



**2004 East Central Florida  
COMMUNITY HEALTH  
ASSESSMENT**

**EXECUTIVE SUMMARY**

Co-Sponsored By  
The Winter Park Health Foundation and  
The Community Health Improvement Council  
With Assistance From  
The Health Council of East Central Florida

# INTRODUCTION

## PROJECT OVERVIEW

### Project Goals

The 2004 PRC East Central Florida Community Health Assessment is a follow-up to Central Florida's first comprehensive health assessment in 1999. The major sponsors for this year's assessment in Orange, Osceola and Seminole Counties were, once again, the Winter Park Health Foundation (WPHF) and the Community Health Improvement Council (CHIC). Additional community partners funded the assessment in Brevard County as well as the incremental sampling conducted in Seminole and Osceola Counties for special study purposes. For this year's assessment, the Health Council of East Central Florida (HCECF) assisted in the design and coordination of this project.

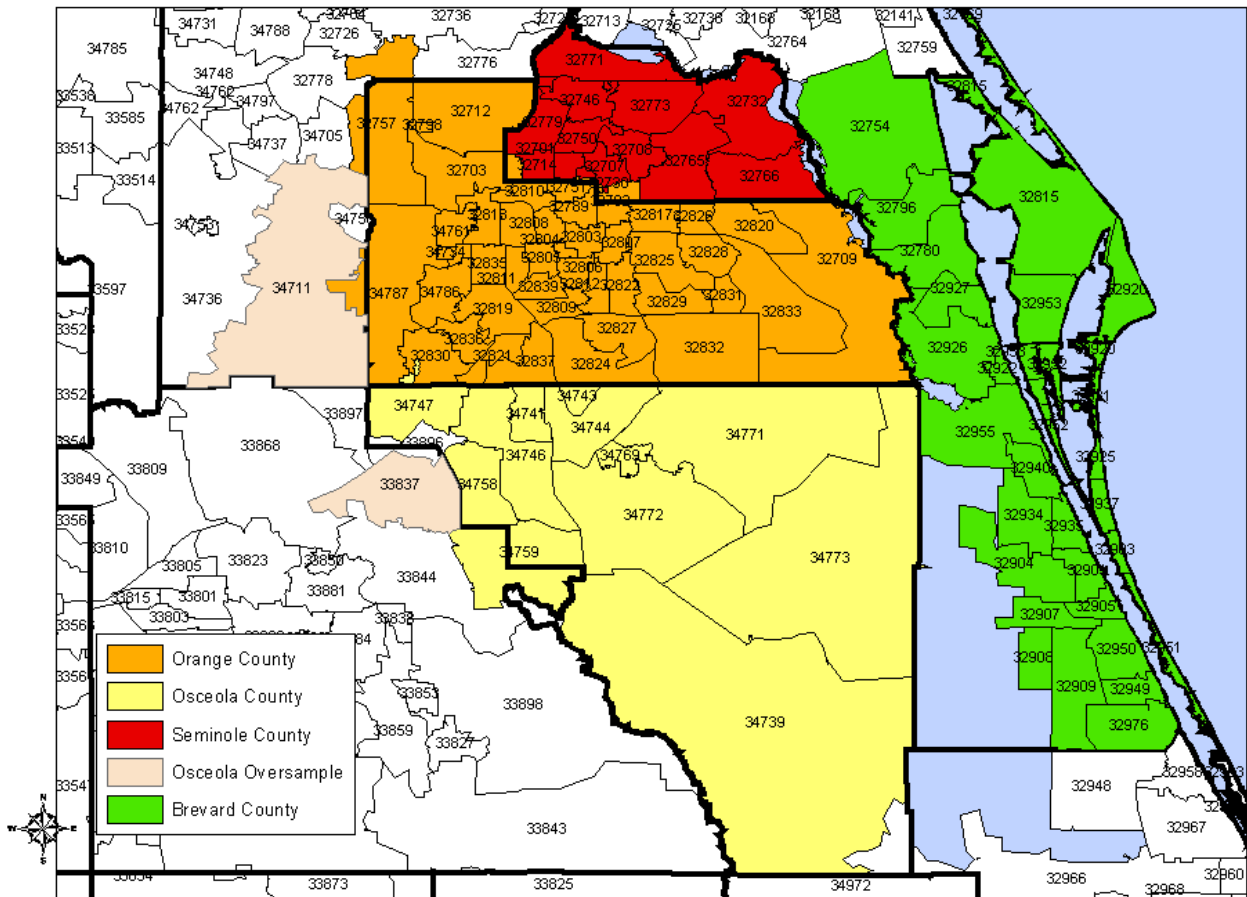
As with the 1999 study, this Community Health Assessment is a systematic, data-driven approach to determining the health status, behaviors and needs of our residents. Subsequently, this information may be used to formulate strategies to improve community health and wellness. The 2004 study has the added benefits of measuring results against those obtained in the 1999 benchmark study to determine if the community's health is changing.

This Community Health Assessment will serve as a tool toward reaching three basic goals:

- To improve residents' health status, increase their life spans, and elevate their overall quality of life. A healthy community is not only one where its residents suffer little from physical and mental illness, but also one where its residents enjoy a high quality of life.
- To reduce the health disparities among residents. By gathering demographic information along with health status and behavior data, it will be possible to identify population segments that are most at-risk for various diseases and injuries. Intervention plans aimed at targeting these individuals may then be developed to combat some of the socio-economic factors which have historically had a negative impact on residents' health.
- To increase accessibility to preventive services for all community residents. More accessible preventive services will prove beneficial in accomplishing the first goal (improving health status, increasing life spans, and elevating the quality of life), as well as lowering the costs associated with caring for late-stage diseases resulting from a lack of preventive care.

## Community Defined for This Assessment

The “community” defined for this assessment is District VII’s local health planning region, which includes Brevard, Orange, Osceola and Seminole Counties in East Central Florida. The following map describes this geographical definition.



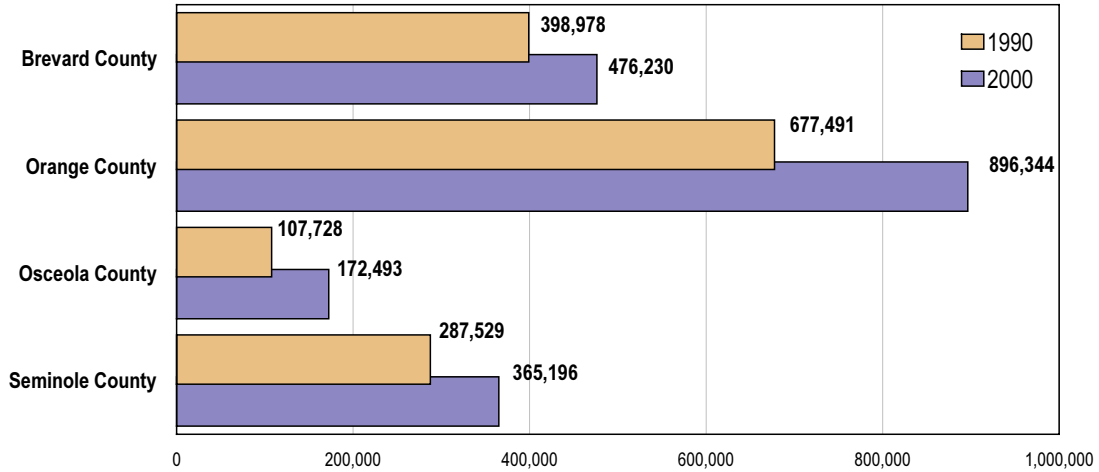
## Changing Population, Changing Health Needs

The population of East Central Florida has changed considerably in recent years. As a whole, the East Central Florida region population increased nearly 30% between the 1990 and 2000 censuses.

Furthermore, the following chart provides an illustration of the population change between 1990 and 2000 in the individual counties, according to the U.S. Census Bureau. Note the increase in population in each area, specifically: Osceola County increased in population by 60.1%; Orange County increased by 32.3%; Seminole County increased by 27.0%; and Brevard County increased by 19.4%.

## Population Change, 1990 vs. 2000

(By County)

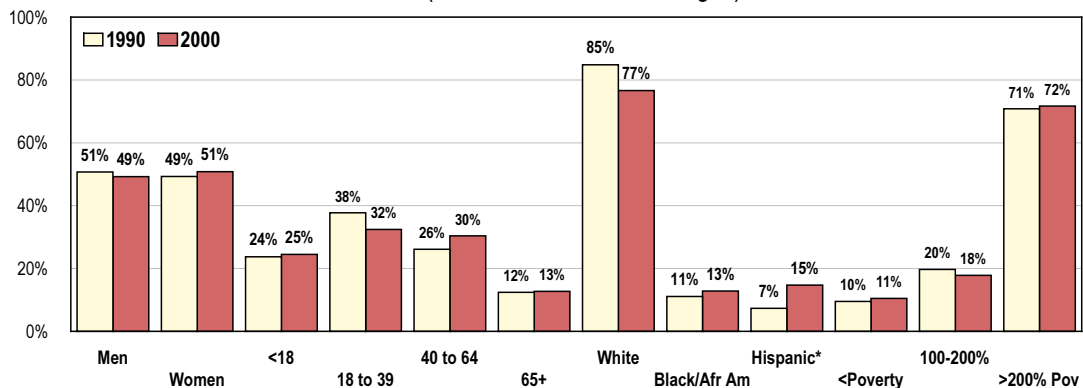


Sources: • U.S. Census Surveys, 1990/2000.

As the reader reviews the findings of this assessment, particularly in comparison to findings five years earlier, it is important to recognize that not only have our communities grown in population, but that the makeup of our populations have changed considerably in recent years. In particular, many of the populations often found to be at-risk for a variety of health status, access and behavioral indicators (e.g., older adults and non-White populations), are simultaneously those that are growing the fastest in our communities. Thus, these population changes contribute to our changing health needs in addition to changes in things such as disease, health behaviors and access issues.

## 1990 vs. 2000 Census Population Characteristics

(East Central Florida, All Ages)



Source: • US Census Bureau

Notes: • \*Hispanic can be of any race.

• East Central Florida includes Brevard, Orange, Osceola, and Seminole counties.

# Tracking the Nation's Leading Health Indicators

## Healthy People 2010\*



*Healthy People 2010: Understanding and Improving Health* is part of the Healthy People 2010 initiative that is sponsored by the U. S. Department of Health & Human Services. Healthy People 2010 outlines a comprehensive, nationwide health promotion and disease prevention agenda. It is designed to serve as a roadmap for improving the health of all people in the United States during the first decade of the 21st century.

## Healthy People 2010 & the Nation's Leading Health Indicators

A major challenge throughout the history of Healthy People has been to balance a comprehensive set of health objectives with a smaller set of health priorities. Thus, Healthy People 2010 has identified the following health issues as the Leading Health Indicators for the Nation:

Healthy People 2010: Nation's Leading Health Indicators	
Physical Activity	Overweight & Obesity
Tobacco Use	Substance Abuse
Responsible Sexual Behavior	Mental Health
Injury & Violence	Environmental Quality
Immunization	Access to Healthcare

The Leading Health Indicators reflect the major public health concerns in the United States and were chosen based on their ability to motivate action, the availability of data to measure their progress, and their relevance as broad public health issues. The Leading Health Indicators illuminate individual behaviors, physical and social environmental factors, and important health system issues that greatly affect the health of individuals and communities. Underlying each of these indicators is the significant influence of income and education.

The process of selecting the Leading Health Indicators mirrored the collaborative and extensive efforts undertaken to develop Healthy People 2010. The process was led by an interagency work group within the U.S. Department of Health and Human Services. Individuals and organizations provided comments at national and regional meetings or via mail and the Internet. A report by the Institute of Medicine, National Academy of Sciences, provided several scientific models on which to support a set of indicators. Focus groups were used to ensure that the indicators are meaningful and motivating to the public.

\* Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000.

For each of the Leading Health Indicators, specific objectives derived from Healthy People 2010 will be used to track progress. This small set of measures will provide a snapshot of the health of the Nation. Tracking and communicating progress on the Leading Health Indicators through national- and State-level report cards will spotlight achievements and challenges in the next decade. The Leading Health Indicators serve as a link to the 467 objectives in *Healthy People 2010* and can become the basic building blocks for community health initiatives.

The Leading Health Indicators are intended to help everyone more easily understand the importance of health promotion and disease prevention and to encourage wide participation in improving health in the next decade. Developing strategies and action plans to address one or more of these indicators can have a profound effect on increasing the quality of life and the years of healthy life and on eliminating health disparities—creating *healthy people in healthy communities*.

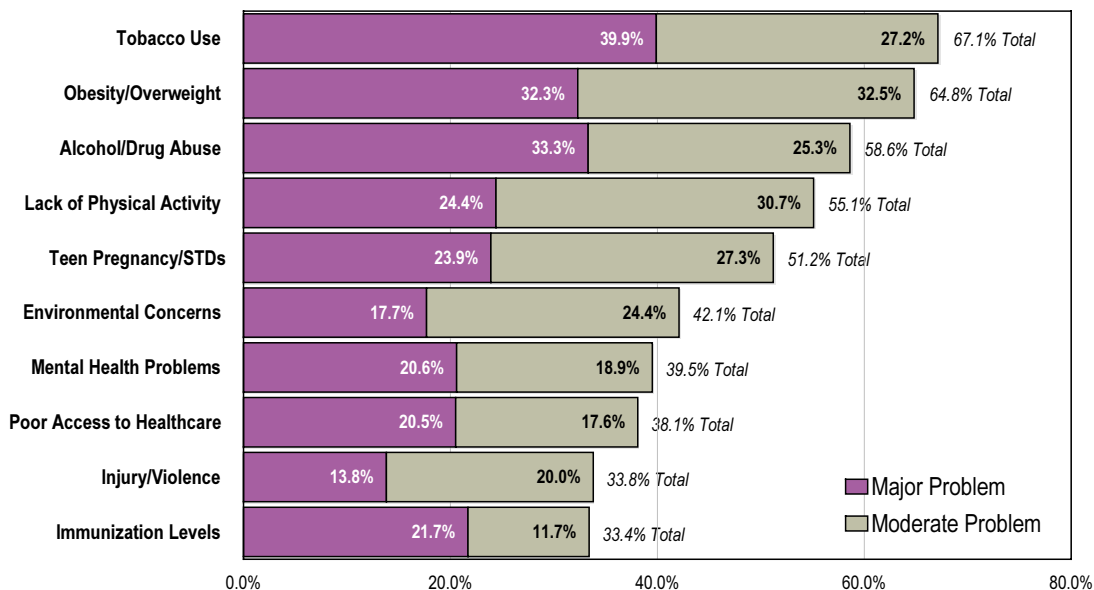
### Americans’ Perceptions of the Leading Health Indicator Areas

In the 2003 PRC National Health Survey, respondents were presented with problems associated with these 10 “Leading Health Indicators” and were asked to evaluate each as a “major problem,” “moderate problem,” “minor problem,” or “no problem at all” in their own community. As shown in the following chart:

- **Tobacco use** and **obesity/overweight** are perceived to be “major” or “moderate” problems by roughly two-thirds of Americans.
- Over one-half also view **alcohol/drug abuse**, **lack of physical activity**, and **teen pregnancy/sexually transmitted diseases** as “major/moderate” problems in their communities.

### Perceived Severity of Healthy People 2010's Nation's Leading Health Indicator Areas

(2003 National Survey Data)



Source: 2003 PRC National Health Survey, Professional Research Consultants, Inc.

# METHODOLOGY

The 2004 PRC East Central Florida Community Health Assessment incorporates data gathered through both primary research (i.e., the Community Health Survey) and secondary sources (e.g., extant vital statistics and other health-related data).

## Community Health Survey

A precise and carefully executed methodology is critical in asserting the validity of the results gathered in the PRC Community Health Survey. Thus, to ensure the best representation of the population surveyed, a telephone interview methodology was employed. The primary advantages of telephone interviewing are timeliness, efficiency and random selection capabilities.

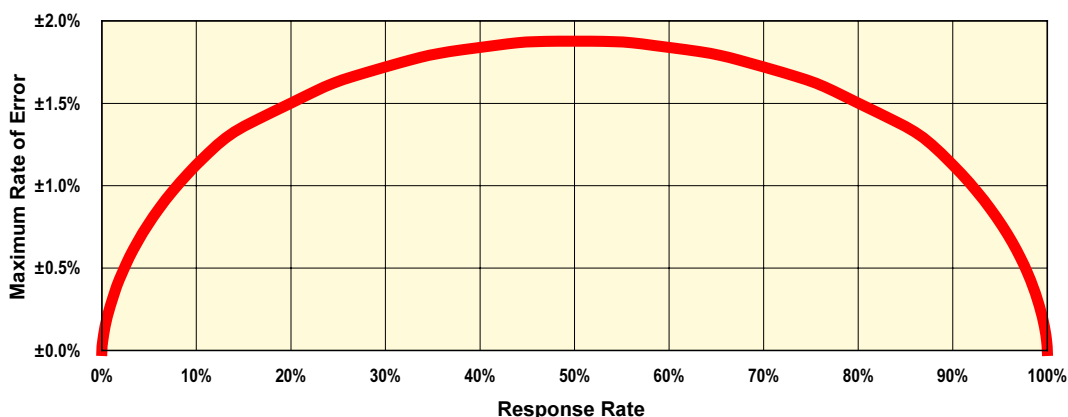
### Sample Design

The sample design utilized for this effort consists of a random sample of East Central Florida residents aged 18 and older. A base sample of 400 interviews was conducted in each of the four counties. Incremental sampling beyond the base sample was funded by community partners in Orange, Osceola and Seminole Counties for special study purposes. In all, a total of 2,726 interviews were conducted throughout the region:

- ❖ 400 interviews in Brevard County (base sample);
- ❖ 855 in Orange County (base sample plus 455 interviews distributed randomly by ZIP Code);
- ❖ 771 in Osceola County (base sample plus 371 interviews in selected municipalities); and
- ❖ 700 in Seminole County (base sample plus 300 interviews in selected municipalities).

For statistical purposes, the maximum rate of error associated with a sample size of 2,726 respondents is  $\pm 1.8\%$  at the 95 percent level of confidence.

### Expected Error Ranges for a Sample of 2,726 Respondents at the 95 Percent Level of Confidence



Note: The "response rate" (the percentage of a population giving a particular response) determines the error rate associated with that response. A "95 percent level of confidence" indicates that responses would fall within the expected error range on 95 out of 100 trials.

Example 1: For example, if 10% of the sample of 2,726 respondents answered a certain question with a "yes," it can be asserted that between 8.9% and 11.1% ( $10\% \pm 1.1\%$ ) of the total population would offer this response.

Example 2: If 50% of respondents said "yes," one could be certain with a 95 percent level of confidence that between 48.1% and 51.9% ( $50\% \pm 1.9\%$ ) of the total population would respond "yes" if asked this question.

In addition, for further analysis, keep in mind that each percentage point recorded among the total sample of survey respondents is representative of approximately 15,944 residents aged 18 and older in East Central Florida (based on current population estimates). Thus, in a case where 3.4% of the total population responds to a survey question, this is representative of nearly 54,210 people and therefore must not be dismissed as too small to be significant.

## Sample Characteristics

All administration of the surveys, data collection and data analysis was conducted by Professional Research Consultants, Inc. (PRC).

To accurately represent the population studied, it was necessary to constantly monitor the demographic composition (e.g., age, gender, household location) of the community sample throughout the data collection process. PRC strives to minimize bias through application of a proven telephone methodology and random-selection techniques. And, while this random sampling of the population produces a highly representative sample, it is a common and preferred practice to “weight” the raw data to improve this representativeness even further. This is accomplished by adjusting the results of a random sample to match the demographic characteristics of the population surveyed, so as to eliminate any naturally occurring bias. Specifically, once the raw data are gathered, respondents are examined by geography and key demographic characteristics (namely ZIP Code, gender, age, race, ethnicity and income) and a statistical application package applies weighting variables which produce a sample which more closely matches the population for these characteristics. Thus, while the integrity of each individual’s responses is maintained, one respondent’s responses may contribute to the whole the same weight as 1.1 respondents. Another respondent, whose demographic characteristics may have been slightly oversampled, may contribute the same weight as 0.9 respondents.

As part of this process, the sample was weighted in proportion to the actual population distribution of the total study area at the ZIP Code level. Thus, the results are representative of the East Central Florida region, as well as of the individual counties. Population estimates were based on census projections of adults aged 18 and over provided in the latest *ESRI BIS Demographic Portfolio*.

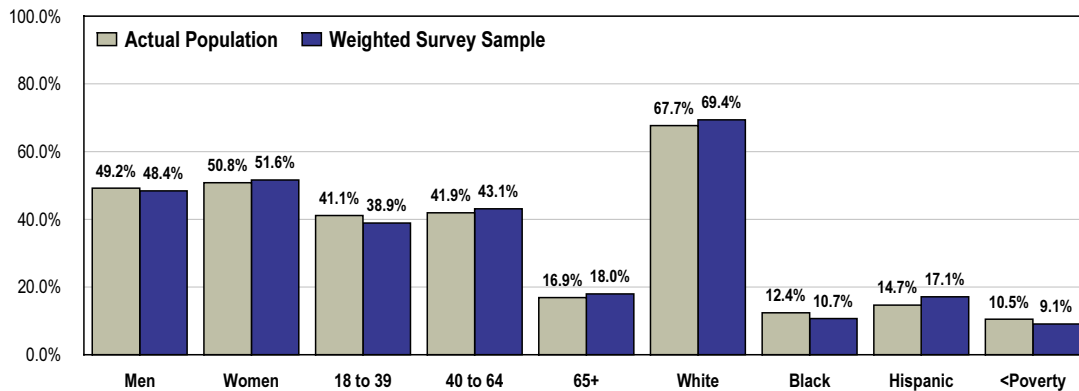
<b>Numbers of Actual Interviews, Weighted Responses, Confidence Intervals &amp; Populations Estimates for Geographic Segments</b>				
	<b>2004 Community Health Survey</b>			
	<b>Interviews Conducted*</b>	<b>Weighted Responses</b>	<b>Maximum Error Rate</b>	<b>Population Equivalent (1%= # Adults)</b>
<b>County</b>				
Brevard County	400	675	±4.9%	3,958
Orange County	855	1,336	±3.4%	7,807
Osceola County	771	259	±3.5%	1,511
Seminole County	700	457	±3.7%	2,668
<b>EAST CENTRAL FLORIDA</b>	<b>2,726</b>	<b>2,726</b>	<b>±1.8%</b>	<b>15,944</b>
Error rates are based on Chi square statistics at the 95% confidence level (p= .05). Population equivalents are based on 2004 estimates of the adult population (aged 18 and older).				



The following chart outlines the characteristics of the sample for key demographic variables, compared to actual population characteristics revealed in census data. [Note that the sample consisted solely of area residents aged 18 and older; data on children were given by proxy by the person most responsible for that child’s health care needs, and these children are not represented demographically in this chart.]

## Population and Sample Characteristics

(East Central Florida, 2004)



Sources: • ESRI BIS Demographic Portfolio.

• 2004 PRC Community Health Survey, Professional Research Consultants.

Notes: • Hispanic can be of any race.

• White and African American sample percentages exclude Hispanic respondents who did not offer a race response.

Further note that the poverty descriptions and segmentation used in this report are based on 2003 administrative poverty thresholds determined by the U.S. Department of Health & Human Services. These guidelines define poverty status by household income level and number of persons in the household (e.g., the 2004 guidelines place the poverty threshold for a family of four at \$18,850 annual household income or lower). In sample segmentation: “<200% Poverty” refers to community members living in a household with defined poverty status, combined with those households living just above the poverty level, earning up to twice the poverty threshold; and “>200% Poverty” refers to households with incomes more than twice the poverty threshold defined for their household size.

The sample design and the quality control procedures used in the data collection ensure that the sample is representative. Thus, the findings may be generalized to the total population of community members in East Central Florida with a high degree of confidence.

## Public Health, Vital Statistics and Other Data

A variety of existing (secondary) data sources was consulted to complement the research quality of this Community Health Assessment. Data were obtained from the following sources (specific citations are included the graphs throughout this report):

- ESRI BIS Demographic Portfolio (projections based on Census 2000 data)
- Florida Agency for Health Care Administration
- Florida Department of Children and Families
- Florida Department of Health, Medical Quality Assurance (MQA) Services

- Florida Department of Health, Office of Planning, Evaluation & Data Analysis: Florida Community Health Assessment Resource Tool Set (CHARTS) Website
- Health Council of East Central Florida
- National Center for Health Statistics
- United States Department of Justice
- United States Census 2000

## Benchmark Data

### Statewide Risk Factor Data

Statewide risk factor data are provided where available as an additional benchmark against which to compare local findings. These data are reported in the most recent *BRFSS (Behavioral Risk Factor Surveillance System) Summary Prevalence Reports* published by the Centers for Disease Control and Prevention and the U.S. Department of Health & Human Services.

### Nationwide Risk Factor Data

Nationwide risk factor data, which are also provided in comparison charts, are taken from the *2003 PRC National Health Survey*. The methodological approach for the national study is identical to that employed in this assessment, and these data may be generalized to the U.S. population with a high degree of confidence.

### Healthy People 2010

*Healthy People 2010: Understanding and Improving Health* is part of the Healthy People 2010 initiative that is sponsored by the U. S. Department of Health & Human Services. Healthy People 2010 outlines a comprehensive, nationwide health promotion and disease prevention agenda. It is designed to serve as a roadmap for improving the health of all people in the United States during the first decade of the 21st century.

*“With [specific] health objectives in 28 focus areas, Healthy People 2010 will be a tremendously valuable asset to health planners, medical practitioners, educators, elected officials, and all of us who work to improve health. Healthy People 2010 reflects the very best in public health planning—it is comprehensive, it was created by a broad coalition of experts from many sectors, it has been designed to measure progress over time, and, most important, it clearly lays out a series of objectives to bring better health to all people in this country.”*

— Donna E. Shalala, (Former) Secretary of Health & Human Services



Like the preceding Healthy People 2000 initiative—which was driven by an ambitious, yet achievable, 10-year strategy for improving the nation’s health by the end of the 20th century—Healthy People 2010 is committed to a single, overarching purpose: promoting health and preventing illness, disability and premature death.

### 1999 Greater Metropolitan Orlando Area Community Health Assessment

Further, comparisons to the 1999 Community Health Assessment, conducted by PRC, will be provided throughout the report where possible and applicable. For purposes of this study, the total 1999 study area and the corresponding 2004 county data (including Orange, Osceola and

Seminole Counties, which were all interviewed in both assessments) is referenced as “Greater Orlando” (whereas the 2004 East Central Florida region also includes Brevard County, which was not included in the 1999 assessment).

# EXECUTIVE SUMMARY

## SIGNIFICANT FINDINGS

The following section outlines selected key findings from the *2004 PRC East Central Florida Community Health Assessment*. A summary table of data points for East Central Florida can be found in the subsequent “Comparison With Benchmark Data” section.

### Access to Quality Health Services

- **Difficulty Accessing Healthcare.** Over 40% of adults in East Central Florida have had some type of difficulty accessing healthcare services in the past year.
- **Health Insurance Coverage.** One out of five East Central Florida adults aged 18 to 64 (21.4%) is without any type of healthcare insurance coverage, either through private or government insurance programs. This proportion is significantly higher than the national average and far from reaching the Healthy People 2010 target of universal coverage. In the Greater Orlando area, the proportion of uninsured adults has increased significantly since 1999 (from 16.5% to 20.6% of adults age 18 to 64).
- **Cost of Prescriptions.** Nearly one out of five East Central Florida adults reports having gone without a needed prescription in the past year because they could not afford it; in the Greater Orlando area, the proportion is more than twice that found in 1999.
- **Cost of Physician Visits.** A total of 15.3% of East Central Florida adults report that cost has prevented them from visiting a physician when needed in the past year, higher than found nationally. In the Greater Orlando area, the proportion is significantly higher than found in 1999.
- **Physician Availability.** Compared with 1999 findings, higher proportions of Greater Orlando area adults this year report difficulty finding a physician or getting an appointment.
- **Transportation.** Compared with 1999 findings, a higher proportion of Greater Orlando area adults this year report that a lack of transportation prevented them from seeing a doctor in the past year.
- **ED Utilization.** The proportion of Greater Orlando adults who say they have used a local hospital emergency department more than once in the past year is higher this year than found in 1999.
- **Specific Source of Ongoing Care.** Three-fourths (74.5%) of East Central Florida adults have a specific place (other than a hospital emergency room) where they usually go when in need of medical care. This is slightly below the national average, and 22% lower than the Healthy People 2010 target.
- **Ratings of Local Healthcare.** In the Greater Orlando area, consumer ratings of the quality of local healthcare services have gone down significantly since 1999.

## Arthritis, Osteoporosis & Chronic Pain

- **Back Pain.** A total of 17.7% of East Central Florida adults report experiencing sciatica or chronic back pain, more favorable than the proportion nationwide.

## Cancer

- **Cancer Deaths.** The age-adjusted overall cancer death rate in East Central Florida is below the U.S. death rate, but does not yet meet the Healthy People 2010 target.
- **Skin Cancer.** The proportion of adults who have or have had skin cancer is well above the national average; this appears to be exceptionally high in Brevard County.
- **Women's Cancer Screenings.** The proportion of East Central Florida women age 50 and older receiving mammograms in the past 2 years (76.5%) is similar to the national average and currently meets the Healthy People 2010 target. The proportion of East Central Florida women age 18 and older receiving Pap Smears in the past 3 years (83.9%) is similar to the national average as well, but does not yet satisfy the Healthy People 2010 target of 90%.
- **Colorectal Cancer Screening.** Nearly 60% of East Central Florida adults aged 50 and older has had a sigmoidoscopy/colonoscopy at some point in their lives, better than the national average and satisfying the Healthy People 2010 objective. In Greater Orlando, this proportion has improved since 1999. However, the proportion of Greater Orlando area adults aged 50 and older who report having had a blood stool test in the past 2 years has decreased since 1999.

## Diabetes

- **Diabetes Deaths.** The age-adjusted death rate attributed to diabetes mellitus in East Central Florida is below the national average and has declined in recent years.
- **Self-Reported Diabetes Prevalence.** However, compared to 1999 findings, a significantly higher proportion of adults in the Greater Orlando area report having been diagnosed with diabetes by a physician. Throughout East Central Florida, 10.1% of adults currently report having diabetes.

## Disability & Secondary Conditions

- **Self-Reported Physical Health.** Compared to the national average, a smaller share of East Central Florida adults (18.0%) report experiencing four or more days of poor physical health in the past month. However, the proportion of Greater Orlando area adults reporting their health as "fair" or "poor" has increased since 1999.

## Educational & Community-Based

- **Senior Health Activities.** Only 11.9% of East Central Florida seniors (65 and older) report having attended a health promotion activity in the past year, similar to national findings, but well below the Healthy People 2010 target of 90%.
- **Employer-Sponsored Health Promotion.** Only 6.6% of employed East Central Florida adults attended a health promotion activity sponsored by an employer in the past year, well below the 75% Healthy People 2010 target.

## Family Planning

- **Condom Use.** Just under one-half of never-married adults aged 18 to 44 report using a condom during their last sexual encounter, below the national average, but close to satisfying the Healthy People 2010 objective.
- **Teen Births.** The East Central Florida birth rate among teens aged 15 to 19 (40.3 per 1,000 live births) is just below the national average, and has declined in recent years.

## Heart Disease & Stroke

- **High Blood Pressure.** Nearly one-third of East Central Florida adults have been diagnosed with high blood pressure, higher than the national average and twice the Healthy People 2010 target (it is also much more prevalent than found in Greater Orlando in 1999). Further, comparatively fewer adults with high blood pressure say they are taking action to control their condition, such as through diet, exercise or medication. The proportion of adults who have had their blood pressure checked in the past 2 years (93.6%) is also below the U.S. proportion and the Healthy People 2010 target.
- **High Blood Cholesterol.** Nearly one-third of East Central Florida adults have been diagnosed with high blood cholesterol as well, again higher than the national average and nearly twice the Healthy People 2010 target (this is also much more prevalent than found in Greater Orlando in 1999). However, the proportion of adults who have had their blood cholesterol checked in the past 5 years (87.0%) is better than U.S. proportion and currently satisfies the Healthy People 2010 target (although the Greater Orlando proportion has declined in the past five years).
- **Heart Disease Deaths.** The East Central Florida age-adjusted heart disease death rate is better than the national rate and is declining, but does not yet satisfy the Healthy People 2010 objective.
- **Stroke Deaths.** The East Central Florida age-adjusted stroke death rate is better than the national rate and is declining, but does not yet satisfy the Healthy People 2010 objective.

## HIV

- **HIV Deaths.** The East Central Florida age-adjusted HIV-related death rate is notably higher than the national rate, and is more than 10 times the Healthy People 2010 target. It has, however, declined in Greater Orlando since the 1999 study was conducted.
- **AIDS Incidence.** The incidence rate of new AIDS cases is much higher in East Central Florida than found nationally (by more than 5 times), and is 27 times higher than the Healthy People 2010 objective. Furthermore, the incidence rate in Greater Orlando is slightly higher than that reported five years ago.
- **HIV Testing.** A positive finding is that more than one out of four East Central Florida adults aged 18 to 64 (26.9%) have been tested for HIV in the past year, better than the proportion nationwide (and better in Greater Orlando than found in 1999).

## Immunization & Infectious Diseases

- **Flu Shots/Pneumonia Vaccination.** In the past year in East Central Florida, 68.3% of seniors (age 65+) and 29.4% of high-risk adults aged 18 to 64 received a flu shot. These proportions fall short of the Healthy People 2010 targets for these populations. Pneumonia vaccination levels also do not satisfy the Healthy People 2010 targets.

- **Influenza/Pneumonia Deaths.** The Greater Orlando age-adjusted influenza/pneumonia death rate has improved in recent years and the overall East Central Florida rate is more favorable than found nationwide.
- **Hepatitis A & B.** East Central Florida incidence rates for both Hepatitis A and Hepatitis B are higher than nationwide rates, although the Hepatitis A rate is within the Healthy People 2010 target range.
- **Tuberculosis.** The tuberculosis incidence rate in East Central Florida is higher than both the national rate and the Healthy People 2010 target, although it appears to have improved in Greater Orlando over the past few years.

## **Injury & Violence**

- **Violent Crime Rates.** Violent crime rates in East Central Florida are higher than national averages for rape, aggravated assault/battery, and robbery. The murder rate is, however, lower than nationwide.
- **Motor Vehicle Crash Deaths.** The Orlando area age-adjusted motor vehicle crash death rate has worsened over the past few years; the overall East Central Florida rate is higher than the national rate and well above the Healthy People 2010 target.
- **Seat Belt Use.** Regular seat belt use has improved significantly in the Greater Orlando area since 1999. Throughout East Central Florida, 84.2% of adults report “always” wearing a seat belt while driving or riding in a car, better than the national average, but not yet reaching the Healthy People 2010 target of 90%.

## **Maternal, Infant & Child Health**

- **Low-Weight Births.** The percentage of East Central Florida births that are low birthweight (8.7%) is higher than the national proportion and fails to satisfy the Healthy People 2010 target of 5% or lower. In the Orlando area, the proportion of low-weight births has increased in recent years.
- **Timely Prenatal Care.** Between 2001 and 2003, 12.5% of East Central Florida mothers did not receive prenatal care in the first trimester of pregnancy, better than found nationally (and having improved in the Orlando area in recent years); however, the Healthy People 2010 target is to reduce this to no more than 10%.
- **Infant Deaths.** The East Central Florida infant death rate (6.9 infant deaths per 1,000 live births) is just below the national rate (and the Orlando area rate has improved in recent years). It does not, however, satisfy the Healthy People 2010 target of 4.5 or fewer infant deaths per 1,000 births.

## **Mental Health & Mental Disorders**

- **Chronic & Major Depression.** Among East Central Florida adults, 11.2% say they have been diagnosed with major depression by a physician, and 25.6% say they have experienced chronic depression lasting two or more years. Each of these proportions is significantly higher than national averages.
- **Suicide Deaths.** The Orlando area age-adjusted suicide death rate has improved in recent years, but the overall East Central Florida rate remains above the national average and is more than twice the Healthy People 2010 target.

## Nutrition & Overweight

- **Overweight & Obesity.** Three out of five East Central Florida adults (60.0%) are overweight based on reported heights and weights (significantly higher in Greater Orlando than found in 1999). Furthermore, 22.2% of East Central Florida adults are obese (also significantly higher in Greater Orlando than in 1999); the Healthy People 2010 target is to reduce obesity to no more than 15% of the population.
- **Fruit/Vegetable Consumption.** East Central Florida adults do not meet the Healthy People 2010 targets for daily fruit and vegetable consumption. Only one out of three East Central Florida adults reports eating five or more servings of fruits/vegetables per day, slightly below the proportion found nationwide (Greater Orlando findings are similar to what was found in 1999).
- **Advice From Physicians.** Among overweight respondents, 30.4% say that their physician has advised them to lose weight in the past year, better than the proportion nationwide.

## Oral Health

- **Adult Dental Care.** A total of 61.3% of East Central Florida adults report visiting a dentist in the past year (findings in Greater Orlando are significantly lower than found in 1999).
- **Child Dental Care.** Two-thirds of parents of children aged 2 to 17 report that their child has visited a dentist in the past year. This proportion is significantly lower than the national average of 75.9% (and has declined in the Greater Orlando area since the 1999 study).

## Physical Activity & Fitness

- **Leisure-Time Physical Activity.** The proportion of Greater Orlando adults who do not engage in any leisure-time physical activity has increased since the 1999 study (from 22.6% to 28.3%).
- **Light/Moderate Physical Activity.** A total of 15.2% of East Central Florida adults engage in light to moderate physical activity for 30 minutes at least five times a week, lower than the national average and less than half the Healthy People 2010 target.
- **Vigorous Physical Activity.** A total of 36.5% of East Central Florida adults report engaging in vigorous physical activity for 20 minutes at least three times a week, similar to national findings and satisfying the Healthy People 2010 target.

## Sexually Transmitted Diseases

- **Syphilis.** The East Central Florida incidence rate for primary and secondary syphilis is slightly higher than the national rate, and well above the Healthy People 2010 target.
- **Gonorrhea.** Gonorrhea incidence rates have improved in the Orlando area since 1999, but the overall East Central Florida rate remains higher than the national rate and is more than seven times the Healthy People 2010 target rate.
- **Chlamydia.** The chlamydia incidence rate has increased in the Orlando area, although the East Central Florida rate is currently below the national rate.



## Substance Abuse

- **Alcohol Use.** The proportion of adults who use alcohol has increased in the Orlando area since 1999, and the overall East Central Florida proportion (57.3%) is significantly higher than found nationwide.
- **Chronic Drinking.** A total of 5.8% of East Central Florida adults report consuming an average of two or more alcoholic drinks per day in the month preceding the interview, higher than found nationwide.
- **Binge Drinking.** A total of 15.5% of East Central Florida adults report a time in the past month when they had five or more drinks of alcohol on a single occasion (binge drinking), well above the Healthy People 2010 target (6% or lower).
- **Cirrhosis/Liver Disease Deaths.** The East Central Florida age-adjusted death rate for cirrhosis/liver disease is higher than the national average and four times the Healthy People 2010 target. Brevard County experiences a notably higher rate than the other East Central Florida counties.
- **Drug Use.** A total of 3.1% of East Central Florida surveyed adults acknowledge using an illicit drug or taking a prescription drug without a physician's orders in the past month.

## Tobacco Use

- **Cigarette Smoking.** One out of five East Central Florida adults (20.9%) currently smokes cigarettes, on par with the national average, but notably higher than the Healthy People 2010 target of 12% or lower. In the Greater Orlando area, the smoking rate has improved since the 1999 study.
- **Smoking Cessation.** One-half of East Central Florida smokers have stopped smoking for one or more days in the past year in an effort to quit permanently; Healthy People 2010 hopes to increase this proportion to 75% or higher.
- **Cigar Smoking.** A total of 3.8% of East Central Florida adults currently smoke cigars, compared to a Healthy People 2010 target of 2% or lower.
- **Environmental Tobacco Smoke.** Roughly one out of six households (14.9%) report someone who smokes in the home on an average of three or more times per week; this proportion is slightly below that found nationally.
- **Chronic Lower Respiratory Disease Deaths.** The age-adjusted death rate due to chronic lower respiratory disease (CLRD) has improved in the Orlando area since 1999, but the East Central Florida rate remains just above the national rate.
- **Chronic Lung Disease.** A total of 9.6% of East Central Florida adults acknowledge having been diagnosed with chronic lung disease. In the Greater Orlando area, this proportion has increased significantly since the 1999 study.
- **Smokeless Tobacco.** A total of 2.5% of East Central Florida adults currently use chewing tobacco or snuff, well above the Healthy People 2010 target (0.4% or lower).

## Vision & Hearing

- **Vision.** Compared to 1999 findings, a larger share of Greater Orlando adults report blindness or trouble seeing, even with corrective lenses.

## **Our Changing Health: General Observations & Concerns**

While the following statements alone are oversimplifications of the full set of data revealed in this assessment, they do succinctly summarize some of the overall concerns that emerge for the Greater Orlando area. With this in mind, note that since the 1999 study:

- *Perceptions of overall health in the Greater Orlando area are poorer.*
- *Access to healthcare services has become a much greater problem for a greater number of residents.*
- *While death rates are declining for such conditions as heart disease, cancer, stroke, diabetes and AIDS, our various risks for these diseases are not necessarily improving.*
- *More Greater Orlando area adults are overweight or obese, and fewer exercise enough.*
- *More adults have high blood pressure and high blood cholesterol.*
- *Depression affects a greater share of adults, although suicide rates have declined.*
- *Fewer Greater Orlando residents — adults and children — are getting routine dental care.*
- *Driving has become more dangerous, even though seat belt use and self-reported drinking and driving have improved.*
- *On a positive note, cigarette smoking is down in the Greater Orlando area, and chronic lower respiratory disease death rates have declined.*
- *Further, teen birth rates are decreasing, more mothers are receiving timely prenatal care, and infant death rates have declined.*

# COMPARISON WITH BENCHMARK DATA

The following tables detail current survey and secondary data findings for **East Central Florida (ECF)**, defining significant differences against the most recent available **national data (US)** and any applicable **Healthy People 2010 (HP2010)** targets. The final column also distinguishes significant changes in the Orlando area since the **prior study period (1999)\***.

Access to Quality Health Services	ECF	US	HP2010	vs. US	vs. HP2010	vs. 1999*
% Lack Health Insurance (18-64)	21.4	15.3	0	<b>WORSE</b>	<b>Does NOT Meet Goal</b>	<b>WORSE</b>
% Difficulty Accessing Healthcare in Past Year	43.6	36	7	<b>WORSE</b>	<b>Does NOT Meet Goal</b>	n/a
% Have a Specific Source of Ongoing Care	74.5	79	96	<b>WORSE</b>	<b>Does NOT Meet Goal</b>	n/a
% Cost Prevented Physician Visit in Past Yr	15.3	11.5	n/a	<b>WORSE</b>	n/a	<b>WORSE</b>
% Cost Prevented Getting Rx in Past Yr	18.5	16	n/a	similar	n/a	<b>WORSE</b>
% Gone to ER More Than Once in Past Yr	9.6	8.5	n/a	similar	n/a	<b>WORSE</b>
% Difficulty Getting Appointment in Past Yr	14.6	13.3	n/a	similar	n/a	<b>WORSE</b>
% Transportation Prevented Dr Visit in Past Yr	6.2	5.8	n/a	similar	n/a	<b>WORSE</b>
% Rate Local Health Care "Excellent/Very Good"	49.4	49.8	n/a	similar	n/a	<b>WORSE</b>
% Difficulty Finding Physician in Past Yr	8.7	8.7	n/a	similar	n/a	<b>WORSE</b>
% Inconvenient Hrs Prevented Dr Visit in Past Yr	12.8	14.6	n/a	similar	n/a	similar
% Have Had Routine Checkup in Past Yr	65.9	68.2	n/a	similar	n/a	similar
% Child Has Had Checkup in Past Yr	88	89	n/a	similar	n/a	similar

Arthritis, Osteoporosis & Chronic Pain	ECF	US	HP2010	vs. US	vs. HP2010	vs. 1999*
% Osteoporosis	6.8	5.7	n/a	similar	n/a	n/a
% Migraine/Severe Headaches	18.2	16.9	n/a	similar	n/a	n/a
% Chronic Neck Pain	9.1	9.4	n/a	similar	n/a	n/a
% Arthritis/Rheumatism	22.7	21.8	n/a	similar	n/a	similar
% Sciatica/Chronic Back Pain	17.7	21.3	n/a	<b>BETTER</b>	n/a	similar

Cancer	ECF	US	HP2010	vs. US	vs. HP2010	vs. 1999*
% Skin Cancer	8.7	5.5	n/a	<b>WORSE</b>	n/a	similar
% Pap Smear in Past 3 Yrs (W)	83.9	84.8	90	similar	<b>Does NOT Meet Goal</b>	similar
% Blood Stool Test in Past 2 Yrs (50+)	48.3	45.1	50	similar	indeterminable	<b>WORSE</b>
% Prostate Exam in Past 2 Yrs (M50+)	81.3	77.9	n/a	similar	n/a	similar
% Cancer (Other Than Skin)	6.3	6.1	n/a	similar	n/a	similar
% Mammogram in Past 2 Yrs (W40+)	76.5	79.6	70	similar	<b>Meets Goal</b>	similar
Age-Adjusted Cancer Deaths/100,000	184.4	193.5	159.9	<b>BETTER</b>	<b>Does NOT Meet Goal</b>	<b>BETTER</b>
% Sigmoid/Colonoscopy Ever (50+)	59.5	53.7	50	<b>BETTER</b>	<b>Meets Goal</b>	<b>BETTER</b>

\* NOTES: Historical comparisons of survey data compare data for the Greater Orlando area only (Orange, Osceola and Seminole Counties, 1999 survey data vs. 2004 survey data). Historical comparisons of secondary data (e.g., death rates, disease incidence, etc.) compare Orange County rates for 1999 and 2003 as a proxy measure for the Orlando area as a whole.  
**n/a = data not available**

<b>Diabetes</b>	<b>ECF</b>	<b>US</b>	<b>HP2010</b>	<b>vs. US</b>	<b>vs. HP2010</b>	<b>vs. 1999*</b>
% Diabetes/High Blood Sugar	10.1	8.7	n/a	similar	n/a	<b>WORSE</b>
Age-Adjusted Diabetes Mellitus Deaths/100,000	22.5	25.4	n/a	<b>BETTER</b>	n/a	<b>BETTER</b>

<b>Disability &amp; Secondary Conditions</b>	<b>ECF</b>	<b>US</b>	<b>HP2010</b>	<b>vs. US</b>	<b>vs. HP2010</b>	<b>vs. 1999*</b>
%"Fair" or "Poor" Physical Health	14.1	16.6	n/a	similar	n/a	<b>WORSE</b>
% Activity Limitations	18	17.2	n/a	similar	n/a	similar
% >3 Days/Month Poor Physical Health	18	23.5	n/a	<b>BETTER</b>	n/a	similar

<b>Educational &amp; Community-Based Prog</b>	<b>ECF</b>	<b>US</b>	<b>HP2010</b>	<b>vs. US</b>	<b>vs. HP2010</b>	<b>vs. 1999*</b>
% Attended Employer-Sponsored Health Promotion	6.6	11.5	75	<b>WORSE</b>	<b>Does NOT Meet Goal</b>	similar
% Attended Health Activity in Past Yr (65+)	11.9	10.9	90	similar	<b>Does NOT Meet Goal</b>	similar

<b>Family Planning</b>	<b>ECF</b>	<b>US</b>	<b>HP2010</b>	<b>vs. US</b>	<b>vs. HP2010</b>	<b>vs. 1999*</b>
% Never-Married Adults (18-44) Using Condoms	47.2	57.3	50	<b>WORSE</b>	indeterminable	n/a
Teenage Birth Rate (15-19)/1,000	40.3	43	n/a	<b>BETTER</b>	n/a	<b>BETTER</b>

<b>Heart Disease &amp; Stroke</b>	<b>ECF</b>	<b>US</b>	<b>HP2010</b>	<b>vs. US</b>	<b>vs. HP2010</b>	<b>vs. 1999*</b>
% Told Have High Cholesterol	32.5	25.1	17	<b>WORSE</b>	<b>Does NOT Meet Goal</b>	<b>WORSE</b>
% Told Have High Blood Pressure	32.8	29.4	16	<b>WORSE</b>	<b>Does NOT Meet Goal</b>	<b>WORSE</b>
% Taking Action to Control High BP	83.2	92.1	95	<b>WORSE</b>	<b>Does NOT Meet Goal</b>	similar
% Blood Pressure Checked in Past 2 Yrs	93.6	95.5	95	<b>WORSE</b>	<b>Does NOT Meet Goal</b>	similar
% 1+ Cardiovascular Risk Factor	89.9	90	n/a	similar	n/a	<b>WORSE</b>
% Stroke	3.2	2.8	n/a	similar	n/a	similar
% Chronic Heart Disease	7.6	7	n/a	similar	n/a	similar
Age-Adjusted Stroke Deaths/100,000	48.7	56.2	48	<b>BETTER</b>	<b>Does NOT Meet Goal</b>	<b>BETTER</b>
Age-Adjusted Heart Disease Deaths/100,000	228.3	240.8	213.7	<b>BETTER</b>	<b>Does NOT Meet Goal</b>	<b>BETTER</b>
% Cholesterol Checked in Past 5 Yrs	87	83.7	80	<b>BETTER</b>	<b>Meets Goal</b>	<b>WORSE</b>

<b>HIV</b>	<b>ECF</b>	<b>US</b>	<b>HP2010</b>	<b>vs. US</b>	<b>vs. HP2010</b>	<b>vs. 1999*</b>
AIDS Incidence/100,000	27.2	4.9	1	<b>WORSE</b>	<b>Does NOT Meet Goal</b>	<b>WORSE</b>
Age-Adjusted HIV Deaths/100,000	7.6	4.9	0.7	<b>WORSE</b>	<b>Does NOT Meet Goal</b>	<b>BETTER</b>
% Tested for HIV in Past Yr (18-64)	26.9	21.3	n/a	<b>BETTER</b>	n/a	<b>BETTER</b>

<b>Immunization &amp; Infectious Diseases</b>	<b>ECF</b>	<b>US</b>	<b>HP2010</b>	<b>vs. US</b>	<b>vs. HP2010</b>	<b>vs. 1999*</b>
% Flu Shot in Past Yr (High-Risk 18-64)	29.4	38.6	60	<b>WORSE</b>	<b>Does NOT Meet Goal</b>	n/a
Tuberculosis Incidence/100,000	6.1	5.4	1	<b>WORSE</b>	<b>Does NOT Meet Goal</b>	<b>BETTER</b>
Hepatitis A Incidence/100,000	3.6	3.1	4.5	<b>WORSE</b>	<b>Meets Goal</b>	n/a
Hepatitis B Incidence/100,000	3.2	2.8	n/a	<b>WORSE</b>	n/a	n/a
% Pneumonia Vaccine Ever (High-Risk 18-64)	26.2	24.3	60	similar	<b>Does NOT Meet Goal</b>	n/a
% Pneumonia Vaccine Ever (65+)	64	62	90	similar	<b>Does NOT Meet Goal</b>	similar
% Flu Shot in Past Yr (65+)	68.3	66.6	90	similar	<b>Does NOT Meet Goal</b>	similar
Age-Adjusted Pneumonia/Influenza Deaths/100,000	17.9	22.6	n/a	<b>BETTER</b>	n/a	<b>BETTER</b>

<b>Injury &amp; Violence</b>	<b>ECF</b>	<b>US</b>	<b>HP2010</b>	<b>vs. US</b>	<b>vs. HP2010</b>	<b>vs. 1999*</b>
Rape Rate/100,000	79.9	32.1	n/a	<b>WORSE</b>	n/a	n/a
Aggravated Assault/Battery Rate/100,000	580.7	295	n/a	<b>WORSE</b>	n/a	n/a
Robbery Rate/100,000	181.5	142.2	n/a	<b>WORSE</b>	n/a	n/a
Age-Adjusted MV Accident Deaths/100,000	16.6	15.7	9.2	<b>WORSE</b>	<b>Does NOT Meet Goal</b>	<b>WORSE</b>
Age-Adjusted Suicide Deaths/100,000	12.5	10.9	5	<b>WORSE</b>	<b>Does NOT Meet Goal</b>	<b>BETTER</b>
% Victim of Violent Crime in Past 5 Yrs	3.6	2.8	n/a	similar	n/a	similar
% Victim of Domestic Violence in Past 5 Yrs	2.7	3.3	n/a	similar	n/a	similar
Age-Adjusted Homicide Deaths/100,000	4.8	6.1	3	<b>BETTER</b>	<b>Does NOT Meet Goal</b>	<b>BETTER</b>
% "Always" Wear Seat Belt	84.2	77.4	92	<b>BETTER</b>	<b>Does NOT Meet Goal</b>	<b>BETTER</b>
Age-Adjusted All Accident Deaths/100,000	35.9	36.9	17.5	<b>BETTER</b>	<b>Does NOT Meet Goal</b>	<b>BETTER</b>
Murder Rate/100,000	4.3	5.7	n/a	<b>BETTER</b>	n/a	

<b>Maternal, Infant &amp; Child Health</b>	<b>ECF</b>	<b>US</b>	<b>HP2010</b>	<b>vs. US</b>	<b>vs. HP2010</b>	<b>vs. 1999*</b>
% of Low Birthweight Births	8.7	7.8	5	<b>WORSE</b>	<b>Does NOT Meet Goal</b>	<b>WORSE</b>
% No Prenatal Care in 1st Trimester	12.5	16.3	10	<b>BETTER</b>	<b>Does NOT Meet Goal</b>	<b>BETTER</b>
Infant Death Rate	6.9	7	4.5	<b>BETTER</b>	<b>Does NOT Meet Goal</b>	<b>BETTER</b>

<b>Mental Health &amp; Mental Disorders</b>	<b>ECF</b>	<b>US</b>	<b>HP2010</b>	<b>vs. US</b>	<b>vs. HP2010</b>	<b>vs. 1999*</b>
% Major Depression	11.2	8.5	n/a	<b>WORSE</b>	n/a	n/a
% Prolonged Depression (2+ Yrs)	25.6	22.1	n/a	<b>WORSE</b>	n/a	similar
Age-Adjusted Suicide Deaths/100,000	12.5	10.9	5	<b>WORSE</b>	<b>Does NOT Meet Goal</b>	<b>BETTER</b>
% Depressed Persons Seeking Help	44.1	40.7	50	similar	<b>Does NOT Meet Goal</b>	similar
% >3 Days/Month Poor Mental Health	18.1	16.3	n/a	similar	n/a	similar
% >3 Days/Month Did Not Get Enough Rest/Sleep	53.5	54.2	n/a	similar	n/a	similar

<b>Nutrition &amp; Overweight</b>	<b>ECF</b>	<b>US</b>	<b>HP2010</b>	<b>vs. US</b>	<b>vs. HP2010</b>	<b>vs. 1999*</b>
% Eat 5+ Servings of Fruit or Vegetables/Day	34.2	37.9	n/a	<b>WORSE</b>	n/a	similar
% Unhealthy Weight (BMI <18.5 or 25+)	61.9	63.3	40	similar	<b>Does NOT Meet Goal</b>	<b>WORSE</b>
% Eat 3+ Servings of Vegetables per Day	28.8	31.2	50	similar	<b>Does NOT Meet Goal</b>	n/a
% Eat 2+ Servings of Fruit per Day	54.7	56.3	75	similar	<b>Does NOT Meet Goal</b>	n/a
% Overweight	60	62	n/a	similar	n/a	<b>WORSE</b>
% Overweight Trying to Lose	35	35.4	n/a	similar	n/a	similar
% Obese	22.2	25.7	15	<b>BETTER</b>	<b>Does NOT Meet Goal</b>	<b>WORSE</b>
Age-Adjusted Heart Disease Deaths/100,000	228.3	240.8	213.7	<b>BETTER</b>	<b>Does NOT Meet Goal</b>	<b>BETTER</b>
Age-Adjusted Cancer Deaths/100,000	184.4	193.5	159.9	<b>BETTER</b>	<b>Does NOT Meet Goal</b>	<b>BETTER</b>
% Overweights Advised to Lose Weight	30.4	24.4	n/a	<b>BETTER</b>	n/a	n/a
% Received Advice on Nutrition in Past Year	36.3	30.4	n/a	<b>BETTER</b>	n/a	n/a

<b>Oral Health</b>	<b>ECF</b>	<b>US</b>	<b>HP2010</b>	<b>vs. US</b>	<b>vs. HP2010</b>	<b>vs. 1999*</b>
% Child (2-17) Has Visited Dentist in Past Yr	65	75.9	56	<b>WORSE</b>	<b>Meets Goal</b>	<b>WORSE</b>
% Have Visited Dentist in Past Yr (18+)	61.3	64.3	56	similar	<b>Meets Goal</b>	<b>WORSE</b>

<b>Physical Activity &amp; Fitness</b>	<b>ECF</b>	<b>US</b>	<b>HP2010</b>	<b>vs. US</b>	<b>vs. HP2010</b>	<b>vs. 1999*</b>
% Light/Moderate Physical Activity	15.2	18.4	30	<b>WORSE</b>	<b>Does NOT Meet Goal</b>	n/a
% No Leisure-Time Physical Activity	27.3	26.8	n/a	similar	n/a	<b>WORSE</b>
% Received Advice on Exercise in Past Year	40	36.6	n/a	similar	n/a	n/a
% Vigorous Physical Activity	36.5	36.3	30	similar	<b>Meets Goal</b>	n/a
Age-Adjusted Heart Disease Deaths/100,000	228.3	240.8	213.7	<b>BETTER</b>	<b>Does NOT Meet Goal</b>	<b>BETTER</b>

<b>Respiratory Diseases</b>	<b>ECF</b>	<b>US</b>	<b>HP2010</b>	<b>vs. US</b>	<b>vs. HP2010</b>	<b>vs. 1999*</b>
Age-Adjusted CLRD Deaths/100,000	44.7	43.5	n/a	<b>WORSE</b>	n/a	<b>BETTER</b>
% Chronic Lung Disease	9.6	8.1	n/a	similar	n/a	<b>WORSE</b>
% Child Has Asthma	12.5	15.9	n/a	similar	n/a	similar
% Asthma	9.2	10.3	n/a	similar	n/a	similar
% Sinusitis	17.9	18.7	n/a	similar	n/a	n/a
% Nasal/Hay Fever Allergies	27	27.4	n/a	similar	n/a	n/a

<b>Sexually Transmitted Diseases</b>	<b>ECF</b>	<b>US</b>	<b>HP2010</b>	<b>vs. US</b>	<b>vs. HP2010</b>	<b>vs. 1999*</b>
Primary & Secondary Syphilis Incidence/100,000	2.7	2.4	0.2	<b>WORSE</b>	<b>Does NOT Meet Goal</b>	n/a
Gonorrhea Incidence/100,000	135.2	125	19	<b>WORSE</b>	<b>Does NOT Meet Goal</b>	<b>BETTER</b>
Hepatitis B Incidence/100,000	3.2	2.8	3.8	<b>WORSE</b>	<b>Meets Goal</b>	n/a
Chlamydia Incidence/100,000	243.6	296.6	n/a	<b>BETTER</b>	n/a	<b>WORSE</b>

<b>Substance Abuse</b>	<b>ECF</b>	<b>US</b>	<b>HP2010</b>	<b>vs. US</b>	<b>vs. HP2010</b>	<b>vs. 1999*</b>
Age-Adjusted Cirrhosis/Liver Dis Deaths/100,000	12	9.4	3	<b>WORSE</b>	<b>Does NOT Meet Goal</b>	n/a
% Current Drinker	57.3	51.4	n/a	<b>WORSE</b>	n/a	<b>WORSE</b>
% Chronic Drinker	5.8	4.2	n/a	<b>WORSE</b>	n/a	similar
% Binge Drinker	15.5	13.7	6	similar	<b>Does NOT Meet Goal</b>	similar
% Illicit Drug Use in Past Month	3.1	3.3	2	similar	<b>Does NOT Meet Goal</b>	n/a
% Riding With Drunk Driver in Past Month	3.9	4.5	n/a	similar	n/a	n/a
% Driving Drunk or Riding with Drunk Driver	5.7	6.3	n/a	similar	n/a	n/a
% Sought Help for Alcohol or Drug Problem	2.7	3.8	n/a	similar	n/a	similar
% Drinking & Driving in Past Month	2.7	2.8	n/a	similar	n/a	<b>BETTER</b>

<b>Tobacco Use</b>	<b>ECF</b>	<b>US</b>	<b>HP2010</b>	<b>vs. US</b>	<b>vs. HP2010</b>	<b>vs. 1999*</b>
% Smoke Cigars	3.8	4.3	2	similar	<b>Does NOT Meet Goal</b>	similar
% Have Quit 1+ Days in Past Yr	48.4	48.7	75	similar	<b>Does NOT Meet Goal</b>	similar
% Current Smoker	20.9	20.9	12	similar	<b>Does NOT Meet Goal</b>	<b>BETTER</b>
% Chronic Lung Disease	9.6	8.1	n/a	similar	n/a	<b>WORSE</b>
% Received Advice to Quit Smoking (Smokers)	56.2	60	n/a	similar	n/a	n/a
% Use Smokeless Tobacco	2.5	3.9	0.4	<b>BETTER</b>	<b>Does NOT Meet Goal</b>	similar
Age-Adjusted Heart Disease Deaths/100,000	228.3	240.8	213.7	<b>BETTER</b>	<b>Does NOT Meet Goal</b>	<b>BETTER</b>
% Someone Smokes at Home	14.9	18.8	n/a	<b>BETTER</b>	n/a	similar
% Smoke 2+ Packs/Day	3.8	8.3	n/a	<b>BETTER</b>	n/a	similar

<b>Vision &amp; Hearing</b>	<b>ECF</b>	<b>US</b>	<b>HP2010</b>	<b>vs. US</b>	<b>vs. HP2010</b>	<b>vs. 1999*</b>
% Blindness/Trouble Seeing	8.4	8.7	n/a	similar	n/a	<b>WORSE</b>
% Deafness/Trouble Hearing	9.1	10.7	n/a	similar	n/a	similar

\* "vs. 1999" — Historical comparisons of survey data compare data for the Greater Orlando area only (Orange, Osceola and Seminole Counties, 1999 survey data vs. 2004 survey data). Historical comparisons of secondary data (e.g., death rates, disease incidence, etc.) compare Orange County rates for 1999 and 2003 as a proxy measure for the Orlando area as a whole.



# OPPORTUNITY FOR COMMUNITY HEALTH IMPROVEMENT

The following “health priorities” represent recommended areas of intervention, based on the information gathered through this Community Health Assessment and the guidelines set forth in *Healthy People 2010*. From these data, significant opportunities for health improvement exist in East Central Florida with regard to the following health areas. These areas of concern are presented in alphabetical order, and are subject to the discretion of area providers and other local organizations and community leaders as to actionability and priority.

## **Access to Healthcare Services**

*Reduce disparities in access to healthcare services, especially as related to health insurance coverage and other barriers to access (e.g., prescription cost, transportation, appointment availability) and how they impact low-income (including the “working poor”) and Hispanic populations.*

## **Heart Disease & Stroke**

*Reduce the risks associated with cardiovascular disease, namely overweight and obesity, physical inactivity, high blood pressure and cholesterol, and tobacco use.*

## **HIV**

*Continue and increase education about HIV and AIDS, and promote prevention and healthy behaviors among sexually active and other at-risk populations.*

## **Injury & Violence**

*Reduce violent crime, including family violence, through education and community involvement.  
Reduce unintentional injuries and deaths by promoting motor vehicle and traffic safety.*

## **Mental Health & Mental Disorders**

*Reduce poor mental health indicators (such as suicide and depression) by working to minimize the stigma associated with mental health problems, by increasing the proportion of adults who seek help for mental or emotional troubles, and by increasing the availability and accessibility of mental health and substance abuse services.*

## **Nutrition & Overweight**

*Reduce the risks associated with overweight/obesity and poor nutrition (e.g., heart disease, stroke, diabetes, colorectal cancer) by promoting sound dietary practices, including adequate fruit and vegetable consumption.*

## **Oral Health**

*Increase utilization of oral health services among both adults and children through education and improved availability, affordability and accessibility of dental services.*



## Physical Activity & Fitness

*Promote long-term commitment to physical activity and fitness among both adults and children as a means toward cardiovascular fitness and maintaining a healthy weight.*

## Substance Abuse

*Reduce risk indicators related to alcohol and drug use, including chronic and binge drinking and use of illicit drugs, through education and increased availability and accessibility of substance abuse treatment and counseling services.*

## Selecting Health Priorities

There are various mechanisms through which individual organizations may wish to identify priority areas, such as through community direction and feedback, through analyses of primary and secondary data, or through a combination of the two. Regardless of which mechanism is applied, a variety of criteria must be considered when identifying priority areas, and these are outlined below. Keep in mind that no single criterion determines a specific area of need. Rather, the interplay among the different criteria should be considered in identifying priority areas.

In identifying priorities for community action and designing strategies for implementation, a variety of criteria should be applied to the consideration process, including:

- **Impact.** The degree to which the issue affects or exacerbates other quality of life and health-related issues.
- **Magnitude.** The number of persons affected, also taking into account variance from benchmark data and Healthy People 2010 targets.
- **Seriousness.** The degree to which the problem leads to death, disability or impairs one's quality of life.
- **Feasibility.** The ability of organizations to reasonably impact the issue, given available resources.
- **Consequences of Inaction.** The risk of exacerbating the problem by not addressing at the earliest opportunity.

Furthermore, it is important to recognize two important facts: 1) that many local efforts are currently active in addressing aspects of several of the outlined issues; and 2) that no individual or organization acting alone can remedy all of the implications of a given issue or problem.

# ADDITIONAL INFORMATION

## Assessment Sponsorship

As with the inaugural assessment in 1999, **The Winter Park Health Foundation (WPHF)** and **The Community Health Improvement Council (CHIC)** sponsored the *2004 PRC East Central Florida Community Health Assessment* in the Greater Orlando area. Brevard County sampling and incremental sampling in Osceola and Seminole Counties were funded by additional community partners. Planning assistance was provided by the Health Council of East Central Florida (HCECF).

## To Retrieve Data Online ...

Data from the *2004 PRC East Central Florida Community Health Assessment* are now available on the Internet. This study was conducted by Professional Research Consultants, Inc. (PRC), a nationally recognized healthcare marketing research firm that has conducted similar assessments for over 150 communities across the country. PRC will host the data and reporting for the East Central Florida study for community-wide access through its data portal, [www.PRCEasyView.com](http://www.PRCEasyView.com). Through this site, you will be able to:

- ✓ View the results of the *2004 PRC Community Health Survey* conducted as part of this project;
- ✓ Segment survey findings by: county; respondent demographics (e.g., age, gender, poverty status, etc.); response characteristics (e.g., overweight adults, smokers, adults with asthma, etc.); or combinations thereof.
- ✓ View, download and/or print the full report generated for this study.
- ✓ View, download and/or print PowerPoint presentation files detailing the data.

### Instructions for accessing the site and the data:

1. Log on to **www.PRCEasyView.com** using the following:

User = **ECF2004**

Password = **health**

2. Select *Applications>Real-Time Results* to access dynamic survey findings. Findings can be segmented by clicking on the survey response you wish to isolate (see online tutorials).
3. Select *Applications>Reports & Presentations* to access the report and presentation documents. For these, right-click and choose "Save Target As" to save these to your computer.

## To Learn More ...

If you would like to learn more about this study or learn more about next steps in identifying priorities and developing strategies in the four counties and in the region as a whole, please contact **The Health Council of East Central Florida** at (407) 671-2005 or visit [www.hcecf.org](http://www.hcecf.org).