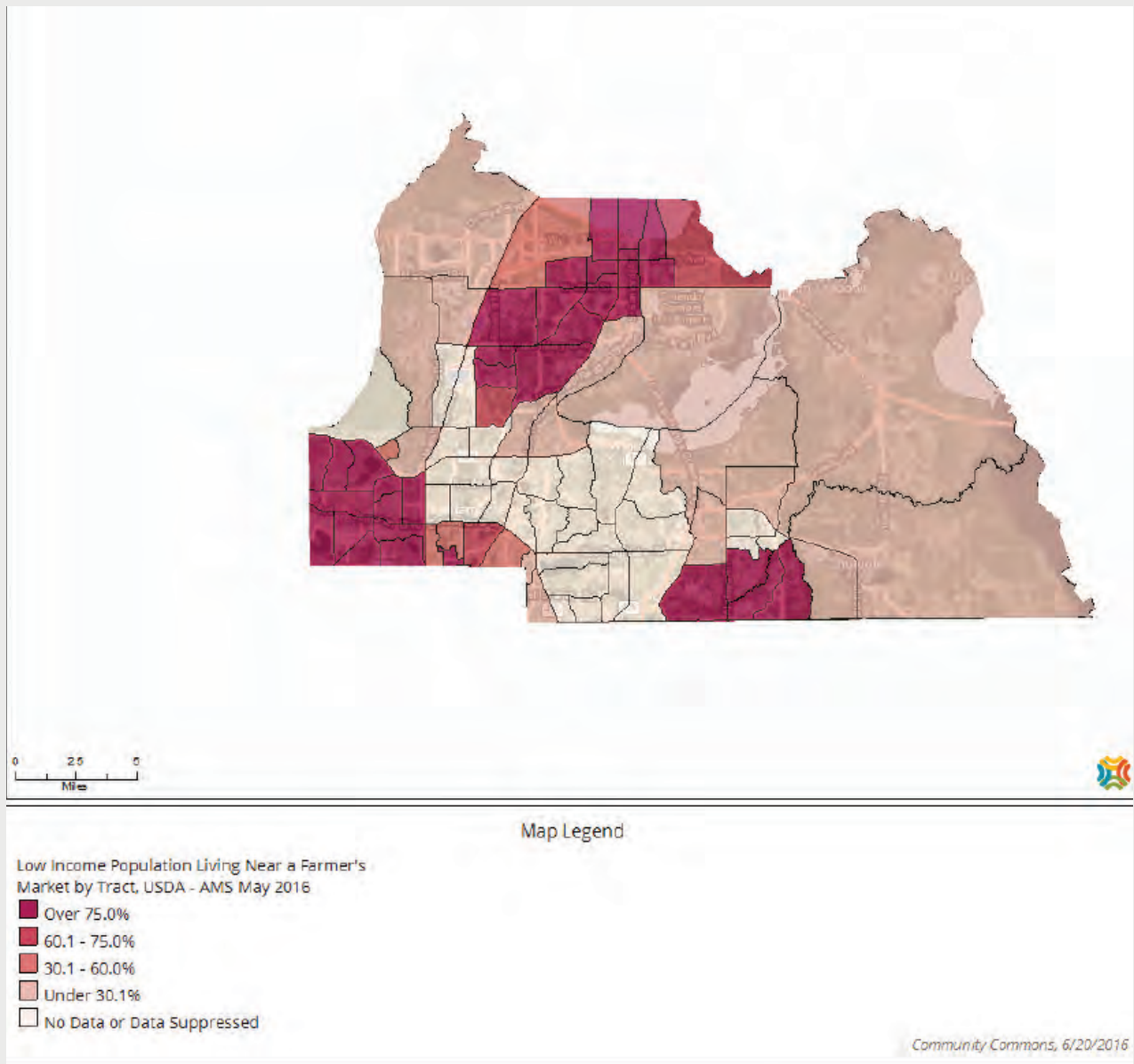
FIGURE 7.25 LAKE COUNTY FRUIT & VEGETABLE EXPENDITURE (2014)
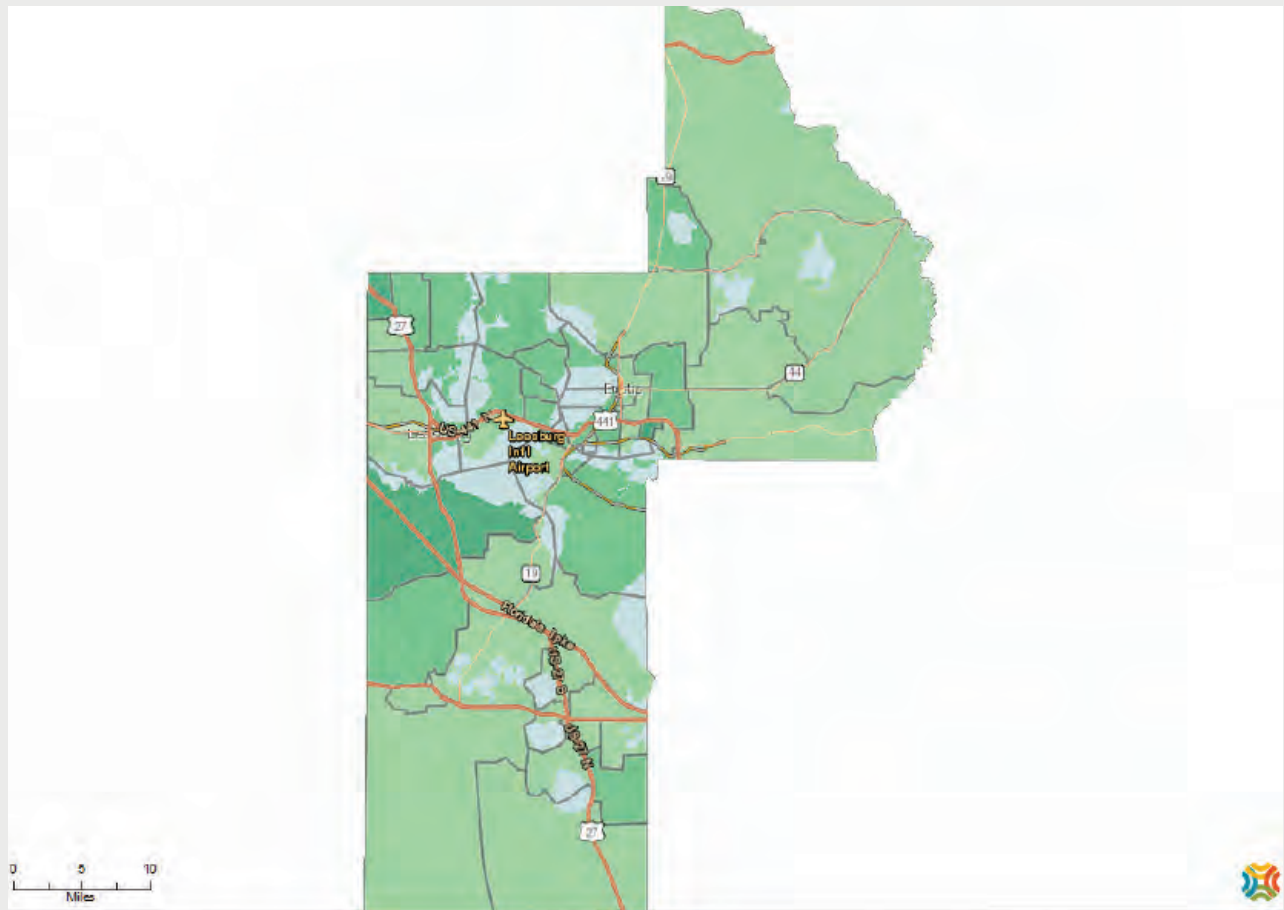
Map Legend

Fruit and Vegetable Expenditures, Percent of
Food-At-Home Expenditures, National Rank by
Tract, Nielsen 2014

▪ 1st Quintile (Highest Expenditures)
▪ 2nd Quintile
▪ 3rd Quintile
▪ 4th Quintile
▪ 5th Quintile (Lowest Expenditures)
▪ No Data or Data Suppressed

Community Commons, 6/20/2016

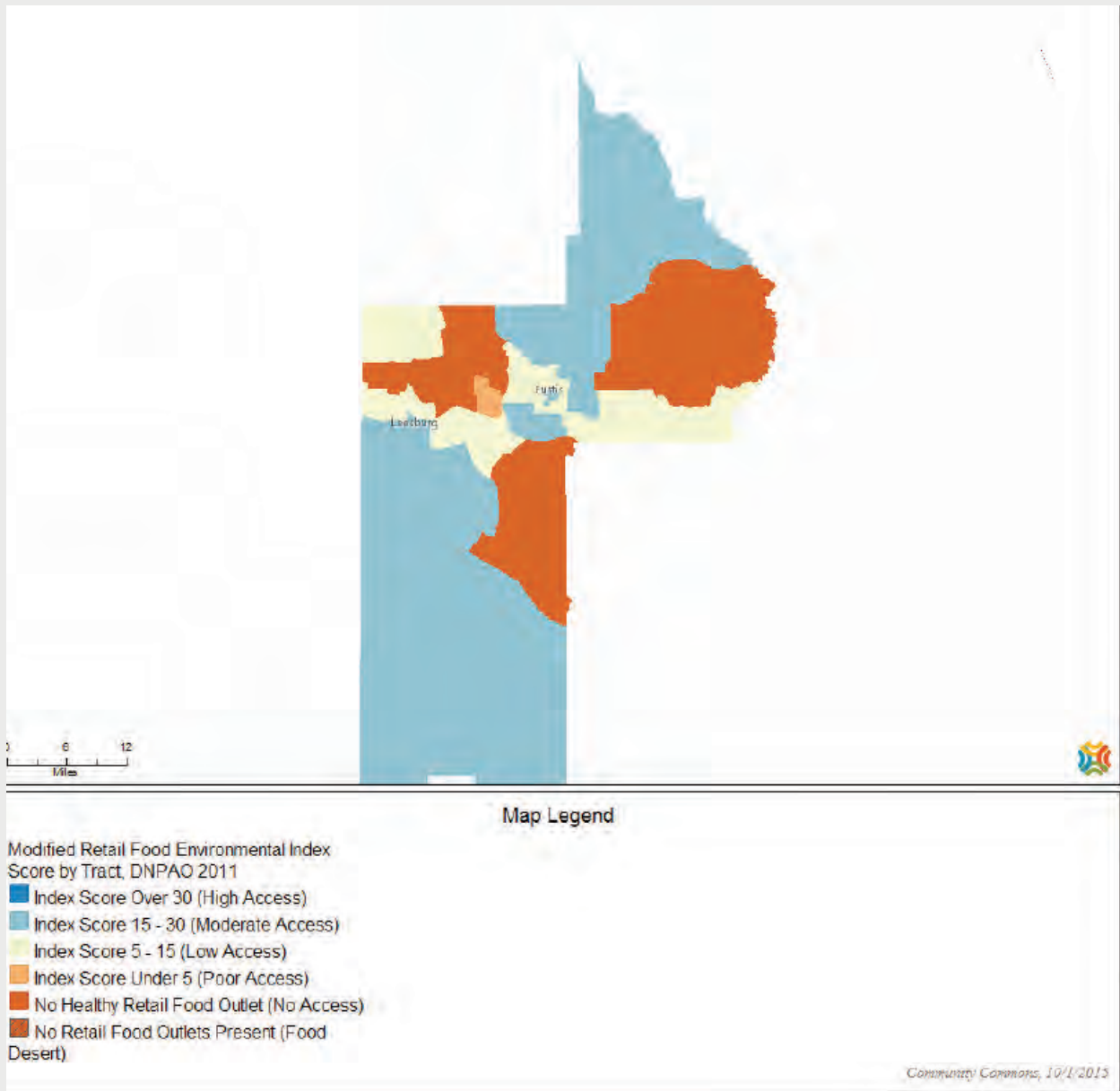This figure reflects the most current open-sourced data available at the time the report was printed.

FIGURE 7.26 ORANGE COUNTY FRUIT & VEGETABLE EXPENDITURE (2014)
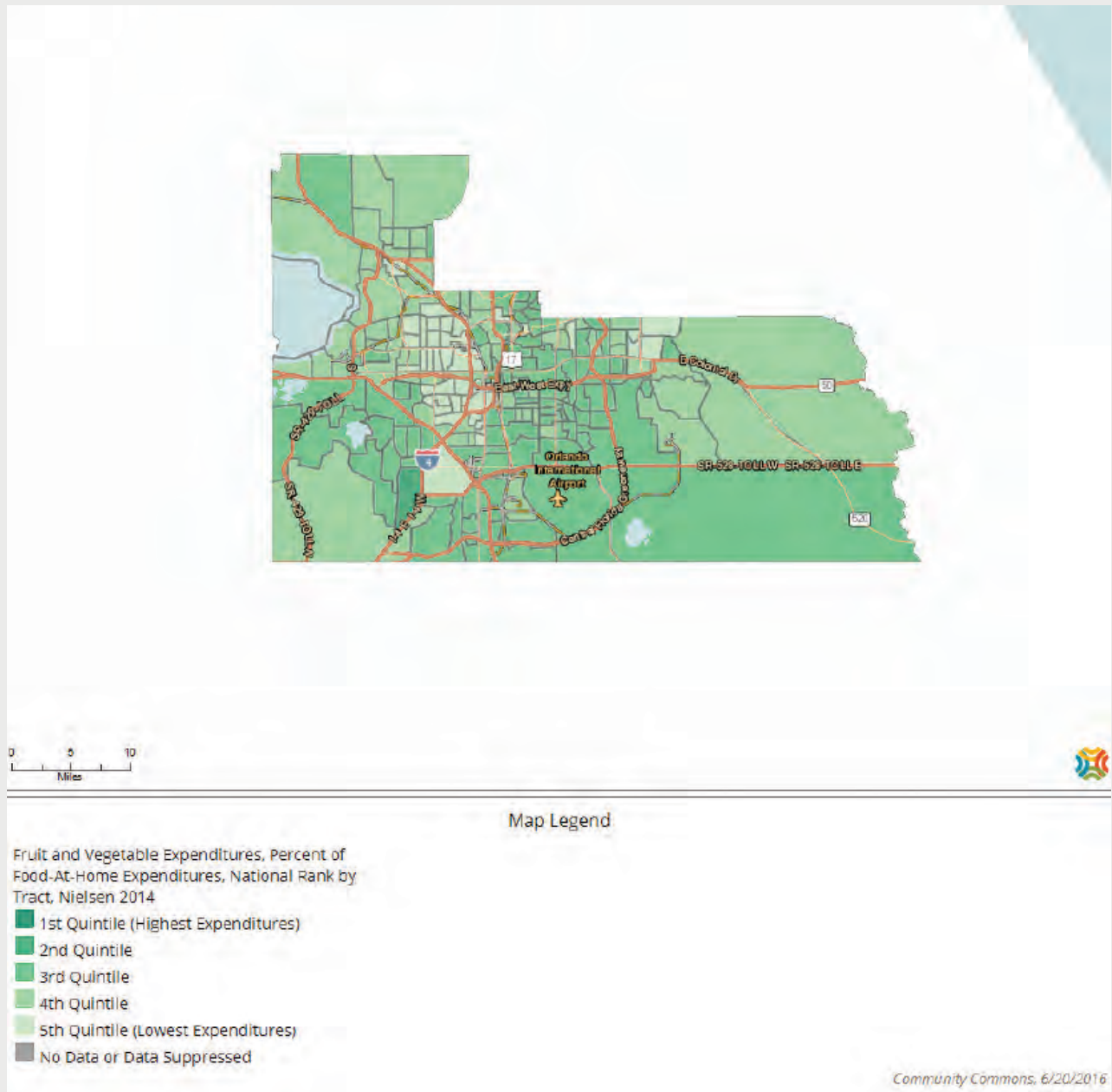

Map Legend

Fruit and Vegetable Expenditures, Percent of
Food-At-Home Expenditures, National Rank by
Tract, Nielsen 2014

- 1st Quintile (Highest Expenditures)
- 2nd Quintile
- 3rd Quintile
- 4th Quintile
- 5th Quintile (Lowest Expenditures)
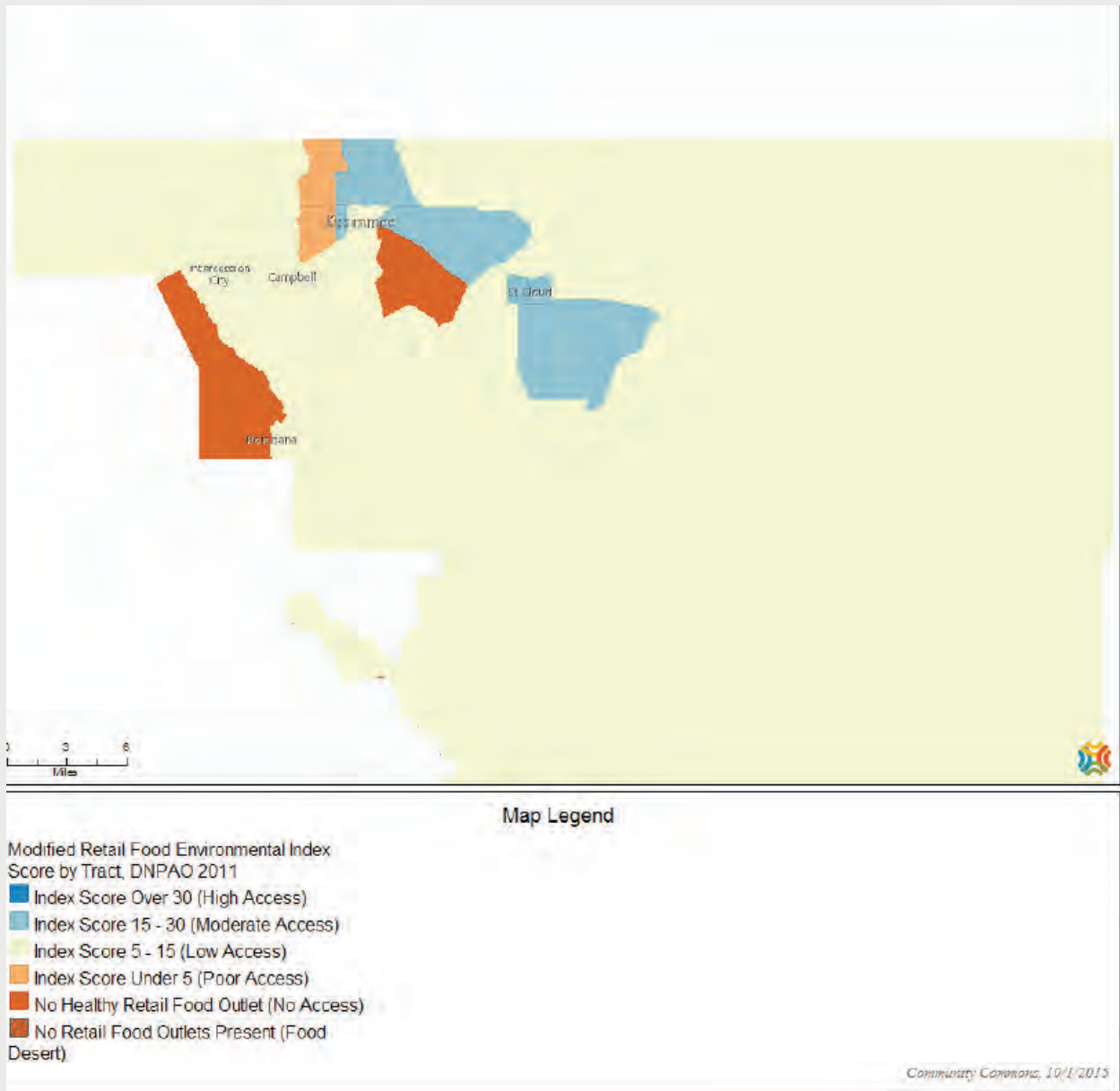- No Data or Data Suppressed

Community Commons, 6/20/2016

This figure reflects the most current open-sourced data available at the time the report was printed.

FIGURE 7.27   OSCEOLA COUNTY FRUIT & VEGETABLE EXPENDITURE (2014)

Map Legend

Fruit and Vegetable Expenditures, Percent of
Food-At-Home Expenditures, National Rank by
Tract, Nielsen 2014

- 1st Quintile (Highest Expenditures)
- 2nd Quintile
- 3rd Quintile
- 4th Quintile
- 5th Quintile (Lowest Expenditures)
- No Data or Data Suppressed

Community Commons, 6/20/2016
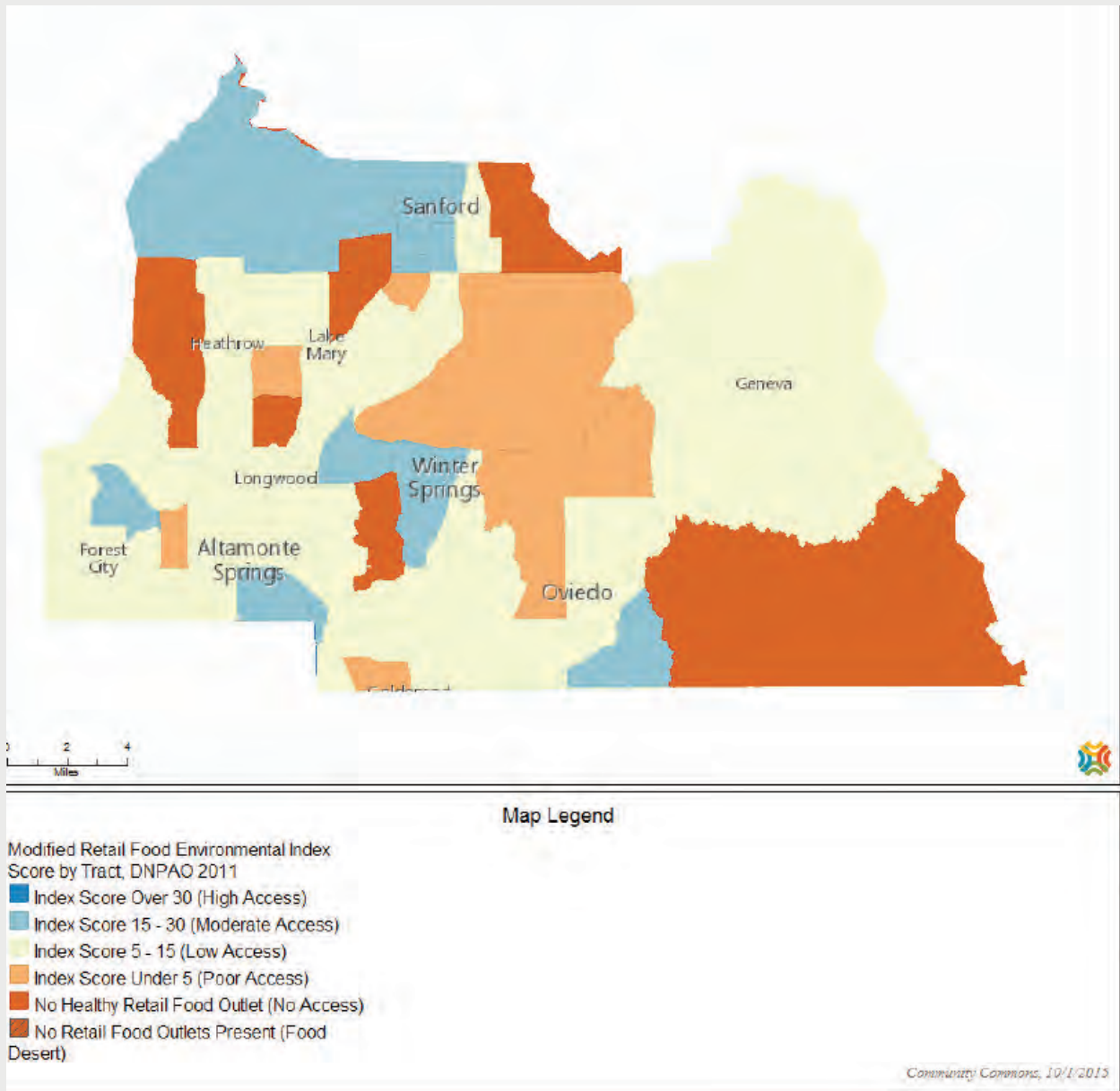
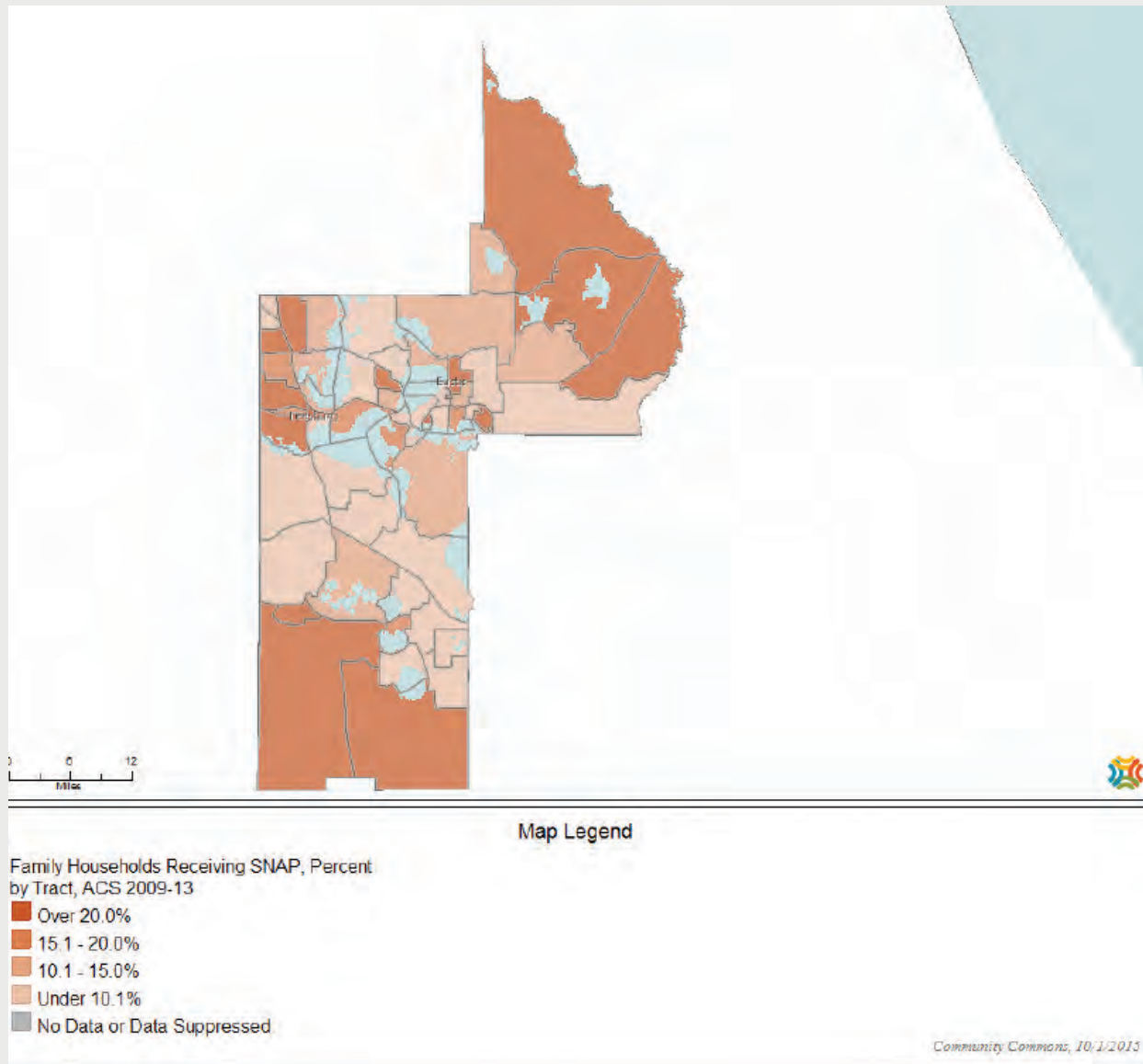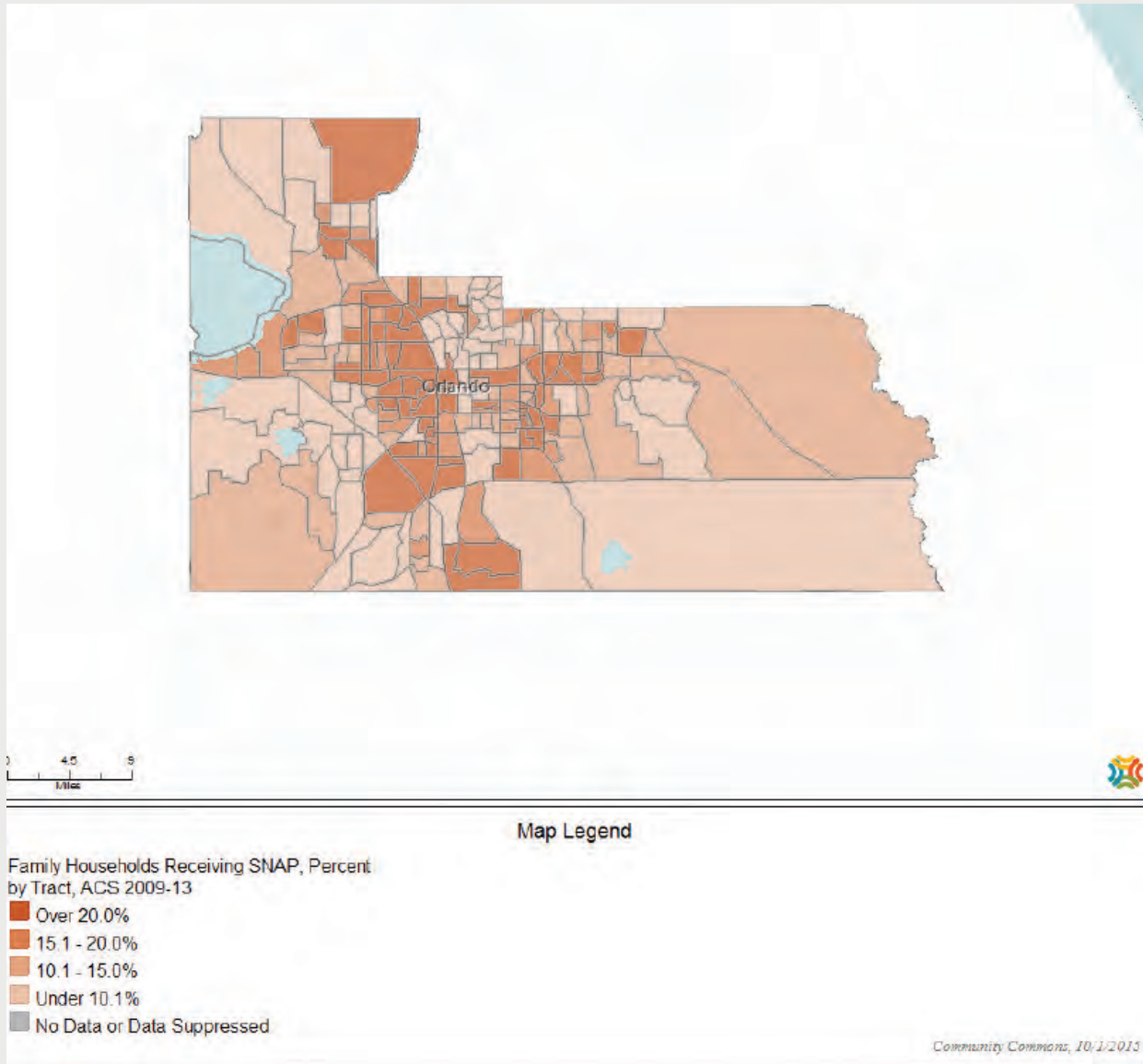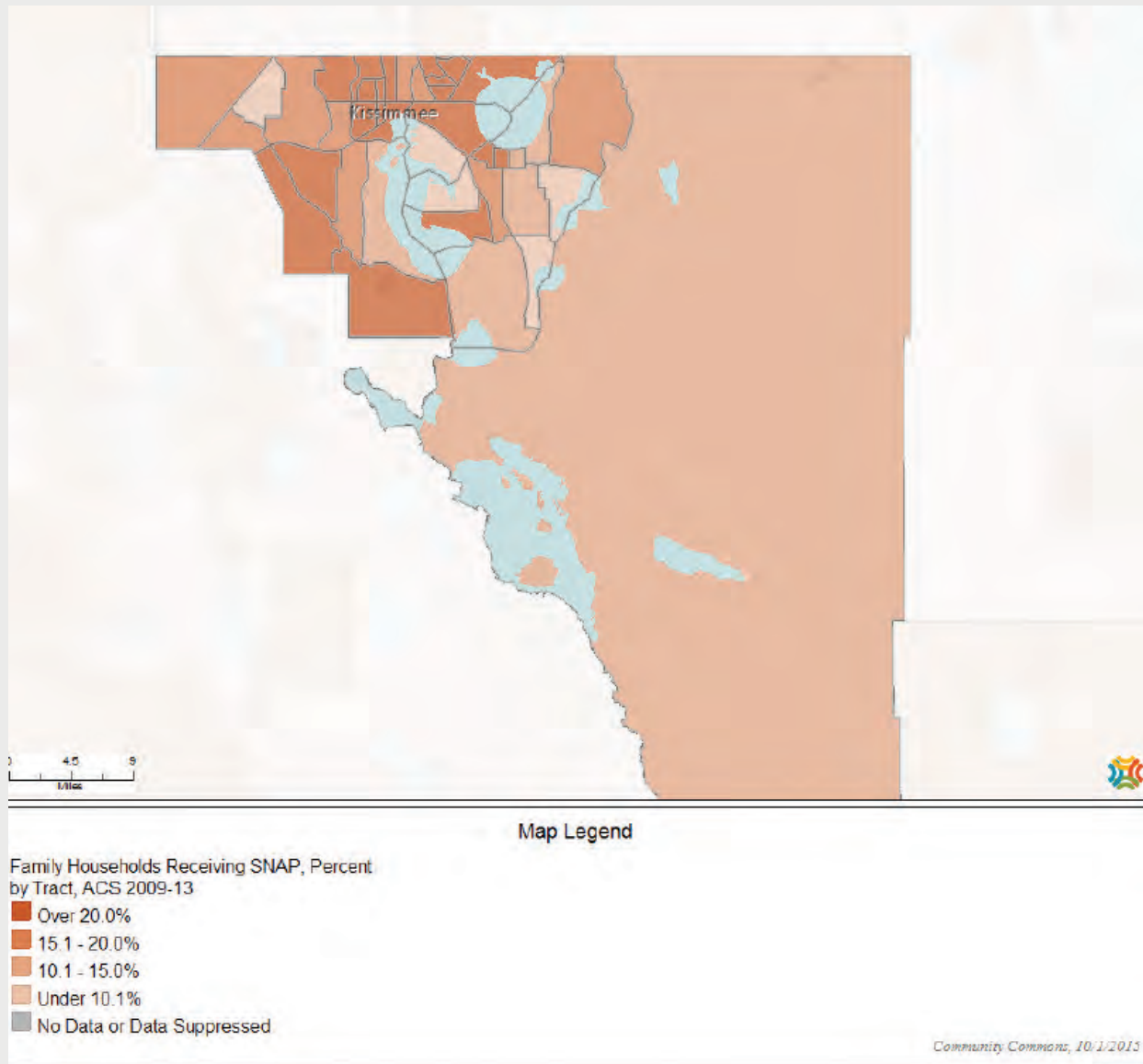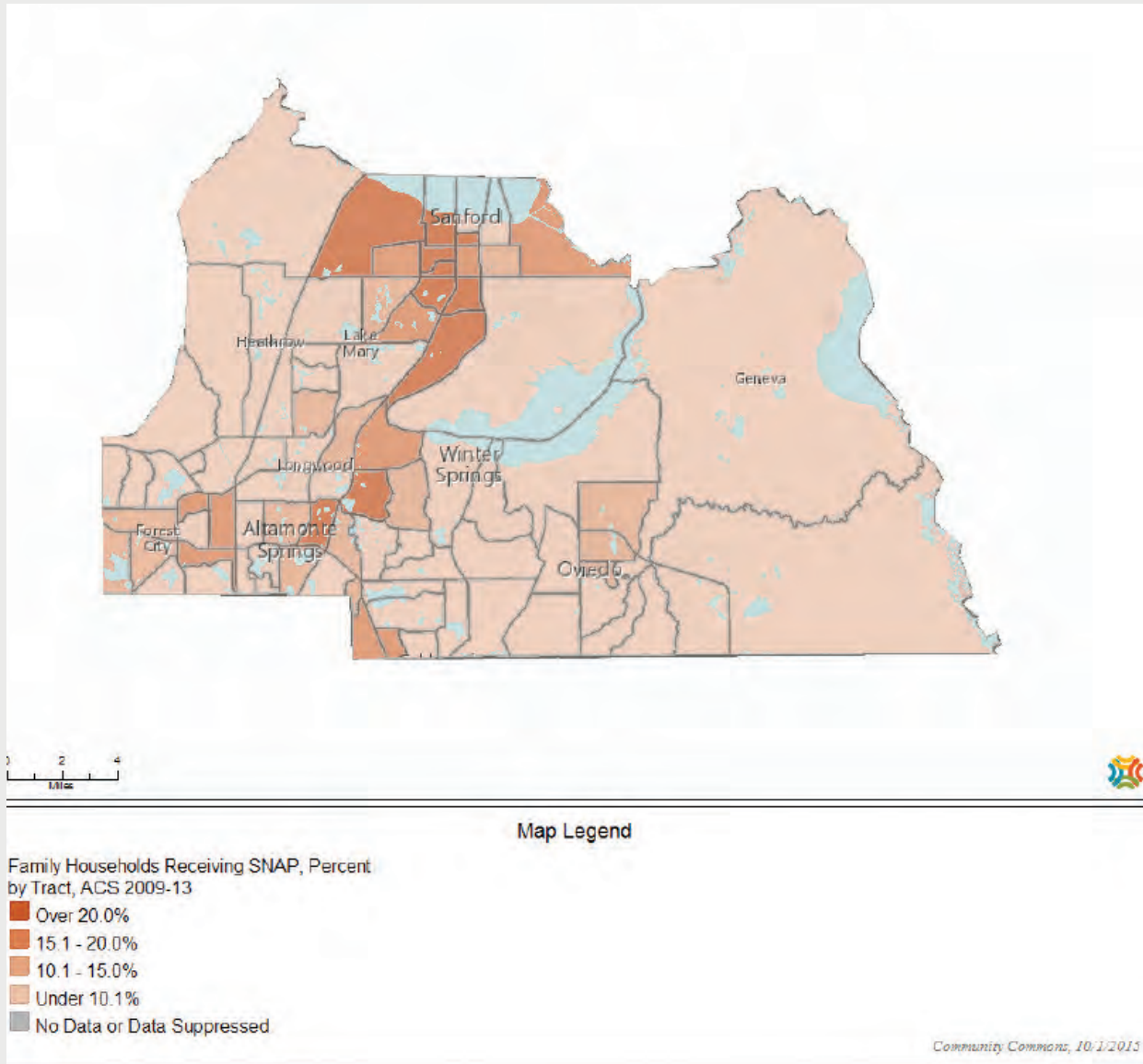This figure reflects the most current open-sourced data available at the time the report was printed.

FIGURE 7.28 SEMINOLE COUNTY FRUIT & VEGETABLE EXPENDITURE (2014)
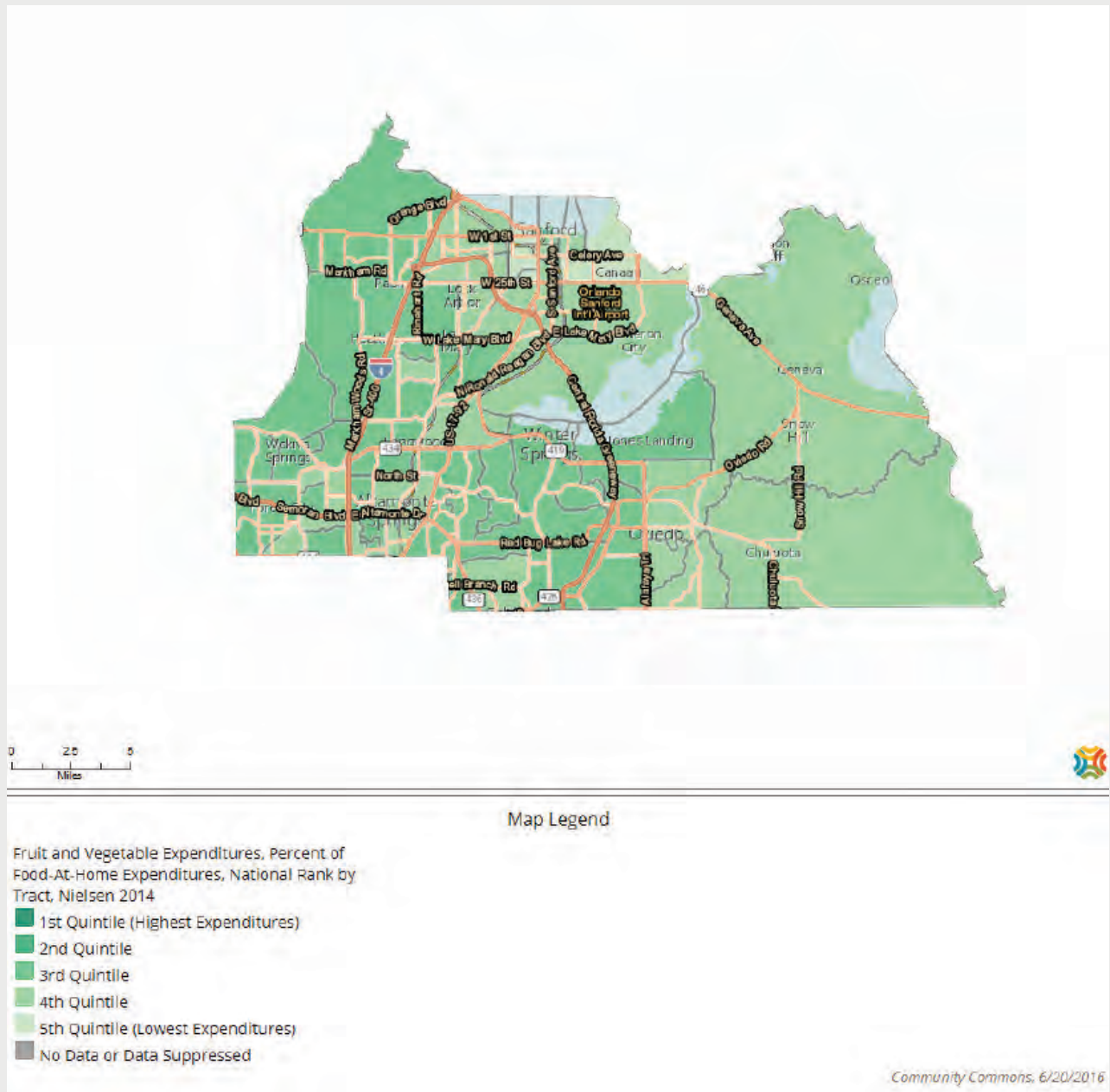
This figure reflects the most current open-sourced data available at the time the report was printed.

HEALTHCARE ACCESS

Adults With Health Insurance Coverage (2002-2013)

Across the assessment region, while counties were typically increasing health insurance coverage since 2003, there was a sharp decline in coverage between 2010-2013. In part, the decline may be due to the Affordable Care Act and the recession.

Where data were available, there is a general downward trend of insurance coverage across the sectors identified between 2010-2013. A few select groups experienced increase in the percent of insurance coverage between 2010-2013. These include Non-Hispanic Whites in both Osceola and Seminole Counties, as well as those making between $25k-$50k annually in Osceola County and those between the ages of 45-64 in Seminole County. Those in age ranges 45-64 in the other counties declined by upward of 20 percent. Across the region, the trends are very similar, with residents aged 65 and older experiencing the largest percent of insurance coverage and the smallest change, though downward. Additionally, regionally, those making more than $50k per year and the Non-Hispanic White population rank as the groups with the highest percentage of insurance coverage. Generally, residents with less than a high school diploma and making less than $25k per year experience the lowest percentage of health insurance coverage. This is most likely due to low wage, part-time employment opportunities for this sector of the population, therefore health insurance may not be attainable through employers.

Lake County experienced an overall decline of insurance coverage across all categories, with the largest decline occurring in the population without a high school diploma (decrease of 34 percent), followed by those making below $25k annually (22 percent decline), and those between 45-64 years of age. In other words, the middle age, low-income, low educational attainment population has experienced a decline in the ability to have health insurance coverage in Lake County between 2010-2013. Lake County is consistent with the rest of the region in the fact that residents aged 65 and older have the largest percentage of health insurance coverage (98 percent), a fact that has remained relatively constant between 2010-2013. The next largest percent of residents with health insurance coverage are residents making more than $50k annually (90 percent), representing a decline of seven percent since 2010. In 2013, the Hispanic population only had a 51.7 percent health insurance coverage rate.

Orange County experienced a decline in insurance coverage across all sectors identified in Charts 7.73-7.76, with the exception of those making less than $25k annually, which increased in coverage by 2.5 percent. The largest decline of insurance coverage occurred in those with less than a high school diploma (28.6 percent decline), which also has the lowest percentage of coverage at only 53 percent. This is followed by those making less than $25k per year, then by the Hispanic population. As with the rest of the region, residents aged 65 and older have the largest percentage of health insurance coverage at 96.2 percent. The population making more than $50k a year follows at nearly 88 percent, then the Non-Hispanic White po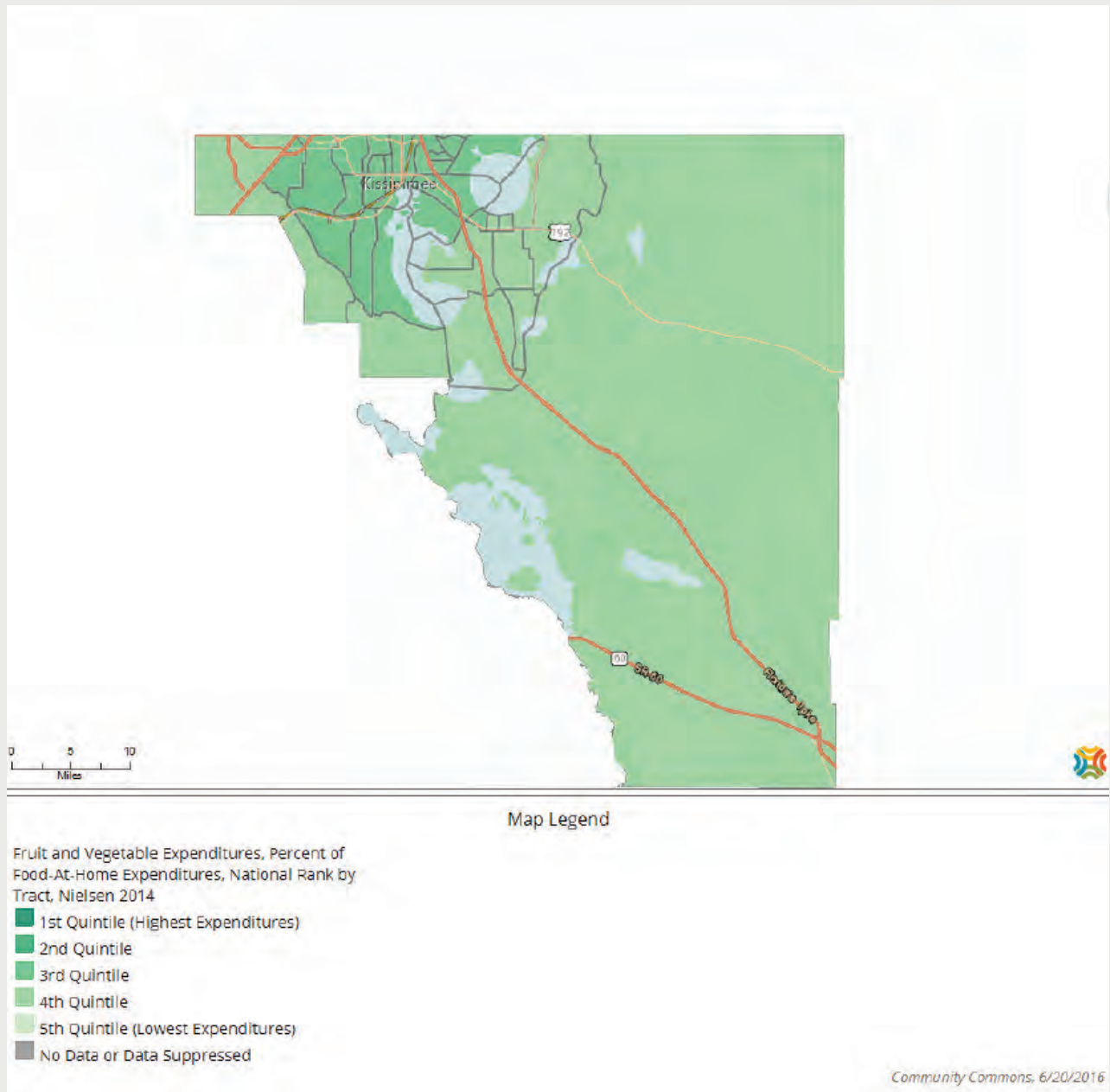pulation and those with greater than a high school diploma. In general, the population with low wages and low education attainment has the lowest percentage of health insurance coverage.

Osceola County experienced an increase in health insurance coverage in Non-Hispanic Whites (1.6 percent) and the population making between $25k-$49.9k (2.5 percent). The largest decline in the percent of health insurance coverage occurred in the population with less than a high school diploma with a decline of 23.6 percent, followed by the Non-Hispanic Black population with a decline of 23.2 percent. Residents aged 65 and older, as similar to the other counties in the region, have the greatest percentage of health insurance coverage with 97.6 percent. This is followed by the population making more than $50k per year (83.7 percent) and the Non-Hispanic White population with a 83.3 percent coverage.

In Seminole County, consistent with the other counties in the region, 98 percent of residents aged 65 and older have health insurance, compared to only 54.5 percent of those making less than $25k per year. The population between the ages of 45-64 had the largest increase in insurance coverage (6.5 percent), followed by the Non-Hispanic White population at 4.7 percent. Those making more than $50k per year follow the 65 years and older demographic with 95.4 percent insurance coverage rate, followed by Non-Hispanic White population. Seminole County's Hispanic population has the largest percentage of insurance coverage in the four-county region (85.5 percent). No data were available for the population with less than a college education. The greatest decline in insurance coverage occurred in residents aged 18-44 (14.1 percent). (See Charts 7.33 - 7.36)

Percent Insured: Medicare (2009-2013)

Most of Lake County has more than 25 percent of residents covered by Medicare. A large portion of eastern and southern Osceola County has between 20-25 percent insured by Medicare. The other notable cluster of high Medicare coverage is scattered around Orlando and Altamonte Springs. (See Figure 7.29)

Percent Insured: Public-Funded Insurance (2009-2013)

The largest area of residents who are covered by publicly funded insurance is central and northern Lake County. The same cluster found in the Medicare map around Orlando and Altamonte applies to this indicator as well. (See Figure 7.30)

Percent Insured: Private Insurance (2009-2013)

The high-density areas of those covered by private insurance are complementary to the publicly funded map. Much of the outer portions of Orange County and much of Seminole County is covered by private insurance. (See Figure 7.31)

Uninsured Adults

The state of Florida led the country in health insurance enrollment in 2015, enrolling more residents than California and Texas. For every county in the assessment region, the percent of uninsured decreased by at least four percent from 2013-2015. In all four counties, residents aged 18-34 were the highest uninsured age group. In 2015, Seminole County had the lowest uninsured percentage and Osceola County had the highest. (See Table 7.13 and Chart 7.77)

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

The percent of adults who could not see a doctor at least once in the past year due to cost has risen steadily in every county in the assessment region from 2007-2013. Osceola County residents are most likely to skip the doctor and Seminole County residents are least likely. In 2013, Lake and Seminole Counties' percentages were below the state average. (See Chart 7.78)

Subsidized Child Insurance by County (2015)

Each county's count of children in subsidized programs is in line with its overall population size. Orange County has the highest number of active children and families in the region, while Lake County has the fewest. (See Table 7.14)

Key Findings Based on Secondary and Primary Data Analysis

Residents, providers and stakeholders discussed the impact of the cost of medical care and the cost of insurance. Because Florida did not expand Medicaid, members of the community believe that it is more difficult for middle- and some low-income residents to secure affordable insurance. Thus, many Central Florida residents remain uninsured or underinsured.

CHART 7.73   ADULTS WITH HEALTH INSURANCE COVERAGE (2002-2013)
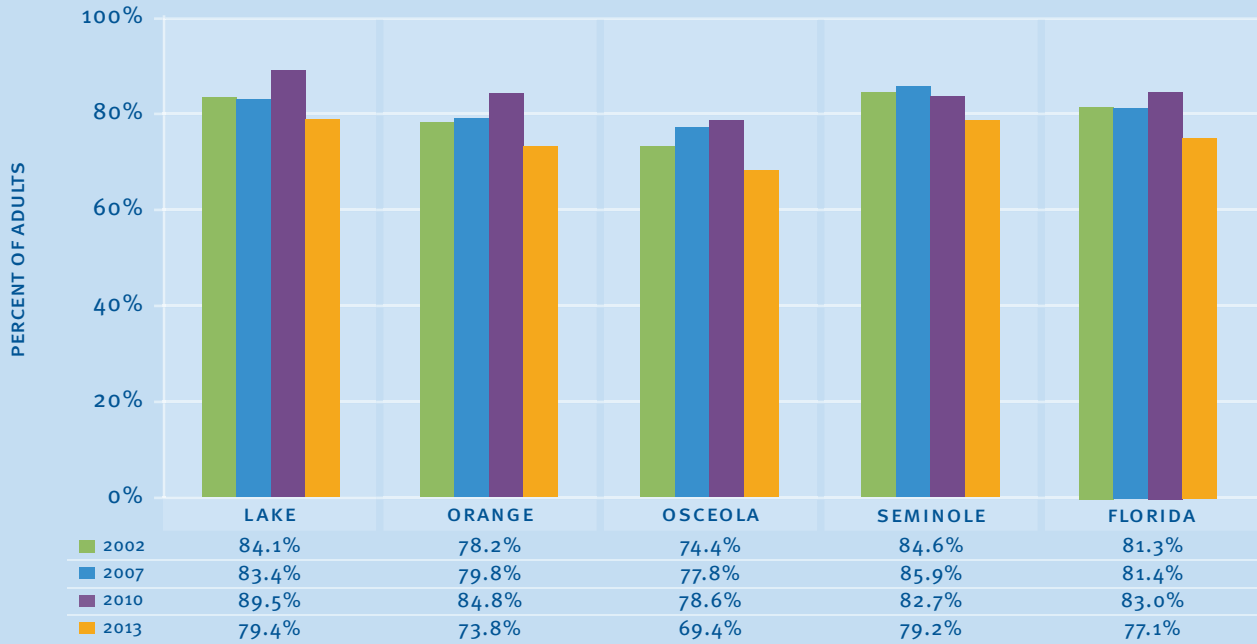
	LAKE	ORANGE	OSCEOLA	SEMINOLE	FLORIDA
2002	84.1%	78.2%	74.4%	84.6%	81.3%
2007	83.4%	79.8%	77.8%	85.9%	81.4%
2010	89.5%	84.8%	78.6%	82.7%	83.0%
2013	79.4%	73.8%	69.4%	79.2%	77.1%

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

CHART 7.74   INSURANCE COVERAGE BY AGE (2010-2013)
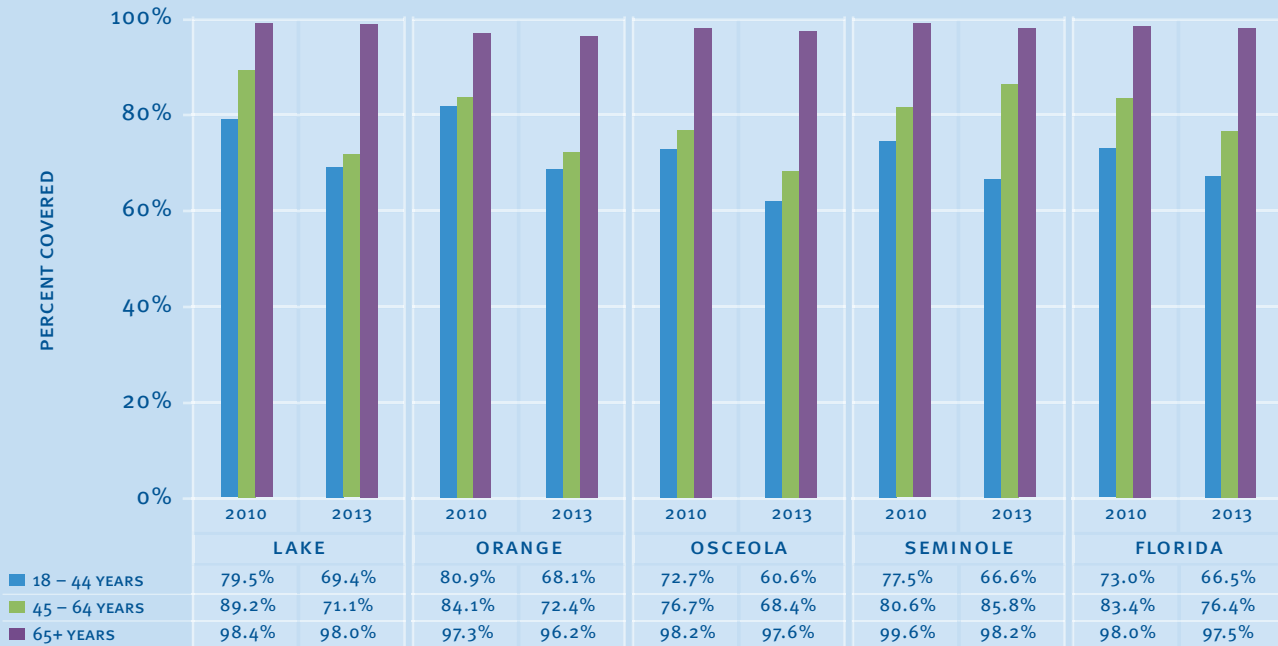
	LAKE		ORANGE		OSCEOLA		SEMINOLE		FLORIDA	
	2010	2013	2010	2013	2010	2013	2010	2013	2010	2013
18 – 44 YEARS	79.5%	69.4%	80.9%	68.1%	72.7%	60.6%	77.5%	66.6%	73.0%	66.5%
45 – 64 YEARS	89.2%	71.1%	84.1%	72.4%	76.7%	68.4%	80.6%	85.8%	83.4%	76.4%
65+ YEARS	98.4%	98.0%	97.3%	96.2%	98.2%	97.6%	99.6%	98.2%	98.0%	97.5%

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

CHART 7.75 INSURANCE COVERAGE BY EDUCATION (2010-2013)
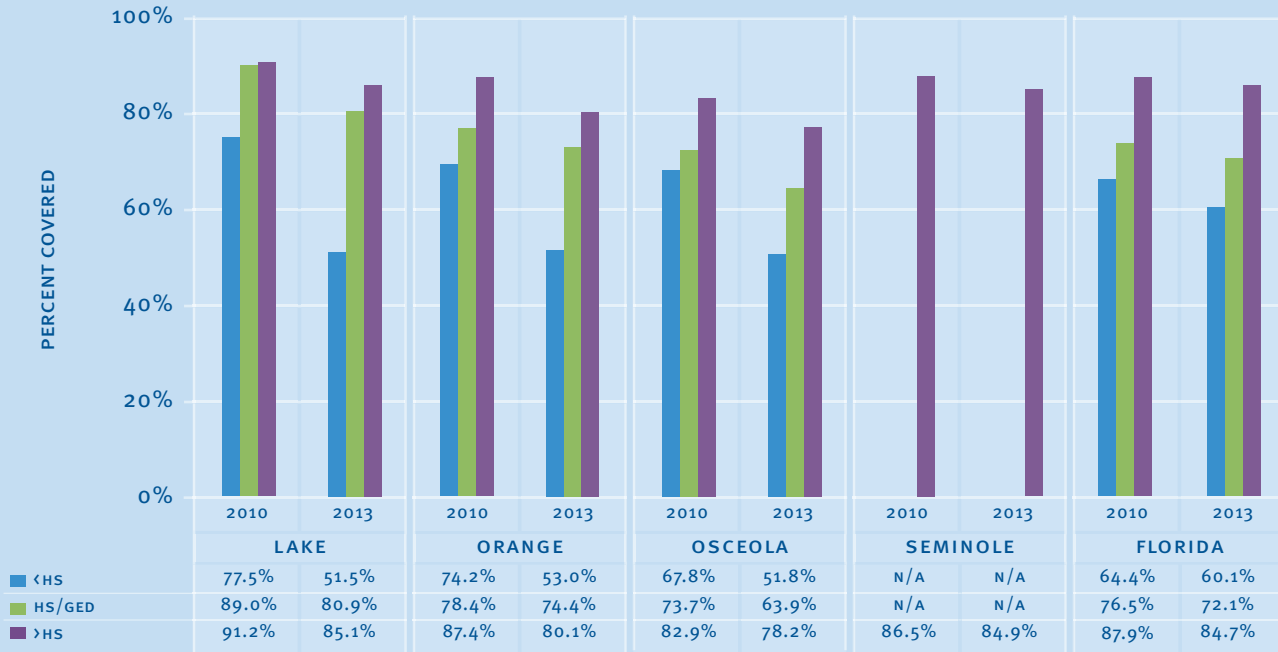
	LAKE		ORANGE		OSCEOLA		SEMINOLE		FLORIDA	
	2010	2013	2010	2013	2010	2013	2010	2013	2010	2013
<HS	77.5%	51.5%	74.2%	53.0%	67.8%	51.8%	N/A	N/A	64.4%	60.1%
HS/GED	89.0%	80.9%	78.4%	74.4%	73.7%	63.9%	N/A	N/A	76.5%	72.1%
>HS	91.2%	85.1%	87.4%	80.1%	82.9%	78.2%	86.5%	84.9%	87.9%	84.7%

Source:Florida Charts, 2016: Florida Behavioral Risk Factor Surveillance System. N/A = no data reported in source.
This chart reflects the most current open-sourced data available at the time the report was printed.

CHART 7.76 INSURANCE COVERAGE BY INCOME (2010-2013)
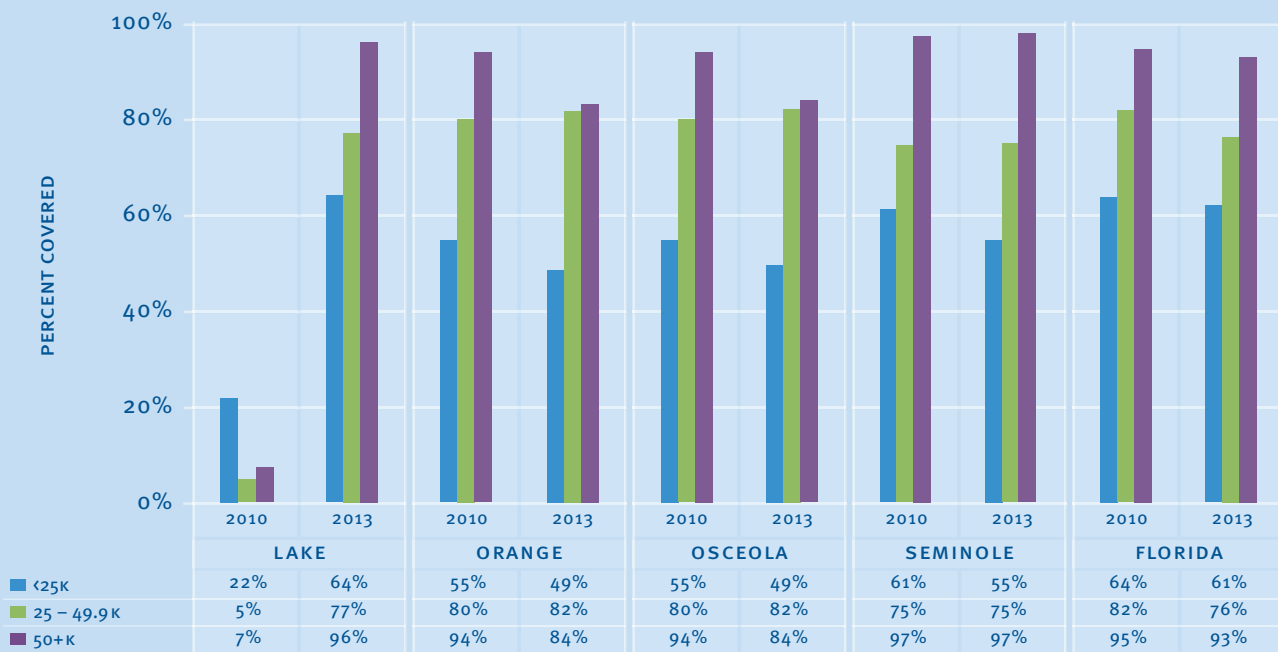
	LAKE		ORANGE		OSCEOLA		SEMINOLE		FLORIDA	
	2010	2013	2010	2013	2010	2013	2010	2013	2010	2013
<25K	22%	64%	55%	49%	55%	49%	61%	55%	64%	61%
25 – 49.9K	5%	77%	80%	82%	80%	82%	75%	75%	82%	76%
50+K	7%	96%	94%	84%	94%	84%	97%	97%	95%	93%

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

FIGURE 7.29   PERCENT INSURED: MEDICARE (2009-2013)
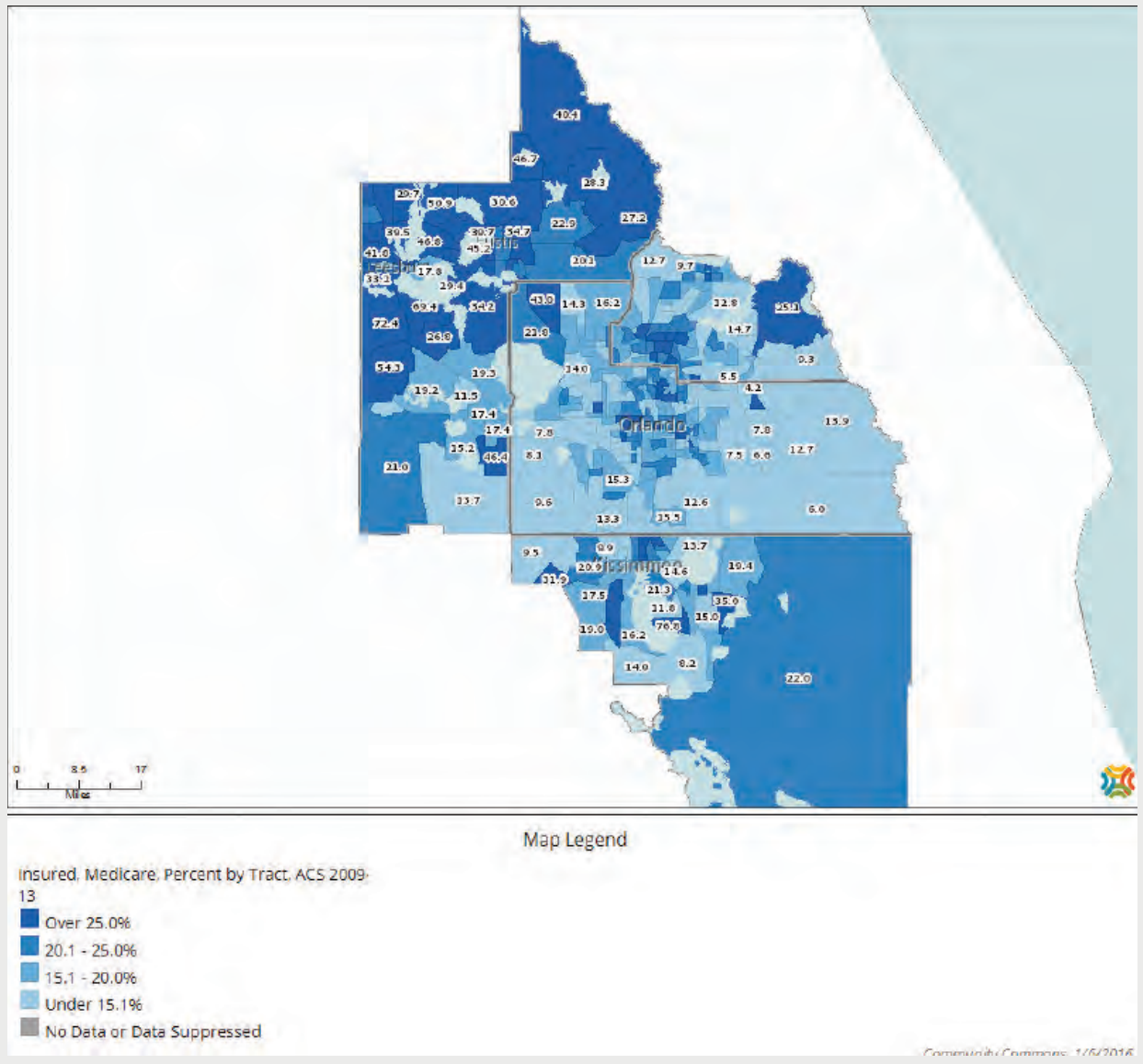
This figure reflects the most current open-sourced data available at the time the report was printed.

FIGURE 7.30 PERCENT INSURED: PUBLIC-FUNDED INSURANCE (2009-2013)
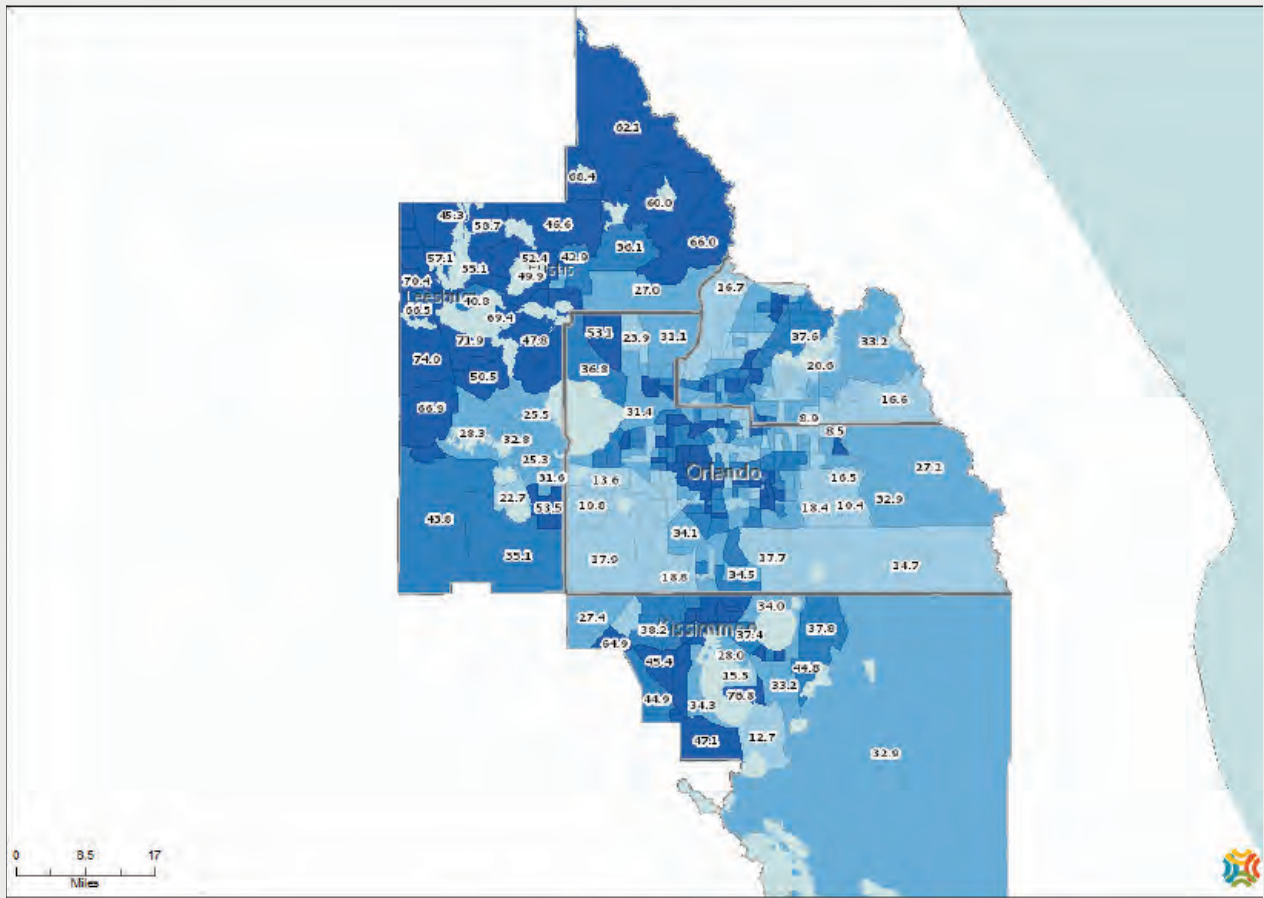
Map Legend

Insured, Public-Funded Insurance, Percent by
Tract. ACS 2009-13

- Over 45.0%
- 35.1 - 45.0%
- 25.1 - 35.0%
- Under 25.1%
- No Data or Data Suppressed

This figure reflects the most current open-sourced data available at the time the report was printed.

FIGURE 7.31 PERCENT INSURED: PRIVATE INSURANCE (2009-2013)
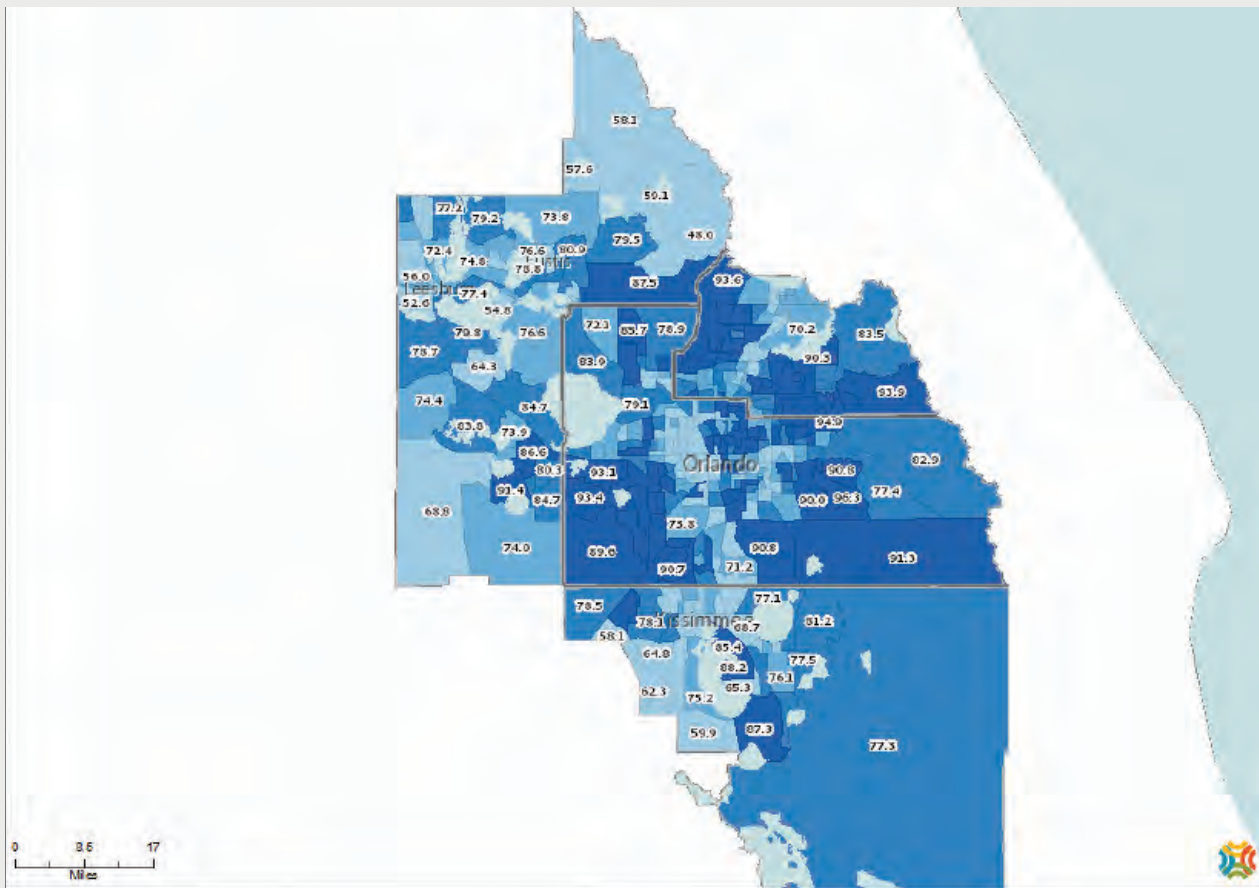
Map Legend

Insured, Private Insurance, Percent by Tract,
ACS 2009-13

- Over 85.0%
- 77.1 - 85.0%
- 69.1 - 77.0%
- Under 69.1%
- No Data or Data Suppressed

Community Commons, 7/6/2016

This figure reflects the most current open-sourced data available at the time the report was printed.

TABLE 7.13   PERCENT OF TOTAL UNINSURED ADULTS (2013-2015)

COUNTY	2013 UNINSURED	2015 UNINSURED	% CHANGE (2013 vs. 2015)
LAKE	19%	15%	(4%)
ORANGE	23%	17%	(6%)
OSCEOLA	26%	20%	(6%)
SEMINOLE	17%	13%	(4%)

Source: Enroll America
This table reflects the most current open-sourced data available at the time the report was printed.

CHART 7.77   UNINSURED ADULTS BY AGE (2015)

	LAKE	ORANGE	OSCEOLA	SEMINOLE
AGES 18-34	21%	23%	26%	18%
AGES 35-44	13%	15%	18%	12%
AGES 45-54	14%	15%	18%	11%
AGES 55-64	13%	13%	15%	10%
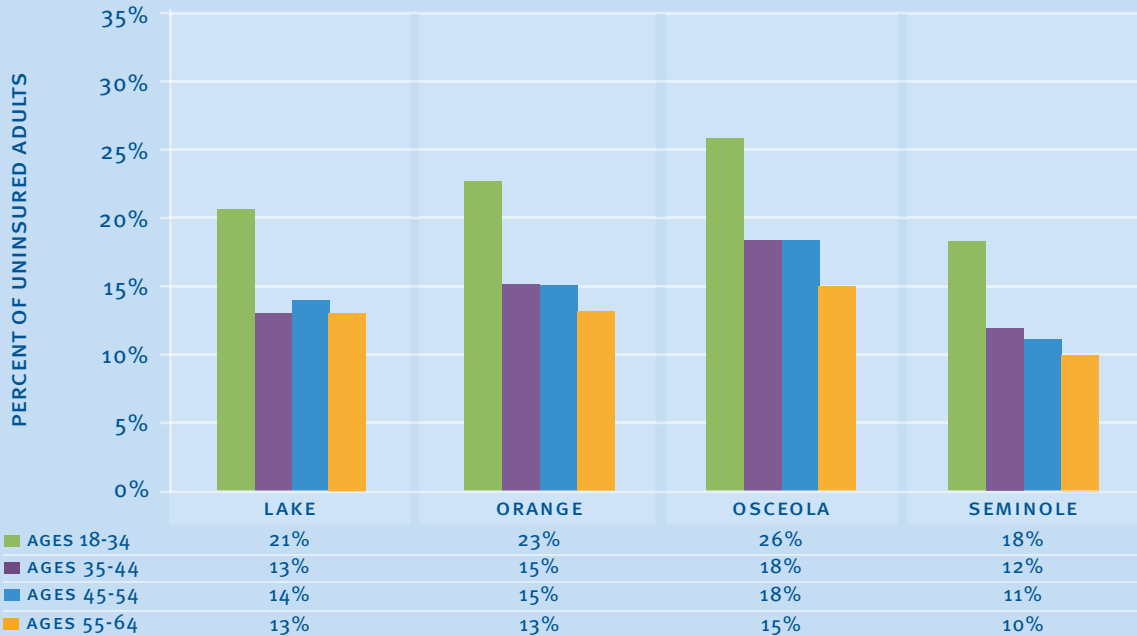
Source: Enroll America
This chart reflects the most current open-sourced data available at the time the report was printed.

CHART 7.78 ADULTS WHO COULD NOT SEE DOCTOR AT LEAST ONCE IN PAST YEAR DUE TO COST (2007-2013)
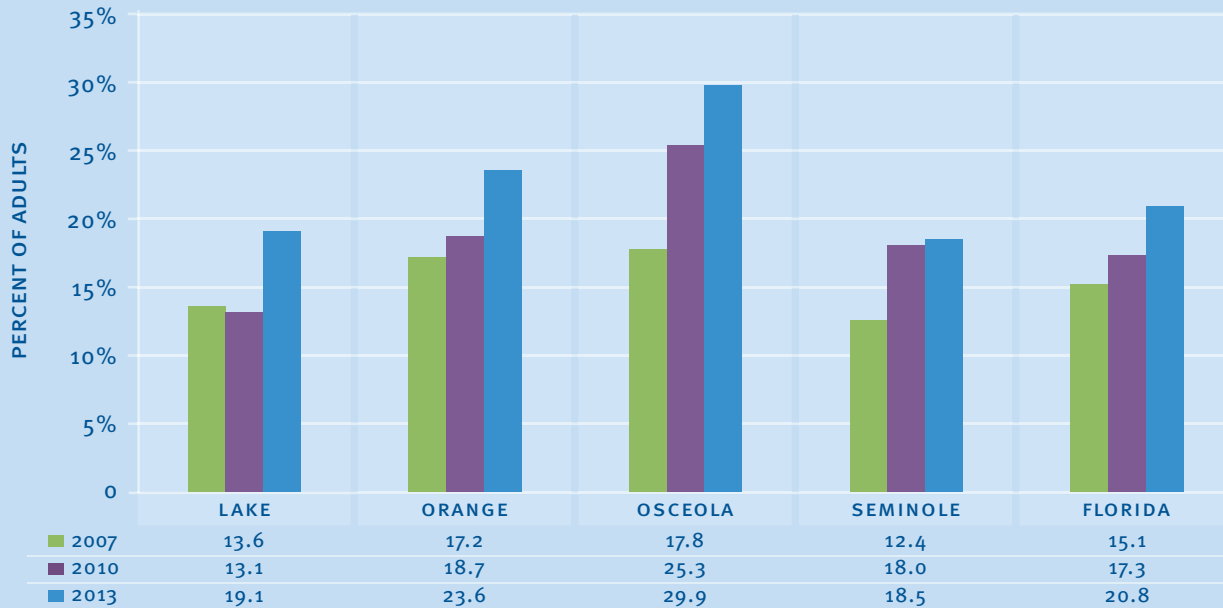
PERCENT OF ADULTS

	LAKE	ORANGE	OSCEOLA	SEMINOLE	FLORIDA
2007	13.6	17.2	17.8	12.4	15.1
2010	13.1	18.7	25.3	18.0	17.3
2013	19.1	23.6	29.9	18.5	20.8

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

TABLE 7.14   SUBSIDIZED CHILD INSURANCE BY COUNTY (2015)

COUNTY	HEALTHY KIDS TOTAL ENROLLMENT	MEDIKIDS TOTAL ENROLLMENT	CMS TOTAL ENROLLMENT	ACTIVE CHILDREN ALL PROGRAMS	ACTIVE FAMILIES ALL PROGRAMS	PARTICIPANT PAYMENT ALL PROGRAMS
LAKE	2,387	408	246	3,041	2,132	$91,937
ORANGE	9,652	1,654	541	11,847	8,205	$331,822
OSCEOLA	3,503	547	186	4,236	2,978	$101,463
SEMINOLE	3,649	673	190	4,512	3,114	$147,250

*DATA ROUNDED

Source: RP 32.09 - KidsCare Enrollment Final (10/2015).
This table reflects the most current open-sourced data available at the time the report was printed.

HEALTHCARE PROVIDERS & FACILITIES

There are 20 hospitals total in the four-county assessment region, 14 of which are not-for-profit and included in the partnership. These 14 hospitals containing 4,838 beds provide services including acute care, neonatal intensive care, rehabilitation, psychiatric, substance abuse and level one trauma. The four not-for-profit hospital systems that service the four-county assessment region are Orlando Health, South Lake Hospital, in affiliation with Orlando Health, Florida Hospital and Aspire Health Partners. There are also three for-profit acute care hospitals and four mental health hospitals (one not-for-profit). Two of the hospitals — Select Specialty Hospital Orlando North and South campuses — offer long-term care with 75 beds.

Aspire Health Partners

Aspire Health Partners is the largest provider of mental health and substance abuse services in the region with 56 licensed hospital beds, 40 detox beds and 185 community mental health center beds. Aspire operates extensive residential treatment programs and a variety of outpatient treatment for clients with mental health and substance abuse issues.

An analysis of the ZIP codes indicates that Aspire services clients located throughout Central Florida. Client ZIP codes encompassed every ZIP code within Orange and Seminole Counties in addition to the majority of ZIP codes within Lake and Osceola Counties. While the preponderance of clients indicated a Central Florida location, data indicated services are provided to clients from the Northeast U.S., as well as states such as California, Texas, Wisconsin and Arizona, among others. Due to the nature of mental health, it is unknown whether these clients are actually transients or visitors. However, when possible, Aspire assigns a special "ZIP code" for known homeless clients in an effort to provide better service and accountability.

Orlando Health

The Orlando Health Healthcare System is one of Florida's most comprehensive private, not-for-profit healthcare organizations with a community-based network of physician practices, hospitals and outpatient care centers throughout Central Florida. As a statutory teaching hospital system, Orlando Health is proud to offer the region's only Level One Trauma Center; the area's first heart program; specialty hospitals dedicated to children, women and babies; a major cancer center; and long-standing community hospitals. With 2,333 hospital beds, facilities include: Orlando Health Orlando Regional Medical Center (ORMC); UF Health Cancer Center – Orlando Health; Arnold Palmer Medical Center at Orlando Health which includes Arnold Palmer Hospital for Children and Winnie Palmer Hospital for Women & Babies; Orlando Health Dr. P. Phillips Hospital; Orlando Health South Seminole Hospital; Orlando Health – Health Central Hospital; and South Lake Hospital, in affiliation with Orlando Health. Areas of expertise include heart and vascular, cancer care, neurosciences, surgery, pediatric orthopedics and sports medicine, neonatology and women's health.

Orlando Health Orlando Regional Medical Center

Orlando Health Orlando Regional Medical Center (ORMC), located in Orlando, is Orlando Health's flagship medical center with 794 acute care and comprehensive rehabilitation beds. ORMC specializes in orthopedics, neurosciences, cardiology, trauma and critical care medicine. ORMC is home to Central Florida's only Level One Trauma Center and Burn Unit. The hospital offers other specialty centers including memory disorders, epilepsy and the Orlando Health Rehabilitation Institute. ORMC is also one of the state's six major teaching hospitals. ORMC's primary service area extends from Orange County into Lake, Seminole and Osceola Counties. All jurisdictions in Seminole, except for Geneva, are considered in the primary service area. The cities of Kissimmee and St. Cloud (Osceola County), and Clermont and Minneola (Lake County) are included in the service area.

HEALTHCARE PROVIDERS & FACILITIES, CONT'D.

UF Health Cancer Center – Orlando Health

The UF Health Cancer Center – Orlando Health is a statewide cancer treatment and research program with University of Florida Health specializing in cancer detection and treatment. Home to the Marjorie and Leonard Williams Center for Proton Therapy, the center is Central Florida's first — and only the nation's 23rd proton therapy center. With 60 private inpatient beds, specific services include genetic counseling, integrative medicine, nutrition services, counseling and rehabilitation. The UF Health Cancer Center serves all of Central Florida; however, its primary service area is the entirety of Orange County.

Arnold Palmer Medical Center at Orlando Health

Arnold Palmer Medical Center, comprised of Arnold Palmer Hospital for Children and Winnie Palmer Hospital for Women & Babies, is located in Orlando. It is the largest facility dedicated to women, babies and children in the United States.

Arnold Palmer Hospital for Children

Arnold Palmer Hospital for Children is a pediatric teaching hospital and is the first facility in Central Florida to provide emergency care for pediatric patients. With 158 beds, Arnold Palmer Hospital offers numerous pediatric specialties including cardiology and cardiac surgery, emergency and trauma care, endocrinology and diabetes, gastroenterology, nephrology, neuroscience, oncology/hematology, orthopedics, rheumatology, pulmonology and sleep medicine. Arnold Palmer Hospital has received national recognition for its programs in orthopedics, gastroenterology, and cardiology and heart surgery. The hospital offers the most comprehensive heart care in Central Florida for infants, children and teens with heart disease. Arnold Palmer Hospital also has the only Level One Pediatric Trauma Center in the region. The primary service area of Arnold Palmer Hospital extends throughout the Central Florida region and into Polk County, southern Brevard County and Volusia County (Deltona).

Winnie Palmer Hospital for Women & Babies

Winnie Palmer Hospital for Women & Babies is dedicated to the health of women and babies in the Central Florida region. With 315 beds, the teaching hospital is one of the largest birthing hospitals in the nation. Winnie Palmer Hospital's Level III Neonatal Intensive Care Unit (NICU) is the largest NICU in the world under one roof and has one of the highest survival rates in the country for low birth weight babies. Some of the specialized programs and services Winnie Palmer Hospital offers to mothers and babies include services for high-risk births, neonatal, obstetrics and gynecology, breastfeeding, childbirth and parenting classes, and surgical and specialty services. The extent of the primary service area of this facility extends to all jurisdictions in Seminole, except for Geneva, as well as the cities of Kissimmee and St. Cloud (Osceola County), and Clermont and Minneola (Lake County).

Orlando Health Dr. P. Phillips Hospital

Orlando Health Dr. P. Phillips Hospital is a 237-bed, full service medical and surgical facility that offers services in diagnostic imaging, rehabilitation and surgical services including vascular, neurosurgery, oncology, orthopedics and the daVinci robotic surgical system. The hospital also includes cardiovascular care as a fully-accredited Chest Pain Center and a designated Primary Stroke Center. Home healthcare, wound care therapies and multiple sclerosis comprehensive care are also provided at Dr. P. Phillips Hospital. The primary service area is the southwestern portion of Orange County including the municipalities of Windermere, Winter Garden, Oakland, Ocoee, Belle Isle, Orlando and the community areas of Bay Hill, Dr. Phillips, Hunters Creek, Southchase, Bay Lake and others. The service area also includes the communities of Celebration and Poinciana in Osceola County.

HEALTHCARE PROVIDERS & FACILITIES, CONT'D.

Orlando Health South Seminole Hospital

Orlando Health South Seminole Hospital, located in Longwood, is a full-service medical and surgical facility with 206 beds, including an 80-bed psychiatric hospital. Services offered through the hospital include endoscopy, women's health, behavioral health, wound care and hyperbaric medicine, and therapies (physical, occupational and speech). The facility is also home to one of Orlando Health's three Air Care Team helicopter bases. South Seminole Hospital's primary service area includes the majority of Seminole County, including all municipalities except for Geneva, which is located in eastern Seminole County. The service area extends into southwestern Volusia County to include the city of Deltona.

Orlando Health – Health Central Hospital

Orlando Health – Health Central Hospital, located in Orange County, has 171 acute care beds and an emergency department. The hospital provides services in cardiac care, women's health, neurology, neurosurgery, orthopedic and spine care, endocrinology, oncology, wound care, mammography and general surgery. Health Central Hospital also offers a Primary Stroke Center. The primary service area is western Orange County including Winter Garden, Ocoee, Windermere, Pine Hills, South Apopka and western Orlando.

South Lake Hospital, in affiliation with Orlando Health

South Lake Hospital, in affiliation with Orlando Health, has 140 acute care beds and 30 short-term rehabilitation beds to care for the primary service area that includes Clermont, Minneola, Groveland, Mascotte and Montverde. This makes up the whole of southern Lake County. The hospital is a fully-accredited Chest Pain Center and a Breast Imaging Center of Excellence. Services offered by South Lake Hospital include cardiac, women's health, orthopedics, rehabilitation, an outpatient surgical center, wound care, robotic surgery, diagnostic imaging, home healthcare and the National Training Center, a sports and wellness facility. The facility is home to one of Orlando Health's three Air Care Team helicopter bases.

Florida Hospital

Florida Hospital, part of the Adventist Healthcare System, is one of the largest not-for-profit, faith-based healthcare providers. The Florida Hospital system has nine hospital facilities with service areas encompassing parts of each county in the east central Florida region with 2,769 beds, including acute care, NICU II/III, comprehensive rehabilitation and adult psychiatric. While Florida Hospital has facilities in Lake, Orange, Osceola and Seminole Counties, the system's primary service areas extend into Polk, Volusia and Brevard Counties. Services provided by the Florida Hospital system cover a vast, comprehensive list available through various facilities. Below is a description of each of the hospitals and the services provided.

Florida Hospital Altamonte

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

HEALTHCARE PROVIDERS & FACILITIES, CONT'D.

Florida Hospital Apopka

Florida Hospital Apopka has 50 acute care beds and offers services in 24-hour cardiology, critical care and advanced diagnostic imaging. The hospital also offers comprehensive aging assessments, diabetes care, gastroenterology, sleep studies, rehabilitation and sports medicine. Northwest Orange County makes up the primary service area for Florida Hospital Apopka, with Apopka and Zellwood as the main servicing jurisdictions.

Florida Hospital Celebration Health

Florida Hospital Celebration Health, located in Osceola County, was built in 1997 to mainly service the Disney-planned community of Celebration. However, its primary service area extends into eastern Polk, and southern Orange and Lake Counties. Celebration Health has 227 acute care beds and is a leader in innovation. The hospital offers services in digestive health, cancer, neuroscience, weight services, orthopedic health, spine health, thoracic surgery, women's and men's health, and imaging diagnostics.

Florida Hospital East Orlando

Florida Hospital East Orlando campus includes 295 acute care beds with a primary service area of eastern Orlando along with the areas of Union Park and Wedgefield. Florida Hospital East Orlando includes a teaching hospital with residences in family medicine, podiatry and emergency medicine. Other services include cardiovascular, pulmonary, Andrology and digestive health, orthopedics and rehabilitation, ear/nose/throat (ENT), cancer and urology as well as a dedicated Children's Emergency Center and a hospital-based Center for Medical Simulation and Education. Of all Florida Hospital campuses, Florida Hospital East Orlando sees the highest number of uninsured patients in their emergency room.

Florida Hospital for Children

Florida Hospital for Children is committed to delivering world-class programs, extraordinary patient care and clinical excellence. Our flagship hospital is the heart of a children's network that includes primary care pediatricians, specialty clinics, emergency departments and Kids Urgent Care.

With the help of Walt Disney Imagineering and input from patients, families and clinicians, Florida Hospital for Children features a seven-story, technologically advanced facility with a child-centered healing environment. We've assembled a world-class team of doctors, specialists, nurses and healthcare professionals who are second to none. At their disposal are some of the most advanced technologies, therapies and treatments available. We lead the way, not only in our approach to healthcare, but in research as well, finding new methods for treating children so we can improve outcomes.

One of the premier children's health systems in the nation, Florida Hospital for Children sets the standard for innovation, quality and comprehensive care.

Florida Hospital Kissimmee

Florida Hospital Kissimmee is located in Osceola County and offers 162 acute care beds, though the hospital is undergoing vast expansion. Services offered include cardiovascular, orthopedics and rehabilitation, neuroscience, cancer, diabetes, gastroenterology, women's health, urology and imaging resources. The main service area for Florida Hospital Kissimmee includes the cities of Kissimmee and Poinciana, as well as some areas of Celebration. The primary service area also extends into southern Orange County to include the areas of Hunters Creek, Southchase and Meadow Woods.

HEALTHCARE PROVIDERS & FACILITIES, CONT'D.

Florida Hospital Orlando

Florida Hospital Orlando is the largest campus in the region with 1,289 beds including acute care, NICU II/III, comprehensive rehabilitation and adult psychiatric. The hospital also serves as a major tertiary facility for much of the Southeast and has a Gamma Knife Program and a Digestive Health Center. Florida Hospital Orlando is one of 16 hospitals throughout the state that offer adult and pediatric kidney and bone marrow transplants. Other adult transplants include heart, liver, lung and pancreas. Translife is the area's only federally designated organ procurement program and is one of only five programs in the state. Other services include diabetes and endocrinology, cancer services, cardiovascular and pulmonary, radiology, neurology, orthopedics, rehabilitation and pain treatment. Pediatric and women's services are also provided along with plastic surgery and hyperbaric medicine. Florida Hospital Orlando also has a teaching hospital for family medicine, allopathic and osteopathic tracts, pediatrics, emergency medicine, neuromusculoskeletal medicine, general surgery, podiatric medicine and surgery, and internal medicine.

The primary service area of Florida Hospital Orlando covers the entirety of Orange County with some spillover into Seminole and Lake Counties.

Florida Hospital Waterman

Located in central Lake County, Florida Hospital Waterman has 269 acute care beds. The hospital offers cancer, cardiovascular, orthopedics and rehabilitation, as well as pediatric and women's health, imaging, and wound care and hyperbaric medicine. The primary service area includes Leesburg, Tavares, Mt. Dora, Umatilla, Eustis, Sorrento and reaches into rural Marion County and a rural section of Orange County.

Florida Hospital Winter Park

Located in Orange County, Florida Hospital Winter Park has 320 beds, including acute care, NICU II and comprehensive rehabilitation. Services offered include cancer, cardiovascular, digestive health, women's health, neuroscience, ophthalmology, orthopedics and rehabilitation, urology and sports medicine. The primary service area includes northwestern and central Orange County and extends into southern Seminole County. This includes the cities of Apopka, Eatonville, Orlando, Pine Hills, Maitland and Winter Park, and the Seminole County communities of Casselberry, Oviedo, Winter Springs and Forest City.

HEALTHCARE PROVIDERS & FACILITIES, CONT'D.

Total Licensed Florida Physicians (2010/11 - 2014/15)

The number of total licensed physicians has remained relatively stable from FY 2010/2011 to FY 2014/2015. The most notable change over that time took place in Orange County with a seven percent increase in licensed physicians. Osceola County has the lowest rate, with less than 125 licensed physicians per 100,000 residents. Orange County has the highest rate of licensed physicians per 100,000 residents and is the only county in the region with a rate above the state level. (See Chart 7.79)

Total Licensed Florida Dentists (2010/11 - 2014/15)

Seminole and Orange Counties experienced increases in the rate of licensed dentists per 100,000 residents while Lake and Osceola Counties saw decreases from FY 2010/2011 to FY 2014/2015. Osceola County has a rate significantly below the state level with less than half the rate. Lake County is also below the state level, but not nearly as low. (See Chart 7.80)

Ratio of Mental Health Providers to Population

Lake County has the fewest mental health providers relative to the population while Orange County has the most. Across the assessment region and at the state level, the ratio of mental health providers to residents has improved. Orange and Seminole Counties have ratios that are more positive than the state level. (See Table 7.15)

Emergency Room Services

The only burn unit in the assessment region is part of the Collaboration conducting this CHNA and is one of six in the state. Nine of the 11 primary stroke centers and both of the comprehensive stroke centers in the assessment region are also involved in the Collaboration. Two of the nine level one trauma centers in the state are in the assessment region and one is included in the Collaboration. Three of the four Level 1 and three of the six Level 2 cardiovascular service hospitals in the assessment region are involved in the Collaboration. (See Table 7.16)

Transplant Services

The only hospital in the assessment region for transplants is included in the Collaboration. (See Table 7.17)

Total Licensed Hospital Beds

There are 6,536 total licensed hospital beds in the four-county assessment region. Just over three-quarters of those (4,838) are operated by hospitals included in this assessment. Of the beds in hospitals included in this assessment, 74 percent are located in Orange County. (See Chart 7.81)

Total Licensed Acute Care Beds

There are 14 hospital partners in this assessment that provide a total of 4,325 licensed acute care beds; more than 80 percent of the acute care beds available in the four-county assessment region. Seventy-three percent of them are located in Orange County. (See Chart 7.82)

Total NICU II and III Beds

In Orange County, there are 130 NICU II beds across two Florida Hospital campuses (Winter Park and Orlando) and one Orlando Health campus (Winnie Palmer Hospital for Women & Babies). The 105 NICU III beds in Orange County are at Florida Hospital Orlando and Winnie Palmer Hospital for Women & Babies. (See Table 7.18)

HEALTHCARE PROVIDERS & FACILITIES, CONT'D.

Total Comprehensive Rehab Beds

There are 83 beds for total comprehensive rehabilitation in Orange County spread across two Florida Hospital campuses (Winter Park and Orlando) and one Orlando Health campus (Orlando Regional Medical Center). (See Table 7.19)

Total Licensed Adult Psychiatric Beds

Osceola Regional Medical Center has 25 licensed psychiatric hospital beds. Park Place in Osceola County has 50 crisis stabilization beds: 30 adult and 20 pediatric. (See Chart 7.83)

Total C/A Psych and IRTF Beds

South Seminole Hospital has 24 total child/adult psychiatric and intensive residential treatment facility beds. (See Table 7.20)

Total Adult Substance Abuse Beds

South Seminole Hospital also has 10 adult substance abuse beds. (See Table 7.21)

Aspire Health Partners Visits

Visits to Aspire Health Partners licensed hospital beds decreased from 2013-2015 regarding admissions, law enforcement admissions and walk-ins. (See Table 7.22)

Key Findings Based on Secondary and Primary Data Analysis

Access to mental health services was noted often across all data collection sources as a community concern. The ratio of providers to potential clients may contribute to this access issue. Additionally, the region has a wide variety of specialty services including NICU, psychiatric beds and trauma centers. Overuse of the ER remains a concern, as well. Residents continue to utilize ERs for non-emergency issues, straining resources. Additionally, resources and services appear to be clustered in Orange and Seminole Counties. Lake and Osceola Counties' residents may have to travel to access these services, especially if they are not offered closer to home.

CHART 7.79 TOTAL LICENSED FLORIDA PHYSICIANS (2010/11 – 2014/15)
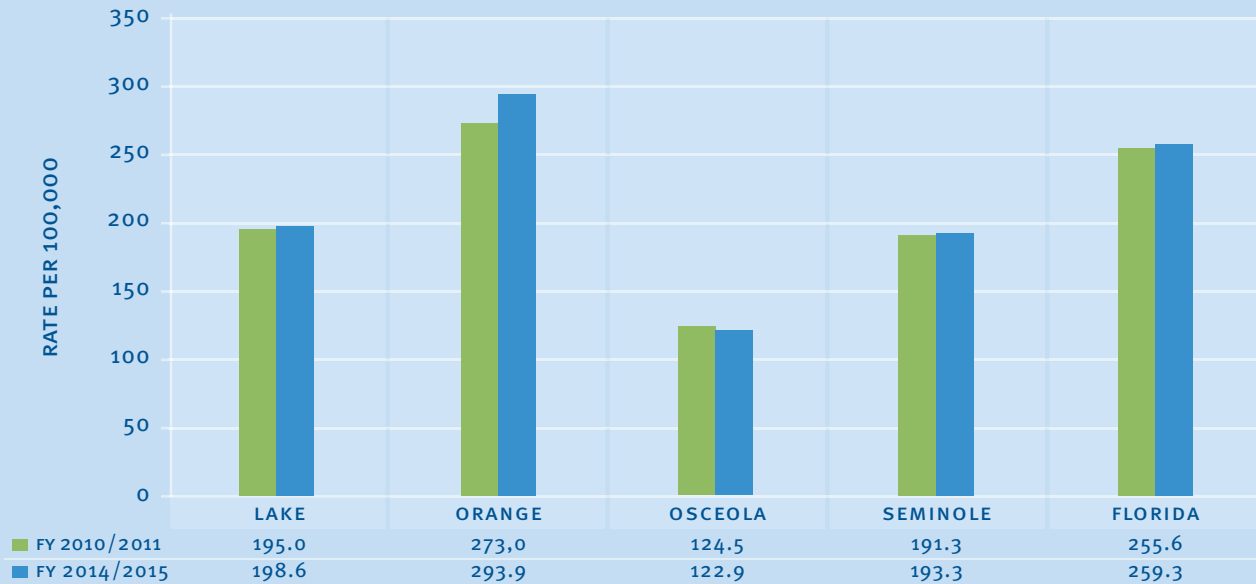
RATE PER 100,000

	LAKE	ORANGE	OSCEOLA	SEMINOLE	FLORIDA
FY 2010/2011	195.0	273,0	124.5	191.3	255.6
FY 2014/2015	198.6	293.9	122.9	193.3	259.3

Source: Florida Charts, 2016: Florida Department of Health, Division of Medical Quality Assurance
This chart reflects the most current open-sourced data available at the time the report was printed.

CHART 7.80 TOTAL LICENSED FLORIDA DENTISTS (2010/11 – 2014/15)
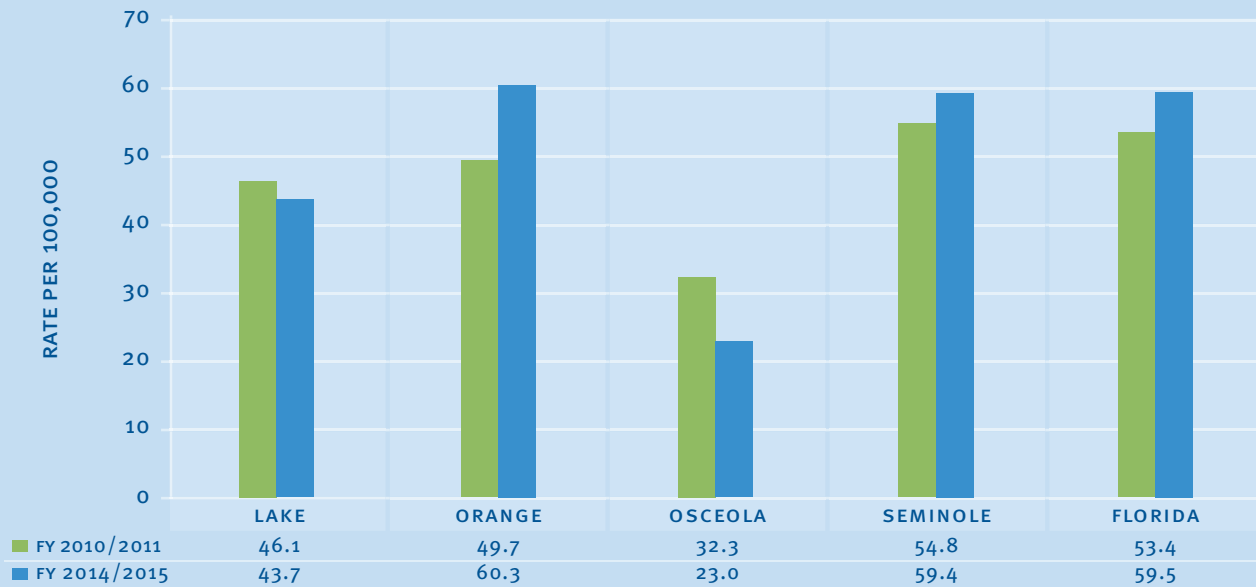
RATE PER 100,000

	LAKE	ORANGE	OSCEOLA	SEMINOLE	FLORIDA
FY 2010/2011	46.1	49.7	32.3	54.8	53.4
FY 2014/2015	43.7	60.3	23.0	59.4	59.5

Source: Florida Charts, 2016: Florida Department of Health, Division of Medical Quality Assurance
This chart reflects the most current open-sourced data available at the time the report was printed.

TABLE 7.15 RATIO OF MENTAL HEALTH PROVIDERS TO POPULATION

COUNTY	2015	2016
LAKE	1,381:1	1,283:1
ORANGE	591:1	544:1
OSCEOLA	992:1	884:1
SEMINOLE	690:1	627:1
FLORIDA	744:1	689:1

Source: County Health Rankings: RWJF, 2016

TABLE 7.16 EMERGENCY ROOM SERVICES

PROGRAM (A=ADULT; P=PEDIATRIC)	AFFILIATE HOSPITALS	4-COUNTY REGION	FLORIDA
BURN UNIT	1	1	6
STROKE CENTER			
PRIMARY	9	11	121
COMPREHENSIVE	2	2	34
LEVEL ONE TRAUMA	1	2	9
CARDIOVASCULAR SERVICES (A)			
LEVEL 1	3	4	31
LEVEL 2	3	6	78

Source: Florida Agency for Healthcare Administration, 2015

TABLE 7.17 TRANSPLANT SERVICES

PROGRAM (A=ADULT; P=PEDIATRIC)	AFFILIATE HOSPITALS	4-COUNTY REGION	FLORIDA
TRANSPLANT			
HEART TRANSPLANT (A)	1	1	16
KIDNEY TRANSPLANT (A & P)	1	1	16
LIVER TRANSPLANT (A)	1	1	16
LUNG TRANSPLANT (A)	1	1	16
MARROW TRANSPLANT (A & P)	1	1	16
PANCREAS/ISLET TRANSPLANT (A)	1	1	16

Source: Florida Agency for Healthcare Administration, 2015

CHART 7.81 TOTAL LICENSED HOSPITAL BEDS
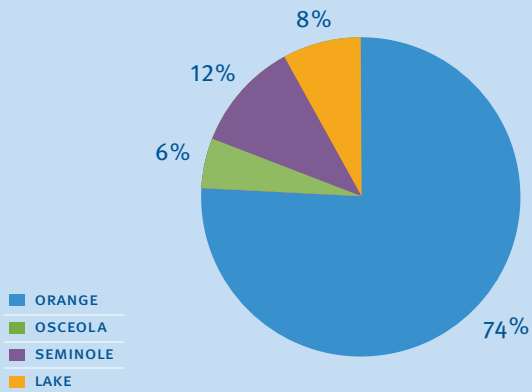
8%
12%
6%
74%

- ORANGE
- OSCEOLA
- SEMINOLE
- LAKE

Source: Agency for Health Care Administration, 2015.

Note: Additional beds are available in the four counties studied;
numbers reflect available beds provided only by the hospitals included in this assessment.

CHART 7.82 TOTAL LICENSED ACUTE CARE BEDS
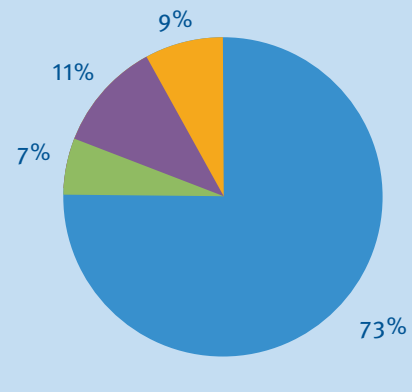
9%
11%
7%
73%

- ORANGE
- OSCEOLA
- SEMINOLE
- LAKE

Source: Agency for Health Care Administration, 2015.

Note: Additional beds are available in the four counties studied;
numbers reflect available beds provided only by the hospitals included in this assessment.

TABLE 7.18 TOTAL NICU II AND NICU III BEDS

COUNTY	NICU II	NICU III
ORANGE	130 BEDS - WINTER PARK MEMORIAL - FLORIDA HOSPITAL ORLANDO - WINNIE PALMER HOSPITAL FOR WOMEN & BABIES	105 BEDS - FLORIDA HOSPITAL ORLANDO - WINNIE PALMER HOSPITAL FOR WOMEN & BABIES

Source: County Health Rankings: RWJF, 2015
Note: Additional beds are available in the four counties studied; numbers reflect available beds provided only by the hospitals included in this assessment.

TABLE 7.19 TOTAL COMPREHENSIVE REHAB BEDS

COUNTY	COMPREHENSIVE REHAB
ORANGE	83 BEDS - WINTER PARK MEMORIAL - FLORIDA HOSPITAL ORLANDO - ORLANDO HEALTH ORLANDO REGIONAL MEDICAL CENTER

Source: County Health Rankings: RWJF, 2015
Note: Additional beds are available in the four counties studied; numbers reflect available beds provided only by the hospitals included in this assessment.

CHART 7.83 TOTAL LICENSED ADULT PSYCHIATRIC BEDS
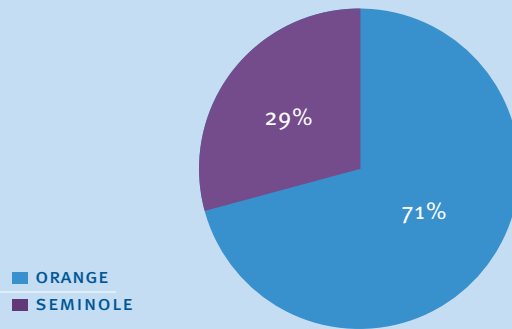
ORANGE
SEMINOLE

29%
71%

Source: Agency for Health Care Administration, 2015.

Note: Additional beds are available in the four counties studied;
numbers reflect available beds provided only by the hospitals included in this assessment.

TABLE 7.20 TOTAL C/A PSYCH AND IRTF BEDS

COUNTY	C/A PSYCH AND IRTF
SEMINOLE	24 BEDS - SOUTH SEMINOLE HOSPITAL

Source: Agency for Health Care Administration, 2015.

Note: Additional beds are available in the four counties studied; numbers reflect available beds provided only by the hospitals included in this assessment.

TABLE 7.21 TOTAL ADULT SUBSTANCE ABUSE BEDS

COUNTY	ADULT SUBSTANCE ABUSE
SEMINOLE	10 BEDS - SOUTH SEMINOLE HOSPITAL

Source: Agency for Health Care Administration, 2015.

Note: Additional beds are available in the four counties studied; numbers reflect available beds provided only by the hospitals included in this assessment.

TABLE 7.22 ASPIRE HEALTH PARTNERS VISITS (LICENSED HOSPITAL BEDS ONLY)

	ADMISSIONS	LAW ENFORCEMENT ADMISSIONS	WALK-INS
FY 2013	2,977	2,143	834
FY 2014	2,974	2,141	833
FY 2015	2,836	2,042	794

Source: Aspire Health Partners, 2015

PREVENTATIVE CARE

Women 40 Years+ Who Received a Mammogram in Past Year by Race/Ethnicity (2010-2012)

Only Orange County data on mammogram by race are complete. While the percentage of women receiving mammograms has decreased in general, Black/African American women have seen a slight increase at the state level. Orange County has seen decreases for Black/African American and Hispanic/Latino women. Osceola County collects data on Hispanic/Latino women, which also show a decrease between 2010-2012. In Orange County in 2012, Hispanic/Latino women had the lowest percentage, but in Osceola County they received mammograms more often than White women. (See Chart 8.1)

Women 18 Years+ Who Received Pap Test in Past Year by Race/Ethnicity (2002-2013)

The racial data for pap tests are equally incomplete. There have been declines across racial groups from 2002-2013. In 2013, Hispanic/Latino women in Osceola County were far less likely than White women to receive a pap. In Orange County, Black/African American and Hispanic/Latino women had percentages higher than White women. (See Chart 8.2)

Adults 50 Years+ Who Received a Sigmoidoscopy or Colonoscopy in Past Five Years by Race/Ethnicity (2002-2013)

The racial data for sigmoidoscopy/colonoscopy are similarly incomplete. Unlike the other preventative indicators, generally more adults are receiving the test than in the past. While the rate in Orange County has increased for White adults, it has slowly decreased for Black/African American and Hispanic/Latino residents. Hispanic/Latino adults in Osceola County have seen an increase similar to the general trend. (See Chart 8.3)

Adults 50 Years+ Who Received a Stool Blood Test in the Past Year by Race/Ethnicity (2013)

The data for adults aged 50 years and older who received a stool blood test in the past year are only complete in Orange County and at the state level. The rates across all racial and ethnic groups are below the state level with Black adults least likely to receive the test. Osceola reports Hispanic and White data which are both below the state level with Hispanics less likely to receive the test than their White counterparts. (See Chart 8.4)

Men 50 Years+ Who Received a PSA Test in the Past Two Years by Race/Ethnicity (2010)

None of the counties in the assessment region report data for Black or Hispanic males aged 50 years and older who received a PSA test in the past two years. At the state level, Hispanic residents are the least likely to receive the test. (See Chart 8.5)

CHRONIC CONDITIONS

Adults With Diagnosed Diabetes by Race/Ethnicity (2002-2013)

As has been seen in many indicators, racial groups experience differing levels of AADRs for diabetes across Central Florida counties; however, there is more consistency to the figure for White individuals for diabetes. White populations are somewhat similar across counties. Rates for two out of three races within all counties analyzed decreased from the 2012-2014 time period, and no race decreased or increased across all counties studied during the 2012-2014 time period. The Black/African American population has a considerably increased risk for diabetes from a regional average perspective, while Hispanic/Latino and White rates are generally much lower at the county (and regional) level. The lowest rate recorded was for the Hispanic/Latino population in Orange County, while the four highest rates of the 12 analyzed were part of the Black/African American

CHRONIC CONDITIONS, CONT'D.

demographic. The increases in diabetes incidence for the Black/African American demographic in Orange and Osceola Counties from 2012-2014 are somewhat alarming compared to the disparities seen in other demographic groups. (See Chart 8.6)

Adults Who Have Ever Been Told They Have High Blood Pressure by Race/Ethnicity (2002-2013)

In Lake County, high blood pressure is up for both Hispanic and Non-Hispanic White residents; there are no data for Non-Hispanic Black Lake County residents. Orange County Hispanic and Non-Hispanic White residents have seen a steady increase from 2002-2013. Non-Hispanic Black adults peaked in 2010 then decreased significantly in 2013. The same trend applies for Non-Hispanic Black adults in Osceola County. Osceola County Hispanic and Non-Hispanic White residents have seen a steady increase from 2002-2013. In Seminole County, there are only data for Non-Hispanic Black residents for 2007 and 2013. In both years, the high blood pressure percent was very high and increased in 2013. Hispanic residents also saw an increase while Non-Hispanic White residents peaked in 2010 and decreased in 2013. (See Chart 8.7)

Adults Who Have Ever Been Told They Had a Stroke by Race/Ethnicity (2007-2013)

Different racial groups experience differing levels of AADRs for cerebrovascular disease across Central Florida. However, outside of the figure for White persons, there is no clear consistency from county-to-county for rates from the Black/African American and Hispanic/Latino populations. Rates for all races within Orange County rose from the 2012-2014 time period, and rates in Lake and Seminole Counties rose for two of the three racial groups analyzed. All recorded rates reduced for Black/African American individuals over the time period outside of Orange County, while rates rose in three out of four counties for the Hispanic/Latino population and rates increased for White persons in all four counties studied. Of the 12 county-race groups analyzed with historic data present, eight increased and four decreased. White individuals seem to be the most susceptible to rising rates from this historical analysis, although the Black/African American population has a considerably increased risk for cerebrovascular disease from a regional average perspective. (See Chart 8.8)

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

Different racial groups experience differing levels of AADRs for coronary heart disease across Central Florida. However, outside of the figure for White persons, which is the highest in all counties studied, there is no clear consistency from county-to-county for rates from the Black/African American and Hispanic/Latino populations. Rates for all races within Lake County rose from the 2012-2014 time period, and rates in Osceola and Seminole Counties decreased for two of the three racial groups analyzed. All rates in Orange County decreased during the time period studied. All recorded rates reduced for Black/African American individuals over the time period outside of Lake County, while rates rose in two out of four counties for the Hispanic/Latino and White populations. The White population has a considerably increased risk for coronary heart disease from a regional average perspective and the Hispanic/Latino population is at the lowest risk regionally. (See Chart 8.9)

Age Adjusted Colorectal Cancer Incidence by Race/Ethnicity (2008-2012)

Across racial and ethnic groups, rectal cancer rates in Lake County fell except among Hispanic residents. In Orange County, all racial and ethnic groups saw an increase between 2008-2012, with a very pronounced increase for Black residents in 2012. Rectal cancer rates for all groups were lower in 2010 than in 2008 or 2012. Hispanic residents saw the starkest increase between 2010-2012 of all the groups. In Seminole County, Black residents clearly had a higher rate than other groups in 2010 and 2012. White residents saw a decrease from 2008-2012. (See Chart 8.10)

CHRONIC CONDITIONS, CONT'D.

Breast Cancer Incidence by Race/Ethnicity (2008-2012)

In Lake County, there was an overall decrease in rates of breast cancer among Hispanic residents between 2008-2012. White residents experienced a steady decrease during that time period as well. In Lake County, Black residents saw an increase in breast cancer rates year to year. In Orange County, White and Non-Hispanic residents saw a decrease every year. In Osceola County, Black and Hispanic residents' rates of breast cancer increased, while White and Non-Hispanic residents peaked in 2010 then decreased to rates lower than in 2008. Seminole County reported decreases across racial groups except for Black residents who peaked in 2010 then returned to a rate comparable to the 2008 rate in 2013. (See Chart 8.11)

Lung Cancer Incidence, Age Adjusted by Race/Ethnicity (2008-2012)

In Lake County, the rates for lung cancer in Black/African American and Hispanic/Latino residents increased from 2010-2012, while the rate for lung cancer in White residents decreased over the same period. In 2012, Black/African American residents had the highest rate in Lake County while Hispanic/Latino had the lowest. In Orange County, White residents decreased slightly. The rate for Black/African American residents increased from 2010-2012 with a peak in 2011. The rate for Hispanic/Latino residents in Orange County has slowly increased since 2010, but in 2012 was the lowest rate among all racial/ethnic groups in the county. In Osceola, the rate for White and Black/African American residents increased from 2010-2012, however the rate for White residents was higher. The rate for Hispanic/Latino residents has steadily risen and in 2012 passed the state level. In Seminole County, rates for White residents declined, but remained highest among the racial groups. Despite the increase over time for Hispanic/Latino residents, the group continues to report the lowest rates for lung cancer among the groups. (See Chart 8.12)

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

Only Orange County has consistent data for Non-Hispanic Black residents regarding adults currently with asthma. The rate for this group increased steadily and was the highest among racial groups in Orange County in 2013. Hispanic residents have fluctuated, but most recent data suggest a decrease. White residents in Orange County declined generally with the lowest rate of adults currently with asthma in 2007. Lake County saw a stark increase in 2013 for both Non-Hispanic White and Hispanic residents. For the years included, there was an increase among Non-Hispanic Black residents in Osceola County. Both Non-Hispanic White and Hispanic rates were on an upward trend from 2002-2013. The difference between the two data points for Non-Hispanic Black residents in Seminole County is stark: the rate in 2013 was 10 times higher than the 2007 rate. White residents have experienced a decrease while Hispanic residents dipped in 2007 and increased to their highest rate in 2013. (See Chart 8.13)

LEADING CAUSES OF DEATH

Top Five Causes of Death by Race/Ethnicity

Lake County 2014

In 2014, heart disease and cancer were the leading causes of death for both the White and Black/Other populations at a rate of 154.2-174.7 AADR per 100,000. In the White population, unintentional injury, chronic lower respiratory and cerebrovascular disease, in that order, finished the top five causes of death. In the Black/Other population, unintentional injury, chronic lower respiratory and cerebrovascular disease completed the top five causes of death. When compared by ethnicity, in the Non-Hispanic community, heart disease (162.8 AADR), cancer (160.2 AADR), unintentional injury, chronic lower respiratory disease and cerebrovascular disease were the top five causes of death. The leading causes of death in the Hispanic community were heart disease (143.1 AADR), cancer (121.0 AADR), cerebrovascular disease, unintentional injury and diabetes. (See Table 8.1)

Top Five Causes of Death by Race/Ethnicity, Cont'd.

Orange County 2014

In 2014, heart disease (154.4 AADR) was the leading cause of death for the White population followed by cancer (151.8 AADR), unintentional injury, chronic lower respiratory disease and cerebrovascular disease. Cancer was the leading cause of death in the Black/Other population at a rate of 145.9 AADR per 100,000. This was followed by heart disease (130.4 AADR), cerebrovascular disease, diabetes and unintentional injury. When compared by ethnicity, in the Non-Hispanic community, heart disease (162.4 AADR), cancer (157.8 AADR), unintentional injury, chronic lower respiratory disease and cerebrovascular disease were the top five causes of death. The leading causes of death in the Hispanic community were cancer (119.7 AADR), heart disease (104.2 AADR), cerebrovascular disease, unintentional injury and chronic lower respiratory disease. (See Table 8.2)

Osceola County 2014

In 2014, heart disease was the leading cause of death for both the White population (219.9 AADR) and Black/Other population (133.6). This was followed by cancer (White – 158.8 AADR; Black/Other – 96.7). In the White population, chronic lower respiratory disease, unintentional injury and cerebrovascular disease completed the top five leading causes. In the Black population, heart disease and cancer were followed by chronic lower respiratory disease, Alzheimer's disease and cerebrovascular disease. When compared by ethnicity, in the Non-Hispanic community, heart disease (223.0 AADR), cancer (165.1 AADR), chronic lower respiratory disease, unintentional injury and cerebrovascular disease were the top five causes of death. The leading causes of death in the Hispanic community were heart disease (181.3 AADR), cancer (121.1 AADR), Alzheimer's disease, unintentional injury and cerebrovascular disease. (See Table 8.3)

Seminole County 2014

In 2014, cancer and heart disease were the leading causes of death, in that order, for both the White and Black/Other populations at a rate of 113.8-155 AADR per 100,000. In the White population, chronic lower respiratory, unintentional injury and cerebrovascular disease finished the top five causes of death. In the Black/Other population, cerebrovascular disease, diabetes and unintentional injury completed the top five causes of death. When compared by ethnicity, cancer was the leading cause of death for the Non-Hispanic (162.7 AADR) and Hispanic (96.0 AADR) populations followed by heart disease (Non-Hispanics – 155.0 AADR; Hispanics 90.5 AADR). In the Non-Hispanic population, chronic lower respiratory disease, unintentional injury and cerebrovascular disease completed the top five causes of death. Cerebrovascular disease, Alzheimer's disease and unintentional injury followed cancer and heart disease as the leading causes of death in the Hispanic population in Seminole County. (See Table 8.4)

BIRTH CHARACTERISTICS

Infant Mortality Within Race/Ethnicity (2014)

Infant mortality rates are affecting the Black population at the highest rate within all four counties analyzed. Of the 12 indicators collected, the highest four rates are attributed to the Black population. The White and Hispanic populations have similar rates, but these rates vary somewhat from county to county. White infants have a higher mortality rate in Lake and Seminole Counties, while Hispanic populations are more at risk, on average, in Orange and Osceola Counties. (See Chart 8.14)

Births to Uninsured Women Within Race/Ethnicity (2014)

Hispanic mothers are also less likely to be insured compared to White and Black mothers. Hispanic mothers lead both Black and White mothers in this category across all four counties analyzed. The Black population is generally more likely to have insurance as compared to the other racial demographics studied. (See Chart 8.15)

BIRTH CHARACTERISTICS, CONT'D.

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

Educational attainment at the time of birth is analyzed in this portion of the report by race and county of residence. While numbers varied among races on a county-by-county basis, the Hispanic population had the highest rates of this measure in three out of four counties studied. This is highlighted by a 19.2 percent rate in Lake County, which has the highest overall rates in Central Florida regardless of the racial demographic studied. White mothers are the least likely to have less than a high school education, primarily in Seminole and Orange Counties, where rates are 6.3 percent and 9.6 percent, respectively. (See Chart 8.16)

Births to Unwed Mothers Within Race/Ethnicity (2014)

Unwed mothers, by race and county, are generally at or above the 40 percent level within all counties studied in this report. While numbers by select race differ when measured across counties, the Black population has the highest rate of unwed mothers in all four counties analyzed. White mothers, meanwhile, were much less likely overall to be unwed at the time of birth. However, when compared to the numbers collected for repeat births for mothers aged 15-19, there is no correlation. (See Chart 8.17)

Births to Mothers Who Were Obese During Pregnancy Within Race/Ethnicity (2014)

The rate of births to mothers who were obese during pregnancy is also representative of the obesity by race figures in this report, that show the Black population is the most at-risk demographic group within all four counties. Often, these figures exceed 30 percent. White and Hispanic mothers in Central Florida generally have numbers within the same range. However, there is a slightly lower rate for White mothers. (See Chart 8.18)

Repeat Births to Mothers Ages 15-19 Within Race/Ethnicity (2014)

While it may seem like common sense that there would be a correlation between births to unwed mothers and repeat births to mothers aged 15-19, repeat birth figures are somewhat sporadic and appear random across counties and racial demographics. There is one exception, however, as Hispanic mothers in Lake County have a 29.6 percent rate, 5.5 percent higher than the second largest figure of the 12 analyzed across counties and racial demographics. (See Chart 8.19)

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

Preterm births also affect the Black population disproportionately as compared to the White and Hispanic populations. Similar to infant mortality rates studied regionally, the Black population has the four highest figures of the 12 studied across each county and racial demographic. Thus, the Black community is at the highest level of risk for preterm births. White and Hispanic rates are nearly identical from county to county. (See Chart 8.20)

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

The low birth weight rates follow the same trend as preterm births and infant mortality rates. The Black community has the highest rates, by a considerable margin, across all four counties studied. As was seen with preterm births, White and Hispanic rates for low birth weights are fairly consistent and nearly identical for the 2014 period. (See Chart 8.21)

BIRTH CHARACTERISTICS, CONT'D.

Births Covered by Medicaid Within Race/Ethnicity (2014)

The Black community also has the highest percentage of births covered by Medicaid, with figures exceeding 63.2 percent or more in each county analyzed. The Hispanic population is also more susceptible than the average regional rates. Hispanic births covered by Medicaid within the region range from 56.5 percent in Seminole County to 65.7 percent in Osceola County. It is important to note that Osceola County has the highest proportion of Hispanic individuals among the four counties studied, which considerably increases the overall risk in terms of the number of individuals with Medicaid care. This could put Osceola County at a higher financial burden to the medical community, as a whole, in terms of Medicaid cost per resident (for births only). (See Chart 8.22)

QUALITY OF LIFE/MENTAL HEALTH

Adults Who Had Poor Mental Health Days For 14 or More of the Past 30 Days Within Race/Ethnicity, By Income and By Education (2007-2013)

In Lake County, no data existed for the Non-Hispanic Black population who had poor mental health days for 14 of more of the past 30 days. However, overall, the percentage of the population experiencing this indicator is rising in Lake County, increasing 34 percent in Non-Hispanic Whites and 39 percent in the Hispanic population. The population with more than a high school diploma has the most consistent percentage in this indicator and those making more than $50k annually generally account for the lowest percentage of the population experiencing poor mental health. In general, in Lake County the population characteristics that show the highest percentage of poor mental health for 14 or more days in the past 30 days include Hispanics, those with a high school/GED or less, and those making less than $25k per year.

In Orange County, there has been a sharp rise in the percentage of Non-Hispanic Blacks experiencing poor mental health days for 14 or more days in the past 30 days, rising 75 percent between 2010-2013. The Hispanic population experienced a decline of 50 percent between 2010-2013. The population with less than a high school education has experienced an upward trend. None of the demographic cross-sections showed a downward trend in Orange County. Generally, those making more than $50k annually had the lowest percentage of poor mental health days for 14 or more of the past 30 days than any other characteristic indicated. This is followed by Non-Hispanic Whites and those with higher educational levels. Generally, 2010 had the highest percentage in most of the categories, outside of the Non-Hispanic Black population and those with less than high school education levels.

Osceola County is experiencing declines in some characteristics associated with this indicator, especially in Non-Hispanic Whites, those with a high school diploma/GED and the population making more than $50k annually. The population making less than $25k per year has experienced a consistent upward trend from 2007, increasing 63 percent. Also, the Non-Hispanic Black population more than doubled its percentage of adults with poor mental health days for 14 or more or the past 30 days between 2007-2010. This percentage then drastically reduced in 2013 to below its 2007 level to 6.20 percent. As would be expected, the population with less than high school education and those making less than $25k per year experienced the highest percentage of adults who have had poor mental health days for 14 or more of the past 30 days.

In Seminole County, many of the categories in this indicator are relatively similar in terms of percentage, except for those making less than $25k annually, which has experienced the fastest growth in percentage (100 percent growth, with higher percentages than the other characteristics). The percentage of adults with poor mental health days for 14 or more days of the past 30 days has shown an upward trend in the Non-Hispanic White population, those making more than $50k annually, and those with educational levels above high school, as well as those making less than $25k per year. The other characteristics have fluctuated between 2007-2013. (See Charts 8.23 - 8.25)

QUALITY OF LIFE/MENTAL HEALTH, CONT'D.

Adults Who Always or Usually Receive the Social and Emotional Support They Need Within Race/Ethnicity (2007-2010)

Lake County does not have data for Non-Hispanic Black residents and only one year of Hispanic data for adults who always or usually receive the social and emotional support they need. The data point for Hispanic residents was comparable to that year's rate for Non-Hispanic White residents. In 2010, the rate for Non-Hispanic White residents increased slightly. In Orange County, each group saw a marginal increase over time, with Non-Hispanic White residents reporting social and emotional support most frequently. In Osceola County, Non-Hispanic Black residents received the least support after a decrease in 2010. Hispanic residents experienced a decrease as well, while the rate for Non-Hispanic White residents remained essentially the same. In Seminole County, there is only one data point for Non-Hispanic Black residents, and in 2007 they had the highest rate. The percentage of adults receiving support decreased for both Non-Hispanic White and Hispanic residents in Seminole County. (See Charts 8.26)

HEALTHCARE ACCESS

Insurance Coverage by Race/Ethnicity (2013)

Again, Lake County does not have data for its Non-Hispanic Black residents and is missing a year of data for Hispanic residents. Hispanic residents were insured at a much lower rate than Non-Hispanic White residents in 2013. In Orange and Osceola Counties, Hispanic residents were least likely to be insured while Non-Hispanic White residents had the highest insured rates. In Seminole County in 2013, Non-Hispanic Black residents were least likely to be insured, while Non-Hispanic White residents had the highest coverage rates. (See Chart 8.27)

Key Findings

A general decrease in preventative screenings applies even more so to minority residents where data are reported by race. Diabetes is a major concern for the region and Black residents specifically. Black residents are also overrepresented in maternal and child indicators, especially infant mortality. Insurance coverage is an issue for racial minorities, especially Hispanic residents. There is also a foundational issue in underreporting data for minority populations; it is difficult to address racial disparities if there is no way of knowing where they exist.

CHART 8.1   WOMEN 40 YEARS+ WHO RECEIVED A MAMMOGRAM IN PAST YEAR BY RACE/ETHNICITY (2010-2012)

	WHITE			BLACK/AFRICAN AMERICAN			HISPANIC/LATINO		
	2010	2011	2012	2010	2011	2012	2010	2011	2012
LAKE	61.3%	69.6%	69.3%	N/A	N/A	N/A	N/A	N/A	N/A
ORANGE	63.1%	61.0%	54.5%	N/A	64.4%	48.0%	N/A	71.1%	43.5%
OSCEOLA	58.7%	53.1%	47.9%	N/A	N/A	N/A	57.8%	54.7%	50.6%
SEMINOLE	62.3%	62.7%	49.6%	N/A	N/A	N/A	N/A	N/A	N/A
FLORIDA	66.1%	65.4%	61.8%	60.4%	70.2%	66.6%	67.3%	63.2%	59.8%
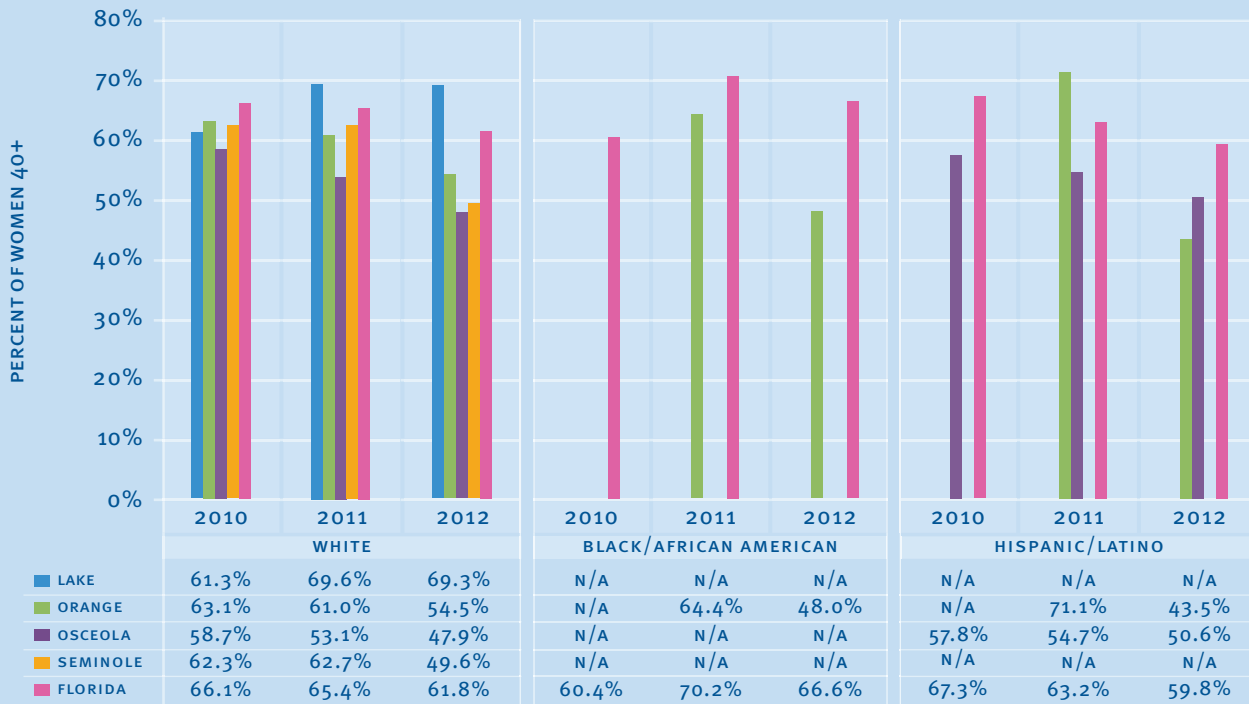
Source: Florida Department of Health, 2016: University of Miami (FL) Medical School, Florida Cancer Data System. N/A = no data reported in source.
This chart reflects the most current open-sourced data available at the time the report was printed.

CHART 8.2   WOMEN 18 YEARS+ WHO RECEIVED PAP TEST IN PAST YEAR BY RACE/ETHNICITY (2002-2013)
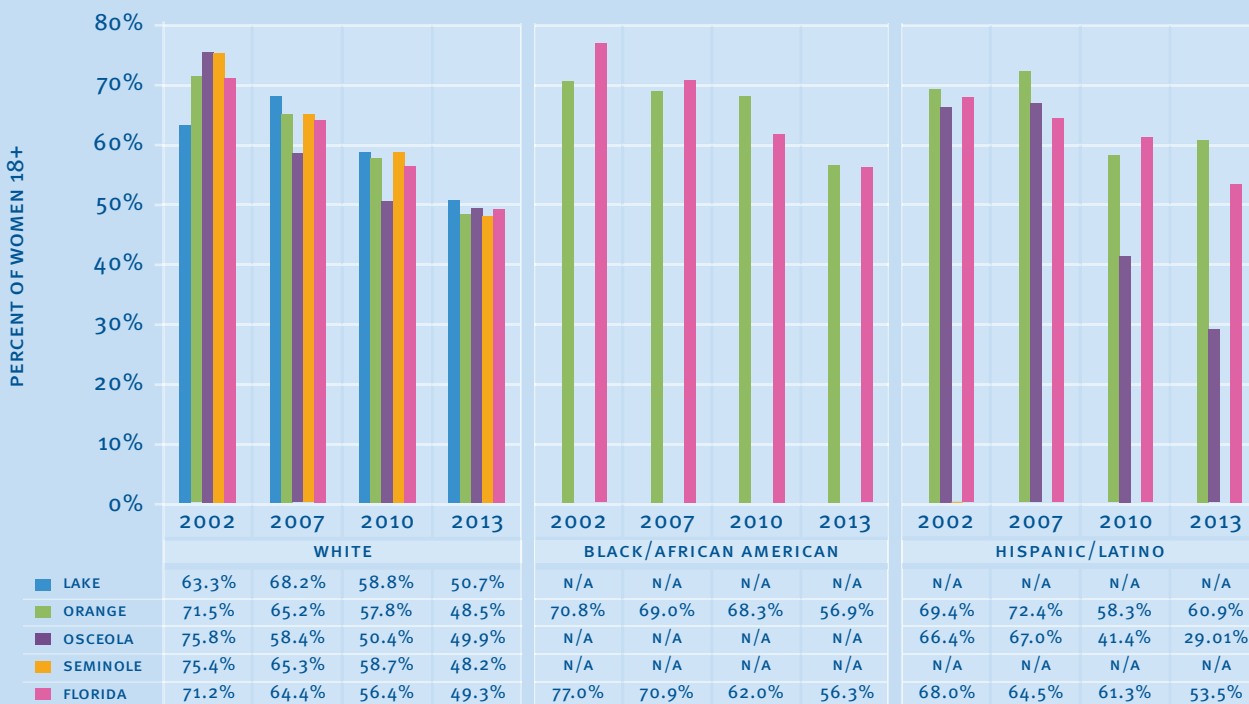
	WHITE				BLACK/AFRICAN AMERICAN				HISPANIC/LATINO			
	2002	2007	2010	2013	2002	2007	2010	2013	2002	2007	2010	2013
LAKE	63.3%	68.2%	58.8%	50.7%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
ORANGE	71.5%	65.2%	57.8%	48.5%	70.8%	69.0%	68.3%	56.9%	69.4%	72.4%	58.3%	60.9%
OSCEOLA	75.8%	58.4%	50.4%	49.9%	N/A	N/A	N/A	N/A	66.4%	67.0%	41.4%	29.01%
SEMINOLE	75.4%	65.3%	58.7%	48.2%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
FLORIDA	71.2%	64.4%	56.4%	49.3%	77.0%	70.9%	62.0%	56.3%	68.0%	64.5%	61.3%	53.5%

Source: Florida Charts, 2016: Florida Behavioral Risk Factor Surveillance System. N/A = no data reported in source.
This chart reflects the most current open-sourced data available at the time the report was printed.

CHART 8.3   ADULTS 50 YEARS+ WHO RECEIVED A SIGMOIDOSCOPY OR COLONOSCOPY IN PAST FIVE YEARS BY RACE/ETHNICITY (2002-2013)

PERCENT OF ADULTS 50+

	WHITE				BLACK/AFRICAN AMERICAN				HISPANIC/LATINO			
	2002	2007	2010	2013	2002	2007	2010	2013	2002	2007	2010	2013
LAKE	43.3%	58.5%	58.0%	65.0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
ORANGE	46.7%	45.3%	52.1%	54.5%	N/A	52.6%	41.8%	49.0%	N/A	45.0%	48.3%	35.9%
OSCEOLA	48.5%	55.0%	49.6%	54.0%	N/A	N/A	N/A	N/A	40.0%	31.0%	45.0%	56.0%
SEMINOLE	49.0%	56.7%	54.6%	61.8%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
FLORIDA	46.7%	56.8%	57.6%	56.6%	40.7%	48.9%	57.3%	57.0%	34.7%	39.0%	48.8%	50.7%
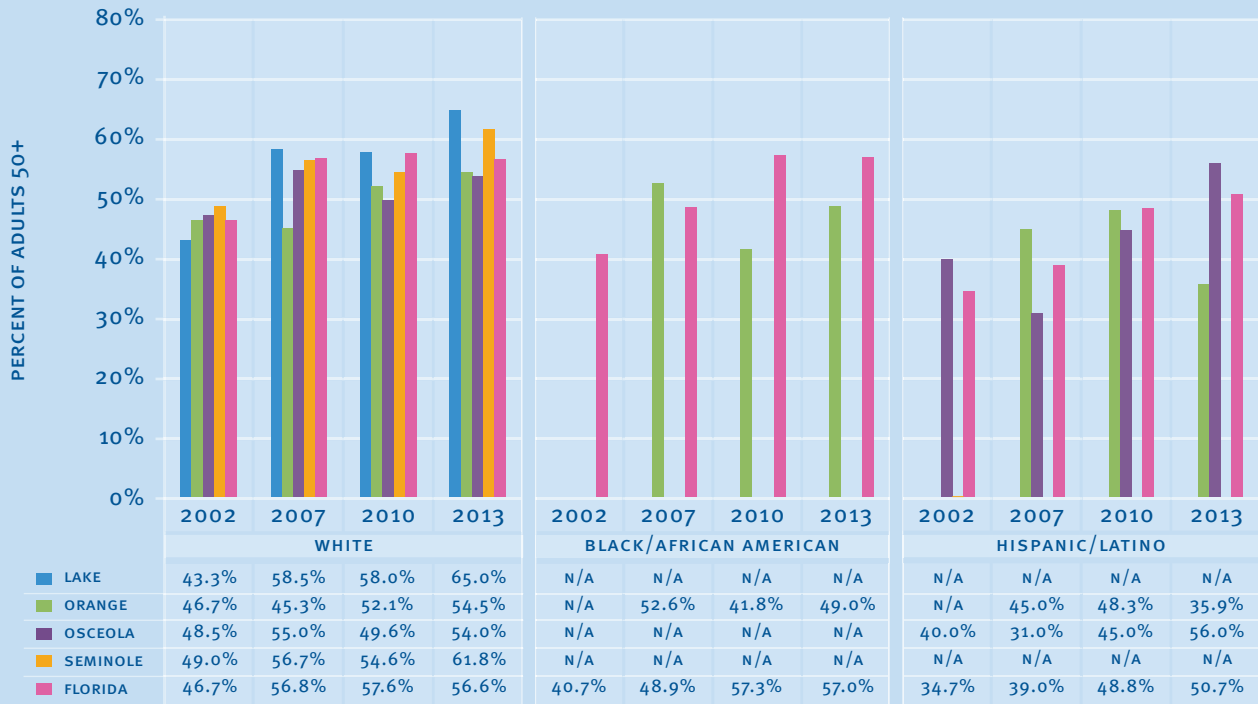
Source: Florida Charts, 2016: Florida Behavioral Risk Factor Surveillance System. N/A = no data reported in source.
This chart reflects the most current open-sourced data available at the time the report was printed.

CHART 8.4   ADULTS 50 YEARS+ WHO RECEIVED A STOOL BLOOD TEST IN THE PAST YEAR BY RACE/ETHNICITY (2013)

PERCENT OF ADULTS 50+

	LAKE	ORANGE	OSCEOLA	SEMINOLE	FLORIDA
WHITE	15.4%	10.1%	11.2%	9.9%	13.6%
BLACK	N/A	1.8%	N/A	N/A	14.4%
HISPANIC	N/A	10.4%	5.4%	N/A	13.9%

Source: Florida Charts, 2016: Florida Behavioral Risk Factor Surveillance System. N/A = no data reported in source.
This chart reflects the most current open-sourced data available at the time the report was printed.

CHART 8.5 MEN 50 YEARS+ WHO RECEIVED A PSA TEST IN THE PAST TWO YEARS BY RACE/ETHNICITY (2010)

	LAKE	ORANGE	OSCEOLA	SEMINOLE	FLORIDA
WHITE	79.1%	70.9%	62.6%	69.9%	74.7%
BLACK	N/A	N/A	N/A	N/A	67.0%
HISPANIC	N/A	N/A	N/A	N/A	60.7%

Source: Florida Charts, 2015: Florida Behavioral Risk Factor Surveillance System. N/A = no data reported in source.
This chart reflects the most current open-sourced data available at the time the report was printed.

CHART 8.6 ADULTS WITH DIAGNOSED DIABETES BY RACE/ETHNICITY (2002-2013)

	WHITE				BLACK/AFRICAN AMERICAN				HISPANIC/LATINO			
	2002	2007	2010	2013	2002	2007	2010	2013	2002	2007	2010	2013
LAKE	10.1%	13.2%	12.5%	16.2%	N/A	N/A	N/A	N/A	3.4%	9.7%	N/A	18.0%
ORANGE	6.5%	8.0%	7.8%	10.6%	17.1	13.4%	21.5%	6.4%	2.8%	6.0%	6.9%	15.0%
OSCEOLA	7.6%	8.4%	7.8%	10.7%	N/A	22.8%	30.1%	8.5%	2.3%	8.2%	11.6%	18.4%
SEMINOLE	6.2%	6.7%	11.8%	10.7%	3.6%	12.5%	N/A	10.4%	N/A	10.4%	19.5%	4.1%
FLORIDA	8.0%	9.0%	13.1%	11.4%	10.6%	12.4%	13.1%	12.3%	7.1%	6.6%	9.6%	10.8%

Source: Florida Charts, 2016: Florida Behavioral Risk Factor Surveillance System. N/A = no data reported in source.
This chart reflects the most current open-sourced data available at the time the report was printed.

CHART 8.7 ADULTS WHO HAVE EVER BEEN TOLD THEY HAVE HIGH BLOOD PRESSURE BY RACE/ETHNICITY (2002-2013)

	LAKE				ORANGE				OSCEOLA				SEMINOLE				FLORIDA			
	2002	2007	2010	2013	2002	2007	2010	2013	2002	2007	2010	2013	2002	2007	2010	2013	2002	2007	2010	2013
NON-HISP. WHITE	26.3%	36.6%	44.7%	42.5%	20.0%	25.3%	34.9%	31.8%	26.7%	25.2%	34.5%	33.4%	20.0%	28.5%	39.9%	31.6%	28.7%	30.4%	35.4%	38.4%
NON-HISP. BLACK	N/A	N/A	N/A	N/A	40.1%	37.5%	45.5%	26.5%	N/A	30.7%	42.8%	15.8%	N/A	45.7%	N/A	52.0%	32.2%	32.5%	41.7%	33.7%
HISPANIC	20.5%	21.8%	N/A	27.7%	15.6%	17.6%	23.9%	30.2%	24.7%	17.8%	33.1%	35.5%	14.0%	22.8%	24.3%	35.5%	21.1%	19.1%	24.8%	28.3%
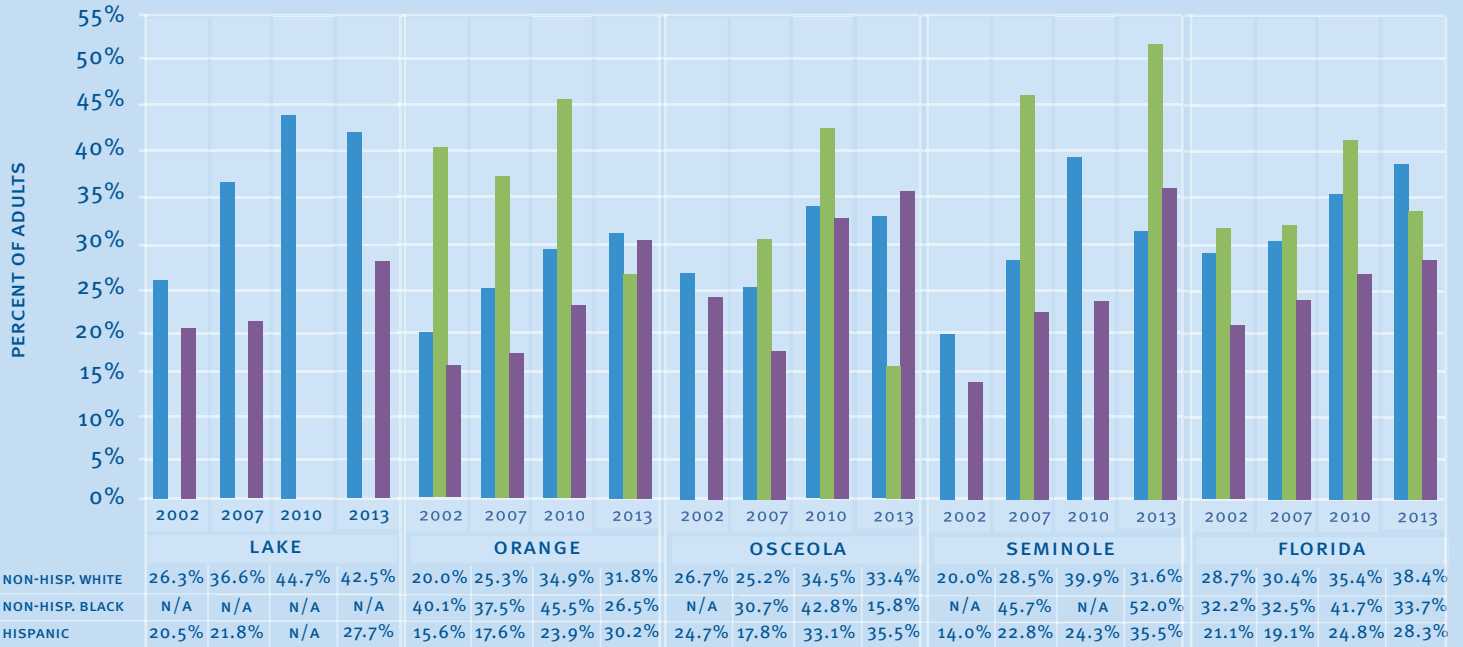
Source: Florida Charts, 2016: Florida Behavioral Risk Factor Surveillance System. N/A = no data reported in source.
This chart reflects the most current open-sourced data available at the time the report was printed.

CHART 8.8 ADULTS WHO HAVE EVERY BEEN TOLD THEY HAD A STROKE BY RACE/ETHNICITY (2007-2013)

	WHITE			BLACK/AFRICAN AMERICAN			HISPANIC/LATINO		
	2007	2010	2013	2007	2010	2013	2007	2010	2013
LAKE	4.1%	3.7%	5.7%	N/A	N/A	N/A	N/A	N/A	N/A
ORANGE	2.5%	3.2%	3.8%	N/A	5.8%	3.0%	1.6%	1.2%	2.1%
OSCEOLA	3.7%	4.4%	2.5%	1.2%	10.7%	0.8%	1.5%	2.0%	0.8%
SEMINOLE	2.2%	1.4%	3.8%	N/A	N/A	N/A	N/A	N/A	N/A
FLORIDA	3.5%	3.8%	4.3%	3.7%	4.0%	4.6%	1.4%	1.5%	2.0%

Source: Florida Charts, 2016: Florida Behavioral Risk Factor Surveillance System. N/A = no data reported in source.
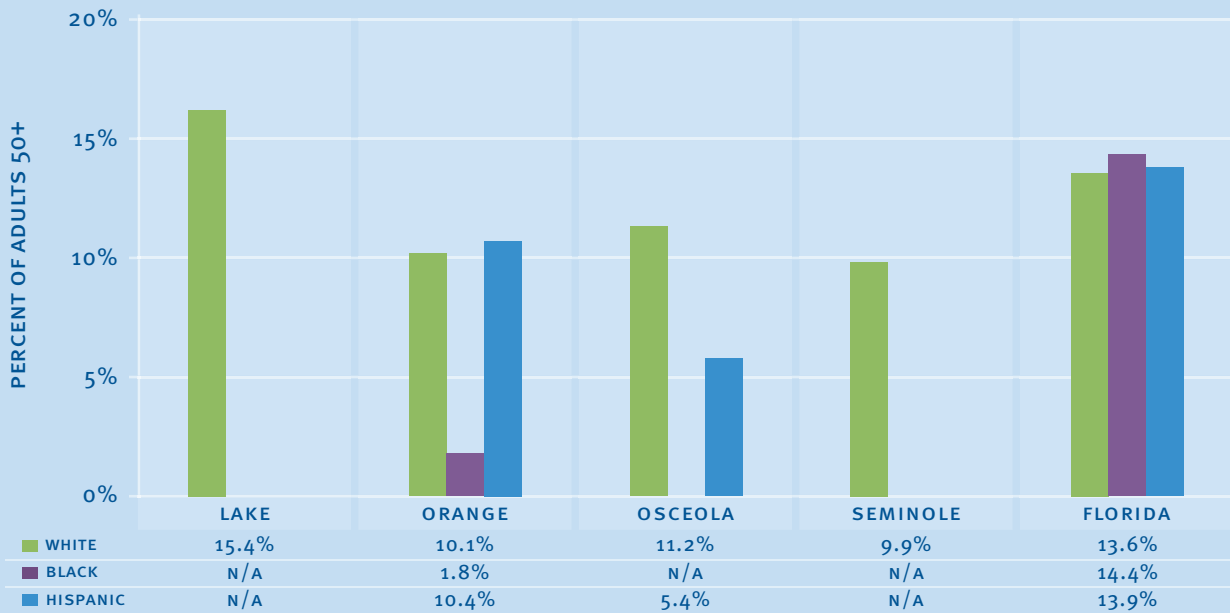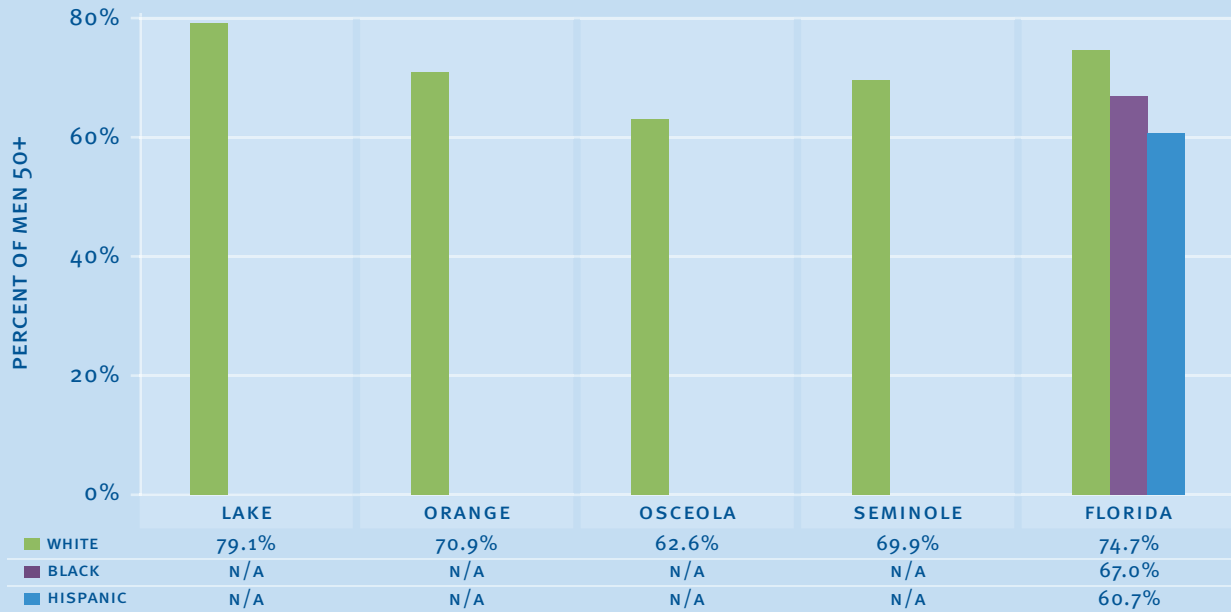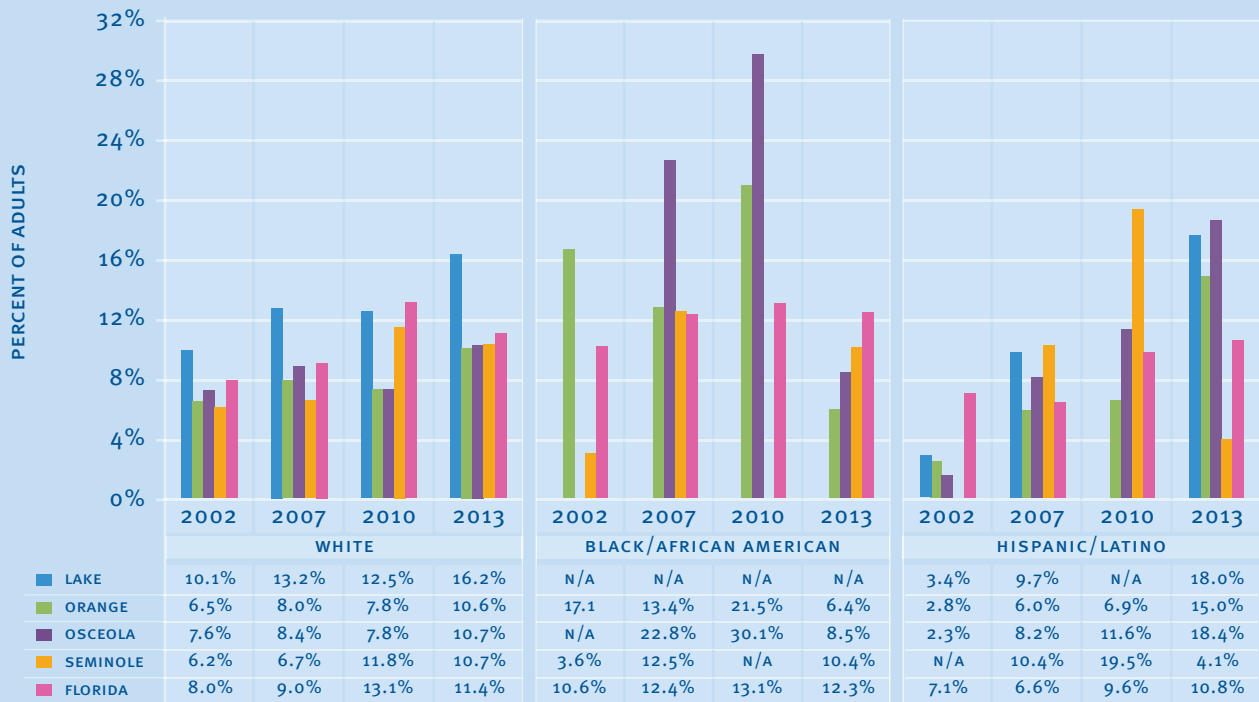This chart reflects the most current open-sourced data available at the time the report was printed.

CHART 8.9 AGE-ADJUSTED DEATH RATE FOR CORONARY HEART DISEASE BY RACE/ETHNICITY (2012-2014)
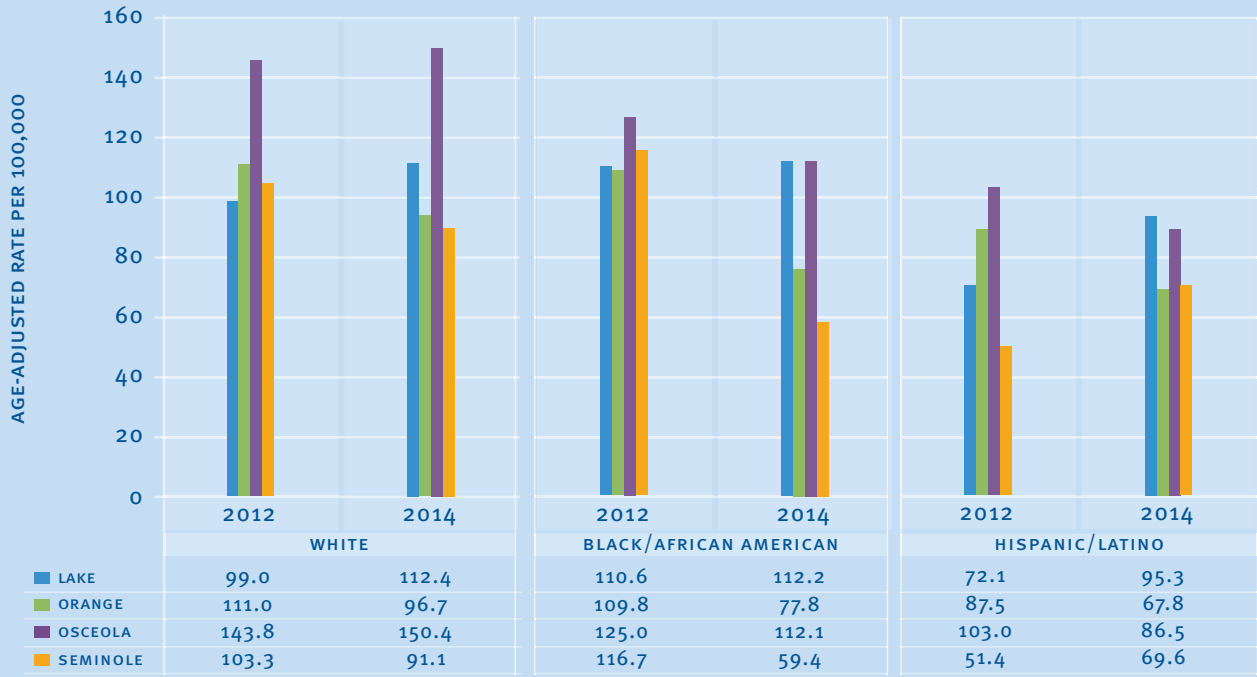
AGE-ADJUSTED RATE PER 100,000

HEALTHY PEOPLE 2020 GOAL: 103.4

	WHITE		BLACK/AFRICAN AMERICAN		HISPANIC/LATINO	
	2012	2014	2012	2014	2012	2014
LAKE	99.0	112.4	110.6	112.2	72.1	95.3
ORANGE	111.0	96.7	109.8	77.8	87.5	67.8
OSCEOLA	143.8	150.4	125.0	112.1	103.0	86.5
SEMINOLE	103.3	91.1	116.7	59.4	51.4	69.6

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

CHART 8.10 AGE-ADJUSTED COLORECTAL CANCER INCIDENCE BY RACE/ETHNICITY (2008-2012)

AGE-ADJUSTED RATE PER 100,000

	LAKE			ORANGE			OSCEOLA			SEMINOLE			FLORIDA		
	2008	2010	2012	2008	2010	2012	2008	2010	2012	2008	2010	2012	2008	2010	2012
WHITE	47.6	41.1	40.0	48.7	40.1	42.4	51.6	27.9	45.3	34.3	32.0	31.5	41.3	35.9	28.8
BLACK	50.0	43.1	33.2	47.1	42.7	77.5	36.1	26.4	35.8	32.7	56.1	57.9	49.1	43.2	55.6
HISPANIC	26.5	43.2	41.0	31.3	30.5	49.1	56.5	17.1	44.3	27.6	17.7	34.9	38.9	32.4	37.0
NON-HISPANIC	48.5	41.0	39.8	51.2	43.2	48.6	47.8	33.1	47.7	35.2	37.2	35.1	42.7	37.4	30.0

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

CHART 8.11 BREAST CANCER INCIDENCE BY RACE/ETHNICITY (2008-2012)

AGE-ADJUSTED RATE PER 100,000

	LAKE			ORANGE			OSCEOLA			SEMINOLE			FLORIDA		
	2008	2010	2012	2008	2010	2012	2008	2010	2012	2008	2010	2012	2008	2010	2012
WHITE	129.0	119.6	90.3	131.5	116.8	101.7	119.9	126.1	96.1	115.2	107.7	86.7	118.4	114.9	75.2
BLACK	127.9	143.1	143.5	101.3	91.7	130.9	53.8	95.5	111.3	100.0	127.9	99.3	105.3	105.3	127.7
HISPANIC	89.4	51.2	81.1	82.9	79.3	112.9	79.2	70.3	128.6	64.2	63.0	48.2	79.4	79.9	84.8
NON-HISPANIC	129.2	128.6	92.7	128.8	119.7	110.7	125.0	155.8	95.1	120.0	116.2	94.6	123.3	120.4	79.4

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

CHART 8.12 LUNG CANCER INCIDENCE, AGE ADJUSTED BY RACE/ETHNICITY (2010-2012)
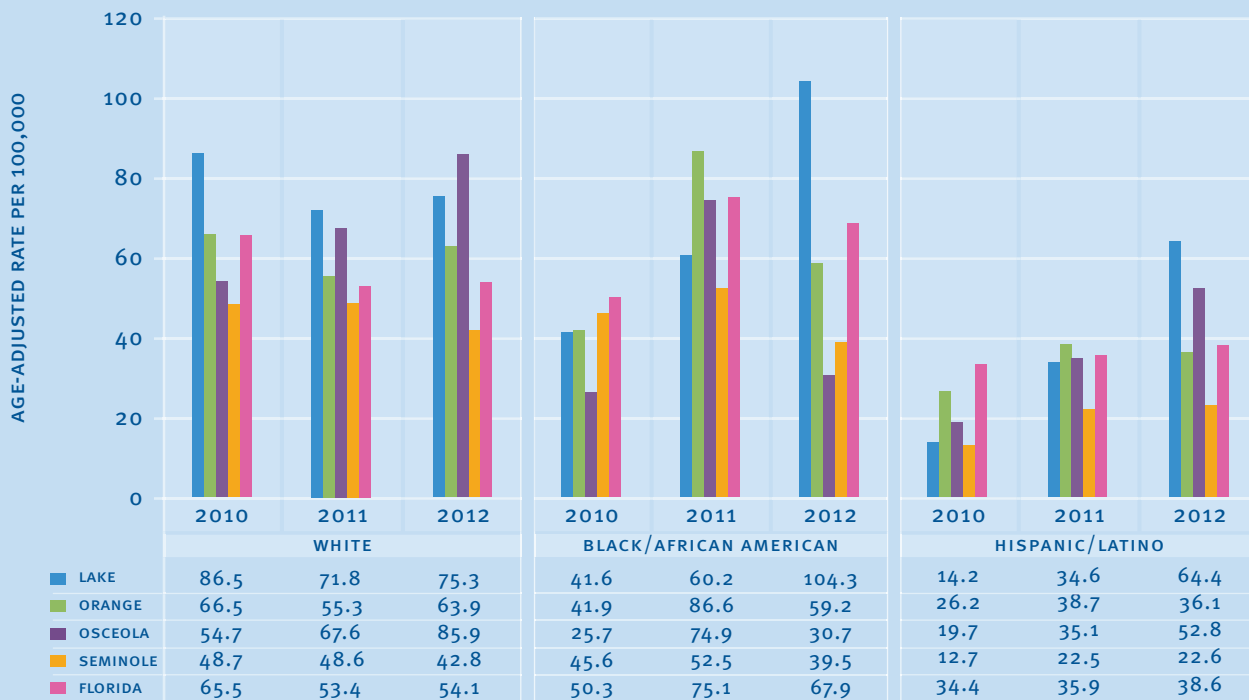
AGE-ADJUSTED RATE PER 100,000

	WHITE			BLACK/AFRICAN AMERICAN			HISPANIC/LATINO		
	2010	2011	2012	2010	2011	2012	2010	2011	2012
LAKE	86.5	71.8	75.3	41.6	60.2	104.3	14.2	34.6	64.4
ORANGE	66.5	55.3	63.9	41.9	86.6	59.2	26.2	38.7	36.1
OSCEOLA	54.7	67.6	85.9	25.7	74.9	30.7	19.7	35.1	52.8
SEMINOLE	48.7	48.6	42.8	45.6	52.5	39.5	12.7	22.5	22.6
FLORIDA	65.5	53.4	54.1	50.3	75.1	67.9	34.4	35.9	38.6

Source: University of Miami (FL) Medical School, Florida Cancer Data System
This chart reflects the most current open-sourced data available at the time the report was printed.

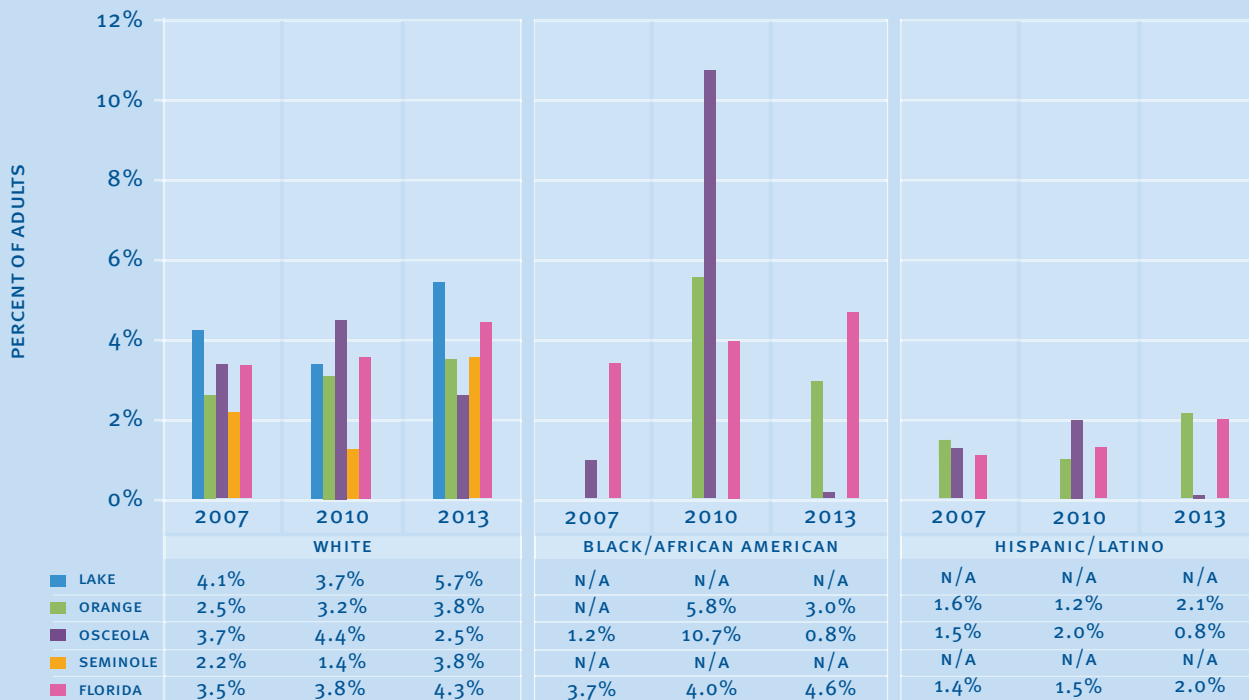## CHART 8.13   ADULTS CURRENTLY WITH ASTHMA BY RACE/ETHNICITY (2002-2013)

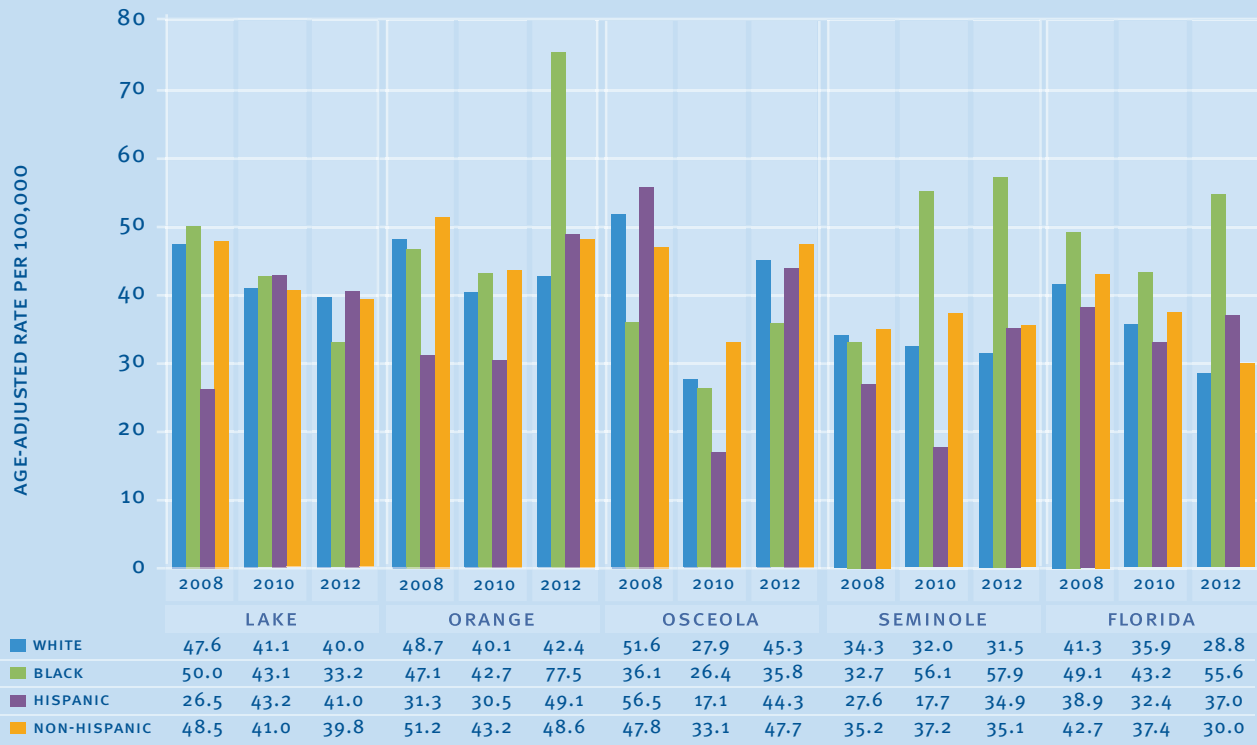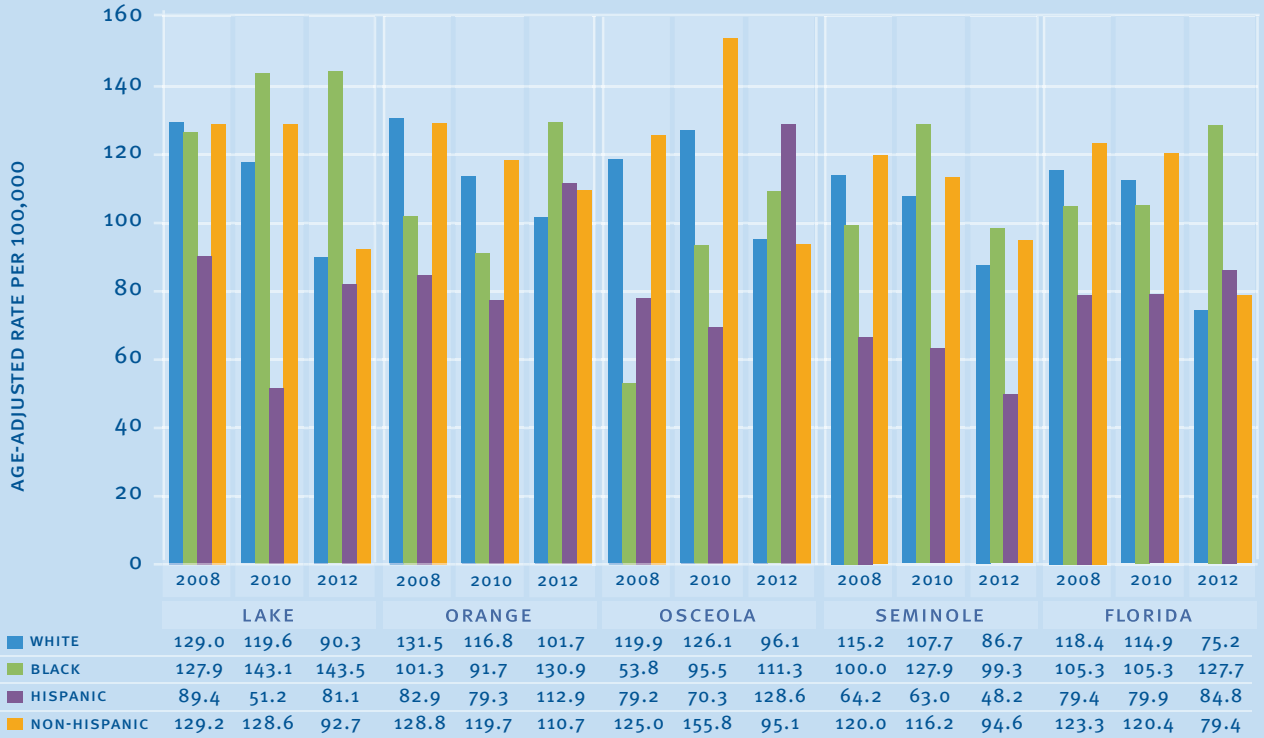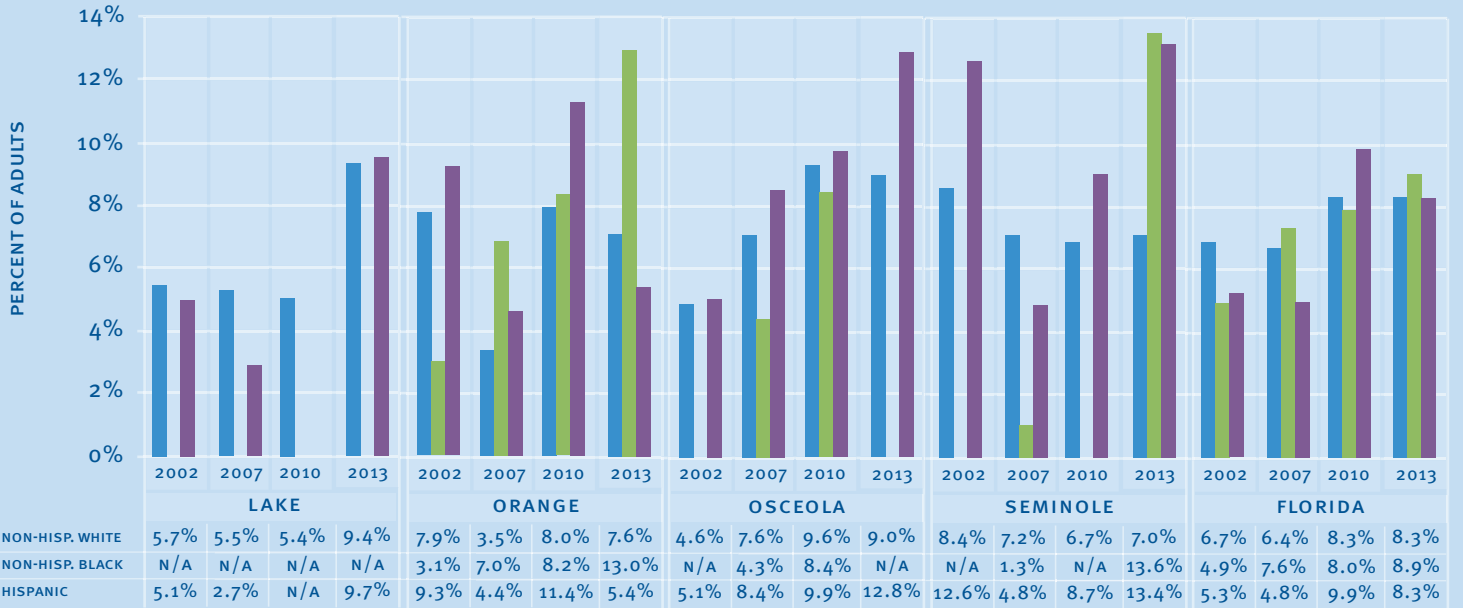|		LAKE					ORANGE					OSCEOLA					SEMINOLE					FLORIDA		
	2002	2007	2010	2013	2002	2007	2010	2013	2002	2007	2010	2013	2002	2007	2010	2013	2002	2007	2010	2013
NON-HISP. WHITE	5.7%	5.5%	5.4%	9.4%	7.9%	3.5%	8.0%	7.6%	4.6%	7.6%	9.6%	9.0%	8.4%	7.2%	6.7%	7.0%	6.7%	6.4%	8.3%	8.3%
NON-HISP. BLACK	N/A	N/A	N/A	N/A	3.1%	7.0%	8.2%	13.0%	N/A	4.3%	8.4%	N/A	N/A	1.3%	N/A	13.6%	4.9%	7.6%	8.0%	8.9%
HISPANIC	5.1%	2.7%	N/A	9.7%	9.3%	4.4%	11.4%	5.4%	5.1%	8.4%	9.9%	12.8%	12.6%	4.8%	8.7%	13.4%	5.3%	4.8%	9.9%	8.3%

Source: Florida Charts, 2016: Florida Behavioral Risk Factor Surveillance System. N/A = no data reported in source.

This chart reflects the most current open-sourced data available at the time the report was printed.

TABLE 8.1 TOP 5 CAUSES OF DEATH BY RACE/ETHNICITY (LAKE COUNTY 2014)

CAUSE OF DEATH RATE PER 100K	WHITE	BLACK/ OTHER	HISPANIC	NON- HISPANIC
HEART DISEASE	159.9	174.7	143.1	162.8
CANCER	158.1	154.2	121.0	160.2
UNINTENTIONAL INJURY	66.7	45.3	28.5	67.9
CHRONIC LOWER RESPIRATORY DISEASE	44.1	42.9	N/A	40.6
CEREBROVASCULAR DISEASE	32.4	33.8	33.3	32.4
DIABETES	N/A	N/A	27.9	N/A

Source: Florida Charts 2016: http://www.floridacharts.com/FLQUERY/Death/DeathRate.aspx. N/A = no data reported in source.
This chart reflects the most current open-sourced data available at the time the report was printed.

TABLE 8.2 TOP 5 CAUSES OF DEATH BY RACE/ETHNICITY (ORANGE COUNTY 2014)

CAUSE OF DEATH RATE PER 100K	WHITE	BLACK/ OTHER	HISPANIC	NON- HISPANIC
HEART DISEASE	154.4	130.4	104.2	162.4
CANCER	151.8	145.9	119.7	157.8
UNINTENTIONAL INJURY	42.4	25.3	31.0	39.1
CHRONIC LOWER RESPIRATORY DISEASE	37.1	N/A	21.3	36.7
CEREBROVASCULAR DISEASE	33.1	43.5	35.1	35.5
DIABETES	N/A	30.4	N/A	N/A

Source: Florida Charts 2016: http://www.floridacharts.com/FLQUERY/Death/DeathRate.aspx. N/A = no data reported in source.
This chart reflects the most current open-sourced data available at the time the report was printed.

TABLE 8.3   TOP 5 CAUSES OF DEATH BY RACE/ETHNICITY (OSCEOLA COUNTY 2014)

CAUSE OF DEATH RATE PER 100K	WHITE	BLACK/ OTHER	HISPANIC	NON-HISPANIC
HEART DISEASE	219.9	133.6	181.3	223.0
CANCER	158.8	96.7	121.1	165.1
UNINTENTIONAL INJURY	49.3	N/A	29.4	52.3
CHRONIC LOWER RESPIRATORY DISEASE	49.4	26.4	N/A	52.8
CEREBROVASCULAR DISEASE	29.6	18.9	27.0	29.8
ALZHEIMER'S DISEASE	N/A	19.4	32.7	N/A

Source: Florida Charts 2016: http://www.floridacharts.com/FLQUERY/Death/DeathRate.aspx. N/A = no data reported in source.
This chart reflects the most current open-sourced data available at the time the report was printed.

TABLE 8.4   TOP 5 CAUSES OF DEATH BY RACE/ETHNICITY (SEMINOLE COUNTY 2014)

CAUSE OF DEATH RATE PER 100K	WHITE	BLACK/ OTHER	HISPANIC	NON-HISPANIC
HEART DISEASE	151.1	113.8	90.5	155.0
CANCER	155.0	143.0	96.0	162.7
UNINTENTIONAL INJURY	39.7	27.0	19.3	40.6
CHRONIC LOWER RESPIRATORY DISEASE	44.6	N/A	N/A	45.9
CEREBROVASCULAR DISEASE	35.2	45.8	27.7	37.9
ALZHEIMER'S DISEASE	N/A	N/A	25.3	N/A
DIABETES	N/A	32.9	N/A	N/A

Source: Florida Charts 2016: http://www.floridacharts.com/FLQUERY/Death/DeathRate.aspx. N/A = no data reported in source.
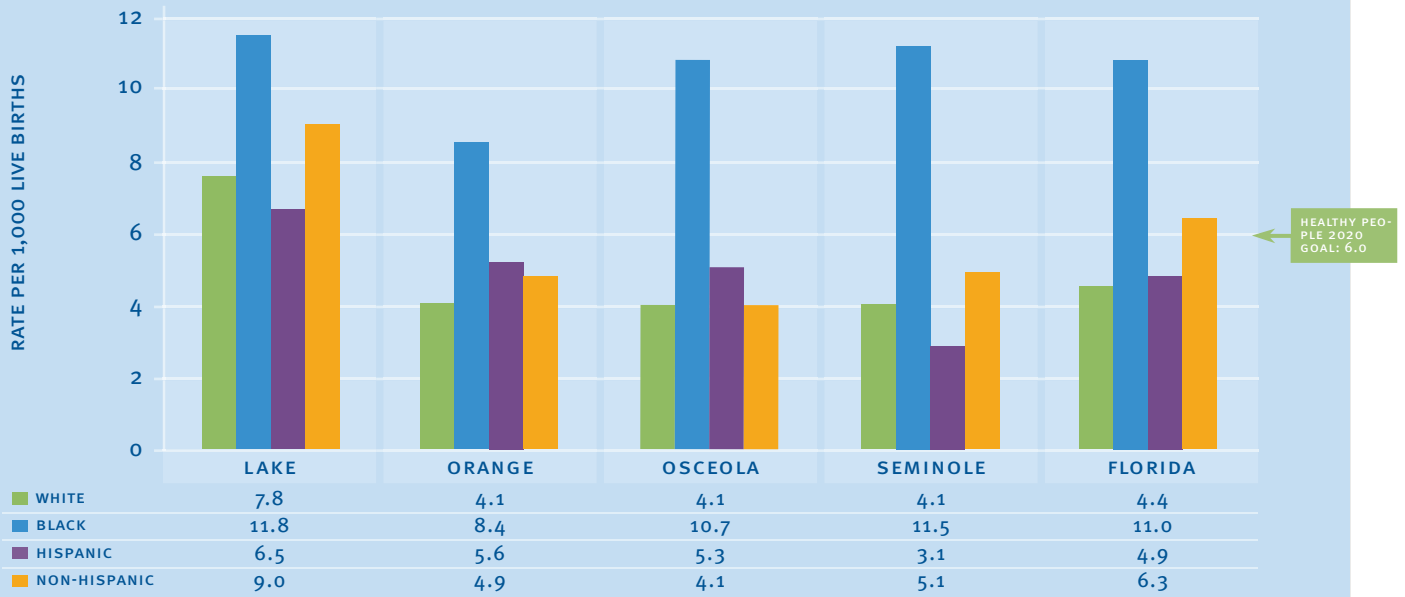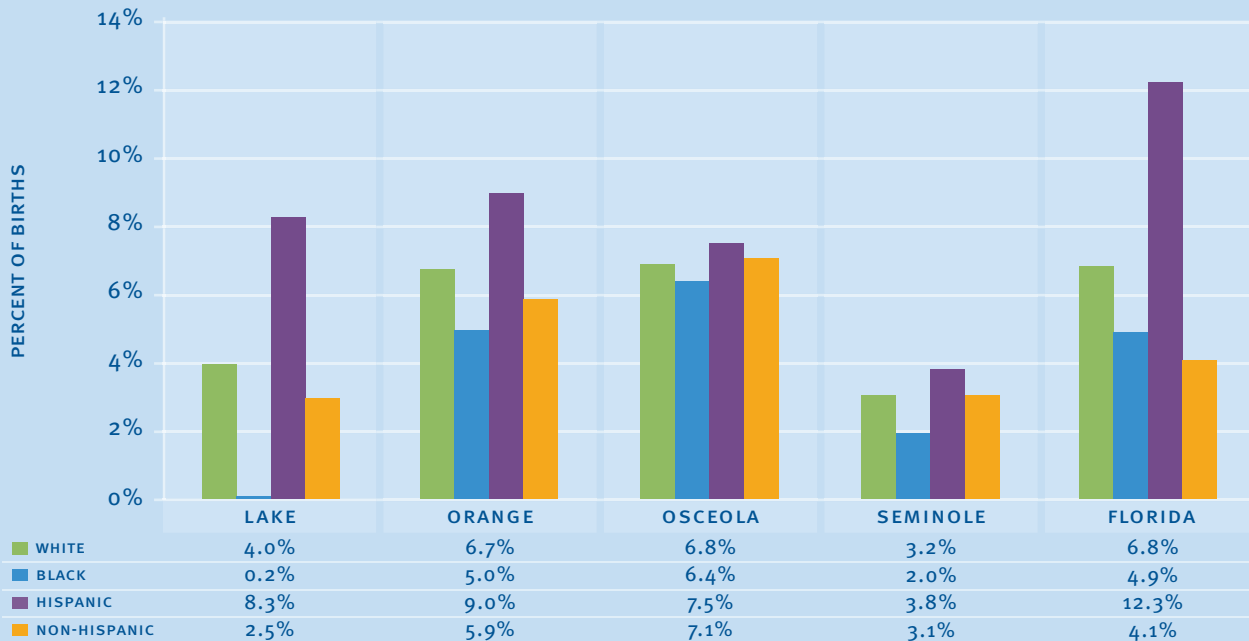This chart reflects the most current open-sourced data available at the time the report was printed.

CHART 8.14 INFANT MORTALITY RATE WITHIN RACE/ETHNICITY (2014)

RATE PER 1,000 LIVE BIRTHS

HEALTHY PEO-
PLE 2020
GOAL: 6.0

	LAKE	ORANGE	OSCEOLA	SEMINOLE	FLORIDA
WHITE	7.8	4.1	4.1	4.1	4.4
BLACK	11.8	8.4	10.7	11.5	11.0
HISPANIC	6.5	5.6	5.3	3.1	4.9
NON-HISPANIC	9.0	4.9	4.1	5.1	6.3

Source: Florida Charts, 2016: Florida Department of Health Bureau of Vital Statistics
This chart reflects the most current open-sourced data available at the time the report was printed.

CHART 8.15 BIRTHS TO UNINSURED WOMEN WITHIN RACE/ETHNICITY (2014)

PERCENT OF BIRTHS

	LAKE	ORANGE	OSCEOLA	SEMINOLE	FLORIDA
WHITE	4.0%	6.7%	6.8%	3.2%	6.8%
BLACK	0.2%	5.0%	6.4%	2.0%	4.9%
HISPANIC	8.3%	9.0%	7.5%	3.8%	12.3%
NON-HISPANIC	2.5%	5.9%	7.1%	3.1%	4.1%

Source: Florida Charts, 2016: Florida Department of Health Bureau of Vital Statistics
This chart reflects the most current open-sourced data available at the time the report was printed.

CHART 8.16   BIRTHS TO MOTHERS WITH LESS THAN A HIGH SCHOOL EDUCATION WITHIN RACE/ETHNICITY (2014)

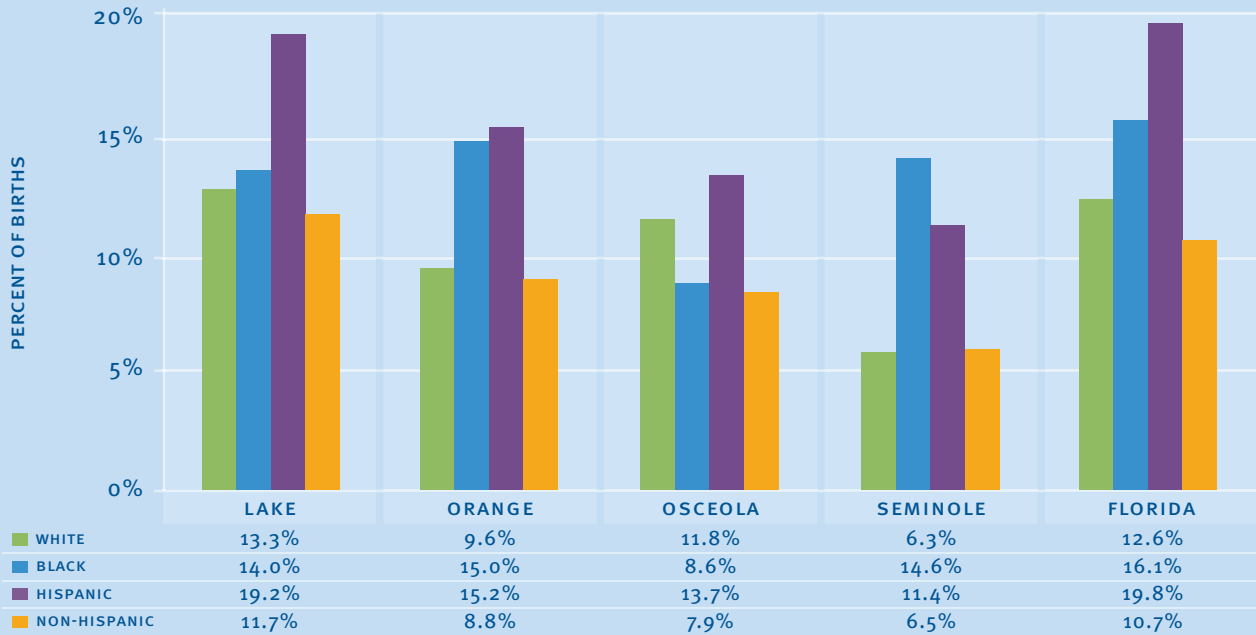|	LAKE	ORANGE	OSCEOLA	SEMINOLE	FLORIDA
WHITE	13.3%	9.6%	11.8%	6.3%	12.6%
BLACK	14.0%	15.0%	8.6%	14.6%	16.1%
HISPANIC	19.2%	15.2%	13.7%	11.4%	19.8%
NON-HISPANIC	11.7%	8.8%	7.9%	6.5%	10.7%

Source: Florida Charts, 2016: Florida Department of Health Bureau of Vital Statistics
This chart reflects the most current open-sourced data available at the time the report was printed.

CHART 8.17   BIRTHS TO UNWED MOTHERS WITHIN RACE/ETHNICITY (2014)

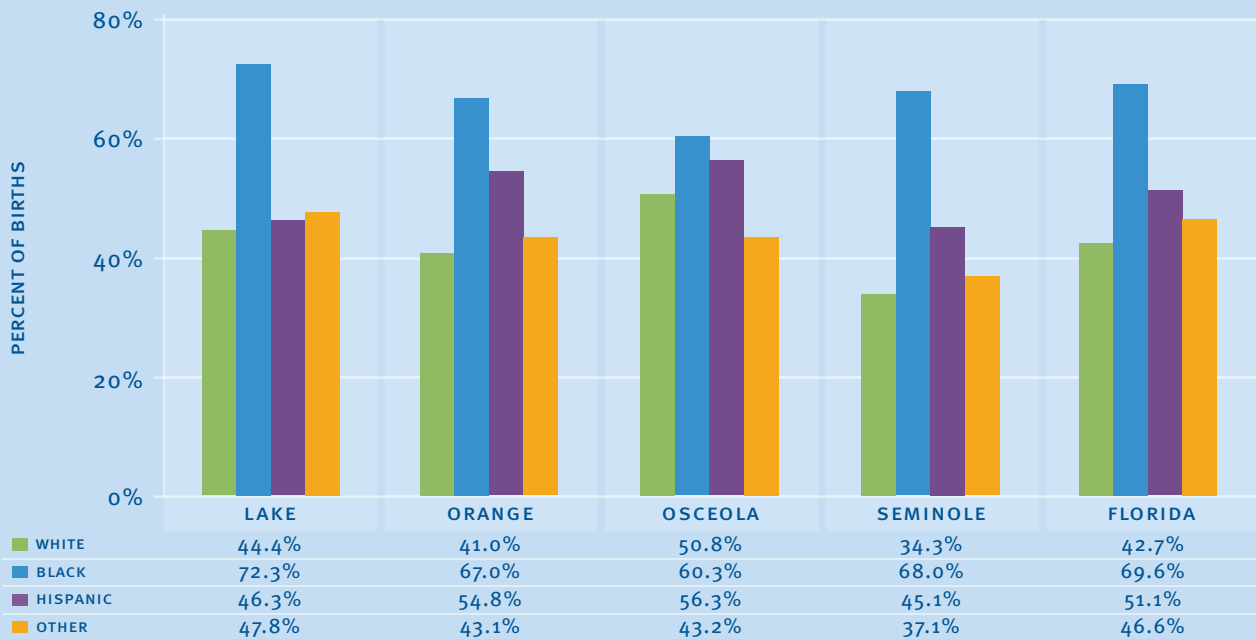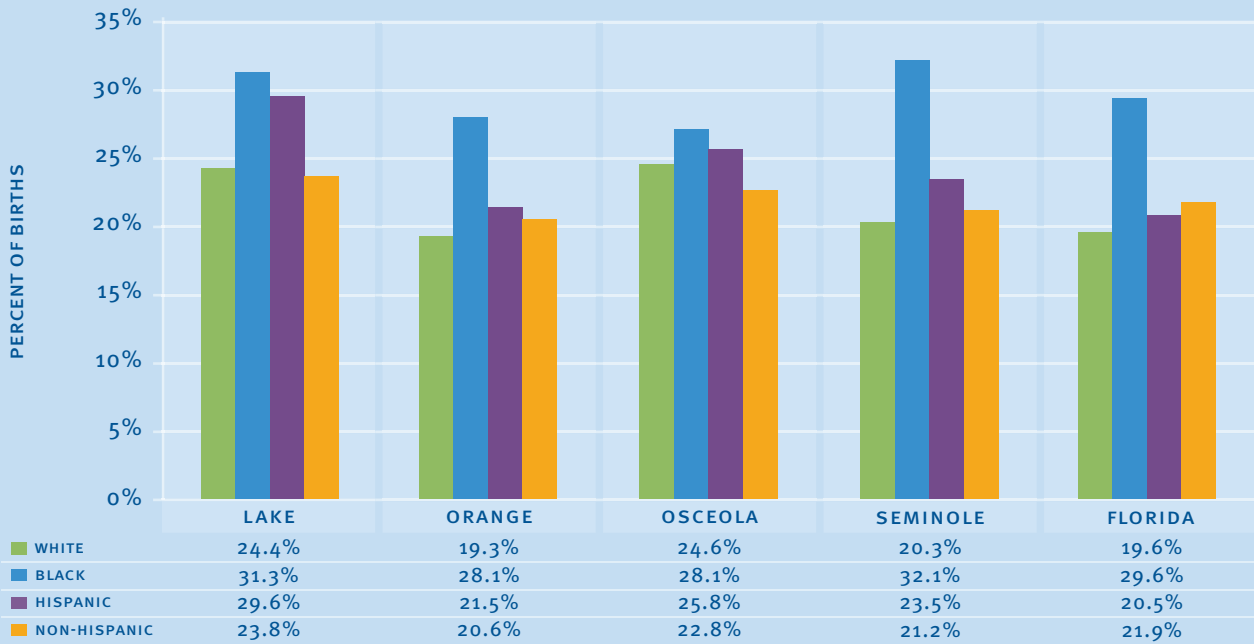|	LAKE	ORANGE	OSCEOLA	SEMINOLE	FLORIDA
WHITE	44.4%	41.0%	50.8%	34.3%	42.7%
BLACK	72.3%	67.0%	60.3%	68.0%	69.6%
HISPANIC	46.3%	54.8%	56.3%	45.1%	51.1%
OTHER	47.8%	43.1%	43.2%	37.1%	46.6%

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

CHART 8.18 BIRTHS TO MOTHERS WHO WERE OBESE DURING PREGNANCY WITHIN RACE/ETHNICITY (2014)

PERCENT OF BIRTHS

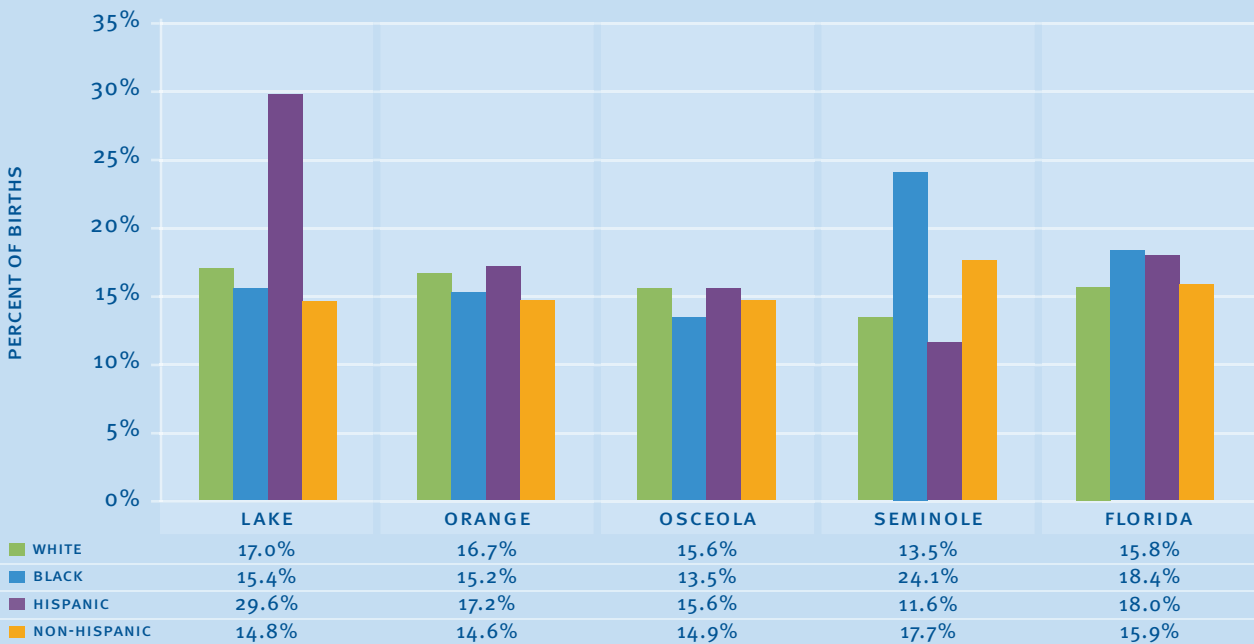|	LAKE	ORANGE	OSCEOLA	SEMINOLE	FLORIDA
■ WHITE	24.4%	19.3%	24.6%	20.3%	19.6%
■ BLACK	31.3%	28.1%	28.1%	32.1%	29.6%
■ HISPANIC	29.6%	21.5%	25.8%	23.5%	20.5%
■ NON-HISPANIC	23.8%	20.6%	22.8%	21.2%	21.9%

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

CHART 8.19 REPEAT BIRTHS TO MOTHERS AGES 15-19 WITHIN RACE/ETHNICITY (2014)

PERCENT OF BIRTHS

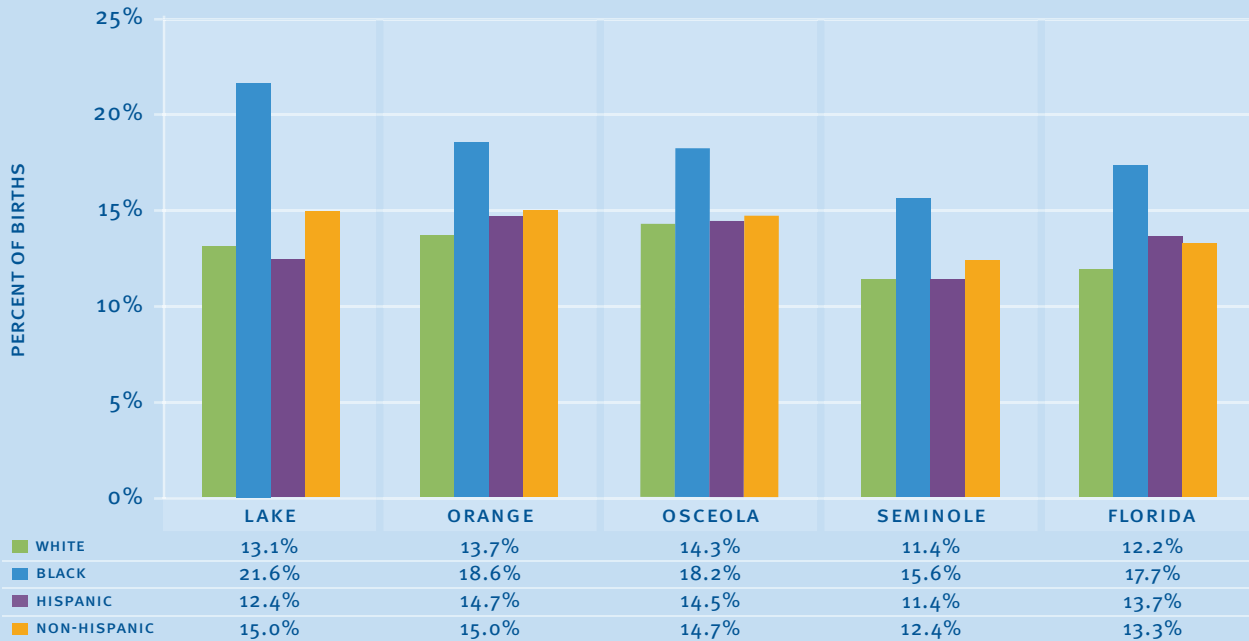|	LAKE	ORANGE	OSCEOLA	SEMINOLE	FLORIDA
■ WHITE	17.0%	16.7%	15.6%	13.5%	15.8%
■ BLACK	15.4%	15.2%	13.5%	24.1%	18.4%
■ HISPANIC	29.6%	17.2%	15.6%	11.6%	18.0%
■ NON-HISPANIC	14.8%	14.6%	14.9%	17.7%	15.9%

Source: Florida Charts, 2016: Florida Department of Health Bureau of Vital Statistics
This chart reflects the most current open-sourced data available at the time the report was printed.

CHART 8.20   PRETERM BIRTH RATE (<37 WEEKS) WITHIN RACE/ETHNICITY (2014)

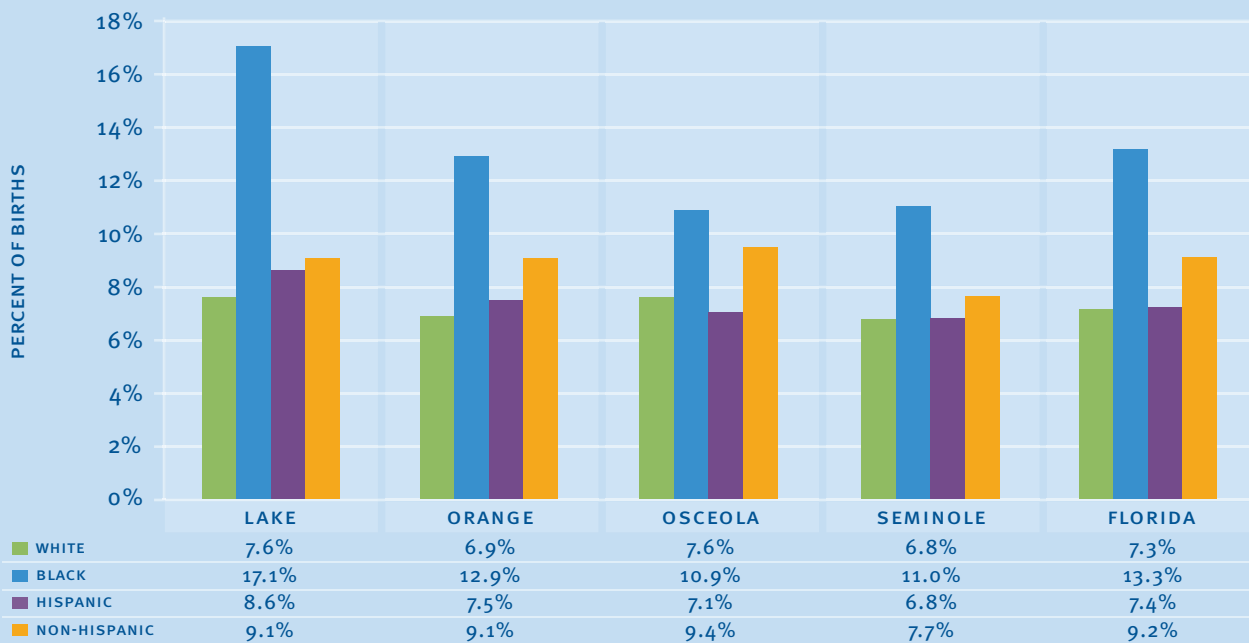|	LAKE	ORANGE	OSCEOLA	SEMINOLE	FLORIDA
WHITE	13.1%	13.7%	14.3%	11.4%	12.2%
BLACK	21.6%	18.6%	18.2%	15.6%	17.7%
HISPANIC	12.4%	14.7%	14.5%	11.4%	13.7%
NON-HISPANIC	15.0%	15.0%	14.7%	12.4%	13.3%

Source: Florida Charts, 2016: Florida Department of Health Bureau of Vital Statistics
This chart reflects the most current open-sourced data available at the time the report was printed.

CHART 8.21   LOW BIRTH WEIGHT RATE (<2,550 GRAMS) WITHIN RACE/ETHNICITY (2014)

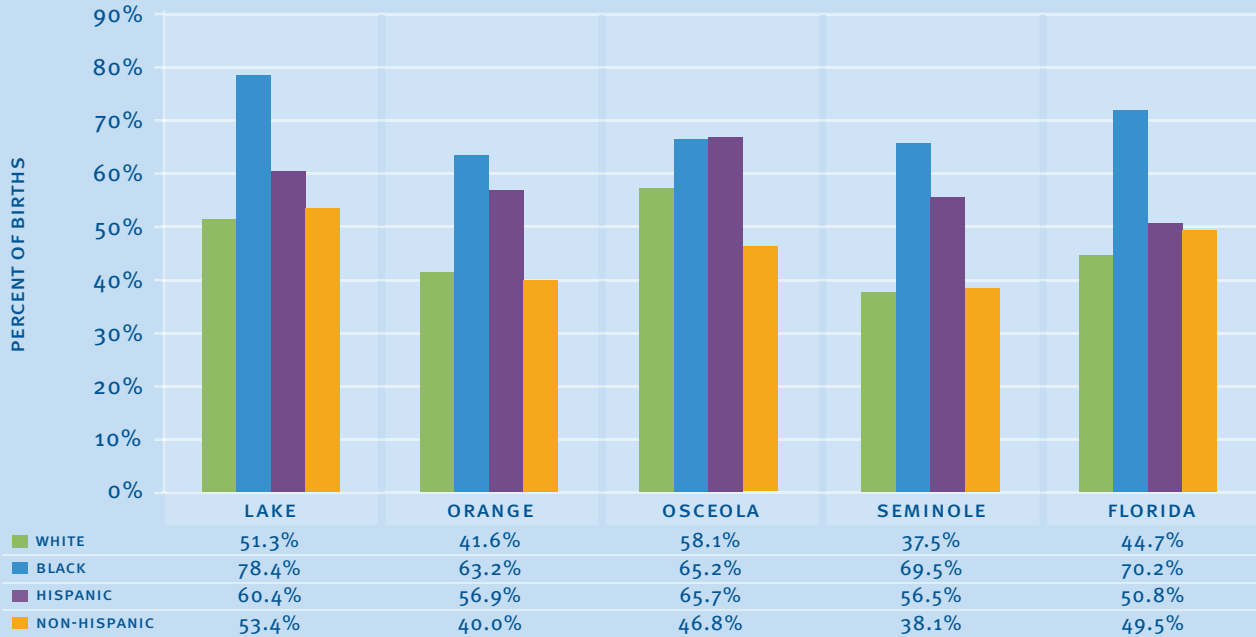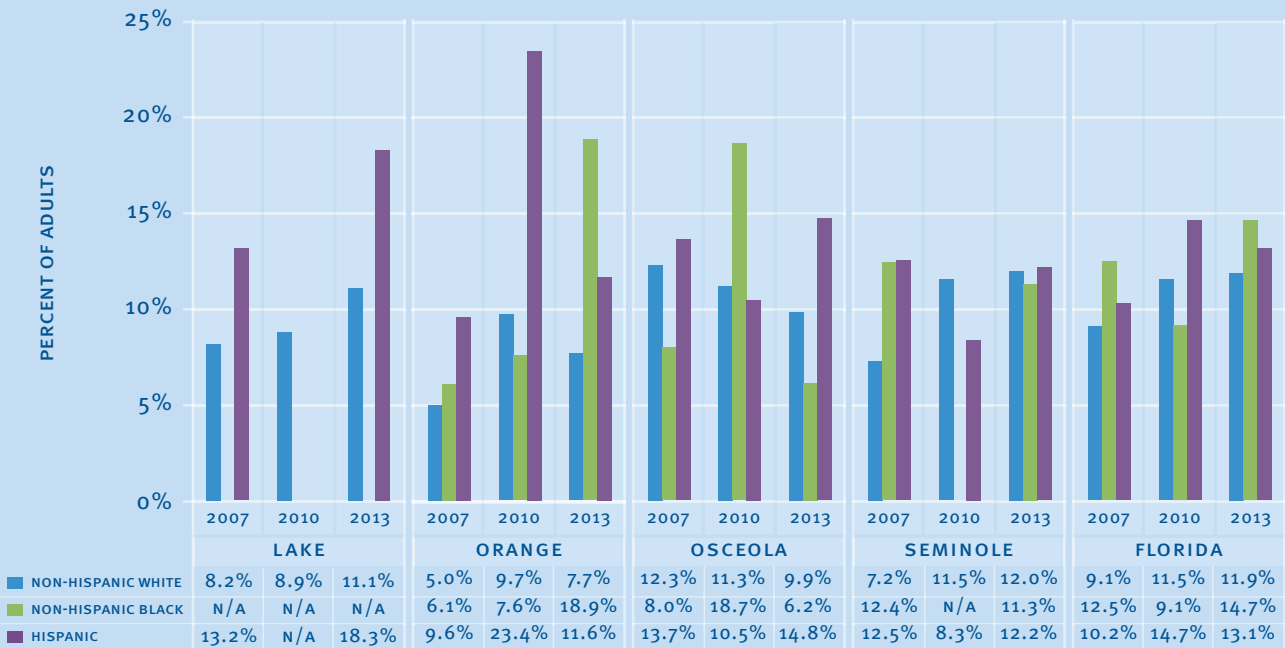|	LAKE	ORANGE	OSCEOLA	SEMINOLE	FLORIDA
WHITE	7.6%	6.9%	7.6%	6.8%	7.3%
BLACK	17.1%	12.9%	10.9%	11.0%	13.3%
HISPANIC	8.6%	7.5%	7.1%	6.8%	7.4%
NON-HISPANIC	9.1%	9.1%	9.4%	7.7%	9.2%

Source: Florida Charts, 2016: Florida Department of Health Bureau of Vital Statistics
This chart reflects the most current open-sourced data available at the time the report was printed.

CHART 8.22   BIRTHS COVERED BY MEDICAID WITHIN RACE/ETHNICITY (2014)

PERCENT OF BIRTHS

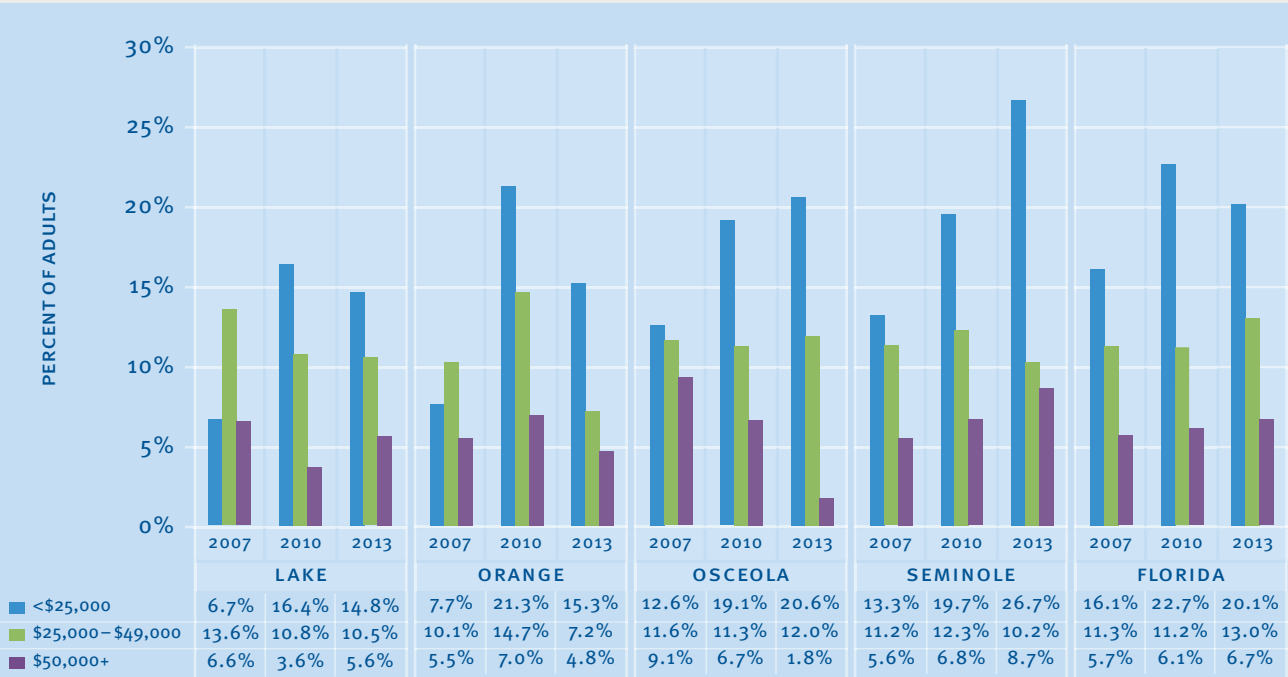|	LAKE	ORANGE	OSCEOLA	SEMINOLE	FLORIDA
■ WHITE	51.3%	41.6%	58.1%	37.5%	44.7%
■ BLACK	78.4%	63.2%	65.2%	69.5%	70.2%
■ HISPANIC	60.4%	56.9%	65.7%	56.5%	50.8%
■ NON-HISPANIC	53.4%	40.0%	46.8%	38.1%	49.5%

Source: Florida Charts, 2016: Florida Department of Health Bureau of Vital Statistics
This chart reflects the most current open-sourced data available at the time the report was printed.

CHART 8.23   ADULTS WHO HAD POOR MENTAL HEALTH FOR 14 OR MORE OF THE PAST 30 DAYS WITHIN RACE/ETHNICITY (2007-2013)

PERCENT OF ADULTS

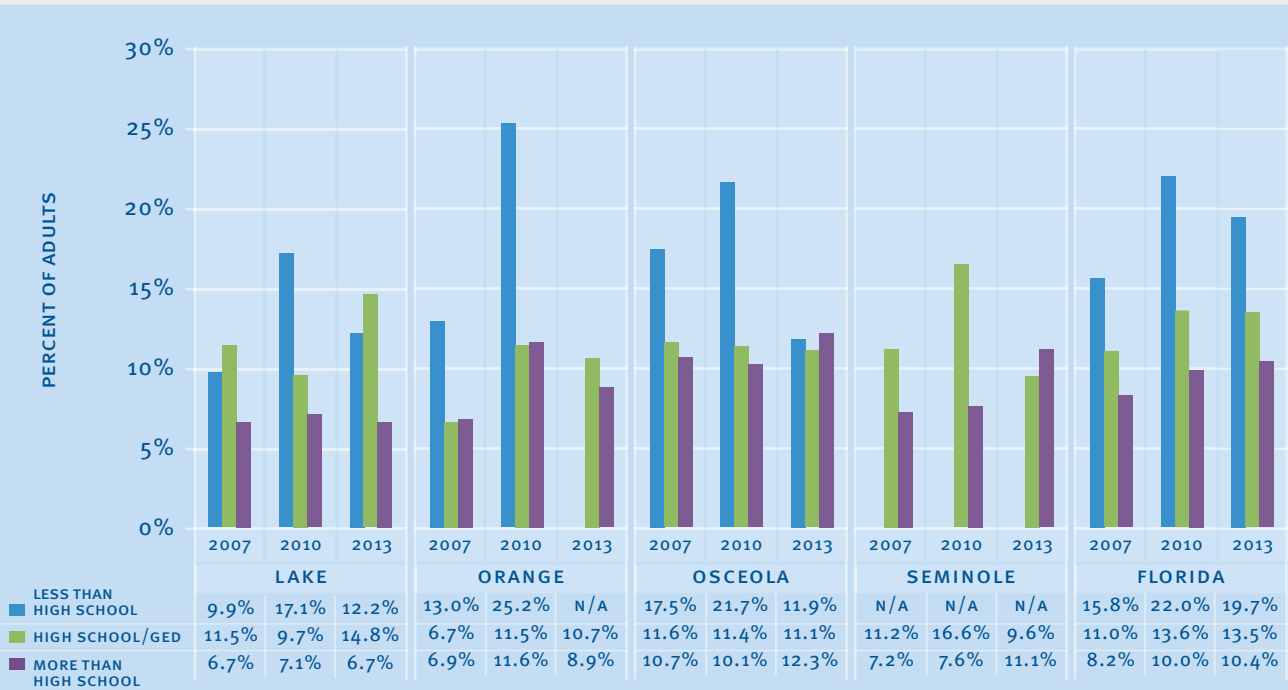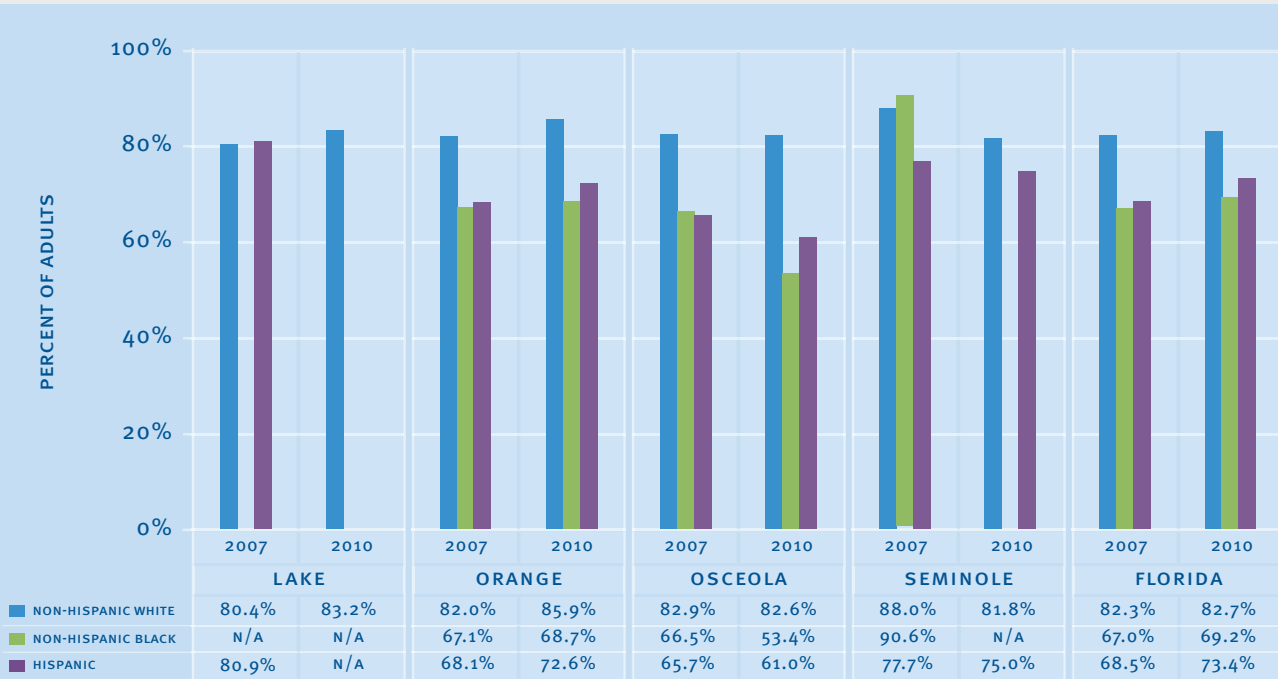|	LAKE 2007	LAKE 2010	LAKE 2013	ORANGE 2007	ORANGE 2010	ORANGE 2013	OSCEOLA 2007	OSCEOLA 2010	OSCEOLA 2013	SEMINOLE 2007	SEMINOLE 2010	SEMINOLE 2013	FLORIDA 2007	FLORIDA 2010	FLORIDA 2013
■ NON-HISPANIC WHITE	8.2%	8.9%	11.1%	5.0%	9.7%	7.7%	12.3%	11.3%	9.9%	7.2%	11.5%	12.0%	9.1%	11.5%	11.9%
■ NON-HISPANIC BLACK	N/A	N/A	N/A	6.1%	7.6%	18.9%	8.0%	18.7%	6.2%	12.4%	N/A	11.3%	12.5%	9.1%	14.7%
■ HISPANIC	13.2%	N/A	18.3%	9.6%	23.4%	11.6%	13.7%	10.5%	14.8%	12.5%	8.3%	12.2%	10.2%	14.7%	13.1%

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

CHART 8.24   ADULTS WHO HAD POOR MENTAL HEALTH FOR 14 OR MORE OF THE PAST 30 DAYS BY INCOME (2007-2013)

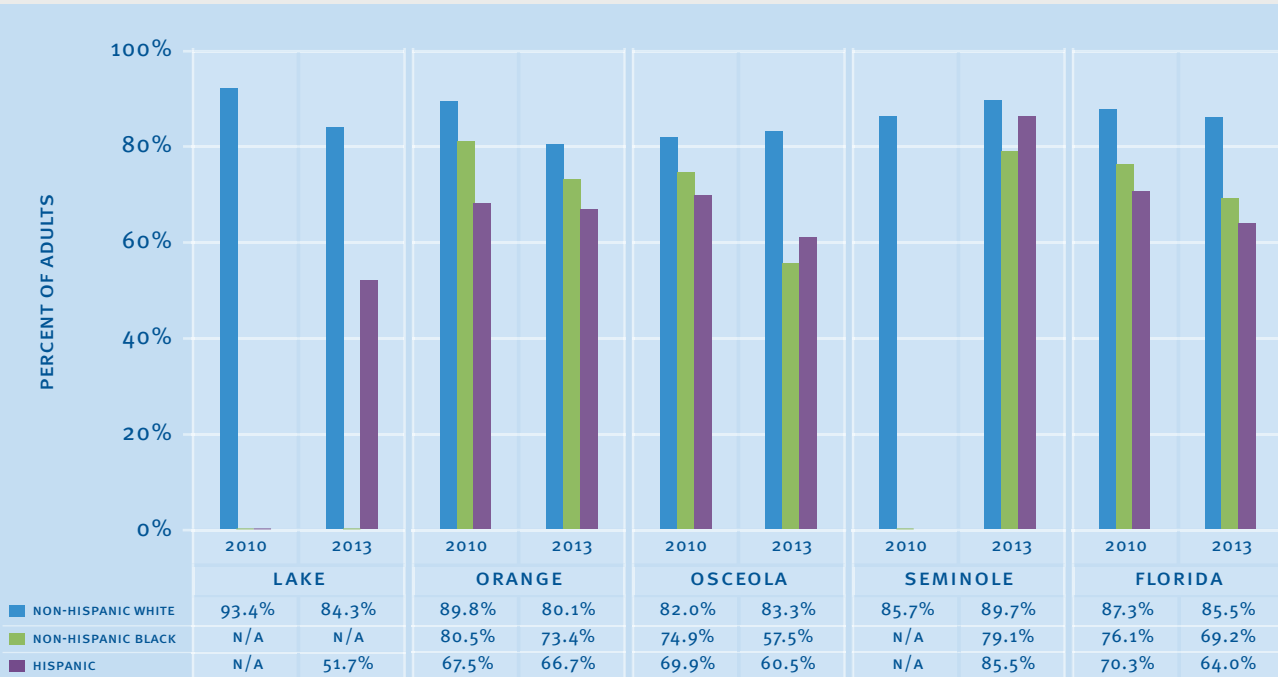|	LAKE			ORANGE			OSCEOLA			SEMINOLE			FLORIDA		
	2007	2010	2013	2007	2010	2013	2007	2010	2013	2007	2010	2013	2007	2010	2013
■ <$25,000	6.7%	16.4%	14.8%	7.7%	21.3%	15.3%	12.6%	19.1%	20.6%	13.3%	19.7%	26.7%	16.1%	22.7%	20.1%
■ $25,000–$49,000	13.6%	10.8%	10.5%	10.1%	14.7%	7.2%	11.6%	11.3%	12.0%	11.2%	12.3%	10.2%	11.3%	11.2%	13.0%
■ $50,000+	6.6%	3.6%	5.6%	5.5%	7.0%	4.8%	9.1%	6.7%	1.8%	5.6%	6.8%	8.7%	5.7%	6.1%	6.7%

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

CHART 8.25   ADULTS WHO HAD POOR MENTAL HEALTH FOR 14 OR MORE OF THE PAST 30 DAYS BY EDUCATION (2007-2013)

	LAKE			ORANGE			OSCEOLA			SEMINOLE			FLORIDA		
	2007	2010	2013	2007	2010	2013	2007	2010	2013	2007	2010	2013	2007	2010	2013
■ LESS THAN HIGH SCHOOL	9.9%	17.1%	12.2%	13.0%	25.2%	N/A	17.5%	21.7%	11.9%	N/A	N/A	N/A	15.8%	22.0%	19.7%
■ HIGH SCHOOL/GED	11.5%	9.7%	14.8%	6.7%	11.5%	10.7%	11.6%	11.4%	11.1%	11.2%	16.6%	9.6%	11.0%	13.6%	13.5%
■ MORE THAN HIGH SCHOOL	6.7%	7.1%	6.7%	6.9%	11.6%	8.9%	10.7%	10.1%	12.3%	7.2%	7.6%	11.1%	8.2%	10.0%	10.4%

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

CHART 8.26   ADULTS WHO ALWAYS OR USUALLY RECEIVE THE SOCIAL AND EMOTIONAL SUPPORT THEY NEED WITHIN RACE/ETHNICITY (2007-2010)

	LAKE		ORANGE		OSCEOLA		SEMINOLE		FLORIDA	
	2007	2010	2007	2010	2007	2010	2007	2010	2007	2010
NON-HISPANIC WHITE	80.4%	83.2%	82.0%	85.9%	82.9%	82.6%	88.0%	81.8%	82.3%	82.7%
NON-HISPANIC BLACK	N/A	N/A	67.1%	68.7%	66.5%	53.4%	90.6%	N/A	67.0%	69.2%
HISPANIC	80.9%	N/A	68.1%	72.6%	65.7%	61.0%	77.7%	75.0%	68.5%	73.4%

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

CHART 8.27   INSURANCE COVERAGE BY RACE/ETHNICITY (2013)

	LAKE		ORANGE		OSCEOLA		SEMINOLE		FLORIDA	
	2010	2013	2010	2013	2010	2013	2010	2013	2010	2013
NON-HISPANIC WHITE	93.4%	84.3%	89.8%	80.1%	82.0%	83.3%	85.7%	89.7%	87.3%	85.5%
NON-HISPANIC BLACK	N/A	N/A	80.5%	73.4%	74.9%	57.5%	N/A	79.1%	76.1%	69.2%
HISPANIC	N/A	51.7%	67.5%	66.7%	69.9%	60.5%	N/A	85.5%	70.3%	64.0%

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

FLORIDA HOSPITAL ALTAMONTE: INPATIENT HOT SPOT

Patient Density

High

Low
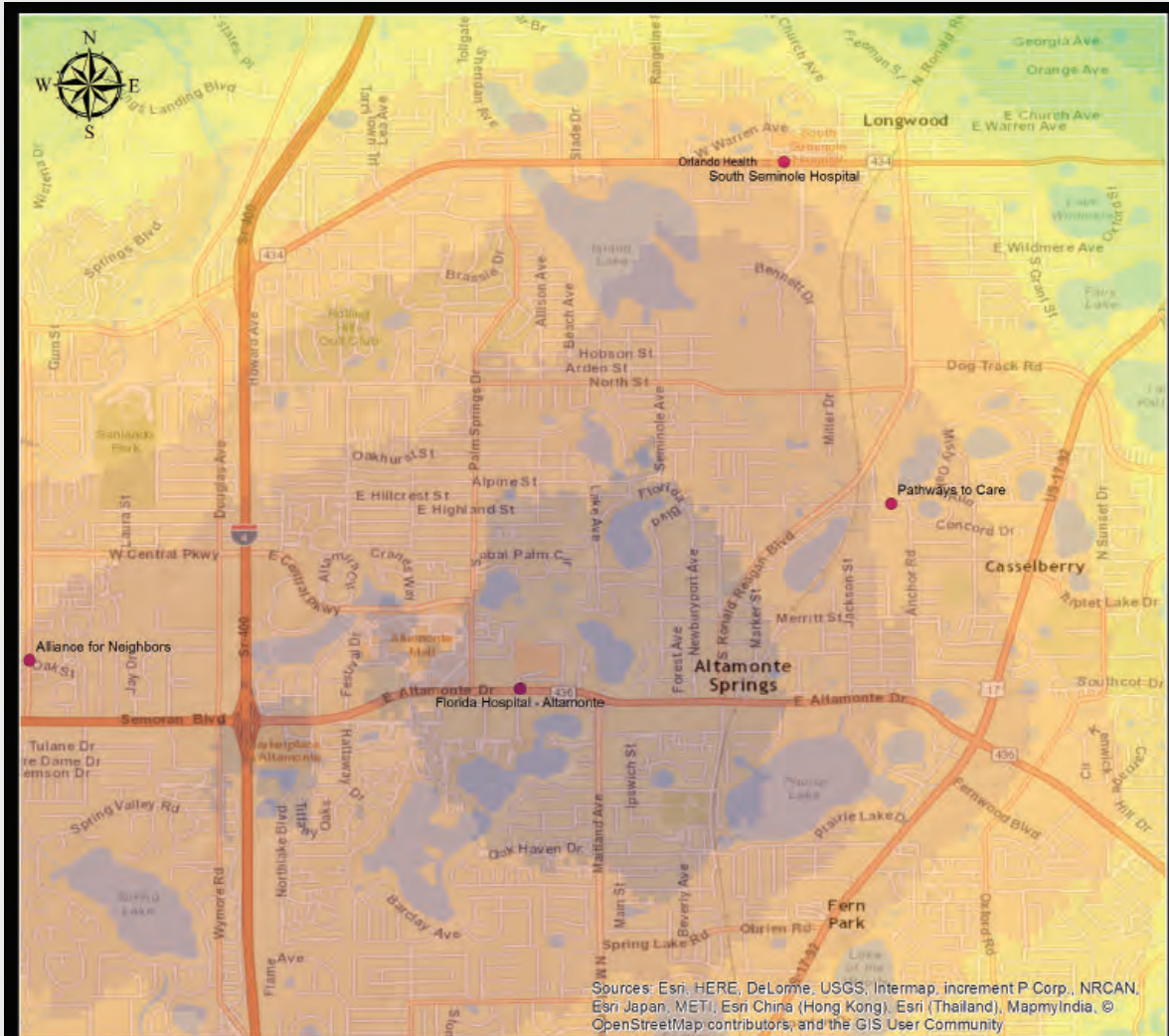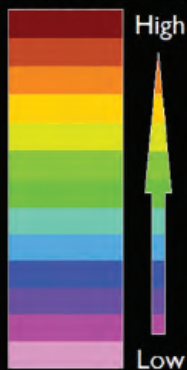
The Florida Hospital Altamonte inpatient hot spot is located in a low to middle income portion of the town, centered to the east of the hospital. Two public facilities, Pathways to Care and Alliance for Neighbors, are located in the area surrounding the hot spot. However, within the hot spot the hospital itself is the only direct source of care offered for patients. This hot spot is tied to the proximity to the hospital.
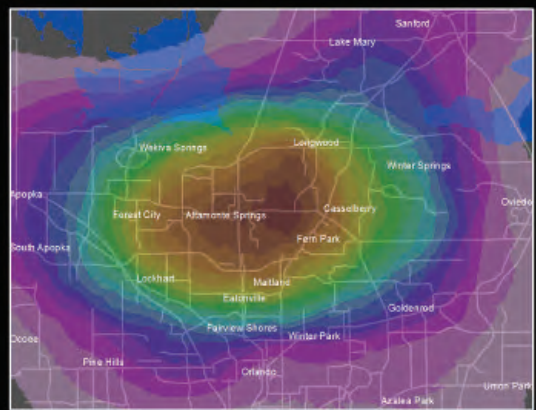
FLORIDA HOSPITAL ALTAMONTE: INPATIENT HOT SPOT, CONT'D.

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

TABLE 9.1 COMPARISON: HOT SPOT VISITS TO ALL VISITS

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

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

TABLE 9.2 TOP 5 PRIMARY DIAGNOSES AND COSTS

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

FLORIDA HOSPITAL ALTAMONTE: INPATIENT HOT SPOT, CONT'D.

TABLE 9.3 TOP 5 SECONDARY DIAGNOSES AND COSTS

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

TABLE 9.4 TOP 5 HIGHEST COST PRIMARY DIAGNOSES

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

TABLE 9.5 HOSPITAL VISITORS BY RACE/ETHNICITY

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

TABLE 9.6 HOSPITAL VISITORS BY AGE

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

FLORIDA HOSPITAL ALTAMONTE: INPATIENT HOT SPOT, CONT'D.

TABLE 9.7 **CENSUS TRACT SUMMARIES**

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

FLORIDA HOSPITAL ALTAMONTE: ER/OUTPATIENT HOT SPOT
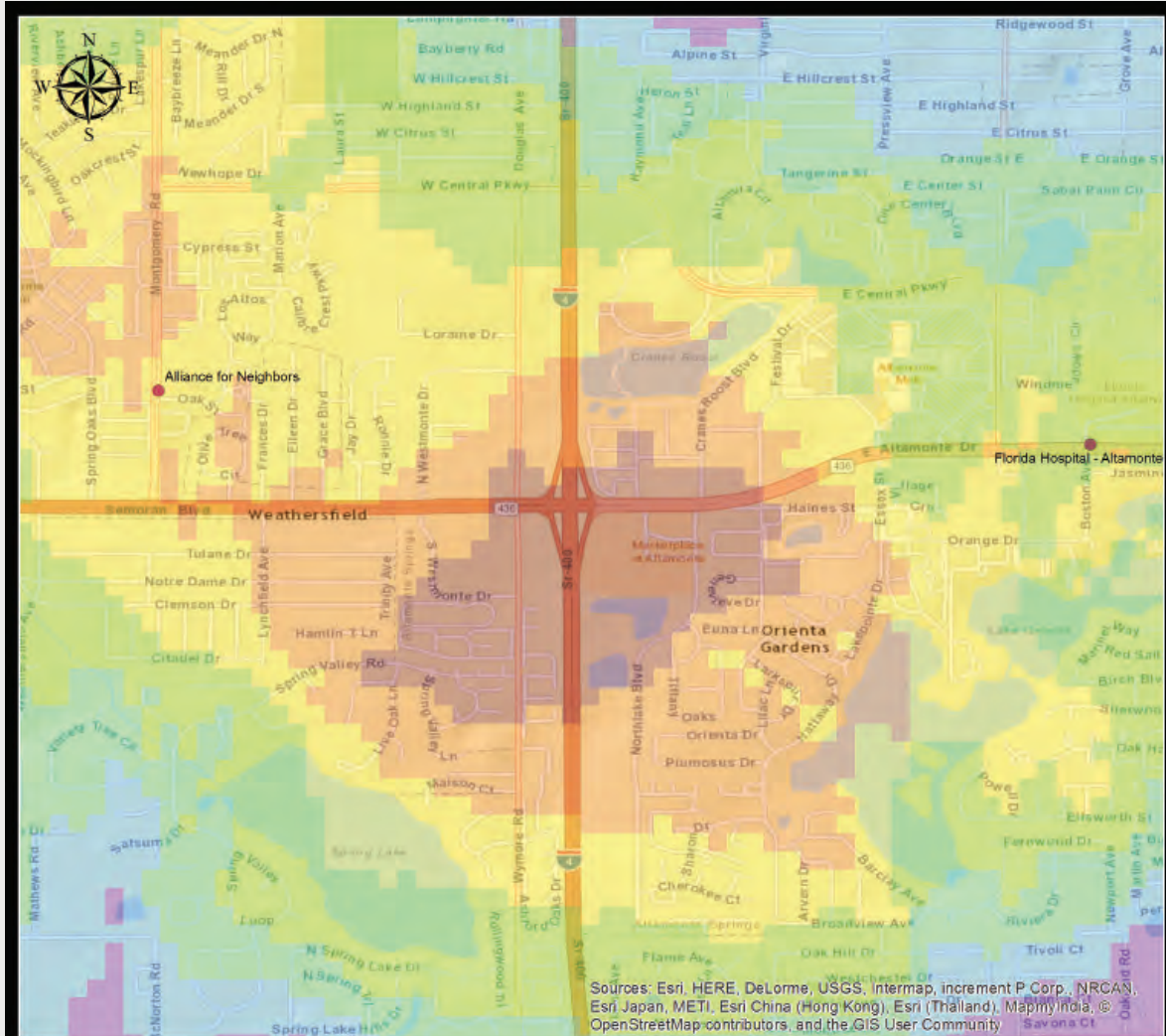
Patient Density

High

Low

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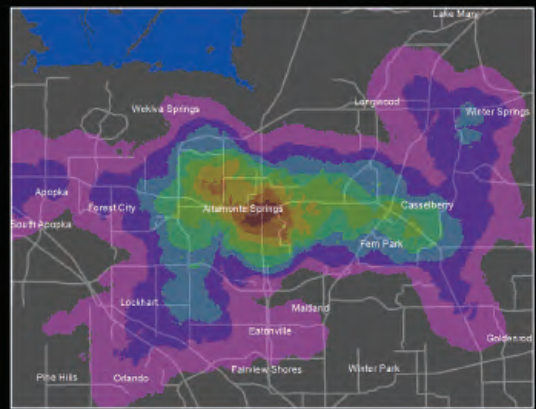
FLORIDA HOSPITAL ALTAMONTE: ER/OUTPATIENT HOT SPOT, CONT'D.

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

TABLE 9.8 COMPARISON: HOT SPOT VISITS TO ALL VISITS

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

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

TABLE 9.9 TOP 5 PRIMARY DIAGNOSES AND COSTS

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

FLORIDA HOSPITAL ALTAMONTE: ER/OUTPATIENT HOT SPOT, CONT'D.

TABLE 9.10 TOP 5 SECONDARY DIAGNOSES AND COSTS

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

TABLE 9.11 TOP 5 HIGHEST COST PRIMARY DIAGNOSES

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

TABLE 9.12 HOSPITAL VISITORS BY RACE/ETHNICITY

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

TABLE 9.13 HOSPITAL VISITORS BY AGE

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

FLORIDA HOSPITAL ALTAMONTE: ER/OUTPATIENT HOT SPOT, CONT'D.

TABLE 9.14 CENSUS TRACT SUMMARIES

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

FLORIDA HOSPITAL APOPKA: INPATIENT HOT SPOT
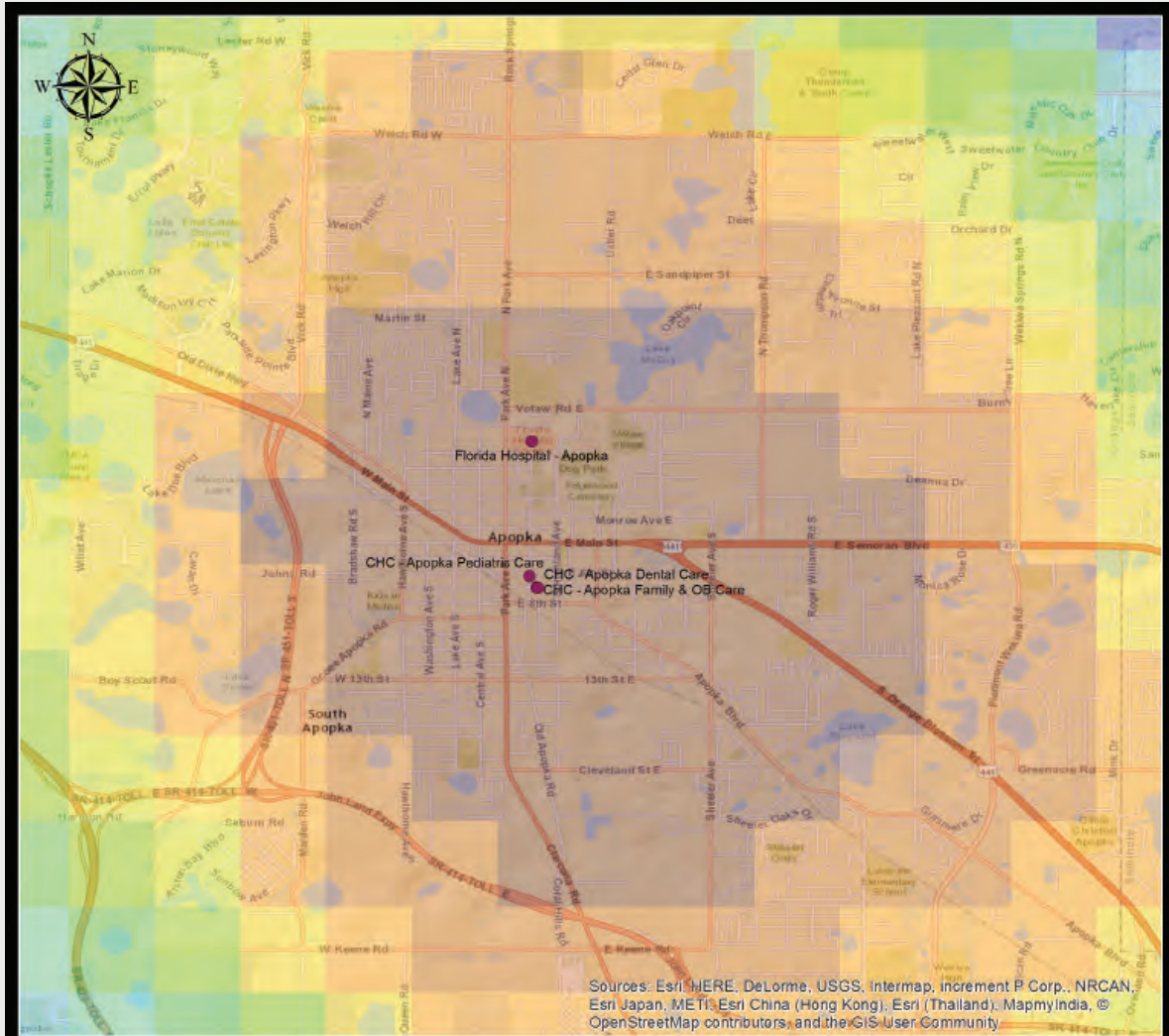
Patient Density

High

Low

The hotspot for this hospital is located in the south Apopka neighborhood, a historically under-served area of northwest Orange County. Three community health centers are located within this hot spot and focus on dental, family and pediatric health issues. With the exception of one Census Tract in the hot spot, the area has very high unemployment and poverty rates. However, median household incomes in this area exceed those with comparable poverty and unemployment rates.
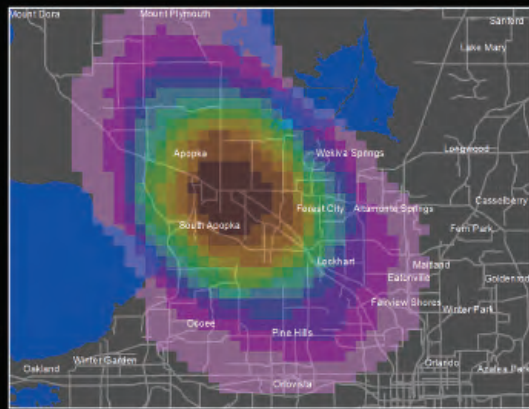
FLORIDA HOSPITAL APOPKA: INPATIENT HOT SPOT, CONT'D.

In this inpatient specific hot spot analysis for Florida Hospital Apopka, there is an average unemployment rate of 11 percent and while the average annual median household income is more than $50,000, more than 20 percent of the population is living in poverty. The 864 uninsured visits cost nearly $26 million and accounted for 25 percent of all uninsured inpatient visits between 2012-2015. White and Black/African American patients made up more than 65 percent of visits from this hot spot with patients aged 50-59 contributing to 30 percent of the visits. Other chest pain was the most frequent primary diagnosis code from inpatient visits within this hot spot at 8.6 percent. More than 29 percent of visits were diagnosed with unspecified essential hypertension outside the primary diagnoses. Visits with a primary diagnosis of other chest pain resulted in highest costs to the hospital at over $1.5 million and accounted for 8.6 percent of the hot spot visits between 2012-2015. To protect privacy, any analysis less than two percent has been removed.

TABLE 9.15 COMPARISON: HOT SPOT VISITS TO ALL VISITS

CRITERIA	HOT SPOT
TOTAL UNINSURED VISITS	864
TOTAL UNINSURED COST	$25,956,290
PERCENT TO ALL INPATIENT UNINSURED VISITS	26%
PERCENT TO ALL INPATIENT UNINSURED COST	25%
HOMELESS-SHELTER VISITS (%)*	0.2%
HOMELESS-SHELTER VISITS COST*	$51,913

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

TABLE 9.16 TOP 5 PRIMARY DIAGNOSES AND COSTS

DIAGNOSIS	TOTAL COST	% OF ALL VISITS IN HOT SPOT	AVG. COST PER VISIT
786.59 - OTHER CHEST PAIN	$1,584,182	9%	$21,408
427.31 - ATRIAL FIBRILLATION	$367,758	3%	$15,989
486 - PNEUMONIA, ORGANISM UNSPECIFIED	$643,618	2%	$32,181
491.21 - OBSTRUCTIVE CHRONIC BRONCHITIS WITH (ACUTE) EXACERBATION	$521,426	2%	$28,968
584.9 - ACUTE KIDNEY FAILURE, UNSPECIFIED	$270,689	2%	$16,918
786.5 - CHEST PAIN	$332,628	2%	$20,789

**In some instances, multiple diagnoses had the same percent of hot spot visits that fell into the top five; in these instances, all diagnoses were included in the Top 5 table.

FLORIDA HOSPITAL APOPKA: INPATIENT HOT SPOT, CONT'D.

TABLE 9.17 TOP 5 SECONDARY DIAGNOSES AND COSTS

DIAGNOSIS	TOTAL COST	% OF ALL VISITS IN HOT SPOT	AVG. COST PER VISIT
401.9 - UNSPECIFIED ESSENTIAL HYPERTENSION	$8,009,831	30%	$31,288
305.1 - TOBACCO USE DISORDER	$6,120,663	25%	$28,468
272.4 - OTHER AND UNSPECIFIED HYPERLIPIDEMIA	$3,201,318	11%	$32,337
276.8 - HYPOPOTASSEMIA	$2,822,654	11%	$28,803
250 - DIABETES MELLITUS	$4,528,291	10%	$52,655

TABLE 9.18 TOP 5 HIGHEST COST PRIMARY DIAGNOSES

DIAGNOSIS	TOTAL COST	% OF ALL VISITS IN HOT SPOT	AVG. COST PER VISIT
786.59 - OTHER CHEST PAIN	$1,584,182	9%	$21,408
38.9 - PUNCTURE OF VESSEL	$1,090,923	2%	$83,917
486 - PNEUMONIA, ORGANISM UNSPECIFIED	$643,618	2%	$32,181
410.71 - SUBENDOCARDIAL INFARCTION, INITIAL EPISODE OF CARE	$587,179	N/A	N/A
491.21 - OBSTRUCTIVE CHRONIC BRONCHITIS WITH (ACUTE) EXACERBATION	$521,426	2%	$28,968

TABLE 9.19 HOSPITAL VISITORS BY RACE/ETHNICITY

RACE/ETHNICITY	PERCENT
WHITE	39%
BLACK/AFRICAN AMERICAN	34%
HISPANIC	20%
UNKNOWN	3%
OTHER	3%

TABLE 9.20 HOSPITAL VISITORS BY AGE

AGE	PERCENT
0-18	1%
19-29	12%
30-39	19%
40-49	25%
50-59	30%
60-69	12%
70-79	0%
80+	0%

FLORIDA HOSPITAL APOPKA: INPATIENT HOT SPOT, CONT'D.

TABLE 9.21 CENSUS TRACT SUMMARIES

CENSUS TRACT	% UNEMPLOYED	MED. HH INCOME	% BELOW POVERTY
12-095-017503	10.5%	$38,450	35.9%
12-095-017600	16.3%	$30,580	34.9%
12-095-017703	9.6%	$36,510	31.2%
12-095-017504	7.4%	$54,640	12.6%
12-095-017807	11.9%	$50,590	22.4%
12-095-017702	6.8%	$82,310	4.0%
12-095-017701	6.9%	$56,110	21.0%
12-095-017501	12.4%	$60,300	18.0%
AVERAGE	11%	$51,186	22.5%

FLORIDA HOSPITAL APOPKA: ER/OUTPATIENT HOT SPOT

Patient Density

High

Low
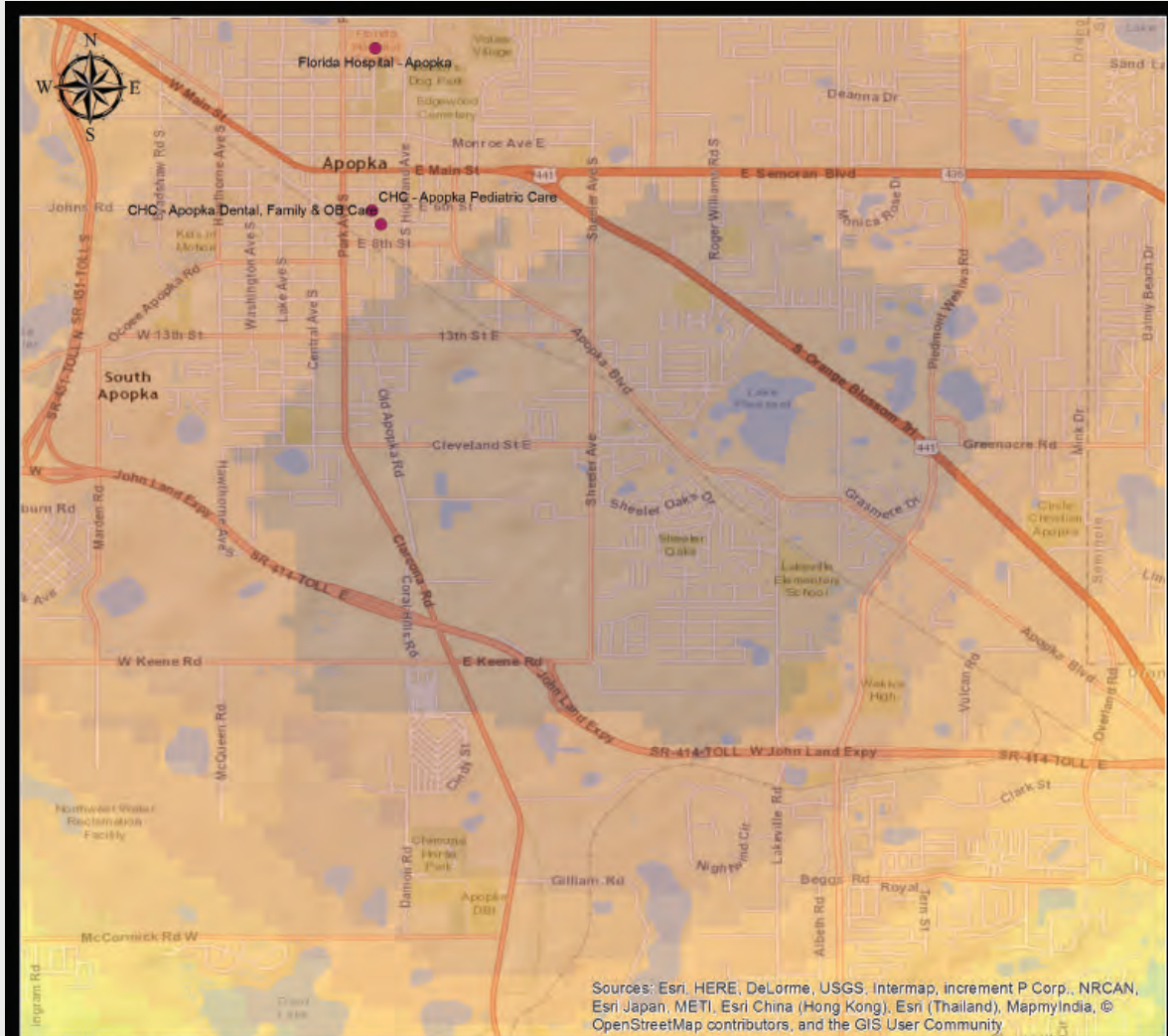
Like some other outpatient hot spots within the region, this hot spot is proximity-based and concentric relative to the hospital location. Primarily located within the South Apopka neighborhood, this hot spot has high poverty rates, high unemployment, rates and median household incomes that typically range from approximately $35,000 to $50,000. Three community health centers are located to the north of this hot spot.
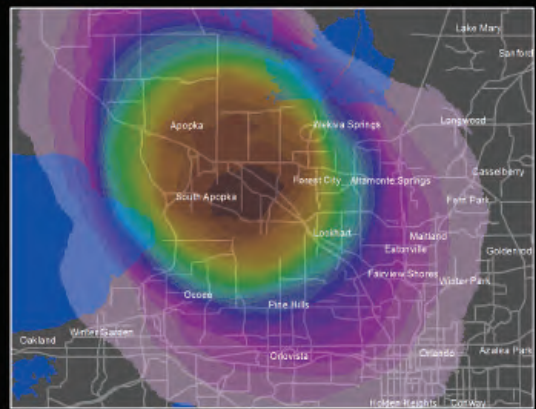
FLORIDA HOSPITAL APOPKA: ER/OUTPATIENT HOT SPOT, CONT'D.

In this outpatient specific hot spot analysis for Florida Hospital Apopka, the average unemployment rate is 12 percent and about 24 percent of the population is living in poverty. The average annual median household income is more than $42,000. The 765 uninsured visits cost nearly $2 million and accounted for three percent of all uninsured outpatient visits between 2012-2015. Visits from White patients account for 48 percent of visits, while patients aged 30-39 years accounted for 30 percent. Diseases of hard tissue of teeth was the most frequent primary diagnosis code in outpatient visits. This is followed closely by urinary tract infections. More than five percent of visits were diagnosed with unspecified essential hypertension outside the primary diagnoses. Visits with a primary diagnosis of other symptoms involving abdomen and pelvis resulted in highest costs to the hospital at more than $80,000 and accounted for only two percent of the visits between 2012-2015. To protect privacy, any analysis less than two percent has been removed.

TABLE 9.22 COMPARISON: HOT SPOT VISITS TO ALL VISITS

CRITERIA	HOT SPOT
TOTAL UNINSURED VISITS	765
TOTAL UNINSURED COST	$1,854,990
PERCENT TO ALL ER OUTPATIENT UNINSURED VISITS	3%
PERCENT TO ALL ER OUTPATIENT UNINSURED COST	2%
HOMELESS SHELTER VISITS (%)*	0%
HOMELESS SHELTER VISITS COST*	—

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

TABLE 9.23 TOP 5 PRIMARY DIAGNOSES AND COSTS

DIAGNOSIS	TOTAL COST	% OF ALL VISITS IN HOT SPOT	AVG. COST PER VISIT
521 - DISEASES OF HARD TISSUES OF TEETH	$10,911	3%	$496
599 - URINARY TRACT INFECTION, SITE NOT SPECIFIED	$65,553	2%	$3,642
780.6 - FEVER AND OTHER PHYSIOLOGIC DISTURBANCES OF TEMPERATURE REGULATION	$21,631	2%	$1,442
789 - OTHER SYMPTOMS INVOLVING ABDOMEN AND PELVIS	$81,473	2%	$5,432
462 - ACUTE PHARYNGITIS	$13,843	2%	$1,154
883 - OPEN WOUND OF FINGER(S), WITHOUT MENTION OF COMPLICATION	$10,921	2%	$910

**In some instances, multiple diagnoses had the same percent of hot spot visits that fell into the top five; in these instances, all diagnoses were included in the Top 5 table.

FLORIDA HOSPITAL APOPKA: ER/OUTPATIENT HOT SPOT, CONT'D.

TABLE 9.24 TOP 5 SECONDARY DIAGNOSES AND COSTS

DIAGNOSIS	TOTAL COST	% OF ALL VISITS IN HOT SPOT	AVG. COST PER VISIT
401.9 - UNSPECIFIED ESSENTIAL HYPERTENSION	$113,672	5%	$2,915
E849.0 - HOME ACCIDENTS	$41,346	3%	$2,067
E927.0 - OVEREXERTION FROM SUDDEN STRENUOUS MOVEMENT	$46,699	3%	$2,335
305.1 - TOBACCO USE DISORDER	$54,082	2%	$3,005
599 - URINARY TRACT INFECTION, SITE NOT SPECIFIED	$111,848	2%	$6,214

TABLE 9.25 TOP 5 HIGHEST COST PRIMARY DIAGNOSES

DIAGNOSIS	TOTAL COST	% OF ALL VISITS IN HOT SPOT	AVG. COST PER VISIT
789 - OTHER SYMPTOMS INVOLVING ABDOMEN AND PELVIS	$81,473	2%	$5,432
786.5 - CHEST PAIN	$72,689	N/A	N/A
599 - URINARY TRACT INFECTION, SITE NOT SPECIFIED	$65,553	2%	$3,642
789.03 - ABDOMINAL PAIN, RIGHT LOWER QUADRANT	$54,133	N/A	N/A
789.09 - ABDOMINAL PAIN, OTHER SPECIFIED SITE	$37,838	N/A	N/A

TABLE 9.26 HOSPITAL VISITORS BY RACE/ETHNICITY

RACE/ETHNICITY	PERCENT
WHITE	48%
BLACK/AFRICAN AMERICAN	22%
HISPANIC	19%
UNKNOWN	6%
OTHER	5%
ASIAN/PACIFIC ISLANDER	0%
AMERICAN INDIAN/AK NATIVE	0%

TABLE 9.27 HOSPITAL VISITORS BY AGE

AGE	PERCENT
0-18	12%
19-29	26%
30-39	30%
40-49	15%
50-59	12%
60-69	6%
70-79	0%
80+	0%

FLORIDA HOSPITAL APOPKA: ER/OUTPATIENT HOT SPOT, CONT'D.

TABLE 9.28 CENSUS TRACT SUMMARIES

CENSUS TRACT	% UNEMPLOYED	MED. HH INCOME	% BELOW POVERTY
12-095-017600	16.3%	$30,580	34.9%
12-095-017504	7.4%	$54,640	12.6%
AVERAGE	12.0%	$42,610	24.0%

FLORIDA HOSPITAL CELEBRATION: INPATIENT HOT SPOT
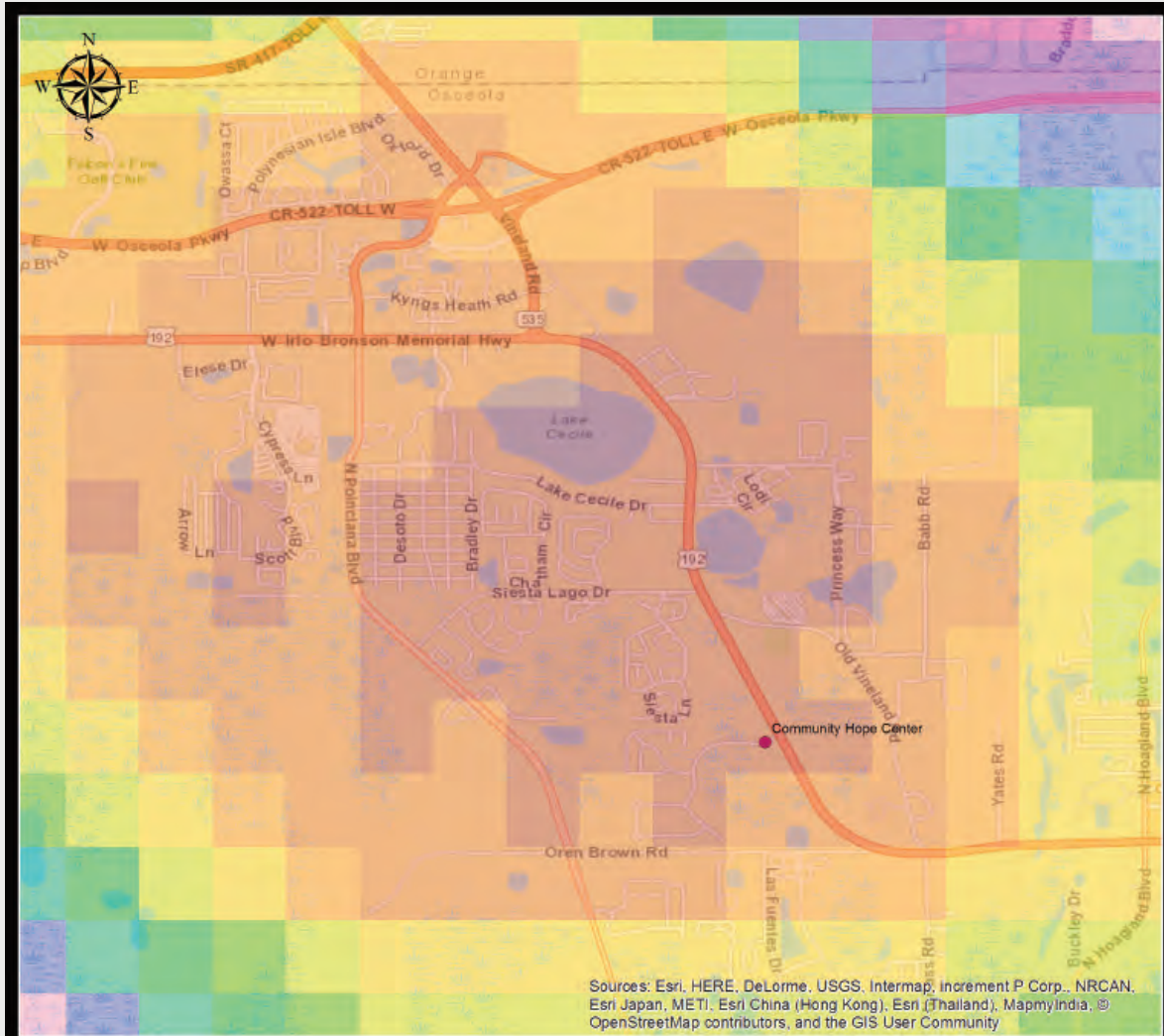
Patient Density

High

Low

The Florida Hospital Celebration hot spot is located along Irlo Bronson Memorial Parkway in Celebration This hospital follows the parkway down to Kissimmee, where, from a regional point of view, a large number of uninsured patients travel to access the hospital. The Community Hope Center of Celebration is located within the hot spot. Compared to other hot spots in the region, this hot spot is not as impacted by poverty.
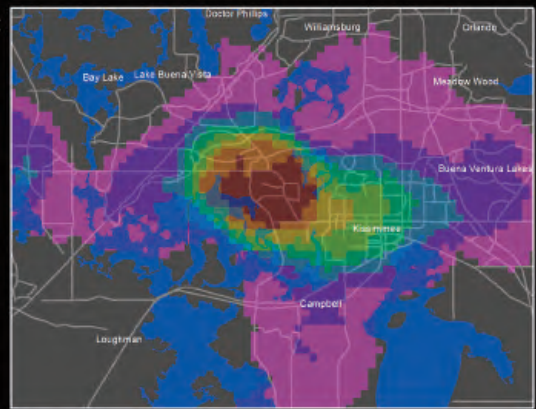
FLORIDA HOSPITAL CELEBRATION: INPATIENT HOT SPOT, CONT'D.

In this inpatient specific hot spot analysis for Florida Hospital Celebration, the area has an average of 10 percent unemployment with 20 percent of the population living below poverty and an average of less than $40,000 median household income. The 418 uninsured visits cost more than $15 million and accounted for 10 percent of all uninsured inpatient visits between 2012-2015. The majority of visits from the hot spot were associated with White patients, followed by Hispanic patients at 29 percent. Patients aged 40-59 accounted for approximately 50 percent of visits. Nondependent abuse of drugs was the most frequent primary diagnosis code in inpatient visits within this hot spot. Approximately 25 percent of visits were diagnosed with tobacco use disorder outside the primary diagnoses. Visits with a primary diagnosis of puncture of a vessel resulted in highest costs to the hospital at nearly $900,000 between 2012-2015. To protect privacy, any analysis less than two percent has been removed.

TABLE 9.29 COMPARISON: HOT SPOT VISITS TO ALL VISITS

CRITERIA	HOT SPOT
TOTAL UNINSURED VISITS	418
TOTAL UNINSURED COST	$15,010,181
PERCENT TO ALL INPATIENT UNINSURED VISITS	10%
PERCENT TO ALL INPATIENT UNINSURED COST	10%
HOMELESS-SHELTER VISITS (%)*	0%
HOMELESS-SHELTER VISITS COST*	—

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

TABLE 9.30 TOP 5 PRIMARY DIAGNOSES AND COSTS

DIAGNOSIS	TOTAL COST	% OF ALL VISITS IN HOT SPOT	AVG. COST PER VISIT
305 - NONDEPENDENT ABUSE OF DRUGS	$169,158	3%	$12,083
291.81 - ALCOHOL WITHDRAWAL	$292,687	3%	$22,514
574 - CALCULUS OF GALLBLADDER WITH ACUTE CHOLECYSTITIS	$502,215	3%	$41,851
786.59 - OTHER CHEST PAIN	$300,876	3%	$27,352
562.11 - DIVERTICULITIS OF COLON (WITHOUT MENTION OF HEMORRHAGE)	$413,581	2%	$45,953
780.2 - SYNCOPE AND COLLAPSE	$259,736	2%	$28,860

**In some instances, multiple diagnoses had the same percent of hot spot visits that fell into the top five; in these instances, all diagnoses were included in the Top 5 table.

FLORIDA HOSPITAL CELEBRATION: INPATIENT HOT SPOT, CONT'D.

TABLE 9.31 TOP 5 SECONDARY DIAGNOSES AND COSTS

DIAGNOSIS	TOTAL COST	% OF ALL VISITS IN HOT SPOT	AVG. COST PER VISIT
305.1 - TOBACCO USE DISORDER	$3,013,712	25%	$28,431
401.9 - UNSPECIFIED ESSENTIAL HYPERTENSION	$2,349,517	17%	$32,632
V15.81 - PERSONAL HISTORY OF NONCOMPLIANCE WITH MEDICAL TREATMENT, PRESENTING HAZARDS TO HEALTH	$1,089,526	10%	$27,238
276.8 - HYPOPOTASSEMIA	$1,258,505	9%	$34,958
272.4 - OTHER AND UNSPECIFIED HYPERLIPIDEMIA	$1,357,495	8%	$39,926

TABLE 9.32 TOP 5 HIGHEST COST PRIMARY DIAGNOSES

DIAGNOSIS	TOTAL COST	% OF ALL VISITS IN HOT SPOT	AVG. COST PER VISIT
38.9 - PUNCTURE OF VESSEL	$855,551	N/A	N/A
38 - INCISION, EXCISION AND OCCLUSION OF VESSELS	$716,382	N/A	N/A
574 - CALCULUS OF GALLBLADDER WITH ACUTE CHOLECYSTITIS	$502,215	3%	$41,851
099.43 - DISEASES OF THE CIRCULATORY SYSTEM COMPLICATING THE PUERPERIUM	$425,186	N/A	N/A
562.11 - DIVERTICULITIS OF COLON (WITHOUT MENTION OF HEMORRHAGE)	$413,581	2%	$45,953

TABLE 9.33 HOSPITAL VISITORS BY RACE/ETHNICITY

RACE/ETHNICITY	PERCENT
WHITE	50%
HISPANIC	29%
OTHER	7%
UNKNOWN	6%
BLACK/AFRICAN AMERICAN	5%
ASIAN/PACIFIC ISLANDER	1%
AMERICAN INDIAN/AK NATIVE	1%

TABLE 9.34 HOSPITAL VISITORS BY AGE

AGE	PERCENT
0-18	1%
19-29	17%
30-39	23%
40-49	25%
50-59	25%
60-69	9%
70-79	0%
80+	0%

FLORIDA HOSPITAL CELEBRATION: INPATIENT HOT SPOT, CONT'D.

TABLE 9.35 CENSUS TRACT SUMMARIES

CENSUS TRACT	% UNEMPLOYED	MED. HH INCOME	% BELOW POVERTY
12-097-040902	11.3%	$34,880	30.3%
12-097-040901	6.3%	$51,070	15.6%
12-097-040804	12.7%	$33,610	14.1%
AVERAGE	10%	$39,853	20.0%

FLORIDA HOSPITAL CELEBRATION: ER/OUTPATIENT HOT SPOT

Patient Density

High

Low
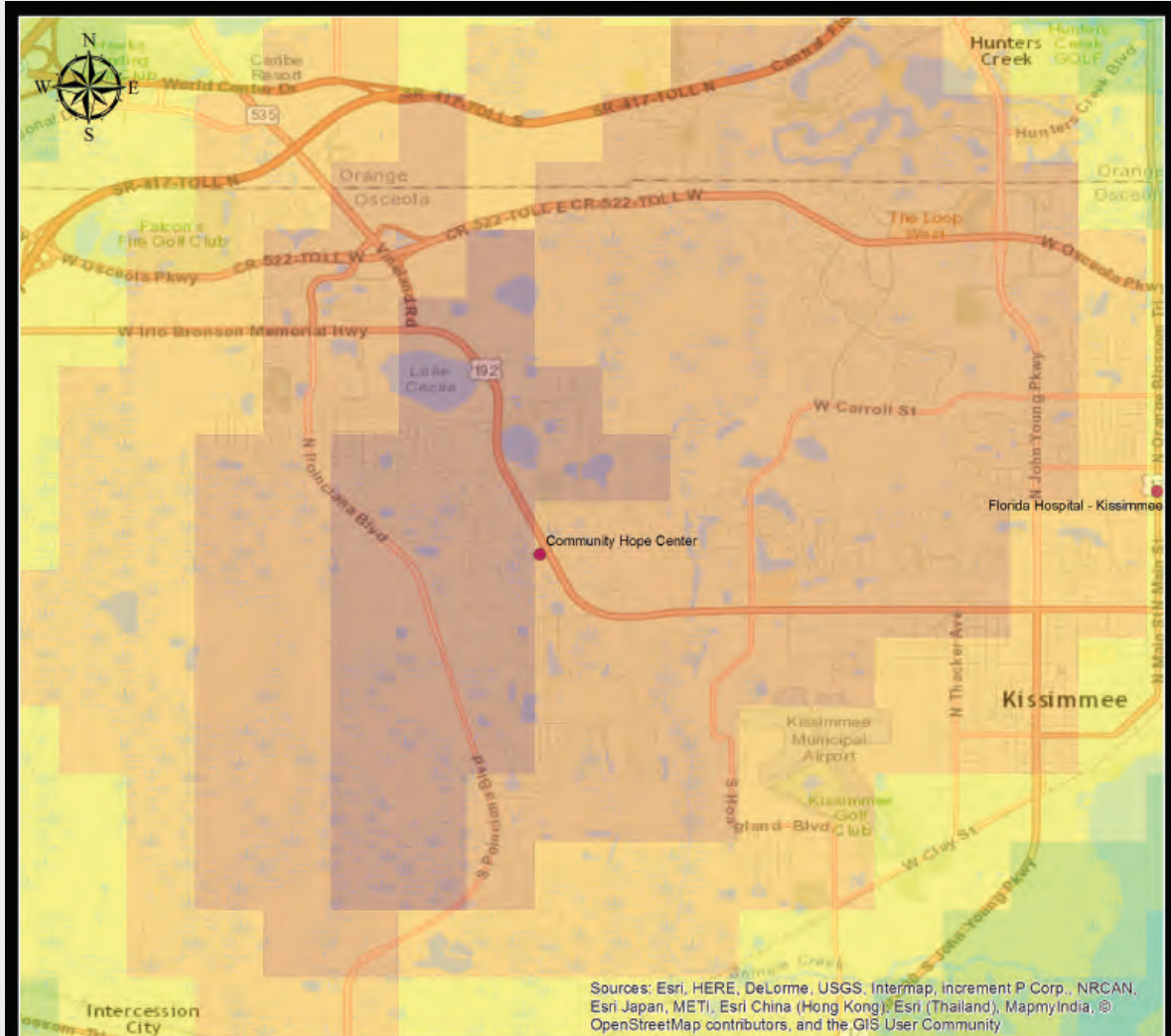
The Florida Hospital Celebration hot spot is located to the northeast of Celebration, within unincorporated Osceola County and the City of Kissimmee. The Community Hope Center, a facility that helps poverty-stricken families, is located near the center of the hot spot. Within one of the two census tracts represented, poverty levels exceed 30%, unemployment rates exceed 10% and median household income does not exceed $35,000.
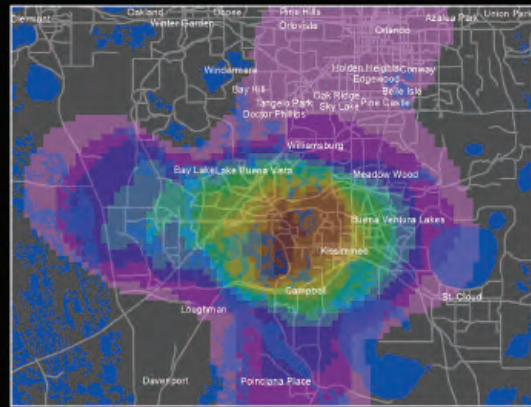
FLORIDA HOSPITAL CELEBRATION: ER/OUTPATIENT HOT SPOT, CONT'D.

In this outpatient specific hot spot analysis for Florida Hospital (FH) Celebration, the average unemployment rate is nine percent with more than 20 percent living in poverty. The average annual median household income is just under $43,000. The 920 uninsured visits cost nearly $4 million and accounted for two percent of all uninsured outpatient visits between 2012-2015. More than 40 percent of visits were by Hispanic patients, followed by White patients. Symptoms involving head and neck was the most frequent primary diagnosis code in outpatient visits within this hot spot. Approximately eight percent of visits were diagnosed with unspecified essential hypertension outside the primary diagnoses. Visits with a primary diagnosis of chest pain resulted in highest costs to the hospital at more than $380,000 and accounted for nearly three percent of the visits between 2012-2015. To protect privacy, any analysis less than two percent has been removed.

TABLE 9.36 COMPARISON: HOT SPOT VISITS TO ALL VISITS

CRITERIA	HOT SPOT
TOTAL UNINSURED VISITS	920
TOTAL UNINSURED COST	$3,970,562
PERCENT TO ALL ER OUTPATIENT UNINSURED VISITS	2%
PERCENT TO ALL ER OUTPATIENT UNINSURED COST	2%
HOMELESS SHELTER VISITS (%)*	0.3%
HOMELESS SHELTER VISITS COST*	$3,229

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

TABLE 9.37 TOP 5 PRIMARY DIAGNOSES AND COSTS

DIAGNOSIS	TOTAL COST	% OF ALL VISITS IN HOT SPOT	AVG. COST PER VISIT
784 - SYMPTOMS INVOLVING HEAD AND NECK	$103,520	2.7%	$4,141
786.5 - CHEST PAIN	$388,864	2.7%	$15,555
780.6 - FEVER AND OTHER PHYSIOLOGIC DISTURBANCES OF TEMPERATURE REGULATION	$82,164	2.5%	$3,287
465.9 - ACUTE UPPER RESPIRATORY INFECTIONS OF UNSPECIFIED SITE	$40,933	2.2%	$1,637
599 - URINARY TRACT INFECTION, SITE NOT SPECIFIED	$105,184	2.2%	$4,207

FLORIDA HOSPITAL CELEBRATION: ER/OUTPATIENT HOT SPOT, CONT'D.

TABLE 9.38 TOP 5 SECONDARY DIAGNOSES AND COSTS

DIAGNOSIS	TOTAL COST	% OF ALL VISITS IN HOT SPOT	AVG. COST PER VISIT
401.9 - UNSPECIFIED ESSENTIAL HYPERTENSION	$587,367	8%	$23,495
305.1 - TOBACCO USE DISORDER	$340,752	6%	$13,630
787.91 - DIARRHEA	$188,569	3%	$7,543
250 - DIABETES MELLITUS	$217,277	3%	$8,691
599 - URINARY TRACT INFECTION, SITE NOT SPECIFIED	$213,545	3%	$8,542

TABLE 9.39 TOP 5 HIGHEST COST PRIMARY DIAGNOSES

DIAGNOSIS	TOTAL COST	% OF ALL VISITS IN HOT SPOT	AVG. COST PER VISIT
786.5 - CHEST PAIN	$388,864	3%	$15,555
786.59 - OTHER CHEST PAIN	$218,294	1%	$8,732
789.03 - ABDOMINAL PAIN, LEFT LOWER QUADRANT	$130,961	1%	$5,238
789 - OTHER SYMPTOMS INVOLVING ABDOMEN AND PELVIS	$118,272	2%	$4,731
599 - URINARY TRACT INFECTION, SITE NOT SPECIFIED	$105,184	2%	$4,207

TABLE 9.40 HOSPITAL VISITORS BY RACE/ETHNICITY

RACE/ETHNICITY	PERCENT
HISPANIC	42%
WHITE	32%
OTHER	10%
UNKNOWN	8%
BLACK/AFRICAN AMERICAN	5%
ASIAN/PACIFIC ISLANDER	2%
AMERICAN INDIAN/AK NATIVE	0%

TABLE 9.41 HOSPITAL VISITORS BY AGE

AGE	PERCENT
0-18	12.2%
19-29	33.0%
30-39	22.4%
40-49	17.9%
50-59	10.8%
60-69	3.3%
70-79	0.2%
80+	0.2%

FLORIDA HOSPITAL CELEBRATION: ER/OUTPATIENT HOT SPOT, CONT'D.

TABLE 9.42 CENSUS TRACT SUMMARIES

CENSUS TRACT	% UNEMPLOYED	MED. HH INCOME	% BELOW POVERTY
12-097-040902	11.3%	$34,880	30.3%
12-097-040901	6.3%	$51,070	15.6%
AVERAGE	9.0%	$42,975	23.0%

FLORIDA HOSPITAL EAST ORLANDO: INPATIENT HOT SPOT
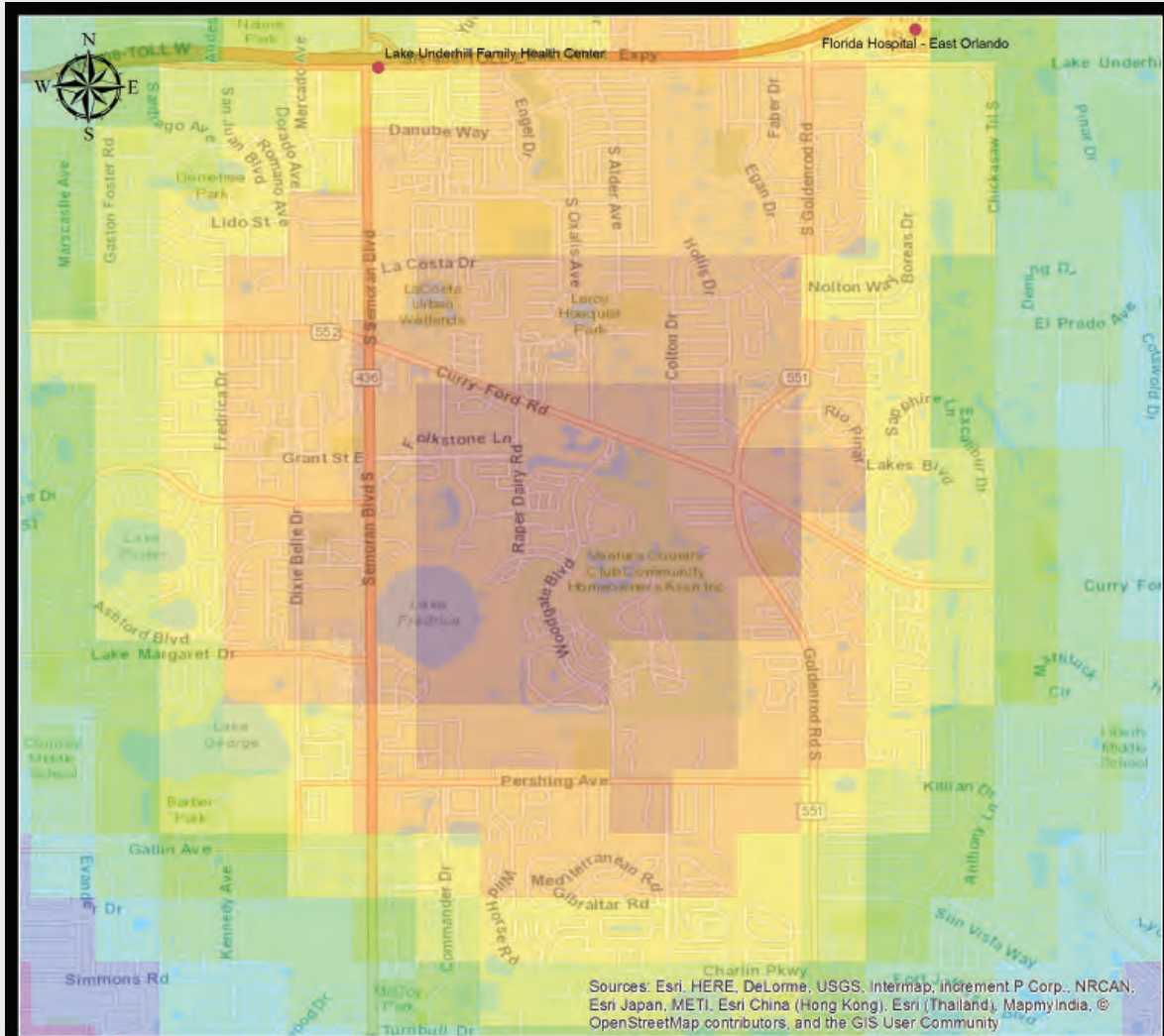
Patient Density

High

Low

The Florida Hospital East Orlando inpatient hot spot is located to the south of the Azalea Park community in east Orange County, while the regional trend shows uninsured patients extending along the State Road 50 corridor and northeast to Union Park. This hot spot is located in a low-income area with higher than average levels of unemployment, median household income and poverty.
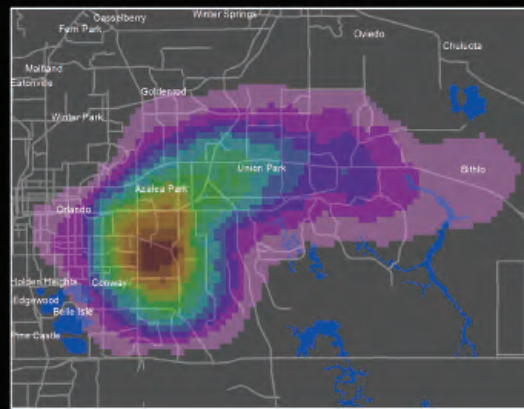
FLORIDA HOSPITAL EAST ORLANDO: INPATIENT HOT SPOT, CONT'D.

In this inpatient specific hot spot analysis for Florida Hospital East Orlando, there is an average unemployment rate of 14 percent with more than 25 percent of the population living in poverty. The average annual median household income in this area is under $33,000. The 463 uninsured visits cost nearly $15 million and accounted for five percent of all uninsured inpatient visits between 2012-2015. More than 45 percent of visits from the hot spot were by Hispanic patients, followed by White patients at 29 percent. Patients aged 40-59 account for approximately 50 percent of visits. Diseases of the pancreas was the most frequent primary diagnosis code in inpatient visits within this hot spot. Approximately 25 percent of visits were diagnosed with unspecified essential hypertension outside the primary diagnoses. Visits with a primary diagnosis of coronary atherosclerosis of native coronary artery accounted for the highest costs to the hospital at more than $560,000. To protect privacy, any analysis less than two percent has been removed.

TABLE 9.43 COMPARISON: HOT SPOT VISITS TO ALL VISITS

CRITERIA	HOT SPOT
TOTAL UNINSURED VISITS	463
TOTAL UNINSURED COST	$14,859,969
PERCENT TO ALL INPATIENT UNINSURED VISITS	5%
PERCENT TO ALL INPATIENT UNINSURED COST	5%
HOMELESS-SHELTER VISITS (%)*	0%
HOMELESS-SHELTER VISITS COST*	—

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

TABLE 9.44 TOP 5 PRIMARY DIAGNOSES AND COSTS

DIAGNOSIS	TOTAL COST	% OF ALL VISITS IN HOT SPOT	AVG. COST PER VISIT
577 - DISEASES OF PANCREAS	$414,224	3%	$29,587
592.1 - CALCULUS OF URETER	$386,131	3%	$27,581
493.92 - ASTHMA, UNSPECIFIED TYPE WITH (ACUTE) EXACERBATION	$223,502	3%	$17,192
486 - PNEUMONIA, ORGANISM UNSPECIFIED	$261,125	3%	$23,739
558.9 - OTHER AND UNSPECIFIED NONINFECTIOUS GASTROENTERITIS AND COLITIS	$257,037	2%	$23,367

FLORIDA HOSPITAL EAST ORLANDO: INPATIENT HOT SPOT, CONT'D.

TABLE 9.45 TOP 5 SECONDARY DIAGNOSES AND COSTS

DIAGNOSIS	TOTAL COST	% OF ALL VISITS IN HOT SPOT	AVG. COST PER VISIT
401.9 - UNSPECIFIED ESSENTIAL HYPERTENSION	$3,625,679	24%	$32,086
305.1 - TOBACCO USE DISORDER	$3,067,537	21%	$31,624
276.8 - HYPOPOTASSEMIA	$1,323,368	11%	$25,449
272.4 - OTHER AND UNSPECIFIED HYPERLIPIDEMIA	$1,539,747	9%	$37,555
250 - DIABETES MELLITUS	$3,114,551	9%	$77,864

TABLE 9.46 TOP 5 HIGHEST COST PRIMARY DIAGNOSES

DIAGNOSIS	TOTAL COST	% OF ALL VISITS IN HOT SPOT	AVG. COST PER VISIT
414.01 - CORONARY ATHEROSCLEROSIS OF NATIVE CORONARY ARTERY	$568,397	2%	$71,050
577 - DISEASES OF PANCREAS	$414,224	3%	$29,587
592.1 - CALCULUS OF URETER	$386,131	3%	$27,581
997.49 - OTHER DIGESTIVE SYSTEM COMPLICATIONS	$331,604	N/A	N/A
721.1 - CERVICAL SPONDYLOSIS WITH MYELOPATHY	$311,040	N/A	N/A

TABLE 9.47 HOSPITAL VISITORS BY RACE/ETHNICITY

RACE/ETHNICITY	PERCENT
HISPANIC	45%
WHITE	28%
UNKNOWN	13%
BLACK/AFRICAN AMERICAN	7%
OTHER	7%
AMERICAN INDIAN/AK NATIVE	0%

TABLE 9.48 HOSPITAL VISITORS BY AGE

AGE	PERCENT
0-18	1%
19-29	14%
30-39	22%
40-49	25%
50-59	26%
60-69	13%
70-79	0%
80+	0%

FLORIDA HOSPITAL EAST ORLANDO: INPATIENT HOT SPOT, CONT'D.

TABLE 9.49 **CENSUS TRACT SUMMARIES**

CENSUS TRACT	% UNEMPLOYED	MED. HH INCOME	% BELOW POVERTY
12-095-013503	14.5%	$29,020	41.4%
12-095-013505	12.6%	$28,940	30.3%
12-095-013510	11.0%	$30,280	21.4%
12-095-013509	13.9%	$40,410	14.6%
12-095-013405	13.4%	$27,170	24.9%
12-095-013402	22.5%	$40,880	17.6%
12-095-013406	14.1%	$35,270	24.3%
12-095-013508	13.1%	$29,410	35.2%
AVERAGE	14.0%	$32,673	26.2%

FLORIDA HOSPITAL EAST ORLANDO: ER/OUTPATIENT HOT SPOT
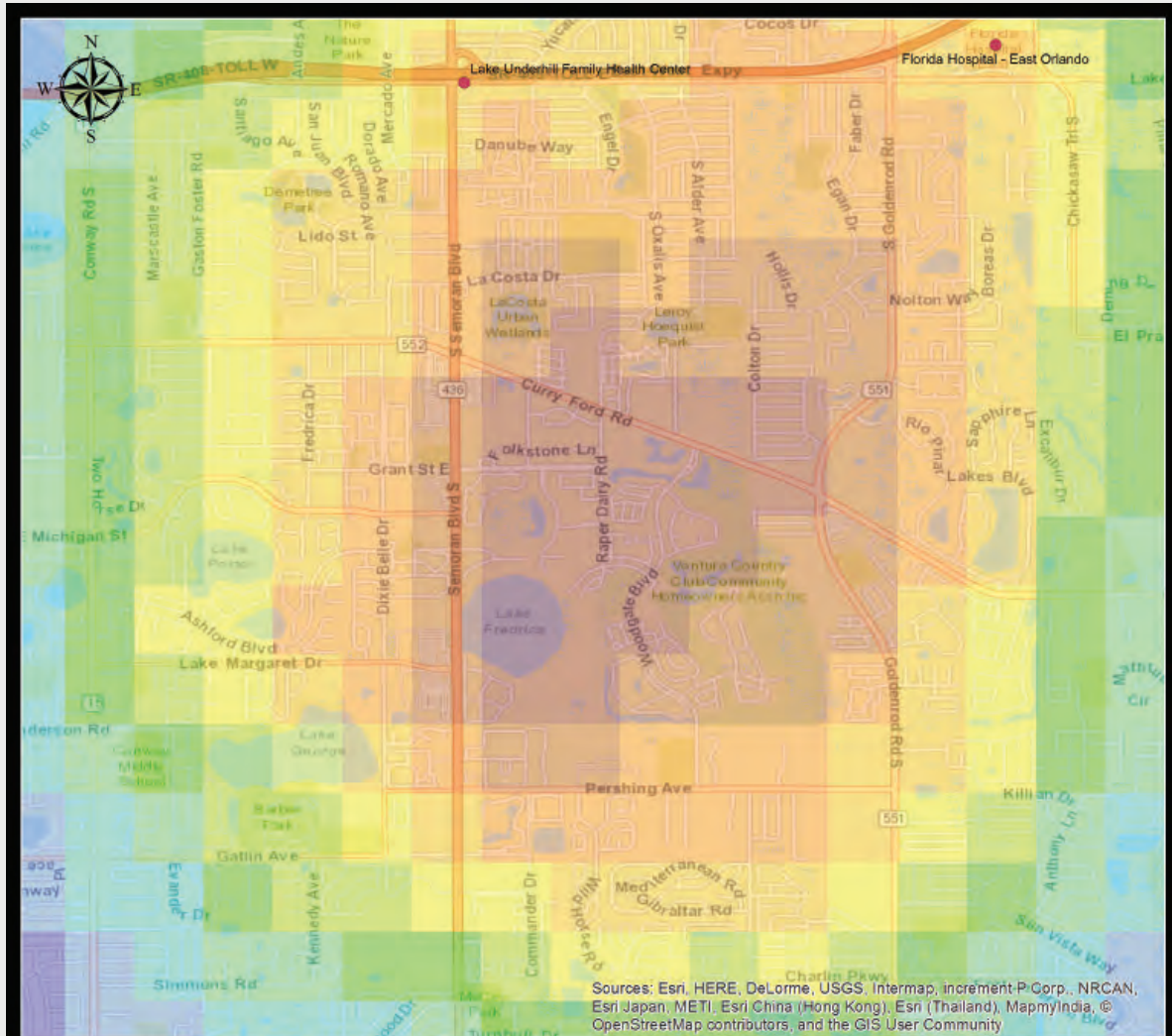
Patient Density

High

Low
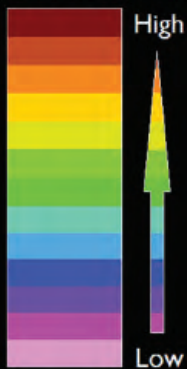
The Florida Hospital East Orlando hot spot is located adjacent to the hospital, near the Azalea Park community in east Orange County. The Lake Underhill Family Health Center is located to the north of the hot spot. This facility helps underserved families and community members. The regional hot spot extends to the northeast, reaching the Union Park Community and to the east along the State Road 50 corridor.
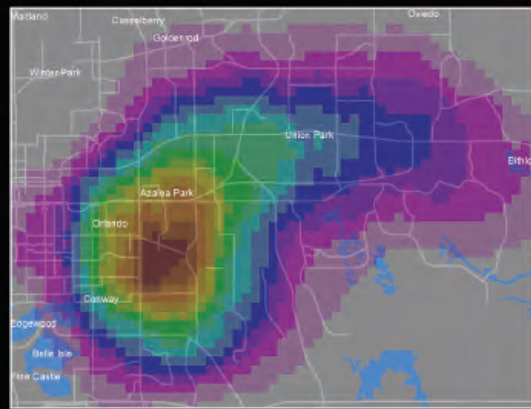
FLORIDA HOSPITAL EAST ORLANDO: ER/OUTPATIENT HOT SPOT, CONT'D.

In this outpatient specific hot spot analysis for Florida Hospital East Orlando, more than 25 percent of the residents are living in poverty and the average unemployment rate is 13 percent. The average annual median household income is just over $31,000. The 743 uninsured visits cost more than $2 million and accounted for one percent of all uninsured outpatient visits between 2012-2015. Hispanic patients accounted for the majority of the visits in this area. Patients aged 20-29 made up nearly 35 percent of visits. Lumbago was the most frequent primary diagnosis code in outpatient visits within this hot spot. Approximately six percent of visits were diagnosed with unspecified essential hypertension outside the primary diagnoses. Visits with a primary diagnosis of chest pain resulted in the highest costs to the hospital at more than $200,000 and accounted for nearly three percent of the visits between 2012-2015. To protect privacy, any analysis less than two percent has been removed.

TABLE 9.50 COMPARISON: HOT SPOT VISITS TO ALL VISITS

CRITERIA	HOT SPOT
TOTAL UNINSURED VISITS	743
TOTAL UNINSURED COST	$2,309,340
PERCENT TO ALL ER OUTPATIENT UNINSURED VISITS	1%
PERCENT TO ALL ER OUTPATIENT UNINSURED COST	1%
HOMELESS SHELTER VISITS (%)*	0%
HOMELESS SHELTER VISITS COST*	—

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

TABLE 9.51 TOP 5 PRIMARY DIAGNOSES AND COSTS

DIAGNOSIS	TOTAL COST	% OF ALL VISITS IN HOT SPOT	AVG. COST PER VISIT
724.2 - LUMBAGO	$48,829	3%	$1,878
784 - HEADACHE	$87,438	3%	$3,363
786.5 - CHEST PAIN	$212,225	3%	$8,163
780.6 - FEVER AND OTHER PHYSIOLOGIC DISTURBANCES OF TEMPERATURE REGULATION	$26,479	2%	$1,018
401.9 - UNSPECIFIED ESSENTIAL HYPERTENSION	$26,102	2%	$1,004

FLORIDA HOSPITAL EAST ORLANDO: ER/OUTPATIENT HOT SPOT, CONT'D.

TABLE 9.52 TOP 5 SECONDARY DIAGNOSES AND COSTS

DIAGNOSIS	TOTAL COST	% OF ALL VISITS IN HOT SPOT	AVG. COST PER VISIT
401.9 - UNSPECIFIED ESSENTIAL HYPERTENSION	$348,734	6%	$13,413
787.03 - VOMITING ALONE	$139,968	4%	$5,383
V64.2 - SURGICAL OR OTHER PROCEDURE NOT CARRIED OUT BECAUSE OF PATIENT'S DECISION	$18,670	3%	$718
305.1 - TOBACCO USE DISORDER	$118,233	3%	$4,547
787.91 - DIARRHEA	$95,693	3%	$3,681

TABLE 9.53 TOP 5 HIGHEST COST PRIMARY DIAGNOSES

DIAGNOSIS	TOTAL COST	% OF ALL VISITS IN HOT SPOT	AVG. COST PER VISIT
786.5 - CHEST PAIN	$212,225	3%	$8,163
786.59 - OTHER CHEST PAIN	$151,836	2%	$5,840
789 - OTHER SYMPTOMS INVOLVING ABDOMEN AND PELVIS	$94,972	2%	$3,653
784 - HEADACHE	$87,438	3%	$3,363
599 - URINARY TRACT INFECTION, SITE NOT SPECIFIED	$66,676	2%	$2,564

TABLE 9.54 HOSPITAL VISITORS BY RACE/ETHNICITY

RACE/ETHNICITY	PERCENT
HISPANIC	55%
WHITE	16%
UNKNOWN	10%
BLACK/AFRICAN AMERICAN	10%
OTHER	7%
AMERICAN INDIAN/AK NATIVE	1%
ASIAN/PACIFIC ISLANDER	0%

TABLE 9.55 HOSPITAL VISITORS BY AGE

AGE	PERCENT
0-18	6%
19-29	34%
30-39	25%
40-49	17%
50-59	14%
60-69	3%
70-79	0%
80+	0%

FLORIDA HOSPITAL EAST ORLANDO: ER/OUTPATIENT HOT SPOT, CONT'D.

TABLE 9.56 CENSUS TRACT SUMMARIES

| CENSUS TRACT	% UNEMPLOYED	MED. HH INCOME	% BELOW POVERTY
12-095-013503	14.5%	$29,020	41.4%
12-095-013505	12.6%	$28,940	30.3%
12-095-013510	11.0%	$30,280	21.4%
12-095-013509	13.9%	$40,410	14.6%
12-095-013405	13.4%	$27,170	24.9%
AVERAGE	13.0%	$31,164	26.5%

FLORIDA HOSPITAL FOR CHILDREN: PEDIATRIC INPATIENT HOT SPOT

Patient Density

High

Low
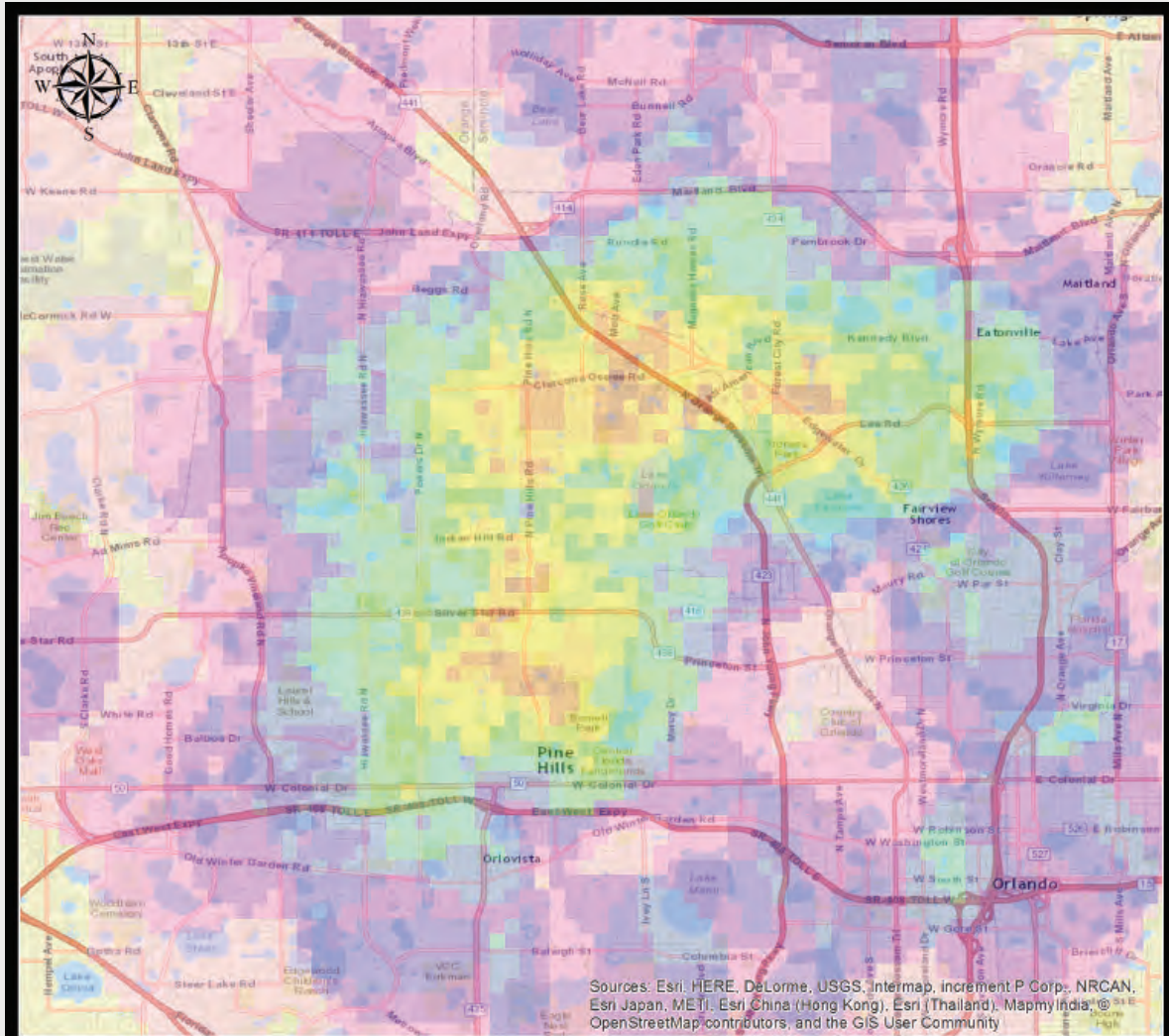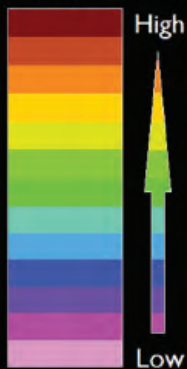
This hot spot is located in a primarily low income area of Orlando in Pine Hills. The northern bounds of the hot spot are located within Lockhart and the Town of Eatonville. Regionally, patient density is focused within the western portion of Orange County, extending into Orlo Vista and Metro West. Unemployment rates are very high within the census tracts represented in this hot spot, as six of seven have figures exceeding 13%. Median household income is also very low, ranging from $27,000 to $51,000.
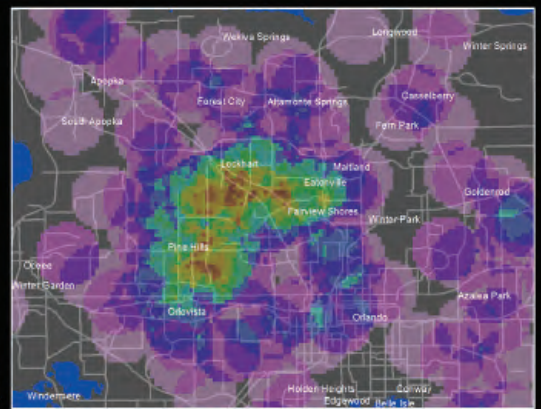
FLORIDA HOSPITAL FOR CHILDREN: PEDIATRIC INPATIENT HOT SPOT, CONT'D.

In this inpatient specific hot spot analysis for Florida Hospital for Children, the average unemployment rate is 14 percent and 21 percent of the population is living in poverty. The average annual median income is approximately $41,000. There were 64 visits in this hot spot of which 39 percent were made by Black/African American patients and approximately 55 percent of patients were under the age of 15. The primary diagnosis code of asthma was the top diagnosis code while acute appendicitis had the highest costs. Dehydration was the top diagnosis code outside the primary diagnoses codes. Due to the low sample size in the hot spot area, all percentages were omitted to protect privacy.

TABLE 9.57 COMPARISON: HOT SPOT VISITS TO ALL VISITS

CRITERIA	HOT SPOT
TOTAL UNINSURED VISITS	64
TOTAL UNINSURED COST	$1,179,867
PERCENT TO ALL INPATIENT UNINSURED VISITS	5%
PERCENT TO ALL INPATIENT UNINSURED COST	4%
HOMELESS-SHELTER VISITS (%)*	0%
HOMELESS-SHELTER VISITS COST*	—

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

TABLE 9.58 TOP 5 PRIMARY DIAGNOSES AND COSTS

DIAGNOSIS	TOTAL COST	% OF ALL VISITS IN HOT SPOT	AVG. COST PER VISIT
493.2 - ASTHMA, UNSPECIFIED TYPE, WITH (ACUTE) EXACERBATION	$37,107	N/A	N/A
250.13 - DIABETES WITH KETOACIDOSIS, TYPE I (JUVENILE YPE), UNCONTROLLED	$43,231	N/A	N/A
540.9 - ACUTE APPENDICITIS WITHOUT MENTION OF PERITONITIS	$63,412	N/A	N/A
558.9 - OTHER AND UNSPECIFIED NONINFECTIOUS GASTROENTERITIS AND COLITIS	$29,521	N/A	N/A
780.2 - SYNCOPE AND COLLAPSE	$20,932	N/A	N/A

FLORIDA HOSPITAL FOR CHILDREN: PEDIATRIC INPATIENT HOT SPOT, CONT'D.

TABLE 9.59 TOP 5 SECONDARY DIAGNOSES AND COSTS

DIAGNOSIS	TOTAL COST	% OF ALL VISITS IN HOT SPOT	AVG. COST PER VISIT
276.51 - DEHYDRATION	$66,764	N/A	N/A
493.9 - ASTHMA UNSPECIFIED	$36,633	N/A	N/A
787.03 - VOMITING ALONE	$45,910	N/A	N/A
276.8 - HYPOPOTASSEMIA	$43,231	N/A	N/A
300 - ANXIETY STATE, UNSPECIFIED	$32,500	N/A	N/A

TABLE 9.60 TOP 5 HIGHEST COST PRIMARY DIAGNOSES

DIAGNOSIS	TOTAL COST	% OF ALL VISITS IN HOT SPOT	AVG. COST PER VISIT
540.9 - ACUTE APPENDICITIS WITHOUT MENTION OF PERITONITIS	$63,412	N/A	N/A
V30.1 - SINGLE LIVEBORN, BORN BEFORE ADMISSION TO HOSPITAL	$61,467	N/A	N/A
682.7 - CELLULITIS AND ABSCESS OF FOOT, EXCEPT TOES	$44,713	N/A	N/A
977.9 - POISONING BY UNSPECIFIED DRUG OR MEDICINAL SUBSTANCE	$44,386	N/A	N/A
250.13 - DIABETES WITH KETOACIDOSIS, TYPE 1 (JUVENILE TYPE), UNCONTROLLED	$43,231	N/A	N/A

TABLE 9.61 HOSPITAL VISITORS BY RACE/ETHNICITY

RACE/ETHNICITY	PERCENT
BLACK/AFRICAN AMERICAN	39%
WHITE	30%
HISPANIC	16%
UNKNOWN	11%
OTHER	3%
ASIAN/PACIFIC ISLANDER	2%

TABLE 9.62 HOSPITAL VISITORS BY AGE

AGE	PERCENT
0-4	33%
5-9	16%
10-14	8%
15+	44%

FLORIDA HOSPITAL FOR CHILDREN: PEDIATRIC INPATIENT HOT SPOT, CONT'D.

TABLE 9.63 CENSUS TRACT SUMMARIES

CENSUS TRACT	% UNEMPLOYED	MED. HH INCOME	% BELOW POVERTY
12-095-015202	16.5%	$27,340	39.8%
12-095-012401	13.0%	$35,880	22.8%
12-095-012402	17.8%	$36,500	16.9%
12-095-015103	6.0%	$51,500	13.2%
12-095-015104	16.5%	$39,790	17.1%
12-095-015106	15.2%	$43,430	18.3%
12-095-012306	15.6%	$50,670	18.8%
AVERAGE	14.4%	$40,730	21.0%

FLORIDA HOSPITAL FOR CHILDREN: PEDIATRIC ER/OUTPATIENT HOT SPOT
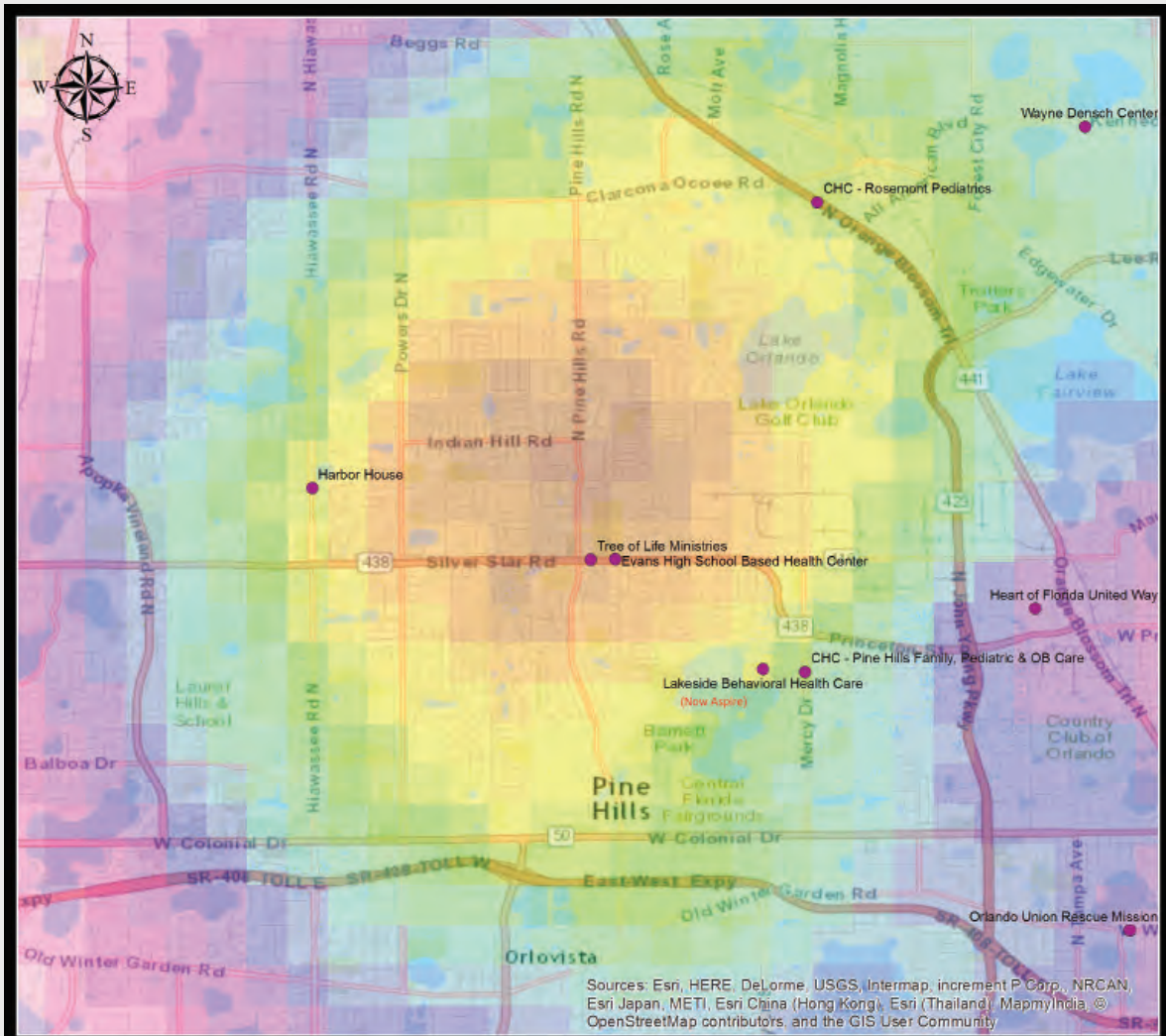
Patient Density

High

Low

This hot spot is located within one of the poorest neighborhoods in Orlando to the north of Colonial Drive within the Pine Hills area. While a number of resources are available in this area, including a high school and associated health center, this area is highly stricken by poverty. The census tracts represented by this hot spot all have very high levels of poverty ranging from 18.8% to 36.2%. Regionally, patient density is focused in western Orange County, primarily Pine Hills and Orlo Vista.
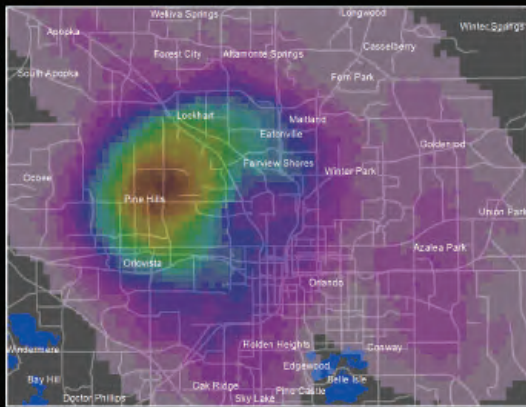
FLORIDA HOSPITAL FOR CHILDREN: PEDIATRIC ER/OUTPATIENT HOT SPOT, CONT'D.

In this outpatient specific hot spot analysis for Florida Hospital for Children, the average unemployment rate is 16.5 percent and more than 27 percent of the population is living in poverty. The average annual median income is approximately $36,000. There were nearly 400 visits in this hot spot. The primary diagnosis code of fever and other physiologic disturbances of temperature regulation was the top diagnosis code for both primary and secondary codes. Visits with a primary diagnosis code of vomiting alone cost the most to treat. More than 60 percent of the visits were attributed to Black/African American patients and nearly 50 percent were aged 15 and older. To protect privacy, any analysis less than two percent has been removed.

TABLE 9.64 COMPARISON: HOT SPOT VISITS TO ALL VISITS

CRITERIA	HOT SPOT
TOTAL UNINSURED VISITS	399
TOTAL UNINSURED COST	$904,879
PERCENT TO ALL ER OUTPATIENT UNINSURED VISITS	9%
PERCENT TO ALL ER OUTPATIENT UNINSURED COST	12%
HOMELESS SHELTER VISITS (%)*	0%
HOMELESS SHELTER VISITS COST*	—

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

TABLE 9.65 TOP 5 PRIMARY DIAGNOSES AND COSTS

DIAGNOSIS	TOTAL COST	% OF ALL VISITS IN HOT SPOT	AVG. COST PER VISIT
780.6 - FEVER AND OTHER PHYSIOLOGIC DISTURBANCES OF TEMPERATURE REGULATIONS	$21,480	4%	$1,264
787.03 - VOMITING ALONE	$44,019	4%	$2,751
465.9 - ACUTE UPPER RESPIRATORY INFECTIONS OF UNSPECIFIED SITE	$29,213	4%	$1,948
382.9 - UNSPECIFIED OTITIS MEDIA	$8,893	3%	$889
79.99 - UNSPECIFIED VIRAL INFECTION	$15,432	2%	$1,715

FLORIDA HOSPITAL FOR CHILDREN: PEDIATRIC ER/OUTPATIENT HOT SPOT, CONT'D.

TABLE 9.66 TOP 5 SECONDARY DIAGNOSES AND COSTS

DIAGNOSIS	TOTAL COST	% OF ALL VISITS IN HOT SPOT	AVG. COST PER VISIT
780.6 - FEVER AND OTHER PHYSIOLOGIC DISTURBANCES OF TEMPERATURE REGULATION	$49,045	5%	$2,452
465.9 - ACUTE UPPER RESPIRATORY INFECTIONS OF UNSPECIFIED SITE	$23,472	4%	$1,565
787.91 - DIARRHEA	$36,753	4%	$2,625
79.99 - UNSPECIFIED VIRAL INFECTION	$25,239	4%	$1,803
787.03 - VOMITING ALONE	$43,994	3%	$3,999

TABLE 9.67 TOP 5 HIGHEST COST PRIMARY DIAGNOSES

DIAGNOSIS	TOTAL COST	% OF ALL VISITS IN HOT SPOT	AVG. COST PER VISIT
787.03 - VOMITING ALONE	$44,019	4%	$2,751
574.1 - CALCULUS OF GALLBLADDER WITH OTHER CHOLECYSTITIS	$41,991	N/A	N/A
789 - OTHER SYMPTOMS INVOLVING ABDOMEN AND PELVIS	$40,508	2%	$5,787
789.03 - ABDOMINAL PAIN, RIGHT LOWER QUADRANT	$33,772	N/A	N/A
640.03 - THREATENED ABORTION, ANTEPARTUM CONDITION OR COMPLICATION	$33,351	2%	$4,764

TABLE 9.68 HOSPITAL VISITORS BY RACE/ETHNICITY

RACE/ETHNICITY	PERCENT
BLACK/AFRICAN AMERICAN	61%
HISPANIC	14%
UNKNOWN	10%
WHITE	10%
OTHER	6%

TABLE 9.69 HOSPITAL VISITORS BY AGE

AGE	PERCENT
0-4	25%
5-9	12%
10-14	15%
15+	48%

FLORIDA HOSPITAL FOR CHILDREN: PEDIATRIC ER/OUTPATIENT HOT SPOT, CONT'D.

TABLE 9.70 **CENSUS TRACT SUMMARIES**

CENSUS TRACT	% UNEMPLOYED	MED. HH INCOME	% BELOW POVERTY
12-095-012402	12.4%	$33,680	21.4%
12-095-012202	20.3%	$38,460	28.4%
12-095-012100	14.5%	$26,160	31.9%
12-095-012401	13.0%	$35,880	22.8%
12-095-012000	18.6%	$32,980	36.2%
12-095-012307	21.2%	$34,330	34.7%
12-095-012306	15.6%	$50,670	18.8%
AVERAGE	16.5%	$36,023	27.7%

FLORIDA HOSPITAL KISSIMMEE: INPATIENT HOT SPOT
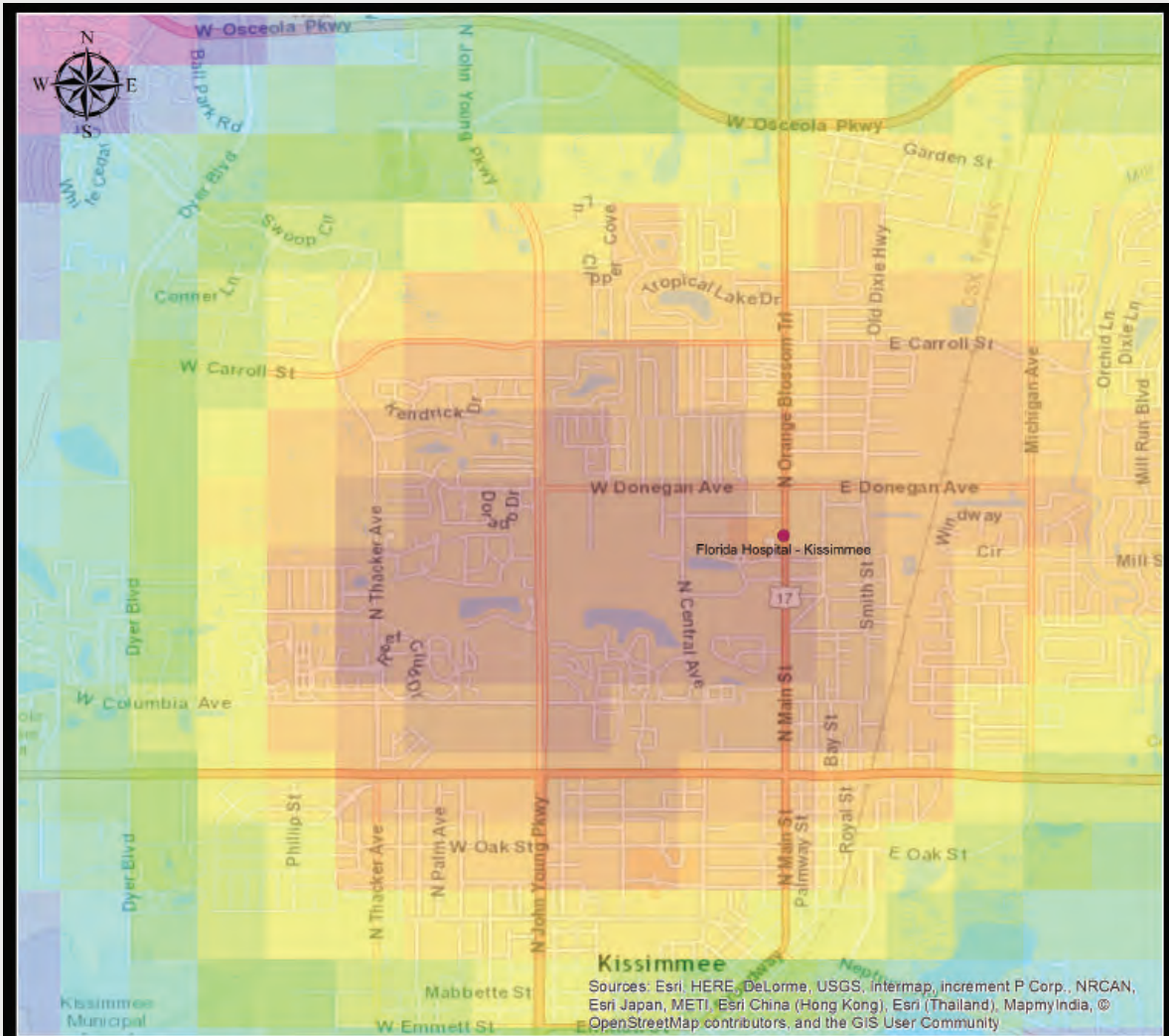
Patient Density

High

Low
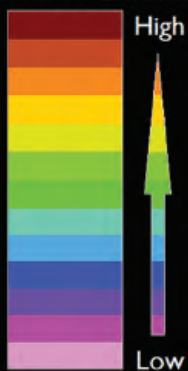
On a regional level, this hot spot is primarily proximity-based, centering adjacent to the hospital to the north of downtown Kissimmee. There are no homeless shelters in this location, however the residents in the area have very low income rates, high poverty rates and unemployment rates that average at approximately 10%. St. Cloud, from a regional perspective, also has a large number of uninsured patients.
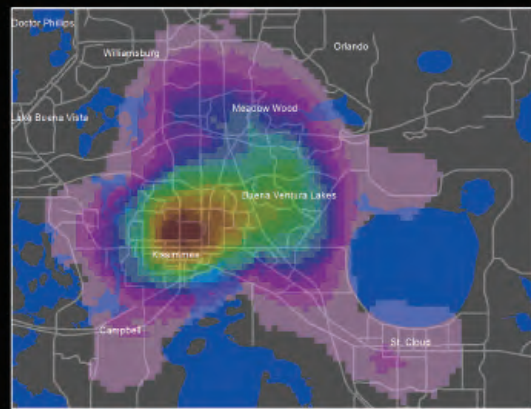
FLORIDA HOSPITAL KISSIMMEE: INPATIENT HOT SPOT, CONT'D.

In this inpatient specific hot spot analysis for Florida Hospital Kissimmee, the unemployment rate is 11 percent and more than 25 percent of the population is living in poverty. The average annual median household income is just over $31,000. The 392 uninsured visits cost more than $11 million and accounted for 11 percent of all uninsured inpatient visits between 2012-2015. Visits by Hispanic patients accounted for 47 percent and patients aged 50-59 accounted for more than 27 percent. Atrial fibrillation was the most frequent primary diagnosis code of inpatient visits within this hot spot. Approximately 28 percent of visits were diagnosed with unspecified essential hypertension outside the primary diagnoses. Visits with a primary diagnosis of acute appendicitis without mention of peritonitis accounted for the highest costs to the hospital at more than $350,000 and accounted for nearly three percent of the visits between 2012-2015. To protect privacy, any analysis less than two percent has been removed.

TABLE 9.71 COMPARISON: HOT SPOT VISITS TO ALL VISITS

CRITERIA	HOT SPOT
TOTAL UNINSURED VISITS	392
TOTAL UNINSURED COST	$11,302,380
PERCENT TO ALL INPATIENT UNINSURED VISITS	11%
PERCENT TO ALL INPATIENT UNINSURED COST	11%
HOMELESS-SHELTER VISITS (%)*	0%
HOMELESS-SHELTER VISITS COST*	—

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

TABLE 9.72 TOP 5 PRIMARY DIAGNOSES AND COSTS

DIAGNOSIS	TOTAL COST	% OF ALL VISITS IN HOT SPOT	AVG. COST PER VISIT
427.31 - ATRIAL FIBRILLATION	$231,001	3%	$17,769
571.2 - ALCOHOLIC CIRRHOSIS OF LIVER	$250,541	3%	$20,878
493.92 - ASTHMA, UNSPECIFIED TYPE WITH (ACUTE) EXACERBATION	$248,289	3%	$24,829
540.9 - ACUTE APPENDICITIS WITHOUT MENTION OF PERITONITIS	$352,557	3%	$35,256
599 - URINARY TRACT INFECTION, SITE NOT SPECIFIED	$197,341	2%	$21,927

FLORIDA HOSPITAL KISSIMMEE: INPATIENT HOT SPOT, CONT'D.

TABLE 9.73 TOP 5 SECONDARY DIAGNOSES AND COSTS

DIAGNOSIS	TOTAL COST	% OF ALL VISITS IN HOT SPOT	AVG. COST PER VISIT
401.9 - UNSPECIFIED ESSENTIAL HYPERTENSION	$3,302,813	28%	$30,026
305.1 - TOBACCO USE DISORDER	$2,827,174	26%	$27,448
V15.81 - PERSONAL HISTORY OF NONCOMPLIANCE WITH MEDICAL TREATMENT, PRESENTING HAZARDS TO HEALTH	$1,080,808	13%	$20,785
272.4 - OTHER AND UNSPECIFIED HYPERLIPIDEMIA	$1,229,112	10%	$31,516
250 - DIABETES MELLITUS	$1,819,098	9%	$53,503

TABLE 9.74 TOP 5 HIGHEST COST PRIMARY DIAGNOSES

DIAGNOSIS	TOTAL COST	% OF ALL VISITS IN HOT SPOT	AVG. COST PER VISIT
540.9 - ACUTE APPENDICITIS WITHOUT MENTION OF PERITONITIS	$352,557	3%	$35,256
414.01 - CORONARY ATHEROSCLEROSIS OF NATIVE CORONARY ARTERY	$331,257	N/A	N/A
410.71 - SUBENDOCARDIAL INFARCTION, INITIAL EPISODE OF CARE	$257,781	N/A	N/A
571.2 - ALCOHOLIC CIRRHOSIS OF LIVER	$250,541	3%	$20,878
493.92 - ASTHMA, UNSPECIFIED TYPE, WITH (ACUTE) EXACERBATION	$248,289	3%	$24,829

TABLE 9.75 HOSPITAL VISITORS BY RACE/ETHNICITY

RACE/ETHNICITY	PERCENT
HISPANIC	47%
WHITE	21%
BLACK/AFRICAN AMERICAN	19%
UNKNOWN	7%
OTHER	6%
AMERICAN INDIAN/AK NATIVE	0%
ASIAN/PACIFIC ISLANDER	0%

TABLE 9.76 HOSPITAL VISITORS BY AGE

AGE	PERCENT
0-18	2%
19-29	15%
30-39	14%
40-49	23%
50-59	28%
60-69	18%
70-79	1%
80+	0%

FLORIDA HOSPITAL KISSIMMEE: INPATIENT HOT SPOT, CONT'D.

TABLE 9.77 **CENSUS TRACT SUMMARIES**

CENSUS TRACT	% UNEMPLOYED	MED. HH INCOME	% BELOW POVERTY
12-097-041900	9.5%	$30,950	18.9%
12-097-042200	10.6%	$31,740	25.3%
12-097-042000	9.3%	$31,580	33.4%
12-097-042300	15.5%	$32,020	23.5%
AVERAGE	11.0%	$31,573	25.3%

FLORIDA HOSPITAL KISSIMMEE: ER/OUTPATIENT HOT SPOT
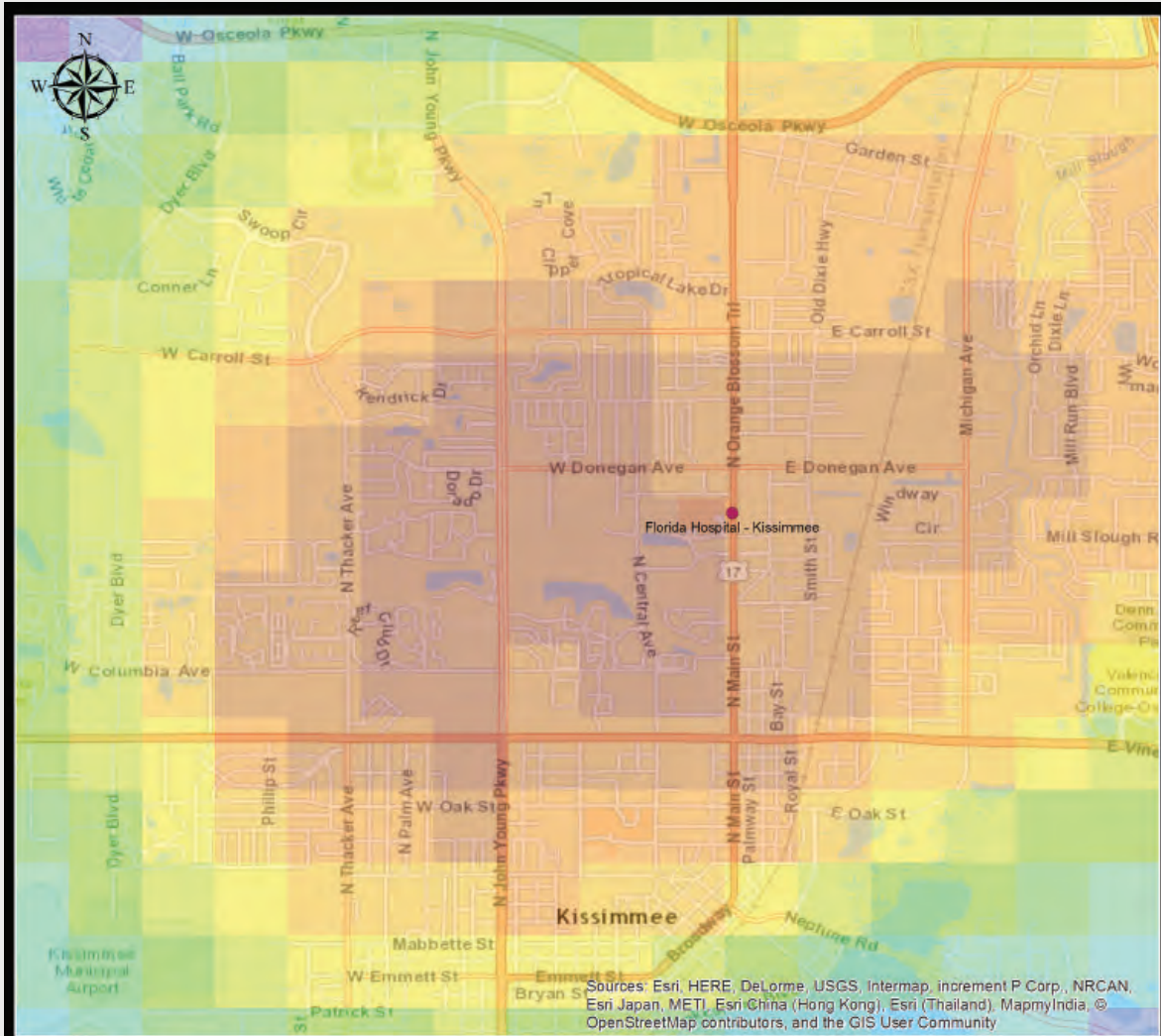
Patient Density

High

Low
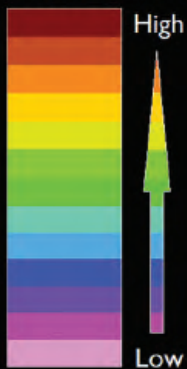
Like the inpatient hot spot for this hospital, the regional supply of uninsured patients is generally proximity-based and extends into St. Cloud (in Osceola County) and the Oak Ridge area of southern Orange County. Poverty rates in this location range from 19% to 25%, while unemployment rates are approximately 10%. Median household income nears $30,000, making this among the poorest uninsured hot spots in the region.
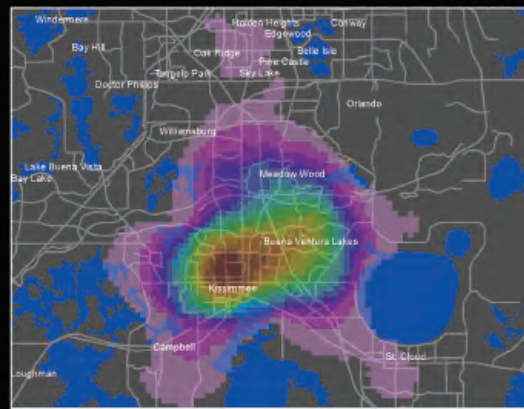
FLORIDA HOSPITAL KISSIMMEE: ER/OUTPATIENT HOT SPOT, CONT'D.

In this outpatient specific hot spot analysis for Florida Hospital Kissimmee, there is a 10 percent average unemployment rate, an average annual median household income of less than $32,000 and more than 20 percent of the population lives in poverty. The 578 uninsured visits cost nearly $2 million and accounted for one percent of all uninsured outpatient visits between 2012-2015. Hispanic patients comprised the majority of visits from this area as well as patients aged 19-39 at nearly 60 percent. Fever and other physiologic disturbances of temperature regulation was the most frequent primary diagnosis code in outpatient visits within this hot spot. Approximately six percent of visits were diagnosed with unspecified essential hypertension outside the primary diagnoses. Visits with a primary diagnosis of other chest pain resulted in highest costs to the hospital at more than $155,000 and accounted for more than one percent of the visits between 2012-2015. To protect privacy, any analysis less than two percent has been removed.

TABLE 9.78 COMPARISON: HOT SPOT VISITS TO ALL VISITS

CRITERIA	HOT SPOT
TOTAL UNINSURED VISITS	578
TOTAL UNINSURED COST	$1,976,068
PERCENT TO ALL ER OUTPATIENT UNINSURED VISITS	1%
PERCENT TO ALL ER OUTPATIENT UNINSURED COST	1%
HOMELESS SHELTER VISITS (%)*	0%
HOMELESS SHELTER VISITS COST*	—

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

TABLE 9.79 TOP 5 PRIMARY DIAGNOSES AND COSTS

DIAGNOSIS	TOTAL COST	% OF ALL VISITS IN HOT SPOT	AVG. COST PER VISIT
780.6 - FEVER AND OTHER PHYSIOLOGIC DISTURBANCES OF TEMPERATURE REGULATION	$47,646	3%	$2,382
784 - HEADACHE	$61,262	3%	$3,829
599 - URINARY TRACT INFECTION, SITE NOT SPECIFIED	$34,785	2%	$2,676
786.5 - CHEST PAIN	$144,061	2%	$11,082
789.06 - ABDOMINAL PAIN, EPIGASTRIC	$71,281	2%	$5,940

FLORIDA HOSPITAL KISSIMMEE: ER/OUTPATIENT HOT SPOT, CONT'D.

TABLE 9.80 TOP 5 SECONDARY DIAGNOSES AND COSTS

DIAGNOSIS	TOTAL COST	% OF ALL VISITS IN HOT SPOT	AVG. COST PER VISIT
401.9 - UNSPECIFIED ESSENTIAL HYPERTENSION	$270,960	6%	$7,527
V64.2 - SURGICAL OR OTHER PROCEDURE NOT CARRIED OUT BECAUSE OF PATIENT'S DECISION	$10,596	3%	$530
787.91 - DIARRHEA	$89,578	3%	$4,977
787.03 - VOMITING ALONE	$91,180	3%	$5,364
305.1 - TOBACCO USE DISORDER	$72,074	3%	$4,505
789 - OTHER SYMPTOMS INVOLVING ABDOMEN AND PELVIS	$180,148	3%	$11,259

**In some instances, multiple diagnoses had the same percent of hot spot visits that fell into the top five; in these instances, all diagnoses were included in the Top 5 table.

TABLE 9.81 TOP 5 HIGHEST COST PRIMARY DIAGNOSES

DIAGNOSIS	TOTAL COST	% OF ALL VISITS IN HOT SPOT	AVG. COST PER VISIT
786.59 - OTHER CHEST PAIN	$156,367	2%	$15,637
786.5 - CHEST PAIN	$144,061	2%	$14,406
789 - OTHER SYMPTOMS INVOLVING ABDOMEN AND PELVIS	$79,946	2%	$7,995
789.06 - ABDOMINAL PAIN, EPIGASTRIC	$71,281	2%	$7,128
784 - HEADACHE	$61,262	3%	$6,126

TABLE 9.82 HOSPITAL VISITORS BY RACE/ETHNICITY

RACE/ETHNICITY	PERCENT
HISPANIC	54%
BLACK/AFRICAN AMERICAN	12%
WHITE	12%
UNKNOWN	11%
OTHER	9%
ASIAN PACIFIC/ISLANDER	0%
AMERICAN INDIAN/AK NATIVE	0%

TABLE 9.83 HOSPITAL VISITORS BY AGE

AGE	PERCENT
0-18	8%
19-29	30%
30-39	28%
40-49	18%
50-59	13%
60-69	3%
70-79	1%
80+	0%

FLORIDA HOSPITAL KISSIMMEE: ER/OUTPATIENT HOT SPOT, CONT'D.

TABLE 9.84 CENSUS TRACT SUMMARIES

CENSUS TRACT	% UNEMPLOYED	MED. HH INCOME	% BELOW POVERTY
12-097-041900	9.5%	$30,950	18.9%
12-097-042200	10.6%	$31,740	25.3%
AVERAGE	10.0%	$31,345	22.1%

FLORIDA HOSPITAL ORLANDO: INPATIENT HOT SPOT
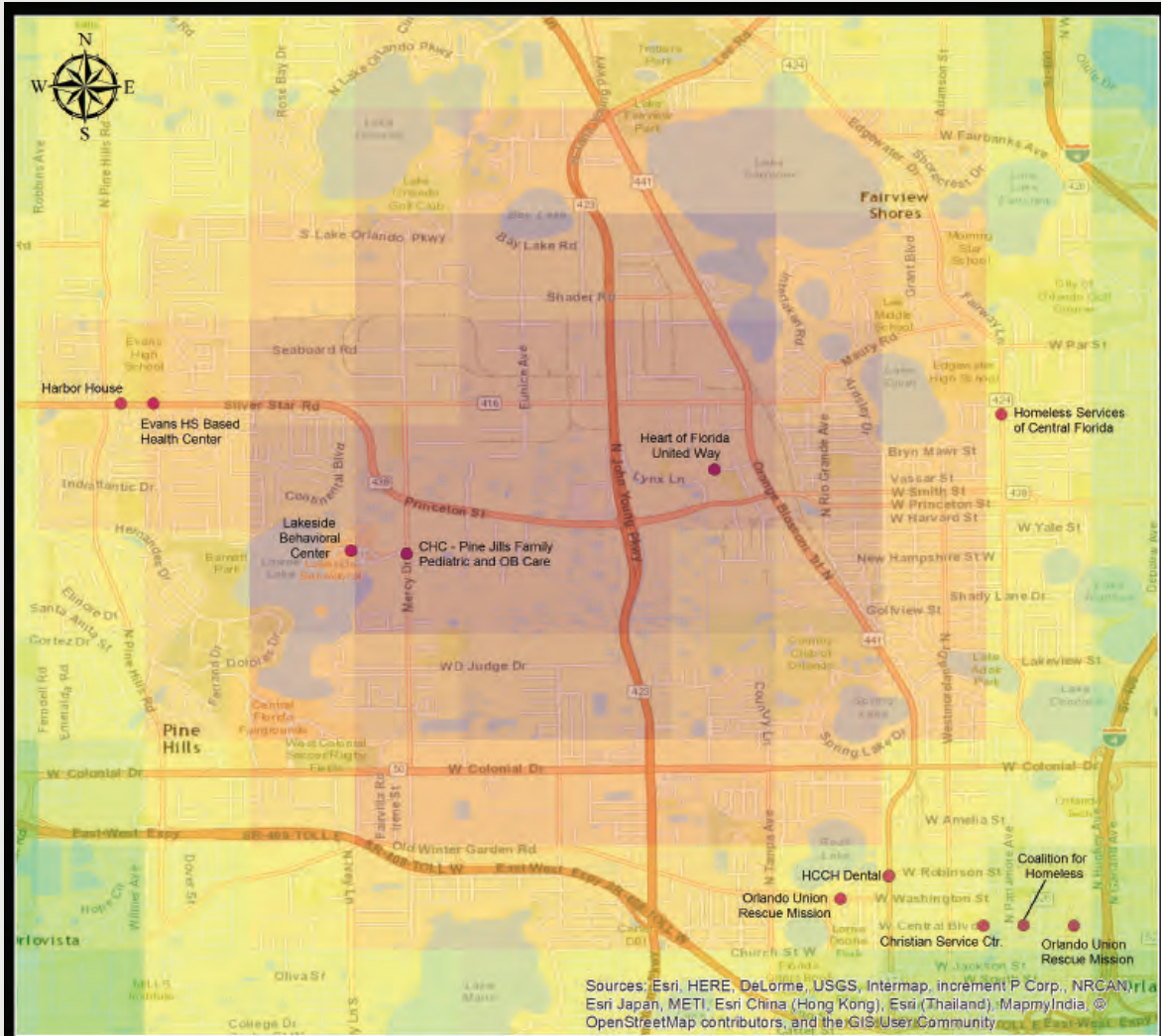
Patient Density

High

Low
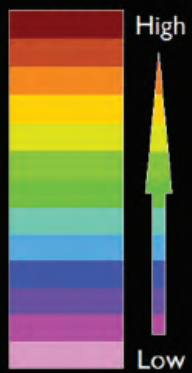
This hot spot is proximity-based on a regional level, and is centered around one of the poorest areas of Orange County. Many resources, including shelters and community health centers, are located in close proximity to this hot spot. With the exception of one census tract represented in the hot spot, average household incomes are as low as $24,350, poverty rates reach 37.4% and unemployment rates go as high as 20.8%. There are a number of recreational parks in this area.
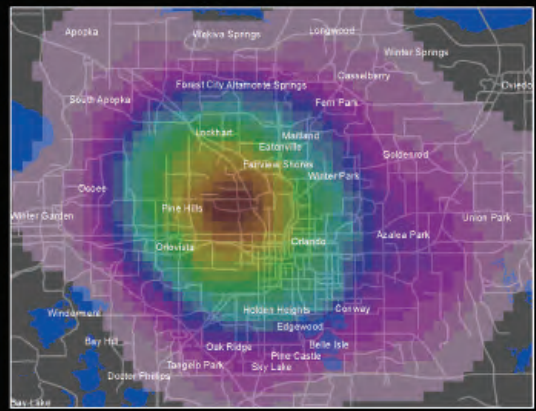
FLORIDA HOSPITAL ORLANDO: INPATIENT HOT SPOT, CONT'D.

In this inpatient specific hot spot analysis for Florida Hospital Orlando, there is a 13 percent average unemployment rate and nearly 25 percent of the population is living in poverty. The average annual median household income is just over $42,000. The 576 uninsured visits cost more than $21 million and accounted for six percent of all uninsured inpatient visits between 2012-2015. Visits by White patients accounted for 48 percent followed by Black/African American patients. Patients aged 50-59 accounted for 39 percent of visits. Other chest pain was the most frequent primary diagnosis code of inpatient visits within this hot spot. Approximately 32 percent of visits were diagnosed with unspecified essential hypertension outside the primary diagnoses, followed by tobacco use disorder. Visits with a primary diagnosis of subendocardial infarction, initial episode of care accounted for the highest costs to the hospital at over $640,000. To protect privacy, any analysis less than two percent has been removed.

TABLE 9.85 COMPARISON: HOT SPOT VISITS TO ALL VISITS

CRITERIA	HOT SPOT
TOTAL UNINSURED VISITS	576
TOTAL UNINSURED COST	$21,027,004
PERCENT TO ALL INPATIENT UNINSURED VISITS	6%
PERCENT TO ALL INPATIENT UNINSURED COST	5.7%
HOMELESS-SHELTER VISITS (%)*	0.2%
HOMELESS-SHELTER VISITS COST*	$159,322

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

TABLE 9.86 TOP 5 PRIMARY DIAGNOSES AND COSTS

DIAGNOSIS	TOTAL COST	% OF ALL VISITS IN HOT SPOT	AVG. COST PER VISIT
786.59 - OTHER CHEST PAIN	$381,185	3%	$22,423
250.13 - DIABETES WITH KETOACIDOSIS, TYPE I (JUVENILE TYPE), UNCONTROLLED	$342,580	3%	$21,411
682.6 - CELLULITIS AND ABSCESS OF LEG, EXCEPT FOOT	$397,737	2%	$36,158
558.9 - OTHER AND UNSPECIFIED NONINFECTIOUS GASTROENTERITIS AND COLITIS	$222,755	2%	$22,275
491.21 - OBSTRUCTIVE CHRONIC BRONCHITIS WITH (ACUTE) EXACERBATION	$167,837	2%	$18,649
786.5 - CHEST PAIN	$225,312	2%	$25,035

**In some instances, multiple diagnoses had the same percent of hot spot visits that fell into the top five; in these instances, all diagnoses were included in the Top 5 table.

FLORIDA HOSPITAL ORLANDO: INPATIENT HOT SPOT, CONT'D.

TABLE 9.87 TOP 5 SECONDARY DIAGNOSES AND COSTS

DIAGNOSIS	TOTAL COST	% OF ALL VISITS IN HOT SPOT	AVG. COST PER VISIT
401.9 - UNSPECIFIED ESSENTIAL HYPERTENSION	$7,295,050	32%	$39,647
305.1 - TOBACCO USE DISORDER	$5,783,561	30%	$34,021
272.4 - OTHER AND UNSPECIFIED HYPERLIPIDEMIA	$3,199,272	13%	$42,657
276.8 - HYPOPOTASSEMIA	$1,926,986	9%	$36,358
250 - DIABETES MELLITUS	$4,144,533	8%	$92,101

TABLE 9.88 TOP 5 HIGHEST COST PRIMARY DIAGNOSES

DIAGNOSIS	TOTAL COST	% OF ALL VISITS IN HOT SPOT	AVG. COST PER VISIT
410.71 - SUBENDOCARDIAL INFARCTION, INITIAL EPISODE OF CARE	$647,860	N/A	$80,983
410.41 - ACUTE MYOCARDIAL INFARCTION OF OTHER INFERIOR WALL, INITIAL EPISODE OF CARE	$472,908	N/A	$157,636
434.91 - CEREBRAL ARTERY OCCLUSION, UNSPECIFIED WITH CEREBRAL INFARCTION	$447,412	N/A	$55,927
414.01 - CORONARY ATHEROSCLEROSIS OF NATIVE CORONARY ARTERY	$442,115	N/A	$73,686
682.6 - CELLULITIS AND ABSCESS OF LEG, EXCEPT FOOT	$397,737	2%	$36,158

TABLE 9.89 HOSPITAL VISITORS BY RACE/ETHNICITY

RACE/ETHNICITY	PERCENT
WHITE	48%
BLACK/AFRICAN AMERICAN	35%
HISPANIC	8%
UNKNOWN	5%
OTHER	2%
ASIAN/PACIFIC ISLANDER	1%
AMERICAN INDIAN/AK NATIVE	0%

TABLE 9.90 HOSPITAL VISITORS BY AGE

AGE	PERCENT
0-18	1.4%
19-29	10.6%
30-39	13.9%
40-49	22.9%
50-59	38.5%
60-69	11.1%
70-79	1.0%
80+	0.5%

FLORIDA HOSPITAL ORLANDO: INPATIENT HOT SPOT, CONT'D.

TABLE 9.91 CENSUS TRACT SUMMARIES

CENSUS TRACT	% UNEMPLOYED	MED. HH INCOME	% BELOW POVERTY
12-095-012403	12.4%	$33,680	21.4%
12-095-012000	18.6%	$32,980	36.2%
12-095-012600	4.9%	$75,190	11.6%
12-095-012500	9.1%	$47,250	16.8%
12-095-018700	20.8%	$24,350	37.4%
AVERAGE	13.0%	$42,690	24.7%

FLORIDA HOSPITAL ORLANDO: ER/OUTPATIENT HOT SPOT
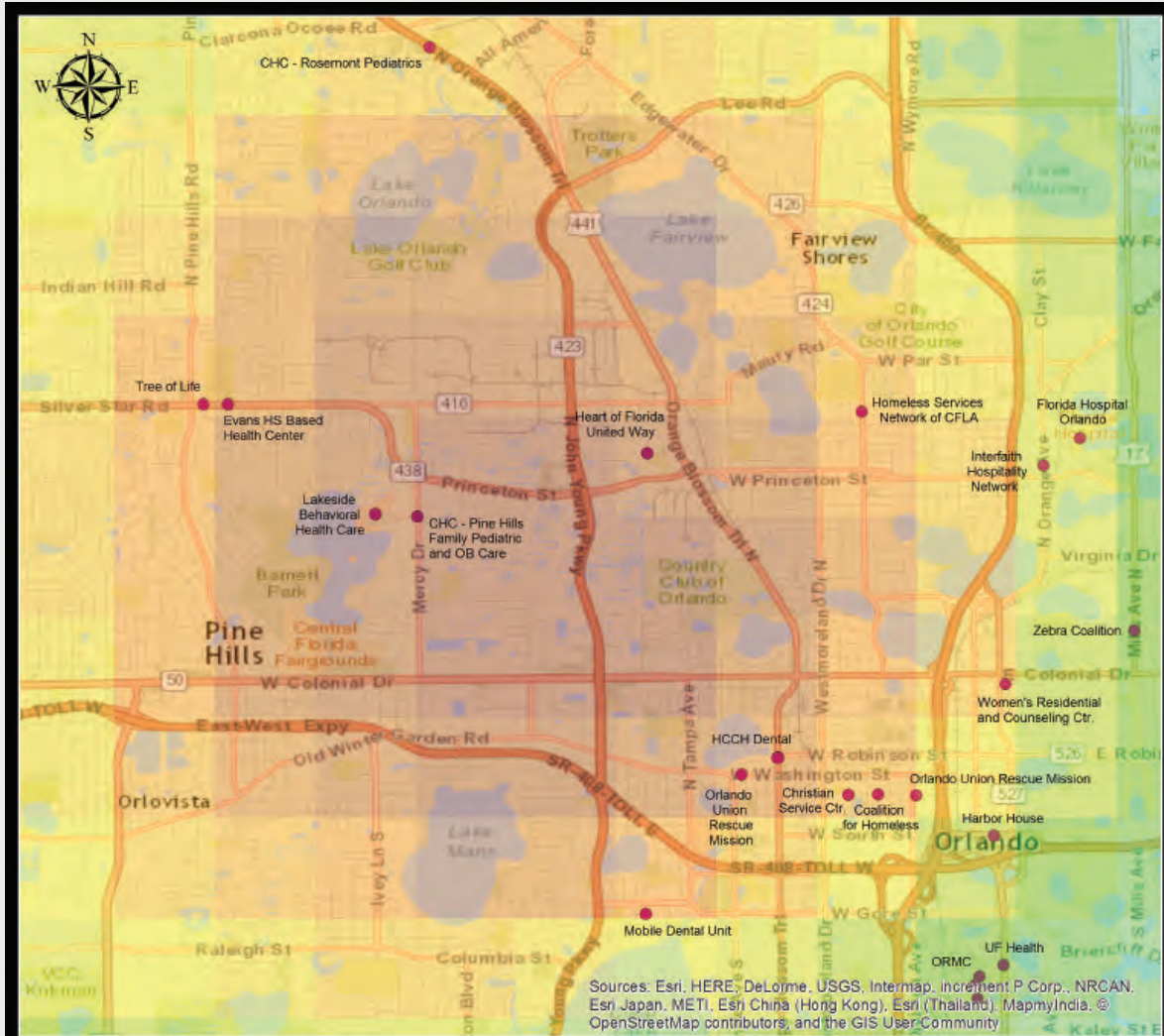
Patient Density

High

Low
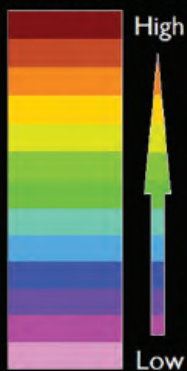
Similar to the inpatient hot spot for this hospital, this hot spot is proximity-based and focuses within the Pine Hills area of Orlando. A number of resources are available within this hot spot, including homeless shelters and health centers for families and children. This hot spot is also larger-than-average, as the distribution of uninsured patients was dense within the Pine Hills area but also in Parramore and the neighborhoods located near the Citrus Bowl in Orlando.
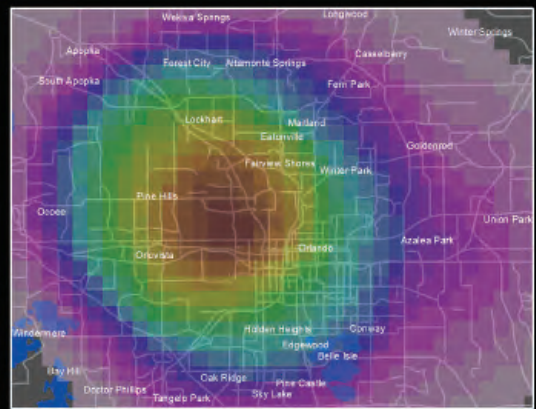
FLORIDA HOSPITAL ORLANDO: ER/OUTPATIENT HOT SPOT, CONT'D.

In this outpatient specific hot spot analysis for Florida Hospital Orlando, more than 37 percent of the population is living in poverty and there is an unemployment rate of more than 20 percent. The mean household annual income is just under $25,000. The 617 uninsured visits cost more than $2.1 million and accounted for one percent of all uninsured outpatient visits between 2012-2015. Black/African American patients made up nearly 80 percent of the visits in this area and patients aged 19-39 made up more than 65 percent of visits. Chest pain was the most frequent primary diagnosis code in outpatient visits within this hot spot. Approximately 11 percent of visits were diagnosed with unspecified essential hypertension outside the primary diagnoses. Visits with a primary diagnosis of chest pain resulted in highest costs to the hospital at more than $260,000 and accounted for more than three percent of the visits between 2012-2015. To protect privacy, any analysis less than two percent has been removed.

TABLE 9.92 COMPARISON: HOT SPOT VISITS TO ALL VISITS

CRITERIA	HOT SPOT
TOTAL UNINSURED VISITS	617
TOTAL UNINSURED COST	$2,120,411
PERCENT TO ALL ER OUTPATIENT UNINSURED VISITS	1%
PERCENT TO ALL ER OUTPATIENT UNINSURED COST	1%
HOMELESS SHELTER VISITS (%)*	0%
HOMELESS SHELTER VISITS COST*	—

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

TABLE 9.93 TOP 5 PRIMARY DIAGNOSES AND COSTS

DIAGNOSIS	TOTAL COST	% OF ALL VISITS IN HOT SPOT	AVG. COST PER VISIT
786.5 - CHEST PAIN	$267,647	3.4%	$12,745
462 - ACUTE PHARYNGITIS	$18,335	2.9%	$873
401.9 - UNSPECIFIED ESSENTIAL HYPERTENSION	$44,902	2.6%	$2,138
625.9 - UNSPECIFIED SYMPTOM ASSOCIATED WITH FEMALE GENITAL ORGANS	$45,198	2.3%	$2,152
789 - OTHER SYMPTOMS INVOLVING ABDOMEN AND PELVIS	$64,045	2.1%	$3,050

FLORIDA HOSPITAL ORLANDO: ER/OUTPATIENT HOT SPOT, CONT'D.

TABLE 9.94 TOP 5 SECONDARY DIAGNOSES AND COSTS

DIAGNOSIS	TOTAL COST	% OF ALL VISITS IN HOT SPOT	AVG. COST PER VISIT
401.9 - UNSPECIFIED ESSENTIAL HYPERTENSION	$496,970	11.0%	$7,308
305.1 - TOBACCO USE DISORDER	$171,206	6.0%	$4,627
250 - DIABETES MELLITUS	$41,227	4.1%	$1,649
625.9 - UNSPECIFIED SYMPTOM ASSOCIATED WITH FEMALE GENITAL ORGANS	$78,347	3.6%	$3,561
599 - URINARY TRACT INFECTION, SITE NOT SPECIFIED	$76,951	3.1%	$4,050

TABLE 9.95 TOP 5 HIGHEST COST PRIMARY DIAGNOSES

DIAGNOSIS	TOTAL COST	% OF ALL VISITS IN HOT SPOT	AVG. COST PER VISIT
786.5 - CHEST PAIN	$267,647	3.4%	$12,745
786.59 - OTHER CHEST PAIN	$72,431	1.0%	$3,449
789 - OTHER SYMPTOMS INVOLVING ABDOMEN AND PELVIS	$64,045	2.1%	$3,050
789.09 - ABDOMINAL PAIN, OTHER SPECIFIED SITE	$53,731	1.1%	$2,559
466 - ACUTE BRONCHITIS AND BRONCHIOLITIS	$48,762	1.3%	$2,322

TABLE 9.96 HOSPITAL VISITORS BY RACE/ETHNICITY

RACE/ETHNICITY	PERCENT
BLACK/AFRICAN AMERICAN	78.9%
WHITE	7.1%
UNKNOWN	6.5%
HISPANIC	5.8%
OTHER	1.1%
AMERICAN INDIAN/AK NATIVE	0.3%
ASIAN/PACIFIC ISLANDER	0.2%

TABLE 9.97 HOSPITAL VISITORS BY AGE

AGE	PERCENT
0-18	3.1%
19-29	32.3%
30-39	33.2%
40-49	13.1%
50-59	11.2%
60-69	6.6%
70-79	0.3%
80+	0.2%

FLORIDA HOSPITAL ORLANDO: ER/OUTPATIENT HOT SPOT, CONT'D.

TABLE 9.98 CENSUS TRACT SUMMARIES

CENSUS TRACT	% UNEMPLOYED	MED. HH INCOME	% BELOW POVERTY
12-095-018700	20.8%	$24,350	37.4%
AVERAGE	20.8%	$24,350	37.4%

FLORIDA HOSPITAL WATERMAN: INPATIENT HOT SPOT
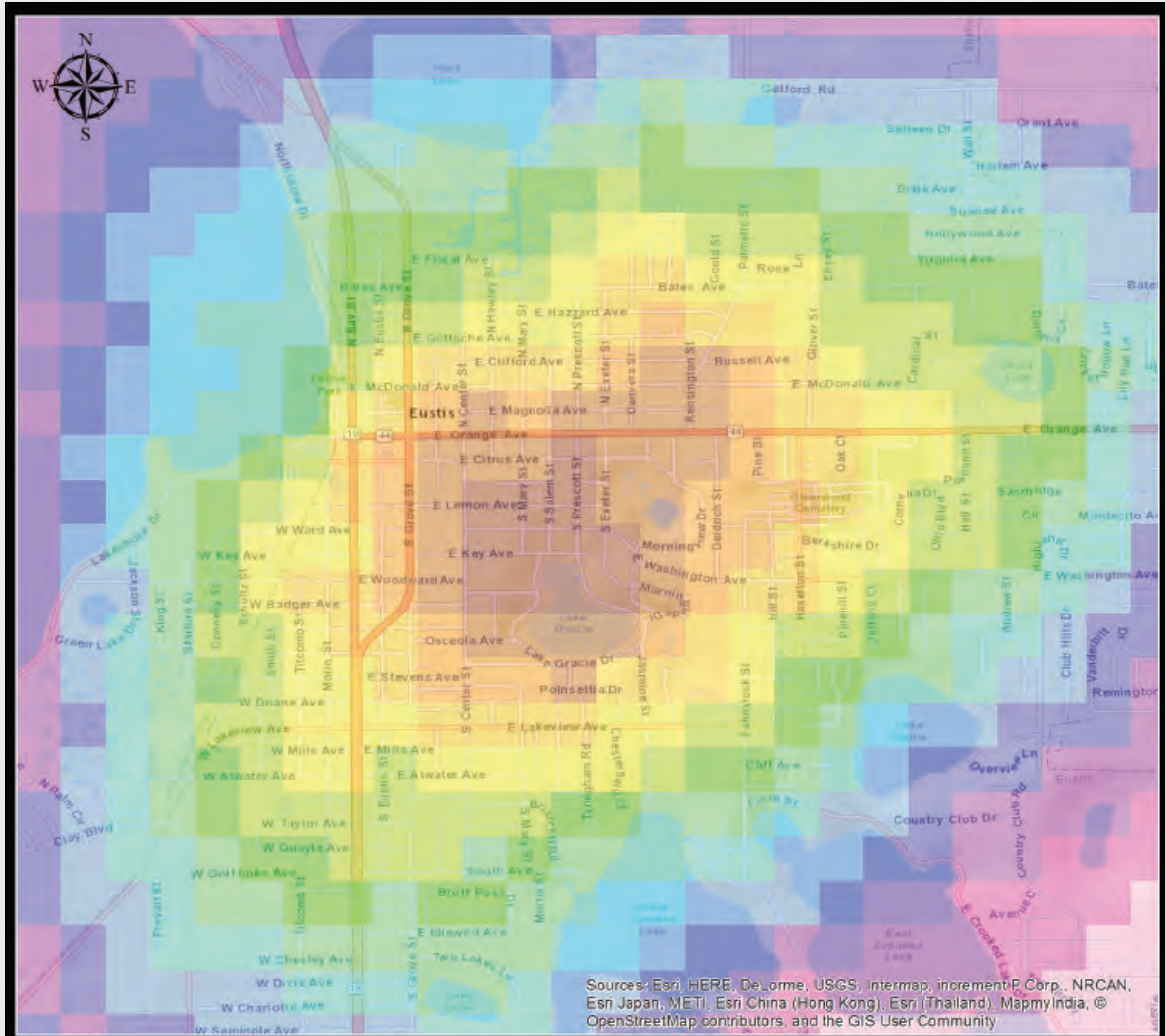
Patient Density From a regional perspective, four spikes in patient density form in Eustis, Mount Dora, Tavares and Oakland Park, with the most intense hot spot occurring in Eustis. This area has mixed levels of household income, ranging from approximately $26,000 to $56,200. Similarly, unemployment rates range. However, all of the census tracts represented within the hot spot have high poverty rates, ranging from approximately 17% to 35%. These levels are among the highest observed in the region outside areas of Orlando.
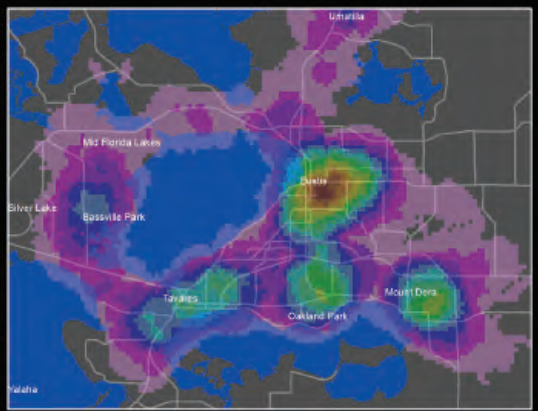
FLORIDA HOSPITAL WATERMAN: INPATIENT HOT SPOT, CONT'D.

In this inpatient specific hot spot analysis for Florida Hospital Waterman, average unemployment rate is 10 percent with 20 percent of residents living below the poverty level. The median household income is nearly $40,000. There were a total of 327 visits, which made up 11 percent of all inpatient visits to Waterman. The primary diagnosis code with the most visits was other chest pain at six percent. Visits with a primary diagnosis code with puncture of a vessel cost the most at nearly $565,000 total. Outside of the primary codes, tobacco use disorder was coded in 38 percent of the visits. The majority of visits were classified as White patients. Patients aged 40-59 made up more than 50 percent of the visits. To protect privacy, any analysis less than two percent has been removed.

TABLE 9.99 COMPARISON: HOT SPOT VISITS TO ALL VISITS

CRITERIA	HOT SPOT
TOTAL UNINSURED VISITS	327
TOTAL UNINSURED COST	$8,949,952
PERCENT TO ALL INPATIENT UNINSURED VISITS	11%
PERCENT TO ALL INPATIENT UNINSURED COST	9%
HOMELESS-SHELTER VISITS (%)*	0%
HOMELESS-SHELTER VISITS COST*	—

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

TABLE 9.100 TOP 5 PRIMARY DIAGNOSES AND COSTS

DIAGNOSIS	TOTAL COST	% OF ALL VISITS IN HOT SPOT	AVG. COST PER VISIT
786.59 - OTHER CHEST PAIN	$490,771	6%	$23,370
493.92 - ASTHMA, UNSPECIFIED TYPE, WITH (ACUTE) EXACERBATION	$125,295	3%	$12,529
486 - PNEUMONIA, ORGANISM UNSPECIFIED	$241,546	3%	$26,838
786.5 - CHEST PAIN	$218,486	3%	$24,276
558.9 - OTHER AND UNSPECIFIED NONINFECTIOUS GASTROENTERITIS AND COLITIS	$145,970	2%	$18,246

FLORIDA HOSPITAL WATERMAN: INPATIENT HOT SPOT, CONT'D.

TABLE 9.101 TOP 5 SECONDARY DIAGNOSES AND COSTS

DIAGNOSIS	TOTAL COST	% OF ALL VISITS IN HOT SPOT	AVG. COST PER VISIT
305.1 - TOBACCO USE DISORDER	$3,828,406	38%	$31,125
401.9 - UNSPECIFIED ESSENTIAL HYPERTENSION	$3,108,474	31%	$31,085
272.4 - OTHER AND UNSPECIFIED HYPERLIPIDEMIA	$1,437,542	15%	$29,338
V15.81 - PERSONAL HISTORY OF NONCOMPLIANCE WITH MEDICAL TREATMENT, PRESENTING HAZARDS TO HEALTH	$1,264,600	12%	$31,615
276.8 - DIABETES MELLITUS	$958,321	11%	$25,901

TABLE 9.102 TOP 5 HIGHEST COST PRIMARY DIAGNOSES

DIAGNOSIS	TOTAL COST	% OF ALL VISITS IN HOT SPOT	AVG. COST PER VISIT
38.9 - PUNCTURE OF VESSEL	$564,949	2%	$80,707
286.1 - CONGENITAL FACTOR IX DISORDER	$560,955	N/A	N/A
786.59 - OTHER CHEST PAIN	$490,771	6%	$23,370
414.01 - CORONARY ATHEROSCLEROSIS OF NATIVE CORONARY ARTERY	$432,480	2%	$72,080
410.71 - SUBENDOCARDIAL INFARCTION, INITIAL EPISODE OF CARE	$324,080	2%	$64,816

TABLE 9.103 HOSPITAL VISITORS BY RACE/ETHNICITY

RACE/ETHNICITY	PERCENT
WHITE	62%
BLACK/AFRICAN AMERICAN	27%
OTHER	11%
AMERICAN INDIAN/AK NATIVE	0%
HISPANIC	0%
ASIAN/PACIFIC ISLANDER	0%
UNKNOWN	0%

TABLE 9.104 HOSPITAL VISITORS BY AGE

AGE	PERCENT
0-18	3%
19-29	20%
30-39	16%
40-49	26%
50-59	28%
60-69	7%
70-79	0%
80+	1%

FLORIDA HOSPITAL WATERMAN: INPATIENT HOT SPOT, CONT'D.

TABLE 9.105 CENSUS TRACT SUMMARIES

CENSUS TRACT	% UNEMPLOYED	MED. HH INCOME	% BELOW POVERTY
12-097-040902	11.3%	$34,880	30.3%
12-097-040901	6.3%	$51,070	15.6%
12-097-040804	12.7%	$33,610	14.1%
AVERAGE	10.0%	$39,853	20.0%

FLORIDA HOSPITAL WATERMAN: ER/OUTPATIENT HOT SPOT
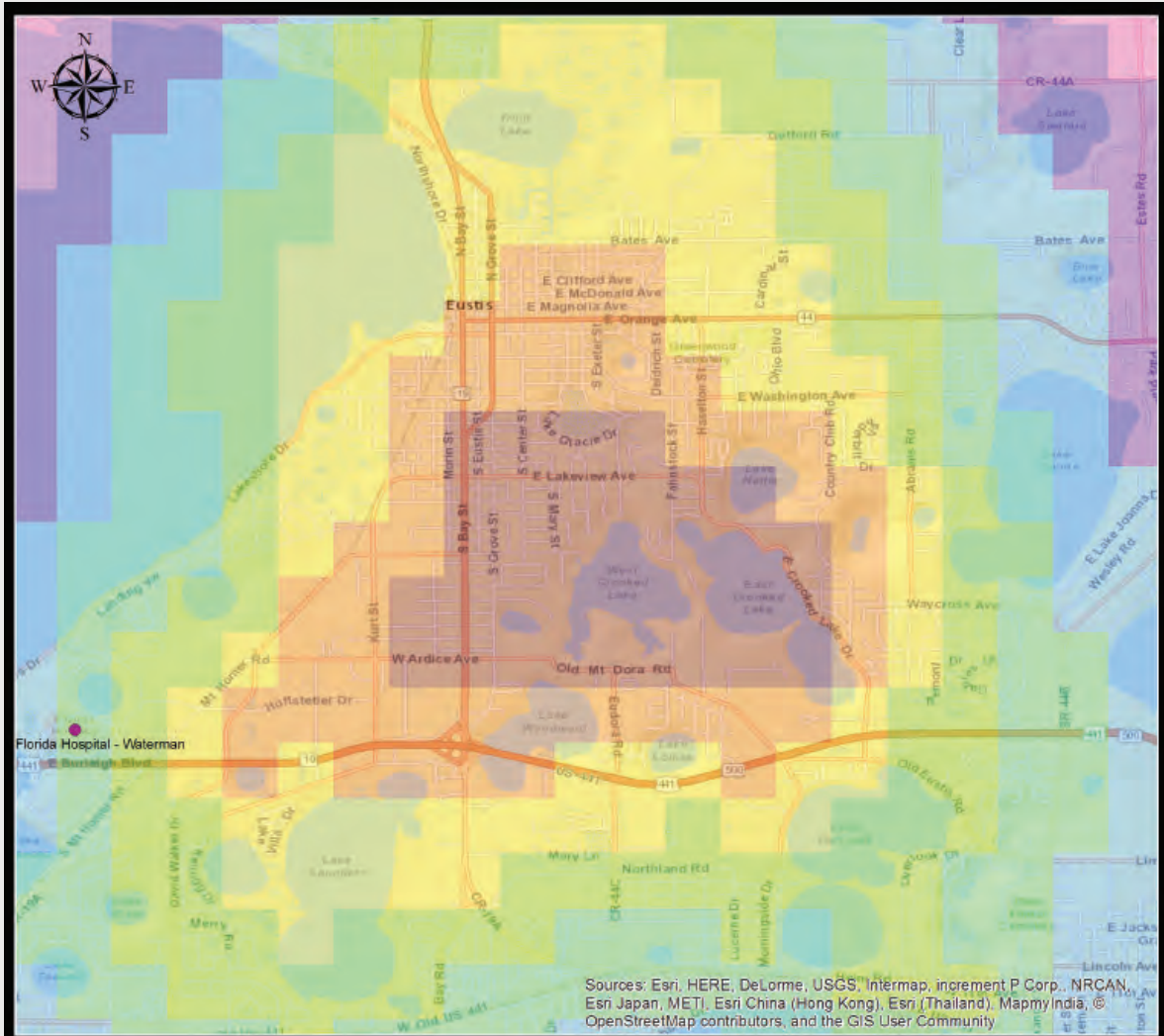
Patient Density

High

Low
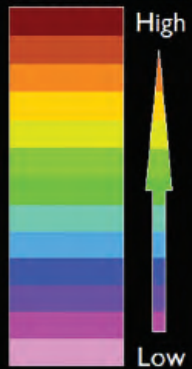
Similar to the inpatient hot spot for this hospital, the area to the south of Eustis is the most extreme patient area in terms of density. This area, located in between Eustis, Tavares, Oakland Park and Mount Dora, is extremely mixed in terms of income. The hospital is located to the west of the hot spot, and therefore proximity to the hospital is somewhat of a factor in terms of hot spot location. Poverty levels within this hot spot are high, ranging from 17.4% to 30.7%.
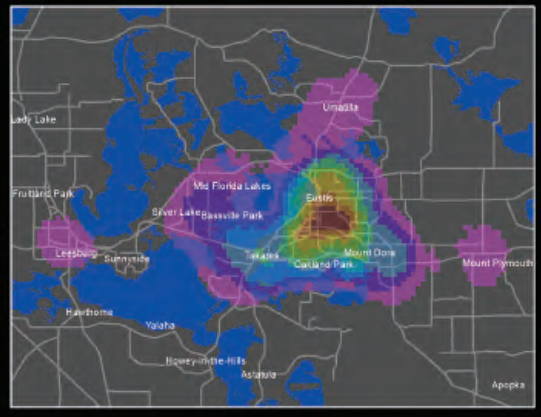
FLORIDA HOSPITAL WATERMAN: ER/OUTPATIENT HOT SPOT, cont'd.

In this outpatient specific hot spot analysis for Florida Hospital Waterman, there were a total of 630 visits, which made up two percent of all the ER outpatient visits to Waterman. The primary diagnosis code with the most visits was urinary tract infection at four percent. Visits with a primary diagnosis code of chest pain cost the most at nearly $230,000. Outside of the primary codes, tobacco use disorder was coded in 16 percent of the visits. The majority of visits were classified as White patients. Patients aged 19-49 made up 75 percent of the visits. To protect privacy, any analysis less than two percent has been removed.

TABLE 9.106 COMPARISON: HOT SPOT VISITS TO ALL VISITS

CRITERIA	HOT SPOT
TOTAL UNINSURED VISITS	630
TOTAL UNINSURED COST	$2,407,428
PERCENT TO ALL ER OUTPATIENT UNINSURED VISITS	2%
PERCENT TO ALL ER OUTPATIENT UNINSURED COST	2%
HOMELESS SHELTER VISITS (%)*	0%
HOMELESS SHELTER VISITS COST*	—

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

TABLE 9.107 TOP 5 PRIMARY DIAGNOSES AND COSTS

DIAGNOSIS	TOTAL COST	% OF ALL VISITS IN HOT SPOT	AVG. COST PER VISIT
599 - URINARY TRACT INFECTION, SITE NOT SPECIFIED	$114,708	4%	$4,987
786.59 - OTHER CHEST PAIN	$228,667	3%	$12,704
465.9 - ACUTE UPPER RESPIRATORY	$23,024	2%	$1,771
786.5 - CHEST PAIN	$86,136	2%	$7,178
789 - OTHER SYMPTOMS INVOLVING ABDOMEN AND PELVIS	$91,122	2%	$8,284

FLORIDA HOSPITAL WATERMAN: ER/OUTPATIENT HOT SPOT, CONT'D.

TABLE 9.108 TOP 5 SECONDARY DIAGNOSES AND COSTS

DIAGNOSIS	TOTAL COST	% OF ALL VISITS IN HOT SPOT	AVG. COST PER VISIT
305.1 - TOBACCO USE DISORDER	$452,407	16%	$4,916
401.9 - UNSPECIFIED ESSENTIAL HYPERTENSION	$370,881	12%	$4,945
E849.0 - HOME ACCIDENTS	$73,208	5%	$2,288
789 - OTHER SYMPTOMS INVOLVING ABDOMEN AND PELVIS	$515,834	4%	$21,493
272.4 - OTHER AND UNSPECIFIED HYPERLIPIDEMIA	$106,527	4%	$4,632

TABLE 9.109 TOP 5 HIGHEST COST PRIMARY DIAGNOSES

DIAGNOSIS	TOTAL COST	% OF ALL VISITS IN HOT SPOT	AVG. COST PER VISIT
786.59 - OTHER CHEST PAIN	$228,667	34%	$12,704
599 - URINARY TRACT INFECTION, SITE NOT SPECIFIED	$114,708	4%	$4,987
789 - OTHER SYMPTOMS INVOLVING ABDOMEN AND PELVIS	$91,122	2%	$8,284
786.5 - CHEST PAIN	$86,136	2%	$7,178
592 - CALCULUS OF KIDNEY AND URETER	$84,343	1%	$9,371

TABLE 9.110 HOSPITAL VISITORS BY RACE/ETHNICITY

RACE/ETHNICITY	PERCENT
WHITE	57%
BLACK/AFRICAN AMERICAN	26%
OTHER	17%
ASIAN	0%
HISPANIC	0%
AMERICAN INDIAN/AK NATIVE	0%
UNKNOWN	0%

TABLE 9.111 HOSPITAL VISITORS BY AGE

AGE	PERCENT
0-18	8%
19-29	26%
30-39	24%
40-49	26%
50-59	12%
60-69	4%
70-79	1%
80+	0%

FLORIDA HOSPITAL WATERMAN: ER/OUTPATIENT HOT SPOT, CONT'D.

TABLE 9.112 CENSUS TRACT SUMMARIES

CENSUS TRACT	% UNEMPLOYED	MED. HH INCOME	% BELOW POVERTY
12-097-040902	11.3%	$34,880	30.3%
12-097-040901	6.3%	$51,070	15.6%
12-097-040804	12.7%	$33,610	14.1%
AVERAGE	10%	$39,853	20.0%

FLORIDA HOSPITAL WINTER PARK: INPATIENT HOT SPOT

Patient Density

High

Low
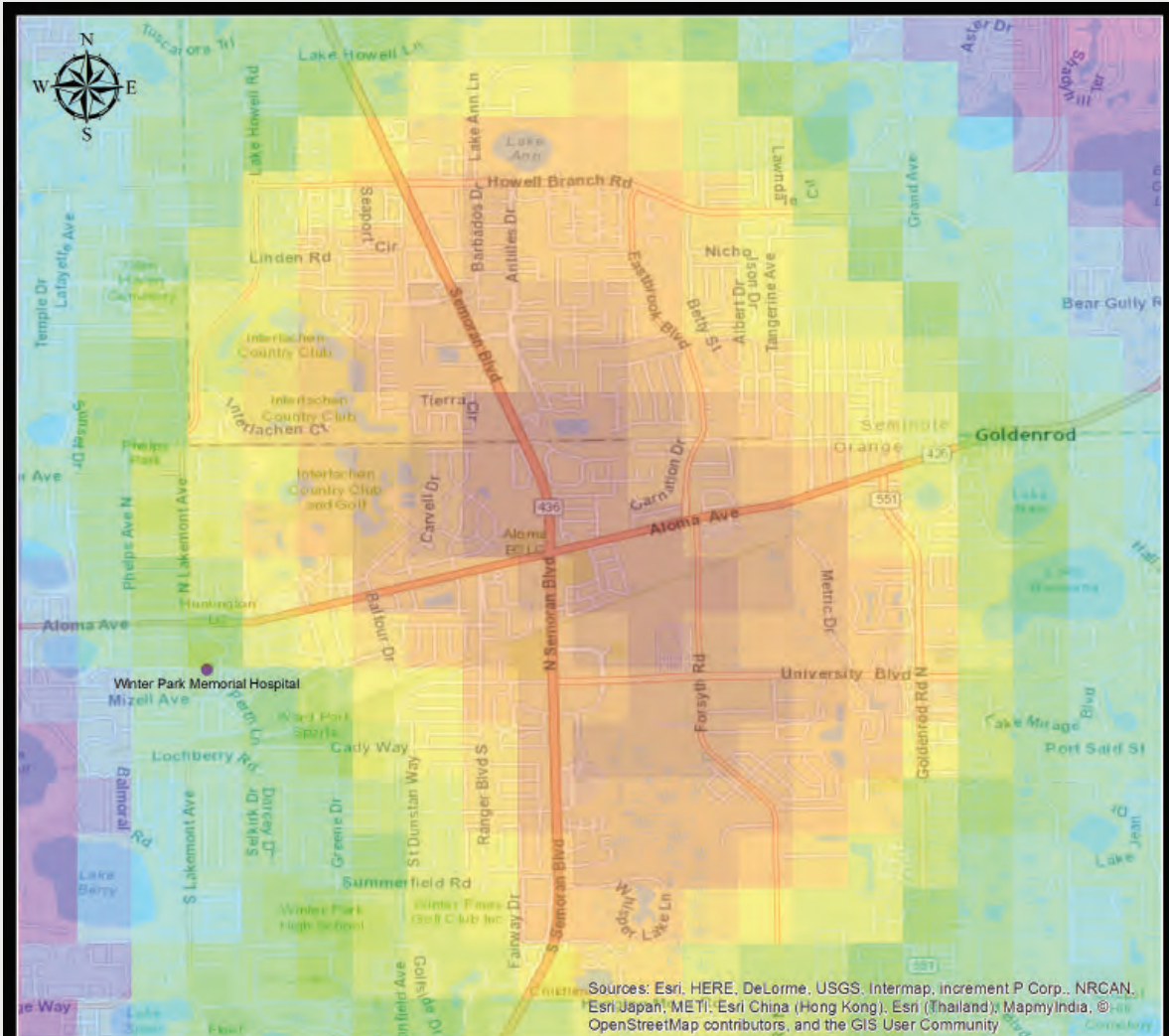
This hot spot is located to the east of the hospital in a very low-income area of Orange County. Uninsured patient densities are also present in Azalea Park, Union Park, Casselberry and south to the City of Orlando. Unemployment rates within this hot spot are very high, ranging from 13% to 16%, median household incomes do not exceed $30,000 and approximately 28% to 40% of the residents in this community live below poverty levels.
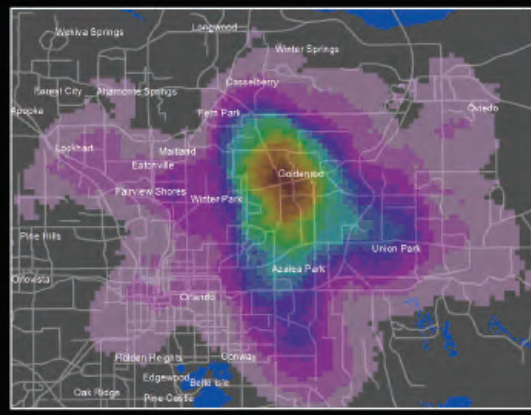
FLORIDA HOSPITAL WINTER PARK: INPATIENT HOT SPOT, CONT'D.

In this inpatient specific hot spot analysis for Florida Hospital Winter Park, there is a 12 percent unemployment rate and 25 percent of the population is living in poverty. The average annual median income is just over $32,000. The 278 uninsured visits cost nearly $10 million and accounted for four percent of all uninsured inpatient visits and eight percent of inpatient costs between 2012-2015. Nearly 50 percent of visits were from White patients and patients aged 30-39 accounted for 27 percent of visits. Other chest pain was the most frequent primary diagnosis code from inpatient visits within this hot spot at 5.8 percent. Approximately four percent of visits were diagnosed with other and unspecified hyperlipidemia followed by urinary tract infection (3.2 percent) outside the primary diagnoses. Hot spot visits with a primary diagnosis of puncture of a vessel had the highest costs to the hospital at nearly $350,000 for hot spot visits between 2012-2015. To protect privacy, any analysis less than two percent has been removed.

TABLE 9.113 COMPARISON: HOT SPOT VISITS TO ALL VISITS

CRITERIA	HOT SPOT
TOTAL UNINSURED VISITS	278
TOTAL UNINSURED COST	$9,189,791
PERCENT TO ALL INPATIENT UNINSURED VISITS	4%
PERCENT TO ALL INPATIENT UNINSURED COST	8%
HOMELESS-SHELTER VISITS (%)*	0%
HOMELESS-SHELTER VISITS COST*	—

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

TABLE 9.114 TOP 5 PRIMARY DIAGNOSES AND COSTS

DIAGNOSIS	TOTAL COST	% OF ALL VISITS IN HOT SPOT	AVG. COST PER VISIT
786.59 - OTHER CHEST PAIN	$317,260	5.8%	$19,829
786.5 - CHEST PAIN	$290,835	4.0%	$26,440
577 - DISEASE OF PANCREAS	$312,215	2.5%	$44,602
493.92 - ASTHMA UNSPECIFIED TYPE, WITH (ACUTE) EXACERBATION	$111,713	2.2%	$18,619
540.9 - ACUTE APPENDICITIS WITHOUT MENTION OF PERITONITIS	$237,184	2.2%	$39,531
780.2 - SYNCOPE AND COLLAPSE	$230,582	2.2%	$38,430

**In some instances, multiple diagnoses had the same percent of hot spot visits that fell into the top five; in these instances, all diagnoses were included in the Top 5 table.

FLORIDA HOSPITAL WINTER PARK: INPATIENT HOT SPOT, CONT'D.

TABLE 9.115 TOP 5 SECONDARY DIAGNOSES AND COSTS

DIAGNOSIS	TOTAL COST	% OF ALL VISITS IN HOT SPOT	AVG. COST PER VISIT
272.4 - OTHER AND UNSPECIFIED HYPERLIPIDEMIA	$852,072	4%	$77,461
599 - URINARY TRACT INFECTION, SITE NOT SPECIFIED	$331,327	3%	$36,814
300 - ANXIETY STATE, UNSPECIFIED	$571,231	3%	$71,404
305.1 - TOBACCO USE DISORDER	$1,514,240	3%	$189,280
V15.81 - PERSONAL HISTORY OF NONCOMPLI-ANCE WITH MEDICAL TREATMENT, PRESENTING HAZARDS TO HEALTH	$339,004	3%	$42,375
V15.82 - PERSONAL HISTORY OF TOBACCO USE	$364,070	3%	$45,509

**In some instances, multiple diagnoses had the same percent of hot spot visits that fell into the top five; in these instances, all diagnoses were included in the Top 5 table.

TABLE 9.116 TOP 5 HIGHEST COST PRIMARY DIAGNOSES

DIAGNOSIS	TOTAL COST	% OF ALL VISITS IN HOT SPOT	AVG. COST PER VISIT
38.9 - PUNCTURE OF VESSEL	$348,391	N/A	N/A
38.3 - RESECTION OF VESSEL WITH ANASTOMOSIS	$333,841	N/A	N/A
786.59 - OTHER CHEST PAIN	$317,260	6%	$19,829
577 - DISEASES OF PANCREAS	$312,215	3%	$44,602
786.5 - CHEST PAIN	$290,835	4%	$26,440

TABLE 9.117 HOSPITAL VISITORS BY RACE/ETHNICITY

RACE/ETHNICITY	PERCENT
WHITE	47%
HISPANIC	24%
BLACK/AFRICAN AMERICAN	12%
UNKNOWN	10%
OTHER	4%
AMERICAN INDIAN/AK NATIVE	1%
ASIAN/PACIFIC ISLANDER	1%

TABLE 9.118 HOSPITAL VISITORS BY AGE

AGE	PERCENT
0-18	1%
19-29	18%
30-39	27%
40-49	23%
50-59	19%
60-69	11%
70-79	0%
80+	1%

FLORIDA HOSPITAL WINTER PARK: INPATIENT HOT SPOT, CONT'D.

TABLE 9.119 **CENSUS TRACT SUMMARIES**

CENSUS TRACT	% UNEMPLOYED	MED. HH INCOME	% BELOW POVERTY
12-095-016407	13.1%	$28,830	39.8%
12-095-016406	16.0%	$34,010	28.0%
12-117-022201	13.2%	$40,720	9.1%
12-117-022208	10.0%	$32,930	25.0%
12-095-016302	11.2%	$26.070	30.4%
12-095-016301	7.4%	$33,340	16.3%
AVERAGE	12.0%	$32,650	24.8%

FLORIDA HOSPITAL WINTER PARK: ER/OUTPATIENT HOT SPOT

Patient Density

High

Low
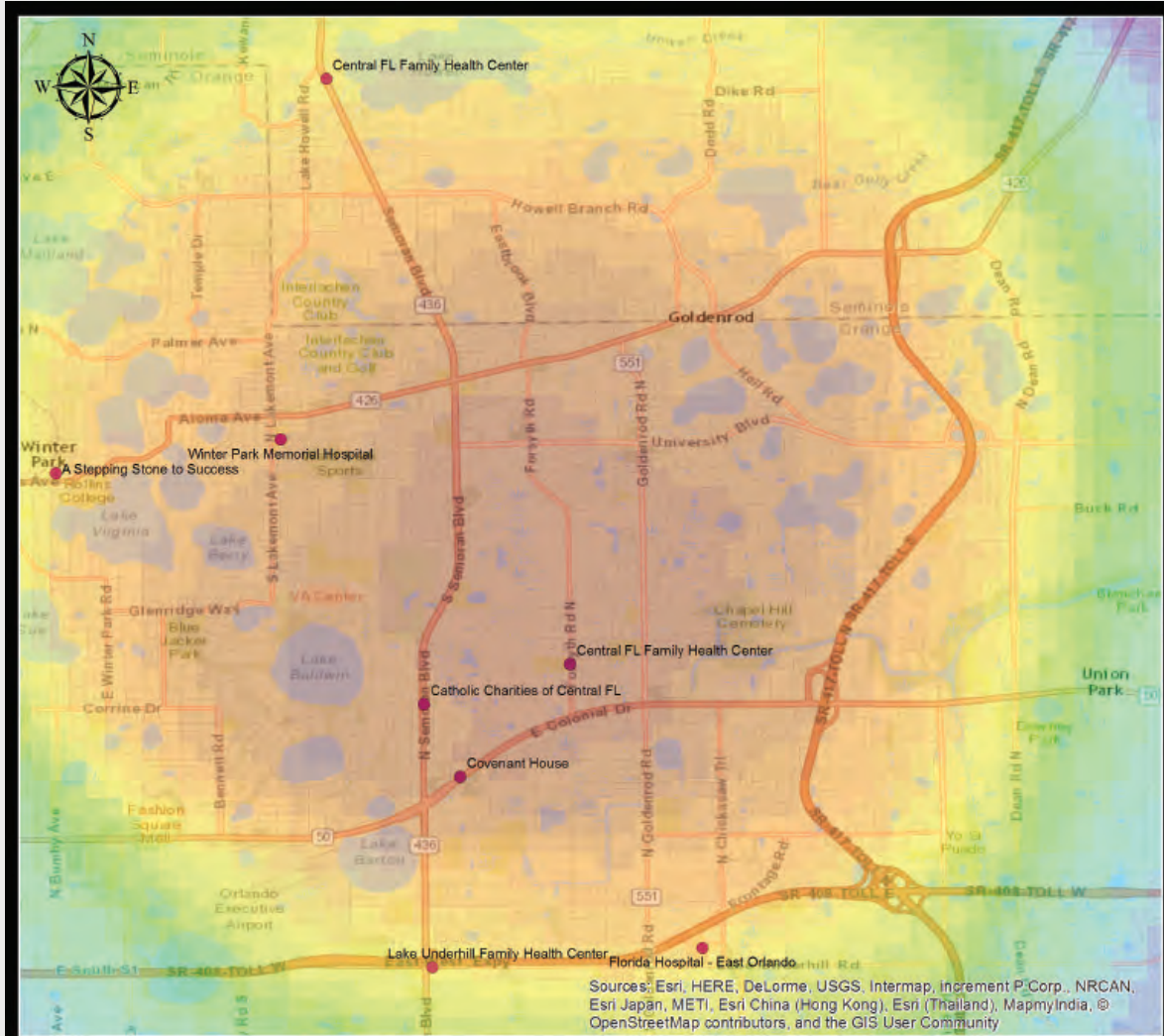
This hot spot is located between neighborhoods in Winter Park, Azalea Park, Union Park and a number of southern Seminole County communities. Like other outpatient hot spots, this hot spot is largely proximity-based and concentric around the general location of the hospital. Like the inpatient hot spot for this hospital, the census tracts represented show very high unemployment and poverty rates, as well as household incomes that range from $25,000 to $40,000.

FLORIDA HOSPITAL WINTER PARK: ER/OUTPATIENT HOT SPOT, CONT'D.

In this outpatient specific hot spot analysis for Florida Hospital Winter Park, 34 percent of the population lives in poverty and there is an average unemployment rate of 15 percent. The average annual median household income is just over $31,000. The 702 uninsured visits cost more than $2.5 million and accounted for one percent of all uninsured outpatient visits between 2012-2015. Visits from White patients accounted for more than 40 percent and patients aged 20-29 made up nearly 40 percent of the visits. Other symptoms involving abdomen and pelvis was the most frequent primary diagnosis code in outpatient visits within this hot spot. More than six percent of visits were diagnosed with unspecified essential hypertension outside the primary diagnoses. Visits with a primary diagnosis of chest pain resulted in highest costs to the hospital at more than $200,000 and accounted for more than two percent of the visits between 2012-2015. To protect privacy, any analysis less than two percent has been removed.

TABLE 9.120 COMPARISON: HOT SPOT VISITS TO ALL VISITS

CRITERIA	HOT SPOT
TOTAL UNINSURED VISITS	702
TOTAL UNINSURED COST	$2,593,196
PERCENT TO ALL ER OUTPATIENT UNINSURED VISITS	1%
PERCENT TO ALL ER OUTPATIENT UNINSURED COST	3%
HOMELESS SHELTER VISITS (%)*	0%
HOMELESS SHELTER VISITS COST*	—

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

TABLE 9.121 TOP 5 PRIMARY DIAGNOSES AND COSTS

DIAGNOSIS	TOTAL COST	% OF ALL VISITS IN HOT SPOT	AVG. COST PER VISIT
789 - OTHER SYMPTOMS INVOLVING ABDOMEN AND PELVIS	$122,539	3%	$5,328
786.5 - CHEST PAIN	$206,455	3%	$10,866
305 - NONDEPENDENT ALCOHOL ABUSE	$51,187	2%	$4,266
462 - ACUTE PHARYNGITIS	$18,557	2%	$1,546
465.9 - ACUTE UPPER RESPIRATORY INFECTIONS OF UNSPECIFIED SITE	$15,611	2%	$1,301

FLORIDA HOSPITAL WINTER PARK: ER/OUTPATIENT HOT SPOT, CONT'D.

TABLE 9.122 TOP 5 SECONDARY DIAGNOSES AND COSTS

DIAGNOSIS	TOTAL COST	% OF ALL VISITS IN HOT SPOT	AVG. COST PER VISIT
401.9 - UNSPECIFIED ESSENTIAL HYPERTENSION	$280,269	6%	$6,518
305.1 - TOBACCO USE DISORDER	$125,535	3%	$5,458
300 - ANXIETY STATE, UNSPECIFIED	$121,365	3%	$6.068
E849.0 - HOME ACCIDENTS	$33,936	3%	$1,786
787.03 - VOMITING ALONE	$103,119	2%	$6,445

TABLE 9.123 TOP 5 HIGHEST COST PRIMARY DIAGNOSES

DIAGNOSIS	TOTAL COST	% OF ALL VISITS IN HOT SPOT	AVG. COST PER VISIT
786.5 - CHEST PAIN	$206,455	3%	$10,866
786.59 - OTHER CHEST PAIN	$164,630	N/A	N/A
789 - OTHER SYMPTOMS INVOLVING ABDOMEN AND PELVIS	$122,539	3%	$5,328
786.05 - SHORTNESS OF BREATH	$66,187	N/A	N/A
789.04 - ABDOMINAL PAIN, LEFT LOWER QUADRANT	$58,431	N/A	N/A

TABLE 9.124 HOSPITAL VISITORS BY RACE/ETHNICITY

RACE/ETHNICITY	PERCENT
WHITE	43%
HISPANIC	22%
BLACK/AFRICAN AMERICAN	14%
UNKNOWN	12%
OTHER	6%
ASIAN/PACIFIC ISLANDER	2%
AMERICAN INDIAN/AK NATIVE	0%

TABLE 9.125 HOSPITAL VISITORS BY AGE

AGE	PERCENT
0-18	5%
19-29	39%
30-39	26%
40-49	17%
50-59	7%
60-69	6%
70-79	0%
80+	0%

FLORIDA HOSPITAL WINTER PARK: ER/OUTPATIENT HOT SPOT, CONT'D.

TABLE 9.126 CENSUS TRACT SUMMARIES

CENSUS TRACT	% UNEMPLOYED	MED. HH INCOME	% BELOW POVERTY
12-095-016407	13.1%	$28,830	39.8%
12-095-016406	16.0%	$34,010	28.0%
AVERAGE	15%	$31,420	33.9%

ARNOLD PALMER HOSPITAL FOR CHILDREN: UNINSURED INPATIENT HOT SPOT

Patient Density

High

Low
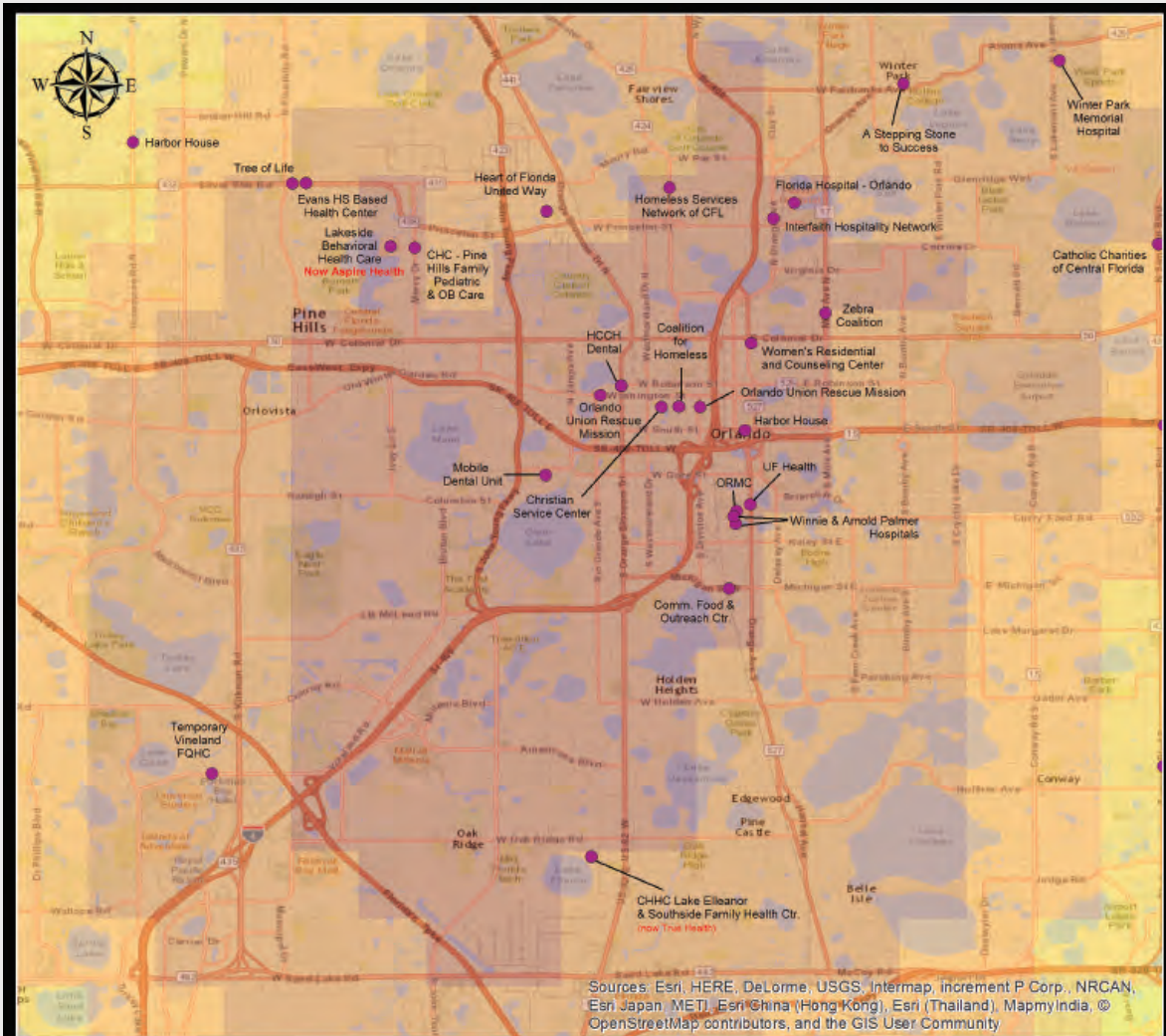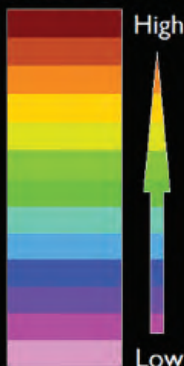
This hot spot is located within one of the poorest areas of Central Florida, within the Pine Hills and Oak Ridge neighborhoods. While there are many homeless and medical care centers in this area, median household incomes range between approximately $20,000 and $40,000 with the exception of two census tracts. Unemployment rates are also high, surpassing 20% in some areas with matching poverty rates near and above the 30% threshold.
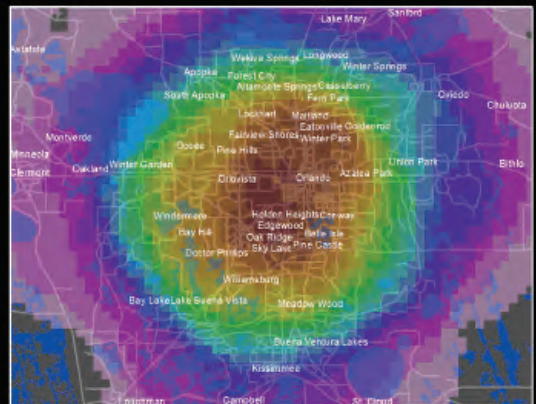
ARNOLD PALMER HOSPITAL FOR CHILDREN: UNINSURED INPATIENT HOT SPOT, CONT'D.

In this inpatient specific hot spot analysis for Arnold Palmer Hospital for Children, there is an unemployment rate of 15 percent with nearly 30 percent of the population living in poverty. The average annual median household income is just under $30,000. The 30 visits cost more than $400,000 and accounted for seven percent of all the uninsured inpatient visits between 2012-2015. The primary diagnosis of extrinsic asthma had the most number of visits and also had the highest cost to treat. Hypoxema was the most common diagnosis code outside the primary codes. More than 60 percent of visits were from Black/African American patients and more than 40 percent of patients were aged 0-5 years followed by 6-10 years at 27 percent.

The low sample size of the inpatient specific hot spot analysis for Arnold Palmer Hospital for Children is attributed to the fact that the hospital is focused on children's health and there was not a large enough concentrated sample size of the specialized patient group in a particular area for inpatients for the hospital. However, this hot spot accounts for seven percent of the total uninsured inpatient visits to Arnold Palmer Hospital. Also, due to the uniqueness of the hospital, and the low sample size, to protect patient privacy, analysis was limited to diagnosis and cost. Additionally, due to the number of codes that fell into the fifth spot, for primary and secondary codes, only the top four are analyzed. This also is due to the low sample size.

TABLE 9.127 COMPARISON: HOT SPOT VISITS TO ALL VISITS

CRITERIA	HOT SPOT
TOTAL UNINSURED VISITS	30
TOTAL UNINSURED COST	$444,483
PERCENT TO ALL INPATIENT UNINSURED VISITS	7%
PERCENT TO ALL INPATIENT UNINSURED COST	4%
HOMELESS-SHELTER VISITS (%)*	0%
HOMELESS-SHELTER VISITS COST*	—

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

TABLE 9.128 TOP 4 PRIMARY DIAGNOSES AND COSTS

DIAGNOSIS	TOTAL COST	% OF ALL VISITS IN HOT SPOT*	AVG. COST PER VISIT*
493.01 - EXTRINSIC ASTHMA WITH STATUS ASTHMATICUS	$65,198	N/A	N/A
486 - PNEUMONIA, ORGANISM UNSPECIFIED	$27,381	N/A	N/A
493.92 - ASTHMA UNSPECIFIED TYPE, WITH (ACUTE) EXACERBATION	$18,722	N/A	N/A
V30.00 - SINGLE LIVEBORN, BORN IN HOSPITAL, DELIVERED W/O MENTION OF CESAREAN SECTION	$16,751	N/A	N/A

*To protect patient privacy, analysis was limited to diagnosis and total cost.

ARNOLD PALMER HOSPITAL FOR CHILDREN: UNINSURED INPATIENT HOT SPOT, CONT'D.

TABLE 9.129 TOP 4 SECONDARY DIAGNOSES AND COSTS

DIAGNOSIS	TOTAL COST	% OF ALL VISITS IN HOT SPOT*	AVG. COST PER VISIT*
799.02 - HYPOXEMIA	$97,778	N/A	N/A
780.6 - FEVER AND OTHER PHYSIOLOGIC DISTURBANCES OF TEMPERATURE REGULATION	$112,114	N/A	N/A
787.03 - VOMITING ALONE	$45,849	N/A	N/A
V17.5 - FAMILY HISTORY OF ASTHMA	$49,430	N/A	N/A

*To protect patient privacy, analysis was limited to diagnosis and total cost.

TABLE 9.130 TOP 5 HIGHEST COST PRIMARY DIAGNOSES

DIAGNOSIS	TOTAL COST	% OF ALL VISITS IN HOT SPOT*	AVG. COST PER VISIT*
493.01 - EXTRINSIC ASTHMA WITH STATUS ASTHMATICUS	$65,198	N/A	N/A
569.69 - OTHER COLOSTOMY AND ENTEROSTOMY COMPLICATION	$43,129	N/A	N/A
540.9 - ACUTE APPENDICITIS WITHOUT MENTION OF PERITONITIS	$38,071	N/A	N/A
383 - ACUTE MASTOIDITIS	$34,958	N/A	N/A
486 - PNEUMONIA, ORGANISM UNSPECIFIED	$27,381	N/A	N/A

*To protect patient privacy, analysis was limited to diagnosis and total cost.

TABLE 9.131 HOSPITAL VISITORS BY RACE/ETHNICITY

RACE/ETHNICITY	PERCENT
BLACK/AFRICAN AMERICAN	63%
OTHER	20%
WHITE	7%
ASIAN	10%

TABLE 9.132 HOSPITAL VISITORS BY AGE

AGE	PERCENT
0-5	43%
6-10	27%
11-15	17%
16-18	10%
OVER 18	3%

ARNOLD PALMER HOSPITAL FOR CHILDREN: UNINSURED INPATIENT HOT SPOT, CONT'D.

TABLE 9.133 CENSUS TRACT SUMMARIES

CENSUS TRACT	% UNEMPLOYED	MED. HH INCOME	% BELOW POVERTY
12-095-014605	24.0%	$30,080	27.9%
12-095-011702	26.2%	$20,630	38.2%
12-095-011600	13.7%	$26,910	37.5%
12-095-014302	11.1%	$24,660	26.7%
12-095-014607	4.1%	$32,170	15.5%
12-095-016903	9.6%	$33,110	27.5%
12-095-011701	21.3%	$26,870	40.3%
12-095-016902	10.0%	$33,010	27.2%
12-095-014601	17.2%	$27,690	31.8%
12-095-014503	16.0%	$27,250	27.5%
12-095-016907	9.2%	$21,150	37.7%
12-095-018300	23.9%	$29,630	27.4%
12-095-014504	3.4%	$49,960	10.7%
12-095-016906	13.1%	$27,310	34.7%
AVERAGE	14.5%	$29,316	29.3%

ARNOLD PALMER HOSPITAL FOR CHILDREN: UNINSURED ER/OUTPATIENT HOT SPOT
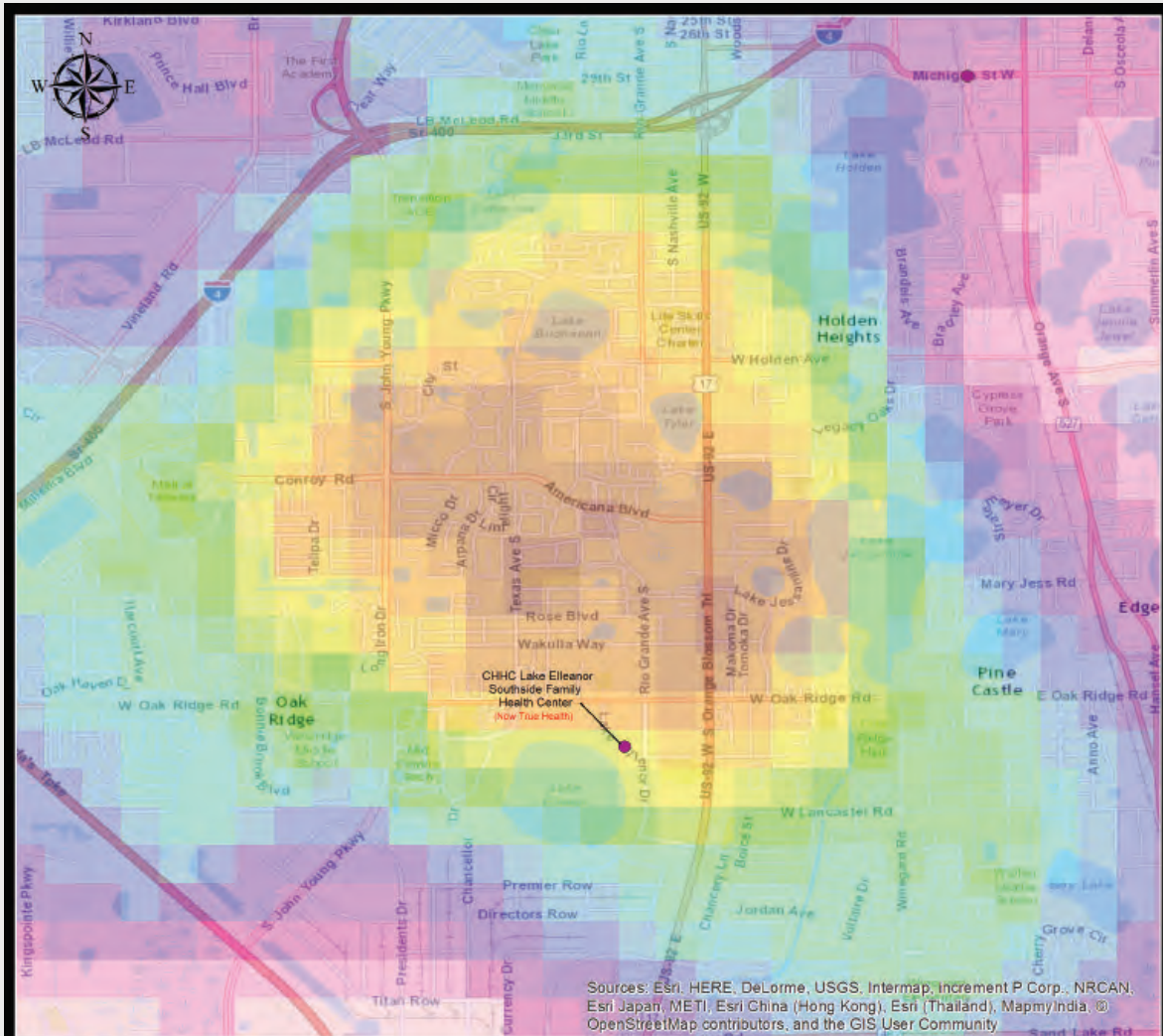
Patient Density

Located within the Oak Ridge area of southwest Orlando, this hot spot is primarily focused along Oak Ridge Road and Americana Boulevard, where a large Hispanic population resides. This is a very low-income area with high poverty rates and high unemployment rates. Regionally, patient density extends to the north along South Orange Blossom Trail, terminating near Colonial Drive in the Pine Hills area. Areas of Metro West and areas surrounding the Millenia Mall are also high in concentration.
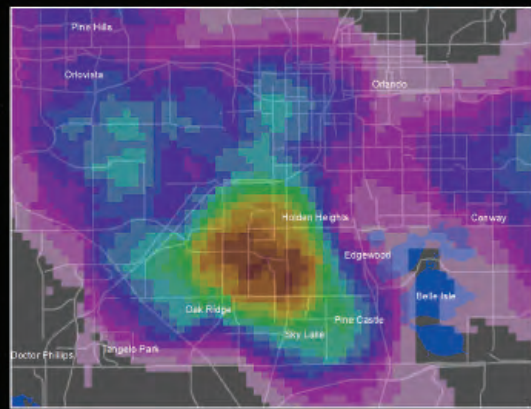
ARNOLD PALMER HOSPITAL FOR CHILDREN: UNINSURED ER/OUTPATIENT HOT SPOT, CONT'D.

In this outpatient specific hot spot analysis for Arnold Palmer Hospital for Children, there is an unemployment rate of 9.5 percent with 26 percent of the population living in poverty. The average annual median household income is just under $34,000. The 709 visits cost more than $650,000 and accounted for 33 percent of all uninsured outpatient visits between 2012-2015. The primary diagnosis of fever and other physiological disturbances of temperature regulation had the most number of visits and also had the highest cost to treat. Other activity was the most common diagnosis code outside the primary diagnoses codes. Nearly 60 percent of visits were from Black/African American patients and nearly 70 percent were within the 0-10 year range. To protect privacy, any analysis less than two percent has been removed.

TABLE 9.134 COMPARISON: HOT SPOT VISITS TO ALL VISITS

CRITERIA	HOT SPOT
TOTAL UNINSURED VISITS	709
TOTAL UNINSURED COST	$672,056
PERCENT TO ALL OUTPATIENT UNINSURED VISITS	5%
PERCENT TO ALL OUTPATIENT UNINSURED COST	33%
HOMELESS-SHELTER VISITS (%)*	0%
HOMELESS-SHELTER VISITS COST*	—

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

TABLE 9.135 TOP 5 PRIMARY DIAGNOSES AND COSTS

DIAGNOSIS	TOTAL COST	% OF ALL VISITS IN HOT SPOT	AVG. COST PER VISIT
780.6 - FEVER AND OTHER PHYSIOLOGIC DISTURBANCES OF TEMPERATURE REGULATION	$54,803	12%	$637
786.2 - COUGH	$24,856	5%	$654
382.9 - UNSPECIFIED OTITIS MEDIA	$12,592	5%	$394
787.03 - VOMITING ALONE	$14,867	5%	$465
465.9 - ACUTE UPPER RESPIRATORY INFECTION OF UNSPECIFIED SITE	$5,262	3%	$292

ARNOLD PALMER HOSPITAL FOR CHILDREN: UNINSURED ER/OUTPATIENT HOT SPOT, CONT'D.

TABLE 9.136 **TOP 5 SECONDARY DIAGNOSES AND COSTS**

DIAGNOSIS	TOTAL COST	% OF ALL VISITS IN HOT SPOT	AVG. COST PER VISIT
E029.9 - OTHER ACTIVITY	$145,576	11%	$1,866
786.2 - COUGH	$37,997	8%	$655
478.19 - OTHER DISEASE OF NASAL CAVITY AND SINUS	$38,082	8%	$692
780.6 - FEVER AND OTHER PHYSIOLOGIC DISTURBANCES OF TEMPERATURE REGULATION	$31,280	6%	$680
493 - ASTHMA UNSPECIFIED	$65,665	6%	$1,527

TABLE 9.137 **TOP 5 HIGHEST COST PRIMARY DIAGNOSES**

DIAGNOSIS	TOTAL COST	% OF ALL VISITS IN HOT SPOT	AVG. COST PER VISIT
780.6 - FEVER AND OTHER PHYSIOLOGIC DISTURBANCES OF TEMPERATURE REGULATION	$54,803	12%	$637
786.2 - COUGH	$24,856	5%	$654
875 - OPEN WOUND OF CHEST (WALL), WITHOUT MENTION OF COMPLICATION	$17,951	N/A	N/A
493.02 - EXTRINSIC ASTHMA WITH (ACUTE) EXACERBATION	$17,139	N/A	N/A
780.97 - ALTERED MENTAL STATUS	$15,898	N/A	N/A

TABLE 9.138 **HOSPITAL VISITORS BY RACE/ETHNICITY**

RACE/ETHNICITY	PERCENT
BLACK/AFRICAN AMERICAN	57%
OTHER	35%
WHITE	6%
ASIAN	1%
HISPANIC	1%
UNKNOWN	0%

TABLE 9.139 **HOSPITAL VISITORS BY AGE**

AGE	PERCENT
0-5	34%
6-10	35%
11-15	16%
16-18	9%
OVER 18	7%

ARNOLD PALMER HOSPITAL FOR CHILDREN: UNINSURED ER/OUTPATIENT HOT SPOT, CONT'D.

TABLE 9.140 CENSUS TRACT SUMMARIES

CENSUS TRACT	% UNEMPLOYED	MED. HH INCOME	% BELOW POVERTY
12-095-014301	6.7%	$43,830	16.3%
12-095-016904	12.2%	$35,420	17.3%
12-095-014502	12.1%	$24,090	40.1%
12-095-016907	9.2%	$21,150	37.7%
12-095-014504	3.4%	$49,960	10.7%
12-095-016906	13.1%	$27,310	34.7%
AVERAGE	9.5%	$33,627	26.1%

ORLANDO HEALTH DR. P. PHILLIPS HOSPITAL: UNINSURED INPATIENT HOT SPOT
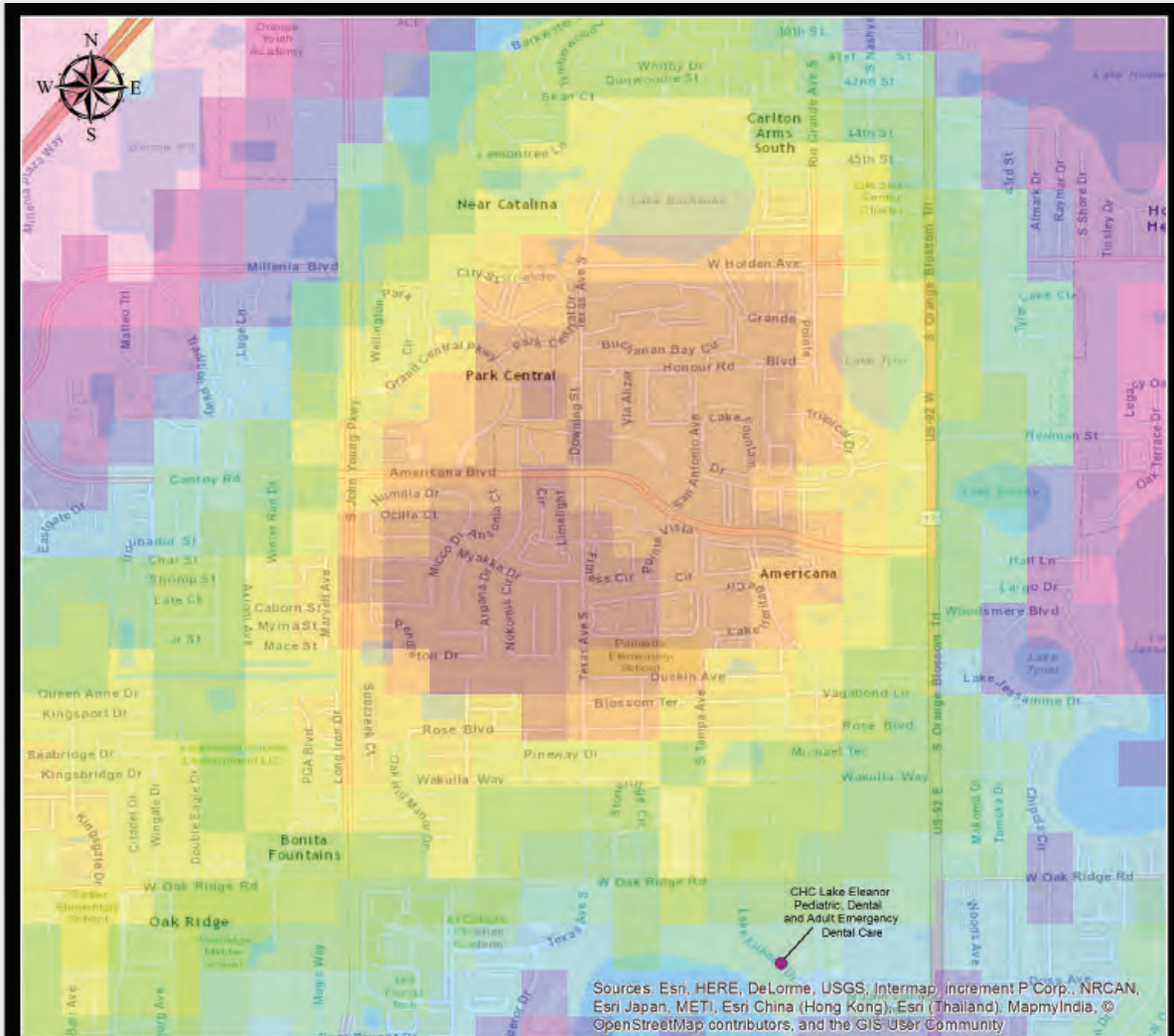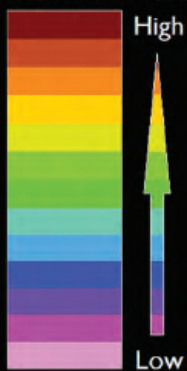
Patient Density

This hot spot is located to the northeast of the hospital location, focused primarily in the Oak Ridge area. Large densities of patients are also present in Metro West and along the Kirkman Road corridor. A community health center is located south of the hot spot, but no other shelters or low-income health centers are located in the area. With the exception of one census tract represented in this hot spot, poverty and unemployment rates are high and income is very low.
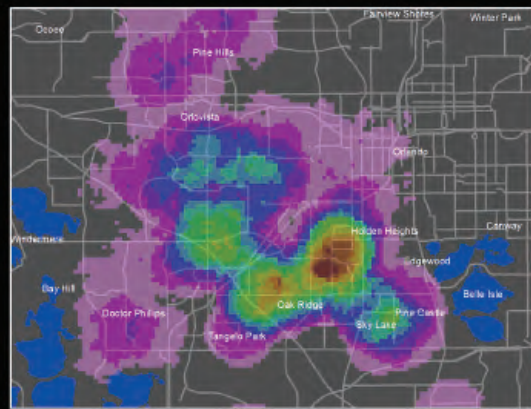
ORLANDO HEALTH DR. P. PHILLIPS HOSPITAL: UNINSURED INPATIENT HOT SPOT, CONT'D.

In this inpatient specific hot spot analysis for Orlando Health Dr. P. Phillips Hospital, nearly 30 percent of the population lives in poverty and the area has an average unemployment rate of nine percent. The average annual median household income is just under $32,000. The 98 uninsured visits cost more than $4 million and accounted for three percent of all uninsured inpatient visits between 2012-2015. Most visits from the hot spot were associated with Black/African American patients at 57 percent. Patients aged 40-59 accounted for more than 60 percent of visits. Cellulitis and abscess of leg, except foot was the most frequent primary diagnosis code in inpatient visits within this hot spot. Approximately 30 percent of visits were diagnosed with hypertension outside the primary diagnoses. Visits with a primary diagnosis of Type 1 diabetes mellitus with ketoacidosis without coma resulted in highest costs to the hospital at nearly $340,000. To protect privacy, any analysis less than two percent has been removed.

TABLE 9.141 COMPARISON: HOT SPOT VISITS TO ALL VISITS

CRITERIA	HOT SPOT
TOTAL UNINSURED VISITS	98
TOTAL UNINSURED COST	$4,031,392
PERCENT TO ALL INPATIENT UNINSURED VISITS	3%
PERCENT TO ALL INPATIENT UNINSURED COST	3%
HOMELESS-SHELTER VISITS (%)*	0%
HOMELESS-SHELTER VISITS COST*	—

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

TABLE 9.142 TOP 5 PRIMARY DIAGNOSES AND COSTS

DIAGNOSIS	TOTAL COST	% OF ALL VISITS IN HOT SPOT	AVG. COST PER VISIT
682.6 - CELLULITIS AND ABSCESS OF LEG, EXCEPT FOOT	$145,768	5%	$29,154
574 - CALCULUS OF GALLBLADDER WITH ACUTE CHOLECYSTITIS	$136,957	4%	$34,239
38.9 - PUNCTURE OF VESSEL	$176,119	3%	$58,706
540.9 - ACUTE APPENDICITIS WITHOUT MENTION OF PERITONITIS	$120,912	3%	$40,304
558.9 - OTHER AND UNSPECIFIED NONINFECTIOUS GASTROENTERITIS AND COLITIS	$111,345	3%	$37,115
562.11 - DIVERTICULITIS OF COLON (WITHOUT MENTION OF HEMORRHAGE)	$126,339	3%	$42,113

**In some instances, multiple diagnoses had the same percent of hot spot visits that fell into the top five; in these instances, all diagnoses were included in the Top 5 table.

ORLANDO HEALTH DR. P. PHILLIPS HOSPITAL: UNINSURED INPATIENT HOT SPOT, CONT'D.

TABLE 9.143 TOP 5 SECONDARY DIAGNOSES AND COSTS

DIAGNOSIS	TOTAL COST	% OF ALL VISITS IN HOT SPOT	AVG. COST PER VISIT
401.9 - UNSPECIFIED ESSENTIAL HYPERTENSION	$1,045,908	29.6%	$36,066
305.1 - TOBACCO USE DISORDER	$830,453	21.4%	$39,545
276.8 - HYPOPOTASSEMIA	$663,834	19.4%	$34,939
278 - OVERWEIGHT, OBESITY AND OTHER HYPERALIMENTATION	$683,083	13.3%	$52,545
288.6 - ELEVATED WHITE BLOOD COUNT	$399,920	12.2%	$33,327

TABLE 9.144 TOP 5 HIGHEST COST PRIMARY DIAGNOSES

DIAGNOSIS	TOTAL COST	% OF ALL VISITS IN HOT SPOT	AVG. COST PER VISIT
E10.10 - TYPE 1 DIABETES MELLITUS WITH KETOACIDOSIS WITHOUT COMA	$339,921	N/A	N/A
38.9 - PUNCTURE OF VESSEL	$176,119	3%	$58,706
682.6 - CELLULITIS AND ABSCESS OF LEG, EXCEPT FOOT	$145,768	5%	$29,154
451.19 - PHLEBITIS AND THROMBOPHLEBITIS OF DEEP VEINS OF LOWER EXTREMITIES, OTHER	$137,384	N/A	N/A
574 - CALCULUS OF GALLBLADDER WITH ACUTE CHOLECYSTITIS	$136,957	4%	$34,239

TABLE 9.145 HOSPITAL VISITORS BY RACE/ETHNICITY

RACE/ETHNICITY	PERCENT
BLACK/AFRICAN AMERICAN	57%
OTHER	26%
WHITE	7%
ASIAN	9%
EAST INDIAN	1%

TABLE 9.146 HOSPITAL VISITORS BY AGE

AGE	PERCENT
0-18	0%
19-29	8%
30-39	17%
40-49	33%
50-59	30%
60-69	8%
70-79	2%
80+	2%

ORLANDO HEALTH DR. P. PHILLIPS HOSPITAL: UNINSURED INPATIENT HOT SPOT, CONT'D.

TABLE 9.147 CENSUS TRACT SUMMARIES

CENSUS TRACT	% UNEMPLOYED	MED. HH INCOME	% BELOW POVERTY
12-095-016904	8.7%	$35,420	17.3%
12-095-014502	12.1%	$24,090	40.1%
12-095-016907	9.2%	$21,150	37.7%
12-095-014504	3.4%	$49,960	10.7%
12-095-016906	13.1%	$27,310	34.7%
AVERAGE	9.3%	$31,586	28.1%

ORLANDO HEALTH DR. P. PHILLIPS HOSPITAL: UNINSURED ER/OUTPATIENT HOT SPOT
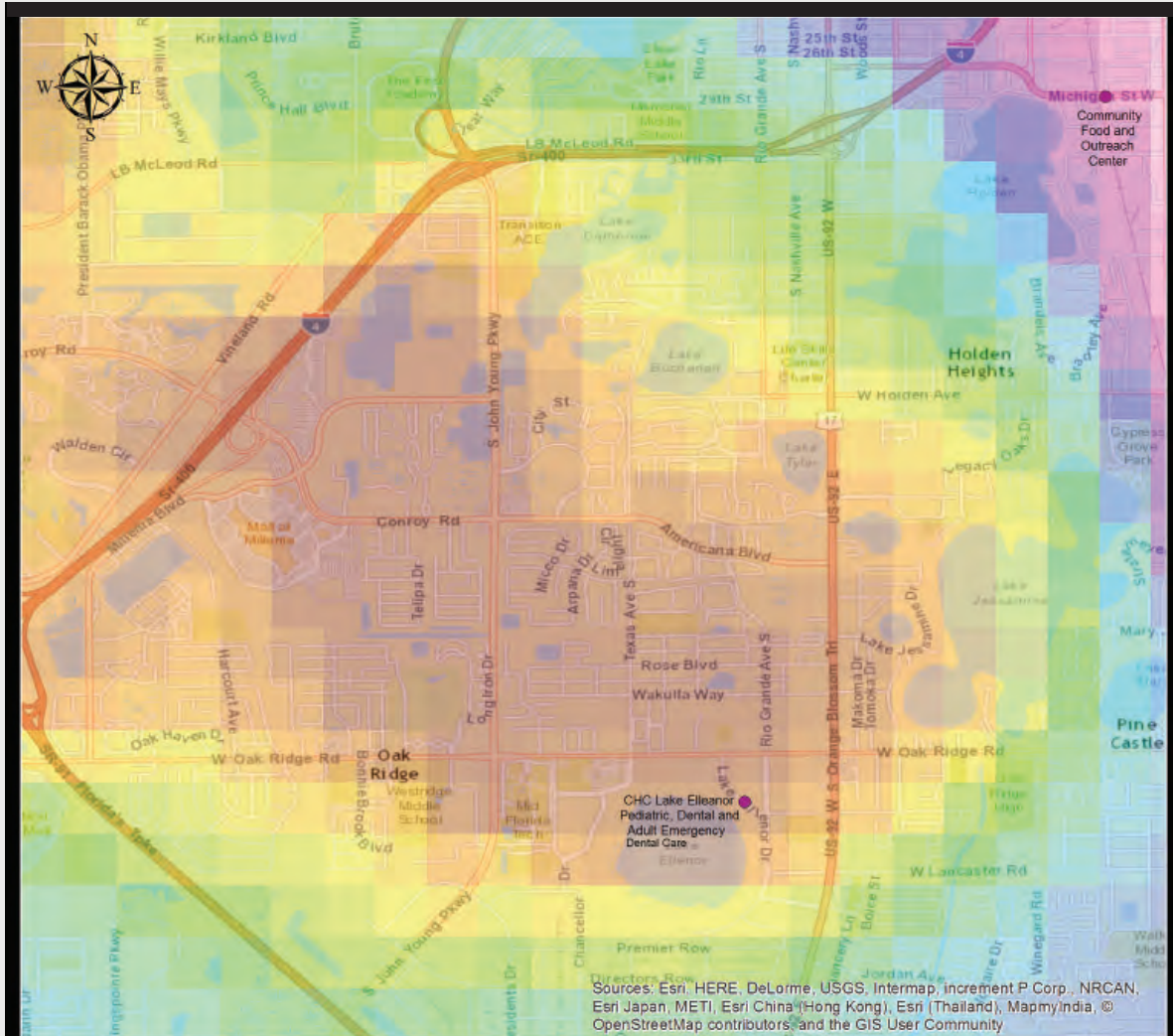
Patient Density

High

Low
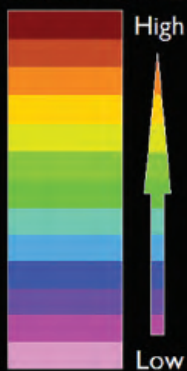
This hot spot is located within the Oak Ridge neighborhood in Orlando and, on a regional level, uninsured patient densities are also present along the Kirkman Road corridor to the northwest. Unlike many other hot spots in the region, but comparable to the Florida Hospital Celebration hot spots, this hot spot is located relatively further from the source hospital. Median household incomes are as low as $20,000 to $40,000 while poverty rates generally exceed 20 to 25%.
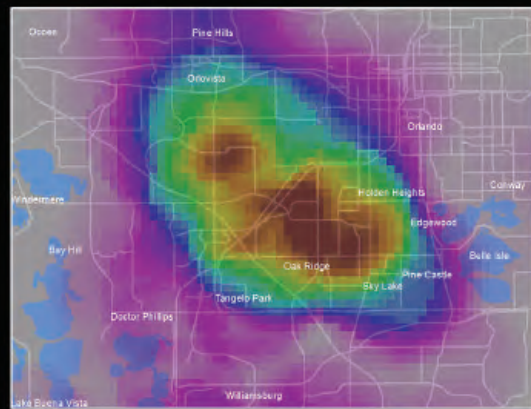
ORLANDO HEALTH DR. P. PHILLIPS HOSPITAL: UNINSURED ER/OUTPATIENT HOT SPOT, CONT'D.

In this outpatient specific hot spot analysis for Orlando Health Dr. P. Phillips Hospital, nearly 25 percent of the population lives in poverty. The average annual median household income of the area is just under $35,000 with an unemployment rate of nine percent. The 1,548 uninsured visits cost more than $3.9 million and accounted for two percent of all uninsured outpatient visits between 2012-2015. Most visits from the hot spot were associated with patients of Other race at 53 percent, followed by Black/African American at 32 percent. Patients aged 19-29 accounted for approximately 34 percent of visits. Headache was the most frequent primary diagnosis code in outpatient visits within this hot spot. Approximately 10 percent of visits were diagnosed with other activity outside the primary diagnoses. Visits with a primary diagnosis of abdominal pain, other specified site resulted in highest costs to the hospital at $267,000 and accounted for three percent of the visits between 2012-2015.

TABLE 9.148 COMPARISON: HOT SPOT VISITS TO ALL VISITS

CRITERIA	HOT SPOT
TOTAL UNINSURED VISITS	1,548
TOTAL UNINSURED COST	$3,938,365
PERCENT TO ALL ER OUTPATIENT UNINSURED VISITS	2%
PERCENT TO ALL ER OUTPATIENT UNINSURED COST	2%
HOMELESS SHELTER VISITS (%)*	0%
HOMELESS SHELTER VISITS COST*	—

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

TABLE 9.149 TOP 5 PRIMARY DIAGNOSES AND COSTS

DIAGNOSIS	TOTAL COST	% OF ALL VISITS IN HOT SPOT	AVG. COST PER VISIT
784 - HEADACHE	$203,922	4%	$3,641
599 - URINARY TRACT INFECTION NOS	$214,646	3%	$4,472
789.09 - ABDOMINAL PAIN, OTHER SPECIFIED SITE	$267,417	3%	$5,943
462 - ACUTE PHARYNGITIS	$32,309	3%	$828
724,2 - LUMBAGO	$72,303	2%	$1,903

ORLANDO HEALTH DR. P. PHILLIPS HOSPITAL: UNINSURED ER/OUTPATIENT HOT SPOT, CONT'D.

TABLE 9.150 TOP 5 SECONDARY DIAGNOSES AND COSTS

DIAGNOSIS	TOTAL COST	% OF ALL VISITS IN HOT SPOT	AVG. COST PER VISIT
E029.9 - OTHER ACTIVITY	$351,873	10%	$2,227
E000.8 - OTHER EXTERNAL CAUSE STATUS	$317,993	10%	$2,149
V64.2 - SURGICAL OR OTHER PROCEDURE NOT CARRIED OUT BECAUSE OF PATIENT'S DECISION	$57,094	5%	$680
E849.0 - HOME ACCIDENTS	$187,714	5%	$2,317
401.9 - UNSPECIFIED ESSENTIAL HYPERTENSION	$393,283	4%	$6,343

TABLE 9.151 TOP 5 HIGHEST COST PRIMARY DIAGNOSES

DIAGNOSIS	TOTAL COST	% OF ALL VISITS IN HOT SPOT	AVG. COST PER VISIT
789.09 - ABDOMINAL PAIN, OTHER SPECIFIED SITE	$267,417	3%	$5,943
599 - URINARY TRACT INFECTION NOS	$214,646	3%	$4,472
784 - HEADACHE	$203,922	4%	$3,641
616.1 - VAGINITIS NOS	$125,630	2%	$4,487
592 - CALCULUS OF KIDNEY	$101,088	1%	$8,424

TABLE 9.152 HOSPITAL VISITORS BY RACE/ETHNICITY

RACE/ETHNICITY	PERCENT
OTHER	53%
BLACK/AFRICAN AMERICAN	32%
WHITE	11%
HISPANIC	1%
EAST INDIAN	1%
ASIAN	1%
UNKNOWN	0%

TABLE 9.153 HOSPITAL VISITORS BY AGE

AGE	PERCENT
0-18	7%
19-29	34%
30-39	31%
40-49	14%
50-59	9%
60-69	3%
70-79	0%
80+	0%

ORLANDO HEALTH DR. P. PHILLIPS HOSPITAL: UNINSURED ER/OUTPATIENT HOT SPOT, CONT'D.

TABLE 9.154 CENSUS TRACT SUMMARIES

CENSUS TRACT	% UNEMPLOYED	MED. HH INCOME	% BELOW POVERTY
12-095-014301	6.7%	$48,830	16.3%
12-095-016904	8.7%	$35,420	17.3%
12-095-016903	9.6%	$33,110	27.5%
12-095-016902	10.0%	$33,010	27.2%
12-095-016907	9.2%	$21,150	37.7%
12-095-014504	3.4%	$49,960	10.7%
12-095-016906	13.1%	$27,310	34.7%
AVERAGE	8.7%	$34,827	24.5%

ORLANDO HEALTH - HEALTH CENTRAL HOSPITAL: UNINSURED INPATIENT HOT SPOT
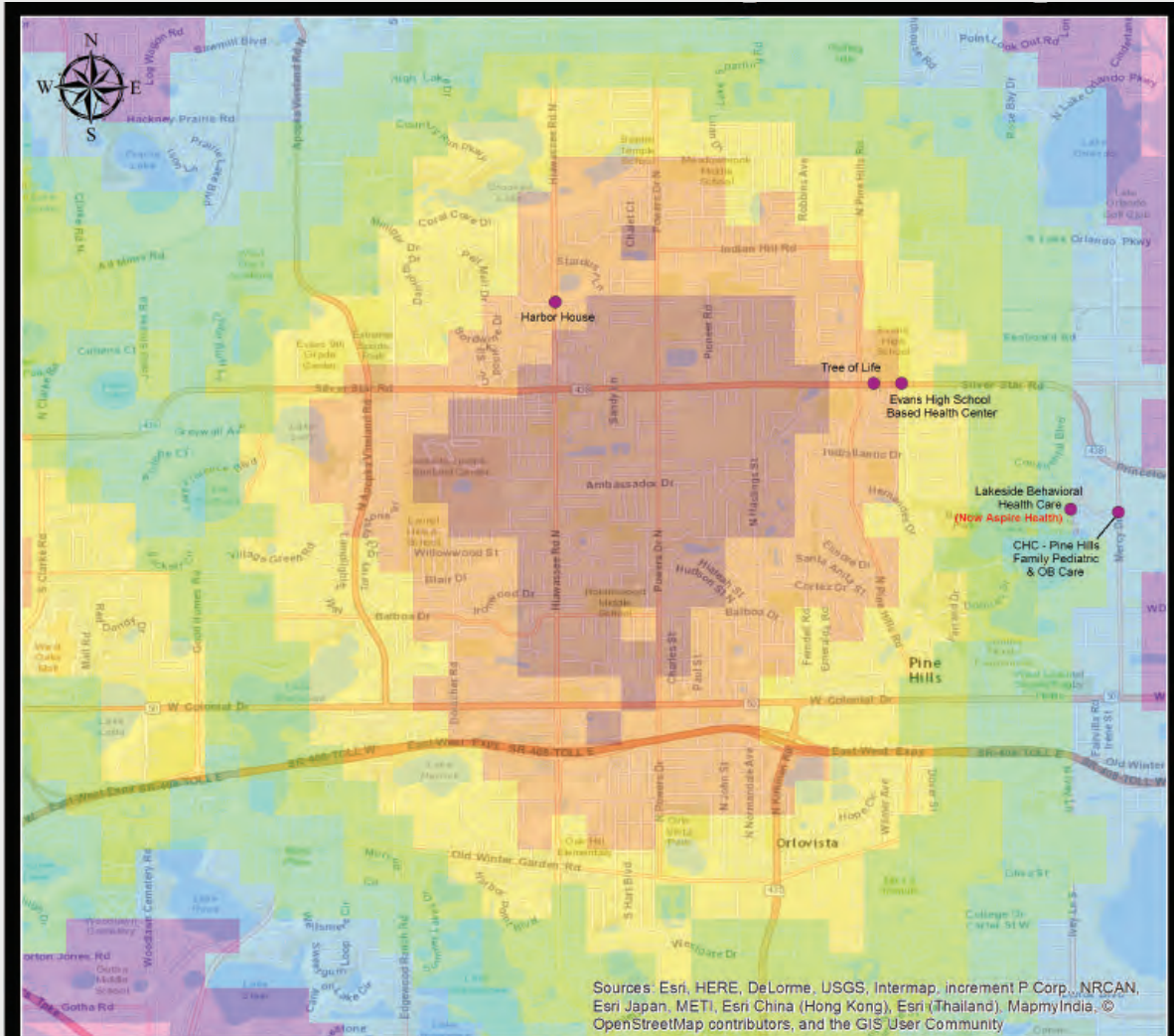
Patient Density

Three areas of high patient density are located along the State Road 50 corridor in Orange County, with the largest concentration located in the Pine Hills portion of Orlando. Facilities such as the Harbor House, Tree of Life, Aspire and a community health center are in this location, however poverty and unemployment rates are among the highest in the region. This hot spot continues southward to Orlo Vista and Metro West.
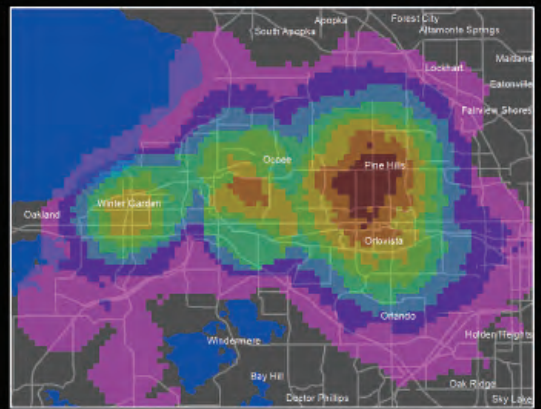
ORLANDO HEALTH - HEALTH CENTRAL HOSPITAL: UNINSURED INPATIENT HOT SPOT, CONT'D.

In this inpatient specific hot spot analysis for Orlando Health - Health Central Hospital, approximately 27 percent of the population lives in poverty and the area has an average unemployment rate of 16 percent. The average annual median income for the area is slightly above $34,000. Between 2012-2015, there were 291 uninsured inpatient visits from this area totaling more than $9 million. These visits account for five percent of the total uninsured inpatient visits to Health Central Hospital during this time. Approximately nine percent of primary codes for this hot spot are for diabetes mellitus, which also is the primary code associated with the greatest cost to the hospital at nearly $800,000. Refusal of vaccination was noted in 40 percent of visits through secondary diagnoses codes, followed by hypertension (34 percent). More than 65 percent of visits were those of Black/African American patients and approximately 50 percent of visits were from patients aged 40-59. To protect privacy, any analysis less than two percent has been removed.

TABLE 9.155 COMPARISON: HOT SPOT VISITS TO ALL VISITS

CRITERIA	HOT SPOT
TOTAL UNINSURED VISITS	291
TOTAL UNINSURED COST	$9,156,166
PERCENT TO ALL INPATIENT UNINSURED VISITS	5%
PERCENT TO ALL INPATIENT UNINSURED COST	0.2%
HOMELESS-SHELTER VISITS (%)*	0%
HOMELESS-SHELTER VISITS COST*	—

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

TABLE 9.156 TOP 5 PRIMARY DIAGNOSES AND COSTS

DIAGNOSIS	TOTAL COST	% OF ALL VISITS IN HOT SPOT	AVG. COST PER VISIT
250.00 - DIABETES MELLITUS	$782,307	9%	$31,292
276.8 - HYPOPOTASSEMIA	$428,424	6%	$25,201
305.1 - TOBACCO USE DISORDER	$368,664	5%	$3,051
250.02 - OBESITY/MORBID OBESITY	$390,733	5%	$27,910
272.4 - HYPERLIPIDEMIA NEC/NOS	$413,405	5%	$29,529

ORLANDO HEALTH - HEALTH CENTRAL HOSPITAL: UNINSURED INPATIENT HOT SPOT, CONT'D.

TABLE 9.157 TOP 5 SECONDARY DIAGNOSES AND COSTS

DIAGNOSIS	TOTAL COST	% OF ALL VISITS IN HOT SPOT	AVG. COST PER VISIT
V64.06 - VACCINATION NOT CARRIED OUT BECAUSE OF PATIENT'S REFUSAL	$4,270,850	40%	$30,076
401.9 - UNSPECIFIED ESSENTIAL HYPERTENSION	$3,638,628	34%	$36,754
305.1 - TOBACCO USE DISORDER	$2,131,306	22%	$33,830
276.8 - HYPOPOTASSEMIA	$1,654,522	17%	$33,090
272.4 - HYPERLIPIDEMIA NEC/NOS	$1,655,131	17%	$33,778

TABLE 9.158 TOP 5 HIGHEST COST PRIMARY DIAGNOSES

DIAGNOSIS	TOTAL COST	% OF ALL VISITS IN HOT SPOT	AVG. COST PER VISIT
250.00 - DIABETES MELLITUS	$782,307	9%	$31,292
276.8 - HYPOPOTASSEMIA	$428,424	6%	$25,201
244.9 - HYPOTHYROIDISM NOS	$424,920	4%	$35,410
272.4 - HYPERLIPIDEMIA NEC/NOS	$413,405	5%	$29,529
250.02 - OBESITY/MORBID OBESITY	$390,733	5%	$27,910

TABLE 9.159 HOSPITAL VISITORS BY RACE/ETHNICITY

RACE/ETHNICITY	PERCENT
BLACK/AFRICAN AMERICAN	67%
WHITE	27%
OTHER	6%

TABLE 9.160 HOSPITAL VISITORS BY AGE

AGE	PERCENT
0-18	2%
19-29	19%
30-39	14%
40-49	27%
50-59	24%
60-69	11%
70-79	3%
80+	1%

ORLANDO HEALTH - HEALTH CENTRAL HOSPITAL: UNINSURED INPATIENT HOT SPOT, CONT'D.

TABLE 9.161 CENSUS TRACT SUMMARIES

CENSUS TRACT	% UNEMPLOYED	MED. HH INCOME	% BELOW POVERTY
12-095-012202	20.3%	$38,460	28.4%
12-095-012100	14.5%	$26,160	31.9%
12-095-014908	13.2%	$43,530	15.6%
12-095-014904	18.8%	$31,770	25.0%
12-095-012304	17.8%	$35,780	30.6%
12-095-012201	10.0%	$30,430	21.7%
12-095-012307	21.2%	$34,330	34.7%
12-095-012305	17.0%	$34,380	27.9%
AVERAGE	16.6%	$34,355	27.0%

ORLANDO HEALTH - HEALTH CENTRAL HOSPITAL: UNINSURED ER/OUTPATIENT HOT SPOT
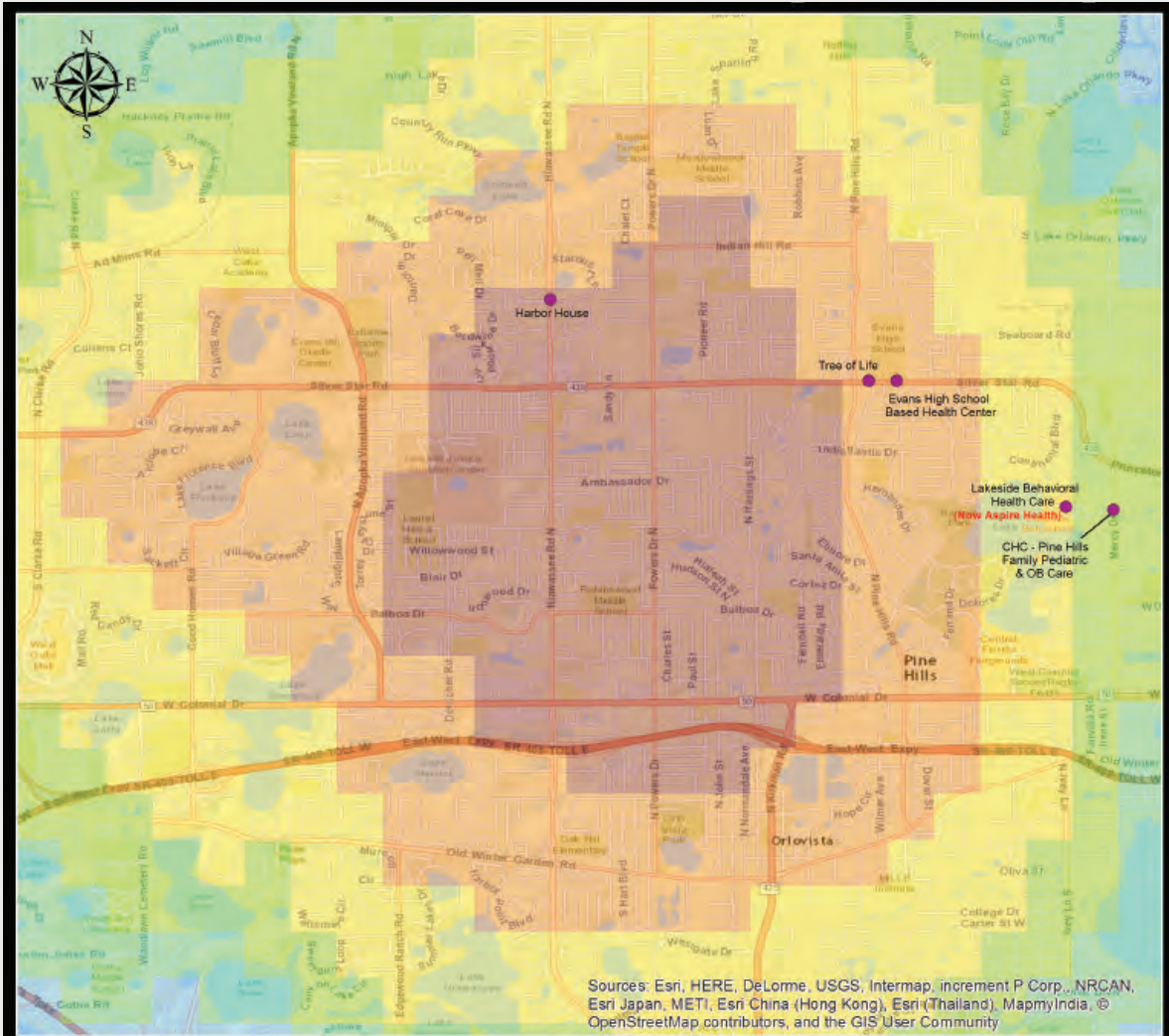
Patient Density

High

Low

The regional patient density locations and primary hot spot for the Health Central ER patients matches that of inpatients, centered near the Pine Hills community of Orlando and extending east toward Ocoee, Winter Garden and Oakland along the State Road 50 corridor. This location is very low in median household income and in parallel has high unemployment and poverty rates. Citizens in this community are overwhelmingly Black/ African American.
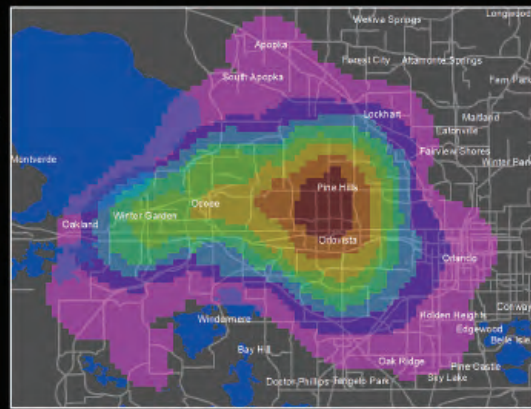
ORLANDO HEALTH - HEALTH CENTRAL HOSPITAL: UNINSURED ER/OUTPATIENT HOT SPOT, CONT'D.

In this outpatient specific hot spot analysis for Orlando Health - Health Central Hospital, approximately 27 percent of the population lives in poverty and the area has an average unemployment rate of 16 percent. The average annual median income for the area is slightly above $34,000. Between 2012-2015, there were 891 uninsured inpatient visits from this area totaling more than $6 million. These visits accounted for two percent of the total uninsured inpatient visits and six percent of the costs to Health Central Hospital during this time. The primary codes that contributed to the most costly visits and the top five primary diagnoses codes are identical for Health Central Hospital with abdominal pain as number one for both. Hypertension was the top code outside primary diagnoses codes (nine percent). Approximately 70 percent of visits were made by Black/African American patients and approximately 40 percent of visits were from patients aged 19-29. To protect privacy, any analysis less than two percent has been removed.

TABLE 9.162 COMPARISON: HOT SPOT VISITS TO ALL VISITS

CRITERIA	HOT SPOT
TOTAL UNINSURED VISITS	891
TOTAL UNINSURED COST	$6,743,822
PERCENT TO ALL ER OUTPATIENT UNINSURED VISITS	2%
PERCENT TO ALL ER OUTPATIENT UNINSURED COST	6%
HOMELESS SHELTER VISITS (%)*	0%
HOMELESS SHELTER VISITS COST*	—

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

TABLE 9.163 TOP 5 PRIMARY DIAGNOSES AND COSTS

DIAGNOSIS	TOTAL COST	% OF ALL VISITS IN HOT SPOT	AVG. COST PER VISIT
789.09 - ABDOMINAL PAIN, OTHER SITE SPECIFIED	$400,725	6%	$8,577
789 - OTHER SYMPTOMS INVOLVING ABDOMEN AND PELVIS	$325,933	4%	$8,577
784 - HEADACHE	$232,641	4%	$2,096
401.9 - UNSPECIFIED ESSENTIAL HYPERTENSION	$185,715	3%	$6,878
599 - URINARY TRACT INFECTION NOS	$160,351	2%	$8,908

ORLANDO HEALTH - HEALTH CENTRAL HOSPITAL: UNINSURED ER/OUTPATIENT HOT SPOT, CONT'D.

TABLE 9.164 TOP 5 SECONDARY DIAGNOSES AND COSTS

DIAGNOSIS	TOTAL COST	% OF ALL VISITS IN HOT SPOT	AVG. COST PER VISIT
401.9 - UNSPECIFIED ESSENTIAL HYPERTENSION	$630,672	9%	$7,691
E000.8 - OTHER EXTERNAL CAUSE STATUS	$615,706	9%	$7,509
E029.9 - OTHER ACTIVITY	$494,371	7%	$6,029
305.1 - TOBACCO USE DISORDER	$441,252	6%	$5,381
784 - HEADACHE	$344,691	5%	$4,204

TABLE 9.165 TOP 5 HIGHEST COST PRIMARY DIAGNOSES

DIAGNOSIS	TOTAL COST	% OF ALL VISITS IN HOT SPOT	AVG. COST PER VISIT
789.09 - ABDOMINAL PAIN, OTHER SPECIFIED SITE	$400,725	6%	$8,577
789 - OTHER SYMPTOMS INVOLVING ABDOMEN AND PELVIS	$325,933	4%	$8,577
784 - HEADACHE	$232,641	4%	$2,096
401.9 - UNSPECIFIED ESSENTIAL HYPERTENSION	$185,715	3%	$6,878
599 - URINARY TRACT INFECTION NOS	$160,351	2%	$8,908

TABLE 9.166 HOSPITAL VISITORS BY RACE/ETHNICITY

RACE/ETHNICITY	PERCENT
BLACK/AFRICAN AMERICAN	70%
WHITE	22%
OTHER	5%
HISPANIC	3%
ASIAN	0%

TABLE 9.167 HOSPITAL VISITORS BY AGE

AGE	PERCENT
0-18	10%
19-29	41%
30-39	20%
40-49	15%
50-59	10%
60-69	3%
70-79	0%
80+	0%

ORLANDO HEALTH - HEALTH CENTRAL HOSPITAL: UNINSURED ER/OUTPATIENT HOT SPOT, CONT'D.

TABLE 9.168 CENSUS TRACT SUMMARIES

CENSUS TRACT	% UNEMPLOYED	MED. HH INCOME	% BELOW POVERTY
12-095-012100	14.5%	$26,180	31.9%
12-095-012201	10.0%	$30,430	21.7%
12-095-012202	20.3%	$38,460	28.4%
12-095-012304	17.8%	$35,780	30.6%
12-095-012305	17.0%	$34,380	27.9%
12-095-012307	21.2%	$34,330	34.7%
12-095-014904	18.8%	$31,770	25.0%
12-095-014908	13.2%	$43,530	15.6%
AVERAGE	16.6%	$34,355	27.0%

ORLANDO HEALTH ORLANDO REGIONAL MEDICAL CENTER: UNINSURED INPATIENT HOT SPOT

Patient Density

High

Low
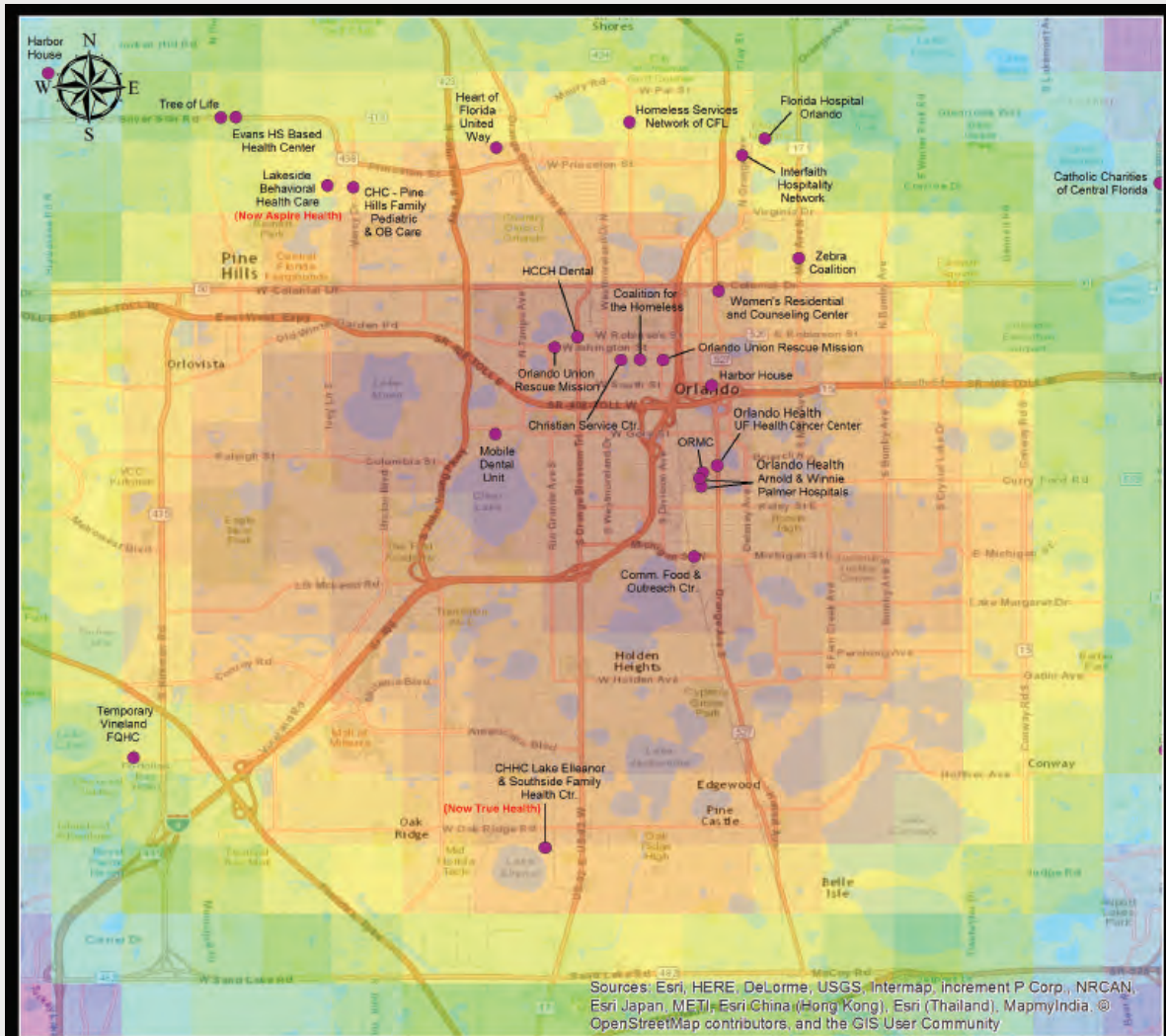
Orlando Regional Medical Center has a very generalized inpatient hot spot that is primarily derived from the proximity of patients to the hospital. However, the prime areas of density are centered around poor, poverty-stricken neighborhoods in the Pine Hills area as well as neighborhoods to the immediate west of downtown Orlando. The density of patients peaks along the Orange Blossom Trail, and this density extends into medium-to high-income areas due to the high concentration of patients.
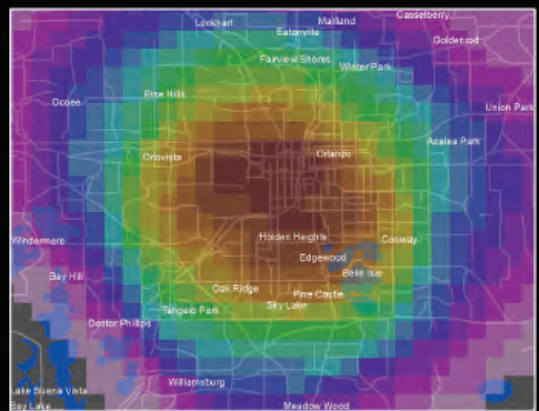
ORLANDO HEALTH ORLANDO REGIONAL MEDICAL CENTER: UNINSURED INPATIENT HOT SPOT, CONT'D.

In this inpatient specific hot spot analysis for Orlando Health Orlando Regional Medical Center, there is an average unemployment rate of nearly 20 percent with more than 35 percent of the population living in poverty. The average annual median household income is just over $27,000. This hot spot had 489 uninsured inpatient visits at a cost of more than $24 million. These visits were nine percent of the total uninsured inpatient visits, they accounted for eight percent of all the uninsured inpatient visits to the hospital between 2012-2015. Within this hot spot diseases of the pancreas was the top primary diagnosis code. Visits with the primary diagnosis code of puncture of a vessel cost the hospital the most at nearly $1 million. The top secondary code was tobacco use disorder at 34 percent, followed closely by hypertension at 33 percent. More than 65 percent of the visits were from Black/African American patients and 30 percent of patients were aged 50-59. Approximately six percent of the visits were from homeless/shelter patients at a cost of more than $1 million. To protect privacy, any analysis less than two percent has been removed.

TABLE 9.169 COMPARISON: HOT SPOT VISITS TO ALL VISITS

CRITERIA	HOT SPOT
TOTAL UNINSURED VISITS	489
TOTAL UNINSURED COST	$24,891,848
PERCENT TO ALL INPATIENT UNINSURED VISITS	9%
PERCENT TO ALL INPATIENT UNINSURED COST	8%
HOMELESS-SHELTER VISITS (%)*	6%
HOMELESS-SHELTER VISITS COST*	$1,382,951

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

TABLE 9.170 TOP 5 PRIMARY DIAGNOSES AND COSTS

DIAGNOSIS	TOTAL COST	% OF ALL VISITS IN HOT SPOT	AVG. COST PER VISIT
577 - DISEASES OF PANCREAS	$535,906	3%	$31,524
486 - PNEUMONIA, ORGAN UNSPECIFIED	$571,845	3%	$40,846
786.59 - OTHER CHEST PAIN	$398,016	3%	$30,617
38.9 - PUNCTURE OF VESSEL	$990,330	2%	$82,528
434.91 - CEREBRAL ARTERY OCCLUSION, UNSPECIFIED WITH CEREBRAL INFARCTION	$333,403	2%	$41,675
970.81 - POISONING BY COCAINE	$212,195	2%	$26,524

**In some instances, multiple diagnoses had the same percent of hot spot visits that fell into the top five; in these instances, all diagnoses were included in the Top 5 table.

ORLANDO HEALTH ORLANDO REGIONAL MEDICAL CENTER: UNINSURED INPATIENT HOT SPOT, CONT'D.

TABLE 9.171 TOP 5 SECONDARY DIAGNOSES AND COSTS

DIAGNOSIS	TOTAL COST	% OF ALL VISITS IN HOT SPOT	AVG. COST PER VISIT
305.1 - TOBACCO USE DISORDER	$6,618,244	34%	$40,111
401.9 - UNSPECIFIED ESSENTIAL HYPERTENSION	$6,896,225	33%	$42,569
276.8 - HYPOPOTASSEMIA	$2,871,225	12%	$49,504
305 - NONDEPENDENT ALCOHOL ABUSE	$8,877,309	12%	$155,742
272.4 - HYPERLIPIDEMIA NEC/NOS	$2,526,760	11%	$45,121

TABLE 9.172 TOP 5 HIGHEST COST PRIMARY DIAGNOSES

DIAGNOSIS	TOTAL COST	% OF ALL VISITS IN HOT SPOT	AVG. COST PER VISIT
38.9 - PUNCTURE OF VESSEL	$990,330	2%	$82,528
863.3 - INJURY TO SMALL INTESTINE WITH OPEN WOUND INTO CAVITY	$867,030	N/A	N/A
486 - PNEUMONIA, ORGANISM UNSPECIFIED	$571,845	3%	$40,846
577 - DISEASES OF PANCREAS	$535,906	3%	$31,524
410.31 - ACUTE MYOCARDIAL INFARCTION OF INFEROPOSTERIOR WALL, INITIAL EPISODE OF CARE	$476,053	N/A	N/A

TABLE 9.173 HOSPITAL VISITORS BY RACE/ETHNICITY

RACE/ETHNICITY	PERCENT
BLACK/AFRICAN AMERICAN	66%
WHITE	25%
OTHER	7%
UNKNOWN	1%
ASIAN	1%
HISPANIC	0%
EAST INDIAN	0%

TABLE 9.174 HOSPITAL VISITORS BY AGE

AGE	PERCENT
0-18	0%
19-29	12%
30-39	17%
40-49	26%
50-59	30%
60-69	15%
70-79	0%
80+	0%

ORLANDO HEALTH ORLANDO REGIONAL MEDICAL CENTER: UNINSURED INPATIENT HOT SPOT, CONT'D.

TABLE 9.175 **CENSUS TRACT SUMMARIES**

CENSUS TRACT	% UNEMPLOYED	MED. HH INCOME	% BELOW POVERTY
12-095-011702	26.2%	$20,630	38.2%
12-095-011600	13.7%	$26,910	37.5%
12-095-010400	27.5%	$15,930	52.6%
12-095-010500	33.8%	$14,090	52.5%
12-095-018300	23.9%	$29,630	27.4%
12-095-018500	16.8%	$28,080	33.4%
12-095-018900	11.4%	$38,710	31.0%
12-095-011701	21.3%	$26,870	40.3%
12-095-014400	10.6%	$51,370	18.9%
12-095-014502	12.1%	$24,090	40.1%
AVERAGE	19.7%	$27,667	37.2%

ORLANDO HEALTH ORLANDO REGIONAL MEDICAL CENTER: UNINSURED ER/OUTPATIENT HOT SPOT
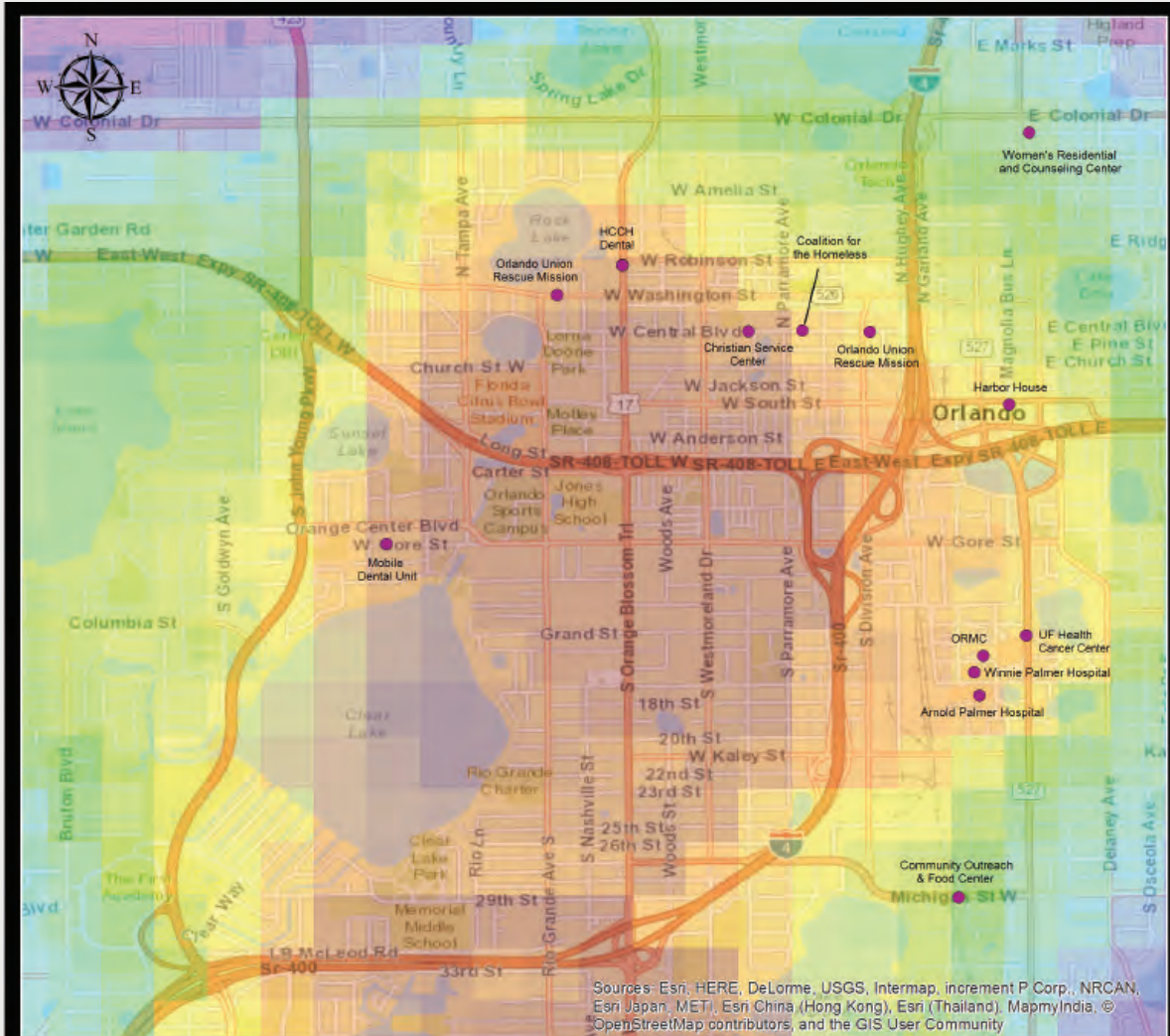
Patient Density
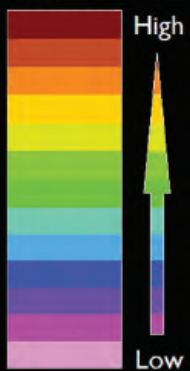
Two hot spots exist for ORMC, and both are focused along Orange Blossom Trail from Sky Lake (Oak Ridge) to the Colonial Drive corridor. The hot spot analyzed for this hospotal is the northern hot spot. While many downtown area resources are available for residents of this area, income and employment statistics are among the most dire in the region. Unemployment rates generally range from 13% to 33%, with median household incomes consistently below $30,000.
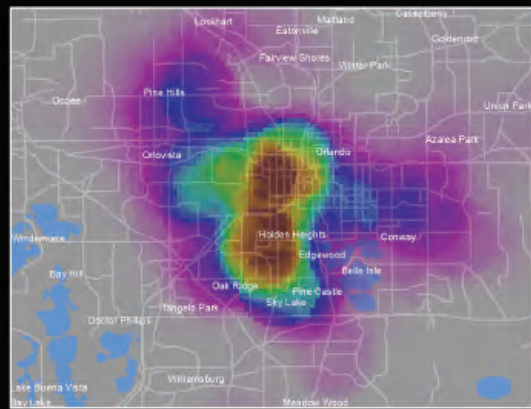
ORLANDO HEALTH ORLANDO REGIONAL MEDICAL CENTER: UNINSURED ER/OUTPATIENT HOT SPOT, CONT'D.

In this outpatient specific hot spot analysis for Orlando Health Orlando Regional Medical Center, there is an average unemployment rate of nearly 24 percent with 40 percent of the population living in poverty. The average annual median household income is just over $22,000. This hot spot had 1,897 uninsured ER outpatient visits at a cost of more than $4 million. These visits were three percent of the total uninsured ER outpatient visits between 2012-2015. Within this hot spot pain in the limb was the top primary diagnosis code. Visits with the primary diagnosis code of abdominal pain were the most costly at more than $200,000. The top secondary diagnosiscode was unspecified hypertension at 18 percent. The majority of the visits were from Black/African American patients at 80 percent and more than 50 percent of patients were aged 19-39. To protect privacy, any analysis less than two percent has been removed.

TABLE 9.176 COMPARISON: HOT SPOT VISITS TO ALL VISITS

CRITERIA	HOT SPOT
TOTAL UNINSURED VISITS	1,897
TOTAL UNINSURED COST	$4,378,329
PERCENT TO ALL ER OUTPATIENT UNINSURED VISITS	3%
PERCENT TO ALL ER OUTPATIENT UNINSURED COST	3%
HOMELESS SHELTER VISITS (%)*	0%
HOMELESS SHELTER VISITS COST*	—

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

TABLE 9.177 TOP 5 PRIMARY DIAGNOSES AND COSTS

DIAGNOSIS	TOTAL COST	% OF ALL VISITS IN HOT SPOT	AVG. COST PER VISIT
729.5 - PAIN IN LIMB	$84,459	3%	$1,564
724.2 - LUMBAGO	$82,267	3%	$1,582
789.09 - ABDOMINAL PAIN, SITE NOT SPECIFIED	$208,917	3%	$4,178
784 - HEADACHE	$163,213	3%	$3,331
719.46 - PAIN IN JOINT, LOWER LEG	$63,237	2%	$1,471

ORLANDO HEALTH ORLANDO REGIONAL MEDICAL CENTER: UNINSURED ER/OUTPATIENT HOT SPOT, CONT'D.

TABLE 9.178 TOP 5 SECONDARY DIAGNOSES AND COSTS

DIAGNOSIS	TOTAL COST	% OF ALL VISITS IN HOT SPOT	AVG. COST PER VISIT
401.9 - UNSPECIFIED ESSENTIAL HYPERTENSION	$993,098	18%	$2,904
305.1 - TOBACCO USE DISORDER	$660,711	14%	$2,541
E000.8 - OTHER EXTERNAL CAUSE STATUS	$558,754	11%	$2,699
E029.9 - OTHER ACTIVITY	$509,417	10%	$2,560
388.19 - OTHER ACUTE PAIN	$540,709	9%	$3,004

TABLE 9.179 TOP 5 HIGHEST COST PRIMARY DIAGNOSES

DIAGNOSIS	TOTAL COST	% OF ALL VISITS IN HOT SPOT	AVG. COST PER VISIT
789.09 - ABDOMINAL PAIN, OTHER SPECIFIED SITE	$208,917	3%	$4,178
784 - HEADACHE	$163,213	3%	$3,331
599 - URINARY TRACT INFECTION SITE NOT SPECIFIED	$134,311	2%	$3,950
789.06 - ABDOMINAL PAIN, EPIGASTRIC	$94,392	N/A	N/A
787.01 - NAUSEA WITH VOMITING	$89,690	2%	$2,990

TABLE 9.180 HOSPITAL VISITORS BY RACE/ETHNICITY

RACE/ETHNICITY	PERCENT
BLACK/AFRICAN AMERICAN	80%
WHITE	11%
OTHER	8%
UNKNOWN	1%
ASIAN	0%
HISPANIC	0%
EAST INDIAN	0%

TABLE 9.181 HOSPITAL VISITORS BY AGE

AGE	PERCENT
0-18	0%
19-29	27%
30-39	27%
40-49	20%
50-59	18%
60-69	7%
70-79	0%
80+	0%

ORLANDO HEALTH ORLANDO REGIONAL MEDICAL CENTER: UNINSURED ER/OUTPATIENT HOT SPOT, CONT'D.

TABLE 9.182 CENSUS TRACT SUMMARIES

CENSUS TRACT	% UNEMPLOYED	MED. HH INCOME	% BELOW POVERTY
12-095-011702	26.2%	$20,630	38.2%
12-095-011600	13.7%	$26,910	37.5%
12-095-010400	27.5%	$15,930	52.6%
12-095-010500	33.8%	$14,090	52.5%
12-095-018300	23.9%	$29,630	27.4%
12-095-018500	16.8%	$28,080	33.4%
AVERAGE	23.7%	$22,545	40.3%

ORLANDO HEALTH SOUTH SEMINOLE HOSPITAL: UNINSURED INPATIENT HOT SPOT
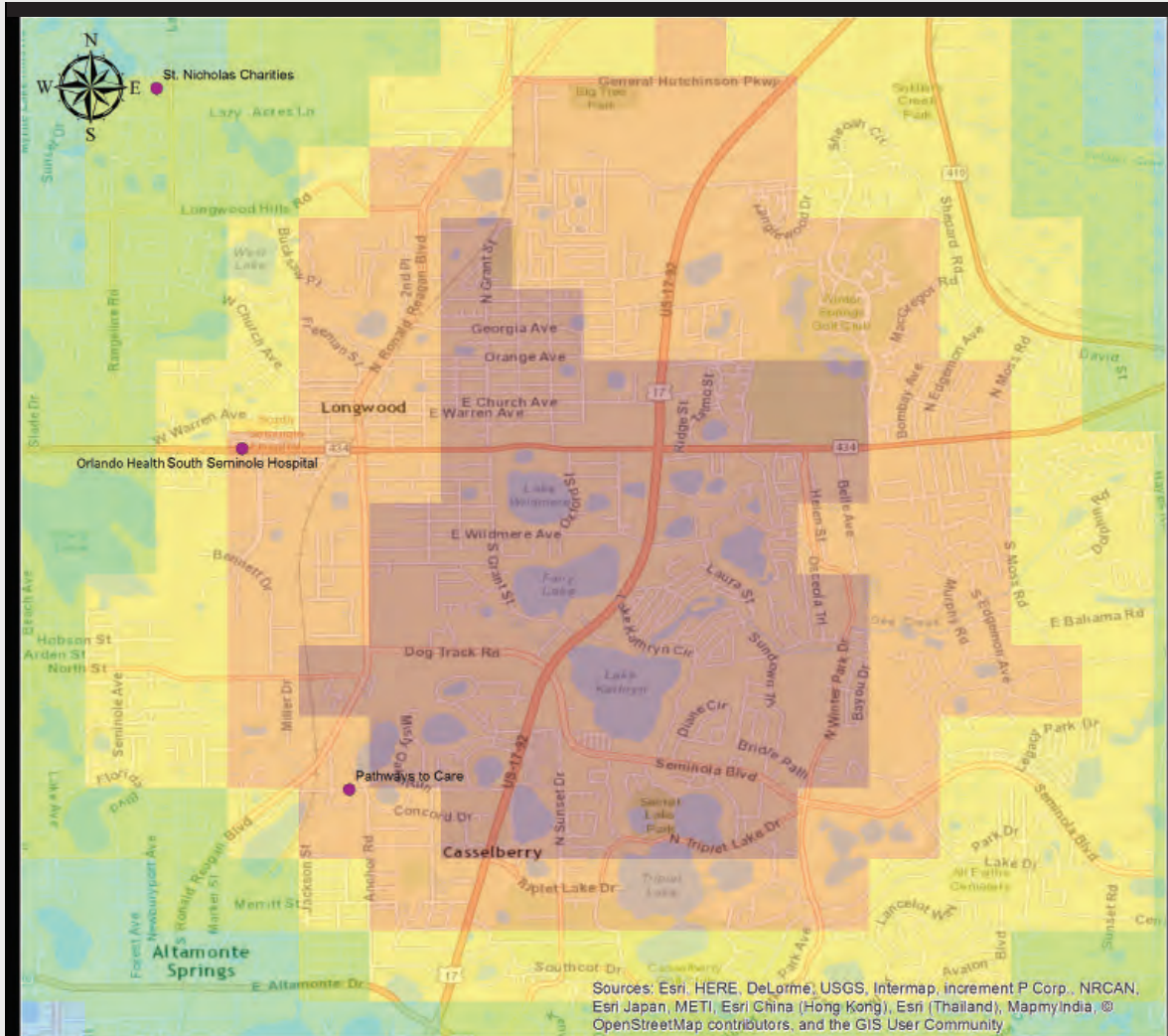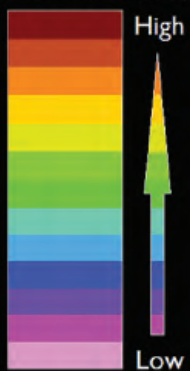
Patient Density

Regionally, South Seminole Hospital has a number of high-density areas in terms of uninsured patients. While the primary hot spot is located near Casselberry and Longwood along US 17-92, hot spots also exist in Lake Mary, Sanford and in downtown Orlando. Within the primary hot spot in Longwood and Casselberry, incomes, poverty levels and unemployment rates vary significantly. However, some areas have unemployment rates near 20%, household incomes near $30,000 and poverty rates near 20%.
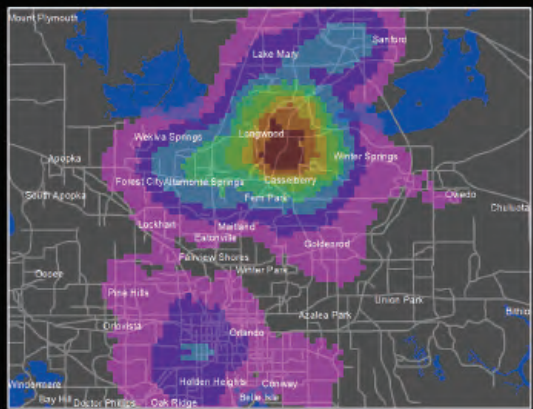
ORLANDO HEALTH SOUTH SEMINOLE HOSPITAL: UNINSURED INPATIENT HOT SPOT, CONT'D.

In this inpatient specific hot spot analysis for Orlando Health South Seminole Hospital, there is an average unemployment rate of 14 percent with more than 16 percent of the population living in poverty. The average annual median household income is just over $43,500. This hot spot had 262 uninsured inpatient visits at a cost of more than $7 million. These visits accounted for seven percent of the total uninsured inpatient visits. Approximately 10 percent of these visits were coded with a primary diagnosis code of depressive disorder which was the top primary diagnosis code and those visits also resulted in the highest costs to the hospital. The top secondary code was tobacco use disorder at 30 percent, followed by suicidal ideation at 23 percent. More than 80 percent of the visits were from White patients and 31 percent of visits were by patients aged 30-39. To protect privacy, any analysis less than two percent has been removed. South Seminole Hospital offers psychiatric services as one of their main inpatient services. Therefore, this analysis included those inpatient visits along with other inpatient services.

TABLE 9.197 COMPARISON: HOT SPOT VISITS TO ALL VISITS

CRITERIA	HOT SPOT
TOTAL UNINSURED VISITS	262
TOTAL UNINSURED COST	$7,231,730
PERCENT TO ALL INPATIENT UNINSURED VISITS	7%
PERCENT TO ALL INPATIENT UNINSURED COST	8%
HOMELESS-SHELTER VISITS (%)*	0%
HOMELESS-SHELTER VISITS COST*	—

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

TABLE 9.198 TOP 5 PRIMARY DIAGNOSES AND COSTS

DIAGNOSIS	TOTAL COST	% OF ALL VISITS IN HOT SPOT	AVG. COST PER VISIT
311 - DEPRESSIVE DISORDER, NOT ELSEWHERE CLASSIFIED	$265,337	10%	$10,205
296.32 - MAJOR DEPRESSIVE AFFECTIVE DISORDER, RECURRENT EPISODE, MODERATE	$189,414	7%	$11,142
291.81 - ALCOHOL WITHDRAWAL	$226,560	5%	$16,183
296.2 - MAJOR DEPRESSIVE DISORDER RECURRENT EPISODE	$124,362	4%	$12,436
292 - DRUG WITHDRAWAL	$83,591	3%	$10,449
296.6 - BIPOLAR I DISORDER, MOST RECENT EPISODE (OR CURRENT) MIXED	$76,118	3%	$9,515

**In some instances, multiple diagnoses had the same percent of hot spot visits that fell into the top five; in these instances, all diagnoses were included in the Top 5 table.

ORLANDO HEALTH SOUTH SEMINOLE HOSPITAL: UNINSURED INPATIENT HOT SPOT, CONT'D.

TABLE 9.199 TOP 5 SECONDARY DIAGNOSES AND COSTS

DIAGNOSIS	TOTAL COST	% OF ALL VISITS IN HOT SPOT	AVG. COST PER VISIT
305.1 - TOBACCO USE DISORDER	$2,623,629	30%	$34,073
V62.84 - SUICIDAL IDEATION	$831,445	23%	$14,092
V62.0 - UNEMPLOYMENT	$585,758	20%	$11,052
401.9 - UNSPECIFIED ESSENTIAL HYPERTENSION	$1,821,908	18%	$39,607
276.8 - HYPOPOTASSEMIA	$1,803,855	15%	$45,096

TABLE 9.200 TOP 5 HIGHEST COST PRIMARY DIAGNOSES

DIAGNOSIS	TOTAL COST	% OF ALL VISITS IN HOT SPOT	AVG. COST PER VISIT
311 - DEPRESSIVE DISORDER, NOT ELSEWHERE CLASSIFIED	$265,337	10%	$10,205
434.91 - CEREBRAL ARTERY OCCLUSION, UNSPECIFIED WITH CEREBRAL INFARCTION	$255,971	2%	$63,993
550.1 - INGUINAL HERNIA WITH OBSTRUCTION WITHOUT MENTION OF GANGRENE	$243,776	N/A	N/A
291.81 - ALCOHOL WITHDRAWAL	$226,560	5%	$16,183
291 - DELIRIUM TREMENS	$204,757	2%	$34,126

TABLE 9.201 HOSPITAL VISITORS BY RACE/ETHNICITY

RACE/ETHNICITY	PERCENT
WHITE	84%
OTHER	10%
BLACK/AFRICAN AMERICAN	3%
ASIAN	2%
EAST INDIAN	0%

TABLE 9.202 HOSPITAL VISITORS BY AGE

AGE	PERCENT
0-18	1%
19-29	18%
30-39	31%
40-49	19%
50-59	24%
60-69	7%
70-79	0%
80+	0%

ORLANDO HEALTH SOUTH SEMINOLE HOSPITAL: UNINSURED INPATIENT HOT SPOT, CONT'D.

TABLE 9.203 CENSUS TRACT SUMMARIES

CENSUS TRACT	% UNEMPLOYED	MED. HH INCOME	% BELOW POVERTY
12-117-022101	19.7%	$30,990	15.7%
12-117-021401	14.5%	$46,630	14.4%
12-117-021403	6.5%	$54,720	17.3%
12-117-021502	12.2%	$47,890	15.2%
12-117-022104	9.4%	$50,840	10.4%
12-117-022002	17.7%	$43,830	11.8%
12-117-022001	19.4%	$30,930	30.8%
AVERAGE	14.2%	$43,690	16.5%

ORLANDO HEALTH SOUTH SEMINOLE HOSPITAL: UNINSURED ER/OUTPATIENT HOT SPOT
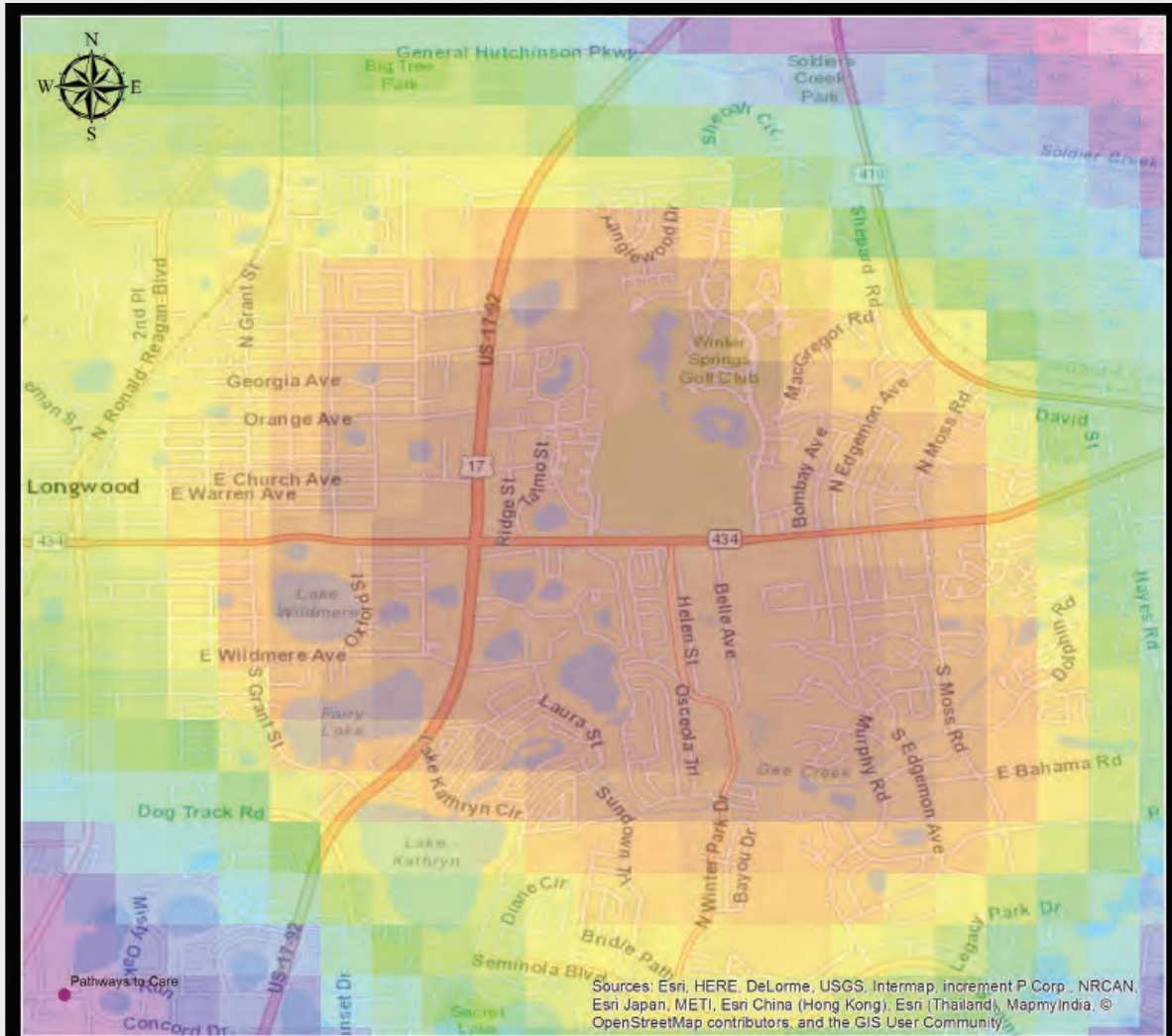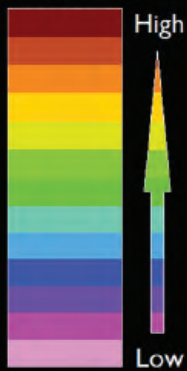
Patient Density

The South Seminole Hospital outpatient hot spot is in almost the same location as the inpatient hot spot, and also shows high patient densities near Sanford. This hot spot is located in a low-to-medium income area that is to the northeast of the hospital location. Median household incomes range from approximately $30,000 to $60,000, poverty levels are nearly consistent from 14-to-17% and unemployment rates are higher than the national average, ranging from 6.5% to 19.7%.
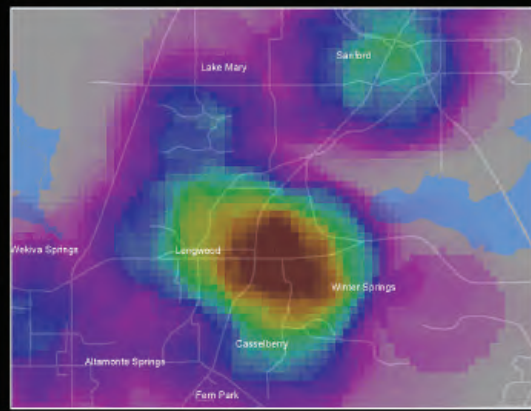
ORLANDO HEALTH SOUTH SEMINOLE HOSPITAL: UNINSURED ER/OUTPATIENT HOT SPOT, CONT'D.

In this outpatient specific hot spot analysis for Orlando Health South Seminole Hospital, there is an unemployment rate of 13.6 percent with nearly 16 percent of the population living in poverty. The average annual median household income is just under $48,000. The 1,372 visits cost more than $3.2 million and accounted for five percent of all the uninsured ER outpatient visits between 2012-2015. The primary diagnosis of upper respiratory infection had the most number of visits within the hot spot at three percent. Visits with a primary diagnosis code of abdominal pain cost the hospital the most to treat. Other acute pain was the most common diagnosis code outside the primary diagnoses codes. Nearly 66 percent of visits were from White patients and 33 percent were by patients aged 19-29. To protect privacy, any analysis less than two percent has been removed.

TABLE 9.204 COMPARISON: HOT SPOT VISITS TO ALL VISITS

CRITERIA	HOT SPOT
TOTAL UNINSURED VISITS	1,372
TOTAL UNINSURED COST	$3,282,615
PERCENT TO ALL ER OUTPATIENT UNINSURED VISITS	5%
PERCENT TO ALL ER OUTPATIENT UNINSURED COST	0%
HOMELESS SHELTER VISITS (%)*	0%
HOMELESS SHELTER VISITS COST*	—

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

TABLE 9.205 TOP 5 PRIMARY DIAGNOSES AND COSTS

DIAGNOSIS	TOTAL COST	% OF ALL VISITS IN HOT SPOT	AVG. COST PER VISIT
465.9 - ACUTE UPPER RESPIRATORY INFECTIONS OF UNSPECIFIED SITE	$61,792	3%	$1,373
789.09 - ABDOMINAL PAIN, OTHER SPECIFIED SITE	$183,965	2%	$5,749
466 - ACUTE BRONCHITIS AND BRONCHIOLITIS	$54,818	2%	$1,768
525.9 - UNSPECIFIED DISORDER OF THE TEETH AND SUPPORTING STRUCTURES	$12,547	2%	$433
V58.31 - ENCOUNTER FOR CHANGE OR REMOVAL OF SURGICAL WOUND DRESSING	$8,744	2%	$302

ORLANDO HEALTH SOUTH SEMINOLE HOSPITAL: UNINSURED ER/OUTPATIENT HOT SPOT, CONT'D.

TABLE 9.206 TOP 5 SECONDARY DIAGNOSES AND COSTS

DIAGNOSIS	TOTAL COST	% OF ALL VISITS IN HOT SPOT	AVG. COST PER VISIT
338.19 - OTHER ACUTE PAIN	$798,025	18%	$3,284
E000.8 - OTHER EXTERNAL CAUSE STATUS	$475,428	13%	$2,570
E029.9 - OTHER ACTIVITY	$431,070	13%	$2,477
305.1 - TOBACCO USE DISORDER	$411,258	12%	$2,523
401.9 - UNSPECIFIED ESSENTIAL HYPERTENSION	$266,729	7%	$2,694

TABLE 9.207 TOP 5 HIGHEST COST PRIMARY DIAGNOSES

DIAGNOSIS	TOTAL COST	% OF ALL VISITS IN HOT SPOT	AVG. COST PER VISIT
789.09 - ABDOMINAL PAIN, OTHER SITE SPECIFIED	$183,965	3%	$5,749
784 - HEADACHE	$81,346	2%	$3,698
599 - URINARY TRACT INFECTION, SITE NOT SPECIFIED	$77,849	2%	$3,114
786.5 - CHEST PAIN	$75,985	2%	$3,454
305 - NONDEPENDENT ALCOHOL ABUSE	$67,545	N/A	$3,753

TABLE 9.208 HOSPITAL VISITORS BY RACE/ETHNICITY

RACE/ETHNICITY	PERCENT
WHITE	66%
OTHER	23%
BLACK/AFRICAN AMERICAN	9%
EAST INDIAN	1%
HISPANIC	1%
UNKNOWN	0%
ASIAN	0%

TABLE 9.209 HOSPITAL VISITORS BY AGE

AGE	PERCENT
0-18	7%
19-29	33%
30-39	27%
40-49	15%
50-59	12%
60-69	5%
70-79	0%
80+	0%

ORLANDO HEALTH SOUTH SEMINOLE HOSPITAL: UNINSURED ER/OUTPATIENT HOT SPOT, CONT'D.

TABLE 9.210 CENSUS TRACT SUMMARIES

CENSUS TRACT	% UNEMPLOYED	MED. HH INCOME	% BELOW POVERTY
12-117-022101	19.7%	$30,990	15.7%
12-117-021401	14.5%	$46,630	14.4%
12-117-021403	6.5%	$54,720	17.3%
12-117-021404	14.9%	$57,790	16.8%
12-117-021502	12.2%	$47,890	15.2%
AVERAGE	13.6%	$47,604	15.9%

UF HEALTH CANCER CENTER - ORLANDO HEALTH: UNINSURED INPATIENT HOT SPOT
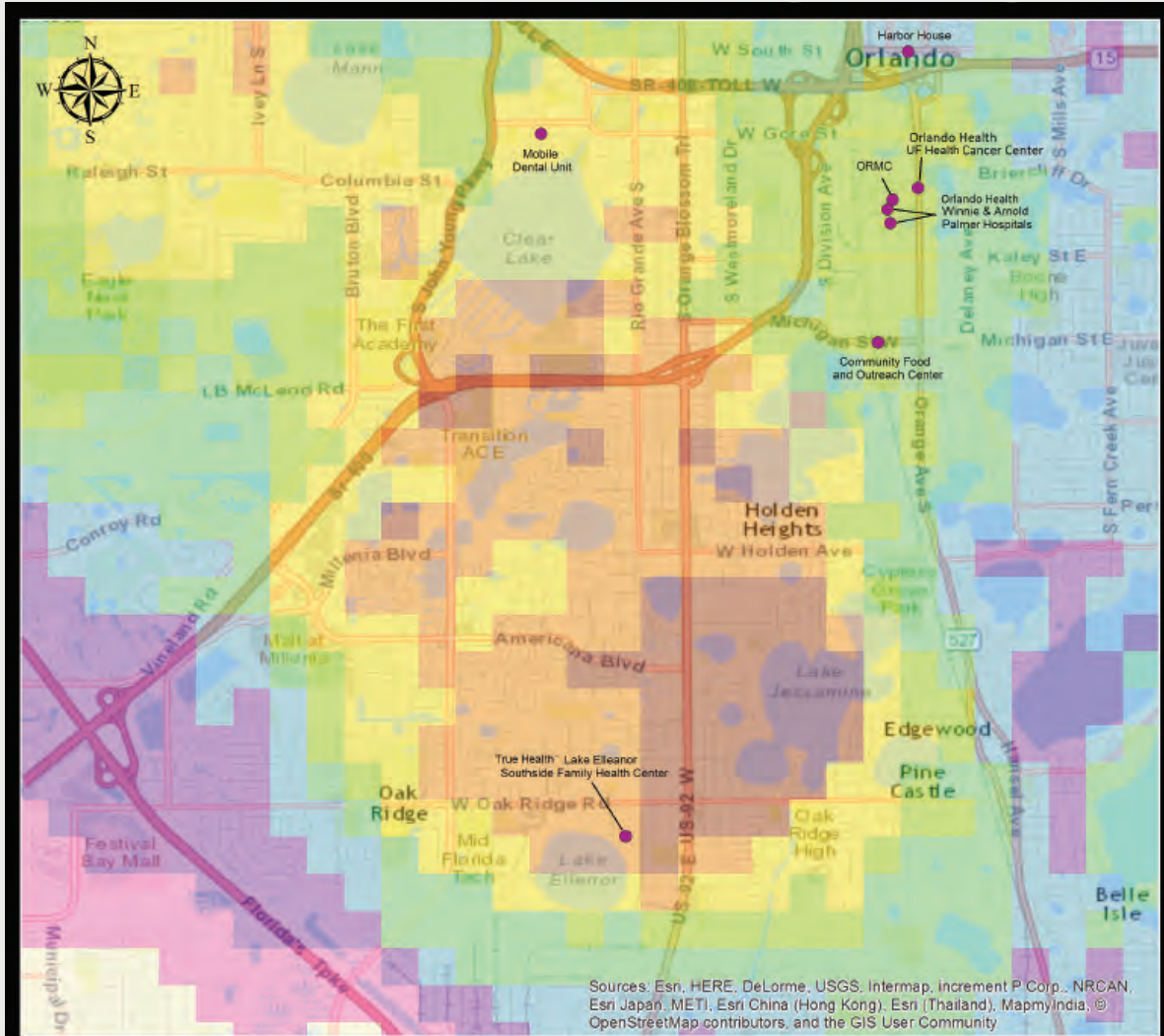
Patient Density

High

Low
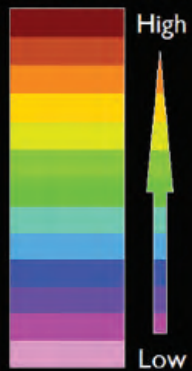
This medical center has a very large service area, as seen in the regional map where multiple high patient density-areas exist. The primary hot spot is located to the south of Orlando along the Orange Blossom Trail where a number of other hospital hot spots are located. This area has a high minority population - primarily Black/African American and Hispanic, and poverty rates are much higher than the national average. Poverty rates range from 16.3% to 37.7% - very high numbers.
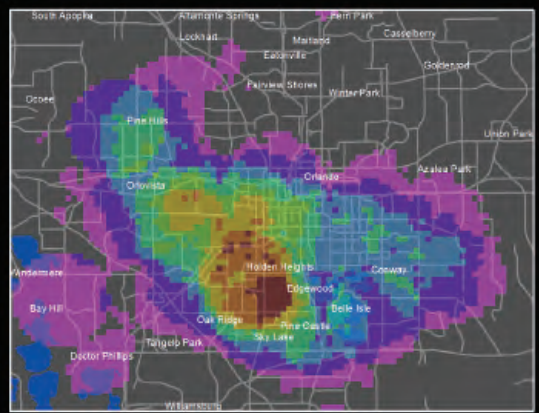
UF HEALTH CANCER CENTER - ORLANDO HEALTH: UNINSURED INPATIENT HOT SPOT, CONT'D.

In this inpatient specific hot spot analysis for UF Health Cancer Center - Orlando Health, there is an average unemployment rate of nearly 10 percent with nearly 30 percent of the population living in poverty. The average annual median household income is just under $30,000. This hot spot had 57 uninsured inpatient visits at a cost of close to $3 million. These visits were 13 percent of the total uninsured inpatient visits between 2012-2015 and accounted for 11 percent of the total costs. Within this hot spot, antineoplastic chemotherapy was the top primary diagnosis code. Visits with the primary diagnosis code of diseases of pancreas represented the highest costs for the hospital at more than $250,000. The top secondary code was tobacco use disorder at 27 percent. The majority of the visits were from Black/African American patients at 52 percent and 34 percent were by patients aged 50-59. To protect privacy, any analysis less than two percent has been removed.

TABLE 9.211 COMPARISON: HOT SPOT VISITS TO ALL VISITS

CRITERIA	HOT SPOT
TOTAL UNINSURED VISITS	57
TOTAL UNINSURED COST	$2,940,547
PERCENT TO ALL INPATIENT UNINSURED VISITS	13%
PERCENT TO ALL INPATIENT UNINSURED COST	11%
HOMELESS-SHELTER VISITS (%)*	0%
HOMELESS-SHELTER VISITS COST*	—

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

TABLE 9.212 TOP 4 PRIMARY DIAGNOSES AND COSTS

DIAGNOSIS	TOTAL COST	% OF ALL VISITS IN HOT SPOT*	AVG. COST PER VISIT*
V58.11 - ENCOUNTER FOR ANTINEOPLASTIC CHEMOTHERAPY	$173,586	N/A	N/A
189 - MALIGNANT NEOPLASM OF KIDNEY AND OTHER AND UNSPECIFIED URINARY ORGANS	$98,149	N/A	N/A
577 - DISEASES OF PANCREAS	$256,160	N/A	N/A
592.1 - CALCULUS OF URETER	$80,447	N/A	N/A

Due to the number of codes that fell into the fifth spot for primary and secondary codes, only the top four are analyzed.
This is due to the low sample size because of the specialization of the UF Health Cancer Center - Orlando Health.

*To protect patient privacy, analysis was limited to diagnosis and total cost.

UF HEALTH CANCER CENTER - ORLANDO HEALTH: UNINSURED INPATIENT HOT SPOT, CONT'D.

TABLE 9.213 TOP 4 SECONDARY DIAGNOSES AND COSTS

DIAGNOSIS	TOTAL COST	% OF ALL VISITS IN HOT SPOT	AVG. COST PER VISIT
305.1 - TOBACCO USE DISORDER	$297,086	27%	$19,806
401.9 - UNSPECIFIED ESSENTIAL HYPERTENSION	$909,945	23%	$69,996
276.8 - HYPOPOTASSEMIA	$703,893	14%	$87,987
305 - NONDEPENDENT ALCOHOL ABUSE	$990,937	13%	$141,562

Due to the number of codes that fell into the fifth spot for primary and secondary codes, only the top four are analyzed.
This is due to the low sample size because of the specialization of the UF Health Cancer Center - Orlando Health.

TABLE 9.214 TOP 5 HIGHEST COST PRIMARY DIAGNOSES

DIAGNOSIS	TOTAL COST	% OF ALL VISITS IN HOT SPOT*	AVG. COST PER VISIT*
577 - DISEASES OF PANCREAS	$256,160	N/A	N/A
682.1 - CELLULITIS AND ABSCESS OF NECK	$203,271	N/A	N/A
V58.11 - ENCOUNTER FOR ANTINEOPLASTIC CHEMOTHERAPY	$173,586	N/A	N/A
540.1 - ACUTE APPENDICITIS WITH PERINEAL ABSCESS	$115,187	N/A	N/A
202.81 - OTHER MALIGNANT LYMPHOMAS, LYMPH NODES OF HEAD, FACE AND NECK	$106,024	N/A	N/A

*To protect patient privacy, analysis was limited to diagnosis and total cost.

TABLE 9.215 HOSPITAL VISITORS BY RACE/ETHNICITY

RACE/ETHNICITY	PERCENT
BLACK/AFRICAN AMERICAN	52%
OTHER	29%
WHITE	20%

TABLE 9.216 HOSPITAL VISITORS BY AGE

AGE	PERCENT
0-18	0%
19-29	21%
30-39	14%
40-49	20%
50-59	34%
60-69	11%
70-79	0%
80+	0%

UF HEALTH CANCER CENTER - ORLANDO HEALTH: UNINSURED INPATIENT HOT SPOT, CONT'D.

TABLE 9.217 CENSUS TRACT SUMMARIES

CENSUS TRACT	% UNEMPLOYED	MED. HH INCOME	% BELOW POVERTY
12-095-014301	6.7%	$43,830	16.3%
12-095-014302	11.1%	$24,660	26.7%
12-095-016902	10.0%	$33,010	27.2%
12-095-016907	9.2%	$21,150	37.7%
12-095-016906	13.1%	$27,310	34.7%
AVERAGE	10.0%	$29,992	28.5%

WINNIE PALMER HOSPITAL FOR WOMEN & BABIES: UNINSURED INPATIENT HOT SPOT
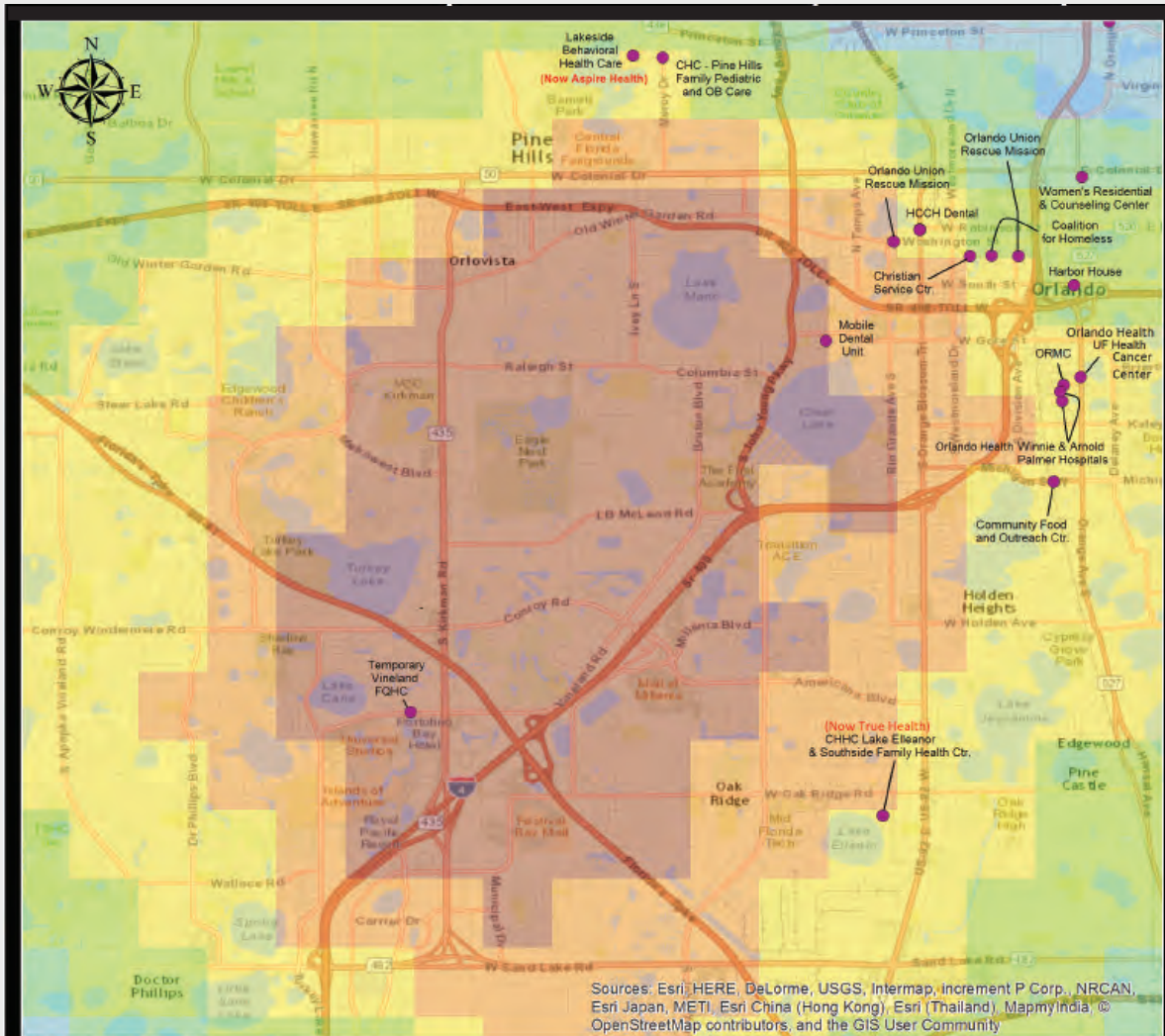
Patient Density

Winnie Palmer Hospital has a very large service area, and the concentrations of patient density are generally to the west of Orlando and alongside the Orange Blossom Trail (north-south) and Colonial Drive (east-west) corridors. Metro West, which is south of Pine Hills, is the center of the hot spot, and quality of life indicators are problematic in these areas. While unemployment is lower than comparable areas, poverty is among the highest in the region and median household incomes range from $30,000 to $50,000.
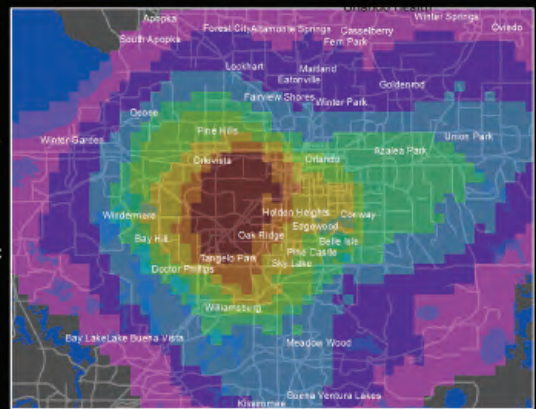
WINNIE PALMER HOSPITAL FOR WOMEN & BABIES: UNINSURED INPATIENT HOT SPOT, CONT'D.

In this inpatient specific hot spot analysis for Winnie Palmer Hospital for Women & Babies, there is an average unemployment rate of nearly 12 percent with nearly 20 percent of the population living in poverty. The average annual median household income is just under $40,000. This hot spot had 248 uninsured inpatient visits at a cost of $3.4 million. These visits accounted for seven percent of the total uninsured inpatient visits between 2012-2015. Within this hot spot, single live birth without cesarian was the top primary diagnosis code (31 percent). The primary diagnosis code visits that were the most costly consisted of previous cesarean delivery code. The top secondary code, outside of the primary diagnoses codes, was need for prophylactic vaccination and inoculation against viral hepatitis at 44 percent of the hot spot visits. Approximately 36 percent of the visits were from Black/African American patients and 56 percent of the visits were by patients aged 0-18. To protect privacy, any analysis less than two percent has been removed.

TABLE 9.218 COMPARISON: HOT SPOT VISITS TO ALL VISITS

CRITERIA	HOT SPOT
TOTAL UNINSURED VISITS	248
TOTAL UNINSURED COST	$3,425,885
PERCENT TO ALL INPATIENT UNINSURED VISITS	7%
PERCENT TO ALL INPATIENT UNINSURED COST	7%
HOMELESS-SHELTER VISITS (%)*	0%
HOMELESS-SHELTER VISITS COST*	—

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

TABLE 9.219 TOP 6 PRIMARY DIAGNOSES AND COSTS

DIAGNOSIS	TOTAL COST	% OF ALL VISITS IN HOT SPOT	AVG. COST PER VISIT
V30.00 - SINGLE LIVEBORN, BORN IN HOSPITAL, DELIVERED WITHOUT MENTION OF CESAREAN SECTION	$236,666	31%	$3,034
V30.01 - SINGLE LIVEBORN, BORN IN HOSPITAL, DELIVERED BY CESAREAN SECTION	$218,916	17%	$5,212
645.11 - POST TERM PREGNANCY, DELIVERED, WITH OR WITHOUT MENTION OF ANTEPARTUM CONDITION	$358,837	6%	$25,631
645.21 - PREVIOUS CESAREAN DELIVERY, WITH OR WITHOUT MENTION OF ANTEPARTUM CONDITION	$440,269	5%	$33,867
659.71 - ABNORMALITY IN FETAL HEART RATE OR RHYTHM, DELIVERED, WITH OR WITHOUT MENTION OF ANTEPARTUM CONDITION	$316,835	4%	$28,803
Z38.00 - SINGLE LIVEBORN INFANT, DELIVERED VAGINALLY	$59,876	4%	$5,443

WINNIE PALMER HOSPITAL FOR WOMEN & BABIES: UNINSURED INPATIENT HOT SPOT, CONT'D.

TABLE 9.220 TOP 5 SECONDARY DIAGNOSES AND COSTS

DIAGNOSIS	TOTAL COST	% OF ALL VISITS IN HOT SPOT	AVG. COST PER VISIT
V05.03 - NEED FOR PROPHYLACTIC VACCINATION AND INOCULATION AGAINST VIRAL HEPATITIS	$1,396,096	44%	$12,927
V27.0 - OUTCOME OF DELIVERY, SINGLE LIVEBORN	$745,534	30%	$10,075
V29.0 - OBSERVATION FOR SUSPECTED INFECTIOUS CONDITION	$435,913	11%	$15,568
774.6 - UNSPECIFIED FETAL AND NEONATAL JAUNDICE	$345,223	8%	$16,439
648.91 - OTHER CURRENT CONDITIONS CLASSIFIABLE ELSEWHERE OF MOTHER, DELIVERED, WITH OR WITHOUT MENTION OF ANTEPARTUM CONDITION	$147,684	8%	$7,384

TABLE 9.221 TOP 5 HIGHEST COST PRIMARY DIAGNOSES

DIAGNOSIS	TOTAL COST	% OF ALL VISITS IN HOT SPOT	AVG. COST PER VISIT
654.21 - PREVIOUS CESAREAN DELIVERY, DELIVERED, WITH OR WITHOUT MENTION OF ANTEPARTUM CONDITION	$440,269	5%	$33,867
645.11 - POST TERM PREGNANCY, DELIVERED, WITH OR WITHOUT MENTION OF ANTEPARTUM CONDITION	$358,837	6%	$25,631
659.71 - ABNORMALITY IN FETAL HEART RATE OR RHYTHM, DELIVERED, WITH OR WITHOUT MENTION OF CESAREAN SECTION	$316,835	4%	$28,803
V30.00 - SINGLE LIVEBORN, BORN IN HOSPITAL, DELIVERED WITH OR WITHOUT MENTION OF CESAREAN SECTION	$236,666	31%	$3,034
V30.01 - SINGLE LIVEBORN, BORN IN HOSPITAL, DELIVERED BY CESAREAN SECTION	$218,916	17%	$5,212

TABLE 9.222 HOSPITAL VISITORS BY RACE/ETHNICITY

RACE/ETHNICITY	PERCENT
BLACK/AFRICAN AMERICAN	36%
OTHER	33%
WHITE	24%
ASIAN	5%
UNKNOWN	1%
EAST INDIAN	1%
HISPANIC	0%

TABLE 9.223 HOSPITAL VISITORS BY AGE

AGE	PERCENT
0-18	56%
19-29	16%
30-39	22%
40-49	6%
50-59	0%
60-69	0%
70-79	0%
80+	0%

WINNIE PALMER HOSPITAL FOR WOMEN & BABIES: UNINSURED INPATIENT HOT SPOT, CONT'D.

TABLE 9.224 **CENSUS TRACT SUMMARIES**

CENSUS TRACT	% UNEMPLOYED	MED. HH INCOME	% BELOW POVERTY
12-095-017001	13.5%	$37.040	23.8%
12-095-014704	9.4%	$46,290	15.7%
12-095-014605	24.0%	$30.080	27.9%
12-095-014606	11.8%	$37,050	19.8%
12-095-014703	6.6%	$42,430	12.4%
12-095-014812	11.8%	$51,090	10.6%
12-095-014607	4.1%	$32,170	15.5%
12-095-016903	9.6%	$33,110	27.5%
12-095-014504	3.4%	$49,960	10.7%
12-095-014608	20.9%	$30,940	26.5%
12-095-014609	12.21%	$40,290	18.8%
AVERAGE	11.6%	$39,132	19.0%

WINNIE PALMER HOSPITAL FOR WOMEN & BABIES: UNINSURED ER/OUTPATIENT HOT SPOT

Patient Density

High

Low
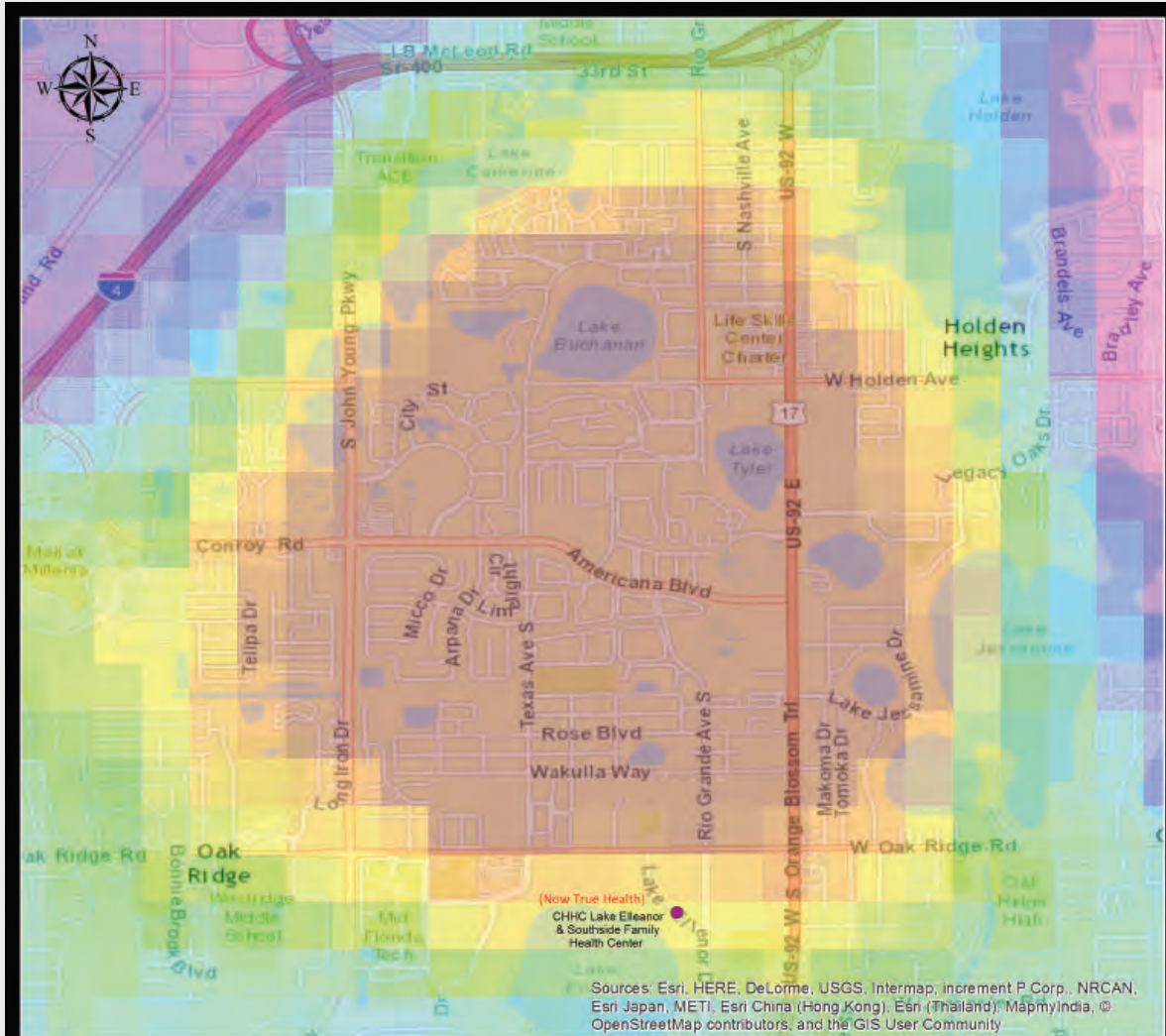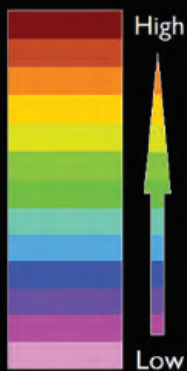
Regionally, there are a number of high density uninsured patient areas for this hospital. While the primary hot spot is located in south central Orange County in the Oak Ridge community, hot spots also exist in Metro West and Orlo Vista, Pine Hills, Union Park and Azalea Park. Consistent with other hot spots, Colonial Drive and South Orange Blossom Trail seem to stretch the hot spots to the east-and-west and -north-and-south, respectively. A large Hispanic population is present in the primary hot spot area.
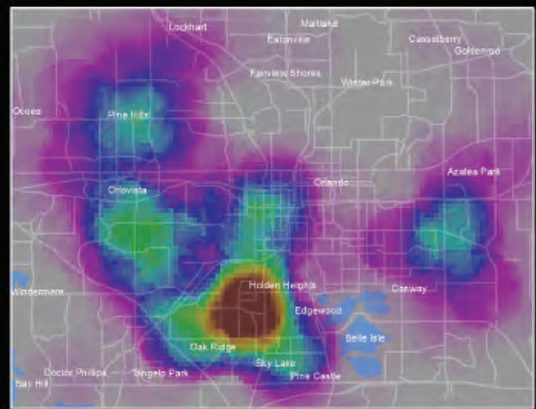
WINNIE PALMER HOSPITAL FOR WOMEN & BABIES: UNINSURED ER/OUTPATIENT HOT SPOT, CONT'D.

In this outpatient specific hot spot analysis for Winnie Palmer Hospital for Women & Babies, there is an average unemployment rate of nearly 10 percent with nearly 27 percent of the population living in poverty. The average annual median household income is just over $32,000. This hot spot had 692 uninsured ER outpatient visits at a cost of $1.2 million. These visits accounted for nine percent of the total uninsured ER outpatient visits between 2012-2015. Within this hot spot, other current conditions classifiable elsewhere of mother, antepartum condition or complication (16 percent) was the top primary diagnosis code and also made up the most costly visits. The top secondary code was abdominal pain at nine percent of the hot spot visits. The majority of the visits were made by Black/African American patients at 55 percent and 51 percent were by patients aged 30-39. To protect privacy, any analysis less than two percent has been removed.

TABLE 9.225 COMPARISON: HOT SPOT VISITS TO ALL VISITS

CRITERIA	HOT SPOT
TOTAL UNINSURED VISITS	692
TOTAL UNINSURED COST	$1,215,340
PERCENT TO ALL ER OUTPATIENT UNINSURED VISITS	9%
PERCENT TO ALL ER OUTPATIENT UNINSURED COST	9%
HOMELESS SHELTER VISITS (%)*	0%
HOMELESS SHELTER VISITS COST*	—

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

TABLE 9.226 TOP 6 PRIMARY DIAGNOSES AND COSTS

DIAGNOSIS	TOTAL COST	% OF ALL VISITS IN HOT SPOT	AVG. COST PER VISIT
648.93 - OTHER CURRENT CONDITIONS CLASSIFIABLE ELSEWHERE OF MOTHER, ANTEPARTUM CONDITION OR COMPLICATION	$203,000	16%	$1,845
640.03- THREATENED ABORTION, ANTEPARTUM CONDITION OR COMPLICATION	$143,476	11%	$1,839
646.83 - OTHER SPECIFIED COMPLICATIONS OF PREGNANCY, ANTEPARTUM CONDITION OR COMPLICATION	$82,042	5%	$2,413
646.63 - INFECTIONS OF GENITOURINARY TRACT IN PREGNANCY, ANTEPARTUM CONDITION OR COMPLICATION	$61,856	4%	$2,291
626.8 - OTHER DISORDERS OF MENSTRUATION AND OTHER ABNORMAL BLEEDING FROM FEMALE GENITAL TRACT	$31,484	2%	$1,968
647.83 - OTHER SPECIFIED INFECTIOUS AND PARASITIC DISEASES OF MOTHER, ANTEPARTUM CONDITION OR COMPLICATION	$30,907	2%	$1,932

WINNIE PALMER HOSPITAL FOR WOMEN & BABIES: UNINSURED ER/OUTPATIENT HOT SPOT, CONT'D.

TABLE 9.227 TOP 5 SECONDARY DIAGNOSES AND COSTS

DIAGNOSIS	TOTAL COST	% OF ALL VISITS IN HOT SPOT	AVG. COST PER VISIT
789.09 - ABDOMINAL PAIN, OTHER UNSPECIFIED SITE	$139,349	9%	$2,212
648.93 - OTHER CURRENT CONDITIONS CLASSIFIABLE ELSEWHERE OF MOTHER, ANTEPARTUM CONDITION OR COMPLICATION	$321,808	9%	$5,454
654.23 - PREVIOUS CESAREAN DELIVERY, ANTEPARTUM CONDITION OR COMPLICATION	$113,089	8%	$2,134
625.9 - UNSPECIFIED SYMPTOM ASSOCIATED WITH FEMALE GENITAL ORGANS	$111,611	7%	$2,480
493.9 - ASTHMA UNSPECIFIED	$66,007	5%	$1,834

TABLE 9.228 TOP 5 HIGHEST COST PRIMARY DIAGNOSES

DIAGNOSIS	TOTAL COST	% OF ALL VISITS IN HOT SPOT	AVG. COST PER VISIT
648.93 - OTHER CURRENT CONDITIONS CLASSIFIABLE ELSEWHERE OF MOTHER, ANTEPARTUM CONDITION OR COMPLICATION	$203,000	16%	$1,845
640.03 - THREATENED ABORTION, ANTEPARTUM CONDITION OR COMPLICATION	$143,476	11%	$1,839
646.83 - OTHER SPECIFIED COMPLICATIONS OF PREGNANCY, ANTEPARTUM CONDITION OR COMPLICATION	$82,042	5%	$2,413
646.63 - INFECTIONS OF GENITOURINARY TRACT IN PREGNANCY, ANTEPARTUM CONDITION OR COMPLICATION	$61,856	4%	$2,291
626.8 - OTHER DISORDERS OF MENSTRUATION AND OTHER ABNORMAL BLEEDING FROM FEMALE GENITAL TRACT	$31,484	2%	$1,968

TABLE 9.229 HOSPITAL VISITORS BY RACE/ETHNICITY

RACE/ETHNICITY	PERCENT
BLACK/AFRICAN AMERICAN	55%
OTHER	37%
WHITE	7%
HISPANIC	0%
NATIVE HAWAIIAN/OTHER PACIFIC	0%
UNKNOWN	0%
ASIAN	0%

TABLE 9.230 HOSPITAL VISITORS BY AGE

AGE	PERCENT
0-18	1%
19-29	34%
30-39	51%
40-49	12%
50-59	2%
60-69	0%
70-79	0%
80+	0%

WINNIE PALMER HOSPITAL FOR WOMEN & BABIES: UNINSURED ER/OUTPATIENT HOT SPOT, CONT'D.

TABLE 9.231 **CENSUS TRACT SUMMARIES**

CENSUS TRACT	% UNEMPLOYED	MED. HH INCOME	% BELOW POVERTY
12-095-014301	6.7%	$43,830	16.3%
12-095-016904	8.7%	$35,420	17.3%
12-095-016903	9.6%	$33,110	27.5%
12-095-014502	12.1%	$24,090	40.1%
12-095-014503	16.0%	$27,250	27.5%
12-095-016907	9.2%	$21,150	37.7%
12-095-014504	3.4%	$49,960	10.7%
12-095-016906	13.1%	$27,310	34.7%
AVERAGE	9.9%	$32,765	26.5%

SOUTH LAKE HOSPITAL, IN AFFILIATION WITH ORLANDO HEALTH: UNINSURED INPATIENT HOT SPOT
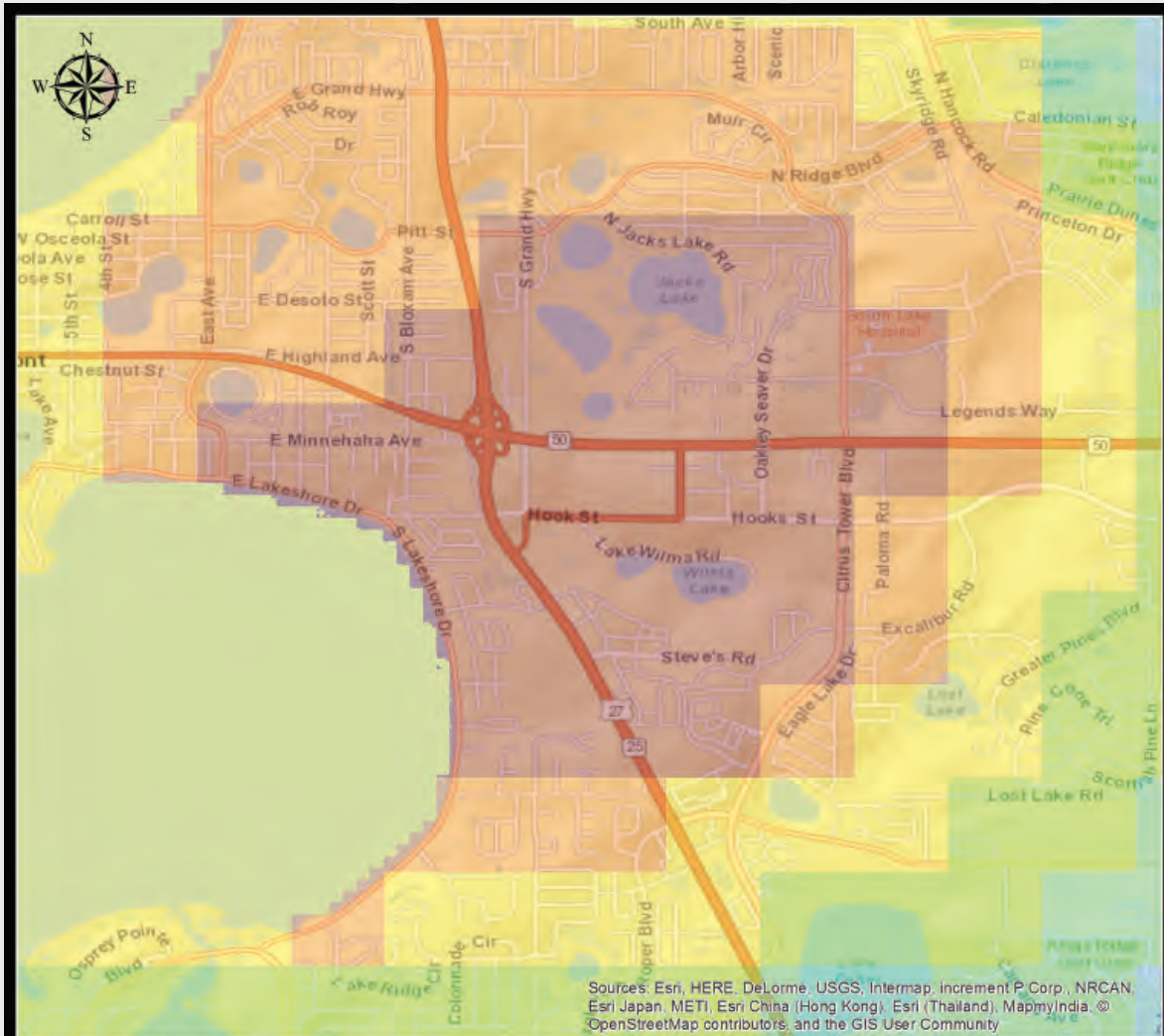
Patient Density

High

Low
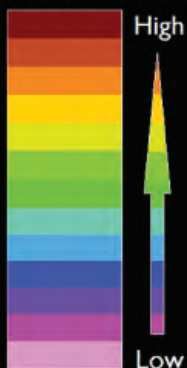
The South Lake hot spot is located immediately adjacent to the hospital and extends east and west along the State Road 50 corridor. Median household incomes range between $40,000 to $60,000 and unemployment rates near 10% in this location. Poverty rates reach 20% in one of the two census tracts that are partially included in the hot spot. There are no homeless shelters in this area, however this hot spot is not as poverty-stricken as others.
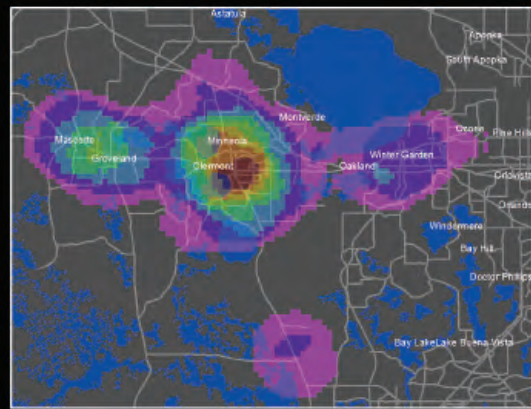
SOUTH LAKE HOSPITAL, IN AFFILIATION WITH ORLANDO HEALTH: UNINSURED INPATIENT HOT SPOT, CONT'D.

In this inpatient specific hot spot analysis for South Lake Hospital, in affiliation with Orlando Health, there is an unemployment rate of 10 percent with 16 percent of the population living in poverty. The average annual median household income is just over $50,000. The 213 uninsured visits cost more than $6.3 million and accounted for 12 percent of all uninsured inpatient visits between 2012-2015. The majority of visits from the hot spot were associated with White patients, followed by Other patients at 24 percent. Patients aged 40-59 accounted for approximately 45 percent of visits. Single live births was the most frequent primary diagnosis code in inpatient visits within this hot spot. Approximately 23 percent of visits were diagnosed with tobacco use disorder outside the primary diagnoses. Visits with a primary diagnosis of acute pancreatitis resulted in the highest costs to the hospital at nearly $400,000 and accounted for six percent of the visits between 2012-2015. To protect privacy, any analysis less than two percent has been removed.

TABLE 9.183 COMPARISON: HOT SPOT VISITS TO ALL VISITS

CRITERIA	HOT SPOT
TOTAL UNINSURED VISITS	213
TOTAL UNINSURED COST	$6,390,903
PERCENT TO ALL INPATIENT UNINSURED VISITS	12%
PERCENT TO ALL INPATIENT UNINSURED COST	10%
HOMELESS-SHELTER VISITS (%)*	0%
HOMELESS-SHELTER VISITS COST*	—

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

TABLE 9.184 TOP 5 PRIMARY DIAGNOSES AND COSTS

DIAGNOSIS	TOTAL COST	% OF ALL VISITS IN HOT SPOT	AVG. COST PER VISIT
V30.00 - SINGLE LIVEBORN, BORN IN HOSPITAL, DELIVERED W/O CESAREAN SECTION	$62,239	10%	$2,829
577 - ACUTE PANCREATITIS	$388,178	6%	$29,860
38.9 - SEPTICEMIA NOS	$202,443	3%	$33,741
427.31 - ATRIAL FIBRILLATION	$154,304	3%	$25,717
574 - CHOLELITH WITH AC CHOLECYST	$279,125	2%	$55,825
V30.01 - SINGLE LIFE NEWBORN, BORN IN HOSPITAL, DELIVERED W/O CESAREAN SECTION	$26,218	2%	$5,244
786.5 - CHEST PAIN	$160,426	2%	$32,085

**In some instances, multiple diagnoses had the same percent of hot spot visits that fell into the top five; in these instances, all diagnoses were included in the Top 5 table.

SOUTH LAKE HOSPITAL, IN AFFILIATION WITH ORLANDO HEALTH: UNINSURED INPATIENT HOT SPOT, CONT'D.

TABLE 9.185 TOP 5 SECONDARY DIAGNOSES AND COSTS

DIAGNOSIS	TOTAL COST	% OF ALL VISITS IN HOT SPOT	AVG. COST PER VISIT
305.1 - TOBACCO USE DISORDER	$1,884,493	23%	$38,459
401.9 - ESSENTIAL (PRIMARY) HYPERTENSION	$1,815,324	22%	$38,624
V58.69 - LONG-TERM USE MEDS NEC	$1,041,887	14%	$35,927
272.4 - HYPERLIPIDEMIA NEC/NOS	$1,039,627	13%	$37,130
250 - DMII W/O CMP NT ST UNCNTR	$952,987	10%	$45,380

TABLE 9.186 TOP 5 HIGHEST COST PRIMARY DIAGNOSES

DIAGNOSIS	TOTAL COST	% OF ALL VISITS IN HOT SPOT	AVG. COST PER VISIT
577 - ACUTE PANCREATITIS	$388,178	6%	$28,860
574 - CHOLELITH W AC CHOLECYST	$279,125	2%	$55,825
38.9 - SEPTICEMIA NOS	$202,443	3%	$33,741
410.71 - SUBENDOCARDIAL INFARCTION, INITIAL EPISODE OF CARE	$185,617	N/A	N/A
592.1 - CALCULUS OF URETER	$181,358	N/A	N/A

TABLE 9.187 HOSPITAL VISITORS BY RACE/ETHNICITY

RACE/ETHNICITY	PERCENT
WHITE	52%
OTHER	24%
BLACK/AFRICAN AMERICAN	15%
EAST INDIAN	7%
ASIAN	1%

TABLE 9.188 HOSPITAL VISITORS BY AGE

AGE	PERCENT
0-18	14%
19-29	16%
30-39	14%
40-49	23%
50-59	22%
60-69	9%
70-79	0%
80+	1%

SOUTH LAKE HOSPITAL, IN AFFILIATION WITH ORLANDO HEALTH: UNINSURED INPATIENT HOT SPOT, CONT'D.

TABLE 9.189 CENSUS TRACT SUMMARIES

CENSUS TRACT	% UNEMPLOYED	MED. HH INCOME	% BELOW POVERTY
12-069-031305	8.9%	$41,450	21.4%
12-069-031307	9.2%	$59,190	10.2%
AVERAGE	9.6%	$50,320	15.8%

SOUTH LAKE HOSPITAL, IN AFFILIATION WITH ORLANDO HEALTH: UNINSURED ER/OUTPATIENT HOT SPOT

Patient Density

High

Low
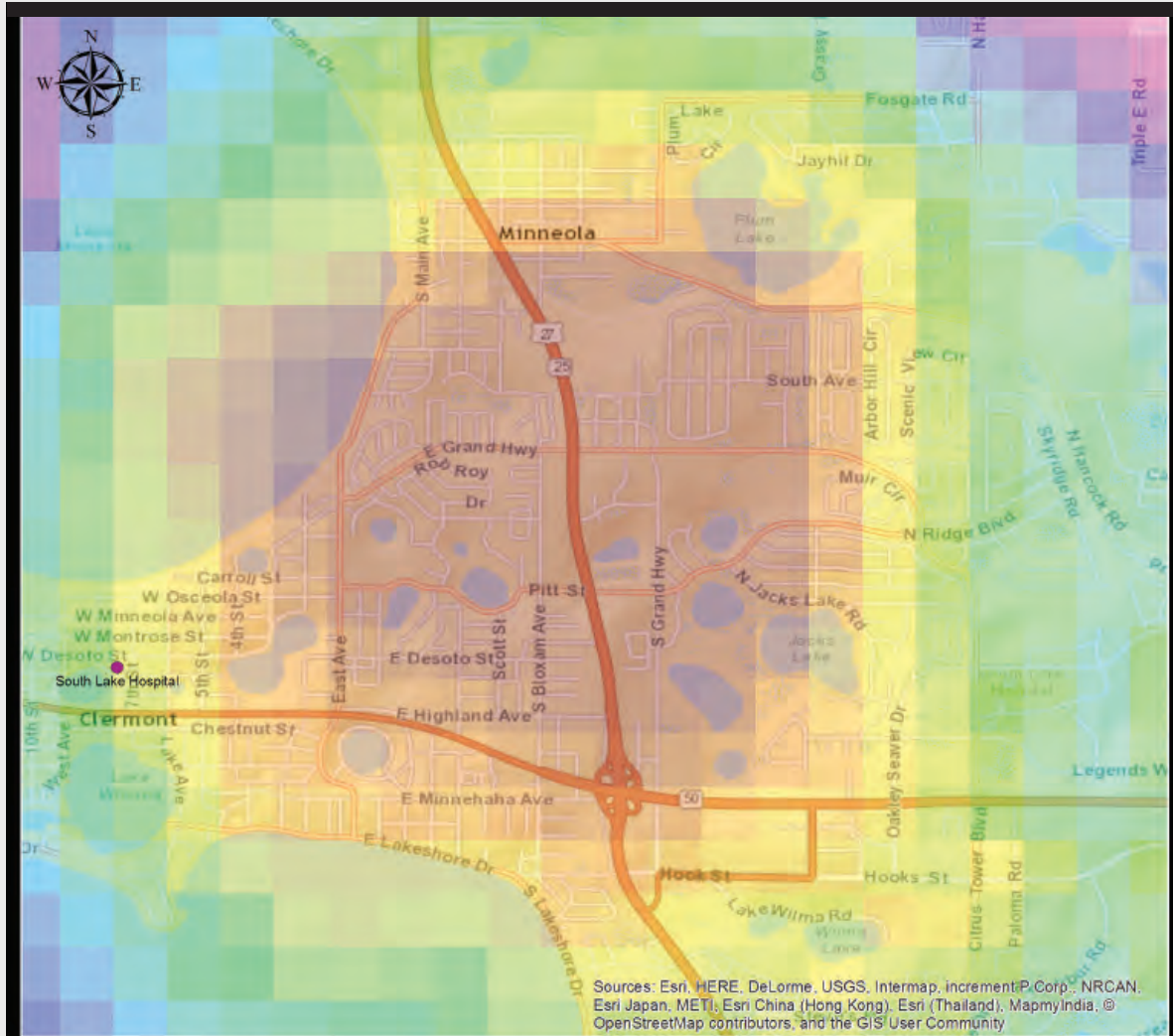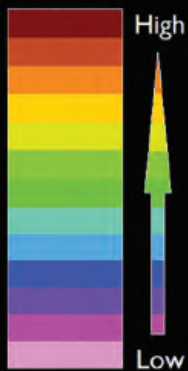
This hot spot is located to the east of the hospital between Minneola and Clermont. Regionally, patient density extends to the east and west along Colonial Drive, as far east as Winter Garden and as far west as Mascotte and Groveland. Compared to other uninsured patient hot spots, this hot spot is higher in median household income (near $40,000 to $60,000), and has lower rates of unemployment (6.0% to 9.9%) and poverty (8.9% to 21.4%). Montverde is also medium-to-high in patient density.
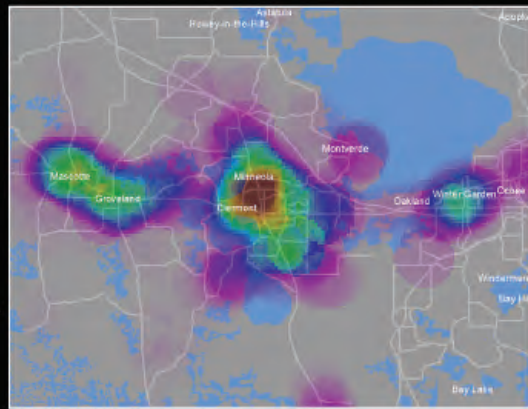
SOUTH LAKE HOSPITAL, IN AFFILIATION WITH ORLANDO HEALTH: UNINSURED ER/OUTPATIENT HOT SPOT, CONT'D.

In this outpatient specific hot spot analysis for South Lake Hospital, in affiliation with Orlando Health, nearly 14 percent of the population lives in poverty despite an average annual median household income of more than $50,000. The unemployment rate for the area is approximately eight percent. The 1,544 uninsured visits cost more than $3.1 million and accounted for five percent of all uninsured outpatient visits between 2012-2015. Most visits from the hot spot were associated with White patients at 44 percent, followed by Other patients at 28 percent. Patients aged 19-29 accounted for approximately 31 percent of visits. Acute upper respiratory infection was the most frequent primary diagnosis code in outpatient visits within this hot spot. Approximately seven percent of visits were diagnosed with hypertension outside the primary diagnoses. Visits with a primary diagnosis of headache resulted in highest costs to the hospital at nearly $150,000 and accounted for three percent of the visits between 2012-2015. To protect privacy, any analysis less than two percent has been removed.

TABLE 9.190 COMPARISON: HOT SPOT VISITS TO ALL VISITS

CRITERIA	HOT SPOT
TOTAL UNINSURED VISITS	1,544
TOTAL UNINSURED COST	$3,112,961
PERCENT TO ALL ER OUTPATIENT UNINSURED VISITS	5%
PERCENT TO ALL ER OUTPATIENT UNINSURED COST	4%
HOMELESS SHELTER VISITS (%)*	0%
HOMELESS SHELTER VISITS COST*	—

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

TABLE 9.191 TOP 5 PRIMARY DIAGNOSES AND COSTS

DIAGNOSIS	TOTAL COST	% OF ALL VISITS IN HOT SPOT	AVG. COST PER VISIT
465.9 - ACUTE UPPER RESPIRATORY INFECTIONS OF UNSPECIFIED SITE	$41,908	3%	$873
784 - HEADACHE	$146,833	3%	$3,263
729.5 - PAIN IN LIMB	$71,097	3%	$1,734
525.9 - DENTAL DISORDER NOS	$19,293	3%	$482
462 - ACUTE PHARYNGITIS	$23,898	2%	$664

SOUTH LAKE HOSPITAL, IN AFFILIATION WITH ORLANDO HEALTH: UNINSURED ER/OUTPATIENT HOT SPOT, CONT'D.

TABLE 9.192 TOP 5 SECONDARY DIAGNOSES AND COSTS

DIAGNOSIS	TOTAL COST	% OF ALL VISITS IN HOT SPOT	AVG. COST PER VISIT
401.9 - UNSPECIFIED ESSENTIAL HYPERTENSION	$241,627	7%	$2,369
305.1 - TOBACCO USE DISORDER	$145,233	4%	$2,269
250 - DIABETES MELLITUS	$160,750	3%	$3,152
787.02 - NAUSEA ALONE	$192,095	3%	$4,269
786.2 - COUGH	$76,376	3%	$1,776

TABLE 9.193 TOP 5 HIGHEST COST PRIMARY DIAGNOSES

DIAGNOSIS	TOTAL COST	% OF ALL VISITS IN HOT SPOT	AVG. COST PER VISIT
784 - HEADACHE	$146,833	3%	$3,263
786.5 - CHEST PAIN	$115,232	2%	$4,268
789.09 - ABDOMINAL PAIN, OTHER SPECIFIED SITE	$96,156	2%	$3,846
789 - ABDOMINAL PAIN, UNSPECIFIED SITE	$91,056	2%	$3,140
599 - URINARY TRACT INFECTION, SITE NOT SPECIFIED	$86,621	2%	$2,887

TABLE 9.194 HOSPITAL VISITORS BY RACE/ETHNICITY

RACE/ETHNICITY	PERCENT
WHITE	44%
OTHER	28%
BLACK/AFRICAN AMERICAN	25%
EAST INDIAN	2%
HISPANIC	1%
ASIAN	0%
NATIVE HAWAIIAN/PACIFIC	0%

TABLE 9.195 HOSPITAL VISITORS BY AGE

AGE	PERCENT
0-18	12%
19-29	31%
30-39	24%
40-49	16%
50-59	13%
60-69	4%
70-79	0%
80+	0%

SOUTH LAKE HOSPITAL, IN AFFILIATION WITH ORLANDO HEALTH: UNINSURED ER/OUTPATIENT HOT SPOT, CONT'D.

TABLE 9.196 CENSUS TRACT SUMMARIES

CENSUS TRACT	% UNEMPLOYED	MED. HH INCOME	% BELOW POVERTY
12-069-031305	9.9%	$41,450	21.4%
12-069-031307	9.2%	$59,190	10.2%
12-069-031309	6.0%	$52,180	8.9%
AVERAGE	8.4%	$50,940	13.5%

ASPIRE HEALTH PARTNERS ORLANDO - UNINSURED PATIENT HOT SPOT

Patient Density

High

Low
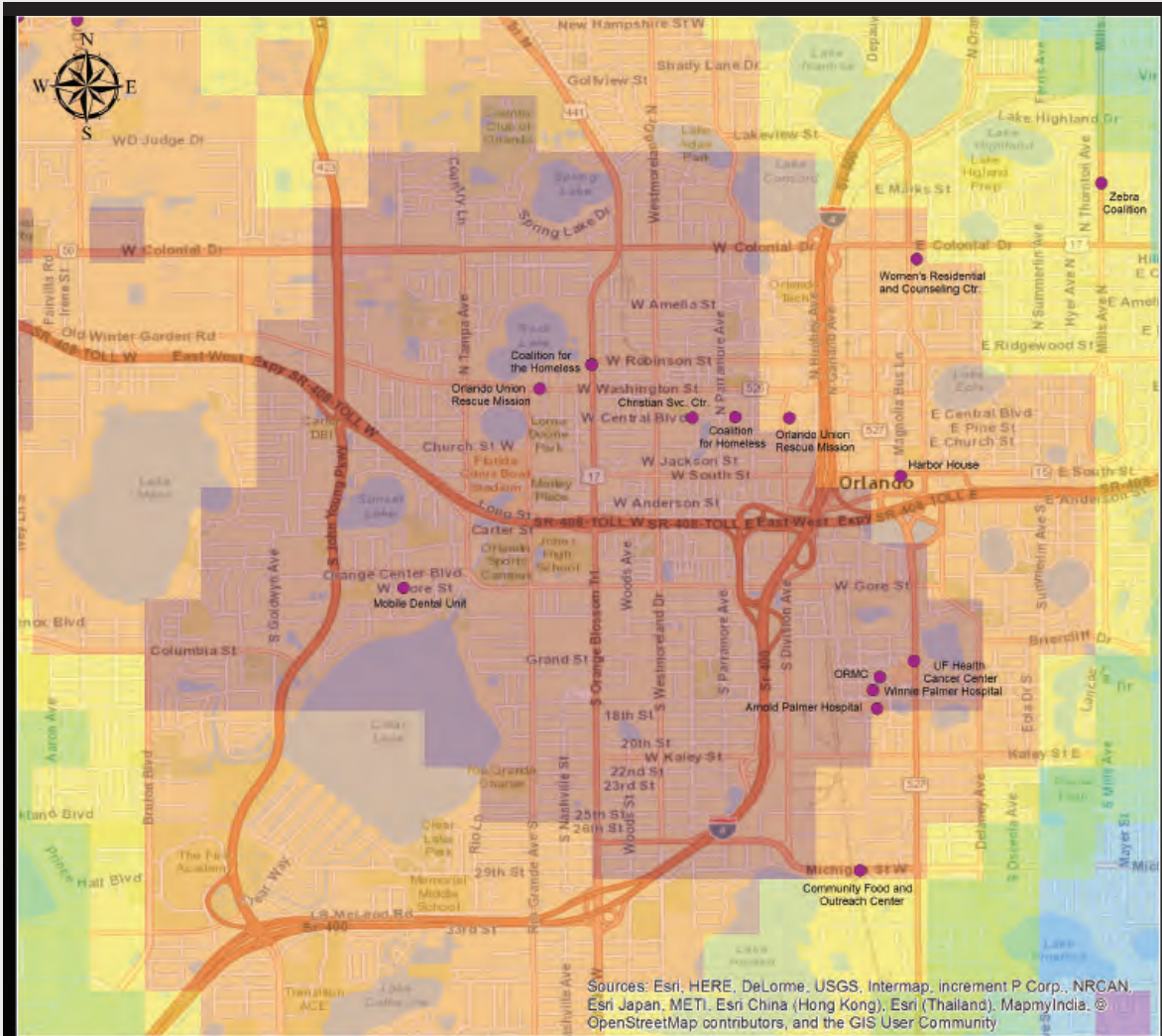
This hot spot is located to the west of downtown Orlando within some of the poorest neighborhoods in the region. A number of hospitals, homeless centers and other health care facilities are located in close proximity to this hot spot, including two Orlando Union Rescue Mission centers, the Arnold and Winnie Palmer Hospitals, and the Women's Residential and Counseling Center. With the exception of the census block group to the east of the hot spot, poverty is extremely high and consistently reaches levels up to 50%. Household income follows this trend and varies in the $20,000 to $30,000 range.
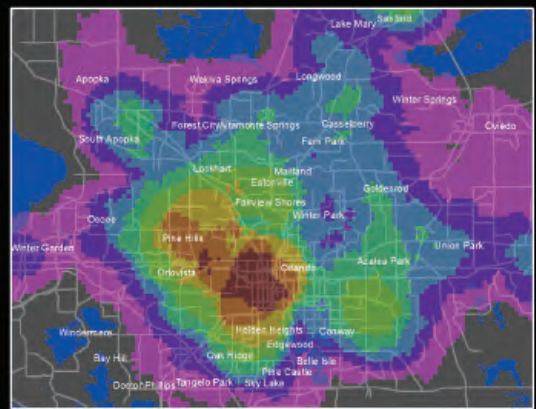
ASPIRE HEALTH PARTNERS ORLANDO - UNINSURED PATIENT HOT SPOT, CONT'D.

Approximately 15 percent of admitting codes for the hot spot area are for major depressive affective disorder, recurrent episode, severe specified as with psychotic behavior. This was also the most costly diagnosis for Aspire Health Partners to treat in this area between 2012-2015 at a cost of more than $860,000. Approximately 30 percent of visits within the hot spot were administered the hepatitis B vaccine. More than 50 percent of visits were by Black/African American patients and more than 20 percent were identified as either homeless or provided a shelter address. The census tracts associated with this hot spot have unemployment and poverty percentages above 17 percent and 23 percent respectively.

TABLE 9.232 COMPARISON: HOT SPOT VISITS TO ALL VISITS

CRITERIA	HOT SPOT
TOTAL UNINSURED VISITS	1,231
TOTAL UNINSURED COST	$5,159,400
HOMELESS SHELTER VISITS (%)*	21%
HOMELESS SHELTER VISITS COST*	$2,665,200

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

TABLE 9.233 TOP 5 PRIMARY DIAGNOSES AND COSTS

DIAGNOSIS	TOTAL COST	% OF ALL VISITS IN HOT SPOT	AVG. COST PER VISIT
296.34 - MAJOR DEPRESSIVE AFFECTIVE DISORDER, RECURRENT EPISODE, SEVERE, SPECIFIED AS WITH PSYCHOTIC BEHAVIOR	$867,000	14.5%	$4,516
295.7 - SCHIZOAFFECTIVE DISORDER	$512,400	11.2%	$3,462
311 - DEPRESSIVE DISORDER, NOT ELSEWHERE CLASSIFIED	$430,800	11.0%	$2,951
296.33 - MAJOR DEPRESSIVE AFFECTIVE DISORDER, RECURRENT EPISODE, SEVERE, WITHOUT MENTION OF PSYCHOTIC BEHAVIOR	$398,400	9.1%	$3,320
296.9 - OTHER AND UNSPECIFIED EPISODIC MOOD DISORDER	$159,000	5.5%	$2,178

ASPIRE HEALTH PARTNERS ORLANDO - UNINSURED PATIENT HOT SPOT, CONT'D.

TABLE 9.234 TOP 5 SECONDARY DIAGNOSES AND COSTS

DIAGNOSIS	TOTAL COST	% OF ALL VISITS IN HOT SPOT	AVG. COST PER VISIT
G0010 - ADMINISTRATION OF HEPATITIS B VACCINE	$1,489,200	30%	$4,267
G0060 - INDIVIDUALLY ORDERED LAB TEST	$476,400	13%	$2,870
303.9 - OTHER AND UNSPECIFIED ALCOHOL DEPENDENCE	$931,800	12%	$6,090
305.6 - NONDEPENDENT COCAINE ABUSE	$762,600	11%	$5,188
G0040 - PET MYOCARDIAL PERFUSION IMAGING SINGLE STUDY, REST OR STRESS	$345,600	10%	$2,541

TABLE 9.235 TOP 5 HIGHEST COST PRIMARY DIAGNOSES

DIAGNOSIS	TOTAL COST	% OF ALL VISITS IN HOT SPOT	AVG. COST PER VISIT
296.34 - MAJOR DEPRESSIVE AFFECTIVE DISORDER, RECURRENT EPISODE, SEVERE, SPECIFIED AS WITH PSYCHOTIC BEHAVIOR	$867,000	14.5%	$4,516
295.7 - SCHIZOAFFECTIVE DISORDER	$512,400	11.2%	$3,462
311 - DEPRESSIVE DISORDER, NOT ELSEWHERE CLASSIFIED	$430,800	11.0%	$2,951
298.9 - UNSPECIFIED PSYCHOSIS	$403,800	5%	$5,852
296.33 - MAJOR DEPRESSIVE AFFECTIVE DISORDER, RECURRENT EPISODE, SEVERE, WITHOUT MENTION OF PSYCHOTIC BEHAVIOR	$398,400	9.1%	$3,320
295.9 - UNSPECIFIED SCHIZOPHRENIA	$398,400	2.1%	$14,229

**In some instances, multiple diagnoses had the same percent of hot spot visits that fell into the top five; in these instances, all diagnoses were included in the Top 5 table.

TABLE 9.236 HOSPITAL VISITORS BY RACE/ETHNICITY

RACE/ETHNICITY	PERCENT
BLACK/AFRICAN AMERICAN	51.6%
WHITE	39.9%
MIXED RACE	6.9%
OTHER	1.3%
ASIAN	0.2%

TABLE 9.237 HOSPITAL VISITORS BY AGE

AGE	PERCENT
0-18	1.5%
19-29	8.2%
30-39	25.2%
40-49	23.9%
50-59	35.3%
60-69	5.5%
70-79	0.2%
80+	0.2%

ASPIRE HEALTH PARTNERS ORLANDO - UNINSURED PATIENT HOT SPOT, CONT'D.

TABLE 9.238 CENSUS TRACT SUMMARIES

CENSUS TRACT	% UNEMPLOYED	MED. HH INCOME	% BELOW POVERTY
12-117-020500	18.9%	$20,420	50.7%
12-117-020301	16.2%	$43,810	25.2%
12-117-020202	18.3%	$45,230	15.9%
12-117-021000	7.8%	$63,910	11.9%
12-117-020902	14.7%	$33,990	18.1%
12-117-020901	8.6%	$30,710	30.0%
12-117-020401	22.1%	$40,570	26.8%
12-117-020102	31.0%	$38,010	22.0%
MEDIAN	17.3%	$39,290	23.6%

ASPIRE HEALTH PARTNERS SANFORD - UNINSURED PATIENT HOT SPOT
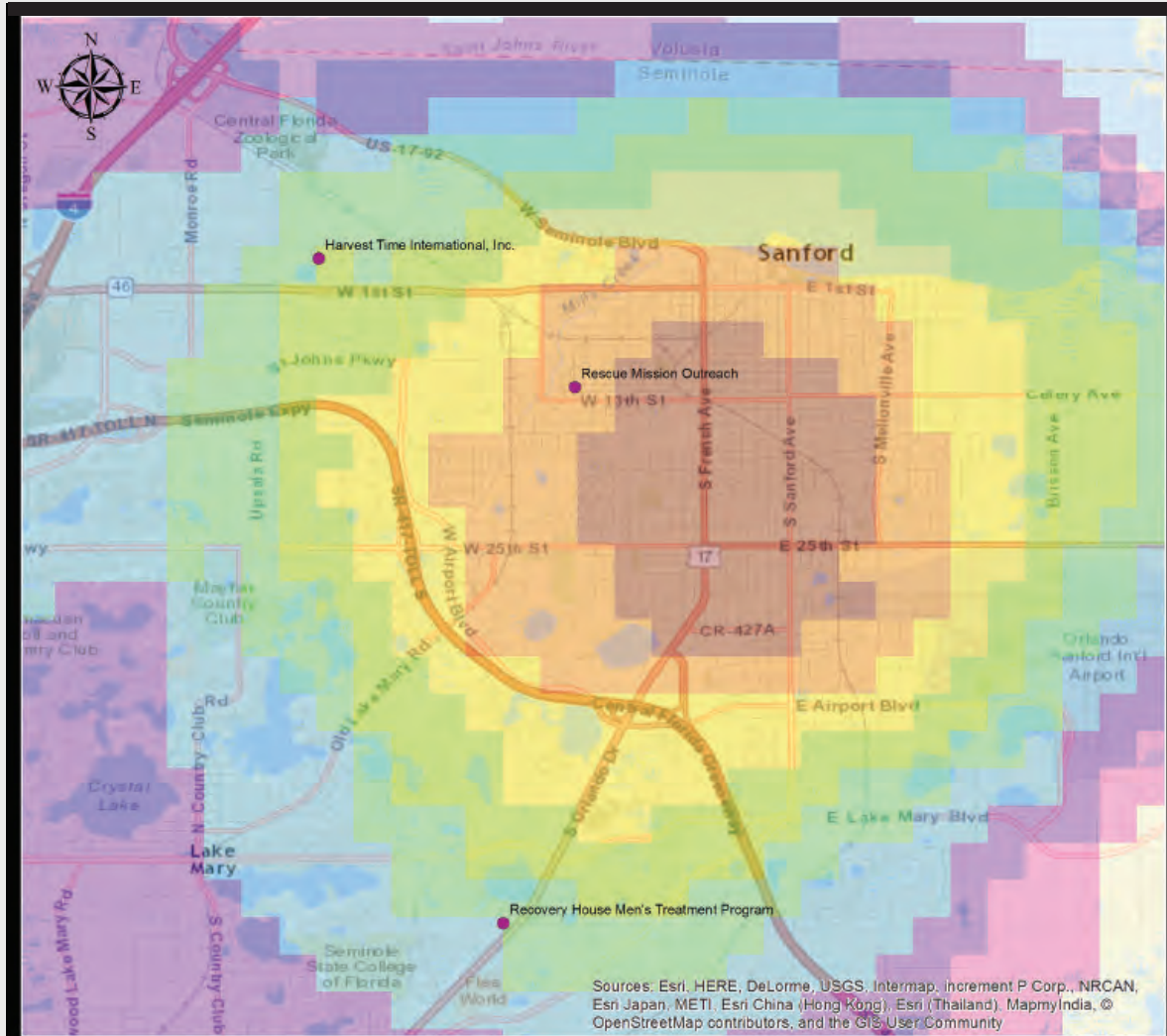
Patient Density

High

Low

This hot spot is located within a low income area within the city of Sanford, Florida. Median household incomes within this area are low compared to state and national averages, ranging from $20,420 to $63,910, although most of the households fall below the $45,000 range. High poverty rates are also present in this area and are generally between 15 to 30%. However, poverty levels reach 50.7% within one of the census tracts represented within this hot spot. The Rescue Mission Outreach Center is located within this hot spot, while the Recovery House Men's Treatment Program is located to the south. This hot spot is a clear regional outlier.
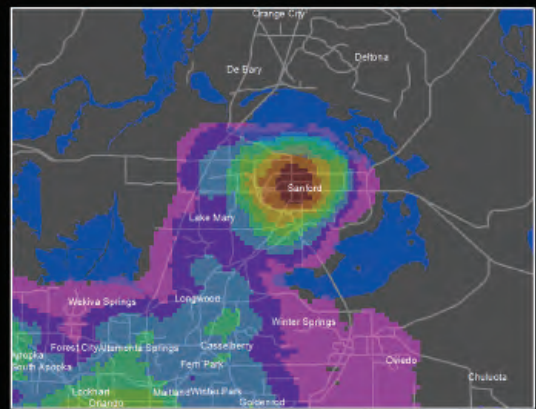
ASPIRE HEALTH PARTNERS SANFORD - UNINSURED PATIENT HOT SPOT, CONT'D.

Approximately 15 percent of admitting codes for the Aspire Health Partners hot spot in the Sanford area are for major depressive affective disorder, recurrent episode, severe specified as with psychotic behavior. This was also the most costly diagnosis for Aspire Health Partners to treat in this area between 2012-2015 at a cost of more than $860,000. Thirty percent of visits within the hot spot were administered the hepatitis B vaccine. More than 50 percent of visits were by African American patients and more than 20 percent were identified as either homeless or provided a shelter address. The census tracts associated with this hot spot have unemployment and poverty percentages above 17 percent and 23 percent, respectively.

TABLE 9.239 COMPARISON: HOT SPOT VISITS TO ALL VISITS

CRITERIA	HOT SPOT
TOTAL UNINSURED VISITS	1,321
TOTAL UNINSURED COST	$10,318,800
HOMELESS SHELTER VISITS (%)*	21%
HOMELESS SHELTER VISITS COST*	$2,665,200

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

TABLE 9.240 TOP 5 PRIMARY DIAGNOSES AND COSTS

DIAGNOSIS	TOTAL COST	% OF ALL VISITS IN HOT SPOT	AVG. COST PER VISIT
296.34 - MAJOR DEPRESSIVE AFFECTIVE DISORDER, RECURRENT EPISODE, SEVERE, SPECIFIED AS WITH PSYCHOTIC BEHAVIOR	$867,000	15%	$4,516
295.7 - SCHIZOAFFECTIVE DISORDER	$512,400	11%	$3,462
311 - DEPRESSIVE DISORDER, NOT ELSEWHERE CLASSIFIED	$430,800	11%	$2,951
296.33 - MAJOR DEPRESSIVE AFFECTIVE DISORDER, RECURRENT EPISODE, SEVERE, WITHOUT MENTION OF PSYCHOTIC BEHAVIOR	$398,400	9%	$3,320
296.9 - OTHER AND UNSPECIFIED EPISODIC MOOD DISORDER	$159,000	6%	$2,178

ASPIRE HEALTH PARTNERS SANFORD - UNINSURED PATIENT HOT SPOT, CONT'D.

TABLE 9.241 TOP 5 SECONDARY DIAGNOSES AND COSTS

DIAGNOSIS	TOTAL COST	% OF ALL VISITS IN HOT SPOT	AVG. COST PER VISIT
G0010 - ADMINISTRATION OF HEPATITIS B VACCINE	$1,489,200	30%	$4,267
G0060 - INDIVIDUALLY ORDERED LAB TEST	$476,400	13%	$2,870
303.9 - OTHER AND UNSPECIFIED ALCOHOL DEPENDENCE	$931,800	12%	$6,090
305.6 - NONDEPENDENT COCAINE ABUSE	$762,600	11%	$5,188
G0040 - PET MYOCARDIAL PERFUSION IMAGING SINGLE STUDY, REST OR STRESS	$345,600	10%	$2,541

Costs determined by total cost of visit associated with diagnosis code.

TABLE 9.242 TOP 5 HIGHEST COST PRIMARY DIAGNOSES

DIAGNOSIS	TOTAL COST	% OF ALL VISITS IN HOT SPOT	AVG. COST PER VISIT
296.34 - MAJOR DEPRESSIVE AFFECTIVE DISORDER, RECURRENT EPISODE, SEVERE, SPECIFIED AS WITH PSYCHOTIC BEHAVIOR	$867,000	15%	$4,516
295.7 - SCHIZOAFFECTIVE DISORDER	$512,400	11%	$3,462
311 - DEPRESSIVE DISORDER, NOT ELSEWHERE CLASSIFIED	$430,800	11%	$2,951
298.9 - UNSPECIFIED PSYCHOSIS	$403,800	5%	$5,852
296.33 - MAJOR DEPRESSIVE AFFECTIVE DISORDER, RECURRENT EPISODE, SEVERE, WITHOUT MENTION OF PSYCHOTIC BEHAVIOR	$398,400	9%	$3,320
295.9 - UNSPECIFIED SCHIZOPHRENIA	$398,400	2%	$14,229

**In some instances, multiple diagnoses had the same percent of hot spot visits that fell into the top five; in these instances, all diagnoses were included in the Top 5 table.

TABLE 9.243 HOSPITAL VISITORS BY RACE/ETHNICITY

RACE/ETHNICITY	PERCENT
BLACK/AFRICAN AMERICAN	51.6%
WHITE	39.9%
MIXED RACE	6.9%
OTHER	1.3%
ASIAN	0.2%
UNKNOWN	0.0%

TABLE 9.244 HOSPITAL VISITORS BY AGE

AGE	PERCENT
0-18	1.5%
19-29	8.2%
30-39	25.2%
40-49	23.9%
50-59	35.3%
60-69	5.5%
70-79	0.2%
80+	0.2%

ASPIRE HEALTH PARTNERS SANFORD - UNINSURED PATIENT HOT SPOT, CONT'D.

TABLE 9.245 **CENSUS TRACT SUMMARIES**

CENSUS TRACT	% UNEMPLOYED	MED. HH INCOME	% BELOW POVERTY
12-117-020500	18.9%	$20,420	50.7%
12-117-020301	16.2%	$43,810	25.2%
12-117-021202	18.3%	$45,230	15.9%
12-117-021000	7.8%	$63,910	11.9%
12-117-020902	14.7%	$33,990	18.1%
12-117-020901	8.6%	$30,710	30.0%
12-117-020401	22.1%	$40,570	26.8%
12-117-020102	31.0%	$38,010	22.0%
AVERAGE	17.3%	$39,290	23.6%

CHAPTER 10: NEEDS ASSESSMENT SUMMARY BY REGION

REGIONAL HEALTH NEEDS ASSESSMENT SUMMARY

In general, the health and overall well-being of residents in the region varies by county. Residents of Seminole County appear to have the best overall outcomes, with the most encouraging County Health Rankings, positive student indicators including graduation rates and low violence, and improvements in communicable diseases and vaccinations, among other indicators. Seminole County also has the highest median household income. Orange County presents an interesting mix of encouraging indicators and room for improvement. Lake and Osceola Counties are lagging on a number of indicators and have the fewest resources in the region.

The following areas of concern have emerged for the region as a whole. More county-specific assessment themes can be found in the following chapter.

Affordability of care is a common theme across counties and nearly all data collection methods. This includes the affordability of doctor visits, prescriptions, hospital visits and insurance. Many residents have skipped doctor visits due to cost. The cost of care may also contribute to the **decreasing levels of preventative care** or early intervention of health issues. When preventative care and early action are not feasible or accessible, people wait to seek medical care until they are in an emergency situation. This is one contributing factor for the **overuse of emergency rooms (ERs)**. Another factor is the **limited access to mental health services**. Providers and stakeholders agree that too many residents are utilizing the ER to address under-treated and untreated mental illness. Finally, there is continued evidence that the uninsured over-utilize the ER. If insurance is unaffordable, people go uninsured, leaving the burden of care heavily on the shoulders of hospitals.

The need for mental health services is another theme that was consistent across the region and with nearly all data collection sources. There is some evidence based on the CFCHS Behavioral Health Needs Assessment and secondary demographic data that a racial disparity exists between those who need mental health services and those who actually receive them. **Substance abuse** is also a concern separate from the general umbrella of mental health. Providers and some residents are concerned about heroin in the community, a concern that is gaining prominence on the national stage. Both mental health and substance abuse are closely tied to **homelessness** which is major concern across the region. The relationship between these variables is unclear, but likely bi-directional; that is, mental health and substance abuse issues make it difficult to secure stable housing and homelessness exacerbates substance abuse and mental health issues. Untreated mental illness and substance abuse make it difficult to maintain gainful employment and stable housing. Additionally, the stresses of homelessness can exacerbate mental health symptoms and substance abuse. Another major contributor to the issue of homelessness is a **lack of affordable housing**. There are high levels of cost burden among renters and primary data sources lament the cost of housing.

Poverty is a powerful latent variable across the region. It is no accident that the county with the highest median income (Seminole County) has residents with the best outcomes. Poverty increases stress and limits options for care. Residents and community stakeholders alike have concerns about **access to quality and nutritious foods**. There are numerous food deserts in the region, and many of them overlap with census tracts where a high proportion of residents live who receive public food assistance. In these areas, there either isn't a supermarket or they are too far away. In the absence of nearby supermarkets and other fresh food providers, residents turn to fast food and convenience stores. These establishments often offer calorie-dense, low-nutrient foods. A diet primarily composed of these foods contributes to the three chronic diseases most often mentioned in all data collection sources: **obesity, diabetes and heart disease**. When paired with limited recreation/fitness and park opportunities, as well as built environment issues such as **walkability and bike-friendly infrastructure**, residents are more likely to have a poor diet and a sedentary lifestyle. These chronic diseases appear to consistently and disproportionately affect minority populations. Specifically, diabetes is clearly an issue in the Black community.

Finally, there are serious concerns about **infant mortality among Black residents**. While the region and state are near the Healthy People 2020 target, Black residents have significantly higher infant mortality rates.

The county assessment summaries that follow include basic demographic information for each county, as well as high-level overviews of the four assessment components of the MAPP model: community health status, community themes and strengths, local public health systems and forces of change. For each county, there is also a list of themes selected by the Collaboration. Dozens of themes were generated based on the data and the Collaboration utilized a democratic voting process to select 10-15 for each county. These themes will be used in the Implementation Strategies plan.

LAKE COUNTY

CHART 11.1 LAKE COUNTY POPULATION BY RACE / ETHNICITY (2014)
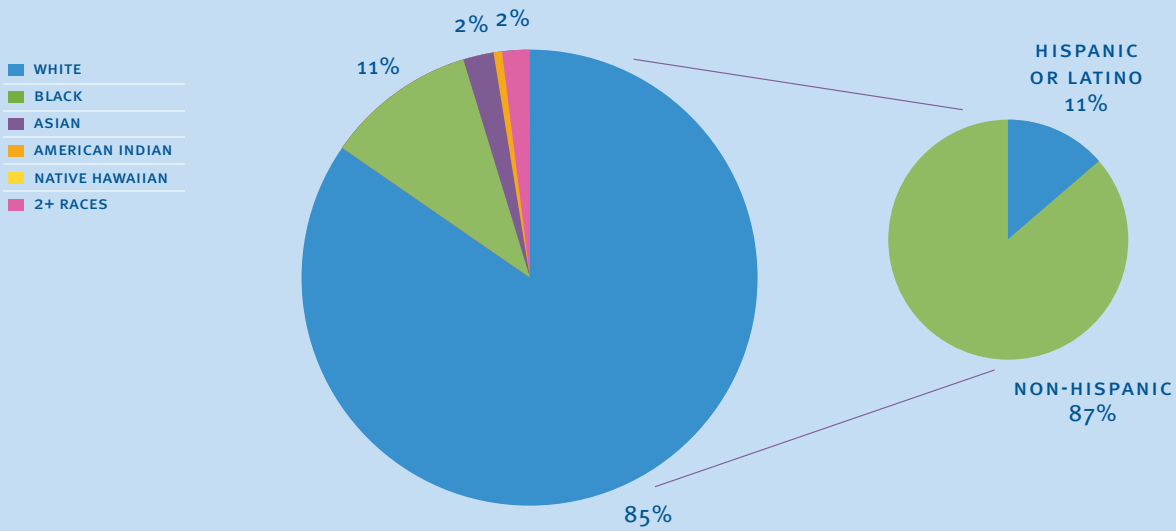
Source: U.S. Census Bureau, 2015.

CHART 11.2 LAKE COUNTY POPULATION BY AGE
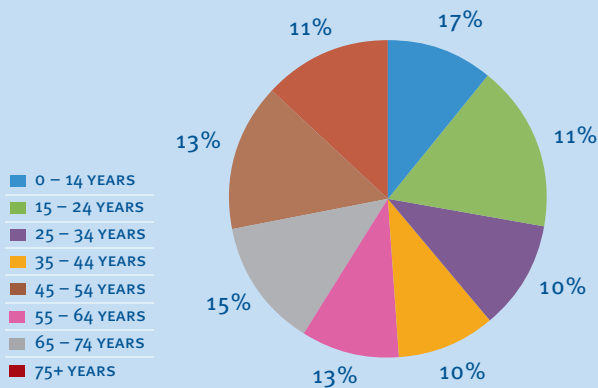
Source: U.S. Census Bureau, 2015.

CHART 11.3 LAKE COUNTY POPULATION BY GENDER
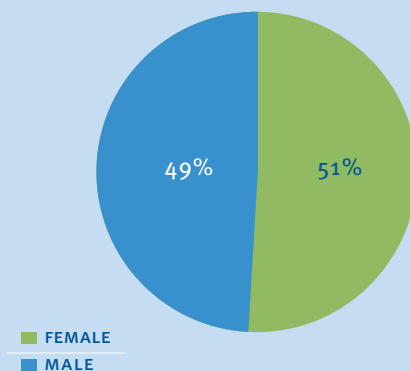
Source: U.S. Census Bureau, 2015.

LAKE COUNTY

COMMUNITY THEMES AND STRENGTHS ASSESSMENT

The following key findings were compiled using data from the Community Conversations, Consumer Surveys and Stakeholder Interviews conducted for this CHNA:

- Need for/access to mental health services
- Affordability of healthcare
- Food insecurity
  - Access to quality/nutritious foods
- Substance abuse
- Poverty
- Stress
- Lack of family support
- Chronic conditions of concern: diabetes, obesity
- Affordable housing
- Low wages
- Inappropriate use of ER
- Need more/better bike- and pedestrian-friendly infrastructure
- Poor access to pharmacies
- Water quality/supply
- Transportation
- Inactivity

COMMUNITY HEALTH STATUS ASSESSMENT

The following key findings were compiled using Secondary Data gathered for this CHNA:

- Need for/access to mental health services
- Affordability of healthcare
- Access to quality/nutritious foods
- Chronic conditions of concern: diabetes, heart disease
- Maternal and child health
- Cancer screenings

LAKE COUNTY, CONT'D.

FORCES OF CHANGE ASSESSMENT

The following key findings were compiled using data from the Stakeholder Interviews and Provider Surveys conducted for this CHNA:

- Rise in use of vapes and e-cigarettes
- Lack of Medicaid expansion
- Increased heroin use
- Population growth
- Affordability of healthcare
- Human trafficking

COUNTY-LEVEL COLLABORATION THEMES

- Mental illness/depression
- Diabetes
- Heart disease
- Poor access to food/nutrition
- Obesity
- Substance abuse
- Poor birth outcomes
- Inappropriate ER visits
- Poverty
- Asthma
- Falls
- Cancer
- HIV/AIDS
- Drowning
- Dental care

ORANGE COUNTY

CHART 11.4 ORANGE COUNTY POPULATION BY RACE / ETHNICITY (2014)

WHITE
BLACK
ASIAN
AMERICAN INDIAN
NATIVE HAWAIIAN
2+ RACES

6%
3%
22%
69%

HISPANIC
OR LATINO
29.2%

NON-HISPANIC
70.8%

Source: U.S. Census Bureau, 2015.

CHART 11.5 ORANGE COUNTY POPULATION BY AGE

7%
4%
11%
19%
14%
15%
14%
16%

0 – 14 YEARS
15 – 24 YEARS
25 – 34 YEARS
35 – 44 YEARS
45 – 54 YEARS
55 – 64 YEARS
65 – 74 YEARS
75+ YEARS
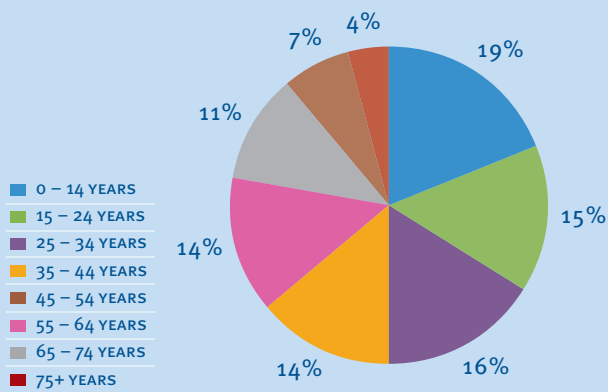
Source: U.S. Census Bureau, 2015.

CHART 11.6 ORANGE COUNTY POPULATION BY GENDER

49%
51%

FEMALE
MALE
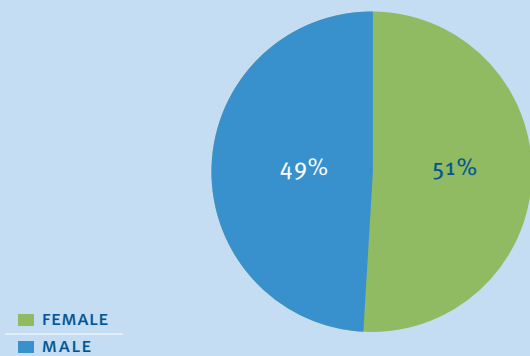
Source: U.S. Census Bureau, 2015.

ORANGE COUNTY

COMMUNITY THEMES AND STRENGTHS ASSESSMENT

The following key findings were compiled using data from the Community Conversations, Consumer Surveys and Stakeholder Interviews conducted for this CHNA:

- Need for/access to mental health services
- Affordability of healthcare
- Food insecurity
   - Access to quality/nutritious foods
- Substance abuse
- Poverty
- Undocumented status
- Stress
- Smoking
- Lack of family support
- Pollution
- Chronic conditions of concern: diabetes, obesity
- Affordable housing
- Low wages
- Inappropriate use of ER
- Inactivity
- Need more/better bike- and pedestrian-friendly infrastructure

COMMUNITY HEALTH STATUS ASSESSMENT

The following key findings were compiled using Secondary Data gathered for this CHNA:

- Need for/access to mental health services
- Affordability of healthcare
- Access to quality/nutritious foods
- Poverty
- Chronic conditions of concern: heart disease
- Low levels of preventative care/screenings
- Maternal and child health
- STIs/HIV
- Inactivity
- Homelessness

LOCAL PUBLIC HEALTH SYSTEM ASSESSMENT

Based on the Orange County Health Department's National Public Health Performance Standards Local Assessment Report, the following model standards were noted as high priority, low performance and should be considered areas for attention:

- CHIP/strategic planning
- Community partnerships
- Constituency development
- Health communication
- Health education/promotion
- Current technology
- Community health assessment

FORCES OF CHANGE ASSESSMENT

The following key findings were compiled using data from the Stakeholder Interviews and Provider Surveys conducted for this CHNA:

- Rise in use of vapes and e-cigarettes
- Lack of Medicaid expansion
- Increased heroin use
- Population growth
- Affordability of healthcare
- Human trafficking

COUNTY-LEVEL COLLABORATION THEMES

- Heart disease
- Diabetes
- STI/HIV
- Substance abuse (heroin)
- Mental health
- Maternal and child health
- Uninsured rates
- Housing security
- Food security
- Disability/injury prevention
- Access to care
- Poor transportation
- Cancer
- Obesity
- Senior mobility/falls

OSCEOLA COUNTY

CHART 11.7 OSCEOLA COUNTY POPULATION BY RACE / ETHNICITY (2014)

Legend:
- WHITE
- BLACK
- ASIAN
- AMERICAN INDIAN
- NATIVE HAWAIIAN
- 2+ RACES

3%
3%
13%
80%

NON-HISPANIC
49.7%

HISPANIC
OR LATINO
50.3%
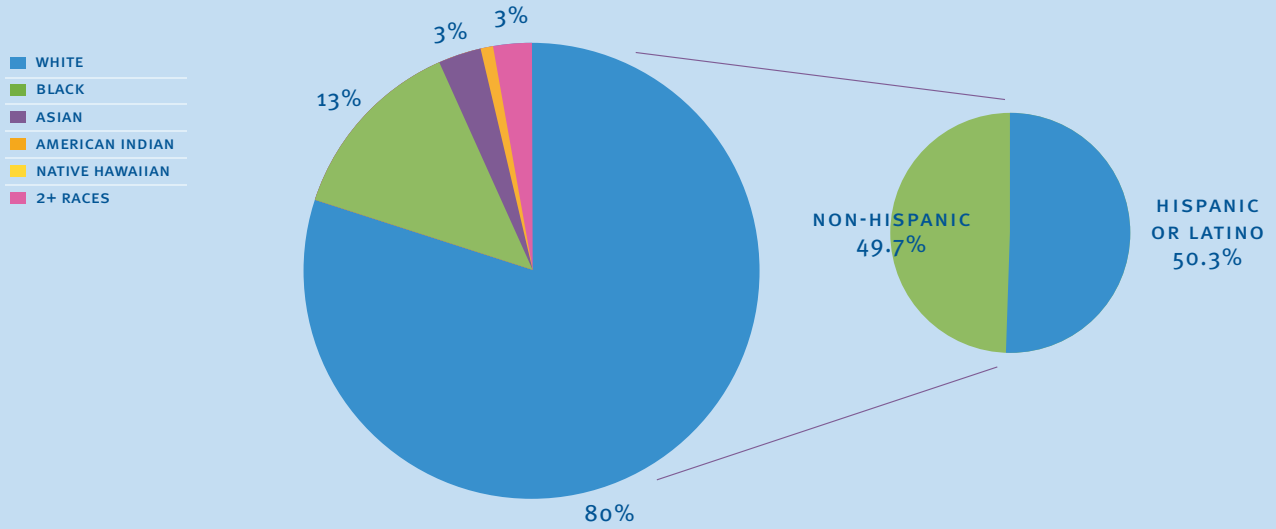
Source: U.S. Census Bureau, 2015.

CHART 11.8 OSCEOLA COUNTY POPULATION BY AGE

5%
8%
11%
20%
14%
15%
14%
13%

Legend:
- 0 – 14 YEARS
- 15 – 24 YEARS
- 25 – 34 YEARS
- 35 – 44 YEARS
- 45 – 54 YEARS
- 55 – 64 YEARS
- 65 – 74 YEARS
- 75+ YEARS
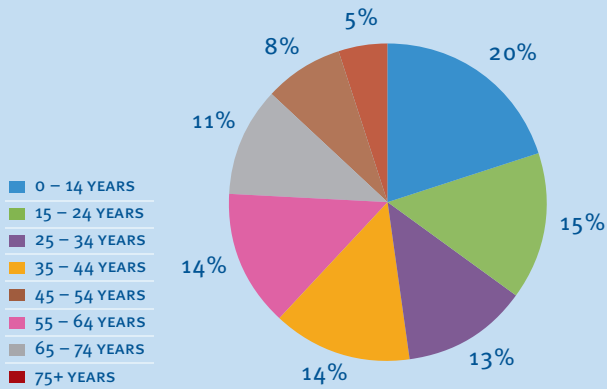
Source: U.S. Census Bureau, 2015.

CHART 11.9 OSCEOLA COUNTY POPULATION BY GENDER

49%
51%

Legend:
- FEMALE
- MALE
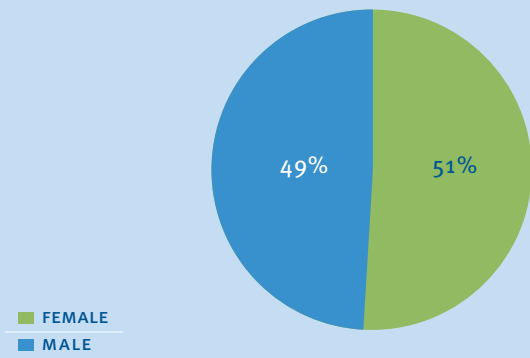
Source: U.S. Census Bureau, 2015.

OSCEOLA COUNTY

COMMUNITY THEMES AND STRENGTHS ASSESSMENT

The following key findings were compiled using data from the Community Conversations, Consumer Surveys and Stakeholder Interviews conducted for this CHNA:

- Need for/access to mental health services
- Affordability of healthcare
- Homelessness
- Affordable housing
- Food insecurity
  - Access to quality/nutritious foods
- Poverty
- Low wages
- Substance abuse
- Transportation
- Lack of family support
- Water quality
- Inactivity
- Need more/better bike- and pedestrian-friendly infrastructure
- Chronic conditions of concern: diabetes, obesity
- Inappropriate use of ER

COMMUNITY HEALTH STATUS ASSESSMENT

The following key findings were compiled using the Secondary Data gathered for this CHNA:

- Need for/access to mental health services
- Affordability of healthcare
- Homelessness
- Affordable housing
- Food insecurity
  - Access to quality/nutritious foods
- Poverty
- Chronic conditions of concern: diabetes, obesity, cancer, heart disease
  - Low levels of preventative care/screenings
- Maternal and child health
- STI/HIV
- Inactivity

OSCEOLA COUNTY

FORCES OF CHANGE ASSESSMENT

The following key findings were compiled using data from the Stakeholder Interviews and Provider Surveys conducted for this CHNA:

- Rise in use of vapes and e-cigarettes
- Lack of Medicaid expansion
- Increased heroin use
- Population growth
- Affordability of healthcare

COUNTY-LEVEL COLLABORATION THEMES

- Diabetes
- Cardiovascular
- Access to primary care/dental/mental health/and inappropriate ER utilization
- Homelessness/affordable housing
- Poverty/low wages
- Obesity
- HIV/STI
- Asthma
- Cancer
- Maternal and child health
- Senior safety and mobility
- Poor transportation

SEMINOLE COUNTY

CHART 11.10 SEMINOLE COUNTY POPULATION BY RACE / ETHNICITY (2014)

Legend:
- WHITE
- BLACK
- ASIAN
- AMERICAN INDIAN
- NATIVE HAWAIIAN
- 2+ RACES

4% 3%
12%
81%

HISPANIC OR LATINO
19.2%

NON-HISPANIC
80.8%
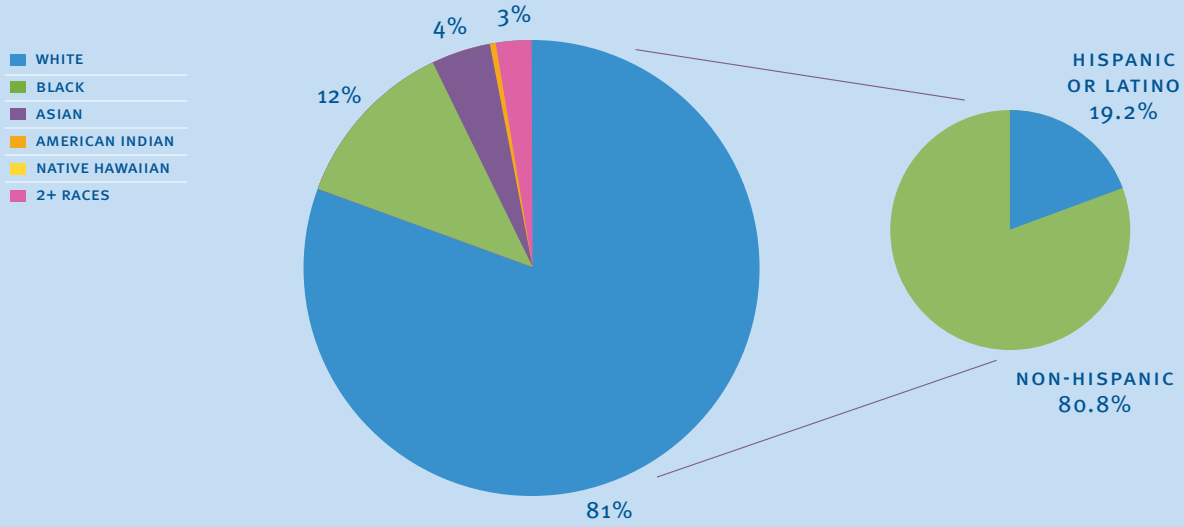
Source: U.S. Census Bureau, 2015.

CHART 11.11 SEMINOLE COUNTY POPULATION BY AGE

Legend:
- 0 – 14 YEARS
- 15 – 24 YEARS
- 25 – 34 YEARS
- 35 – 44 YEARS
- 45 – 54 YEARS
- 55 – 64 YEARS
- 65 – 74 YEARS
- 75+ YEARS

6%
8%
13%
15%
13%
14%
14%
17%
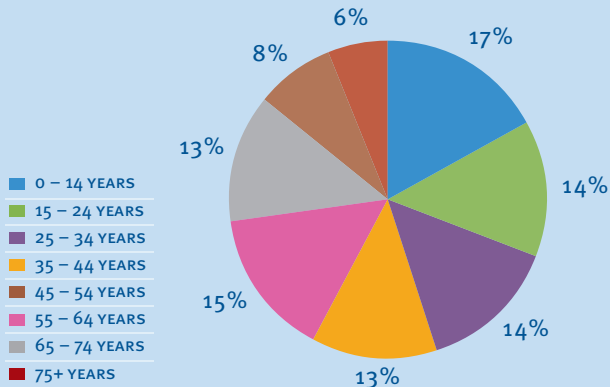
Source: U.S. Census Bureau, 2015.

CHART 11.12 SEMINOLE COUNTY POPULATION BY GENDER

48% 52%

Legend:
- FEMALE
- MALE
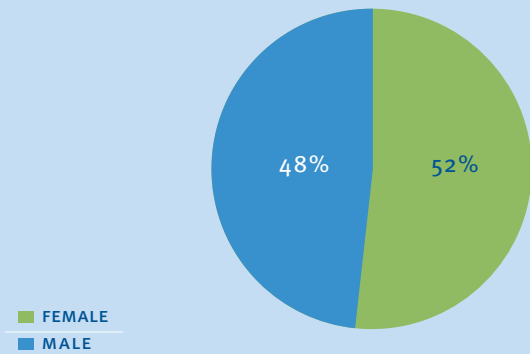
Source: U.S. Census Bureau, 2015.

SEMINOLE COUNTY

COMMUNITY THEMES AND STRENGTHS ASSESSMENT

The following key findings were compiled using data from the Community Conversations, Consumer Surveys and Stakeholder Interviews conducted for this CHNA:

- Affordability of healthcare
- Need for/access to mental health services
- Inactivity
  - Due to physical pain or poor emotional health
- Need more/better bike- and pedestrian-friendly infrastructure
- Concerns about substance abuse
- Food insecurity
  - Access to quality/nutritious foods
- Chronic conditions of concern: diabetes, obesity
- Need more affordable housing
- Inappropriate use of ER

COMMUNITY HEALTH STATUS ASSESSMENT

The following key findings were compiled using the Secondary Data gathered for this CHNA:

- Affordability of healthcare
- Access to quality/nutritious foods
- Chronic conditions of concern: diabetes, obesity
- Inactivity
- Poverty
- Homelessness

SEMINOLE COUNTY, CONT'D.

FORCES OF CHANGE ASSESSMENT

The following key findings were compiled using data from the Stakeholder Interviews and Provider Surveys conducted for this CHNA:

- Rise in use of vapes and e-cigarettes
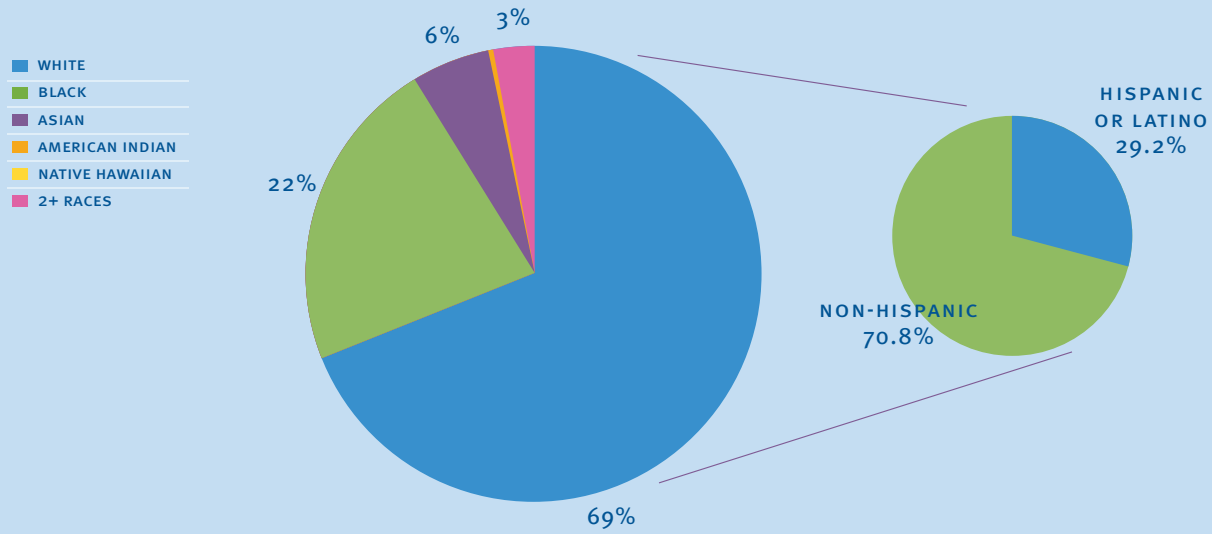- Lack of Medicaid expansion
- Increased heroin use
- Population growth
- Affordability of healthcare
- Human trafficking

COUNTY-LEVEL COLLABORATION THEMES

- Diabetes
- Heart disease
- Mental health
- Cancer
- Homelessness/affordable housing
- Poverty
- Food security
- Access to care
- Prematurity/infant mortality
- Asthma
- Senior safety and mobility
- Poor transportation

CONSUMER SURVEY - ENGLISH

ZIP Code _____ **County** _____ **Gender** _____ **Age** ____ **Height** _____

The Central Florida Community Benefit Partnership needs your help to better understand our region's health. Please fill out this survey to share your opinions about the quality of life and health in your neighborhood. Survey results will be made available to the public. Help us to make Central Florida a healthier and better place to live, work and play!

1. Please check one box for each statement

QUALITY OF LIFE	VERY SATISFIED	MODERATELY SATISFIED	NO FEELINGS EITHER WAY	MODERATELY DISSATISFIED	VERY DISSATISFIED
ALL THINGS CONSIDERED, HOW SATISFIED ARE YOU WITH YOUR LIFE AS A WHOLE?					

2. How much do you agree or disagree with the following statements? Please check one box for each statement.

SOCIAL COHESION OF NEIGHBORHOOD	STRONGLY DISAGREE	SOMEWHAT DISAGREE	NEUTRAL	SOMEWHAT AGREE	STRONGLY AGREE
PEOPLE AROUND MY NEIGHBORHOOD ARE WILLING TO HELP THEIR NEIGHBORS.					
THIS IS A CLOSE-KNIT NEIGHBORHOOD.					
PEOPLE IN THIS NEIGHBORHOOD CAN BE TRUSTED.					
PEOPLE IN THIS NEIGHBORHOOD GENERALLY DON'T GET ALONG WITH EACH OTHER.					
PEOPLE IN THIS NEIGHBORHOOD DO NOT SHARE THE SAME VALUES.					

3. Below are five statements with which you may agree or disagree. Using the 1-7 scale below, indicate your agreement with each item by checking one box for each statement.

SATISFACTION WITH LIFE SCALE	STRONGLY DISAGREE	DISAGREE	SOMEWHAT DISAGREE	NEUTRAL	SLIGHTLY AGREE	AGREE	STRONGLY AGREE
IN MOST WAYS MY LIFE IS CLOSE TO MY IDEAL.							
THE CONDITIONS OF MY LIFE ARE EXCELLENT.							
I AM SATISFIED WITH MY LIFE.							
SO FAR I HAVE GOTTEN THE IMPORTANT THINGS I WANT IN LIFE.							
IF I COULD LIVE MY LIFE OVER, I WOULD CHANGE ALMOST NOTHING.							

4. Please circle the answer that best applies to you and your neighborhood by checking one box for each statement.

TYPES OF RESIDENCES IN YOUR NEIGHBORHOOD	STRONGLY DISAGREE	SOMEWHAT DISAGREE	NEUTRAL	SOMEWHAT AGREE	STRONGLY AGREE
HOW COMMON ARE DETACHED SINGLE-FAMILY RESIDENCES IN YOUR IMMEDIATE NEIGHBORHOOD?					
HOW COMMON ARE TOWNHOUSES OR ROW HOUSES OF 1-3 STORIES IN YOUR IMMEDIATE NEIGHBORHOOD?					
HOW COMMON ARE APARTMENTS OR CONDOS 1-3 STORIES IN YOUR IMMEDIATE NEIGHBORHOOD?					
HOW COMMON ARE APARTMENTS OR CONDOS 4-6 STORIES IN YOUR IMMEDIATE NEIGHBORHOOD?					
HOW COMMON ARE APARTMENT OR CONDOS 7-12 STORIES IN YOUR IMMEDIATE NEIGHBORHOOD?					
HOW COMMON ARE APARTMENTS OR CONDOS MORE THAN 13 STORIES IN YOUR IMMEDIATE NEIGHBORHOOD?					

CONSUMER SURVEY - ENGLISH, CONT'D.

5. About how long would it take you to get from your home to the nearest businesses or facilities listed below if you walked to them? Please put only one check mark (√) for each business or facility.

STORES, FACILITIES & OTHER THINGS IN YOUR NEIGHBORHOOD	1-5 MIN.	6-10 MIN.	11-20 MIN.	20-30 MIN.	30+ MIN.	DON'T KNOW
CONVENIENCE/SMALL GROCERY STORE						
SUPERMARKET						
HARDWARE STORE						
FRUIT & VEGETABLE MARKET						
LAUNDRY/DRY CLEANERS						
CLOTHING STORE						
POST OFFICE						
LIBRARY						
ELEMENTARY SCHOOL						
OTHER SCHOOLS						
BOOK STORE						
FAST FOOD RESTAURANT						
COFFEE PLACE						
BANK/CREDIT UNION						
NON-FAST FOOD RESTAURANT						
PHARMACY/DRUG STORE						
SALON/BARBER SHOP						

6. Please check the answer that best applies to you and your neighborhood. Both local and within walking distance mean within a 10-15 minute walk from your home.

ACCESS TO SERVICES & STREETS	STRONGLY DISAGREE	SOMEWHAT DISAGREE	SOMEWHAT AGREE	STRONGLY AGREE
I CAN DO MOST OF MY SHOPPING AT LOCAL STORES.				
STORES ARE WITHIN EASY WALKING DISTANCE OF MY HOME.				
THE STREETS IN MY NEIGHBORHOOD ARE BUSY, MAKING MY NEIGHBORHOOD DIFFICULT TO WALK IN.				
PARKING IS DIFFICULT IN LOCAL SHOPPING AREAS.				
THERE ARE MANY PLACES TO GO WITHIN EASY WALKING DISTANCE OF MY HOME.				
IT IS EASY TO WALK TO A TRANSIT STOP (BUS, TRAIN) FROM MY HOME.				
THERE ARE MANY NATURAL AREAS/WATER BODIES IN MY NEIGHBORHOOD THAT LIMIT THE NUMBER OF ROUTES FOR GETTING FROM PLACE TO PLACE.				
THE STREETS IN MY NEIGHBORHOOD DO NOT HAVE MANY CUL-DE-SACS (DEAD-END STREETS).				
THERE ARE WALKWAYS IN MY NEIGHBORHOOD THAT CONNECT CUL-DE-SACS TO STREETS, TRAILS, OR OTHER CUL-DE-SACS.				

CONSUMER SURVEY - ENGLISH, CONT'D.

ACCESS TO SERVICES & STREETS, CONT'D.	STRONGLY DISAGREE	SOMEWHAT DISAGREE	SOMEWHAT AGREE	STRONGLY AGREE
THE DISTANCE BETWEEN INTERSECTIONS IN MY NEIGHBORHOOD IS USUALLY SHORT (100 YARDS OR LESS; THE LENGTH OF A FOOTBALL FIELD OR LESS).				
THERE ARE MANY FOUR-WAY INTERSECTIONS IN MY NEIGHBORHOOD.				
THERE ARE MANY ALTERNATIVE ROUTES FOR GETTING FROM PLACE TO PLACE IN MY NEIGHBORHOOD. (I DON'T HAVE TO GO THE SAME WAY EVERY TIME.)				

7. Please put only one check mark (√) for each statement.

PLACES FOR WALKING/BIKING	STRONGLY DISAGREE	SOMEWHAT DISAGREE	SOMEWHAT AGREE	STRONGLY AGREE
THERE ARE SIDEWALKS ON MOST OF THE STREETS IN MY NEIGHBORHOOD.				
THE SIDEWALKS IN MY NEIGHBORHOOD ARE WELL MAINTAINED (PAVED, EVEN, AND NOT A LOT A CRACKS).				
THERE ARE BICYCLE OR PEDESTRIAN TRAILS IN OR NEAR MY NEIGHBORHOOD THAT ARE EASY TO GET TO.				
SIDEWALKS ARE SEPARATED FROM THE ROAD/TRAFFIC IN MY NEIGHBORHOOD BY PARKED CARS.				
THERE IS A GRASS/DIRT STRIP THAT SEPARATES THE STREETS FROM THE SIDEWALKS IN MY NEIGHBORHOOD.				
IT IS SAFE TO RIDE A BIKE IN OR NEAR MY NEIGHBORHOOD.				
THERE ARE FACILITIES TO BICYCLE IN OR NEAR MY NEIGHBORHOOD, SUCH AS SPECIAL USE LANES, SEPARATE PATHS OR TRAILS, SHARED USE PATHS FOR CYCLES AND PEDESTRIANS.				

8. Please put only one check mark (√) for each statement.

NEIGHBORHOOD SURROUNDINGS	STRONGLY DISAGREE	SOMEWHAT DISAGREE	SOMEWHAT AGREE	STRONGLY AGREE
THERE ARE TREES ALONG THE STREETS IN MY NEIGHBORHOOD.				
TREES GIVE SHADE FOR THE SIDEWALKS IN MY NEIGHBORHOOD.				
THERE ARE MANY INTERESTING THINGS TO LOOK AT WHILE WALKING IN MY NEIGHBORHOOD.				
MY NEIGHBORHOOD IS GENERALLY FREE FROM LITTER.				
THERE ARE MANY ATTRACTIVE NATURAL SIGHTS IN MY NEIGHBORHOOD (SUCH AS LANDSCAPING, VIEWS).				
THERE ARE ATTRACTIVE BUILDINGS/HOMES IN MY NEIGHBORHOOD.				

9. Please put only one check mark (√) for each statement.

PUBLIC SAFETY	STRONGLY DISAGREE	SOMEWHAT DISAGREE	SOMEWHAT AGREE	STRONGLY AGREE
THERE IS SO MUCH TRAFFIC ALONG THE STREET I LIVE ON THAT IT MAKES IT DIFFICULT OR UNPLEASANT TO WALK IN MY NEIGHBORHOOD.				
THERE IS SO MUCH TRAFFIC ALONG NEARBY STREETS THAT IT MAKES IT DIFFICULT OR UNPLEASANT TO WALK IN MY NEIGHBORHOOD.				
THE SPEED OF TRAFFIC ON THE STREET I LIVE ON IS USUALLY SLOW (30 MPH OR LESS).				
THE SPEED OF TRAFFIC ON MOST NEARBY STREETS IS USUALLY SLOW (30 MPH OR LESS).				
MOST DRIVERS EXCEED THE POSTED SPEED LIMITS WHILE DRIVING IN MY NEIGHBORHOOD.				
MY NEIGHBORHOOD STREETS ARE WELL LIT AT NIGHT.				

CONSUMER SURVEY - ENGLISH, CONT'D.

PUBLIC SAFETY, CONT'D.	STRONGLY DISAGREE	SOMEWHAT DISAGREE	SOMEWHAT AGREE	STRONGLY AGREE
WALKERS AND BIKERS ON THE STREETS IN MY NEIGHBORHOOD CAN BE EASILY SEEN BY PEOPLE IN THEIR HOMES.				
THERE ARE CROSSWALKS AND PEDESTRIAN SIGNALS TO HELP WALKERS CROSS BUSY STREETS IN MY NEIGHBORHOOD.				
THE CROSSWALKS IN MY NEIGHBORHOOD HELP WALKERS FEEL SAFE CROSSING BUSY STREETS.				
WHEN WALKING IN MY NEIGHBORHOOD THERE ARE A LOT OF EXHAUST FUMES (SUCH AS FROM CARS, BUSES).				
I SEE AND SPEAK TO OTHER PEOPLE WHEN I AM WALKING IN MY NEIGHBORHOOD.				
THERE IS A HIGH CRIME RATE IN MY NEIGHBORHOOD.				
THE CRIME RATE IN MY NEIGHBORHOOD MAKES IT UNSAFE TO GO ON WALKS DURING THE DAY.				
THE CRIME RATE IN MY NEIGHBORHOOD MAKES IT UNSAFE TO GO ON WALKS AT NIGHT.				
MY NEIGHBORHOOD IS SAFE ENOUGH SO THAT I WOULD LET A 10-YEAR-OLD BOY WALK AROUND MY BLOCK ALONE IN THE DAYTIME.				
THERE ARE UNATTENDED OR STRAY DOGS IN MY NEIGHBORHOOD.				

10. For each of these places where you can exercise, please indicate if it is on a frequently traveled route (e.g., to and from work) or within a 5-minute drive or 10-minute walk from your work or home. Please put only one check mark (√) for each statement.

CONVENIENT FACILITIES	YES	NO	DON'T KNOW
AEROBIC DANCE STUDIO			
BASKETBALL COURT			
BEACH, LAKE, RIVER, OR CREEK			
BIKE LANE OR TRAILS			
GOLF COURSE			
HEALH SPA/GYM			
MARTIAL ARTS STUDIO			
PLAYING FIELD (SOCCER, FOOTBALL, SOFTBALL, ETC.)			
PUBLIC PARK			
PUBLIC RECREATION CENTER			
RACQUETBALL/SQUASH COURT			
RUNNING TRACK			
SKATING RINK			
SPORTING GOODS STORE			
SWIMMING POOL			
WALKING/HIKING TRAILS			
TENNIS COURTS			
DANCE STUDIO			

CONSUMER SURVEY - ENGLISH, CONT'D.

11.

CONVENIENT FACILITIES	STRONGLY DISAGREE	SOMEWHAT DISAGREE	SOMEWHAT AGREE	STRONGLY AGREE
MY NEIGHBORHOOD HAS SEVERAL FREE OR LOW COST RECREATION FACILITIES, SUCH AS PARKS, WALKING TRAILS, BIKE PATHS, RECREATION CENTERS, PLAYGROUNDS, PUBLIC SWIMMING POOLS, ETC.				

12. In general, would you say your health is:

_____ Excellent

_____ Very Good

_____ Good

_____ Fair

_____ Poor

13. Does your health now limit you in these moderate activities (moving a table, pushing a vacuum cleaner, bowling, or playing golf), if so how much:

_____ Yes, a lot

_____ Yes, a little

_____ No

_____ No, I am in phenomenal shape

14. Does your health now limit you in climbing several flights of stairs?

_____ Yes, a lot

_____ Yes, a little

_____ No

15. During the PAST 4 WEEKS have you had more trouble accomplishing goals AS A RESULT OF YOUR PHYSICAL HEALTH?

_____ Yes

_____ No

16. During the PAST 4 WEEKS, were you limited in the kind of work you do or other regular activities AS A RESULT OF ANY EMOTIONAL PROBLEMS (such as feeling depressed or anxious)?

_____ Yes

_____ No

17. Has your health impacted the types of work or activities you do?

_____ Yes

_____ No

18. Did you accomplish less than you would like over the past four weeks as a result of emotional problems?

_____ Yes

_____ No

CONSUMER SURVEY - ENGLISH, CONT'D.

19. Did you not work as carefully as you should have over the past four weeks as a result of emotional problems?

_____ Yes

_____ No

20. During the PAST 4 WEEKS, how much did PAIN interfere with your normal work (including both work outside the home and house work)?

_____ Not At All

_____ A Little Bit

_____ Moderately

_____ Quite A Bit

_____ Extremely

21. The next three questions are about how you feel and how things have been DURING THE PAST 4 WEEKS. For each question, please give the one answer that comes closest to the way you have been feeling. how much of the time during the PAST 4 WEEKS:

Have you felt calm and peaceful?

_____ All of the Time

_____ Most of the Time

_____ A Good Bit of the Time

_____ Some of the Time

_____ A Little of the Time

_____ None of the Time

Did you have a lot of energy?

_____ All of the Time

_____ Most of the Time

_____ A Good Bit of the Time

_____ Some of the Time

_____ A Little of the Time

_____ None of the Time

Have you felt downhearted and blue?

_____ All of the Time

_____ Most of the Time

_____ A Good Bit of the Time

_____ Some of the Time

_____ A Little of the Time

_____ None of the Time

22. About how much do you weigh without shoes? _____

CONSUMER SURVEY - ENGLISH, CONT'D.

23. What is your race? Would you say:

_____ White/Caucasian

_____ Black/African American

_____ Multi-cultural

_____ Latino/Hispanic

_____ Asian

_____ American Indian, Alaska Native

_____ Native Hawaiian, Pacific Islander

_____ Multiple/Other

24. Are you:

_____ Married

_____ Divorced

_____ Widowed

_____ Separated

_____ Never Been Married

_____ Part of an Unmarried Couple

25. What is the highest grade or year of school you have completed? Circle your answer

Never Attended School or Kindergarten Only

Grades 1 through 8 (Elementary)

Grades 9 through 11 (Some High School)

Grade 12 or GED (High School Graduate)

College 1 Year to 3 Years (Some College or Technical school)

Bachelor's Degree (College Graduate)

Postgraduate Degree (Master's M.D., Ph.D., J.D.)

26. Are you currently: Circle your answer

Employed for Wages

Self-Employed

Out of Work for More Than 1 Year

Out of Work for Less Than 1 Year

A Homemaker

A Student

Retired

Unable to Work

CONSUMER SURVEY - ENGLISH, CONT'D.

27. Total Family Household Income. Circle your answer

Under $10,400

$10,400 - $13,999

$14,000 - $17,599

$17,600 - $20,999

$21,000 - $24,799

$24,800 - $28,199

$28,200 - $31,999

$32,000 - $35,399

$35,400 - $39,199

$39,200 - $42,599

$42,600 - $46,399

$46,400 - $49,799

$49,800 - $56,799

$56,800 - $63,999

$64,000 - $71,199

$71,200 - $78,399

$78,400 - $85,599

$85,600 - $92,799

$92,800 - $99,999

$100,000/Over

Don't Know/Not Sure

Refused

PUBLIC HEALTH SURVEY · SPANISH

La Asociación de beneficio de comunidad de Florida Central necesita tu ayuda para entender mejor la salud de nuestra región. Por favor llene esta encuesta para compartir sus opiniones acerca de la calidad de vida y la salud de su región. Resultados de la encuesta estarán disponibles al público. Ayúdanos a hacer Florida Central un más sano y mejor lugar para vivir, trabajar y jugar!

*1. Contesta lo siguiente:
    ¿CUÁL ES TU CÓDIGO POSTAL? _____
    ¿EN QUÉ CONDADO RESIDES? _____
    ¿CUÁL ES TU GÉNERO? _____
    ¿CUÁL ES TU EDAD? _____
    ¿CUÁNTO MIDES? _____

*2. ¿Cuál es tu raza?
    ☐ BLANCO/CAUCÁSICO
    ☐ NEGRO/AFRO-AMERICANO
    ☐ MULTI-CULTURAL
    ☐ LATINO/HISPANO
    ☐ ASIÁTICO
    ☐ INDIO-AMERICANO/NATIVO DE ALASKA
    ☐ NATIVO AMERICANO/ISLEÑO PACIFICO
    ☐ MÚLTIPLE/OTRO

3. Estado civil
    ☐ CASADO
    ☐ SEPARADO
    ☐ DIVORCIADO
    ☐ ENVIUDADO
    ☐ NUNCA SE HA CASADO
    ☐ PARTE DE UNA PAREJA QUE NO ESTÁ CASADA

*4. ¿Cuál es el nivel más alto de educación obtenido?
    ☐ NUNCA ATENDIÓ LA ESCUELA, O SOLO KINDERGARTEN
    ☐ GRADOS 1 AL 8 (ELEMENTAL-INTERMEDIA)
    ☐ GRADOS 9 AL 11 (ALGUNA ESCUELA SUPERIOR)
    ☐ GRADO 12 O GED (GRADUADO DE ESCUELA SUPERIOR)
    ☐ UNIVERSIDAD 1 AÑO A 3 (ALGUNA UNIVERSIDAD O ESCUELA TÉCNICA)
    ☐ BACHILLERATO (GRADUADO DE UNIVERSIDAD)
    ☐ ESTUDIOS POST-GRADUADOS (MAESTRÍA, M.D, PH.D., J.D.)

*5. Actualmente usted es:
    ☐ EMPLEADO CON SUELDO
    ☐ TRABAJADOR POR CUENTA PROPIA
    ☐ DESEMPLEADO POR MÁS DE UN AÑO
    ☐ DESEMPLEADO POR MENOS DE UN AÑO
    ☐ AMA DE CASA
    ☐ ESTUDIANTE
    ☐ RETIRADO
    ☐ INCAPAZ DE TRABAJAR

PUBLIC HEALTH SURVEY - SPANISH, CONT'D.

*6. Ingreso total del hogar familiar

☐ < 10,400
☐ 10,400-13,999
☐ 14,000-17,599
☐ 17,600-20,999
☐ 21,000-24,799
☐ 24,800-28,199
☐ 28,200-31,999
☐ 32,000-35,399
☐ 35,400-39,199
☐ 39,200-42,599
☐ 42,600-46,399
☐ 46,400-49,799
☐ 49,800-56,799
☐ 56,800-63,999
☐ 64,000-71,199
☐ 71,200-78,399
☐ 78,400-85,599
☐ 85,600-92,799
☐ 92,800-99,999
☐ 100,000 +
☐ NO ESTOY SEGURO
☐ ME REHÚSO A CONTESTAR

7. ¿Tomando todos los aspectos en consideración, cuan satisfecho está usted con su vida?

☐ MUY SATISFECHO
☐ MODERADAMENTE SATISFECHO
☐ NINGÚN SENTIMIENTO
☐ MODERADAMENTE
☐ INSATISFECHO
☐ MUY INSATISFECHO

8. ¿Cuán de acuerdo o en desacuerdo está usted con las siguientes declaraciones? Por favor marque una opción para cada declaración.

	MUY EN DESACUERDO	ALGO EN DESACUERDO	NEUTRAL	DE ACUERDO	MUY DE ACUERDO
LAS PERSONAS EN MI COMUNIDAD ESTÁN DISPUESTOS A AYUDAR A SUS VECINOS.					
ESTA ES UNA COMUNIDAD BIEN UNIDA.					
LAS PERSONAS EN ESTA COMUNIDAD SON DE CONFIANZA.					
LAS PERSONAS EN ESTA COMUNIDAD GENERALMENTE NO SE LLEVAN BIEN.					
LAS PERSONAS EN ESTA COMUNIDAD NO COMPARTEN LOS MISMOS VALORES.					

PUBLIC HEALTH SURVEY - SPANISH, CONT'D.

9. Ha seguido hay cinco declaraciones con las que usted puede estar de acuerdo o en desacuerdo. Usando la escala de 1-7, marque una opción para indicar cuán de acuerdo está con cada afirmación.

	MUY EN DESACUERDO	ALGO EN DESACUERDO	NEUTRAL	DE ACUERDO	MUY DE ACUERDO
EN LA MAYORÍA DE LOS ASPECTOS, MI VIDA SE ACERCA A MI IDEAL.					
LAS CONDICIONES DE MI VIDA SON EXCELENTES.					
ESTOY SATSFECHO CON MI VIDA.					
HASTA AHORA HE OBTENIDO LAS COSAS MÁS IMPORTANTES EN MI VIDA.					
SI PUDIERA VIVIR MI VIDA OTRA VEZ CAMBIARIA MUY POCO.					

10. Marque una opción para cada declaración circulando la contestación que mejor le aplique a usted y a su comunidad.

	MUY EN DESACUERDO	ALGO EN DESACUERDO	NEUTRAL	DE ACUERDO	MUY DE ACUERDO
¿CUÁN COMÚN SON LAS RESIDENCIAS UNIFAMILLLARES EN SU COMUNIDAD IMMEDIATA?					
¿CUÁN COMÚN SON LAS CASAS ADOSADAS O CASAS ADOSADAS DE 1-3 PISOS EN SU COMUNIDAD IMMEDIATA?					
¿CUÁN COMÚN SON LOS APARTAMENTOS O CONDOMINIOS DE 1-3 PISOS EN SU COMUNIDAD IMMEDIATA?					
¿CUÁN COMÚN SON LOS APARTAMENTOS O CONDOMINIOS DE 4-6 PISOS EN SU COMUNIDAD IMMEDIATA?					
¿CUÁN COMÚN SON LOS APARTAMENTOS O CONDOMINIOS DE 7-12 PISOS EN SU COMUNIDAD IMMEDIATA?					
¿CUÁN COMÚN SON LOS APARTAMENTOS O CONDOMINIOS DE MÁS DE 13 PISOS EN SU COMUNIDAD IMMEDIATA?					

11. ¿Cuánto tiempo le tomaría llegar caminando desde su hogar hasta el negocio o establecimiento mencionado? Por favor ponga solo una marca (√) por cada negocio o establecimiento.

	1-5 MIN.	6-10 MIN.	11-20 MIN.	20-30 MIN.	30+ MIN.	DON'T KNOW
TIENDA DE CONVENIENCIA/PEQUEÑA TIENDA DE COMESTIBLES						
SUPERMERCADO						
FERRETERIA						
MERCADO DE FRUTAS Y VEGETALES						
LAVANDERIA/TINTORERIA						
TIENDA DE ROPA						
CORREO						
BIBLIOTECA						
ESCUELA ELEMENTAL						
OTRAS ESCUELAS						

PUBLIC HEALTH SURVEY - SPANISH, CONT'D.

	1-5 MIN.	6-10 MIN.	11-20 MIN.	20-30 MIN.	30+ MIN.	DON'T KNOW
LIBRERIA						
RESTAURANTES DE COMIDA RÁPIDA						
CAFE						
BANCO/COOPERATIVA DE CRÉDITO						
RESTAURANTES						
TIENDA DE ARRENDAMIENTO/TIENDA DE TECNOLOGIA						
FARMACIA						
SALÓN DE BELLEZA/BARBERIA						

12. Por favor escoja la contestación que mejor le aplique a usted y a su comunidad. "Local-Locales" y "a distancia en pie" significa una caminata de 10-15 minutos de su casa.

	MUY EN DESACUERDO	ALGO EN DESACUERDO	NEUTRAL	DE ACUERDO	MUY DE ACUERDO
PUEDO HACER LA MAYORIA DE MIS COMPRAS EN TIENDAS LOCALES.					
HAY TIENDAS A DISTANCIA EN PIE DE MI CASA.					
ES DIFICIL CAMINAR EN MI COMUNIDAD YA QUE LAS CALLES SON MUY TRANSITADAS.					
ES DIFICIL ENCONTRAR ESTACIONAMIENTO EN LAS ÁREAS DE COMPRAS LOCALES.					
HAY MUCHOS LUGARES PARA ASISTIR A CORTA DISTANCIA EN PIE DE MI CASA.					
ES FÁCIL CAMINAR A PARADAS DE AUTOBUS O TREN DESDE MI CASA.					
EN MI COMUNIDAD HAY MUCHAS ÁREAS NATURALES/CUERPOS DE AGUA QUE LIMITAN EN NÚMERO DE RUTAS PARA IR DE LUGAR A LUGAR.					
LAS CALLES EN MI COMUNIDAD NO TIENEN MUCHOS CUL-DE-SACS (CALLES SIN SALIDA).					
EN MI COMUNIDAD HAY VIAS DE PEATÓN QUE CONECTAN LAS CALLES A CUL-DE-SACS, SENDEROS, U OTROS CUL-DE-SACS.					
EN MI COMUNIDAD LA DISTANCIA ENTRE INTERSECCIONES ES USUALMENTE CORTA (100 YARDAS O MENOS; LA DISTANCIA DE UN CAMPO DE FUTBOL AMERICANO O MENOS.					
EN MI COMUNIDAD HAY MUCHAS INTERSECCIONES DE CUATRO DIRECCIONES.					
EN MI COMUNIDAD HAY MUCHAS ALTERNATIVAS PARA IR DE LUGAR A LUGAR (NO SIEMPRE TENGO QUE UTILIZAR LA MISMA RUTA).					

PUBLIC HEALTH SURVEY - SPANISH, CONT'D.

13. Por favor ponga solo una marca (√) por cada declaración

	MUY EN DESACUERDO	ALGO EN DESACUERDO	NEUTRAL	DE ACUERDO	MUY DE ACUERDO
LA MAYORIA DE LAS CALLES EN MI COMUNIDAD TIENAN ACERAS.					
LAS ACERAS EN MI COMUNIDAD SON MANTIENDAS ADECUADAMENTE (PAVIMENTADAS, PLANAS, CON POCAS GRIETAS).					
EN MI COMUNIDAD O CERCA DE MI COMUNIDAD HAY SENDEROS PARA PEATONES Y CICLISTA CON ACCESO FACIL.					
EN MI COMUNIDAD LAS ACERAS GENERALMENTE ESTÁN SEPARANDAS DE LA CARRETERA POR CARROS ESTACIONADOS EN LA CALLE.					
EN MI COMUNIDAD LA ACERA ESTÁ SEPARANDA DE LA CALLE POR UNA FRANJA DE HIERBA/TIERRA.					
ES SEGURO CORRER BICICLETA EN O CERCA DE MI COMUNIDAD.					
EN O CERCA DE MI COMUNIDAD HAY FACILIDADES PARA CORRER BICCILETA COMO CARRILES ESPECIALES, CAMINOS O SENDAS SEPARADOS, SENDAS DE USO COMPARTIDO PARA PEATONES Y CICLISTAS.					

14. Por favor ponga solo una marca (√) por cada declaración

	MUY EN DESACUERDO	ALGO EN DESACUERDO	NEUTRAL	DE ACUERDO	MUY DE ACUERDO
EN MI COMUNIDAD HAY ÁRBOLES A LO LARGO DE LAS CALLES.					
EN MI COMUNIDAD LOS ARBOLES LE PROVEEN SOMBRA A LAS ACERAS.					
EN MI COMUNIDAD HAY MUCHAS COSAS INTERESANTES QUE VER MIENTRAS CAMINAS.					
EN MI COMUNIDAD HAY MUCHAS VISTAS NATURALES ATRACTIVAS (COMO PAISAJES)					
EN MI COMUNIDAD HAY CASAS Y EDIFICIOS ATRACTIVOS.					

15. Por favor ponga solo una marca (√) por cada declaración

	MUY EN DESACUERDO	ALGO EN DESACUERDO	NEUTRAL	DE ACUERDO	MUY DE ACUERDO
EN LA CALLE DONDE YO VIVO HAY TANTO TRÁFICO QUE SE HACE MUY DIFICÍL O DESAGRADABLE EL CAMINAR EN MI COMUNIDAD.					
EN LAS CALLES ALEDAÑAS A DONDE YO VIVO HAY TANTO TRÁFICO QUE SE HACE MUY DIFICÍL O DESAGRADABLE EL CAMINAR EN MI COMUNIDAD.					
LA VELOCIDAD DE TRÁFICO EN LA CALLE DONDE YO VIVO ES USUALMENTE LENTA (30 MPH O MENOS).					
LA VELOCIDAD DEL TRÁFICO EN LA MAYORÍA DE LAS CALLES ALEDAÑAS A DONDE YO VIVO ES USUALMENTE LENTA (30 MPH O MENOS).					
LA MAYORÍA DE LOS CONDUCTORES EXCEDEN LOS LÍMITES DE VELOCIDAD MIENTRAS CONDUCEN EN MI COMUNIDAD.					

PUBLIC HEALTH SURVEY - SPANISH, CONT'D.

	MUY EN DESACUERDO	ALGO EN DESACUERDO	NEUTRAL	DE ACUERDO	MUY DE ACUERDO
EN MI COMUNIDAD LAS CALLES ESTÁN BIEN ALUMBRADAS.					
EN MI COMUNIDAD LAS PERSONAS PUEDEN VER A LOS PEATONES Y CICLISTA FÁCILMENTE DESDE SU CASA.					
EN MI COMUNIDAD HAY PASOS DE PEATONES Y SEÑALES DE TRÁNSITO PARA AYUDAR A LOS PEATONES A CRUZAR LAS CALLES MÁS TRANSITADAS.					
EN MI COMUNIDAD LOS PASOS PEATONALES AYUDAN A LOS PEATONES A SENTIRSE SEGUROS AL CRUZAR LAS CALLES MÁS TRANSITADAS.					
CUANDO CAMINAS EN MI COMUNIDAD ESTAS EXPUESTO A MUCHOS GASES DE ESCAPE (COMO DE CARROS Y AUTOBUSES).					
CUANDO CAMINO EN MI COMUNIDAD VEO Y HABLO CON OTRAS PERSONAS.					
EN MI COMUNIDAD HAY UNA GRAN INCIDENCIA DE CRIMEN.					
NO ES SEGURO CAMINAR DE DÍA EN MI COMUNIDAD DEBIDO A LA INCIDENCIA DE CRIMEN.					
NO ES SEGURO CAMINAR DE NOCHE EN MI COMUNIDAD DEBIDO A LA INCIDENCIA DE CRIMEN.					
MI COMUNIDAD ES LO SUFICIENTEMENTE SEGURA PARA DEJAR QUE UN NIÑO DE 10 AÑOS CAMINE ALREDEDOR DE LA CUADRA SIN UN ADULTO DURANTE EL DIA.					
EN MI COMUNIDAD HAY PERROS CALLEJEROS O DESATENDIDOS.					

16. Por favor indique si estos lugares donde puedes hacer ejercicios se encuentran en una ruta frecuentemente transitada (por ejemplo, ida y regreso al trabajo), o 5 minutos en carro, o 10 minutos caminando desde su casa o trabajo. Por favor ponga solo una marca (√) por cada declaración.

	SI	NO	NO ESTOY
ESTUDIO DE BAILE AERÓBICO			
CANCHA DE BALONCESTO			
PLAYA, LAGO, RIO, O ARROYO			
CARRIL DE BICICLETA O			
CAMPO DE GOLF			
SPA DE SALUD/GIMNASIO			
ESTUDIO DE ARTES MARCIALES			
CAMPO DE JUEGO (SOCCER, FUTBOL AMERICANO, SOFTBALL, ECT.)			
PARQUE PUBLICO			
CENTRO RECREATIVO PUBLICO			
CANCHA DE RACQUETBALL/SQUASH			
PISTA DE ATLETISMO			
PISTA DE PATINAJE			

PUBLIC HEALTH SURVEY - SPANISH, CONT'D.

	SI	NO	NO ESTOY
TIENDA DE ARTICULOS DEPORTIVOS			
PISCINA			
SENDEROS PARA IR A CAMINAR			
CANCHA DE TENIS			
ESTUDIO DE BAILE			

17. Mi comunidad tiene varias facilidades recreativas gratis o de bajo costo, como parques, senderos para caminar, caminos para bicicletas, centros recreativos, patio de recreo, piscina pública, etc.

	MUY EN DESACUERDO	ALGO EN DESACUERDO	ALGO DE ACUERDO	MUY DE ACUERDO
MI COMUNIDAD TIENE VARIAS FACILIDADES RECREATIVAS GRATIS O DE BAJO COSTO, COMO PARQUES, SENDEROS PARA BICICLETAS, CENTROS RECREATIVOS, PATIO DE RECREO, PISCINA PÚBLICA, ETC.				

18. En general, tu dirías que tu salud es:
- ☐ EXCELENTE
- ☐ MUY BUENA
- ☐ BUENA
- ☐ REGULAR
- ☐ POBRE

19. ¿Tu salud limita tu habilidad de completar actividades físicas moderadas (como mover una mesa, empujar la aspiradora, bolear, o jugar golf)? ¿Si la contestación es si, cuánto?
- ☐ SI, MUCHO
- ☐ SI, UN POCO
- ☐ NO
- ☐ NO, ESTOY DE FORMA FENOMENAL

20. ¿Tu salud limita tu habilidad de subir escaleras? ¿Si la contestación es si, cuánto?
- ☐ SI, MUCHO
- ☐ SI, UN POCO
- ☐ NO

21. ¿Durante las ultimas 4 semanas, haz tenido dificultad en lograr tus metas DEBIDO A TU SALUD FISICA?
- ☐ SI
- ☐ NO

22. ¿Durante las ultimas 4 semanas, haz estado limitado en la clase de trabajo que desempeñas u otras actividades regulares DEBIDO A PROBLEMAS EMOCIONALES (como depresión o ansiedad)?
- ☐ SI
- ☐ NO

23. ¿Tu salud ha impactado el tipo de trabajo que desempañas o las actividades que haces?
- ☐ SI
- ☐ NO

PUBLIC HEALTH SURVEY · SPANISH, CONT'D.

24. ¿En las últimas 4 semanas, lograste menos de lo que querías debido a problemas emocionales?
☐ SI
☐ NO

25. ¿En las últimas cuatro semanas no trabajaste tan cuidadosamente como debías a consecuencia de problemas emocionales?
☐ SI
☐ NO

26. ¿Durante las ULTIMAS 4 SEMANAS, cuanto consideras que el DOLOR interfirió con tus tareas normales (incluyendo el trabajo fuera de la casa y las tareas del hogar)?
☐ DE NINGUÑ MODO
☐ UN POCO
☐ REGULAR
☐ BASTANTE
☐ EXTREMADAMENTE

27. Las próximas tres preguntas tienen que ver con cómo te sentiste y como han ido las cosas DURANTE LAS ULTIMAS 4 SEMANAS. Para cada pregunta, por favor escoge la respuesta que más se acerca a la manera en la cual te has sentido. ¿Cuánto durante LAS ULTIMAS 4 SEMANAS-

	TODO EL TIEMPO	LA MAYORIA DEL TIEMPO	BASTANTE TIEMPO	ALGO DEL TIEMPO	UN POCO DEL TIEMPO	NINGUNA PARTE DEL TIEMPO
TE HAS SENTIDO CALMADO Y EN PAZ						
HAZ TIENDO MUCHA ENERGIA?						
TE HAS SENTIDO TRISTE Y DESANIMADO?						

28. ¿Cuánto pesas sin zapatos?

```
┌─────────────────────────────┐
│                             │
└─────────────────────────────┘
```

DEMOGRAPHICS: CONSUMER SURVEYS (ENGLISH & SPANISH)

COUNTY

COUNTY	PERCENT
LAKE	14%
ORANGE	57%
OSCEOLA	18%
SEMINOLE	11%

GENDER

GENDER	PERCENT
FEMALE	80%
MALE	20%

AGE

AGE	PERCENT
14-24	13%
25-34	27%
35-44	20%
44-54	17%
55-64	16%
65-74	5%
75-84	1%
85-94	1%
95+	0%

RACE/ETHNICITY

RACE/ETHNICITY	PERCENT
WHITE/CAUCASIAN	30%
BLACK/AFRICAN AMERICAN	26%
MULTI-CULTURAL	3%
LATINO/HISPANIC	35%
ASIAN	2%
AMERICAN INDIAN/ALASKA NATIVE	0.30%
NATIVE AMERICAN/PACIFIC ISLANDER	0.30%
MULTIPLE/OTHER	2.44%

MARITAL STATUS

MARITAL STATUS	PERCENT
MARRIED	44%
SEPARATED	6%
DIVORCED	14%
WIDOWED	3%
NEVER BEEN MARRIED	24%
PART OF AN UNMARRIED COUPLE	9%

DEMOGRAPHICS: CONSUMER SURVEYS (ENGLISH & SPANISH), CONT'D.

EDUCATION

EDUCATION	PERCENT
NEVER ATTENDED/ KINDERGARTEN ONLY	0.23%
GRADES 1-8	5%
GRADES 9-11	9%
HIGH SCHOOL OR GED	23%
SOME COLLEGE/TECHNICAL SCHOOL	34%
COLLEGE GRADUATE	20%
POSTGRADUATE DEGREE	10%

EMPLOYMENT

EMPLOYMENT	PERCENT
EMPLOYED FOR WAGES	54%
SELF-EMPLOYED	6%
OUT OF WORK ‹ 1 YEAR	7%
OUT OF WORK › 1 YEAR	7%
HOMEMAKER	10%
STUDENT	4%
RETIRED	6%
UNABLE TO WORK	6%

HOUSEHOLD INCOME

INCOME	PERCENT	INCOME	PERCENT
‹ $10,400	16%	$46,400 - 49,799	2%
$10,400 - 13,999	6%	$49,800 - 56,799	3%
$14,000 - 17,599	6%	$56,800 - 63,999	2%
$17,600 - 20,999	5%	$64,000 - 71,199	3%
$21,000 - 24,799	6%	$71,200 - 78,399	2%
$24,800 - 28,199	5%	$78,400 - 85,599	2%
$28,200 - 31,999	3%	$85,600 - 92,799	2%
$32,000 - 35,399	4%	$92,800 - 99,999	1%
$35,400 - 39,199	4%	$100,000+	5%
$39,200 - 42,599	3%	NOT SURE	11%
$42,600 - 46,399	3%	I REFUSE TO ANSWER	8%

PROVIDER SURVEY

REGIONAL HEALTH SURVEY

The Central Florida Community Benefit Partnership needs your help to better understand our region's health. Please fill out this survey to share your opinions about the quality of life and health in your region. Survey results will be made available to the public. Help us to make Central Florida a healthier and better place to live, work, and play!

1. What is your name?

2. What is today's date?

3. What agency/company do you work for?

4. What is your title?

5. Please fill in the following:

What is your age?

What is your phone number?

What is your email address?

6. How would you rate our community's health?
   ☐ EXCELLENT
   ☐ GOOD
   ☐ FAIR
   ☐ POOR
   ☐ VERY POOR

7. How would you rate your own health status?
   ☐ EXCELLENT
   ☐ GOOD
   ☐ FAIR
   ☐ POOR
   ☐ VERY POOR

8. How would you rate our community's overall quality of life?
   ☐ EXCELLENT
   ☐ GOOD
   ☐ FAIR
   ☐ POOR
   ☐ VERY POOR

PROVIDER SURVEY, CONT'D.

9. How would you rate your own quality of life?

> EXCELLENT
>
> GOOD
>
> FAIR
>
> POOR
>
> VERY POOR

10. Prevention Institute defines four basic elements of community health: 1) Equitable opportunity including racial justice, jobs and education; 2) Place including parks and open space, transportation, housing, air, water and safety; 3) People including social networks and willingness to act for the common good, and; 4) Health Care Services including preventive services, treatment services, access, cultural competency, and emergency response.

Considering this overall look at what it takes to have a healthy community, what do you view as the major issues facing:

CHILDREN?

ADULTS?

EMPLOYEES?

INDIVIDUALS WITHOUT HEALTH INSURANCE?

INDIVIDUALS OVER 65?

INDIVIDUALS WITH MENTAL HEALTH ISSUES?

INDIVIDUALS WITH SUBSTANCE ABUSE ISSUES?

INDIVIDUALS REQUIRING DENTAL SERVICES?

INDIVIDUALS WITH CANCER?

11. Now looking only at health care services (preventive, treatment, access, cultural competency, emergency response), what do you view as the major issues when it comes to:

CHILDREN?

ADULTS?

EMPLOYEES?

INDIVIDUALS WITHOUT HEALTH INSURANCE?

INDIVIDUALS OVER 65?

PROVIDER SURVEY, CONT'D.

INDIVIDUALS WITH MENTAL
HEALTH ISSUES?

INDIVIDUALS WITH SUBSTANCE
ABUSE ISSUES?

INDIVIDUALS REQUIRING
DENTAL SERVICES?

INDIVIDUALS WITH CANCER?

12. Who in our community does a good job of promoting health?

13. Who in our community does not promote good health?

14. Are there gaps where you would like to see services offered in your communities?

15. What has occurred recently that may affect our local public health system or the health of our community?

16. Are their trends occuring that will have an impact?

17. What forces are occurring locally?

18. What may occur in the foreseeable future that may affect our public health system or the health of the community?

DEMOGRAPHICS: PROVIDER SURVEY

PROVIDER AGE

AGE	COUNT	PERCENT
14-24	3	2%
25-34	11	8%
35-44	31	24%
44-54	29	22%
55-64	41	31%
65-74	17	13%
75-84	0	0%
85-94	0	0%
95+	0	0%
TOTAL	132	100%

RACIAL/ETHNIC GROUP(S)* SERVED

RACE/ETHNICITY	PERCENT
BLACK/AFRICAN AMERICAN	22%
WHITE	24%
HISPANIC/LATINO	21%
HAITIAN	19%
NATIVE AMERICAN/ AMERICAN INDIAN	17%
ASIAN/PACIFIC ISLANDER	17%
ALL OF THE ABOVE	92%
OTHER	6%

*Providers were allowed to select all that apply so percentages total more than 100%.

POPULATION(S)* SERVED

RACE/ETHNICITY	PERCENT
HOMELESS	61%
LOW INCOME	71%
ELDERLY	67%
VETERANS	54%
CHILDREN	68%
GENERAL PUBLIC	77%
WOMEN	71%
MEN	66%

*Providers were allowed to select all that apply so percentages total more than 100%.

STAKEHOLDER IN-DEPTH INTERVIEWS

Hello, may I please speak with [NAME]? Thank you so much for taking this time to speak with me. Do you have any questions about the assessment that we discussed during our last call? [ALLOW TIME FOR QUESTIONS]

[IF PREVIOUSLY AGREED TO RECORDING]: In order to capture all of the information we talk about, I am going to record the phone call using [GOOGLE VOICE OR A HANDHELD RECORDER] to record the conversation. I will not record your name on the call; I will only start the recording with the beginning of the questions. After the interview is completed, we will transcribe and code the interviews so that we can see if any themes arise across the multiple interviews conducted. All recordings and transcripts will be destroyed at the end of the project, and your responses will not be tied back to you in any way; the results of the interviews will only be reported in aggregate. Are you still comfortable with having the conversation recorded in this way?

[IF YES, PROCEED WITH INTERVIEW]

[IF NO, OFFER TO HAVE A THIRD PARTY LISTEN IN ON THE CALL TO TAKE DETAILED NOTES]

[IF DID NOT AGREE TO RECORDING]: In order to capture all of the information we talk about, I am going to take detailed notes throughout our conversation. After the interview is completed, we will review and code the interviews so that we can see if any themes arise across the multiple interviews conducted. All of your responses will not be tied back to you in any way; the results of the interviews will only be reported in aggregate. Do you agree to participate in this way?

[IF YES, PROCEED WITH INTERVIEW]

[IF NO, THANK THE PARTICIPANT FOR THEIR TIME AND END CALL]

[BEGIN INTERVIEW]: Thank you! I appreciate your time. Again, please remember that your responses will not be tied back to you directly so feel free to be as honest as possible. We are truly interested in hearing your opinions and ideas. You may refuse to answer any question or topic during the interview. Do you have any questions? Let's get started. I am going to begin the recording now.

[BEGIN RECORDING]

This is key informant interview [#] on [day, date, time] As we go through these questions, please answer based on your perception for the following geographic areas of the Central Florida area: [Counties or Cities].

Line of profession:

County(s) served:

Race/Ethnicity/Culture:

1. Can you please tell me a little bit about your background?

Probe: Are you a public health expert, local/county/state official; community resident; representative of CBO, faith-based organization, schools, other health setting, etc.? Follow-up: Do you meet any of these criteria? [Note: Participant does not necessarily have to meet any of these to participate]

[CIRCLE ALL THAT APPLY]

1. Persons with special knowledge of or expertise in public health

2. Federal, tribal, regional, State, or local health or other departments or agencies, with current data or other information relevant to the health needs of the community served by the hospital facility

3. Leaders, representatives, or members of medically underserved, low-income, and minority populations, and populations with chronic disease needs, in the community served by the hospital facility.

STAKEHOLDER IN-DEPTH INTERVIEWS, CONT'D.

1.a. In your opinion, what relationship does your sector or line of work have with impacting the health of the community—negative or positive?

If your sector line of work were to go away, would the health of the community be impacted.

COMMUNITY HEALTH AND WELLNESS

2. What are some of your community's assets and strengths as related to the health of community residents?

Probe: primary and preventive health care; mental/behavioral health; social environment; any other community assets

3. What do you think are the physical health needs or concerns of your community? [free list]

Probe: heart disease, diabetes, cancer, asthma, STIs, HIV, etc.

Follow up: Who do these health needs or concerns affect the most (e.g. age groups, racial/ethnic groups, socioeconomic groups, geographic subsets, etc.)?

Follow up: Are there any other needs that should be addressed?

Follow up: Are there organizations already addressing these needs? [free list] If so, which ones?

4. What do you think are the behavioral/mental health needs or concerns of your community? [free list]

Probe: suicide, depression, anxiety, ADHD, etc.

Follow up: Who do these health needs or concerns affect the most (e.g. age groups, racial/ethnic groups, socioeconomic groups, geographic subsets, etc.)?

Follow up: Are there organizations already addressing these needs? [free list] If so, which ones?

5. What do you think are the environmental concerns facing your community? [free list]

Probe: Things like air quality, water quality, workplace related dangers, toxin/chemical exposures, etc.

Follow up: Who do these health needs or concerns affect the most (e.g. age groups, racial/ethnic groups, socioeconomic groups, geographic subsets, etc.)?

Follow up: Are there organizations already addressing these needs? [free list] If so, which ones?

6. What do you think are the social health concerns facing your community? Social health is in one sense the health of a person in reference to his or her ability to interact with others and thrive in social settings. It can also refer to the health of a society in general, and how the members of that society are treated and behave toward each other.

Probe: Things like housing, neighborhood safety, violence, transportation, employment, green space, etc.

Follow up: Who do these health needs or concerns affect the most (e.g. age groups, racial/ethnic groups, socioeconomic groups, geographic subsets, etc.)?

Follow up: Are there organizations, assets or infrastructure (i.e. green space, parks, bike lanes, etc.) already addressing these needs? [free list] If so, which ones?

STAKEHOLDER IN-DEPTH INTERVIEWS, CONT'D.

RISK FACTORS

7. What are behaviors that promote health and wellness in your community?

Probe: primary and preventive health care; mental/behavioral health; social environment; any other community assets

Probe: Exercise, healthy nutrition, etc.

Follow up: Who engages in these positive behaviors and who is impacted (e.g. age groups, racial/ethnic groups, socioeconomic groups, geographic subsets, etc.)?

8. What are behaviors that cause sickness and death in your community?

Probe: Smoking, vaping, drinking, drug use, poor diet/nutrition, lack of physical activity, lack of screening (breast cancer, diabetes, etc.), etc.

Follow up: Who engages in these risk factors and who is impacted (e.g. age groups, racial/ethnic groups, socioeconomic groups, geographic subsets, etc.)?

HEALTHCARE UTILIZATION

9. Where do members of your community go to access existing primary health care?

Probe: Can you identify the facilities and what types they are (free clinic, private doctors office)?

Follow up: Who accesses these services?

Follow up: How often do they go to these facilities?

Follow up: What are the reasons they go (preventive, chronic care, etc.)?

10. Where do members of your community go to access existing specialty care?

Probe: Can you identify the facilities and what types they are (free clinic, private doctors office)?

Probe: What types of specialty care are people in your community seeking (ie gynecology, heart specialist, dialysis, etc?

Follow up: Who accesses these services?

Follow up: How often do they go to these facilities?

Follow up: What are the reasons they go (preventive, chronic care, etc.)?

11. Where do members of your community go to access emergency rooms or urgent care centers?

Probe: Please identify these facilities:

Follow up: Who accesses these services?

Follow up: How often do they go to these facilities?

Follow up: What are the reasons they go (emergencies, preventive, chronic care, etc.)?

Follow up: Why do they go to emergency care facilities rather than primary care?

12. Where do members of your community go to access existing mental and behavioral health care?

Probe: Can you identify the facilities and what types they are (free clinic, private doctors office)?

Follow up: How often do they go to these facilities?

Follow up: What are the reasons they go (preventive, chronic care, etc.)?

STAKEHOLDER IN-DEPTH INTERVIEWS, CONT'D.

13. Where do members of your community go to access existing dental care?

Probe: Can you identify the facilities and what types they are (free clinic, private doctors office)?

Follow up: How often do they go to these facilities?

Follow up: What are the reasons they go?

FORCES OF CHANGE

14. What has occurred recently that may affect our local public health system or the health of our community?

15. Are there trends occurring that will have an impact? Describe.

16. What forces are occurring locally? Regionally? Nationally? Globally?

17. What may occur in the foreseeable future that may affect our public health system or the health of our community?

[END RECORDING]

Thank you very much for your time today; we really appreciate you sharing your thoughts on the current status and health needs of your community. If you have any questions about the interviews we are conducting, you can contact Dawn Emerick at Impact Partners 904-233-7212 or info.impactpartners@gmail.com

DEMOGRAPHICS: STAKEHOLDER IN-DEPTH INTERVIEWS

DATE	TIME	CODE	NAME	SECTOR	COUNTY	RACE/ ETHNICITY	GENDER
11/25/2015	9:30 A.M.	0001	DR. RALLS	ER	ORANGE	WHITE/ LATINO	M
11/25/2015	11:00 A.M.	0002	KAREN BROUSARD	FOOD BANK	ALL FOUR	WHITE	F
11/25/2015	1:30 P.M.	0003	JOSEPHINE MERCADO	HISPANIC HEALTH	ORANGE	LATINO	F
11/30/2015	9:00 A.M.	0004	BILL D'AIUTO	DCF	ALL FOUR	WHITE	M
11/30/2015	2:30 P.M.	0005	BAKARI BURNS	HEALTHCARE	ALL FOUR	AFRICAN/ AMERICAN	M
12/1/2015	1:00 P.M.	0006	CHIEF SMITH	LAW ENFORCEMENT	SEMINOLE	AFRICAN/ AMERICAN	M
12/1/2015	3:00 P.M.	0007	DR. FRANCIS	FQHC/HIV	ORANGE	BLACK HAITIAN	F
12/3/2015	1:00 P.M.	0008	MARTHA ARE	HOMELESS COALITION	ALL FOUR	WHITE	F
12/3/2015	3:00 P.M.	0009	JIM SHANK	BEHAVIORAL HEALTH	OSCEOLA	WHITE	M
12/4/2015	9:00 A.M.	0010	JIM COFFIN	INTERFAITH COUNCIL	ALL FOUR	WHITE	M
12/4/2015	3:00 P.M.	0011	WESLEY HARRIS	URBAN LEAGUE	ALL FOUR	BLACK	M
12/10/2015	10:00 A.M.	0012	CAROL MILWATER	SPECIALTY CARE	LAKE	WHITE	F
12/11/2015	3:00 P.M.	0013	SUSAN MOXIE	EDUCATION	LAKE	WHITE	F
12/16/2015	10:00 A.M.	0014	DONNA SINES	COMMUNITY CONVENER	OSCEOLA	WHITE	F
12/16/2015	2:00 P.M.	0015	BEVERLY HOUGLAND	AGING	ALL FOUR	WHITE	F
1/12/2016	2:00 P.M.	0016	DIANA BOLIVA	BUSINESS	ORANGE	WHITE/ LATINO	F

COMMUNITY CONVERSATIONS

1. COMMUNITY HEALTH AND WELLNESS

What are some of your community's assets and strengths as related to the health of community residents including children?

Probe: primary and preventive health care; mental/behavioral health; social environment; any other community assets

What do you think are the physical health needs or concerns of your community? [free list]

Probe: heart disease, diabetes, cancer, asthma, STIs, HIV, etc.

Follow up: Who do these health needs or concerns affect the most (e.g. age groups, racial/ethnic groups, socioeconomic groups, geographic subsets, etc.)?

Follow up: Are there any other needs that should be addressed?

Follow up: Are there organizations already addressing these needs? [free list] If so, which ones?

What do you think are the behavioral/mental health needs or concerns of your community? [free list]

Probe: suicide, depression, anxiety, ADHD, etc.

Follow up: Who do these health needs or concerns affect the most (e.g. age groups, racial/ethnic groups, socioeconomic groups, geographic subsets, etc.)?

Follow up: Are there organizations already addressing these needs? [free list] If so, which ones?

What do you think are the environmental concerns facing your community? [free list]

Probe: Things like air quality, water quality, workplace related dangers, toxin/chemical exposures, etc.

Follow up: Who do these health needs or concerns affect the most (e.g. age groups, racial/ethnic groups, socioeconomic groups, geographic subsets, etc.)?

Follow up: Are there organizations already addressing these needs? [free list] If so, which ones?

What do you think are the social health concerns facing your community? Social health is in one sense the health of a person in reference to his or her ability to interact with others and thrive in social settings. It can also refer to the health of a society in general, and how the members of that society are treated and behave toward each other.

Probe: Things like housing, neighborhood safety, violence, transportation, employment, green space, etc.

Follow up: Who do these health needs or concerns affect the most (e.g. age groups, racial/ethnic groups, socioeconomic groups, geographic subsets, etc.)?

Follow up: Are there organizations, assets or infrastructure (i.e. green space, parks, bike lanes, etc.) already addressing these needs? [free list] If so, which ones?

2. RISK FACTORS

What are behaviors that promote health and wellness in your community?

Probe: Exercise, healthy nutrition, etc.

Follow up: Who engages in these positive behaviors and who is impacted (e.g. age groups, racial/ethnic groups, socioeconomic groups, geographic subsets, etc.)?

COMMUNITY CONVERSATIONS, CONT'D.

What are behaviors that cause sickness and death in your community?

Probe: Smoking, vaping, drinking, drug use, poor diet/nutrition, lack of physical activity, lack of screening (breast cancer, diabetes, etc.), etc.

Follow up: Who engages in these risk factors and who is impacted (e.g. age groups, racial/ethnic groups, socioeconomic groups, geographic subsets, etc.)?

3. HEALTHCARE UTILIZATION

Where do members of your community go to access existing primary health care?

Probe: Can you identify the facilities and what types they are (free clinic, private doctors office)?

Follow up: Who accesses these services?

Follow up: How often do they go to these facilities?

Follow up: What are the reasons they go (preventive, chronic care, etc.)?

Where do members of your community go to access existing specialty care?

Probe: Can you identify the facilities and what types they are (free clinic, private doctors office)?

Probe: What types of specialty care are people in your community seeking (ie gynecology, heart specialist, dialysis, etc?

Follow up: Who accesses these services?

Follow up: How often do they go to these facilities?

Follow up: What are the reasons they go (preventive, chronic care, etc.)?

Where do members of your community go to access emergency rooms or urgent care centers?

Probe: Please identify these facilities:

Follow up: Who accesses these services?

Follow up: How often do they go to these facilities?

Follow up: What are the reasons they go (emergencies, preventive, chronic care, etc.)?

Follow up: Why do they go to emergency care facilities rather than primary care?

Where do members of your community go to access existing mental and behavioral health care?

Probe: Can you identify the facilities and what types they are (free clinic, private doctors office)?

Follow up: How often do they go to these facilities?

Follow up: What are the reasons they go (preventive, chronic care, etc.)?

Where do members of your community including children go to access existing dental care?

Probe: Can you identify the facilities and what types they are (free clinic, private doctors office)?

Follow up: How often do they go to these facilities?

Follow up: What are the reasons they go?

COMMUNITY CONVERSATIONS, CONT'D.

4. ACCESS TO CARE

Are you satisfied with the current capacity of the health care system in your community?

Probe: Please consider access, cost, availability, quality, options in health care, etc.

Follow up: Why or why not?

What are some barriers to accessing primary health care in your community? [free list]

Probe: inadequate transportation, long wait times, don't know where to go, lack of insurance, etc.

What are some barriers to accessing mental and behavioral care in your community [free list]

Probe: inadequate transportation, long wait times, don't know where to go, lack of insurance, stigma, etc.

What are some of the barriers to your prescriptions issued by your physician?

DEMOGRAPHICS: COMMUNITY CONVERSATIONS

NORTH LAKE COUNTY

ZIP CODE	COUNTY	GENDER	AGE	RACE/ETHNICITY	MARITAL STATUS
32735 (1)	LAKE (3)	F (1)	49 (2)	WHITE/CAUCASIAN (3)	MARRIED (3)
32788 (1)	SUMTER (1)	M (3)	59 (2)	BLACK/AFRICAN AMERICAN (1)	DIVORCED (1)
32162 (1)					
32767 (1)					

HIGHEST GRADE/YEAR OF SCHOOL COMPLETED	EMPLOYMENT STATUS	TOTAL FAMILY HOUSEHOLD INCOME
COLLEGE 1 YEAR TO 3 YEARS (SOME COLLEGE OR TECHNICAL SCHOOL (1)	EMPLOYED FOR WAGES (3)	$14,000 - $17,599 (1)
	UNABLE TO WORK (1)	$64,000 - $71,199 (1)
POSTGRADUATE DEGREE (MASTER'S M.D. PH.D., ETC.) (3)		$100,000/OVER (2)

SOUTH LAKE COUNTY

ZIP CODE	COUNTY	GENDER	AGE	RACE/ETHNICITY	MARITAL STATUS
32757 (1)	LAKE (12)	F (6)	20 (1)	WHITE/CAUCASIAN (9)	MARRIED (9)
34711 (6)		M (6)	36 (1)	HISPANIC/LATINO (2)	NEVER BEEN MARRIED (3)
34715 (1)			37 (1)	ASIAN (1)	
34753 (2)			50 (2)	AMERICAN INDIAN/ ALASKA NATIVE (1)	
34748 (1)			52 (1)		
			56 (1)		
			59 (1)		
			62 (1)		
			63 (2)		
			64 (1)		

HIGHEST GRADE/YEAR OF SCHOOL COMPLETED	EMPLOYMENT STATUS	TOTAL FAMILY HOUSEHOLD INCOME
GRADE 12 OR GED (HIGH SCHOOL GRADUATE) (1)	EMPLOYED FOR WAGES (6)	UNDER $10,400 (1)
COLLEGE 1 YEAR TO 3 YEARS (SOME COLLEGE OR TECHNICAL SCHOOL (3)	SELF-EMPLOYED (2)	$35,400 - $39,199 (1)
	OUT OF WORK FOR MORE THAN 1 YEAR (1)	$39,200 - $42,599 (4)
BACHELOR'S DEGREE (COLLEGE GRADUATE) (5)	A HOMEMAKER (1)	$46,400 - $49,799 (1)
	UNABLE TO WORK (2)	$64,000 - $71,199 (1)
POSTGRADUATE DEGREE (MASTER'S M.D. PH.D., ETC.) (3)		$100,000/OVER (4)

DEMOGRAPHICS: COMMUNITY CONVERSATIONS, CONT'D.

ORANGE COUNTY					
ZIP CODE	COUNTY	GENDER	AGE	RACE/ETHNICITY	MARITAL STATUS
32827 (1)	ORANGE (7)	F (4)	22 (1)	BLACK/AFRICAN AMERICAN (4)	MARRIED (3)
32805 (1)		M (3)	39 (1)	ASIAN (1)	DIVORCED (2)
32808 (3)			43 (1)	MULTIPLE/OTHER (2)	NEVER BEEN MARRIED (1)
32818 (1)			46 (1)		PART OF AN UNMARRIED COUPLE (1)
32819 (1)			47 (1)		
			48 (1)		
			50 (1)		

HIGHEST GRADE/YEAR OF SCHOOL COMPLETED	EMPLOYMENT STATUS	TOTAL FAMILY HOUSEHOLD INCOME
COLLEGE 1 YEAR TO 3 YEARS (SOME COLLEGE OR TECHNICAL SCHOOL (1)	EMPLOYED FOR WAGES (5)	$28,200 - $31,999 (1)
BACHELOR'S DEGREE (COLLEGE GRADUATE) (3)	SELF-EMPLOYED (1)	$42,600 - $46,399 (1)
POSTGRADUATE DEGREE (MASTER'S M.D. PH.D., ETC.) (3)	A STUDENT (1)	$49,800 - $56,799 (1)
		$64,000 - $71,199 (1)
		$100,000/OVER (1)
		REFUSED (2)

DEMOGRAPHICS: COMMUNITY CONVERSATIONS, CONT'D.

ORANGE COUNTY - SPANISH					
ZIP CODE	COUNTY	GENDER	AGE	RACE/ETHNICITY	MARITAL STATUS
32807 (4)	ORANGE (29)	F (21)	21 (1) 50 (1)	HISPANIC/LATINO (27)	MARRIED (14)
32809 (1)		M (6)	28 (1) 54 (1)	MULTIPLE/OTHER (2)	DIVORCED (4)
32811 (1)		DNR (2)	29 (1) 56 (1)		WIDOWED (4)
32812 (2)			31 (1) 57 (1)		NEVER BEEN MARRIED (4)
32822 (9)			34 (2) 58 (2)		PART OF AN UNMARRIED COUPLE (2)
32825 (5)			36 (2) 60 (3)		
32828 (3)			37 (1) 65 (1)		DNR (1)
32829 (2)			38 (2) 67 (2)		
32832 (1)			41 (1) 71 (1)		
32877 (1)			47 (1) 74 (1)		
			48 (1) 78 (1)		

HIGHEST GRADE/YEAR OF SCHOOL COMPLETED	EMPLOYMENT STATUS	TOTAL FAMILY HOUSEHOLD INCOME
GRADES 1 THROUGH 8 (ELEMENTARY) (2)	EMPLOYED FOR WAGES (5)	$10,400 - $13,999 (8)
GRADES 9 THROUGH 11 (SOME HIGH SCHOOL) (6)	SELF-EMPLOYED (1)	$14,000 - $17,599 (3)
GRADE 13 OR GED (HIGH SCHOOL GRADUATE) (8)	A STUDENT (1)	$24,800 - $28,199 (3)
COLLEGE 1 YEAR TO 3 YEARS (SOME COLLEGE OR TECHNICAL SCHOOL (9)		DON'T KNOW/NOT SURE (3)
BACHELOR'S DEGREE (COLLEGE GRADUATE) (3)		REFUSED (1)
POSTGRADUATE DEGREE (MASTER'S M.D. PH.D., ETC.) (1)		DNR (1)

DEMOGRAPHICS: COMMUNITY CONVERSATIONS, CONT'D.

OSCEOLA COUNTY					
ZIP CODE	**COUNTY**	**GENDER**	**AGE**	**RACE/ETHNICITY**	**MARITAL STATUS**
32804 (1)	ORANGE (3)	F (9)	25 (1)	WHITE/CAUCASIAN (4)	MARRIED (5)
32822 (1)	OSCEOLA (7)	M (0)	27 (1)	BLACK/AFRICAN AMERICAN (3)	DIVORCED (2)
32829 (3)			35 (1)	MULTIPLE/OTHER (2)	WIDOWED (2)
34741 (1)			58 (1)		
34744 (2)			59 (1)		
34758 (1)			61 (1)		
34769 (1)			62 (1)		
34771 (1)			65 (1)		
			70 (1)		

HIGHEST GRADE/YEAR OF SCHOOL COMPLETED	EMPLOYMENT STATUS	TOTAL FAMILY HOUSEHOLD INCOME
GRADE 12 OR GED (HIGH SCHOOL GRADUATION) (1)	EMPLOYED FOR WAGES (7)	$17,600 - $20,999 (1)
COLLEGE 1 YEAR TO 3 YEARS (SOME COLLEGE OR TECHNICAL SCHOOL (1)	A STUDENT (1)	$35,400 - $39,199 (1)
	UNABLE TO WORK (1)	$42,600 - $46,399 (1)
BACHELOR'S DEGREE (COLLEGE GRADUATE) (5)		$46,400 - $49,799 (1)
POSTGRADUATE DEGREE (MASTER'S M.D. PH.D., ETC.) (2)		$78,400 - $85,599 (1)
		$92,800 - $99,999 (1)
		$100,000/OVER (2)
		DON'T KNOW/NOT SURE (1)

DEMOGRAPHICS: COMMUNITY CONVERSATIONS, CONT'D.

SEMINOLE COUNTY

ZIP CODE	COUNTY	GENDER	AGE		RACE/ETHNICITY	MARITAL STATUS
32746 (2)	SEMINOLE (30)	F (24)	24 (1)	53 (2)	WHITE/CAUCASIAN (6)	MARRIED (13)
32701 (10)	POLK (1)	M (7)	29 (1)	55 (1)	BLACK/AFRICAN AMERICAN (20)	DIVORCED (11)
32708 (1)			31 (1)	56 (1)	MULTI-CULTURAL (1)	WIDOWED (2)
32714 (2)			34 (1)	57 (2)	HISPANIC/LATINO (2)	NEVER BEEN MARRIED (4)
32747 (1)			37 (1)	58 (1)	ASIAN (1)	PART OF AN UNMARRIED COUPLE (1)
32771 (4)			38 (1)	59 (1)	MULTIPLE/OTHER (2)	
32773 (3)			39 (1)	65 (1)		
32776 (1)			41 (1)	67 (1)		
32779 (1)			42 (2)	72 (1)		
32765 (2)			43 (1)	73 (1)		
32750 (1)			47 (1)	81 (1)		
32792 (2)			49 (2)			
33810 (1)			52 (3)			

HIGHEST GRADE/YEAR OF SCHOOL COMPLETED	EMPLOYMENT STATUS	TOTAL FAMILY HOUSEHOLD INCOME
COLLEGE 1 YEAR TO 3 YEARS (SOME COLLEGE OR TECHNICAL SCHOOL (7)	EMPLOYED FOR WAGES (20)	UNDER $10,400 (1)
	SELF-EMPLOYED (4)	$10,400 - $13,999 (1)
BACHELOR'S DEGREE (COLLEGE GRADUATE) (10)	OUT OF WORK FOR MORE THAN 1 YEAR (2)	$28,200 - $31,999 (1)
	A STUDENT (1)	$32,000 - $35,399 (1)
POSTGRADUATE DEGREE (MASTER'S M.D. PH.D., ETC.) (13)	RETIRED (5)	$35,400 - $39,199 (3)
		$39,200 - $42,599 (1)
		$46,400 - $49,799 (2)
		$49,800 - $56,799 (1)
		$56,800 - $63,999 (4)
		$64,000 - $71,199 (1)
		$85,600 - $92,799 (2)
		$100,000/OVER (7)
		DON'T KNOW/NOT SURE (2)
		REFUSED (4)

COMMUNITY ASSETS TO ADDRESS THE NEEDS

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

TABLE 12.1 COMMUNITY ASSETS BY COUNTY - CHRONIC DISEASE: ASTHMA

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

TABLE 12.2 COMMUNITY ASSETS BY COUNTY - CHRONIC DISEASE: CANCER

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

TABLE 12.2 COMMUNITY ASSETS BY COUNTY - CHRONIC DISEASE: CANCER, CONT'D.

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

TABLE 12.3 COMMUNITY ASSETS BY COUNTY - CHRONIC DISEASE: DIABETES

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

TABLE 12.3 COMMUNITY ASSETS BY COUNTY - CHRONIC DISEASE: DIABETES, CONT'D.

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

TABLE 12.4 COMMUNITY ASSETS BY COUNTY - CHRONIC DISEASE: HEART DISEASE

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

TABLE 12.5 COMMUNITY ASSETS BY COUNTY - CHRONIC DISEASE: OBESITY

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

TABLE 12.5 COMMUNITY ASSETS BY COUNTY - CHRONIC DISEASE: OBESITY, CONT'D.

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

TABLE 12.6 COMMUNITY ASSETS BY COUNTY - CHRONIC DISEASE: STROKE

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

TABLE 12.7 COMMUNITY ASSETS BY COUNTY - HEALTHCARE: SERVICES - CHRONIC DISEASE MANAGEMENT

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

TABLE 12.8 COMMUNITY ASSETS BY COUNTY - HEALTHCARE: SERVICES - DENTAL CARE

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

TABLE 12.9 COMMUNITY ASSETS BY COUNTY - HEALTHCARE: SERVICES - HEALTH LITERACY

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

TABLE 12.9 COMMUNITY ASSETS BY COUNTY - HEALTHCARE: SERVICES - HEALTH LITERACY, CONT'D.

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

TABLE 12.10 COMMUNITY ASSETS BY COUNTY - HEALTHCARE: SERVICES - MENTAL HEALTH

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

TABLE 12.10 COMMUNITY ASSETS BY COUNTY - HEALTHCARE: SERVICES - MENTAL HEALTH CONT'D.

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

TABLE 12.11 COMMUNITY ASSETS BY COUNTY - HEALTHCARE: SERVICES - SUBSTANCE ABUSE

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

TABLE 12.12 COMMUNITY ASSETS BY COUNTY - HEALTHCARE: BARRIERS - ACCESS TO CARE

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

TABLE 12.12 COMMUNITY ASSETS BY COUNTY - HEALTHCARE: BARRIERS - ACCESS TO CARE, CONT'D.

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

TABLE 12.13 COMMUNITY ASSETS BY COUNTY - HEALTHCARE: BARRIERS - AFFORDABLE HEALTHCARE

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

TABLE 12.13 COMMUNITY ASSETS BY COUNTY - HEALTHCARE: BARRIERS - AFFORDABLE HEALTHCARE, CONT'D.

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

TABLE 12.14 COMMUNITY ASSETS BY COUNTY - REPRODUCTIVE HEALTH: MATERNAL AND CHILD HEALTH

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

TABLE 12.14 COMMUNITY ASSETS BY COUNTY - REPRODUCTIVE HEALTH: MATERNAL AND CHILD HEALTH, CONT'D.

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

TABLE 12.15 COMMUNITY ASSETS BY COUNTY - REPRODUCTIVE HEALTH: SEXUALLY TRANSMITTED DISEASES

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

TABLE 12.16 COMMUNITY ASSETS BY COUNTY - ADOLESCENT HEALTH: MARIJUANA USE AMONG YOUTH

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

TABLE 12.17 COMMUNITY ASSETS BY COUNTY - ADOLESCENT HEALTH: PHYSICAL ACTIVITY AMONG YOUTH

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

**TABLE 12.17 COMMUNITY ASSETS BY COUNTY - ADOLESCENT HEALTH:
PHYSICAL ACTIVITY AMONG YOUTH,** CONT'D.

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

TABLE 12.18 COMMUNITY ASSETS BY COUNTY - SOCIAL DETERMINANTS OF HEALTH: FINANCIAL BARRIERS - HOMELESSNESS

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

TABLE 12.18 COMMUNITY ASSETS BY COUNTY - SOCIAL DETERMINANTS OF HEALTH: FINANCIAL BARRIERS - HOMELESSNESS, CONT'D.

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

TABLE 12.19 COMMUNITY ASSETS BY COUNTY - SOCIAL DETERMINANTS OF HEALTH: FINANCIAL BARRIERS - HOUSING AFFORDABILITY

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

TABLE 12.20 COMMUNITY ASSETS BY COUNTY - SOCIAL DETERMINANTS OF HEALTH: FINANCIAL BARRIERS - HIGH UNEMPLOYMENT

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

TABLE 12.21 COMMUNITY ASSETS BY COUNTY - SOCIAL DETERMINANTS OF HEALTH: CRIMINAL JUSTICE - MOTOR VEHICLE ACCIDENTS/COLLISIONS

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

TABLE 12.22 COMMUNITY ASSETS BY COUNTY - SOCIAL DETERMINANTS OF HEALTH: CRIMINAL JUSTICE - VIOLENT CRIME

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