

Seminole County Health Status Assessment

District VII is comprised of Seminole, Orange, Osceola, and Brevard Counties. This document will examine how Seminole County's health planning indicators compare to the District and State of Florida.

County Profile

Age Groups as a Percentage of the Population

According to the 2000 Census, the population of Seminole County is 365,196; District VII - 1,910,263; and the State - 15,982,378. Seminole County residents fall mostly in the age group 25-44 (32%), followed by 45-64 (23.5%). This is consistent with both the District and State data. Almost 11% of the population in Seminole County is over the age of 65 compared to 12.7% in the District and 17.6% statewide.

Racial Diversity

Slightly more than 80% of Seminole County's residents are white, leaving just under 20% that are non-white. The number of non-white residents is significantly lower in Seminole County than at the District and State level, 23.5% and 22% respectively. Of the non-white residents, 9.5% are black and 8.1% are comprised of Asians, Hawaiian Pacific Islanders, Native Americans, multiple races, and others. The diversity in the County is also significantly lower than that of the District and State.

Population Ethnicity

The Hispanic population is found in all racial groups. In Seminole County, 11.2% of the total population is Hispanic, with the greatest percentage (7.2%) being White-Hispanic. Again, this is significantly lower than the District and State percentages, which are 14.8% and 16.8% respectively.

Population Increase

Natural increase in a population is the result of more births than deaths. The population of Seminole County increased by 77,675 residents between the years of 1990 and 2000, making it the second largest increase in the District. Natural increase accounts for only 28.2%, whereas 71.8% of the population change was the result of more people moving to the County than there are leaving (migration). There was a greater natural increase in the County than the District and a significantly greater natural increase than the State. The net migration to the County was lower than both the District and State.

Women of Childbearing Age (15-44)

More than 22% or 81,820 residents of Seminole County are women of childbearing age. These percentages are similar to the District and State overall. When looked at racially, this population is comprised mostly by Whites (80.4%), followed by Blacks (10.3%), then Others (9.3%) in Seminole County. In District VII, 73.4% of women of childbearing age are White, as are 73% of those in the State, followed by Blacks, and Others.

Over 12% of the women of childbearing age in Seminole County are Hispanic. Of these, 7.6% are White-Hispanic, followed by Black-Hispanic and Other-Hispanic. The percentage of Hispanic women of childbearing age in Seminole County is far less than those of the District and State at 16.5% and 19.4% respectively.

Vulnerable/Underserved Populations

Refugees are identified as a vulnerable population as the language barriers pose problems in accessing healthcare. During 1997-2001, there were 487 refugees in Seminole County, compared to 2,703 in the District and 88,591 in the State. Most were from Cuba (40%), followed by Bosnia (21%) and Haiti (14.5%).

Migrant and seasonal farm workers (MSFW) are another vulnerable population identified by the Plan due to a high number of families living in poverty, having no health insurance, and language barriers. Seminole County had the lowest number of MSFW at 299, compared to 14,034 in the District and 286,726 in the State.

There were an estimated 1,371 homeless individuals in Seminole County in 2000 compared to 8,817 in the District and 67,981 in the State. Compared to the other counties in the District, Seminole County had the second lowest homeless population.

Prisons/Jails

The State of Florida has the third largest prison system in the United States with 75,553 inmates. Of these, 7,832 prison inmates are in District VII with an additional 6,761 inmates in county detention facilities. Orange County is the only county in the District that has taken steps to ensure the mental and physical healthcare needs of this population are being met. Mental health concerns, substance abuse, alcohol dependency, infectious disease, and chronic disease management tend to be overlooked in the health of inmates.

Socioeconomic Characteristics

Seminole County has the highest yearly income in the District, and is also far above the State average. The median yearly household income in the County was \$23,668 in 2001 compared to \$20,199 in the State. The per capita income for Seminole County was \$48,848 compared to \$37,307 for the State. Twelve percent of households in the County had a median yearly income less than \$15,000 which is lower than the District and State. The largest percentages of median household incomes in Seminole County fall between \$50,000 and \$99,000 (34.9%). This is higher than the District and the State at 29.4% and 26.6% respectively.

Poverty

Over 26,000 (7.3%) residents of Seminole County were at or below poverty status in 2000. Seminole had the lowest percentage of residents in poverty in the District (10.3%), and was significantly lower than the State (12.5%).

Labor Force, Employment, and Industry

Seminole County's unemployment rate is consistent with that of the District and the State at 5.4%. Five years ago, the rate was only 2.8% but has continued to rise since

the terrorist attacks on September 11, 2001. Between arts, recreation, entertainment and retail trade positions, there are 289,000 positions in the District. The tourist industry is suffering tremendously due to the decrease in business post 9-11-01.

Education

The high school graduation rate in Seminole County was 70.9% in the 2000-2001 school year compared to the 63.8% graduation rate for the State. Seminole ranks second in the District in terms of graduation rates and the percentage of graduates planning to enter college.

Students whose families are 130% below poverty are eligible for free lunch and those that between 131-185% of poverty are eligible for reduced lunch. In Seminole County, 25.3% of students were receiving free or reduced lunch in 2001. This is considerably lower than the District (39%), as well as the State (44%) and may be explained by the higher median yearly household and per capita incomes in the County. Of those receiving free or reduced lunch, over a third are White, Non-Hispanic followed by Black, Non-Hispanic and Hispanic.

Health Status

Cause of Death

Heart disease and cancer are the top two leading causes of death in the County, District, and the State. In Seminole County, the death rate for 1997-2001 was 841 per 100,000 population for all races, 847 per 100,000 population for Whites and 780.1 per 100,000 population for Non-Whites. Compared to the District at 730.1 deaths per 100,000 population, the Non-White death rate for the County is high. Seminole County exceeds the State rate of white deaths at 800.1 per 100,000 population while it is lower than the State Non-Whites at 851.4 deaths per 100,000 population.

Heart disease was responsible for more deaths per 100,000 for all races in Seminole County than in the District or the State and all were significantly over Healthy People 2010's goal of 166 per 100,000.

Cancer was responsible for more deaths of Whites per 100,000 in Seminole County, but less for Non-Whites compared to the District and State and all were over Healthy People 2010's goal of 159 per 100,000.

The number of deaths per 100,000 caused by stroke were relatively equal for all races in the County, District, and State, but were all slightly over Healthy People 2010's goal of 48 per 100,000.

Deaths resulting from respiratory disease per 100,000 for Whites was consistent with the District and State, however, for Non-Whites, Seminole County had a slightly higher death rate. Deaths from respiratory disease were nearly triple Healthy People 2010's goal of 17.5 per 100,000 in the County, District, and State for Whites, and nearly double for Non-Whites.

Healthy People 2010's goal for unintentional injuries is 45 per 100,000. The County, District, and State all fall are under the 2010 goal. The rates for Non-Whites are significantly lower than the 2010 goal.

Diabetes is responsible for more deaths in Seminole County than the District and State. The rate for Non-Whites is 40% higher than Whites in the County, and 50% higher than Whites in the State. The goal for deaths resulting from diabetes is 12 per 100,000 population. At 23.1 per 100,000 population for Whites and 43.8 per 100,000 population for Non-Whites, Seminole County does not come close to meeting the Healthy People goal.

Influenza and Pneumonia account for more deaths in Seminole county for Whites and Non-Whites than in the District and State. Healthy People 2010 did not offer a combined goal for the two diseases.

Alzheimer's disease is responsible for a consistent number of deaths for Whites across the board, while deaths from Alzheimer's for Non-Whites is significantly lower overall (14 per 100,000 versus 2.6 per 100,000 in Seminole County). Healthy People 2010 had not established a goal for deaths from Alzheimer's disease.

The Healthy People 2010 goal for deaths by suicide is 6 per 100,000 population. In Seminole County, the rate is only 1.6 for Non-Whites; however, it is 12.5 for Whites. The County is lower than the District and the State for the number of deaths by suicide, but the rate for White is double the 2010 goal.

The Healthy People 2010 goal per 100,000 for deaths from liver disease is 18. The County, District, and the State have met this goal for all races.

Infectious Diseases

Infectious diseases include HIV/AIDS, sexually transmitted diseases, tuberculosis, enteric diseases, hepatitis, and vaccine-preventable diseases.

Healthy People 2010 did not have a death rate goal for HIV/AIDS; however, set the goal for new infections at 12 per 100,000 population. Between 1998-2000, the number of reported AIDS cases in Seminole County was 11.74 per 100,000 population, significantly lower than the State at 33.59 per 100,000 population. During that same time, 14.6 per 100,000 HIV cases were reported in Seminole County compared to the State at 39.1 per 100,000 population. Florida represents 11% of the national AIDS morbidity and 11% of the total population living with AIDS.

In Seminole County, there were 827 newly reported STD cases from 1998-2000. The reported diseases consist of Chlamydia, syphilis, gonorrhea, and AIDS. The rate of infection per 100,000 in the County was 231.1 versus 351.6 in the State.

There were 20 new tuberculosis cases in Seminole County during 1998-2000 (5.5 per 100,000) versus 7.98 per 100,000 at the State level. This is a slight increase from the previous three years.

Seminole County saw 9 new Hepatitis B infections during 1998-2000 (2.51 per 100,000) versus 3.2 per 100,000 in the State. The rate of infection for Hepatitis B has been consistent for the past nine years.

There has been an increase of Hepatitis C infections but due to the fact that most people are asymptomatic or experience only mild symptoms, most new cases are never diagnosed.

Enteric diseases include Salmonella, Shigella, Giardia, and Hepatitis A. Seminole County, as well as the State has shown a steady decline during the past nine years for the rate of infection of these diseases. The rate in Seminole County was 54.3 per 100,000 during 1998-2000, while the rate for the State was 52.26 per 100,000, down from over 60 per 100,000 in previous years. Most of the cases that were reported were Salmonella followed by Shigella.

Child Immunizations

In 2001, 96.4% of all kindergarten students were immunized with the required vaccinations (diphtheriatetanus-pertussis series, hepatitis B, measles-mumps-rubella (MMR), polio series and varicella) compared to 94% in the District and 93.6% in the State.

Maternal Health Indicators

During 1997-2001, there were 22,227 births in Seminole County. White births totaled 18,431 and 3,784 births were Non-White. The birth rate for each is relatively equal at 12.4 per 1,000 live births. The birth rates for the District were slightly higher for all races at 13.6 per 1,000 live births, while the State had a birth rate for Non-Whites at 15.1 per 1,000 live births and 12 per 1,000 live births for Whites.

Infant Mortality

During 1997-2001, there were 115 infant deaths in Seminole County making the infant mortality rate 5.2 per 1,000 live births for the County. Among Whites in the County, the rate was 4.3 per 1,000 live births, and 11.6 per 1,000 live births for Blacks. This is consistent with the District and is slightly lower than the State for all races. For Hispanic mothers, the infant mortality rate per 1,000 live births was 5.5 in the County, 6.0 in the District, and 4.7 in the State.

Neonatal Mortality

During 1997-2001, there were 74 neonatal deaths (infants living less than 28 days) in Seminole County, or 3.3 per 1,000 live births. This rate was higher for Blacks at 5.3 per 1,000 live births, but was similar to that of Whites. Neonatal mortality rates for the District and the State were slightly higher for Whites, and significantly higher for Blacks; 7.2 per 1,000 live births and 8.5 per 1,000 live births respectively. For Hispanic mothers, the neonatal mortality rate per 1,000 live births was 4.4 in the County and District, and 2.5 in the State.

Low Birth Weight

A low birth weight birth is categorized as weighing less than 2500 grams, or 5 ½ pounds. LBW births accounted for 8.1% of all live births in 2001, up from 7.9% in 2000. During 1997-2001, there were 1,756 LBW births in Seminole County, a rate of 79 per 1,000 live births. For White mothers in the County, this rate is lower at 69 per 1,000 live births, while the rate for Blacks skyrockets at 138.6 per 1,000 live births. The rates for White mothers are consistent with the District and the State, however, for Blacks, the rate is higher in Seminole and Orange Counties than the other two counties, and the State. For Hispanic mothers, the number of LBW births per 1,000 was 66.9 in the County, 78.3 in the District, and 65.8 in the State.

Very Low Birth Weight

A very low birth weight birth is categorized as weighing less than 1500 grams, or 3 ½ pounds. VLBW births accounted for 1.6% of all live births in 2001, up from 1.5% in 2000. In Seminole County, there were 316 VLBW births during 1997-2001 (14.2 per 1,000). The rate of VLBW births was less per 1,000 for Whites at 11.8 and more than double for Blacks at 29.5. These rates were consistent with the District and the State. For Hispanic mothers, the number of VLBW births per 1,000 was 12.6 in the County, 14.1 in the District, and 11.9 in the State.

Adolescent Births (Ages 10-17)

During 1997-2001, the rate per 1,000 births to mothers ages 10-17 was 5.2 for Whites and 14.1 for Non-Whites. This is lower than both the District and State adolescent birth rates. The rate of repeat teen births per 1,000 to women ages 15-19 has decreased steadily since 1997 from 8.3 to 4.8.

Early Prenatal Care (First Trimester)

During 1997-2001, 88.94 per 1,000 pregnant women received first trimester prenatal care in Seminole County. This rate was slightly higher for Whites at 91.5 per 1,000 pregnant women and significantly lower for Blacks at 73.04 per 1,000 pregnant

women. The rate for Whites receiving early prenatal care in the County is slightly lower than the District and State, while the rate for Blacks is slightly higher.

Healthy Start Enrollment

Healthy Start is designed to provide risk-appropriate care to women and infants to reduce their chances of poor birth outcomes or developmental delay. Seminole County's positive screen participation exceeded Brevard, Orange, Osceola and the District at 91%, and was consistent with the State.

MENTAL HEALTH AND SUBSTANCE ABUSE INDICATORS

Mental health, defined as the absence of mental disorders and the ability of an individual to negotiate the daily challenges and social interactions of life without experiencing cognitive, emotional, or behavioral dysfunction can be affected by numerous factors ranging from biological and genetic vulnerabilities, acute or chronic physical dysfunction, to environmental conditions and stresses. Mental disorders as well as substance abuse problems occur across the lifespan, affecting persons of all racial and ethnic groups, both genders, and all educational and socioeconomic groups, and can adversely affect virtually every aspect of individual, family, and community life.

The State of Florida ranks 9th in state mental health expenditures, but ranks 42nd in per capita state expenditures for mental health services. One-third of the total budget for mental health is spent for local government and state Alcohol, Drug Abuse, and Mental Health (ADM) services alone. (Chronically Mentally Ill: Projected Needs and Costs, 1995-2010)

The *1999 U.S Report of the Surgeon General* states that approximately 69% of those with mental disorders do not seek treatment because of the stigma associated with being "mentally ill." According to the Report, "barriers of access exist in the organization and financing of services for adults. There are specific problems with Medicare, Medicaid, income supports, housing, and managed care." The State of Florida has not

implemented anti-parity laws that would prevent health insurance companies from restricting or prohibiting reimbursement for the use of mental health services allowed each member, although it has been voted on for the past three years.

Seminole County Mental Health Center Demographics

The gender composition of client population is evenly distributed between males and females. Males comprise 51% versus females at 49% of the total client base. The white population, at 75.6%, made up the vast majority of the client population. This was followed by the black population at 17.2%, and the multi-racial population at 5.6 percent. The American Indian/ Alaskan Native, Asian, and Native Hawaii/Pacific Islander populations made up the remaining 1.5 percent.

Seventy-four percent of the client population is unemployed. Those persons employed full-time, accounted for 12.33% of the client population and part-time employed persons were reported at 8.75 percent. Full and part-time students represented 2.13% of the client base. The remaining 2.79 % did not provide their employment status. Slightly over 50% of the client population reported having never married. Twenty-five percent were divorced and 17% were married. Separated clients, at 4.85%, were just above those that were widowed, at 2.16 % of the total client population. One percent of the clients did not provide marital status.

Less than half the client population, 42.7%, reported having graduated from High School. Twenty percent attended high school but did not graduate. Those possessing AA degrees made up 17.5% of the client population. College graduates accounted for only 5.7% of the total client base and post graduate comprised a mere 1.2% of the client population. The remaining balance was almost equally distributed among those having no education to having only attained a middle school education.

Close to three quarters, 69.3%, of the total client population reported an annual income less than \$10,000. Just over 14% had an income between \$10-14,999, annually. Almost 15% of the clients had an income in the \$15,000-49,999 range. Those with

income levels higher than \$50,000 accounted for less than 1% of the total client population.

The majority of the client population fell between those over 21 and under 65 years of age. Children accounted for less than 1%, as did teens. Older teens, 18 years of age, thru very young adults, age 21, made up 6.5% of the total client base. Just less than 2% of the client base was comprised of adults 65 years and older.

The top three diagnoses among the client population were: Affective Disorders, at 23.9%; Alcohol/Drug Disorders, at 19.5%; and Schizophrenic Disorders, at 19.1 percent. There was fairly equal distribution among those clients diagnosed with behavioral/Impulse Disorders, Other, and Adjustment Disorders. Over 5% of the clients were diagnosed with Anxiety Disorders and 3% reported a diagnosis of Paranoid/Atypical Psychoses. The following disorders all had less than 1% representation: Learning disorders, degenerative disorders, personality disorders, V codes, psychophysical disorders, deferred, mental retardation and sexual disorders.

One third of the client population was from Sanford. This was followed by 12.9% of the population reporting a location of Altamonte Springs. The following locations all had less than 10% representation: Casselberry, Orlando, Other, Longwood, Winter Springs, Oviedo, Winter Park, Lake Mary, Fern Park, Apopka, Geneva, and Maitland. The following locations had less than 1 % client population representation: Chuluota, Deltona, DNP, Cocoa Beach, Lake Monroe, Kissimmee, Deland, McClenny, and Ocoee.

Over 80% of the total client population did not provide information pertaining to whom they lived with. Only 10% of the client population lived with family members. More clients lived alone, 6.8%, than those living with friends, 2 percent. The client population living in foster care accounted for less than 1% of the total client population.

Substance abuse, defined as the use of drugs in a manner that injures the body (including mental function), not only has immediate and long-term health effects, it often imposes other costs on society and the individual. The abuse of alcohol, tobacco, and

illegal and over-the-counter drug abuse, is linked with many medical and psychological harms, including death, child abuse, domestic violence, unintentional injury, chronic disease, academic failure, unintended pregnancy, HIV/AIDS, and other sexually transmitted diseases.

There are 38 Outpatient treatment sites in Seminole County and a total of 156 for all four counties. In the Year 2000, there were 238 such sites in the District, also a significant decline in resources for the region.

Domestic Violence

Domestic violence is a widespread social problem that affects families on all socio-economic and demographic levels. The Bureau of Justice projects that nationwide, anywhere from four million to six million individuals, primarily women, are victimized annually. It is further estimated that as few as 10 percent of all domestic violence crimes are ever reported, making the true extent of the problem difficult to measure.

Seminole County had the lowest rate of domestic violence offences of all four counties and the State.