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Griselda Payne
Jeanie Economos
Yesica Ramírez

Florida Department of Health
Daphne Brewington
Ellis Pérez, MPH
Kariely Negrón
Kevin Sherin MD, MPH
Yolanda Martínez, Ed PhD., PhD
Kathy Walker

Florida Hospital
Alba Santiago

Hispanic Health Initiative of Central Florida
Josephine Mercado

Iglesia Pabellón de la Victoria
Rosa Torres

United Against Poverty in Orlando
Carla Cox

University of Florida / IFAS Extension
Gricelle Nilda Negrón

Valencia College
Michelle R. Foster
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The Hispanic population is the largest ethnic minority group in Orange County, comprising 29.8% of the total population. The county has a rich variety of cultures which includes United States and Non-United States citizens from Central America, South America, Mexico, Spain and the Caribbean. Due to the increasing growth of Hispanic residents, it is essential to assess and gain understanding of the population’s overall health status and well-being. This will allow for the provision of the most effective and most reliable form of care and service; with the hope of addressing and preventing any concerning health issues.

The 2017 Hispanic Health Assessment (HHA) is the first population specific assessment developed to address the needs of a targeted population in the county. It is an example of the commitment the Florida Department of Health in Orange County has in utilizing best practices to improve the health of community residents. The HHA is an essential tool which answers questions that further explain the population, growth, change, characteristics, and health indicators among Hispanics. This tool can be used to engage community partners in improvement plans and enhance the spread of public health message.

Florida’s vision is to become the Healthiest state in the nation by 2030. We do this by ensuring that all races and ethnicities have reached their best state of health through the provision of quality health services to each resident in our community. This publication is the product of the hard work and dedication of the Florida Department of Health in Orange County.

It is a privilege to live in such a diverse and vibrant community and to serve as director of a workforce which strives to make Orange County a healthier place to live, work, and play.

Protecting Your Health…. It’s What We Do!

Kevin Sherin, M.D, M.P.H, M.B.A
Health Officer and Director
Table of Contents

Acknowledgments..................................................1
Message from the Health Officer & Director........2
Table of Tables & Figures ........................................5
Executive Summary ................................................6
Introduction ..........................................................7
Methodology ..........................................................8

Secondary Data ....................................................8

Primary Data........................................................9
  Windshield and Walking Surveys ..............................9
  Community Focus Groups .....................................10
  Stakeholder Interviews .......................................11

Demographics ......................................................12

Orange County, Florida .........................................12

Population Overview ............................................13
  Age ..................................................................13
  Race ..................................................................13
  Country of Origin .............................................13
  Place of Birth ..................................................14
  Marital Status ..................................................15
  Nativity & Citizenship Status ..............................15

Social & Economic Conditions ...............................16

Households & Families ..........................................16
  Household Type ...............................................16
  Homelessness ..................................................16
  Income & Poverty ............................................17
  Food Security ..................................................17
  Employment Status .........................................18
  Health Insurance Status ....................................18
  Means of Transportation to Work ......................20
  Disability .......................................................21
  Residential Mobility .........................................21

Schools & Education .............................................22
  Educational Attainment ....................................22
  English Language Proficiency ............................23
  School Enrollment ...........................................24

Mortality ..............................................................25
  Leading Causes of Death ....................................25

Infant Mortality ....................................................25

Morbidity ..............................................................29

Chronic Conditions ..............................................29
  Cancer .............................................................29
  Cardiovascular Disease .....................................29
  Diabetes ..........................................................30
  Asthma .............................................................30

Behavioral Risk Factors .......................................31
  Overweight & Obesity .......................................31
  Tobacco Use ....................................................31
  Alcohol Use ....................................................32

Infectious Diseases ..............................................32
  Tuberculosis .....................................................32
  HIV/AIDS ........................................................32
  Sexually Transmitted Diseases .........................33
  Zika .................................................................33

Healthcare Utilizations ........................................33
  Emergency Department .......................................33
  Hospital In-Patient ...........................................34
  Mental Health ..................................................34
  Morbidity Prevalence by ZIP Code .......................34

Maternal & Child Health .......................................35
  Birth Rates .......................................................35
  Education ........................................................35
  Unwed Mothers ...............................................35
  Mother’s Weight ..............................................35

Florida Department of Health in Orange County
Table of Tables & Figures

**Figures**

Figure 1: Hispanic Population by County ...........12  
Figure 2: Population Percent Rate ..................12  
Figure 3: Population by Age .......................12  
Figure 4: County of Origin ..........................13  
Figure 5: Population Change ........................14  
Figure 6: Marital Status ............................15  
Figure 7: Households & Families ....................16  
Figure 8: Food Pantries in Orange County, FL ......17  
Figure 9: Population Dot Density and USDA 2014 Food Deserts .............................................18  
Figure 10: Means of Transportation to Work ..........20  
Figure 11: Educational Attainment ....................23  
Figure 12: English Speaking Ability .................23  
Figure 13: School Enrollment ........................24  
Figure 14: Valencia College Student Enrollment ...24  
Figure 15: Life Expectancy (Hispanics) .............28  
Figure 16: Adult Obesity ................................31  
Figure 17: Adults who are Overweight ...............31  
Figure 18: HIV Cases ................................32  
Figure 19: Morbidity Prevalence by ZIP Code ......34  
Figure 20: Maternal Death Rate ........................36  
Figure 21: Hispanic Population Dot Density ........43  
Figure 22: Hispanic Population by ZIP Code ........43  
Figure 23: Winter Park Observations (ArcGIS) ......44  
Figure 24: Azalea Park Observations (ArcGIS) ......46  
Figure 25: Alafaya Observations (ArcGIS) ..........48  
Figure 26: South Orange County Observations (ArcGIS) ..................................................51  
Figure 27: Southwest Orlando (ArcGIS) ............53  
Figure 28: Northwest Orange County Observations (ArcGIS) .............................................55

**Tables**

Table 1: Hispanic Population by Race ...............13  
Table 2: Central Florida Homeless Count ............16  
Table 3: Adults with any type of health care insurance coverage .............................................19  
Table 4: Adults who could not see a doctor at least once in the past year due to cost ...................19  
Table 5: Hispanic Population in Orange County without Health Insurance Coverage ....................20  
Table 6: Residential Mobility into Orange County .................................................................21  
Table 7: Residential Mobility out of Orange County, FL ........................................................22  
Table 8: Student Enrollment ............................24  
Table 9: Leading Causes of Death (Non-Hispanics) .26  
Table 10: Leading Causes of Death (Hispanics) ......26  
Table 11: Leading Causes of Death (Hispanic Women) .........................................................27  
Table 12: Leading Causes of Death (Hispanic Men) .27  
Table 13: Infant Mortality by Ethnicity ...............27  
Table 14: Fetal Death by Ethnicity ....................27  
Table 15: Cancer Incidence Rate by Ethnicity ......29  
Table 16: Top 3 Cancer Incidence Rates ...............29  
Table 17: Congestive Heart Failure Rates ..............29  
Table 18: Coronary Heart Disease Rates by Ethnicity ................................................................29  
Table 19: Adults who have been told they had diabetes .............................................................30  
Table 20: Adults who have been told they had diabetes .............................................................30  
Table 21: Adult Smokers ..................................31  
Table 22: Adults who Drink ..............................32  
Table 23: Tuberculosis cases ............................32  
Table 24: AIDS cases ....................................32  
Table 25: Hispanic Population by ZIP Code ........44  
Table 26: Winter Park Community Observations ....45  
Table 27: Azalea Park Observations ....................47  
Table 28: Avalon Park Observations ....................49  
Table 29: South Orange County Observations ......51  
Table 30: Southwest Orlando Observations ..........54  
Table 31: Northwest Observations ....................56
Hispanics play a growing role in America’s future. They are the largest and fastest growing minority group. The Hispanic population has grown by 39.5% from 2010 to 2016, in Orange County, Florida. Hispanics contribute to the economy, cultural diversity, and health of the county. The continuous growth, however, creates new challenges and opportunities for residents, and services providers.

The Hispanic Health Assessment (HHA) is a systematic, evidence-based approach to collecting, analyzing and using data as information to identify gaps and priority areas for health improvement efforts. One goal the assessment strives to achieve is to develop an informed understanding of the gaps and needs that exist within the community and how it impacts the population. The report will serve as a baseline on the current health status of the Hispanic community in Orange County. Assessing the overall health status and needs is key for the county’s continued efforts to successfully improve the health of its residents through the collective efforts of the public health system. The assessment also strives to inform health policy, resource allocation and program implementation.

The HHA was compiled from the most up to date, publicly available resources and primary data research, such as: community observations, community focus groups, and stakeholder interviews. The data incorporates demographics, social determinants of health, health disparities, risk factors, and health services, as they shape the leading causes of morbidity and mortality. In order to provide more geographically granular information, spatial analysis was used to generate hot spots in the community. This allows prioritization of community needs in the provision of the most effective form of care and services in specific sectors in the community with greater needs.

The findings from the HHA demonstrate the need for improvement in social determinants of health, health status, and access to care across the county for Hispanics. Some health indicators show disproportionate rates when compared to non-Hispanics and the total population of the county. Health disparities are evident and illustrate a lack of health equity in the community. Acculturation barriers, and under insured/uninsured statues continue to be major obstacles to health care access among Hispanics.

Recommendations focus on the expanding access to health care, developing cultural competency and sensitivity in the health care and service workforce. Every person in a community deserves the chance to live a healthy life regardless of their racial or ethnic background; therefore, it is important that the findings be considered as source for dialogue to promote action towards improved polices, strengthened programs in local neighborhoods and schools, and processes for continued assessment and reflections on emergent conditions for Hispanics in Orange County, Florida.
Introduction

Hispanic immigrants and Hispanic Americans make up a significant and growing segment of our society. Like any other American, maintaining a good overall health status is of great importance to many Hispanics. They want what all Americans want: quality education, economic opportunities, affordable homes, strong and safe communities, good government and access to health care. However, lack of health insurance, environmental stressors, limited access to provider services, and language barrier are a few of the known social inequalities that add to the difficulty in receiving health care for many Hispanics.

Hispanics are disproportionately affected by poor conditions of daily life, shaped by structural and social conditions such as: economical, cultural values, income, education, occupation, and social support system, including health services; which are known as the social determinants of health. Social determinants of health affect an individual’s health status. It causes chronic stress, which elicits behavioral risk factors such as poor diet, sedentary lifestyle, and substance use. To reduce the inequalities and improve access to quality health care, a population wide assessment is necessary. An investigation into the trends in the health status, socioeconomic status, culture, and practices is appropriate in order to address the population’s health needs.

Hispanics are described as the largest minority in Orange County, when compared with other racial ethnic groups. The United States Census Bureau defines “Hispanic or Latino” as a person of Cuban, Mexican, Puerto Rican, South/Central American or other Spanish culture or origin regardless of race. Migration among Hispanics is very common. Latin Americans who come to the United States are looking for a better life, more employment and educational opportunities for themselves and their family. In Orange county, many migrate from other countries, states, and even from other counties within the state of Florida. Regardless of the reason/purpose or where they are coming from, Hispanics come to Orange County for a new life with hope for a better future. This has resulted in an increase in the county’s population. Hispanics comprise approximately 30.5% of the total population of the county (2016). From 2010 to 2016, there has been a 39.5% growth increase in the Hispanic community, compared to an 8.8% growth increase among Non-Hispanics, in the same time frame. Data shows that the Hispanic population will continue to grow, which will result in a gradual decline of the non-Hispanic population as the years progress.

Due to the increasing number of Hispanic residents, it is very important for service providers to actively and efficiently prepare for the continued growth, by assessing and gaining understanding of the population’s overall health status and well-being, challenges and opportunities.
Methodology

A systemic search was conducted for guidance in identifying published literature, reports and evidence-based information on structuring the development of a comprehensive qualitative Hispanic Health Assessment and identifying health outcomes and determinants in a community. Google and Google Scholar were used; terms such as “Hispanic health profile”, “Hispanic health assessment”, “Hispanic health study”, “Hispanic health”, and “Hispanic health focus groups” were used. Web-based materials were included if it referenced specific health outcome indicators, health determinants and focus group guidance for Hispanics (i.e. chronic disease mortality/morbidity, smoking prevalence, poverty rates). A few resources from Non-Hispanic population were also included for general knowledge on potential health disparities. To determine the validity of the qualitative systemic search, the Critical Appraisal Skills Programme (CASP) tool was used (see Appendix C). Once the research was reviewed and appraised, local data collection proceeded. Local data was gathered from both primary and secondary sources.

Findings presented in this report should not be considered definitive, but rather, suggestive of issues that may need further exploration. The sample size within individual communities was too small to make strong and evident conclusions at the neighborhood level. Nonetheless, a wealth of information was collected from diverse resources throughout Orange County to obtain a fair understanding of the results.

Secondary Data

The assessment was first conducted utilizing secondary data resources (existing data collected by others). In addition to online secondary resources, organizations from the community were contacted for additional and more specific indicator information.

The following is a list of secondary data sources used for the assessment:

- Agency for Healthcare Administration
- American Community Survey
- Aspire Mental Health
- Center for Change
- Community Commons
- Electronic Surveillance System for the Early Notification of Community-based Epidemics (ESSENCE)
- Florida Community Health Assessment Resource Tool Set (CHARTS)
- Florida Department of Health in Orange County, Health Management System (HMS)
- Homeless Services Network of Central Florida, Inc.
- Second Harvest Food Bank
- The Centers for Disease Control and Prevention’s Behavioral Risk Factor Surveillance System (BRFSS)
- Trulia
- United States Census Bureau
- University of Central Florida (UCF)
- University of Florida, Institute of Food and Agricultural Sciences (UF/IFAS) Nutrition Program
- Valencia College
Data collected from these sources state incidence, prevalence, age-adjusted death rates (AADR), crude rates, percentages, trends and statistics for specific indicators. Incidence refers to the rate of new cases of a disease within a period of time, while prevalence is how widespread a condition is at a given point in time. AADRs are used to compare populations when the age profiles of the population are different, in order to prevent confusion. The numerical majority of the rates are reported per 100,000 residents, but others might be stated as per 1,000 residents.

Microsoft Excel was used to gather and analyze the data obtained from some of the secondary data sources. ArcGIS desktop 10.3.1 was also used for secondary data analysis. This software was used to store, analyze, model, and display spatial secondary Hispanic health data such as: ZIP codes with the lowest and highest Hispanic residents, zip codes of Hispanic residents living in poverty, and diseases and Health conditions by ZIP codes.

The data is based on the most recent, and up to date data available. The majority of the data are based on 2016 reports; more recent data in a particular indicator will be stated accordingly.

**Primary Data**

Primary data collection methods were used to address questions that cannot be answered by secondary sources, and to gain a better understanding of the issues. Several methods were used in this assessment to capture the primary data: observations, community focus groups, as well as provider and stakeholder interviews. These methods provide a more in-depth understanding within the community about its needs, why they exist, and why it is important for the needs to be addressed. Community members have the opportunity to share how the needs impact their quality of life. Community conversations incite community engagement, because members from different parts of the community are included in discussions about needs, assets, and community response. A combination of these methods provides an overall and more robust picture for a detailed analysis.

**Windshield and Walking Surveys:**

Windshield surveys are systematic observations made from a moving vehicle, and walking surveys are systematic observations made on foot. A combination of both methods was utilized to better understand the community in general, as well as specific condition or aspects of it such as: infrastructural needs, conditions of public buildings and housing, amount of activity or noise level on the streets (traffic, pedestrians) at various times of the day/week, resources available and their proximity to the community residents, as well as safety (See Appendix A).

This method was used prior to conducting community focus groups. It was the quickest way to obtain an overview and further understanding of the community, before conducting the focus groups. Focus group findings were used to compare participant responses about the community to the observations.
It is important to note that observing a neighborhood/community (some for the first time), might not completely reveal its true character compared to living in the community, because communities contain a unique mix of occupational and cultural identity that might not be captured through brief observations.

ArcGIS Collector App was used to capture and spatially analyze the observation data. The following indicators were used to assess and inventory an area of the community: immigration and lawyers, churches, schools, bus routes, mental health facilities, dental health facilities, food markets, safety observations and safety facilities, restaurants, housing, pharmacy, medical health facilities, infrastructure, parks and recreations, fitness facilities, and other.

Observations were only captured in a small area of the community. Observations might or might not reflect the overall resource, infrastructure, or population characteristics of all the community.

**Community Focus Groups:**

Community focus groups were used to obtain direct knowledge of resident perception from local Orange County Hispanics. Focus groups are a form of qualitative research consisting of interviews and/or surveys, in which a group of people are asked about their perception, opinion, beliefs, and attitudes toward a topic (See Appendix B). In this assessment, Hispanics were the population of focus, with health and anything that influences one’s state of health as the main topic of discussion. Three focus groups from three different communities in the county, ranging from 10-15 participants each, were conducted. Flyers (See Appendix D) were distributed in targeted communities to recruit participants. A total of 35 adult Hispanics participated in the focus group, ranging from ages 18-68 years old. The demographic of the targeted participants was taken under consideration to effectively conduct the focus group before initiating the discussion. Targeted participants with limited English proficiency were approached in Spanish; participants with limited reading and writing skills were approached orally, and younger participants with a stronger English language proficiency were approached in English with a more interactive approach.

Upon initiation of the focus group, participants were asked to fill out de-identified demographic information about themselves (see Appendix D). After thoroughly explaining the purpose and procedure of the focus group, participants had the opportunity to read and sign the consent form. Participants were given ample time to voice their concerns and ask any question they may have about the content or the process of the focus group.

A “Gallery Walk” discussion technique was used to actively engage participants. Participants were given approximately 30 minutes to walk around the room (by themselves or with a partner) and provide bulleted answers to all 24 open-ended questions posted on flip chart paper around the room (one question per flip chart) (See Appendix E). After the Gallery Walk participants reconvened to discuss and add any additional comments, thoughts, or feelings they
may have had throughout the gallery walk. Additional comments were added accordingly after the group discussion.

One of the three community focus groups was facilitated as a sit-down conversation of all the questions with the participants. Each question was read out loud by the facilitator and co-facilitators. As the questions were read, participants had the opportunity to express their thoughts and opinions on each question, and provide any additional comments as the discussion progressed. Responses from other participants helped widen their understanding of the question, and add additional comments to answers from other participants. To ensure every response was captured correctly, the group discussions were recorded. The collected data was imported to a Microsoft Excel spreadsheet to be stored and analyzed.

**Stakeholder Interviews:**

Stakeholder interviews are conversations conducted with representatives from key organizations who in one way or another work directly or indirectly with Hispanics in the county. The interviews provided an in depth look of the issues and concerns Hispanics are currently facing, from the perception of the stakeholder (See Appendix B). Interviews were recorded to properly capture the content of responses. Five stakeholder interviews were conducted from staff of different organizations. Data collected by the stakeholders was transferred to a Microsoft Excel spreadsheet to be store and analyzed.
Demographics

Orange County, Florida has a total of 903 square miles of land and 99 square miles of water. It is located in what is known as the Orlando-Kissimmee-Sanford Metropolitan Statistical Area (also referred to as the Orlando MSA). It is bordered on the north by Seminole County, east by Brevard County, south by Osceola County, and to the west by Lake County. According to the most recent (2016) U.S Census Bureau data, Orange County is home to over 1,314,367 residents, of which 401,348 are of Hispanic Origin. Compared to the top 5 most populous counties in the state of Florida, Orange ranks 3rd in the counties with the highest percentage of Hispanic residents (30.5%). In 2010 there were 287,760 Hispanics in the county, since then there has been a 39.5% population growth compared to only an 8.8% Non-Hispanic population growth during the same time frame. Hispanic are the largest minority group in the county, with a very diverse racial background. When we look at the percent rates by ethnicity, based on the total population of the county, we see that throughout the years Hispanics have continued to steadily increase as the Non-Hispanics decrease.

Figure 1: Hispanic Population by County

<table>
<thead>
<tr>
<th>County</th>
<th>Hispanic Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Miami-Dade</td>
<td>67.7%</td>
</tr>
<tr>
<td>Broward</td>
<td>28.7%</td>
</tr>
<tr>
<td>Orange</td>
<td>30.5%</td>
</tr>
<tr>
<td>Osceola</td>
<td>52.3%</td>
</tr>
<tr>
<td>Hillsborough</td>
<td>27.6%</td>
</tr>
</tbody>
</table>

Figure 2: Population Percent Rate By Ethnicity

<table>
<thead>
<tr>
<th>Year</th>
<th>Hispanic</th>
<th>Non-Hispanic</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>27.0%</td>
<td></td>
</tr>
<tr>
<td>2016</td>
<td>30.5%</td>
<td></td>
</tr>
<tr>
<td>2020</td>
<td>34.0%</td>
<td></td>
</tr>
</tbody>
</table>

Figure 3: Population by Age

| Age Group | Hispanic
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 5</td>
<td></td>
</tr>
<tr>
<td>5-9</td>
<td></td>
</tr>
<tr>
<td>10-14</td>
<td></td>
</tr>
<tr>
<td>15-19</td>
<td></td>
</tr>
<tr>
<td>20-24</td>
<td></td>
</tr>
<tr>
<td>25-29</td>
<td></td>
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<tr>
<td>30-34</td>
<td></td>
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<tr>
<td>35-39</td>
<td></td>
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<td>40-44</td>
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<td>45-49</td>
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<td>60-64</td>
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<tr>
<td>70-74</td>
<td></td>
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<tr>
<td>75-79</td>
<td></td>
</tr>
<tr>
<td>80-84</td>
<td></td>
</tr>
<tr>
<td>85 plus</td>
<td></td>
</tr>
</tbody>
</table>
Population Overview

Age: Hispanics in Orange County are slightly younger than the general population. The median Hispanic age is 32 while the median county age is 34. Based on the population age percent rate, the majority of Hispanics are between the ages of 35-54 years of age.

Race: The term “Hispanic” is not a race, but an ethnicity; however, Hispanics can in fact be of any race. The majority (77%) of Hispanics in the county do identify themselves as white.

Table 1: Hispanic Population by Race

<table>
<thead>
<tr>
<th>Hispanic Population by Race (2016)</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Race</td>
<td>Population (##)</td>
<td>Population (%)</td>
</tr>
<tr>
<td>White</td>
<td>308,574</td>
<td>77%</td>
</tr>
<tr>
<td>Black</td>
<td>15,844</td>
<td>3.95%</td>
</tr>
<tr>
<td>American Indian and Alaskan</td>
<td>202</td>
<td>0.05%</td>
</tr>
<tr>
<td>Asian</td>
<td>1803</td>
<td>0.45%</td>
</tr>
<tr>
<td>Native Hawaiian</td>
<td>50</td>
<td>0.01%</td>
</tr>
<tr>
<td>Other</td>
<td>59,501</td>
<td>14.8%</td>
</tr>
<tr>
<td>Two or more</td>
<td>15,374</td>
<td>3.83%</td>
</tr>
</tbody>
</table>

Country of Origin:
The Hispanic community is very diverse. Hispanics differ in national origin, culture and history. There are 20 different Hispanic countries identified in this county. The Puerto Rican population ranks as the largest Hispanic group in the county, followed by the Mexican population. Orange County has the largest number of Puerto Ricans in all of Florida.
For over a decade, Orange County/Central Florida has been a destination for many Puerto Rican residents. From 2010 to 2016, there has been a 15% increase in the Puerto Rican population. Although Puerto Ricans are the largest Hispanic population among Hispanic, there has been a larger population growth among other nationalities.

Although many Hispanics identify themselves to a specific country of origin, there is however, a small percentage that identify themselves as “other” (1.2%).

Place of Birth:
Orange County is home to many migrating families and individuals. About 77% of Hispanics are coming from other states or country of residence, only 23% are Florida natives. There are many reasons why Latin Americans migrate to the United States. The reasons people leave a place are considered push factors, while the reasons for being attracted to new places to live are considered pull factors. Some of the reasons why many may be pushed or pulled to leave a place can be: family, economy, job, lifestyle, health, weather, and even more or better opportunities. The influx of migrating families and individuals from other countries, states, and/or towns to the county provides an enriched cultural diversity to the community.
Marital Status:
An individual’s state of being single, married, separated, divorced, or widowed has great implications on their health. Most Hispanics hold a marital status of married (42.3%), which equals to marital status majority of the total population in the county, based on the population age standard of 15 years of age and older. However, in the past years data has shown never married rates to be higher among Hispanics when compared to the rest of the population in the county.

Nativity & Citizenship Status:
Nativity status refers to someone who is native or foreign born. The native-born population includes anyone who is a U.S citizen or U.S national at birth. This includes anyone born in the United States, Puerto Rico, a U.S. Island Area (U.S. Virgin Islands, Guam, American Samoa, or the Commonwealth of the Northern Mariana Islands), or abroad of a U.S citizen parent or parents, are defined as native. The United States Census Bureau states that Foreign born adult U.S citizens may also be referred to as naturalized citizens. There are approximately 26.4% of Hispanics who are under the age of 18 and 73.6% are over the age of 18. The vast majority of Hispanic minors are native born (91%); from those who are foreign born (8%), only 28% are U.S citizens due to being children of naturalized U.S Citizens. There is still a large percentage of foreign born Hispanic children in the county who do not hold a U.S citizenship (72%). Over half of the Hispanics adult population are U.S born natives, only 39.4% are foreign born, of which, less than half are naturalized citizens. Citizenship creates certainty and personal integration in the everyday lives, especially those hard-working immigrants who leave their countries to pursue a better life for themselves and their families. Citizenship status plays a role in health disparities: health coverage, access, and quality. It impacts a person’s ability to obtain eligibility to many community resources such as employment, health coverage, and educational opportunities. A family’s lack of documentation status may present barriers to opportunities for advancement which may impact an individual’s overall well-being.
Households & Families

**Household Type:**
Hispanics are historically very family oriented. A strong emphasis is placed on family as the major source of one’s joy and support through the hardship of life; whether it be social, emotional or financial. As defined by the US Census Bureau, a family household is any housing unit in which the householder is living with one or more individuals related to him or her by birth, marriage, or adoption. A non-family household is any household occupied by a householder alone, or by the householder and one or more unrelated individuals. Approximately 73% of the Hispanics adults who are in a household, live in a family household, whether it is a “married-couple family” household (45%), or “other family household” (28%). Other family household refer to a male only household with no wife present (28%), and a female only household with no husband present (72%). As for those who live in a non-family household, whether it be alone or accompanied, it is 27% of the adult population. From this population who are in households only 42% are homeowners, and 58% are home renters.

**Homelessness:**
Homelessness can be caused by many contributing factors or circumstances: traumatic events, personal crisis, mental health, and/or addiction challenges. Homelessness is usually a result of multiple factors rather than just one. Homelessness is a community and certainly a public health issue. Living without a home has many serious impacts on the health and well-being of individuals, regardless of race/ethnicity, sex or age. Based on the 2017 Central Florida Point in Time Homeless Count, there is a total of 2,074 homeless individuals in the Orlando/Orange, Osceola, and Seminole county areas; of which, 23% are Hispanics. When comparing counts from previous years, a significant increase occurred in 2017 from 2016. Although Non-Hispanics are predominantly being affected, Hispanics should always be considered in all intervention efforts for relief and prevention.
Income & Poverty:
Family income is based on the income of all family members age 15 and older. The Median Hispanic Household income is $40,486, and a per capita income of $18,975. The Hispanic household’s income is much lower than the total median family income of the county ($56,447). Low family incomes cause stress, increased risk of heart disease, stroke, cancer, and diabetes. In retrospect health also influences income. Someone with poor health will have a harder time working or is unable to work. People with higher incomes live in areas with healthier resources available, can purchase healthy foods, live in safer housing, and are more open to opportunities to exercise and attend better schools. Poverty is a cause and a consequence of poor health. Poverty and health are inextricably linked with each other. Approximately 22% of Hispanics are below the federal poverty level. Although the percentage seems high, the poverty level has improved by 4% since 2013. In 2013 Hispanics experienced the highest poverty status in the past 5 years.

Food Security:
The food assistance programs help low-income families buy healthy foods. The estimated percentage of Hispanic households who receive the Supplemental Nutrition Assistance Program (SNAP) benefits is 27%. Compared to the total county rate of households, Hispanics are receiving SNAP benefits at a much higher rate. In addition to SNAP benefits, food pantries around the county supply families with healthy and accessible foods. For example, approximately 18.1% of Hispanics receive food from Second Harvest Food Bank. Figure 1 displays the several food pantry centers located throughout Orange County.

Figure 8: Food Pantries in Orange County, FL

Figure 2 shows where Hispanics are most populous and where the food deserts are in the county. According to the United States Department of Agriculture (USDA), food deserts lack of fruits, vegetables, and other healthful whole foods, usually found in impoverished areas. The densest areas in the county are located in the east, central and southern region. Some communities with a high Hispanic concentration, such as: Azalea Park, Union Park, Oakridge, Meadow Woods, and South Conway areas are considered to be in food deserts.
Employment Status:
On average, Americans spend most of their time at work. Employment leads to better health by providing financial (decrease in hardship), and psychological (increase self-esteem, self-worth, purpose and identity) benefits. Some employment opportunities also provide health insurance, which ensure a better health status. The Behavioral Risk Factor Surveillance System survey found that employed individuals, with any disability, experience mental distress less frequently than those with a disability who are not employed (18% vs 40%). Out of the 76% of Hispanics who are age 16 and older and are legally eligible to work, 61% are employed. The unemployment rate is 42.5 per 1,000 Hispanics, just slightly higher than the county average.

Unemployment creates financial instability and barriers in accessing important resources. Unemployment among Hispanics may be due to education, language barrier, health status, immigration status, age, family responsibilities and many other factors.

Health Insurance Status:
Health insurance is very important. Individuals without health insurance receive less medical care, less timely care, and experience negative health outcomes. No one plans to get sick or hurt, but everyone will need medical care at some point in their lives; health insurance coverage helps with those unforeseen medical costs. The lack of health insurance is considered a key driver of health status.
Lack of insurance is one of the many barriers to healthcare access. Many people are aware of the available medical services in their community, but refrain from going due to cost and the lack of insufficient healthcare coverage.

The state’s decision not to expand Medicaid once the Affordable Care Act was passed, has contributed to the disproportionate rates of insured versus uninsured residents. As of 2016 18% of Hispanic adults and 1.9% of Hispanic children in the county are without any type of health insurance coverage (Table 5).

This rate is slightly lower than the county rate; however, when comparing insurance coverage by race and ethnicity (Table 3) Hispanics have experienced a disproportionate rate. Based on the most recent Florida Behavioral Risk Factor Data (BRFSS) shown in Table 4, Hispanics are more likely than another race/ethnicity to not visit a doctor due to cost. Even if Hispanics have healthcare coverage some might still refrain from visiting the doctors because of copays and other medical charges insurance does not cover.

<table>
<thead>
<tr>
<th>Adults with any type of health care insurance coverage, By Race/Ethnicity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Orange</td>
</tr>
<tr>
<td>Year</td>
</tr>
<tr>
<td>2002</td>
</tr>
<tr>
<td>2007</td>
</tr>
<tr>
<td>2010</td>
</tr>
<tr>
<td>2013</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Adults who could not see a doctor at least once in the past year due to cost, By Race/Ethnicity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Orange</td>
</tr>
<tr>
<td>Year</td>
</tr>
<tr>
<td>2007</td>
</tr>
<tr>
<td>2010</td>
</tr>
<tr>
<td>2013</td>
</tr>
</tbody>
</table>
Means of Transportation to Work:
The way people commute in and around a community can say a lot about the infrastructure of a place or community. The leading method of transportation to work is driving alone. There has not been any significant change, among Hispanics, on the means of transportation to work throughout the years. As the population size increases multi-modal transportation interventions should take place to accommodate daily commute.

Figure 10: Means of Transportation to Work
Disability:
For many residents commuting isn’t quite so easy. People with disabilities and low income face many challenges getting from one place to another, which makes it more difficult for them to find and keep a job that supports them and their families. Those who are disabled are more likely to be unemployed. Some are fortunate to find at least a job working from home, but others are not. Accessibility to health care services is also challenging and demanding. Disabled individuals are a vulnerable population that require targeted services and outreach by providers in the Hispanic community, 13% of the adult Hispanics have a disability. Disability rates in the Hispanic population have not changed a lot in the past five years, and rates remain similar to the rate of the total population in the county; however, future planning and interventions should not oversee improvement opportunities for disabled residents.

Residential Mobility:
Residential mobility changes both the experience of individuals and the characteristics of neighborhoods. Families and individuals move from their home or neighborhood for many reasons: moving to a better neighborhood, employment change/opportunity, changes in the built environment or economy, and even family reasons, among many others.

A large majority of Hispanics (78%) have not moved from their home/neighborhood within the past year. Others have moved in from various locations.

Knowledge on the number of residents who move out of the county is also as important as knowing what percentage of residents move in to the county. Mobility rates out of the county over the past 5 years have not shown many Hispanics moving out of the county. Generally, Hispanics have moved and remained in Orange County for several years.

Table 6: Residential Mobility into Orange County

<table>
<thead>
<tr>
<th>Residential Mobility in the past year (2016)</th>
<th>Count</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>396,270</td>
<td></td>
</tr>
<tr>
<td>Same house 1 year ago</td>
<td>310,748</td>
<td>78%</td>
</tr>
<tr>
<td>Moved within same county</td>
<td>52,948</td>
<td>13.4%</td>
</tr>
<tr>
<td>Moved from different county within same state</td>
<td>14,392</td>
<td>3.6%</td>
</tr>
<tr>
<td>Moved from different state</td>
<td>11,868</td>
<td>3%</td>
</tr>
<tr>
<td>Moved from abroad</td>
<td>6,314</td>
<td>1.6%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Residential Mobility in the past year (2015)</th>
<th>Count</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total FL Residents</td>
<td>379,418</td>
<td></td>
</tr>
<tr>
<td>Same house 1 year ago</td>
<td>299,665</td>
<td>79%</td>
</tr>
<tr>
<td>Moved within same county</td>
<td>44,884</td>
<td>11.8%</td>
</tr>
<tr>
<td>Moved from different county within same state</td>
<td>13,038</td>
<td>3.4%</td>
</tr>
<tr>
<td>Moved from different state</td>
<td>10,808</td>
<td>2.9%</td>
</tr>
<tr>
<td>Moved from abroad</td>
<td>11,023</td>
<td>2.9%</td>
</tr>
</tbody>
</table>
Despite the percentage of Hispanics who have shown to move out of Orange County, throughout the years, it does not compare to the influx of new Orange County residents arriving daily. Knowledge of residential mobility is important for practitioners and policy makers to prevent misinterpretation of data that indicate a lack of change in community conditions. Community change initiatives may be affected by the level or type of mobility in targeted areas, since too many or too few moves can affect whether individuals can benefit from interventions intended to help them.

Table 7: Residential Mobility out of Orange County, FL

<table>
<thead>
<tr>
<th>Year</th>
<th>Residential Mobility</th>
<th>Population</th>
<th>Count</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>Moved to different county within same state</td>
<td>331,266</td>
<td>12,844</td>
<td>3.9%</td>
</tr>
<tr>
<td></td>
<td>Moved to different state</td>
<td></td>
<td>6,584</td>
<td>2.0%</td>
</tr>
<tr>
<td>2013</td>
<td>Moved to different county within same state</td>
<td>332,758</td>
<td>8,427</td>
<td>2.5%</td>
</tr>
<tr>
<td></td>
<td>Moved to different state</td>
<td></td>
<td>8,756</td>
<td>2.6%</td>
</tr>
<tr>
<td>2014</td>
<td>Moved to different county within same state</td>
<td>345,503</td>
<td>11,083</td>
<td>3.2%</td>
</tr>
<tr>
<td></td>
<td>Moved to different state</td>
<td></td>
<td>5,056</td>
<td>1.5%</td>
</tr>
<tr>
<td>2015</td>
<td>Moved to different county within same state</td>
<td>363,159</td>
<td>12,122</td>
<td>3.3%</td>
</tr>
<tr>
<td></td>
<td>Moved to different state</td>
<td></td>
<td>6,488</td>
<td>1.8%</td>
</tr>
<tr>
<td>2016</td>
<td>Move to different county within same state</td>
<td>391,014</td>
<td>18,858</td>
<td>4.8%</td>
</tr>
<tr>
<td></td>
<td>Moved to different state</td>
<td></td>
<td>8,460</td>
<td>2.2%</td>
</tr>
</tbody>
</table>

Schools & Education

Educational Attainment:
Education is known to be one of the strongest, if not the strongest predictor of health. Education is a very vital tool used to succeed in life. It can create opportunities for better health, such as, obtaining and keeping a good job, higher income, and more likely to make better decisions about one’s health. People with a higher education live longer, healthier lives compared to those with a few years of school. Based on the Hispanic population of 25 years of age and older, 27% have at least a High School diploma (includes equivalency, e.g. GED), 18% have some college, but do not have a degree; and only 34% hold a college degree (associates, bachelor’s, graduate degree). There is a higher percentage (9% higher) of Hispanics who are not High school graduates (22%), compared to the total population of the county. In the past decade, data has shown a higher rate in Hispanic females who hold a college degree compared to Hispanic men.
Of the population over age 25 who have a bachelor’s degree or higher (23%) the following are the preferred fields of study:

*Science and Engineering* = 38.5%
*Business* = 28%
*Education* = 13.3%
*Arts, Humanities, and other* = 20.2%

**English Language Proficiency:**

Another relevant indicator to health is the inability to speak English well. It creates barriers to healthcare access, provider communication, health literacy and education. Many adult Hispanic immigrants have a hard time learning English. According to an immigrant population study by United Way of Salt Lake City, 80% of all Hispanics want to get ahead in this country by learning English; however, many have a hard time learning. Poor learning methods, logistical restraints, fear, or even no critical needs, may be some of the reasons why they are not successful. Hispanic children and adults who are children of immigrant parents are most likely to be bilingual (English/Spanish). Some immigrants are able to learn at least basic English with the help of their children. The majority of Hispanics in Orange County speak English. They are either very fluent in English or speak “Very Well” (70%); yet there are 30% who do not speak English well enough and are likely to need an interpreter or translator.
**School Enrollment:**
Currently, there are approximately 31% of Hispanics enrolled in school. There are 259 public schools in the county, 73 of the schools have a Hispanic student body larger than Non-Hispanic.

*Figure 13: School Enrollment*

**Hispanics Enrolled in School (2017)**

Valencia College is the college with the largest number of Hispanic student enrollment. As of summer 2017, 35% of its student population is Hispanic. There are 5 Valencia College campuses in the county (East, West, Lake Nona, Public Service, and West campus). The majority of Hispanic students are enrolled at Valencia East campus (36.1%). Many Hispanic students who attend Valencia College are first generation college students (35%) in their families. The Pell Grant, a federal grant limited to students with financial needs, is received by almost twice as many Hispanics (31%) than Non-Hispanic whites (16.1%). More female (58%) students are enrolled than male (41.3%), and most Hispanic students enrolled are full-time (65%). When they apply to the college, 22.3% do not have a selected major; however, 20.6% do select a health science major. Over 69% of Hispanic students are between the 18-24 age range, but based on the college stats, older individuals are also enrolled.

*Figure 14: Valencia College Student Enrollment*

**Table 8: Student Enrollment**

<table>
<thead>
<tr>
<th>Percent of student enrollment by Ethnicity</th>
<th>Non-Hispanics</th>
<th>Hispanics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type of School</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Elementary</td>
<td>58%</td>
<td>42%</td>
</tr>
<tr>
<td>Middle</td>
<td>60%</td>
<td>40%</td>
</tr>
<tr>
<td>K-8</td>
<td>70%</td>
<td>30%</td>
</tr>
<tr>
<td>High</td>
<td>62%</td>
<td>38%</td>
</tr>
<tr>
<td>Charter Schools</td>
<td>59%</td>
<td>41%</td>
</tr>
</tbody>
</table>

**Top 3 Colleges/University in Orange County**

<table>
<thead>
<tr>
<th>University</th>
<th>Non-Hispanics</th>
<th>Hispanics</th>
</tr>
</thead>
<tbody>
<tr>
<td>University of Central Florida</td>
<td>76%</td>
<td>24%</td>
</tr>
<tr>
<td>Valencia College</td>
<td>65%</td>
<td>35%</td>
</tr>
<tr>
<td>Full Sail University</td>
<td>95%</td>
<td>5%</td>
</tr>
</tbody>
</table>
Mortality

Leading Causes of Death:
The following tables show the top 10 Age-adjusted leading causes of death rates among Hispanics and Non-Hispanics, by Florida CHARTS. In the past 5 years cancer and heart disease have caused the majority of deaths among Hispanics and Non-Hispanics (Table 10 & 11). Cancer increased significantly in 2012 for Hispanics making it the number one cause of death, but then dropped again in 2013 maintaining second place until now. As of now, heart disease is the number one leading cause of death in the Hispanic population. Diabetes Mellitus rates is known for being disproportionality higher among Hispanics compared to Non-Hispanics whites. In 2012, death rates associated with diabetes were higher than Non-Hispanics; however, diabetes rates dropped significantly in 2013. Since 2013 diabetes death rates have remained slightly higher in Non-Hispanics than Hispanics. Cerebrovascular, unintentional injuries, and Alzheimer’s rates have continued to increase throughout the years.

Tables 12 & 13 show the top five causes of death in Hispanic men and women. Four of the causes are similar in both, but cancer has been the number one cause of death among Hispanic women for the past five consecutive years. As for men, heart disease was the number one cause in 2015 and 2016. Women are more likely to die from Alzheimer’s disease and men from unintentional injuries (motor vehicle, poisoning, homicide by firearms). Cerebrovascular disease and Alzheimer death rates have been increasing in women. On the other hand, men are experiencing increasing rates in most of the top causes of death except for diabetes. Diabetes rates have been fluctuating, but has shown a decreasing trend over time. Among Hispanic teens (13-17) the number one cause of death is Unintentional Injuries (poisoning & motor vehicle crashes).

Infant Mortality:
Infant Mortality is often used as an indicator to measure the health and well-being of the nation or community. Factors affecting the health of a population can also impact the mortality rate of infants. In the past 5 years’ infant mortality rates in the Hispanic population have fluctuated, some years it is higher and others are lower than Non-Hispanics rates (Table 14). Fetal deaths have remained slightly lower than Non-Hispanics (Table 15). Rates from Hispanic blacks are, however, twice as high than Hispanic whites. According to Florida CHARTS data, the top three causes of infant deaths in Hispanics are prematurity/low birth rates, perinatal conditions, and congenital anomalies. Despite certain risk factors Hispanics endure, infant mortality rates have remained low, especially when compared to rates from Non-Hispanic blacks.
### Table 9: Leading Causes of Death (Non-Hispanics)

<table>
<thead>
<tr>
<th>Disease</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cancer</td>
<td>173.7</td>
<td>169.9</td>
<td>157.8</td>
<td>159.1</td>
<td>178</td>
<td>167.4</td>
</tr>
<tr>
<td>Heart Disease</td>
<td>162.4</td>
<td>158.5</td>
<td>162.4</td>
<td>163.6</td>
<td>176.8</td>
<td>164.6</td>
</tr>
<tr>
<td>Unintentional Injury</td>
<td>37</td>
<td>36.8</td>
<td>39.1</td>
<td>41.5</td>
<td>41.5</td>
<td>40.8</td>
</tr>
<tr>
<td>Chronic Lower Respiratory Disease</td>
<td>43.3</td>
<td>40.9</td>
<td>36.7</td>
<td>39.2</td>
<td>39.2</td>
<td>39.6</td>
</tr>
<tr>
<td>Cerebrovascular Diseases</td>
<td>36.4</td>
<td>38.6</td>
<td>35.5</td>
<td>46.3</td>
<td>46.3</td>
<td>42.2</td>
</tr>
<tr>
<td>Diabetes Mellitus</td>
<td>24.3</td>
<td>27.7</td>
<td>24.3</td>
<td>21.1</td>
<td>21.1</td>
<td>23.5</td>
</tr>
<tr>
<td>Alzheimer’s Disease</td>
<td>20.9</td>
<td>17</td>
<td>20.3</td>
<td>21.5</td>
<td>21.5</td>
<td>21</td>
</tr>
<tr>
<td>Nephrosis</td>
<td>11.8</td>
<td>11.8</td>
<td>13.8</td>
<td>16.9</td>
<td>16.9</td>
<td>13.9</td>
</tr>
<tr>
<td>Suicide</td>
<td>11.4</td>
<td>11.0</td>
<td>11.1</td>
<td>12.0</td>
<td>12</td>
<td>11.4</td>
</tr>
<tr>
<td>Septicemia</td>
<td>12.5</td>
<td>11.7</td>
<td>12.1</td>
<td>11.5</td>
<td>12.9</td>
<td>12.1</td>
</tr>
</tbody>
</table>

### Table 10: Leading Causes of Death (Hispanics)

<table>
<thead>
<tr>
<th>Disease</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cancer</td>
<td>129.5</td>
<td>113.7</td>
<td>119.7</td>
<td>115.1</td>
<td>94.9</td>
<td>112.7</td>
</tr>
<tr>
<td>Heart Disease</td>
<td>117.2</td>
<td>107.4</td>
<td>104.2</td>
<td>122.2</td>
<td>95.5</td>
<td>108.4</td>
</tr>
<tr>
<td>Unintentional Injury</td>
<td>25.5</td>
<td>24.9</td>
<td>31</td>
<td>33.8</td>
<td>25.6</td>
<td>28.1</td>
</tr>
<tr>
<td>Cerebrovascular Disease</td>
<td>27.3</td>
<td>29.3</td>
<td>35.1</td>
<td>41.5</td>
<td>33.1</td>
<td>33.7</td>
</tr>
<tr>
<td>Diabetes Mellitus</td>
<td>26.8</td>
<td>11.5</td>
<td>19.7</td>
<td>20</td>
<td>15.8</td>
<td>18.4</td>
</tr>
<tr>
<td>Alzheimer’s Disease</td>
<td>17.9</td>
<td>23.9</td>
<td>19.9</td>
<td>23.8</td>
<td>21.4</td>
<td>21.6</td>
</tr>
<tr>
<td>Chronic Lower Respiratory Disease</td>
<td>16.1</td>
<td>14.4</td>
<td>21.3</td>
<td>16.8</td>
<td>11.5</td>
<td>15.7</td>
</tr>
<tr>
<td>Suicide</td>
<td>10.5</td>
<td>7.6</td>
<td>6.9</td>
<td>6.7</td>
<td>6.3</td>
<td>7.5</td>
</tr>
<tr>
<td>Septicemia</td>
<td>11.7</td>
<td>8.5</td>
<td>8.8</td>
<td>10.7</td>
<td>7.9</td>
<td>9.4</td>
</tr>
<tr>
<td>Nephrosis</td>
<td>9.2</td>
<td>6.7</td>
<td>9.5</td>
<td>11.8</td>
<td>8.9</td>
<td>9.3</td>
</tr>
</tbody>
</table>
### Table 11: Leading Causes of Death (Hispanic Women)

<table>
<thead>
<tr>
<th></th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cancer</td>
<td>116.8</td>
<td>101.7</td>
<td>97.1</td>
<td>94.8</td>
<td>84.9</td>
<td>97.5</td>
</tr>
<tr>
<td>Heart Disease</td>
<td>100.1</td>
<td>84.6</td>
<td>87.5</td>
<td>90.3</td>
<td>77.2</td>
<td>87.0</td>
</tr>
<tr>
<td>Cerebrovascular Diseases</td>
<td>23.1</td>
<td>28.2</td>
<td>29.6</td>
<td>44.2</td>
<td>31.1</td>
<td>31.8</td>
</tr>
<tr>
<td>Alzheimer's Disease</td>
<td>19.1</td>
<td>24.7</td>
<td>22.3</td>
<td>26.4</td>
<td>20.9</td>
<td>22.7</td>
</tr>
<tr>
<td>Diabetes Mellitus</td>
<td>29.1</td>
<td>10.0</td>
<td>16.5</td>
<td>16.2</td>
<td>15.6</td>
<td>17.1</td>
</tr>
</tbody>
</table>

### Table 12: Leading Causes of Death (Hispanic Men)

<table>
<thead>
<tr>
<th></th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cancer</td>
<td>149.3</td>
<td>132.7</td>
<td>151.8</td>
<td>144.6</td>
<td>109.4</td>
<td>135.3</td>
</tr>
<tr>
<td>Heart Disease</td>
<td>139.6</td>
<td>135.9</td>
<td>125.4</td>
<td>168.2</td>
<td>119.5</td>
<td>136.8</td>
</tr>
<tr>
<td>Unintentional Injury</td>
<td>37.4</td>
<td>38.7</td>
<td>40.8</td>
<td>51.5</td>
<td>39.0</td>
<td>41.5</td>
</tr>
<tr>
<td>Cerebrovascular Disease</td>
<td>33.1</td>
<td>29.8</td>
<td>43.1</td>
<td>36.5</td>
<td>35.0</td>
<td>35.6</td>
</tr>
<tr>
<td>Diabetes Mellitus</td>
<td>22.4</td>
<td>13.3</td>
<td>24.5</td>
<td>25.8</td>
<td>15.3</td>
<td>20.0</td>
</tr>
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</table>

### Table 13: Infant Mortality by Ethnicity

<table>
<thead>
<tr>
<th></th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hispanic</td>
<td>5.1</td>
<td>6.5</td>
<td>5.6</td>
<td>5.6</td>
<td>6.9</td>
<td>6.9</td>
</tr>
<tr>
<td>Non-Hispanic</td>
<td>7.6</td>
<td>7.6</td>
<td>4.9</td>
<td>6.2</td>
<td>6.7</td>
<td>6.7</td>
</tr>
</tbody>
</table>

### Table 14: Fetal Death by Ethnicity

<table>
<thead>
<tr>
<th></th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hispanic</td>
<td>7.4</td>
<td>5.0</td>
<td>5.2</td>
<td>5.4</td>
<td>4.9</td>
<td>5.6</td>
</tr>
<tr>
<td>Non-Hispanic</td>
<td>7.3</td>
<td>6.6</td>
<td>7.2</td>
<td>6.7</td>
<td>4.9</td>
<td>5.6</td>
</tr>
</tbody>
</table>
**Life Expectancy:**

Life expectancy at birth compares the average number of years to be lived by a group of people born in the same year, if mortality at each age remain constant in the future. Life expectancy at birth is also a measure of overall quality of life in a county and summarizes the mortality at all ages. The figure below (Figure 15) displays the life expectancy of Orange County by ZIP codes. Based on the analysis, the lighter the color of the ZIP code the lower the life expectancy and the darker the color the higher the life expectancy. The analysis of the life expectancy of the Hispanic population shows that if an infant were to be born in the central area of the county (shown in the lightest color) their life expectancy would be anywhere between 77 years old (ZIP code 32805) to 81.2 years old (ZIP code in 32822). Communities such as Avalon Park, Meadow Woods, Southchase, and Hunters Creek where a large concentration of Hispanics reside, have a much higher life expectancy.

---

**Figure 15: Life Expectancy (Hispanics)**

![Life Expectancy Map of Orange County](image)
Morbidity

Chronic Conditions

Cancer:
Cancer is one of the top leading causes of death among Hispanics, although rates are lower than Non-Hispanic rates, its' rates have maintained relatively constant (Table 16). The top three types of cancer related deaths with the highest rates are colorectal cancer, breast cancer, and liver cancer. However, the top three types of cancers with the highest incidence rates are prostate cancer, breast cancer, and colorectal cancer. Colorectal cancer rates have remained relatively steady throughout the years, but prostate and breast cancer have increased.

Cardiovascular Disease
Cardiovascular disease is an overarching term referring to multiple conditions affecting the heart and circulatory system. Cardiovascular Disease is ranked as the top cause of death for Hispanics in the county. For a few consecutive years, congestive heart failure and coronary heart disease hospitalization rates have occurred more in Hispanics than in Non-Hispanics. However, data shows that prior to 2015, Non-Hispanic rates surpassed Hispanics rates. Rates have significantly increased during the past 5 years (Table 18 &19).

<table>
<thead>
<tr>
<th>Year</th>
<th>Hispanic</th>
<th>Non-Hispanic</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>288.8</td>
<td>457.7</td>
</tr>
<tr>
<td>2013</td>
<td>301.4</td>
<td>485.5</td>
</tr>
<tr>
<td>2012</td>
<td>280.4</td>
<td>513.9</td>
</tr>
<tr>
<td>2011</td>
<td>305.3</td>
<td>484.2</td>
</tr>
<tr>
<td>2010</td>
<td>270.4</td>
<td>474.6</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Year</th>
<th>Prostate Cancer</th>
<th>Breast Cancer</th>
<th>Colorectal Cancer</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>86.5</td>
<td>85.7</td>
<td>29.7</td>
</tr>
<tr>
<td>2013</td>
<td>74.6</td>
<td>80.5</td>
<td>34.9</td>
</tr>
<tr>
<td>2012</td>
<td>71.2</td>
<td>75.7</td>
<td>30.6</td>
</tr>
<tr>
<td>2011</td>
<td>86.5</td>
<td>89.0</td>
<td>32.2</td>
</tr>
<tr>
<td>2010</td>
<td>75.2</td>
<td>79.3</td>
<td>30.5</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Year</th>
<th>Hispanic</th>
<th>Non-Hispanic</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016</td>
<td>182.8</td>
<td>267.3</td>
</tr>
<tr>
<td>2015</td>
<td>123.5</td>
<td>133.3</td>
</tr>
<tr>
<td>2014</td>
<td>113.4</td>
<td>108.1</td>
</tr>
<tr>
<td>2013</td>
<td>100.7</td>
<td>95.4</td>
</tr>
<tr>
<td>2012</td>
<td>112.9</td>
<td>106.6</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Year</th>
<th>Hispanic</th>
<th>Non-Hispanic</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016</td>
<td>119.1</td>
<td>151.0</td>
</tr>
<tr>
<td>2015</td>
<td>249.8</td>
<td>261.2</td>
</tr>
<tr>
<td>2014</td>
<td>311.9</td>
<td>308.4</td>
</tr>
<tr>
<td>2013</td>
<td>321.6</td>
<td>303.7</td>
</tr>
<tr>
<td>2012</td>
<td>341.2</td>
<td>338.1</td>
</tr>
</tbody>
</table>
Diabetes:
In the early 2000’s, Hispanics maintained a lower diabetes diagnosis rate compared to Non-Hispanics, despite the increasing rates through the years. In 2013, diabetes diagnosis rates surpassed Non-Hispanic blacks and Non-Hispanics whites. Diabetes has brought many concerns in the Hispanic community. From 2011 and onward hospitalization from or with Diabetes has increased among Hispanics compared to non-Hispanics. Hispanics are disproportionately affected by diabetes, they are known to be 90% more likely to die from diabetes. Disparities between Hispanics and Non-Hispanic whites are greater for diabetes hospitalization than for any other chronic condition.

Asthma:
In 2013, 5.4% of Hispanic adults reported to currently having asthma. Since 2004 Hispanics have had a disproportionate rate compared to Non-Hispanics, but in 2016 data shows a higher asthma related hospitalization rate in the Non-Hispanic population. Hospitalizations from Chronic Lower Respiratory Disease (C.L.R.D) rates significantly increased in 2015. Other respiratory conditions, besides asthma, are greatly affecting the respiratory health of the Hispanic community in the county.

<table>
<thead>
<tr>
<th>Year</th>
<th>Hispanic</th>
<th>Non-Hispanic</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016</td>
<td>954.6</td>
<td>1005.5</td>
</tr>
<tr>
<td>2015</td>
<td>1,264.3</td>
<td>936.2</td>
</tr>
<tr>
<td>2014</td>
<td>1,268.90</td>
<td>946.6</td>
</tr>
<tr>
<td>2013</td>
<td>1,297.60</td>
<td>921.5</td>
</tr>
<tr>
<td>2012</td>
<td>1,156.30</td>
<td>941.4</td>
</tr>
</tbody>
</table>

Table 21: Hospitalization from or with Asthma

<table>
<thead>
<tr>
<th>Year</th>
<th>Hispanic</th>
<th>Non-Hispanic</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016</td>
<td>37,161.6</td>
<td>392.4</td>
</tr>
<tr>
<td>2015</td>
<td>37,538.6</td>
<td>368.3</td>
</tr>
<tr>
<td>2014</td>
<td>441.4</td>
<td>419.9</td>
</tr>
<tr>
<td>2013</td>
<td>432.1</td>
<td>426.3</td>
</tr>
<tr>
<td>2012</td>
<td>432.1</td>
<td>425.1</td>
</tr>
</tbody>
</table>

Table 22: Hospitalizations from C.L.R.D
Behavioral Risk Factors

Overweight & Obesity:
Excess body fat impairs health and causes many long-term consequences: placing the individuals at increased risk for cardiovascular disease (including heart disease and stroke), diabetes, some cancers and many other health conditions. Excess body weight is measured by the body mass index (BMI), which is an individual’s weight (in kilograms) divided by the square of their height (in meters). A (BMI) of 25 or greater is considered overweight, and a BMI greater than 30 is classified as obese. Since 2002, Hispanics have shown a higher overweight percentage, until 2010 when Non-Hispanic blacks began surpassing Hispanic rates. Recently, Non-Hispanic blacks have shown a disproportionate percentage in obesity since 2010, based on the most recent data (2013).

Tobacco Use:
Since cancer and heart disease are the top second leading cause of death among Hispanics, tobacco use is an important risk factor to consider, as it brings many health implications. According to BRFSS data, Non-Hispanic whites have shown increased tobacco use compared to other races and ethnicities. Despite the decrease since 2002, as shown in table 23, Hispanics have a higher percentage of tobacco use compared to Non-Hispanic blacks.
**Alcohol Use:**
Research has shown that drinking patterns among Hispanics are different from those of Non-Hispanics. Understanding the differences can help prevention, intervention, and treatment programs to better serve the Hispanic community. According to the National Institute of Health (NIH), Hispanics are less likely to drink at all compared to Non-Hispanic whites; however, Hispanics who choose to drink are more likely to consume higher volumes of alcohol than Non-Hispanics whites. This might explain why rates on adults who engage in heavy or binge drinking are highest among Hispanics (table 24). Binge drinking can pose health and safety risks, such as organ damage, motor vehicle crashes and unintentional injuries.

**Infectious Diseases**
Orange County has been plagued by higher than average rates of communicable and infectious diseases, which have also greatly affected the Hispanic community.

**Tuberculosis:**
Tuberculosis (TB) is an airborne bacterial disease that attacks the lungs and other organs. Orange County, has the third highest number of cases in the state. In the past 5 years (2012-2016), there have been a total of 316 TB cases in the county. Approximately 22.8% of the cases come from Hispanic residents.

**HIV/AIDS:**
HIV continues to be a serious threat to the health of Orange County residents. Even though HIV rates are higher in the Non-Hispanic community,
Hispanic HIV rates have gradually declined since 2012, compared to the fluctuating Non-Hispanic rates. Hispanics are experiencing a disproportionate burden of HIV in the county, they have experienced a 22.7% growth rate in HIV infection cases from 2012-2016. On the other hand, AIDS cases, have decreased.

**Sexually Transmitted Diseases:**
Orange County has been known to have higher than state average rates of sexually transmitted diseases (STD). Chlamydia, gonorrhea, and infectious syphilis are among the most common diseases diagnosed in the county. In the Hispanic community chlamydia and gonorrhea are the most prevalent sexually transmitted diseases. Between 2012 and 2016 there have been a total of 5,645 reported cases of chlamydia (115% increase), and 1,208 cases of gonorrhea (74.3% increase). The number of cases is expected to rise in 2017. The increase in reported cases may be due to an increase in infection among the population and/or an increase in individuals being more willing to get tested for STD’s.

**Zika:**
The Zika virus has become a global health threat affecting thousands of people worldwide. In Orange County, there were approximately 100 reported non-congenital Zika cases, and 1 congenital case among Hispanics in 2016. The number of cases among Hispanics is about 50% higher than Non-Hispanics. In 2016, only 52 Zika cases were reported among Non-Hispanics.

**Healthcare Utilizations**

**Emergency Department:**
Emergency Department (ED) utilization is closely linked to an individual’s need or access to care. Frequent preventable ED visits impose a heavy economic burden on health care. Many individuals use emergency departments as a primary source of care when it could be managed in physician offices, clinics, and urgent care centers. Most ED users, in Orange County, are Medicaid or self-paying patients (uninsured/underinsured). In the past 5 years (2012-2016,) there have been 643,700 Hispanic patients visiting Orange County ED’s, an average of 128,740 visits per year; a rate of 335.2 per 1,000 Hispanics. Over 2 billion dollars in ED expenses accrued during this time. Non-Hispanics had a total of 1,343,273 patient visits, an average of 268,654 per year; a rate of 298.2 per 1,000 non-Hispanics.
Hispanics utilize the ED at a higher rate than Non-Hispanics. There is a high ED utilization rate among Hispanics ages 0-5 and 20-27. Pediatric Hispanic patients account for approximately 35% of the visits. The top 3 ED primary diagnosis are injury (15%), Respiratory disease (14%) and musculoskeletal system; which is similar to Non-Hispanics primary ED diagnosis.

**Hospital In-Patient:**
Preventable hospitalizations for many chronic and acute conditions are more common in Hispanics than Non-Hispanics. From 2012 to 2016 Orange County Hospitals have had a total of 157,042 hospitalizations by Hispanic patients. Other than hospitalizations due to child birth, the top two primary diagnosis are: disease of the digestive system (10%), disease of the circulatory system (9.8%). There has been a 17.9% increase in hospitalizations among Hispanics and a 3.5% decrease among Non-Hispanics (between 2012 and 2016). Many potential preventable hospitalizations can be avoided through high quality outpatient treatment and disease management.

**Mental Health:**
While Hispanic communities show similar susceptibility to mental health illness to that of the general population, they unfortunately experience disparities in access to treatment. This inequality puts them at a higher risk for more severe and persistent forms of mental health conditions. They are less likely to receive mental health treatment. Different reasons prevent them from seeking treatment and receiving quality care, such as, lack of information and misunderstanding about mental health. Lack of information increases the stigma associated with mental health issues. Many do not seek treatment for the fear of being labeled “Loco” (crazy). Aspire health partners is one of the many behavioral health centers located in the county. Between 2011 and 2015 there were a total of 1,052 Hispanic patient visits, an average of approximately 210 a year. Psychotic disorder, schizophrenia, and bipolar disorder are among the top three primary diagnosis.

**Morbidity Prevalence by ZIP Code:**
Hispanics with the highest chronic diseases, infectious disease and healthcare utilization rates reside in the 32822, 32807, 32825, and 32829, as shown in figure 19. Residents who live in these ZIP codes are known to have disproportionate, health related, rates compared to other areas in the county.
Birth Rates:
During the past five years, birth rates have maintained relatively steady, with minimal decrease and increase year after year; overall, Hispanics have a higher birthrate than Non-Hispanics. In 2016, there was an average birthrate of 12.0 per 1,000 Hispanic mothers. From 2005 to 2013, most Hispanic women who delivered babies were between the ages of 20-29. In 2014 and onwards, the age range shifted to an older age. In 2005 the teen birth rate was 63.2, this rate has dropped by 73% in 2016 (17.3). Hispanic teen birthrates have dropped faster than non-Hispanics (40%) during the same time period. Hispanics are also less likely to have an inter-pregnancy interval birth less than 18 months. The drop-in teen births possibly resulted from the increase in teen pregnancy prevention programs, increased effective contraceptive options, as well as deciding to marry later and putting off starting a family. Teen parents have unique social, economic, and health support services. The decline in teen births brings positive outcomes to the community such as: increased high school and college graduation rates, and decreased economic hardship in an individual.

Education:
Although rates have greatly improved throughout the years, birth to Hispanic mothers over the age of 18 with no high school education (13.9%) is still higher than Non-Hispanic mothers (9.1%).

Unwed Mothers:
Births to unwed mothers are highest among Hispanic women ages 20-54. Rates have surpassed Non-Hispanics for years, and have been trending upwards over time (2004: 42.2%; 2016: 49.3%).

Mother’s Weight:
Birth rates to overweight and obese mothers have remained relatively the same throughout the years. No significant increase or decrease since 2010; however, rates are higher than in the early 2000’s. When compared to Non-Hispanics, rates have been slightly higher among Hispanics mothers overall.
Birth Weight:
Low infant birth rates and very low infant birth rates are less common among Hispanic mothers compared to Non-Hispanic. Non-Hispanic black mothers have approximately 60% higher rates in low birth weight compared to Hispanic mothers.

Breastfeeding:
Breastfeeding initiation has positively maintained at a high rate among Hispanic mothers compared to Non-Hispanic. Hispanic breastfeeding rate have increased by 32% from 2004 (72%) to 2016 (94.7%).

Prenatal Care:
Since 2011, expecting Hispanic women have maintained a lower rate of birth to mothers with no prenatal care compared to Non-Hispanics. The rate of births with 1st trimester prenatal care is slightly higher among Hispanics.

Maternal Deaths:
Data shows Non-Hispanics having a higher yearly frequency of maternal death occurrences in the county; however, the majority of the times when Hispanic maternal mortality occurs, rates are disproportionally higher than Non-Hispanic.

Smoking During Pregnancy:
Smoking during pregnancy is associated with numerous negative outcomes. It is however, less common in Hispanics than Non-Hispanic. Non-Hispanics experience a rate twice as high as Hispanics.
Preventative Care

Primary Care:
Access to a primary care physician and getting regular check-ups can reduce the chance of developing health problems. Preventative care helps maintain good health. Access to primary care is challenging for some Hispanics, whether it be due to financial and/or non-financial barriers. Hispanics are at a higher disadvantage of having access to a personal doctor compared to Non-Hispanic blacks and whites. Based on the most recent data collected (2013), approximately 58% of Hispanic adults could access a personal doctor. With the continued collaborative efforts to increase access to primary care in this county, the percentage of Hispanics who have a personal doctor is expected to increase.

Physical Activity
Physical activity or exercise has been known to improve the health and reduce the overall morbidity and mortality, as well as decrease the risk of various chronic conditions including diabetes, cancer, and cardiovascular disease, and obesity\(^1\). It has immediate and long term benefits, including, improved mental health state and quality of life. According to the most recent data (2013), 41% of Hispanic Adults in Orange County meet aerobic recommendation. This rate is about 18% lower than Non-Hispanics rates.

Healthy Eating
A healthy diet rich in fruits, vegetables, whole grains and low-fat dairy can help reduce the risk of disease by maintaining blood pressure, cholesterol level, weight control, and many other benefits. Hispanic diets in the United States are heavily influenced by the traditional dietary patterns of their country of origin, as well as by the dietary practices of the adopted communities in which they live. About 23.6% of Hispanic adults consume five or more servings of fruits or vegetables per day, compared to 15.7% for Non-Hispanics.
Results Summary

The Hispanic population in Orange County, has greatly increased throughout the years. Currently the county is composed of 30.5% Hispanics and it is gradually increasing year by year, which is why it is the 3rd county in Florida with the most Hispanics. Hispanics are the largest and fastest growing minority group in the county. Hispanics come from various racial backgrounds. Most identify themselves as white (77%). They are very diverse and differ in national origin, culture, and history. There are twenty different Hispanic countries identified in the county. The majority are from Puerto Rico (44.8%), followed by Mexico. Orange County is the county with the largest population of Puerto Ricans in the state of Florida, with a 15% increase since 2010. The place of birth of 77% of Hispanics is from abroad (57%) or other states (20%). Obtaining U.S. citizenship is very important to many foreign-born adults, but only less than half of foreign born Hispanic adults (39.4%) are naturalized citizens.

Most Hispanics hold a marital status of married (42.3%), which is similar to the marital status for the general county population. In past years, however, marital status rates have been higher among never married Hispanics. Approximately 73% live in family households (married-couple family or other). About 42% of these family households are homeowners. Residential mobility brings change to individuals and communities, as people move in and out of residential areas. Most Hispanics, however, remain in their residential location for more than one year (78%).

Homelessness occurs in the Hispanic community. About 23% of Hispanics in Central Florida are considered homeless; the rate is less than non-Hispanics, but homeless counts throughout the year continue to rise. The median Hispanic household income is $40,486; much lower than the total median family income of the county. Approximately 22% of Hispanics are below the federal poverty level (FPL); rates have improved by 4% since 2013.

Access to healthy foods is difficult for many Hispanic families, as some residents live in or near food deserts. Communities such as: Azalea Park, Union Park, Oakridge, Meadow Woods, and South Conway are in a food desert. More Hispanics than non-Hispanics currently receive SNAP benefits (27%).

Out of the 76% of work age and legally eligible Hispanics, 61% percent are employed. The unemployment rate is 42.5 per 1,000 Hispanics, slightly higher than the county average. As of 2016, 18% of Hispanic adults are without any type of health insurance coverage. Hispanics experience a disproportionate rate compared to Non-Hispanic whites and blacks. They are more likely to not visit a doctor due to cost.

Based on the Hispanic population of 25 years of age and older, 27% have at least a high school diploma, 18% have some college, and 33% hold a college degree (associates, bachelors, graduate). When comparing rates of Hispanics
who do not have a high school diploma to Non-Hispanics, Hispanics have a 9% higher rate. Currently, there are 31% of Hispanic student enrolled in an academic institution. Over 28% of k-12 schools in the county have a Hispanic student body larger than Non-Hispanic. Valencia College has the largest number of Hispanic students enrolled (35%), where 35% are first generation college students. For over a decade Hispanic women have had higher college enrollment and completion rates when compared to Hispanic men.

English language proficiency is a barrier to many foreign-born immigrants. In the county 70% of Hispanics speak English “very well”, however the 30% who do not speak English well are the ones who struggle to effectively communicate with service providers in their community for their daily needs.

The top leading causes of death among Hispanics are cancer and heart disease; cancer mostly affects women while heart disease mostly affect men. Women are more likely to die from Alzheimer’s disease (rates are continuing to increase) and men from unintentionally injuries (motor vehicle, poisoning, homicide by firearms). Among Hispanic teens (13-17) the number one cause of death is unintentional injuries.

Infant mortality rates have fluctuated in the past five years; in some years, it has been higher than Non-Hispanic rates and in other years it has been lower. Currently, it is at a slightly higher rate than Non-Hispanics. Hispanic rates, when compared by race, show that the rates of black Hispanics are twice as high as that of white Hispanics.

Prostate and breast cancer cause the highest incidence rates among Hispanics; rates have continued to increase throughout the years. As for cardiovascular disease, congestive heart failure and coronary heart disease, hospitalization rates have occurred more in Hispanics than Non-Hispanics. However, data shows that since 2015 Non-Hispanics have experienced a much higher rate.

In 2013 (most recent data) the percentage of Hispanic adults being told they had diabetes more than doubled from 2010 and surpassed rates from Non-Hispanic black and whites. Diabetes hospitalizations have been disproportionally higher among Hispanics for many years, however, in 2016 Non-Hispanic rates surpassed Hispanics. Just like diabetes, asthma hospitalization rates have been disproportionate throughout the years.

Until 2007, Hispanics had higher overweight rates compared to both Non-Hispanic whites and blacks. From 2007 to the most recent data (2013), data shows Hispanic rates decreasing and non-Hispanics rates increasing, now showing a higher rate among Non-Hispanic whites and Hispanics. However, obesity rates among Hispanics have continued to increase over the years.

Generally, non-Hispanic whites have shown higher tobacco use rates, but Hispanics have shown a much higher rate compared to Non-Hispanic blacks. Tobacco use among Hispanic
adults have gradually decreased since 2002. Binge drinking, on the other hand, is of concern among Hispanics adult. Since 2002 rates have been higher than both Non-Hispanics blacks and whites.

Infectious diseases have also affected Hispanics in the county. Hispanic HIV rates have gradually inclined since 2011. Hispanics are experiencing a burden of HIV in the county, with a 22.7% growth rate in HIV cases from 2012-2016. Chlamydia and gonorrhea are the most prevalent sexually transmitted diseases. Rates have significantly increased since 2012. Zika is also a concern in the Hispanic community. In 2016, there were approximately 101 Zika cases among Hispanics, about 50% higher than non-Hispanics.

Healthcare Utilizations is also of great concern. Hispanics are utilizing emergency departments and hospitals at a higher rate than Non-Hispanics. The top cause of ED diagnosis is injury and the top hospitalization diagnosis is digestive and circulatory system health concerns. Mental health centers also treat many Hispanics. The top 3 mental health diagnosis in Aspire are psychotic disorder, schizophrenia, and bipolar disorder.

Overall, Hispanics have had a higher birthrate, but teen birth rates have dropped faster than non-Hispanic (40%). They have also been less likely to have an inter-pregnant interval birth less than 18 months. Births to Hispanic unwed mothers and mothers with no school education are higher than Non-Hispanics. Maternal deaths are of concern, rates have shown to be disproportionately higher in several years since 2010. Nonetheless, breastfeeding and prenatal care, and smoking during pregnancy rates have had better rates than non-Hispanics. When it comes to preventative care, Hispanics show better rates in healthy eating. Hispanic adults consume five or more servings of fruits or vegetables per day (23.65), compared to Non-Hispanics (15.7%). Primary care and physical activity are however a challenge for many Hispanics. Hispanics are at a higher disadvantage of not having access to a personal doctor compared to non-Hispanic blacks and whites. Only an approximate 58% of Hispanic adults can access a personal doctor. Only 41% of Hispanic adults in the county meet aerobic recommendations. This rate is about 18% lower than Non-Hispanics.

HEALTH INDICATORS OF CONCERN

- Migration influx
- English language proficiency (communication barriers)
- Unemployment
- Income
- Lack of healthcare coverage
- Emergency Department utilization
- Access to primary care physician
- Access to healthy foods
- Maternal Death
- Cancer (colorectal, liver, prostate, breast)
- Heart disease
- Respiratory conditions
- Diabetes
- Obesity
- STD/HIV
- Zika cases
- Lack of physical activity
- Adult binge drinking
Recommendations

With the largely increasing Hispanic population in the county, increased collaborative community efforts are needed to help and provide the best quality of life for all Hispanic residents. With the increased knowledge and awareness this assessment provides policy makers, service providers, and community members can utilize its information to prioritize, strategize, build partnerships, and take action to implement planned interventions to reduce differences in various health indicators.

Recommendations:

• Increase knowledge on the Hispanic migration influx and population change for continued assessment of the size, diversity, and social-economical background of residents.
• Increase cultural competencies to better understand and cater to the Hispanic population
• Educate and empower Hispanics on health-related topics by individual communities to increase the residual effect
• Eliminate language barriers by increasing Spanish speaking staff and/or translations and interpretation services
• Increase social marketing to promote behavior change through population segmentation
• Increase knowledge of programs and services available in the community
• Maximize the evaluation and evolution of implemented evidence-based program efforts targeted to the Hispanic population
• Increase access to care through policy changes to help underserved, uninsured, and underinsured Hispanic residents
• Champion and strengthen current Hispanic focused programs to increase community outreach and program effectiveness
• Enhance surveillance system to go beyond individual risk factors to include community and social determinants of health in the Hispanic community
• Contribute to the interest in the community wide health improvement and performance monitoring to provide the best quality of life to residents
• Disseminate all Hispanic centered research in the community
References


8. U.S. Census Bureau, 2016 American Community Survey 1-Year Estimates
Appendices

Appendix A: Community Analysis

Orange County Communities

Conducting a more in-depth assessment within various communities in the county, through primary data collection, provides an increase understanding of the community. Information gathered through observations, as well as community member/stakeholder interviews and conversations, is used for a more granular community analysis.

The figure below shows a map of Orange County, illustrating the Hispanic population dot density. The map shows a comparative density, based on the population by ZIP code, with the Hispanic population being the densest. Although Hispanics reside all over the county, the east central and south central regions are denser than others. Figure 2 shows the lowest and highest concentration of Hispanic residents by ZIP codes through a graduated color system. The map indicates that the following ZIP codes are highly populated by Hispanics (over 15,000 Hispanics): 32828, 32825, 32822, 32824, 32837, 32839, 32807; these ZIP codes are located in the Alafaya, Azalea Park, Conway, Southchase, Meadow Woods, Oak Ridge, Rio Pinar, and in Hunters Creek area.
The top five ZIP codes with the most Hispanic residents are shown in Table 7. For community investigation, three out of the five zip codes/communities were chosen for further investigation (Meadow Woods, Southchase, Hunters Creek, Alafaya). To obtain a broader perspective and understanding of the needs of Hispanics, other communities with a different demographical characteristic and location were considered in this analysis such as: Winter Park, Apopka, and the West Orlando/Windermere area. The communities were selected based on location of the county. Communities located in the north, south, west, and central areas were selected to cover various geographical locations.

Winter Park:
Winter is a community located in the North Central region of Orange County, bordering Seminole County. It has a total land area of 8.69 square lines, with an estimated population of 29,182, of which only 9.76% are Hispanic. Over 58% of families living in this community have an annual income of over $75,000, and over 56% of the population hold a bachelor’s degree or higher. Over 65% of residents are homeowners and the median age is 40. Winter Park is known for being one of the healthiest communities in the county.

Community Observations:
An area of 2.78 square miles in Winter Park was assessed. The following information was gathered:

<table>
<thead>
<tr>
<th>ZIP Code</th>
<th>Community Name</th>
<th>Population Size</th>
</tr>
</thead>
<tbody>
<tr>
<td>32822</td>
<td>Conway</td>
<td>34,681</td>
</tr>
<tr>
<td>32825</td>
<td>Rio Pinar</td>
<td>27,140</td>
</tr>
<tr>
<td>32824</td>
<td>Meadow Woods/Southchase</td>
<td>23,267</td>
</tr>
<tr>
<td>32837</td>
<td>Hunters Creek</td>
<td>21,503</td>
</tr>
<tr>
<td>32828</td>
<td>Alafaya</td>
<td>21,467</td>
</tr>
</tbody>
</table>
Winter Park is a community with many assets and resources. Within driving distance (minutes), residents can find many health facilities, dining, markets, schools, banks, etc. It is a very family oriented community, with plenty of open space places for entertainment and recreation. It is safe and has very transit friendly streets. It has plenty of clearly displayed street and traffic signs. Roads are well paved and the streets are kept very clean. Traffic congestion starts around 3:30pm west bound on Aloma Ave towards Semoran Blvd (state road 436), which impacts daily commute. Public transportation (LYNX) is available, with 3 different bus routes that pass every 30 minutes or so to various destinations through the city and county. Considering its small percentage of Hispanic residents, it provides services and products that may fulfill the needs of its Hispanic community. There is a small Hispanic plaza/area on the east side of Winter Park (Aloma Ave) between Semoran Blvd and Forsyth Rd. Here residents can find Latin oriented food markets, barber shops, restaurants, and cargo services to Latin countries. Most employees and business owners are Hispanic in this commercial plaza. Religious facilities also cater to the needs of its Hispanic residents by providing Spanish only masses/services on a weekly basis.

Despite the community’s effort to supply to Hispanics, it still presents limitations. There are not enough Hispanic or Spanish speaking stakeholders, providers, and employees; especially in medical centers. Many Hispanic residents, who are limited in their English language, have a hard time communicating with service providers, they either take an interpreter/translator (family or friend) with them or go somewhere out of the Winter Park area. According to residents, many Hispanics who work in the area, are lawn workers. There are more Hispanics employed in Winter Park than residing in Winter Park. Many commute from other areas in the county just for employment purposes. For many, it is a very expensive community to live in, therefore, some families reside in a multiple family member household to split monthly rental/mortgage cost.

<table>
<thead>
<tr>
<th>Table 26: Winter Park Community Observations</th>
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<tbody>
<tr>
<td>Community Area Observations</td>
</tr>
<tr>
<td>Churches</td>
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<tr>
<td>Dental Facilities</td>
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<tr>
<td>Fast Food Establishments</td>
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<tr>
<td>Food/Market Establishments</td>
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<tr>
<td>Housing &amp; Property Appraisal</td>
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<tr>
<td>LYNX Bus Routes:</td>
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<tr>
<td>Medical/Health Facilities</td>
</tr>
<tr>
<td>Parks/Recreation</td>
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<tr>
<td>Pharmacy</td>
</tr>
<tr>
<td>Safety Units</td>
</tr>
<tr>
<td>Schools</td>
</tr>
<tr>
<td>Average rent = $1,389</td>
</tr>
<tr>
<td>Median Rent = $1,600</td>
</tr>
<tr>
<td>Median home sale price = $292,500</td>
</tr>
</tbody>
</table>
Azalea Park is located directly south of Winter Park in the east central region of Orange County. Its land area totals 3.17 square miles with an estimated total population of 13,287. The majority of its population is Hispanic (62%). Over 26% of its population, over the age of 5, has a limited English proficiency. The average family income is estimated to be $45,696, with a per capita income of $16,421. Over 49% of the residents have a household cost burden of over 30% of their income, which is slightly higher than the county average (43.1%). About 70% of students receive their high school diploma within four years. Only 11.7% of the population above the age of 25 hold a bachelor’s degree or higher, compared to the county rate of 31.1%. There is a significantly higher rate of residents, over the age of 25, who do not have a high school education (22%), compared to the county (12.4%). Poverty is slightly higher than county average with a 19.5% rate. Medical insurance is quite an issue in this community. Over 28% of its population above the age of 18 are without insurance; that is 10% higher than the county rate. Children are also affected with a rate of 11% who do not have medical insurance.

Community Observations:
An area of 7.4 square miles in/around Azalea Park was assessed. The following information was gathered:

Azalea park is well known as a Hispanic neighborhood. Many establishments are owned and employed by Hispanics and/or Spanish speaking individuals. Business services are displayed in both English and Spanish. Signs saying “Se Habla Español” (We speak Spanish) are very commonly advertised. Residents are benefited with the ability to find many resources for their daily living and well-being within proximity. Residents can rest assured in knowing that wherever they go they will find someone who expresses cultural competency and cultural sensitivity. There is a nearby hospital and plenty of medical facilities who treat an array of health issues from foot to cardio conditions. The Florida Department of Health in Orange County is one of the many health facilities located in the area who provides services.
to low income individuals. Other health services include: service providers who specifically guide and help community members apply for healthcare insurance; dental; pharmaceutical facilities; and medical supply centers are also closely available. Many legal professionals are available to assist on accident related issues, as well as immigration services. Plenty of Hispanic churches surround the neighborhood, churches from different denominations. Churches aid in the spiritual and emotional well-being of an individual. Religion is widely expressed and advertised in the area.

Residents do not need to travel far for a taste of authentic food; one can find Puerto Rican, Dominican, Mexican, Colombian, Cuban, and many other cuisines; among other American food chains and restaurants. In addition to restaurants, there are plenty of food markets which supply food from different nationalities, such as: Bravo supermarket, Sedano’s, Fancy Fruits. Sedano’s supermarket provide other services to its customers besides food. Sedano’s offers medical services in Spanish as well as home delivery pharmaceuticals to seniors. These food markets among others, are filled with a variety of affordable fresh fruits and vegetable for healthy eating.

Housing is readily available in the multiple apartment complexes and single family homes, from single individuals to large families. However, the infrastructure of many of the apartment complexes is not well maintained. Azalea Park is a community that attracts many low income Hispanic families, because of its affordability. Families with children have many school options, from daycare to high school and even post-school education, including faith based schools. Adults with limited to no English abilities also have an opportunity to enroll in nearby English classes. Cargo services are very popular in this area.

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<th>Observations</th>
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<td>Churches</td>
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<td>Dental Facilities</td>
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<td>Fast Food &amp; Restaurant Establishments</td>
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<td>Food/Market Establishments</td>
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<td>Housing &amp; Property Appraisal</td>
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<tr>
<td>Housing &amp; Property Appraisal</td>
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<tr>
<td>Legal Services</td>
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<tr>
<td>LYNX Bus Routes</td>
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<tr>
<td>Medical/Health Facilities</td>
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<td>Parks/Recreation</td>
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<td>Pharmacy</td>
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<tr>
<td>Safety Units</td>
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<td>Schools</td>
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</table>

Table 27: Azalea Park observations
There are several businesses who provide abroad shipping to central, south, and Latin American counties. Residents can send money or items to loved ones in their native countries. The various LYNX bus routes provide accessibility to many community resources in the surrounding areas, as well as other areas in the county. Some bus stops are sheltered with seats to prevent excessive exposure from sun and weather conditions, which provide comfort for waiting passengers.

The infrastructure of the neighborhood is slightly questionable. Some streets outside the park area are walkable, but others are not. Some do not have sidewalks and are not well maintained, others are not well lit at night. Roads get very congested after 3:00pm on Semoran Blvd., Goldenrod Rd., Curry Ford Rd., and Colonial Dr. Nonetheless, residents from all ages are able to enjoy outdoor and indoor activities in one of the many parks, walk/bike trails, and even neighborhood centers in the area. Parks are well maintained and are inviting to the neighborhood. These open spaces along with nearby neighborhood centers and fitness centers help Azalea Park residents maintain and enhance their physical, psychological, and social aspect of their being. Azalea Park has safety organizations in the neighborhood, such as: nearby crime patrol units, fire department stations, and government entities like the Florida Department of transportation. These entities provide a safety net for the community.

**Alafaya:**
The Alafaya community is located far east of the county, approximately 7 miles east from Azalea Park. It has a land area or 37.92 square miles and an estimated population of 85,167; over 37% of its population is Hispanic. It has a fairly young population. The average family income is $84,811, which is slightly higher than the county family income average (79,064). There is a high school graduation percentage of 78% among school aged student.
Over 41% of the population over the age of 25 have a bachelor’s degree or higher, a 10% higher rate than the county. There is a lower rate (12.4%) of population below the 100% federal poverty level compared to the county. A large number of adults (28.6%), and children (12%) do not have medical insurance, which is higher than the county rates of population without medical insurance (adults 18.8%), children (7.2%) about 10% more than the county rate (18.8%).

**Community Observations:**

An area of 14.6 square miles in Alafaya was assessed (Avalon Park). The following information was gathered:

Avalon park in the Alafaya area is a developing neighborhood. The neighborhood is very well maintained and it is pedestrian and transit friendly. It fosters an improved quality of life for residents of all ages. The infrastructure of Avalon Park is very well maintained. Buildings, family homes, lawns, and streets are kept in great condition. Street signs are well placed and visible for both drivers and pedestrians. The community is perceived as a safe and quiet place to live. The Orange County Fire rescue is nearby, which provides an added scene of safety to the community.

Avalon is a very outdoor friendly location with beautiful paved streets and clean sidewalks. There are lots of green spaces for playing, exercise, and family get togethers. Its golf course adds a benefit to the people and wildlife, as it provides wildlife habitat, improves community aesthetics, makes a sustainable contribution to the community’s economy, improves health and reduces stress. There are several fitness centers to choose from; from the YMCA to Cross fit and even yoga centers. There are plenty of commercial buildings for shopping, dining and many more. A senior home healthcare center is also available. There are many restaurants choices. Hispanics don’t need to travel far to dine in a Latin/Caribbean restaurant. Latin night life is also available for entertainment. Supermarkets supply plenty of healthy foods and also supply, although small, a selection of Hispanic foods and spices. Housing is available to many residents who move within and from other neighborhoods/communities. The nearest hospital is located 7.5 miles away, however there are many healthcare providers in the nearby area. There are urgent care facilities for children, as well as, pharmacies and laboratory services.
Families with school aged children can find comfort in being surrounded by grade “A” rated schools from preschool to high school. When it comes to churches only a few provide Spanish masses/services one or two days a week. Many Hispanic residents attend or are members of churches outside of their community.

There are bigger shopping centers just a few miles outside of the neighborhood, which supply anyone with needs and wants without having to drive miles and miles away. Two bus routes are available, but are rarely used. The bus routes only travel north and south on the east side of Avalon Park ending near Timber Lakes Elementary School, Avalon Tech, and Timber Creek High School. Avalon Park is situated in a great location; however, it might be hard for a low-income family to reside in this area due to its high housing costs.

Due to its growing Hispanic population, more resources are needed. For a Hispanic who does not speak English well, living in this area might be a challenge since there are not many Spanish speaking stakeholders or service providers. The neighborhood does try to help families with limited English proficiency by providing English classes for adults. Many Hispanic residents are migrants from northern states; individuals who already master the English language.

**South Orange County (Southchase, Meadow Woods, Hunters Creek):**

The Hunters Creek, Meadow Woods, and Southchase area is located in the southcentral region of the county bordering Osceola County. This area has a total land size of 25.32 square miles with a population of 66,257. This area of the county is considered to be one of the most populous by Hispanics; over 51% of its population is Hispanic. About 30% of the population is foreign born, which might result in the high percentage of population age 5 and over with limited English proficiency (22%). The average family income is $72,230. Housing cost burden is not significantly different from the county average, about 43% of its population experience housing cost burden of over 30% of their income.

Poverty levels are much lower in this region (13.2%) compared to others with a large Hispanic community. Overall, residents are well educated. The percent of the population, age 25 and over, with no high school diploma is lower than the county average. Many residents have an associate’s degree or higher (41%). Only a few residents are SNAP benefit recipients. Many adults (29%) and children (12%) are without medical insurance compared to the general population.
Community Observations:
An area of 16.4 square miles, in the south region of the county, was assessed. The following information was gathered:

There is a sense of tranquility when driving through Hunter’s Creek, Meadow Woods, and Southchase communities. The area is very beautiful and very well maintained. The streets are very clean and the roads are well paved. There are many open lands for new construction and currently there are more residential constructions taking place. These communities are also pedestrian and transit friendly. There are sidewalks and bike lanes with clearly legible signs. Unlike other communities, this area mainly has single family homes and town homes for housing. There aren’t many apartment complexes. Due to the high cost of housing, it might be financially challenging for low income individuals to reside in this community.

There are plenty of food chain restaurants, among other privately owned restaurants from different nationalities. Hispanics can easily find a restaurant serving their favorite Latin foods and many other cuisines. Food markets are also readily available with healthy fruits and vegetables as well as Latin food products. For example, Anthony’s fruit, produce & meat market supplies local residents with a variety of fresh produce, meats, and Latin spices, especially Puerto Rican and Dominican products, among many more food and house items. The store has a very welcoming Latin look and vibe, which truly attracts its Hispanic and non-Hispanic customers. Sedano’s supermarket and other Latin owned food markets are also in proximity.
Surrounding pharmacies employ bilingual staff who are ready and willing to assist Hispanics customers in their native language. Local businesses advertise in Spanish to inform and educate the Hispanic population in the area; for example, CVS advertises flu vaccinations in their outdoors billboard in Spanish.

Many medical and dental services are located in Hunter’s Creek for residents of all ages. These facilities are located anywhere from a ten to fifteen-minute drive. Many of these facilities also have Spanish speaking employees. Hunter’s creek is considered to be one of the best places to live in America. It maintains its reputation of being a great place to live by having some of the best schools, outdoor spaces, resources, as well as clean and well maintained infrastructure. Since Hunter’s creek and Meadow Woods border Osceola County, there are many Osceola residents who look for employment and services in Orange County and vice versa. Since Osceola County has more Hispanics than Orange, Orange County establishments in the south orange area provide a lot of products and services to cater to its Hispanic community.

Public transportation is available, with four LYNX bus routes; however, busses do not pass on a regular basis. Buses pass about every hour and it takes some time to get from one place to another; for example, it takes about one hour and forty-five minutes to get from Meadow Woods to Hunter’s Creek. For someone who often relies on public transportation this can be quite an inconvenience. SunRail train station construction is in progress in Meadow Woods. This will certainly provide a faster and alternative option for residents to easily travel from one place to another. The expansion of the rail system will increase access and linkage to people and services.

There are plenty of open green spaces, for residents, to enhance and maintain their physical, emotional, and social and even spiritual well-being. South Orange County communities are surrounded by parks and lakes for a perfect outdoor activity. Families with children have the ability to utilize these parks for family fun. Golf courses can be found in the Hunter’s Creeks area for added recreation and
entertainment. In addition, a variety of fitness centers are also available. There are many great schools surrounding the area; from day care to high school, and even after school tutoring. Adults with limited English can also find many English classes in many of the Orange County Public schools and also private institutions. Faith based institutions are also available. Hispanic churches from different denominations can be easily found in the area within a few minutes; these churches even provide English services for language preference and to welcome anyone from the community.

South West Orlando:

The 32811-ZIP code in south west Orlando has a land area of 8.31 square miles with an estimated population of 39,556 residents, of which 22% are Hispanic. Over 22% of the population are foreign-born. The percent population age 5 and over with limited English proficiency is 13%, which is similar to the county rate. From 2000 to 2010 there has been a population change of 7.26%. Orlovista, Pine Hills, and east of Windermere are the nearby communities that surround this ZIP code. Over 35% of the population are families with children (under age 18). The average family income is $42,131, the median is $32,087, and the per capita income is $16,117. These rates are much lower than county rates. The percentage of households where housing cost exceed 30% of the total household income is over 53%, which is 10% higher than the county rate. Most residents rent their home, only 41% are homeowners. Poverty percentage is at 25.5% for the population below the 100% FPL; it is 8% higher than the county rate. Many people lack medical insurance, about 12% of children and 29% of adults do not have coverage; these rates are relatively higher than the county rate. Approximately 15% of the population over the age of 25 do not have a high school diploma, however 30% of the population over the age of 25 have an associate’s degree or higher. Many (88%) commute by car. There is a portion of the population who rely heavily on public transportation (10%) to work and other daily destinations. When it comes to crime, this area has a low crime rate relative to the rest of Orange County.
**Community Observations:**
An area of 3.8 square miles, in the southwest region of the Orlando, was assessed. The following information was gathered:

The observed area in and around Kirkman Rd. (South & North) from Conroy Rd to Colonial Dr. is known for its proximity to attractions and shopping centers. Universal Studios, Universal’s Islands of Adventure, City Walk, Holy Land, and Fun Spot are among the many attractions located within a 10-minute drive or less. Shopping centers such as, the mall at Millenia, and the Orlando International Premium Outlets are just under a 15-min drive. Due to its proximity to popular amenities, transit volume is high during various times of the day. Roads are well paved and maintained and sidewalks are suitable for any pedestrians. Some sidewalks, however, are not well maintained, littering can be seen walking north and south of Kirkman Rd., in exception of Conroy Rd. heading towards the Windermere area. Kirkman Rd can be quite dangerous for pedestrians to cross if they do not take precautions, due to the volume and frequency of traffic. Some apartment complexes are not well maintained. Housing costs are known to be lower in this area compared to other areas in the county, except for the Metro West area.

Metro West is a community that draws many residents to the area, because of its beautifully maintained acres, and proximity to a variety of commercial places, entertainment, and schools. Living options include single family homes, condominiums, and apartments. The Kirkman area has many restaurants; the popular choice of Latin food is Mexican. There are less options in Latin

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<tr>
<th>Community Observations</th>
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<tbody>
<tr>
<td>Churches</td>
<td>3</td>
</tr>
<tr>
<td>Dental Facilities</td>
<td>3</td>
</tr>
<tr>
<td>Fast Food &amp; Restaurants Establishments</td>
<td>59</td>
</tr>
<tr>
<td>Food/Market Establishments</td>
<td>6</td>
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<tr>
<td>Housing &amp; Property Appraisal</td>
<td>16 Apartment complexes</td>
</tr>
<tr>
<td></td>
<td>Average rent = $1,301</td>
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<tr>
<td></td>
<td>Median Rent = $1,225</td>
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<td></td>
<td>Median home sale price = $105,614</td>
</tr>
<tr>
<td>Legal Services</td>
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</tr>
<tr>
<td>LYNX Bus Routes:</td>
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<tr>
<td>Medical/Health Facilities</td>
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</tr>
<tr>
<td>Parks/Recreation</td>
<td>1</td>
</tr>
<tr>
<td>Fitness</td>
<td>8</td>
</tr>
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<td>Pharmacy</td>
<td>8</td>
</tr>
<tr>
<td>Schools</td>
<td>5</td>
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</tbody>
</table>

**Table 30: South West Orlando Observations**
food choice compared to east and south county areas. Latino food markets are not quite as popular either. Brazilian businesses are more commonly found in this side of Orlando. All food markets supply consumers with many healthy food choices to maintain a healthy lifestyle.

Dental and Medical providers are widely available in the area. Some have Spanish speaking providers, but Spanish speaking staff are sometimes not available. Legal services are available for immigration purposes and do advertise Spanish speaking staff. There are many fitness center options available. There is one park located near South Kirkman on Conroy Rd and another park located on North Kirkman in Orlando. Both provide an open space for fitness and recreational activities. Youth centers are also available as a resource for families to enhance youth development. There are not many schools in the observed area. Only few a daycare, training academy’s, elementary schools, and colleges are captured. Valencia College brings many students to the areas; many commute, but others are nearby residents. There are not many churches. Only one Hispanic Baptist church can be found, not very many denominations to choose from for residents who prefer a Spanish church, many must go outside of the area to find a church of preference. English, Creole, and Portuguese churches are more commonly found. Public transportation is readily available. Four LYNX buses ride north, south, east and west of the area and pass every 15 minutes or so; busses run more frequently compared to other areas in the county.

**Northwest Orange County:**

The northwest region of the county is predominantly made up of the Apopka and Zellwood communities. Between the two communities there is a land area of 35.59 square miles, with a population of 49,103; of which 25.7% are Hispanic. Approximately 18% of the population was born outside the United States. English proficiency rates are lower than the county. Its population’s geographic mobility is 4.3%, as few people move to this region from other places (community, county, state, abroad).
This region has a slightly higher percentage (36%) of families with children (under age 18) compared to the county’s percentage. The average family income is $77,701, and median is approximately $53,787. There is a per capita income of $26,717, which is slightly higher than the county per capita income. The poverty rate is lower than the county rate. Households who receive SNAP benefits (14.4%) are also lower. The percent of cost burden households is much lower (35%); over 75% of residents are homeowners. Residents rarely use public transportation, the majority (97%) commute by car. Compared to the county, there is less educational attainment in this population. More residents, over the age of 25, do not have a high school diploma and a few have an Associate’s degree or higher. This region also experiences lower than average crime rates, making it a safer place to live and raise a family.

**Community Observations:**

*An area of 10.9 square miles, in the Northwest region of the Orange County, was assessed. The following information was gathered:

The city of Apopka has plenty to offer to its residents. Many areas are well maintained and are very inviting. South Apopka on the other hand, has an entirely different infrastructural and social economical characteristic compared to North Apopka. There are plenty of outdoor recreational activities, such as, parks, springs, and hiking trails. Public transportation is available with four different LYNX bus routes. The central bus station is located in South Apopka. Despite its availability, LYNX busses run approximately every 60 min, making it a bit inconvenient and unreliable to many residents.

In the observed area, no dental facilities were seen, however there are many medical facilities including a Hospital (Florida Hospital) located less than a mile north of the center of Apopka. This is the only Hospital located in the Northwest region of the county. Only a few legal services are available, and only a few have Spanish speaking staff. Medical services also lack Spanish speaking staff, only a few facilities provide bilingual services. Some pharmacies do have Spanish speaking staff. The Pharmacy Store located in North Park Ave. has a “Se Habla Español” (we speak Spanish) sign displayed outside the business. This pharmacy in particular does tend to attract many Spanish speaking customers in the

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<th>Community Area Observations</th>
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<td>Churches</td>
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<td>Food/Market Establishments</td>
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<td>Legal Services</td>
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<td>LYNX Bus Routes:</td>
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<td>Schools</td>
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</table>
area. Small businesses providing health insurance services can also be found in Apopka for any underinsured and uninsured family or individual. Hispanics have quite a bit of churches to choose from. There are several Spanish denominational churches (Baptist, Catholic, Christian). Compared to other areas in the county, there are not many Latin food choices. The most commonly found is Mexican due to its large Mexican population. There are a few Latin food markets where customers can easily find Latin foods and products. Access to fresh fruits and vegetables is available through the local grocery store for healthy eating. Many schools are located in the surrounding areas, from daycare to high school as well as Technical schools and colleges.

Zellwood is located 6-7 miles northwest of Apopka. It is much more rural and has a completely different characteristic compared to Apopka. Zellwood is known for its farms. Sweet corn, cucumbers, cabbage, parsley and sod are among the many crops grown in Zellwood. Many fresh crops can be found and sold in many locations. The community is surrounded by single family homes, there are not any apartment complexes. The Zellwood station is a large affordable retirement living community for residents 55 years of age and over. It is a gated community with a golf course and manufactured homes. Only one elementary school, a K to 12th grade Christian school, and a few day care centers. The Zellwood Family Health Center is one of the very few medical facilities located in the area, all others are in Apopka. Many Mexican Americans are labored by the farms in the area. Some live-in Zellwood, others live in Apopka, and others commute from different areas within the county and outside the county. Due to the high concentration of Mexican Americans, Mexican dining and businesses can be found. Some local grocery stores can be found within proximity, but other larger grocery stores are found a few miles away from the residential areas. Within a 6 miles distance north of the center of Zellwood, three parks can be found for many recreations activities. Zellwood has a relatively older population. Not many resources for Hispanics are found in this community.
## Appendix B: Community Perception

### Provider Interviews:

<table>
<thead>
<tr>
<th>Organizations Interviewed</th>
<th>United Against Poverty</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Center for Change</td>
</tr>
<tr>
<td></td>
<td>Florida Hospital</td>
</tr>
<tr>
<td></td>
<td>University of Florida/</td>
</tr>
<tr>
<td></td>
<td>IFAS</td>
</tr>
<tr>
<td></td>
<td>Hispanic Health Initiative in Central Florida</td>
</tr>
</tbody>
</table>

### How impacting is your line of work to the health and well-being of the Hispanic Population?

- Incredibly important. We are a social service agency with crisis care management. We provide employment training and opportunity to access reduced cost groceries.
- It is priceless! We provide orientation to people who have colon cancer, as well as try to prevent individuals from developing colon cancer. We provide education on healthy eating, how to maintain physically active, and colon cancer testing information. We try to involve them and encourage them to make good decisions. We try to save lives in the Hispanic population.
- It is very important. The program connects Hispanics with community resources; we ensure proper connections to services.
- Our work is very important. We help prevent complication or onset of chronic disease by trying to change their behavior.
- Very impacting. Our community health workers communicate, and educate health information to the community to help prevent illnesses.

### What are the health needs or concerns of the Hispanic population?

- Access to affordable housing
- Jobs with higher income rate as well as opportunity for advancement
- Access to primary care
- Access to health insurance
- Access to reliable transportations
- Nutrition and exercise
| What challenges are Hispanics facing in the community? | - Communication barriers  
- Health illiteracy  
- Understanding the rules and regulations of the county |
| What behaviors promote health and wellness in the Hispanic Community? | - Ties to families; there is a huge social network.  
- Traditional home remedies  
- Religious beliefs |
| What behaviors cause sickness and death in the Hispanic Community? | - Living in a multifamily home  
- Smoking, drinking drug use, work related stress/frustration  
- Exercise isn’t a priority  
- Don’t diet well  
- Cut medication in half to stretch it out  
- Don’t know how to effectively communicate with healthcare provider |
| From where are Hispanics receiving their health information? | - Friends and family (word of mouth)  
- Church, health event  
- Internet, doctors,  
- TV, radio, social media |
| Does Health equity exist among Hispanics compared to other ethnic groups? | - Yes, the opportunities are there; however, many are not aware of the opportunities/services  
- No; lots of discrimination. There’s a lot of language barriers  
- Yes, they are treated the same  
- No; there is prejudice and discrimination  
- No, Hispanics are not too far behind the health disparities of African Americans. African American are seen more than Hispanics. |
| What suggestions/recommendations do you have for healthcare organizations, policy makers, government agencies etc. to improve the health and wellbeing of the Hispanic community? | - More translation services, and culture training in health service agencies is needed. It’s important to understand cultural values.  
- More opportunities (health coverage), and promote more events to help Hispanics  
- Increase access to services.  
- Increase health prevention marketing efforts  
- More efforts in providing information in Spanish |
## Focus Groups:

<table>
<thead>
<tr>
<th>Participant Demographic</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age Range:</strong> 18-75</td>
<td></td>
</tr>
<tr>
<td><strong>Marital Status:</strong> Single, uncommitted Relationships, Married, Separated, Divorced, Widow</td>
<td></td>
</tr>
<tr>
<td><strong>Education Level Range:</strong> 1st to 8th to grade to Post-Grad</td>
<td></td>
</tr>
<tr>
<td><strong>Employment Status:</strong> Salary Job; Housewife; Without a job for more than 1 year; Unable to work; Student</td>
<td></td>
</tr>
<tr>
<td><strong>Country of Birth:</strong> Colombia; Dominican Republic; Ecuador; El Salvador; Guatemala; México; Puerto Rico; United States; Venezuela</td>
<td></td>
</tr>
<tr>
<td><strong>Length of time living in Orange County:</strong> 4 months to 33 years</td>
<td></td>
</tr>
<tr>
<td><strong>Place of Residence:</strong> Apopka; Hunters Creek; Union Park; Alafaya; University park; Azalea Park; Orlando; Monteverde; Conway</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Why did you mover to the United States</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>- Work</td>
<td></td>
</tr>
<tr>
<td>- Better life</td>
<td></td>
</tr>
<tr>
<td>- Family</td>
<td></td>
</tr>
<tr>
<td>- I was born in the U.S</td>
<td></td>
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<tr>
<td>- Education purposes</td>
<td></td>
</tr>
<tr>
<td>- More opportunities</td>
<td></td>
</tr>
<tr>
<td>- The American Dream</td>
<td></td>
</tr>
<tr>
<td>- Better quality of life</td>
<td></td>
</tr>
<tr>
<td>- Safety Reasons</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Why did you move to Orange County, Florida?</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>- Better Economic Structure</td>
<td></td>
</tr>
<tr>
<td>- School</td>
<td></td>
</tr>
<tr>
<td>- Better opportunities</td>
<td></td>
</tr>
<tr>
<td>- Smaller, less hectic city</td>
<td></td>
</tr>
<tr>
<td>- Nicer area</td>
<td></td>
</tr>
<tr>
<td>- Work</td>
<td></td>
</tr>
<tr>
<td>- New life</td>
<td></td>
</tr>
<tr>
<td>- Weather</td>
<td></td>
</tr>
<tr>
<td>- Family</td>
<td></td>
</tr>
<tr>
<td>- Health reasons</td>
<td></td>
</tr>
<tr>
<td>- I just like it here</td>
<td></td>
</tr>
</tbody>
</table>
| What do you like about the community you live in? | - Artistic  
- Very diverse  
- Lots of job opportunities  
- Young Residents  
- Plenty of Hispanics  
- Integration of Hispanics Culture in the American lifestyle  
- Very peaceful  
- Plenty of changes  
- Safe |
| --- | --- |
| What issues in your community affect your quality of life? | - Financial problems  
- Aggressive drivers  
- Hard to find a job  
- Medical/Healthcare issues  
- Racism, stereotypes  
- Lack of accessible information  
- Safety  
- Cost of living  
- Public transportation isn’t reliable  
- Documentation status |
| What does health mean to you? | - Mental, physical, spiritual and logical  
- Being well emotionally  
- Being able to live to the fullest  
- Being comfortable with your place in the world  
- Happiness and long life  
- Health is wealth  
- When you are capable of doing anything without barrier  
- Good nutrition  
- It’s important to stay healthy to take care of our family  
- Health is very important |
| What do you do to take care of your health? | - Control what I eat  
- Get regular medical checkups  
- Sleep well  
- Exercise  
- Drink lots of water  
- Use Vicks  
- Read  
- Pray  
- Eat well  
- Vitamins |
| Where do you receive your health information from? | - Center for Disease and Control  
- Family  
- Friends  
- Internet  
- School  
- Doctors, nurses  
- Peer review research journals |
| Where do you go to receive healthcare services? | - Central Care  
- Primary Care Doctors  
- Hospital  
- Emergency Department  
- Clinic |
| What type of medical insurance do you have? | - Medicaid  
- Cigna  
- Aetna  
- Sharecost (Doesn’t cover much)  
- Florida Blue  
- Humana  
- Uninsured  
- Obamacare (Too expensive) |
| How is the role of your primary care doctor or healthcare system in the county similar or different in your native country? | - More reliable  
- Similar to the U.S  
- More affectable  
- It’s more about the money here  
- In my country doctors identify with you more  
- There is a greater opportunity to get treated here; they will not let you die |
| Does health equity exist among Hispanics? Why or why not? | - Yes, I've been treated fine  
- No, there is a lack of accessible information  
- No, some healthcare staff treat Hispanics differently  
- No, we are not treated the same  
- No, we don’t have the same opportunities |
| What are some ways to reduce the barriers to healthcare? | - Better communication; proper explanations  
- Reduce cost; make it more affordable  
- increase education  
- Offer more help  
- Pay more attention to patient needs  
- More Spanish speaking staff  
- More job opportunities  
- Better access to information |
| What suggestions do you have for agencies/organizations to better assist Hispanics? | - Promote doctor services  
- Provide more or better assistance to families  
- Be more accommodating  
- Be more affordable  
- Increased access to translation services  
- Provide clear information to avoid jargons  
- Increase Spanish speaking staff  
- Provide information in English and Spanish |
### Health Literacy: What do you know about the following health conditions?

<table>
<thead>
<tr>
<th>Condition</th>
<th>Information</th>
</tr>
</thead>
</table>
| **Asthma** | - Difficulty breathing; causes lot of coughing  
- Some people have it and still smoke  
- Seasonal allergies  
- Common respiratory problem  
- Makes it difficult to breath  
- Change of temperature can affect it  
- Is very common in infants  
- Difficulty breathing in stressful situations  
- Some may use and inhaler to help breath daily  
- Respiratory disease that can be treated with medication  
- Respiratory problems caused by the effect of the environment (pollution and pollen)  
- Don’t know what part of the body asthma affects  
- There is a cure  
- There is no cure |
| **Cancer** | - Can be passed down  
- Very common in the U.S  
- There are many causes (eating habits, sun exposure, genes, etc.)  
- Caused by damage cells escaping from being destroyed in the immune system  
- Could result from environmental source  
- Many kinds, more research should be conducted  
- Currently no curable because of the rapid spread of the cells involved  
- Very popular, and caused a lot of deaths now a day  
- Sometimes doctors will make it seem like there is no help for you left.  
- Causes death if left untreated  
- Sometimes it can be curable with chemotherapy  
- One of the leading causes of death in the world  
- Don’t know how the cause of it  
- The ph level rises, we have to eat more greens  
- Not transmitted, but it is inherited |
<table>
<thead>
<tr>
<th>Disease</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Diabetes</strong></td>
<td>- There are two types&lt;br&gt;- It's common&lt;br&gt;- The body is not able to produce insulin&lt;br&gt;- Many individuals are affected daily&lt;br&gt;- Sometimes preventable&lt;br&gt;- A lot of people get it because they consume too much sugar or meat products&lt;br&gt;- Many people acquire it because of the lack of interest to change their nutrition plan&lt;br&gt;- It's caused by the mass production of sugar-filled foods and the easy access to it&lt;br&gt;- Due to many social issues that contribute from stress and worries&lt;br&gt;- Require insulin shots&lt;br&gt;- Treatable, manageable, but not curable.&lt;br&gt;- Usually has to do with nutrition&lt;br&gt;- It's sugar in the blood&lt;br&gt;- Can be controlled by diet, and exercise</td>
</tr>
<tr>
<td><strong>Heart Disease</strong></td>
<td>- Can be prevented&lt;br&gt;- Don't know much about it.&lt;br&gt;- It can cause stroke&lt;br&gt;- Common in U.S; affects longevity of life&lt;br&gt;- After effect of not living a healthier life&lt;br&gt;- Some people are born with it&lt;br&gt;- Very deadly but can be prevented; there are different types&lt;br&gt;- It requires a healthy diet and regular checkup to keep up&lt;br&gt;- Can lead to heart failure and heart affects, some lead to heart transplant&lt;br&gt;- It's severe&lt;br&gt;- Older individuals have problems with it</td>
</tr>
<tr>
<td><strong>Hepatitis</strong></td>
<td>- I don't know&lt;br&gt;- Vaccinations are available in the U.S but not worldwide&lt;br&gt;- There are three different types, one of them affects the liver&lt;br&gt;- I think only one type is curable&lt;br&gt;- Can be transmitted sexually or by eating fecal human waste</td>
</tr>
</tbody>
</table>
| HIV/AIDS                          | - Seen as “taboo” in society  
|                                  | - It’s not discussed often/often enough  
|                                  | - Needs to be discussed in school  
|                                  | - It’s one of the worst kinds of STD’s  
|                                  | - HIV lead to AIDS  
|                                  | - No curable, but can be treated to live a normal life  
|                                  | - Transmitted sexually, through a blood transfusion, or birth  
|                                  | - It’s a strange disease that came out of nowhere.  
|                                  | - Not too common now a day  
|                                  | - Treatment is evolving  
|                                  | - People who have this are seen as “lesser than unfortunate”  
|                                  | - Today its treated by appropriate meds; people can survive HIV and live longer than before  
|                                  | - HIV and AIDS are the same  

| Obesity                          | - Treatable but people in the U.S lack access to the information they need to hear  
|                                  | - It’s too common, and it does not help that we are always being bombarded with ads for unhealthy food and lifestyle  
|                                  | - Can lead to other disease like diabetes, heart attacks, knee and back problems  
|                                  | - U.S individuals suffer more than people outside the U.S  
|                                  | - It is the source of many disease  
|                                  | - Disease created by society because of the lack of knowledge  
|                                  | - Starts from emotional issues  
|                                  | - It’s the leading disease in the U.S  
|                                  | - Cookies, chocolate, bad eating  

| Sexually Transmitted Diseases    | - Very easy to get if you’re not responsible  
|                                  | - Very hard to cure  
|                                  | - Usually untreatable but can sometimes be managed  
|                                  | - Common in society; some can be prevented some not  
|                                  | - Could be preventable with the use of condoms  
|                                  | - Affects a lot of young people  
|                                  | - Happens to a high percentage of Latinos  
|                                  | - Some show physical symptom  
|                                  | - Gonorrhea, herpes, syphilis  
|                                  | - Most are curable, but if not treated in a timely manner it can affect the organs.  
|                                  | - I’m not sure if HPV is curable  

| Stroke | - There are different levels of severity  
- Mainly happens by stress or sever/scary situations  
- A young person is more likely to die from it.  
- It causes speech impediment, affects motor skills, and memory loss.  
- People can get a stroke at any point  
- Caused by an imbalance of blood flow  
- It’s a preventable disease that can be caused by eating habits, smoking and heart disease  
- It’s common  
- Can be very damaging to families  
- Has nothing to do with age and more with lifestyle  
- Arteries that get blocked; caused by stress |

| Tuberculosis | - Needs to be talked about  
- I don’t know much about it  
- No cure  
- It’s a lung disease  
- It’s a very serious lung disease  
- Causes difficulty in breathing, extreme coughing (might include blood), and may lead to death if not treated  
- Can be treated with medication  
- A type of cancer that affects the lung  
- Contagious  
- Yes, there is a cure |
Appendix C: Focus Group Flyer
(English & Spanish)

Let’s Talk!

Help us learn and understand more about the health status of the Hispanic community by participating in a discussion focused on the Hispanics in Orange County. Your opinion is very important and could help make a big difference.

What:

When:

Where:

Time:

*Refreshments will be served at 6:30pm

Thank you for making your voice heard!

For more information, please contact Ellis Perez at 407-858-1400 Ext. 1162 or by email at Ellis.Perez@flhealth.gov

¡Hablemos!

Ayúdanos a conocer y comprender más sobre el estado de salud de la comunidad hispana participando en una charla centrada en los hispanos del Condado Orange. Su opinión es muy importante y puede hacer una gran diferencia.

Que:

Cuando:

Donde:

Hora:

*Refrescos serán servidos a las 6:30pm

Gracias por brindar su opinión!

Para más información, favor de contactar a Ellis Pérez al 407-858-1400 Ext. 1162 o por correo electrónico a Ellis.Perez@flhealth.gov
Appendix D: Focus Group Demographics (English)

Focus Group Participants

1. AGE:
   - 18-24____
   - 25-34____
   - 35-44____
   - 45-54____
   - 55-64____
   - 65-75____
   - 75 or Older____

2. Are You:
   - Married____
   - Divorced____
   - Widowed____
   - Widowed___
   - Separated___
   - Never been Married___
   - Part of an Unmarried Couple____
   - Single____

3. What is the highest grade or year of school you have completed?
   - ____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.)

4. Are you currently?
   - ____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

5. What is your country of birth?

6. How Long Have you live in Orange County, FL?

7. What is your Residential Zip Code?
### Participantes del Grupo de Enfoque

1. ¿Cuál es su Edad?:
   - 18-24____
   - 25-34____
   - 35-44____
   - 45-54____
   - 55-64____
   - 65-75____
   - 75 o mayor____

2. ¿Cuál es su estado civil?:
   - Casado/a____
   - Divorciado/a____
   - Viudo/a____
   - Separada____
   - Nunca me he casado/a____
   - Parte de una pareja sin compromiso____
   - Soltero/a____

3. ¿Cuál es su nivel de educación más alta?
   - _____Nunca asistí la escuela.
   - _____Primer a octavo grado
   - _____9 and 11 grado
   - _____12 grado o GED
   - _____1 and 3 años de universidad
   - _____Diploma universitario
   - _____Pos graduado (Master ‘s, M.D., PhD., J.D.)

4. ¿Cuál es su estado de empleo?
   - _____Empleado con salario
   - _____Trabajadores por cuenta propia
   - _____Sin trabajo por más de un año
   - _____Sin trabajo por menos de un año
   - _____Ama de casas
   - _____Estudiante
   - _____Retirado
   - _____Incapaz de trabajar

5. ¿En Cuál País naciste?

   ________________________________

6. ¿Cuánto tiempo tienes viviendo en el Condado Orange

   ________________________________

7. Cuál es su código postal?

   ________________________________
Appendix E: Focus Group Discussion Questions  
(English & Spanish)

Focus Group Questions

Why did you move to the United States?  
¿Por qué se mudó a los Estados Unidos? 
Why did you move to Orange County, FL?  
¿Por qué se mudó al Condado de Orange en la Florida? 
What do you like about the community you live in?  
¿Qué le gusta de la comunidad dónde vive? 
What issues in your community affect the quality of life?  
¿Cuáles cosas afectan la calidad de vida dónde vives? 
What does health mean to you?  
¿Qué significa la salud para usted? 
How do you take care of your own health?  
¿Cómo cuida usted de su salud? 
Where do you get health information?  
¿Dónde recibe usted información sobre la salud? 
Where do you go to receive healthcare services?  
¿Adónde vas para recibir ayuda médica? 
What type of medical insurance do you have?  
¿Qué tipo de seguro médico tienes? 
What are some barriers to healthcare for Hispanics?  
¿Cuáles obstáculos existen en el cuidado médico entre los hispanos? 
What are some of the ways to reduce those barriers to health care?  
¿Cuáles son algunas de las maneras de reducir los obstáculos en el cuidado médico? 
How is the role of your primary care doctor or health system in the county similar or different in your native country?  
¿Cómo se compara los doctores o el sistema de salud en el Condado de Orange a su país natal? ¿Cuáles cosas son similares o diferentes? 
Please suggest what you would like agencies to do differently to be more of assistance to Hispanic families?  
¿Comparta algunas sugerencias cual usted quisiera que las agencias hicieran diferente para que sean de más asistencia a las familias Hispanas? Favor de nombrar la agencia. 
Does health equity exist among Hispanics? Why or why not?  
¿Existe la equidad de salud entre los hispanos? ¿Por qué o por qué no?
Focus Group Discussion Questions
(English & Spanish)

In a few words please write what you know about the following health Conditions.

- Asthma:
- Obesity:
- Diabetes:
- Heart Disease:
- Stroke:
- Hepatitis:
- Cancer:
- HIV/AIDS
- Tuberculosis:
- Sexually Transmitted Diseases:

En unas pocas palabras escriba lo que usted sabe de las siguientes condiciones de salud.

- Asma:
- Obesidad:
- Diabetes:
- Enfermedad del Corazón:
- Derramé Celebrar:
- Hepatitis:
- Cáncer:
- VIH/SIDA
- Tuberculosis:
- Enfermedades transmitidas sexualmente:
Florida Department of Health in Orange County
6101 Lake Ellenor Drive
Orlando, FL 32809
(407) 858-1400

Orange.FloridaHealth.gov