

Executive Report

2019 PRC Child & Adolescent Health Needs Assessment

Brevard, Orange, Osceola, Polk & Seminole Counties, Florida

Prepared for:

Nemours Children's Hospital, Orlando, Florida

By:

Professional Research Consultants, Inc.
11326 P Street Omaha, NE 68137-2316
www.PRCCustomResearch.com

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Introduction



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Project Overview

Project Goals

This 2019 PRC Child & Adolescent Health Needs Assessment, a follow-up to similar studies conducted in 2013 and 2016, is a systematic, data-driven approach to determining the health status, behaviors, and needs of children and adolescents in the service area of Nemours Children's Hospital in Orlando, Florida. This assessment was conducted by Professional Research Consultants, Inc. (PRC) on behalf of Nemours Children's Hospital. PRC is a nationally-recognized healthcare consulting firm with extensive experience conducting Community Health Needs Assessments in hundreds of communities across the United States since 1994.

Methodology

This assessment incorporates data from both quantitative and qualitative sources. Quantitative data input includes primary research (the PRC Child & Adolescent Health Survey) and secondary research (vital statistics and other existing health-related data); these quantitative components allow for trending and comparison to benchmark data at the state and national levels. Qualitative data input includes primary research gathered through an Online Key Informant Survey.

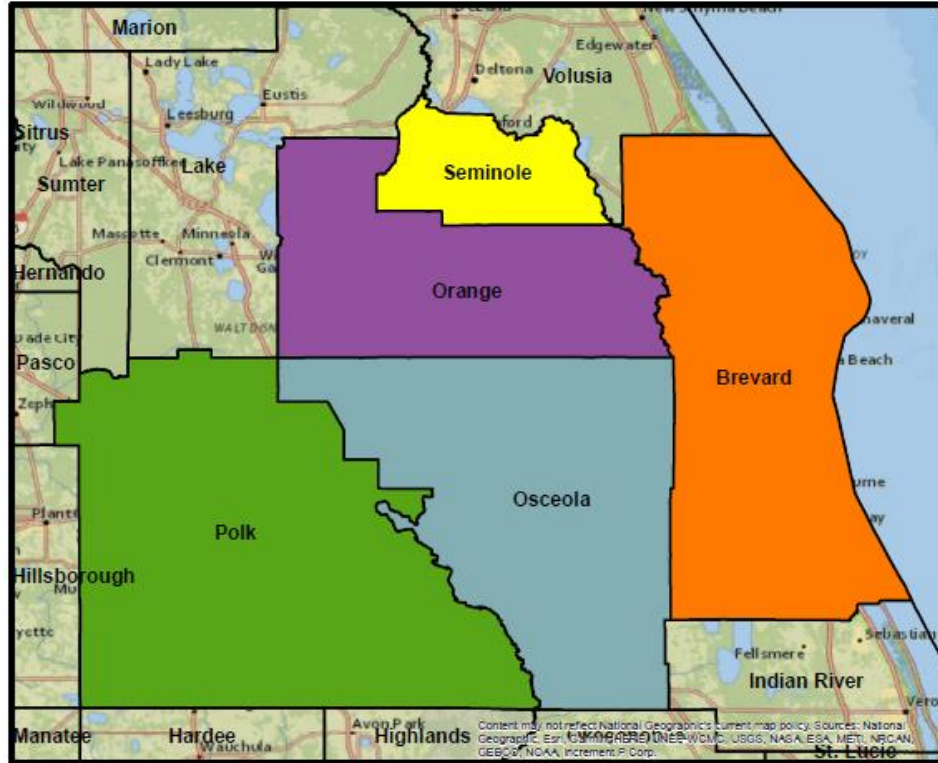
PRC Child & Adolescent Health Survey

Survey Instrument

The final survey instrument used for this study was developed by Nemours Children's Hospital and PRC and is similar to the previous surveys used in the region, allowing for data trending.

Community Defined for This Assessment

The study area for the survey effort (referred to as the "Total Service Area" in this report) is defined as the combined area of Brevard, Orange, Osceola, Polk, and Seminole counties in Florida. This community definition, determined based on the counties of residence of recent patients of Nemours Children's Hospital, is illustrated in the following map.



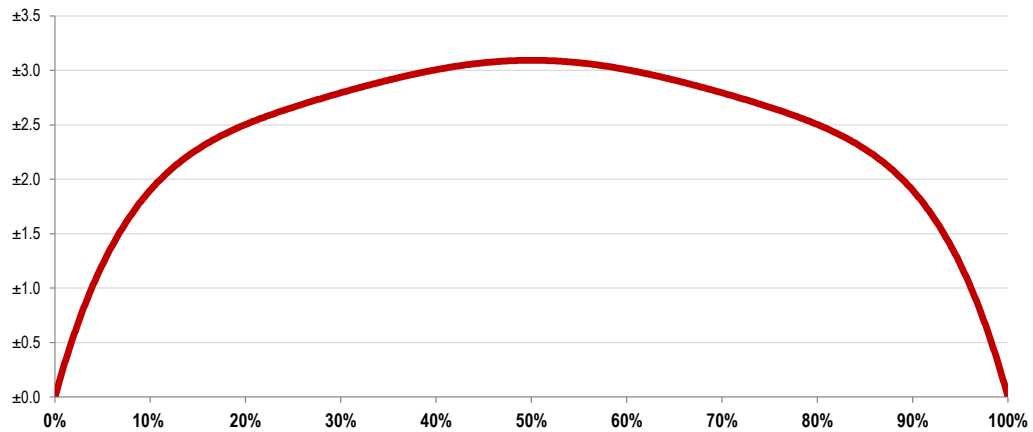
Sample Approach & Design

A precise and carefully executed methodology is critical in asserting the validity of the results gathered in the PRC Child & Adolescent Health Survey. Thus, to ensure the best representation of the population surveyed a mixed-mode methodology was implemented. This included surveys conducted via telephone (landline and cell phone), as well as through online questionnaires.

The sample design used for this effort consisted of a stratified random sample of 994 parents of children under 18 in the Total Service Area, including 201 in Brevard County, 308 in Orange County, 143 in Osceola County, 200 in Polk County, and 142 in Seminole County. Once the interviews were completed, these were weighted in proportion to the actual child population distribution so as to appropriately represent the Total Service Area as a whole. All administration of the surveys, data collection, and data analysis was conducted by PRC.

For statistical purposes, the maximum rate of error associated with a sample size of 994 respondents is $\pm 3.1\%$ at the 95 percent confidence level.

Expected Error Ranges for a Sample of 994 Respondents at the 95 Percent Level of Confidence



- Note:
- The "response rate" (the percentage of a population giving a particular response) determines the error rate associated with that response. A "95 percent level of confidence" indicates that responses would fall within the expected error range on 95 out of 100 trials.
- Examples:
- If 10% of the sample of 994 respondents answered a certain question with a "yes," it can be asserted that between 8.1% and 11.9% (10% ± 1.9%) of the total population would offer this response.
 - If 50% of respondents said "yes," one could be certain with a 95 percent level of confidence that between 46.9% and 53.1% (50% ± 3.1%) of the total population would respond "yes" if asked this question.

Respondent Selection

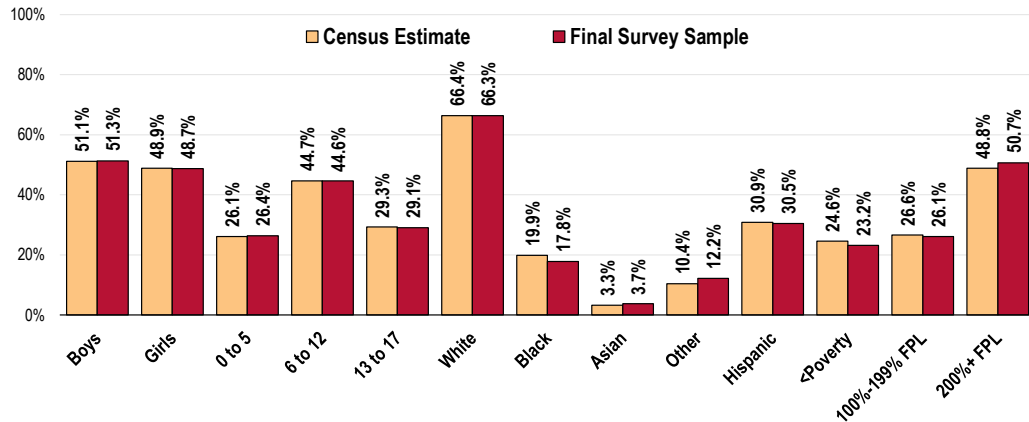
Survey respondents were adults age 18 and older who are a healthcare decision-maker for children residing in the household. For households with more than one child under the age of 18, most questions were asked about the child with the most recent birthday. This random selection process allows for the best representation of children by age and gender.

Sample Characteristics

To accurately represent the population studied (Total Service Area children and adolescents), PRC strives to minimize bias through application of a proven methodology. While this produces a highly representative sample of children and adolescents in the Total Service Area, it is a common and preferred practice to "weight" the raw data to improve this representativeness even further. This is accomplished by adjusting the results of a random sample to match the geographic distribution and demographic characteristics of the population surveyed (poststratification), so as to eliminate any naturally occurring bias. Specifically, once the raw data are gathered, the sample is examined by key demographic characteristics (namely the child's gender, age, race/ethnicity, and household poverty status), and a statistical application package applies weighting variables that produce a sample which more closely matches the population for these characteristics. Thus, while the integrity of each individual's responses is maintained, one respondent's responses may contribute to the whole the same weight as, for example, 1.1 respondents. Another respondent, whose child's demographic characteristics may have been slightly oversampled, may contribute the same weight as 0.9 respondents.

The following chart outlines the characteristics of the Total Service Area sample for key child/adolescent demographics, compared to actual population characteristics revealed in census data.

Population & Survey Sample Characteristics (Total Service Area, 2019)



Sources: • Census 2010, Summary File 3 (SF 3). U.S. Census Bureau.
• 2019 PRC Child & Adolescent Health Survey, PRC, Inc.

Further note that the poverty descriptions and segmentation used in this report are based on administrative poverty thresholds determined by the US Department of Health & Human Services. These guidelines define poverty status by household income level and number of persons in the household (*e.g.*, the 2019 guidelines place the poverty threshold for a family of four at \$25,750 annual household income or lower). In sample segmentation: **“very low income”** refers to community members living in a household with defined poverty status; **“low income”** refers to households with incomes just above the poverty level, earning up to twice (100%-199% of) the poverty threshold; and **“mid/high income”** refers to those households living on incomes which are twice or more ($\geq 200\%$ of) the federal poverty level. The sample design and the quality control procedures used in the data collection ensure that the sample is representative. Thus, the findings may be generalized to the total child and adolescent population in the defined area with a high degree of confidence.

Online Key Informant Survey

To solicit input from key informants, those individuals who have a broad interest in the health of the community, an Online Key Informant Survey also was implemented as part of this process. A list of recommended participants was provided by the sponsors of this study; this list included names and contact information for physicians, public health representatives, other health professionals, social service providers, and a variety of other community leaders. Potential participants were chosen because of their ability to identify primary concerns among the families and children/adolescents with whom they work, as well as of the community overall.

Key informants were contacted by email, introducing the purpose of the survey and providing a link to take the survey online; reminder emails were sent as needed to increase participation. In all, 47 community stakeholders took part in the Online Key Informant Survey, as outlined below:

Online Key Informant Survey Participation	
Key Informant Type	Number Participating
Public Health Representatives	3
Health Providers	10
Social Services Providers	17
Community Leaders	17

Final participation included representatives of the organizations outlined below.

- AdventHealth
- Children's Home Society
- Community Health Centers (CHC)
- Florida Department of Health
- Florida Department of Health, Seminole County
- GROW Central Florida
- Health Council of East Central Florida
- Healthy Start Coalition of Orange County
- Help Me Grow, Heart of Florida United Way
- Lake Nona High School
- Orange County Public Schools
- Orlando Health Arnold Palmer Hospital
- Second Harvest Food Bank of Central Florida
- Seminole County Public Schools
- Seminole County Sheriff's Office
- Seminole State College
- The Children's Center, Titusville
- UCF Center for Autism and Related Disabilities (CARD)
- UCP of Central Florida
- UF/IFAS (University of Florida Institute of Food and Agricultural Sciences) Extension, Polk County
- Who We Play For Program

Through this process, input was gathered from several individuals whose organizations work with low-income, minority, or other medically underserved populations.

Minority and other medically underserved populations represented:

African Americans, ALICE families, Asians, autistic children, those with behavioral issues, those with disabilities, displaced hurricane victims, ethnic minorities, Haitians, Hispanics, immigrants/refugees, LGBTQ, children in low-income households, Medicaid recipients, the mentally ill, non-English-speaking children, student athletes, substance abusers, those with chronic diseases, those with gastronomy tubes, undocumented children, the unemployed/underemployed, the uninsured/underinsured, victims of abuse, Vietnamese

In the online survey, key informants were asked to rate the degree to which various children's health issues are a problem in their own community. Follow-up questions asked them to

describe why they identify problem areas as such and how these might be better be addressed. Results of their ratings, as well as their verbatim comments, are included throughout this report as they relate to the various other data presented.

NOTE: These findings represent qualitative rather than quantitative data. The Online Key Informant Survey was designed to gather input regarding participants' opinions and perceptions of the health needs of the children in the area. Thus, these findings are based on perceptions, not facts.

Public Health, Vital Statistics & Other Data

A variety of existing (secondary) data sources was consulted to complement the research quality of this Child & Adolescent Health Needs Assessment. Data for the Total Service Area were obtained from the following sources (specific citations are included with the graphs throughout this report):

- Center for Applied Research and Engagement Systems (CARES) Engagement Network, University of Missouri Extension
- Centers for Disease Control & Prevention, Office of Infectious Disease, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, Division for Adolescent and School Health
- Centers for Disease Control & Prevention, Office of Public Health Science Services, Center for Surveillance, Epidemiology and Laboratory Services, Division of Health Informatics and Surveillance (DHIS)
- Centers for Disease Control & Prevention, Office of Public Health Science Services, National Center for Health Statistics
- ESRI ArcGIS Map Gallery
- Geolytics Demographic Estimates & Projections
- OpenStreetMap (OSM)
- US Census Bureau, Decennial Census
- US Department of Health & Human Services

Benchmark Data

Trending

A similar survey was administered in the Total Service Area in 2013 and 2016 by PRC on behalf of Nemours Children’s Hospital. Trending data, as revealed by comparison to prior survey results, are provided throughout this report whenever available (note that because Polk County was not previously surveyed, survey comparisons are made for the “Comparative Area,” which excludes Polk County). Historical data for secondary data indicators are also included (for the Total Service Area) for the purposes of trending.

National Data

National survey data, which are provided in comparison charts, are taken from the *2018 PRC National Child & Adolescent Health Survey*; the methodological approach for the national study is similar to that employed in this assessment, and these data may be generalized to the population of American children and youth with a high degree of confidence. National-level vital statistics also are provided for comparison of secondary data indicators.

Healthy People 2020

Healthy People provides science-based, 10-year national objectives for improving the health of all Americans. The Healthy People initiative is grounded in the principle that setting national objectives and monitoring progress can motivate action. For three decades, Healthy People has established benchmarks and monitored progress over time in order to:

- Encourage collaborations across sectors.
- Guide individuals toward making informed health decisions.
- Measure the impact of prevention activities.



Healthy People 2020 is the product of an extensive stakeholder feedback process that is unparalleled in government and health. It integrates input from public health and prevention experts, a wide range of federal, state and local government officials, a consortium of more than 2,000 organizations, and perhaps most importantly, the public. More than 8,000 comments were considered in drafting a comprehensive set of Healthy People 2020 objectives.

Determining Significance

Differences noted in this report represent those determined to be significant. For survey-derived indicators (which are subject to sampling error), statistical significance is determined based on confidence intervals (at the 95 percent confidence level), using question-specific samples and response rates. For the purpose of this report, “significance” of secondary data indicators (which do not carry sampling error, but might be subject to reporting error) is determined by a 5% variation from the comparative measure.

Information Gaps

While this assessment is quite comprehensive, it cannot measure all possible aspects of child/adolescent health in the community, nor can it adequately represent all possible populations of interest. It must be recognized that these information gaps might in some ways limit the ability to assess all of the community's health needs.

For example, certain population groups — such as the homeless, institutionalized children, or children of parents who only speak a language other than English or Spanish — are not represented in the survey data. Other population groups — for example, undocumented residents, and children of certain racial/ethnic or immigrant groups — might not be identifiable or might not be represented in numbers sufficient for independent analyses.

In terms of content, this assessment was designed to provide a comprehensive and broad picture of the health of children and adolescents in the overall community. However, there are certainly medical conditions that are not specifically addressed.

Public Comment

Nemours Children's Hospital made its prior Community Health Needs Assessment (CHNA) report publicly available through its website; through that mechanism, the hospital requested from the public written comments and feedback regarding the CHNA and implementation strategy. At the time of this writing, Nemours Children's Hospital had not received any written comments. However, through population surveys and key informant feedback for this assessment, input from the broader community was considered and taken into account when identifying and prioritizing the significant health needs of the community. Nemours Children's Hospital will continue to use its website as a tool to solicit public comments and ensure that these comments are considered in the development of future CHNAs.

IRS Form 990, Schedule H Compliance

For non-profit hospitals, a Community Health Needs Assessment (CHNA) also serves to satisfy certain requirements of tax reporting, pursuant to provisions of the Patient Protection & Affordable Care Act of 2010. To understand which elements of this report relate to those requested as part of hospitals' reporting on IRS Form 990 Schedule H, the following table cross-references related sections.

IRS Form 990, Schedule H (2018)	See Report Page
Part V Section B Line 3a <i>A definition of the community served by the hospital facility</i>	6
Part V Section B Line 3b <i>Demographics of the community</i>	37
Part V Section B Line 3c <i>Existing health care facilities and resources within the community that are available to respond to the health needs of the community</i>	218
Part V Section B Line 3d <i>How data was obtained</i>	6
Part V Section B Line 3e <i>The significant health needs of the community</i>	15
Part V Section B Line 3f <i>Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups</i>	Addressed Throughout
Part V Section B Line 3g <i>The process for identifying and prioritizing community health needs and services to meet the community health needs</i>	16
Part V Section B Line 3h <i>The process for consulting with persons representing the community's interests</i>	9
Part V Section B Line 3i <i>The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)</i>	221

Summary of Findings

Significant Health Needs of the Community

The following “Areas of Opportunity” represent the significant health needs of children and adolescents in the community, based on the information gathered through this Child & Adolescent Community Health Needs Assessment and the guidelines set forth in Healthy People 2020. From these data, opportunities for children’s health improvement exist in the area with regard to the following health issues (see also the summary tables presented in the following section).

Areas of Opportunity Identified Through This Assessment	
Access to Healthcare Services	<ul style="list-style-type: none"> • Insurance Instability • Difficulty Accessing Children’s Healthcare <ul style="list-style-type: none"> ○ Finding a Physician ○ Inconvenient Office Hours ○ Cost of Prescriptions ○ Culture/Language Difference • Children Needing Specialty Care • Difficulty Accessing Specialty Care • Outmigration
Allergies	<ul style="list-style-type: none"> • Respiratory Allergies • Eczema/Skin Allergies
Cognitive & Behavioral Conditions	<ul style="list-style-type: none"> • Behavioral/Conduct Problems • Autism Prevalence • Cognitive & Behavioral Conditions ranked as a top concern in the Online Key Informant Survey.
Injury & Safety	<ul style="list-style-type: none"> • Deaths in Children Age 1 to 4 • Children Feeling Unsafe at School or Going To/From School • Electronic Bullying
Mental Health	<ul style="list-style-type: none"> • “Fair” or “Poor” Mental Health • Symptoms of Depression • Suicide Attempts [Orange Co. High Schoolers] • Diagnosed Anxiety • Chronic Worrying • Difficulty Sleeping • Mental Health ranked as a top concern in the Online Key Informant Survey.
Neurological Conditions	<ul style="list-style-type: none"> • Epilepsy/Seizure Disorder Prevalence

— continued on next page —

Areas of Opportunity (continued)	
Nutrition, Physical Activity & Weight	<ul style="list-style-type: none"> • Low Food Access • Frequency of Eating Fast Food • Access to Fast Food • Physical Activity Levels • Electronic Devices/TV in Child's Bedroom • Nutrition, Physical Activity, and Weight ranked as a top concern in the Online Key Informant Survey.
Oral Health	<ul style="list-style-type: none"> • Regular Dental Care
Prenatal, Infant & Child Health	<ul style="list-style-type: none"> • Infant Mortality • Perceptions of Infant Vaccination • Infant Health ranked as a top concern in the Online Key Informant Survey.
Tobacco, Alcohol & Other Drugs	<ul style="list-style-type: none"> • Drinking & Driving [Orange Co. High Schoolers] • Lifetime Illicit Drug Use [Orange Co. High Schoolers] <ul style="list-style-type: none"> ○ Inhalants ○ Ecstasy ○ Cocaine ○ Steroids (not Rx) ○ Methamphetamines ○ Heroin ○ Injection Drugs • Tobacco, Alcohol & Other Drugs ranked as a top concern in the Online Key Informant Survey.
Vision, Hearing & Speech Conditions	<ul style="list-style-type: none"> • Hearing Problems • Vision Problems • Recent Eye Exams • Prevalence of Hearing Tests

Prioritization of Health Needs

To solicit input from community stakeholders, leaders, and representatives on their recommended prioritization of the 11 identified areas of opportunity representing significant health needs in our target service area, Nemours Children's Hospital developed an electronic survey that was distributed to over 300 stakeholders representing the five county service areas. The survey was open from July 9 - August 9, 2019, for stakeholders to rank the areas of opportunity from 1 (highest priority) to 11 (lowest priority).

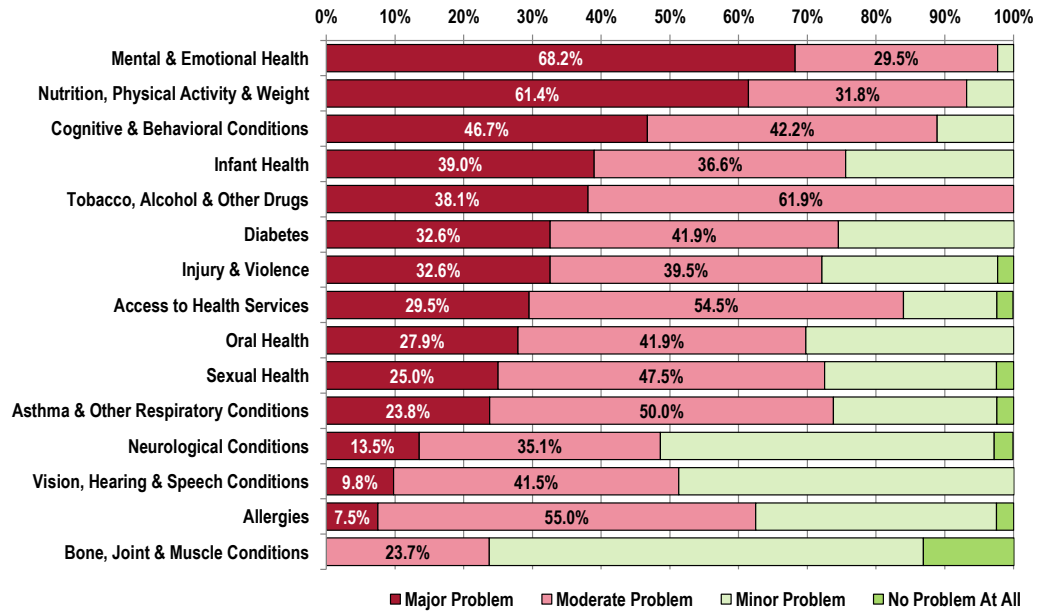
Using community feedback, engaging Nemours Leadership, and seeking additional feedback from Nemours Children's Hospital's Family Advisory Council, we have chosen the **Top 2** focus areas for Nemours Children's Hospital for our Implementation Plan for 2020-2022:

1. **Access to Care**
2. **Infant Health**

Summary of Key Informant Perceptions

In the Online Key Informant Survey, community stakeholders were asked to rate the degree to which each of 15 health issues is a problem for children and/or adolescents in their own community, using a scale of “major problem,” “moderate problem,” “minor problem,” or “no problem at all.” The following chart summarizes their responses; these findings also are outlined throughout this report, along with the qualitative input describing reasons for their concerns. (Note that these ratings alone do not establish priorities for this assessment; rather, they are one of several data inputs considered for the prioritization process described earlier.)

Key Informants: Relative Position of Health Topics as Problems in the Community



Summary Tables: Comparisons With Benchmark Data

The following tables provide an overview of child and adolescent health indicators in the Total Service Area, including comparisons among the individual counties, as well as trend data. These data are grouped to correspond with the Focus Areas presented in Healthy People 2020.

Reading the Summary Tables
















- In the following charts, Total Service Area results are shown in the larger, blue column.
- The green columns [to the left of the Total Service Area column] provide comparisons among the five counties, identifying differences for each as “better than” (☀️), “worse than” (🌧️), or “similar to” (☁️) the combined opposing areas.
- The columns to the right of the Total Service Area column provide trending, as well as comparisons between local data and any available state and national findings, and Healthy People 2020 targets. Again, symbols indicate whether the service area compares favorably (☀️), unfavorably (🌧️), or comparably (☁️) to these external data.










Note that blank table cells signify that data are not available or are not reliable for that area and/or for that indicator.


























TREND SUMMARY (Current vs. Baseline Data)









Survey Data Indicators: Trends for survey-derived indicators represent significant changes since 2013 (or the first year that the indicator was included). Note that survey trend data reflect the Comparative Area, which does not include Polk County (not included in previous surveys).

Other (Secondary) Data Indicators: Trends for other indicators (e.g., public health data) represent point-to-point changes between the most current reporting period and the earliest presented in this report (typically representing the span of roughly a decade). Note that secondary data reflect data for the Total Service Area.

Social Determinants	Disparity Among Counties				
	Brevard County	Orange County	Osceola County	Polk County	Seminole County
Linguistically Isolated Population (Percent)	 1.6	 7.2	 7.8	 3.8	 2.7
Children Below 100% FPL (Percent)	 19.4	 23.4	 26.7	 27.0	 15.4
[Age 16-19] Not in School and Not Working (Percent)	 6.3	 6.1	 10.5	 10.1	 5.4
<p>Note: In the green section, each county is compared against all other counties combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</p>					

Total Service Area	Total Service Area vs. Benchmarks			TREND
	vs. FL	vs. US	vs. HP2020	
5.0	 6.5	 4.4		
22.9	 22.3	 20.3		
7.3	 7.7	 7.0		
<p> better  similar  worse</p>				

Overall Health	Disparity Among Counties				
	Brevard County	Orange County	Osceola County	Polk County	Seminole County
% [Age 0-17] Child's Overall Health Is "Fair/Poor"	 4.4	 2.1	 3.3	 9.7	 3.3
% [Age 0-17] Child's Activities/Abilities Limited Due to Health Condition	 14.3	 10.4	 15.0	 16.9	 8.5
% [Age 5-17] Missed 10+ School Days Last Yr Due to Illness/Injury	 7.9	 5.1	 5.4	 10.7	 8.4
% [Age 0-17] Child Has Special Health Needs	 68.5	 63.0	 63.3	 71.9	 70.3
% [Age 0-17] Chronic Condition Requiring Meds	 34.2	 34.9	 35.7	 27.8	 29.7

Total Service Area	Total Service Area vs. Benchmarks			TREND
	vs. FL	vs. US	vs. HP2020	
4.3		 4.2		 4.0
12.6		 11.5		 8.8
7.4		 5.3		
66.7		 62.8		 63.1
32.7		 23.7		

Overall Health (continued)	Disparity Among Counties				
	Brevard County	Orange County	Osceola County	Polk County	Seminole County
% [Age 0-17] Chronic Condition Requiring Special Therapy	12.8	13.1	19.8	17.2	12.5
% [Age 0-17] Chronic Condition Requiring Meds or Special Therapy	30.3	33.1	30.5	27.1	28.3
<p>Note: In the green section, each county is compared against all other counties combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</p>					

Total Service Area	Total Service Area vs. Benchmarks			TREND
	vs. FL	vs. US	vs. HP2020	
14.5		9.3		
30.5		27.3		26.5
<p> better similar worse</p>				

Access to Healthcare Services	Disparity Among Counties				
	Brevard County	Orange County	Osceola County	Polk County	Seminole County
% [Age 0-17] Child Is Uninsured	4.9	7.0	5.2	4.4	17.5
% [Insured Age 0-17] Child Has Been Without Insurance At Some Point	5.1	11.0	14.5	12.8	9.5
% [Age 0-17] Difficulties Accessing Child's Healthcare (Composite)	37.2	39.7	40.5	41.6	42.7
% [Age 0-17] Difficulty Finding Physician for Child in Past Year	18.3	15.4	15.6	13.7	12.9
% [Age 0-17] Difficulty Getting Appointment for Child in Past Year	14.2	13.7	21.4	23.5	23.9

Total Service Area	Total Service Area vs. Benchmarks			TREND
	vs. FL	vs. US	vs. HP2020	
7.4		5.9	0.0	6.2
10.7		7.7		11.6
40.2		28.4		32.3
15.2		9.8		10.3
18.0		16.4		14.6






Access to Healthcare Services (continued)	Disparity Among Counties					Total Service Area	Total Service Area vs. Benchmarks			
	Brevard County	Orange County	Osceola County	Polk County	Seminole County		vs. FL	vs. US	vs. HP2020	TREND
% [Age 0-17] Cost Prevented Child's Dr Visit in Past Year	8.2	10.4	15.5	9.4	16.7	11.3	8.6		9.6	
% [Age 0-17] Transportation Hindered Child's Dr Visit in Past Year	6.5	8.9	5.2	8.2	3.8	7.3	5.6		5.9	
% [Age 0-17] Inconvenient Hrs Prevented Child's Dr Visit in Past Year	16.6	22.9	19.9	12.9	15.4	18.6	13.1		17.2	
% [Age 0-17] Cost Prevented Getting Child's Prescription in Past Year	5.8	10.6	10.7	13.0	12.9	10.7	7.2		7.0	
% [Age 0-17] Culture Difference Prevented Child's Dr Visit in Past Year	3.8	6.4	8.9	2.9	1.5	4.9	3.9		2.1	
% Child Needed to See a Specialist in the Past Year	37.5	38.4	39.7	41.7	38.0	39.0	34.4		29.6	
% [Child Needing Care] "Major/Moderate" Problem Getting Specialty Care	34.5	42.7	54.3	41.6	45.6	42.9	43.0		35.6	
% [Parents] Feel Need to Leave the Area for Children's Health Svcs	41.5	24.6	26.2	40.9	16.7	29.5	30.4		13.4	
% [Age 0-17] Child Has a Specific Source of Ongoing Care	88.9	84.6	79.4	88.9	85.5	85.7	87.1	100.0	87.3	
% [Age 0-17] Child Has Had Routine Checkup in Past Year	92.4	91.3	92.0	88.1	84.2	89.9	85.7		86.6	














Access to Healthcare Services (continued)	Disparity Among Counties				
	Brevard County	Orange County	Osceola County	Polk County	Seminole County
% [Age 0-17] Child Has Had 2+ ER Visits in Past Year	12.7	12.7	13.4	14.9	8.1
% [Age 0-17] Child Used an UCC/Walk-In Clinic in the Past Year	38.8	36.8	43.8	37.3	40.1
% [Age 0-17] Child Used After-Hours Telephone Svc for Care/Past Yr	8.1	9.6	7.3	7.0	9.1
% [Age 0-17] Child Received Telemedicine Services in Past Year	5.5	9.3	11.7	3.9	3.8
<p>Note: In the green section, each county is compared against all other counties combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</p>					






Total Service Area	Total Service Area vs. Benchmarks			TREND
	vs. FL	vs. US	vs. HP2020	
12.6		9.8		9.2
38.4				
8.6				
7.1				
<p> better similar worse</p>				






Allergies	Disparity Among Counties				
	Brevard County	Orange County	Osceola County	Polk County	Seminole County
% [Age 0-17] Child Has Respiratory Allergies	20.6	25.5	26.0	19.4	16.4
% [Age 0-17] Child Has Eczema/Skin Allergies	22.3	24.6	20.9	21.5	19.8
% [Age 0-17] Child Has Food/Digestive Allergies	9.2	11.4	15.8	11.7	15.9
<p>Note: In the green section, each county is compared against all other counties combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</p>					


























Total Service Area	Total Service Area vs. Benchmarks			TREND
	vs. FL	vs. US	vs. HP2020	
22.3		21.7		19.1
22.6		22.5		18.2
12.2		11.8		10.8
<p> better similar worse</p>				














Asthma	Disparity Among Counties				
	Brevard County	Orange County	Osceola County	Polk County	Seminole County
% [Age 0-17] Child Currently Has Asthma	 11.8	 10.2	 17.2	 10.0	 8.5
% [Age 0-17 With Asthma] ER/Urgent Care for Child's Asthma in Past Year					
% [Age 0-17 With Asthma] Child Hospitalized for Asthma in Past Year					
% [Age 5-17 With Asthma] Child Missed School Due to Asthma in Past Year					
% [Age 0-17 With Asthma] Parent Missed Work Due to Child's Asthma in Past Year					
<p>Note: In the green section, each county is compared against all other counties combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</p>					






Total Service Area	Total Service Area vs. Benchmarks			TREND
	vs. FL	vs. US	vs. HP2020	
10.9		 12.8	 8.8	
40.0		 39.1	 40.4	
11.5		 21.9	 8.4	
56.9		 50.7	 64.9	
44.0		 46.8	 41.9	
<p> better  similar  worse</p>				





Bone, Joint & Muscle Disorders	Disparity Among Counties				
	Brevard County	Orange County	Osceola County	Polk County	Seminole County
% [Age 0-17] Child Has Bone/Joint/Muscle Problems	 9.0	 5.2	 5.0	 4.3	 6.4
<p>Note: In the green section, each county is compared against all other counties combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</p>					

Total Service Area	Total Service Area vs. Benchmarks			TREND
	vs. FL	vs. US	vs. HP2020	
5.7		 6.3	 5.8	
<p> better  similar  worse</p>				

Cognitive & Behavioral Disorders	Disparity Among Counties				
	Brevard County	Orange County	Osceola County	Polk County	Seminole County
% [Age 0-17] Child Has ADD/ADHD	 18.8	 11.0	 6.2	 15.3	 15.2
% [Age 0-17] Child Has Learning Disability	 19.8	 8.6	 4.8	 11.2	 12.4
% [Age 0-17] Child Has Developmental Delays	 9.4	 8.3	 6.8	 8.6	 8.4
% [Age 5-17] Child Has Behavioral/Conduct Problems	 9.6	 6.5	 6.9	 9.5	 7.2
% [Age 5-17] Child Has Autism/Spectrum Disorder	 7.5	 6.9	 6.3	 7.0	 9.2
<p>Note: In the green section, each county is compared against all other counties combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</p>					

Total Service Area	Total Service Area vs. Benchmarks			TREND
	vs. FL	vs. US	vs. HP2020	
13.1		 12.7		 12.1
10.9		 12.1		 9.6
8.4		 9.3		 7.7
7.7		 5.3		 4.2
7.3		 5.2		 3.7
<p> better  similar  worse</p>				

Diabetes	Disparity Among Counties				
	Brevard County	Orange County	Osceola County	Polk County	Seminole County
% [Age 0-17] Child Has Diabetes/Pre-Diabetes	 2.2	 0.9	 1.2	 1.8	 1.9
<p>Note: In the green section, each county is compared against all other counties combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</p>					

Total Service Area	Total Service Area vs. Benchmarks			TREND
	vs. FL	vs. US	vs. HP2020	
1.4		 4.8		
<p> better  similar  worse</p>				

Injury & Safety	Disparity Among Counties				
	Brevard County	Orange County	Osceola County	Polk County	Seminole County
% [Age 0-17] Child Has Sustained Injury Requiring Treatment in Past Year	12.5	10.7	8.3	9.0	12.4
% [Age 0-17] Neighborhood Is "Slightly" or "Not At All" Safe	11.8	21.7	12.7	21.5	11.4
% [Age 5-17] Child Missed School in Past Year Because Felt Unsafe	9.4	23.9	17.5	14.7	7.9
% [Age 5-17] Bullied on School Property in the Past Year	21.4	20.9	10.7	19.6	20.3
% [Age 5-17] Child Electronically Bullied in Past Year	9.6	7.7	4.7	8.6	7.9
<p>Note: In the green section, each county is compared against all other counties combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</p>					

Total Service Area	Total Service Area vs. Benchmarks			
	vs. FL	vs. US	vs. HP2020	TREND
10.6		12.7		11.9
17.8		15.3		15.5
16.9		7.8		7.5
19.5		16.9		17.3
7.9		4.4		4.8
<p> better similar worse</p>				

Mental & Emotional Health	Disparity Among Counties				
	Brevard County	Orange County	Osceola County	Polk County	Seminole County
% [Age 5-17] Child's Mental Health Is "Fair/Poor"	12.7	11.0	9.9	12.9	8.9
% [Age 5-17] Child Has Depression	11.2	7.2	7.1	7.0	7.5
% [Age 5-17] Child Had Symptoms of Depression in Past Year	13.7	9.1	9.3	10.6	7.2

Total Service Area	Total Service Area vs. Benchmarks			
	vs. FL	vs. US	vs. HP2020	TREND
11.3		10.3		7.7
7.8		7.2		5.4
9.9		5.7		6.5

Mental & Emotional Health (continued)	Disparity Among Counties					Total Service Area	Total Service Area vs. Benchmarks				
	Brevard County	Orange County	Osceola County	Polk County	Seminole County		vs. FL	vs. US	vs. HP2020	TREND	
% [High Schoolers] Attempted Suicide in Past Year (Orange Co.)						10.0	7.6	7.4			
% [Age 5-17] Child Has Anxiety	20.8	13.2	13.2	17.1	12.5	15.0		13.4		8.2	
% [Age 5-17] Child Worries A Lot	35.3	33.1	26.4	30.0	37.5	32.7		27.1		23.0	
% [Age 5-17] Child Has Difficulty Sleeping	27.7	23.6	19.1	20.1	19.2	22.4		18.7		16.1	
% [Age 5-17] Parent Aware of Local Mental Hlth Resources for Children	60.5	54.8	55.4	55.9	57.9	56.4					
% [Age 5-17] Needed Mental Health Svcs in the Past Yr	25.9	13.7	11.6	16.3	14.8	16.0		13.6		13.0	
% [Age 5-17] Child Rec'd Professional Treatment/Counseling in Past Yr	20.9	11.2	10.4	15.2	13.5	13.7		10.8		86.7	
% [Age 5-17] Child Has Ever Taken Rx for Mental Health	20.4	9.9	7.4	13.5	10.0	12.0		10.0		9.7	
<p>Note: In the green section, each county is compared against all other counties combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</p>											
							better	similar	worse		



















































Mortality	Disparity Among Counties				
	Brevard County	Orange County	Osceola County	Polk County	Seminole County
[Age 1-4] Mortality Rate per 100,000					
[Age 5-9] Mortality Rate per 100,000					
[Age 10-14] Mortality Rate per 100,000					
[Age 15-19] Mortality Rate per 100,000					
<p>Note: In the green section, each county is compared against all other counties combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</p>					

Total Service Area	Total Service Area vs. Benchmarks			TREND
	vs. FL	vs. US	vs. HP2020	
33.2	30.8	26.0	25.7	
12.2	12.2	11.9	12.3	
14.7	14.1	14.6	15.2	
48.9	52.0	49.5	55.7	
<p> better similar worse</p>				

Neurological Disorders	Disparity Among Counties				
	Brevard County	Orange County	Osceola County	Polk County	Seminole County
% [Age 0-17] Child Has Migraines/Severe Headaches	7.6	5.7	7.4	9.3	13.5
% [Age 0-17] Child Has Brain Injury/Concussion	4.0	3.0	0.7	2.3	4.4
% [Age 0-17] Child Has Epilepsy/Seizure Disorder	1.8	1.8	4.8	4.5	5.5
<p>Note: In the green section, each county is compared against all other counties combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</p>					

Total Service Area	Total Service Area vs. Benchmarks			TREND
	vs. FL	vs. US	vs. HP2020	
8.0		8.6		6.4
3.0		3.6		2.8
3.2		3.1		1.1
<p> better similar worse</p>				

Nutrition, Physical Activity & Weight	Disparity Among Counties					Total Service Area	Total Service Area vs. Benchmarks			
	Brevard County	Orange County	Osceola County	Polk County	Seminole County		vs. FL	vs. US	vs. HP2020	TREND
% [Age 2-17] Child Has 5+ Servings of Fruits/Vegetables per Day	33.8	40.5	30.7	34.1	33.2	36.1				
% "Very/Somewhat" Difficult to Buy Fresh Produce	26.4	26.4	35.9	34.9	25.9	29.1				
% Food Insecure	38.2	41.5	49.0	43.2	32.7	41.0				
Low Food Access (Percent)	43.0	21.7	41.5	37.8	32.4	32.1	25.7	22.4		
% [Age 2-17] Child Ate 3+ Fast Food Meals in Past Week	27.0	34.7	29.1	34.7	34.1	33.1			19.7	
Fast Food Restaurants per 100,000 Population	69.0	89.9	71.5	51.2	75.7	74.6	68.0	77.1	61.9	
% [Age 2-17] Ate 7+ Meals Together as a Family in Past Week	45.2	43.3	49.4	42.9	43.1	44.2				
% [Age 2-17] Child Was Physically Active One Hour/Day in Past Week	49.4	31.4	33.2	37.3	40.9	36.9			45.8	
% [Age 2-17] Participates in Moderate Physical Activity	49.9	38.2	37.3	46.0	47.5	42.8			48.2	
% [Age 2-17] Participates in Vigorous Physical Activity	69.7	60.9	62.4	67.5	61.3	63.7				






Nutrition, Physical Activity & Weight (continued)	Disparity Among Counties					Total Service Area	Total Service Area vs. Benchmarks			TREND	
	Brevard County	Orange County	Osceola County	Polk County	Seminole County		vs. FL	vs. US	vs. HP2020		
% [Age 5-17] Child Watches 3+ Hours of TV per Day	 19.6	 25.8	 32.5	 34.6	 20.3	26.6					
% [Age 5-17] Child Has 3+ Hours of Electronic Use per Day	 36.0	 36.2	 43.5	 41.0	 35.7		37.9				
% [Age 5-17] Child Has 3+ Hours of Total Screen Time per Day	 58.9	 60.7	 62.8	 60.1	 63.1			60.9			
% [Age 5-17] Child Has a TV in Bedroom	 47.8	 51.7	 51.2	 44.6	 41.7		48.2				
% [Age 5-17] Has Computer/Device in the Bedroom	 55.2	 57.4	 43.5	 57.3	 63.7				56.5		
% [Age 5-17] Child Is Overweight or Obese	 32.2	 31.8	 34.7	 29.5	 25.0		30.7				
% [Age 5-17] Child Is Obese	 16.3	 18.3	 18.8	 19.0	 14.2			17.6			
% [Overweight Kids 5-17] Perceive Child "About the Right Weight"							45.5				
% [Parents] Have Been Told That Overwt Child [5-17] Is Overweight								21.5			
										26.8	
<p>Note: In the green section, each county is compared against all other counties combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</p>						<p> better  similar  worse</p>					








Oral Health	Disparity Among Counties				
	Brevard County	Orange County	Osceola County	Polk County	Seminole County
% [Age 2-17] Child Has Had a Dental Visit in Past Year	80.0	71.7	83.3	76.6	72.7
% [Age 6-17] Child Has Had Dental Sealants	47.9	37.2	31.3	35.0	45.2
% [Age 0-17] Child Has Ever Had a Fluoride Treatment	70.7	65.8	63.1	69.8	70.8
<p>Note: In the green section, each county is compared against all other counties combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</p>					
















Total Service Area	Total Service Area vs. Benchmarks			TREND
	vs. FL	vs. US	vs. HP2020	
75.5		84.6	49.0	75.4
38.9		42.5		47.8
67.7				
<p> better similar worse</p>				

















Prenatal, Infant & Child Health	Disparity Among Counties				
	Brevard County	Orange County	Osceola County	Polk County	Seminole County
% No Prenatal Care in First Trimester	19.8	32.5	26.6	33.1	28.1
% of Low Birthweight Births	8.0	8.8	8.1	8.2	8.0
% [Age 0-17] Child Was Ever Breastfed	70.5	70.9	75.4	62.8	72.4
% Exclusively Breastfed Until 6 Months	28.9	29.3	32.2	27.8	28.2
Infant Death Rate	5.6	6.9	5.0	7.9	5.3

















Total Service Area	Total Service Area vs. Benchmarks			TREND
	vs. FL	vs. US	vs. HP2020	
29.7	29.4		22.1	29.8
8.4	8.7	8.2	7.8	8.6
69.9		72.6	81.9	71.7
29.1		29.1	25.5	
6.5	6.2	5.8	6.0	7.9

Prenatal, Infant & Child Health (continued)	Disparity Among Counties				
	Brevard County	Orange County	Osceola County	Polk County	Seminole County
% Would Not Want New Baby to Have All Recommended Vaccines	 11.8	 19.1	 13.1	 7.8	 20.1
<p>Note: In the green section, each county is compared against all other counties combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</p>					







Total Service Area	Total Service Area vs. Benchmarks			TREND
	vs. FL	vs. US	vs. HP2020	
15.2				 9.8
<p> better  similar  worse</p>				
















Sexual Activity	Disparity Among Counties				
	Brevard County	Orange County	Osceola County	Polk County	Seminole County
% Births to Teenagers (Under Age 20)	 5.0	 4.6	 6.0	 7.3	 3.3
[All Ages] Gonorrhea Incidence per 100,000	 87.5	 154.5	 63.7	 105.5	 70.9
[All Ages] Chlamydia Incidence per 100,000	 303.0	 588.7	 414.4	 468.7	 341.0
% [High Schoolers] Currently Sexually Active (Orange Co.)					
% [Sexually Active High Schoolers] Did Not Use Condom (Orange Co.)					
% [Sexually Active High Schoolers] Did Not Use Any Birth Control (Orange Co.)					
<p>Note: In the green section, each county is compared against all other counties combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</p>					









Total Service Area	Total Service Area vs. Benchmarks			TREND
	vs. FL	vs. US	vs. HP2020	
5.2	 5.1	 5.4		 10.1
112.7	 107.1	 110.7		
463.6	 429.8	 456.1		
21.9	 26.3	 28.7		
42.3	 42.6	 46.2		
15.9	 13.3	 13.8		
<p> better  similar  worse</p>				

Substance Abuse	Disparity Among Counties					Total Service Area	Total Service Area vs. Benchmarks			TREND
	Brevard County	Orange County	Osceola County	Polk County	Seminole County		vs. FL	vs. US	vs. HP2020	
% [High Schoolers] Drank Alcohol in Past Month (Orange Co.)						23.1	 27.0	 29.8		
% [High Schoolers] Drove When Drinking in Past Month (Orange Co.)						6.5	 5.8	 5.5		
% [High Schoolers] Ever Used Marijuana (Orange Co.)						33.0	 34.5	 35.6		
% [High Schoolers] Ever Used Prescription Drugs (Not Rx) (Orange Co.)						12.7	 11.2	 14.0		
% [High Schoolers] Ever Used Inhalants (Orange Co.)						7.4		 6.2		
% [High Schoolers] Ever Used Ecstasy (Orange Co.)						4.5		 4.0		
% [High Schoolers] Ever Used Cocaine (Any Form) (Orange Co.)						5.5	 4.7	 4.8		
% [High Schoolers] Ever Used Steroids (Not Rx) (Orange Co.)						4.8	 3.7	 2.9		
% [High Schoolers] Ever Used Methamphetamines (Orange Co.)						3.6		 2.5		
% [High Schoolers] Ever Used Heroin (Orange Co.)						3.6		 1.7		

Substance Abuse (continued)	Disparity Among Counties				
	Brevard County	Orange County	Osceola County	Polk County	Seminole County
% [High Schoolers] Ever Used Injection Drugs (Orange Co.)					
% [High Schoolers] Used Marijuana in Past Month (Orange Co.)					
<p>Note: In the green section, each county is compared against all other counties combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</p>					

Total Service Area	Total Service Area vs. Benchmarks			TREND
	vs. FL	vs. US	vs. HP2020	
3.5				
17.8				
	20.2	19.8		
<p> better  similar  worse</p>				

Technology Access	Disparity Among Counties				
	Brevard County	Orange County	Osceola County	Polk County	Seminole County
% Rely on the Internet for Healthcare Information					
	17.9	17.4	18.9	17.3	28.0
% Parents Have Access to Child's Electronic Health Record					
	56.9	54.9	49.6	51.8	52.5
% Have Access to the Internet					
	100.0	99.2	100.0	98.3	100.0
<p>Note: In the green section, each county is compared against all other counties combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</p>					

Total Service Area	Total Service Area vs. Benchmarks			TREND
	vs. FL	vs. US	vs. HP2020	
19.1				
53.6				
				23.2
99.3				
		100.0		98.6
<p> better  similar  worse</p>				











Tobacco	Disparity Among Counties				
	Brevard County	Orange County	Osceola County	Polk County	Seminole County
% [Age 0-17] HH Member Smokes Tobacco/E-Cigs Inside the Home	8.8	6.3	7.0	7.0	7.0
% [Age 0-17] HH Member Smokes Tobacco/E-Cigs Outside the Home	23.0	15.6	17.1	29.2	21.8
% [High Schoolers] Smoked Cigarettes in Past Month (Orange Co.)					
<p>Note: In the green section, each county is compared against all other counties combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</p>					








Total Service Area	Total Service Area vs. Benchmarks			TREND
	vs. FL	vs. US	vs. HP2020	
7.0				
20.5				
3.9	5.7	8.8		
<p> better similar worse</p>				

Vision, Hearing & Speech	Disparity Among Counties				
	Brevard County	Orange County	Osceola County	Polk County	Seminole County
% [Age 0-17] Child Has Had 3+ Ear Infections (Ever)	17.4	14.4	8.7	22.9	20.6
% [Age 0-17] Child Has Speech/Language Problems	17.9	10.1	8.9	14.9	17.9
% [Age 0-17] Child Has Hearing Problems	4.9	8.1	6.6	7.2	9.5
% [Age 0-17] Child Has Vision Problems	6.5	8.2	7.0	3.9	4.0






Total Service Area	Total Service Area vs. Benchmarks			TREND
	vs. FL	vs. US	vs. HP2020	
16.9		17.9		23.5
13.2		14.7		13.9
7.5		6.8		4.6
6.3		8.0		4.2




Vision, Hearing & Speech (continued)

	Disparity Among Counties				
	Brevard County	Orange County	Osceola County	Polk County	Seminole County
% [Age 0-17] Child Has Had an Eye Exam in the Past 3 Years	 77.8	 80.3	 89.5	 81.9	 85.1
% [Age 0-17] Child Has Had Hearing Tested in the Past 5 Years	 89.5	 85.8	 84.3	 82.2	 80.5
<p>Note: In the green section, each county is compared against all other counties combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</p>					

Total Service Area	Total Service Area vs. Benchmarks			TREND
	vs. FL	vs. US	vs. HP2020	
81.9		 82.3		 87.7
84.8		 85.2		 89.1
	 better	 similar	 worse	

Other

	Disparity Among Counties				
	Brevard County	Orange County	Osceola County	Polk County	Seminole County
% [Age 5-17] Child Has 504 Plan or Individualized Education Plan (IEP)	 30.7	 24.4	 21.8	 27.5	 22.3
<p>Note: In the green section, each county is compared against all other counties combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</p>					

Total Service Area	Total Service Area vs. Benchmarks			TREND
	vs. FL	vs. US	vs. HP2020	
25.4				
	 better	 similar	 worse	

Community Description



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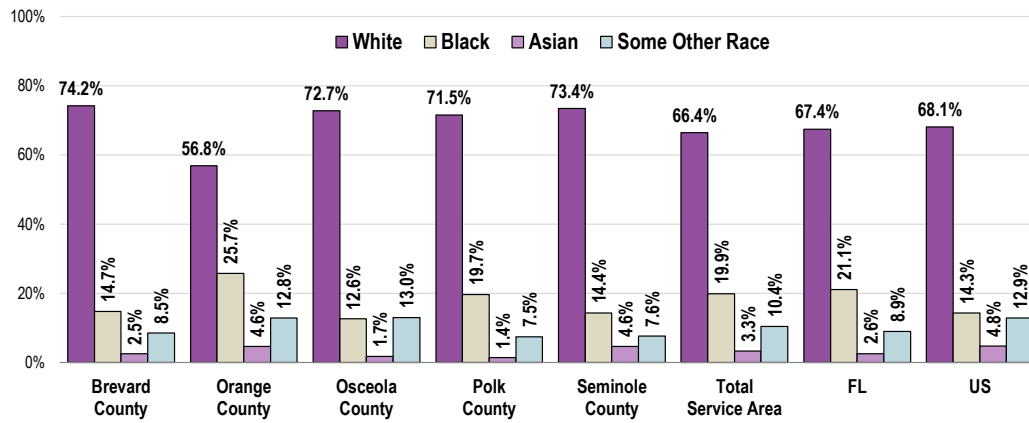
Race/Ethnicity

Race

In the Total Service Area, two-thirds of the population age 0-17 (66.4%) is White and 19.9% is Black.

- Nationally, the child population is less Black but more other race.
- Children in Orange County are significantly more diverse than the other four counties.

Child Population by Race Alone, Percent (Age 0-17)



Sources:

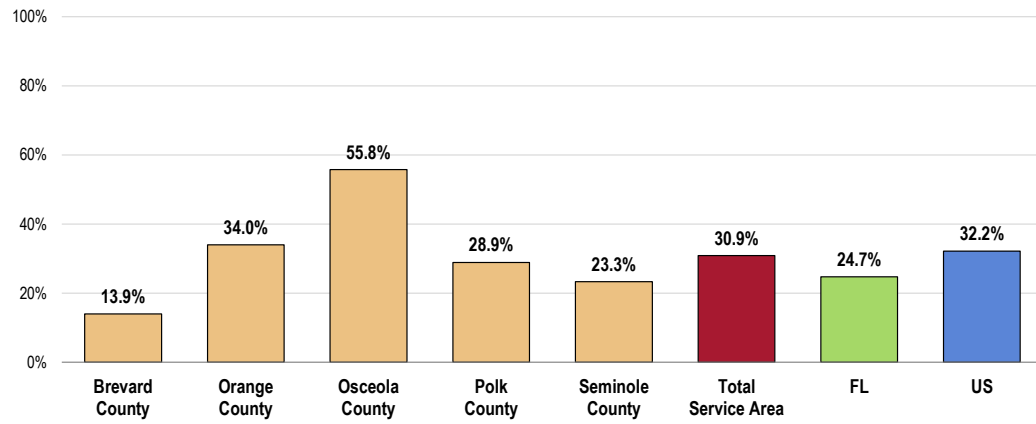
- US Census Bureau American Community Survey 5-year estimates.
- Retrieved June 2019 from Engagement Network at <https://engagementnetwork.org>.
- Note that county-level data uses 2011-2015 census estimates, and state and national data use 2013-2017 census estimates.

Ethnicity

A total of 30.9% of Total Service Area children (age 0-17) are Hispanic.

- Statistically higher than the state proportion.
- Proportionally, the Hispanic population is highest in Osceola County.

Hispanic Child Population, Percent (Age 0-17)



Sources:

- US Census Bureau American Community Survey 5-year estimates.
- Retrieved June 2019 from Engagement Network at <https://engagementnetwork.org>.

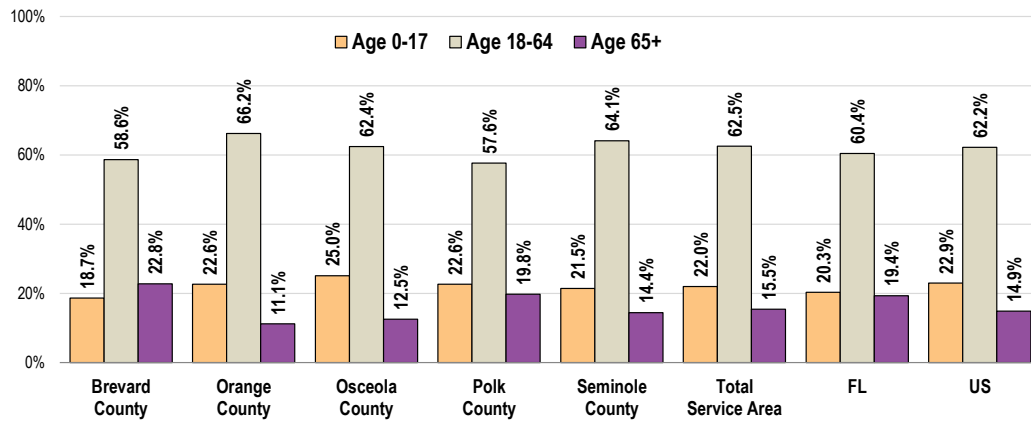
Age

It is important to understand the percentage of youth in the community, as this population has unique health needs that should be considered separately from others along the age spectrum.

In the Total Service Area, 22.0% of the population are infants, children, or adolescents (age 0-17); another 62.5% are age 18 to 64, while 15.5% are age 65 and older.

- The percentage of youth (age 0-17) is similar to that found statewide and nationally.
- The percentage of youth (age 0-17) is lowest in Brevard County.

Total Population by Age Groups, Percent
(2013-2017)



Sources:

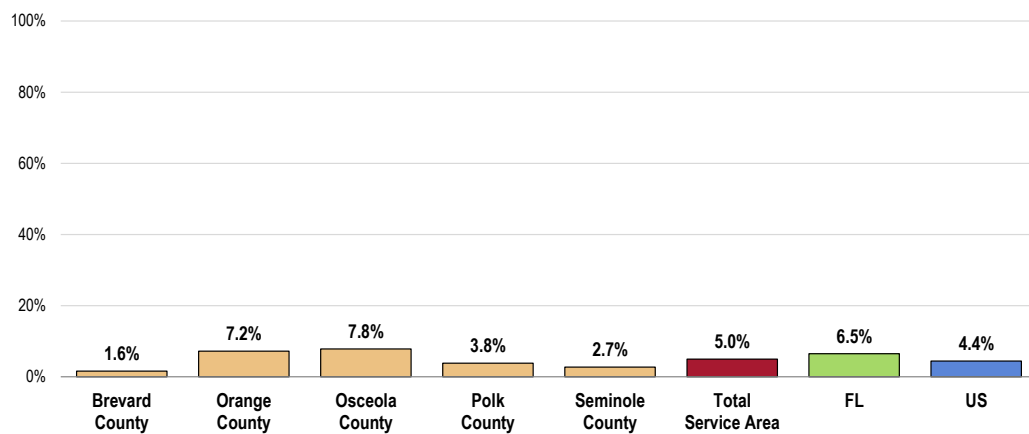
- US Census Bureau American Community Survey 5-year estimates.
- Retrieved June 2019 from Engagement Network at <https://engagementnetwork.org>.

Linguistic Isolation

A total of 5.0% of the Total Service Area population age 5 and older live in a home in which no persons age 14 or older is proficient in English (speaking only English, or speaking English “very well”).

- Lower than the state proportion, though higher than the nation.
- Highest in Orange and Osceola counties.

Linguistically Isolated Population (2013-2017)



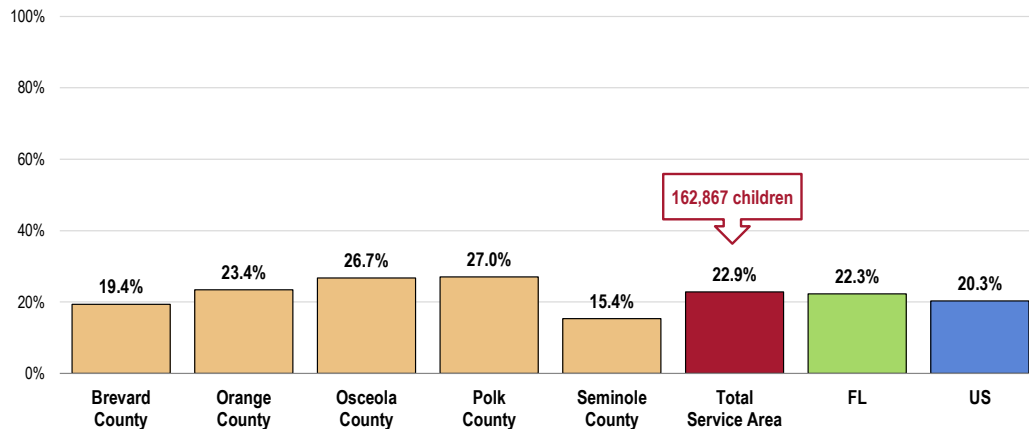
- Sources:
- US Census Bureau American Community Survey 5-year estimates.
 - Retrieved June 2019 from Engagement Network at <https://engagementnetwork.org>.
- Notes:
- This indicator reports the percentage of the population aged 5 and older who live in a home in which no person 14 years old and over speaks only English, or in which no person 14 years old and over speak a non-English language and speak English “very well.”

Children in Low-Income Households

Additionally, 22.9% of Total Service Area children age 0-17 (representing an estimated 162,867 children) live below the poverty threshold.

- Similar to the statewide proportion, though higher than the nation.
- Highest in Osceola and Polk counties.

Percent of Children in Low-Income Households (Children 0-17 Living Below 100% of the Poverty Level, 2013-2017)



Sources: • US Census Bureau American Community Survey 5-year estimates.

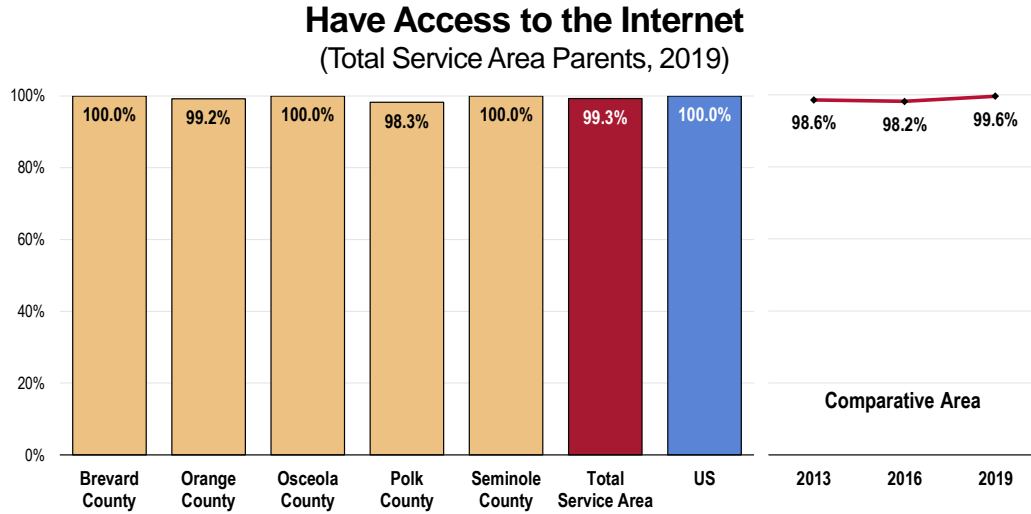
• Retrieved June 2019 from Engagement Network at <https://engagementnetwork.org>.

Notes: • This indicator reports the percentage of children aged 0-17 living in households with income below 100% of the Federal Poverty Level (FPL). This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.

Internet Access

Most respondents (99.3%) currently have access to the internet.

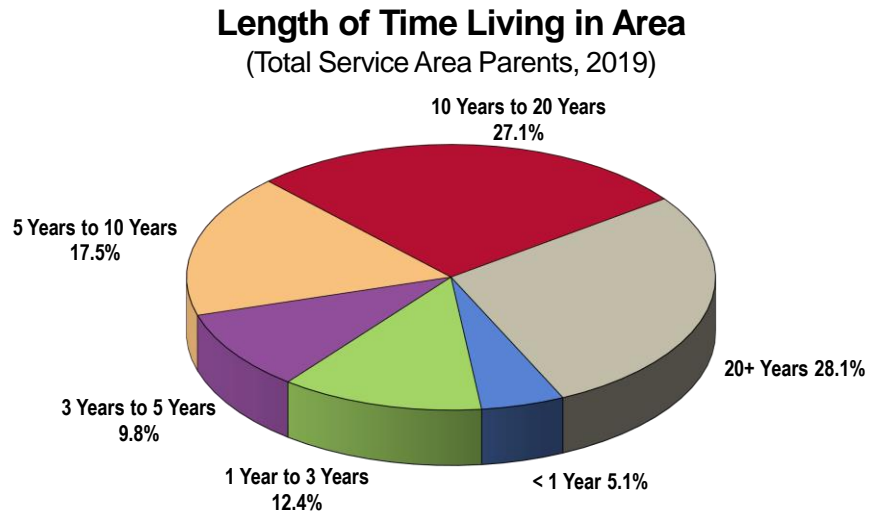
- TREND: Current internet access is above that found in 2013.



- Sources:
- 2019 PRC Child & Adolescent Health Survey, PRC, Inc. [Item 122]
 - 2018 PRC National Child & Adolescent Health Survey, PRC, Inc.
- Notes:
- Asked of all respondents.
 - Trending: Polk County is excluded from the Comparative Area data.

Length of Time Living in Area

Most surveyed parents (55.2%) have lived in the area for 10 or more years, though 27.3% have lived in the area for 5 years or less.



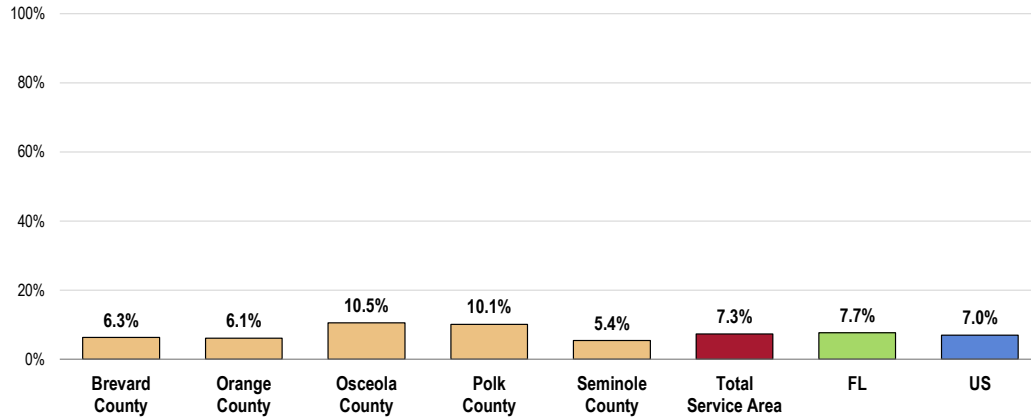
Sources: • 2019 PRC Child & Adolescent Health Survey, PRC, Inc. [Item 321]
Notes: • Asked of all respondents.

Teenagers Not in School and Not Working

A notable 7.3% of teenagers age 16-19 are not in school and also not working.

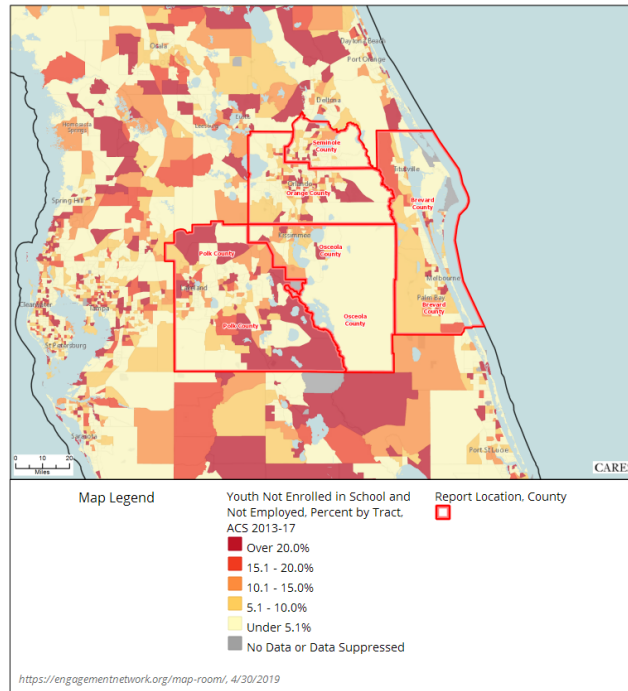
- Statistically similar to Florida and US findings.
- Least favorable in Osceola and Polk counties.

Young People Not in School and Not Working (Age 16-19; 2013-2017)



Sources: • US Census Bureau American Community Survey 5-year estimates.
 • Retrieved June 2019 from Engagement Network at <https://engagementnetwork.org>.

- Note the dark red areas in the following map.

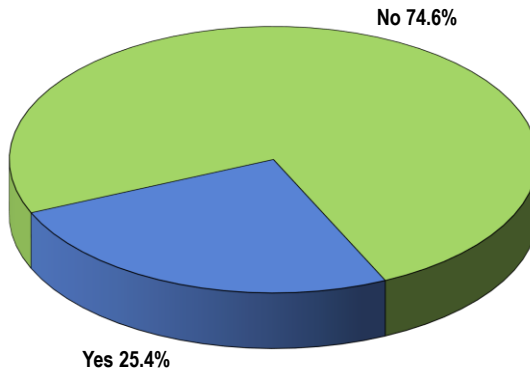


504 Plans & IEPs

"A 504 plan is different from an individualized education program (IEP). The main difference is that a 504 plan modifies a student's regular education program in a regular classroom setting. A 504 plan is monitored by classroom teachers. A student with an IEP, as part of the Individuals with Disabilities Education Act (IDEA 2004), may receive different educational services in a special or regular educational setting, depending on the student's need. IEP programs are delivered and monitored by additional school support staff." (source: KidsHealth, Nemours)

One in four Total Service Area parents (25.4%) report that their school-age child (age 5-17) has a 504 plan or individualized education plan (IEP).

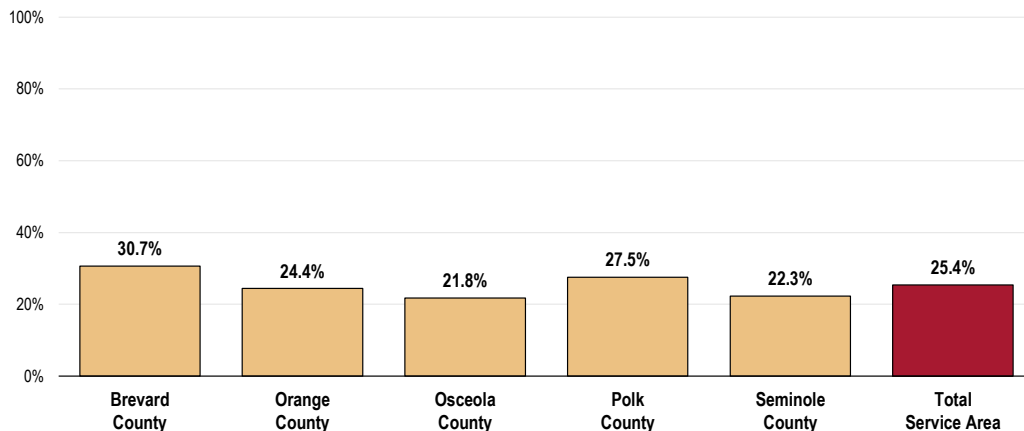
Child Has 504 Plan/Individualized Education Plan (IEP)
(Total Service Area Children Age 5-17, 2019)



Sources: • 2019 PRC Child & Adolescent Health Survey, PRC, Inc. [Item 309]
Notes: • Asked of all respondents.

- No significant difference in prevalence among the five counties.

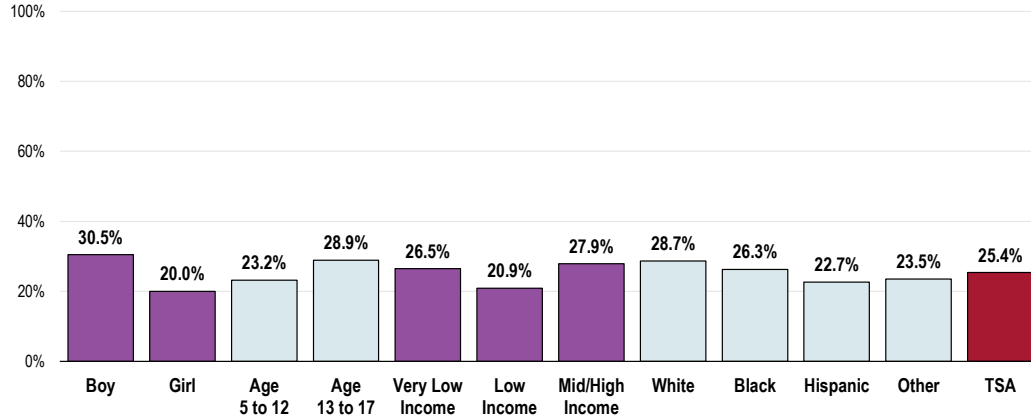
Child Has a 504 Plan or Individualized Education Plan (IEP)
(Total Service Area Children Age 5-17, 2019)



Sources: • 2019 PRC Child & Adolescent Health Survey, PRC, Inc. [Item 309]
Notes: • Asked of those respondents for whom the randomly selected child in the household is age 5 to 17.

- Boys and higher-income children are significantly more likely to have a 504 plan or IEP.

Child Has a 504 Plan or Individualized Education Plan (IEP) (Total Service Area Children Age 5-17, 2019)



- Sources:
- 2019 PRC Child & Adolescent Health Survey, PRC, Inc. [Item 309]
- Notes:
- Asked of those respondents for whom the randomly selected child in the household is age 5 to 17.
 - Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 - Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Perceptions of Top Health Issues



Professional Research Consultants, Inc.

Child Health

Perceived Top Health Issues

The interrelated issues of obesity, nutrition, and exercise received the largest share of responses (24.8%) as the perceived number-one health issue for children under the age of 12 among parents of children in that age group.

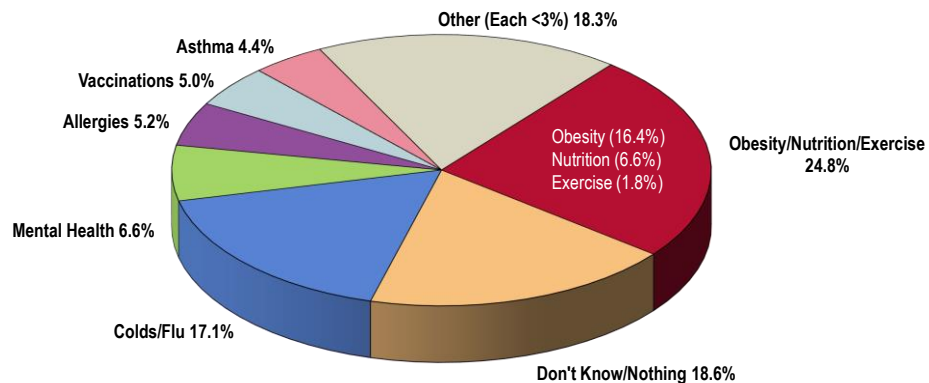
The initial inquiry of the PRC Child & Adolescent Health Survey asked respondents the following:

"In general, what do you feel is the number-one health issue affecting children under the age of 12 in your community today?"

This question was open-ended, meaning that respondents were free to mention whatever came to mind, and their verbatim responses were recorded. These responses were then grouped thematically for reporting here.

- **Colds/flu** followed non-specific responses with 17.1% of responses.
- Respondents also identified **mental health** (6.6%), **allergies** (5.2%), **vaccinations** (5.0%), and **asthma** (4.4%).

Perceived Number-One Health Issue Affecting Children Under 12 in the Community
(Among Total Service Area Parents With a Child Age 0-17, 2019)



Sources: • 2019 PRC Child & Adolescent Health Survey, PRC, Inc. [Item 5]
Notes: • Reflects total sample of respondents.

Perceived Availability of Resources

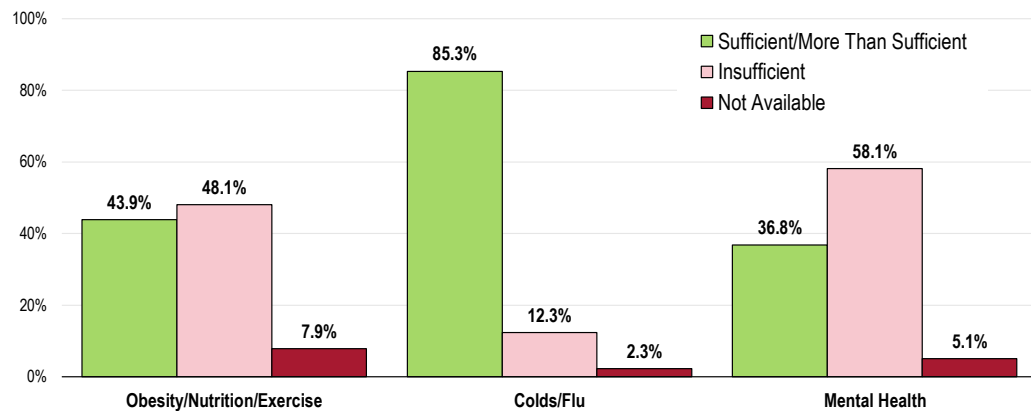
For the issue that respondents identified as their number-one concern, respondents were then asked their perceptions regarding the availability of resources in the community to address that issue.

Those who mentioned obesity, nutrition, or exercise or mental health as the top children's health issue more often see community resources to address these problems as insufficient (or non-existent).

In contrast, the community resources available for cold/flu issues are seen as sufficient or more than sufficient by the respondents who chose cold/flu as the number-one health issue for children.

Perception of Existing Community Resources or Services for Number-One Health Issue Affecting Children Under 12

(By Perceived Primary Health Issue; Total Service Area, 2019)



Sources: • 2019 PRC Child & Adolescent Health Survey, PRC, Inc. [Item 6]
 Notes: • Among respondents who identified a top health concern.

Adolescent Health

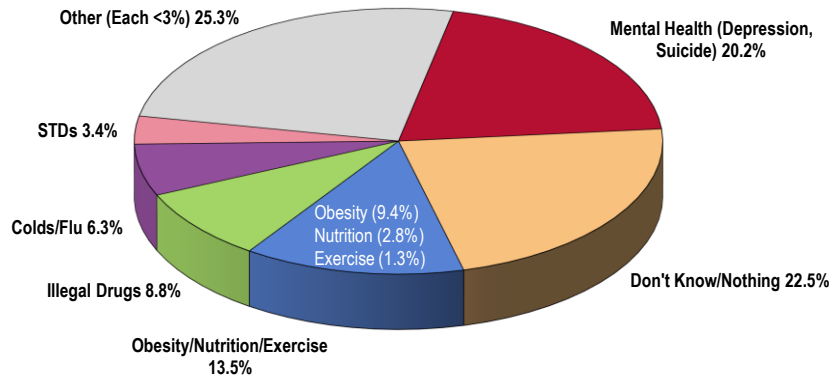
“In general, what do you feel is the number-one health issue affecting adolescents age 12-17 in your community today?”

Perceived Top Health Issues

Mental health issues received the largest share of responses (20.2%) when parents were asked to name the number-one health issue for adolescents (age 12-17).

- Other responses included **obesity, nutrition, and exercise** (mentioned by 13.5%), **illegal drugs** (8.8%), **colds/flu** (6.3%), and **STDs** (3.4%).

Perceived Number-One Health Issue Affecting Adolescents (12-17) in the Community (Among Total Service Area Parents With a Child Age 0-17, 2019)



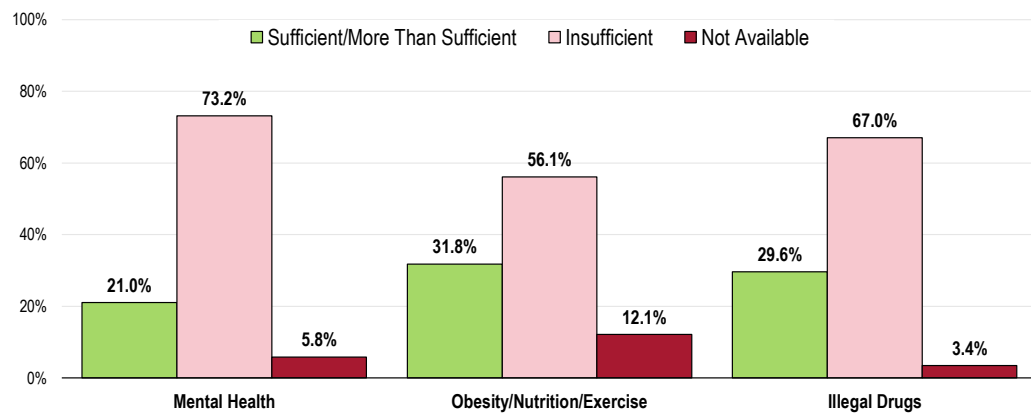
Sources: • 2019 PRC Child & Adolescent Health Survey, PRC, Inc. [Item 7]
Notes: • Reflects the total sample of respondents.

Perceived Availability of Resources

Respondents further were asked to identify their perceptions of the availability of resources in the community to address that issue that they identified as the number-one concern.

A majority of those identifying mental health, obesity/nutrition/exercise, or illegal drugs as their top concern for adolescents view community resources to address these needs as insufficient (or nonexistent).

Perception of Existing Community Resources or Services for Number-One Health Issue Affecting Adolescents (By Perceived Primary Health Issue; Total Service Area, 2019)



Sources: • 2019 PRC Child & Adolescent Health Survey, PRC, Inc. [Item 8]
Notes: • Among respondents who identified a top health concern.

Health Status



Professional Research Consultants, Inc.

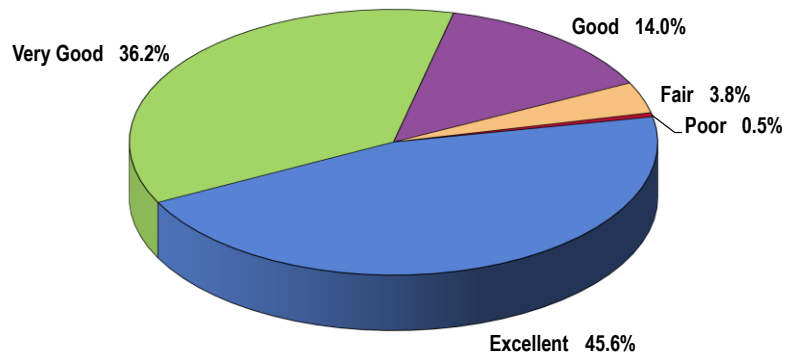
Overall Health Status

Evaluations of Child's Overall Health

Most Total Service Area parents rate their child's overall health as "excellent" (45.6%) or "very good" (36.2%).

- Another 14.0% gave "good" ratings of their child's overall health.

Child's Health Status (Total Service Area, 2019)



Sources: • 2019 PRC Child & Adolescent Health Survey, PRC, Inc. [Item 16]
Notes: • Asked of all respondents about a randomly selected child in the household.

NOTE:

However, 4.3% of Total Service Area adults believe that their child's overall health is "fair" or "poor."

- Almost identical to the national proportion.
- Least favorable in Polk County.
- TREND: Represents a statistically favorable decrease over 2016 findings (though similar to 2013).

Differences noted in the text represent significant differences determined through statistical testing.

The terms "child" and "children" are used throughout this report to refer to children and adolescents of all ages (0-17), unless otherwise specified.

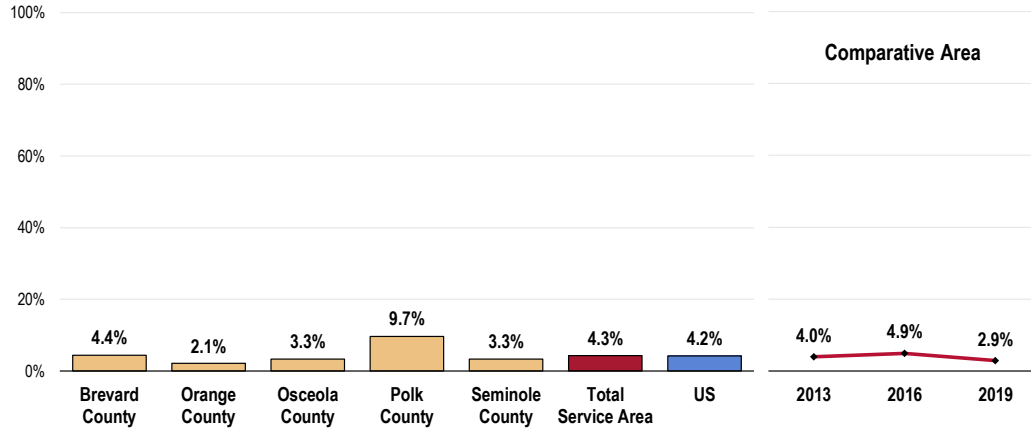
Although survey respondents are often referred to as "parents" throughout this report, they may in fact be a grandparent or other guardian for a child in the household.

Child Experiences “Fair” or “Poor” Overall Health

NOTE:

Trends represent the Comparative Area, which matches the current survey area to that of past assessments (i.e., excluding Polk County).

Trends are measured against baseline data – i.e., the earliest year that data are available or that is presented in this report.



- Sources:
- 2019 PRC Child & Adolescent Health Survey, PRC, Inc. [Item 16]
 - 2018 PRC National Child & Adolescent Health Survey, PRC, Inc.
- Notes:
- Asked of all respondents about a randomly selected child in the household.
 - Trending: Polk County is excluded from the Comparative Area data.

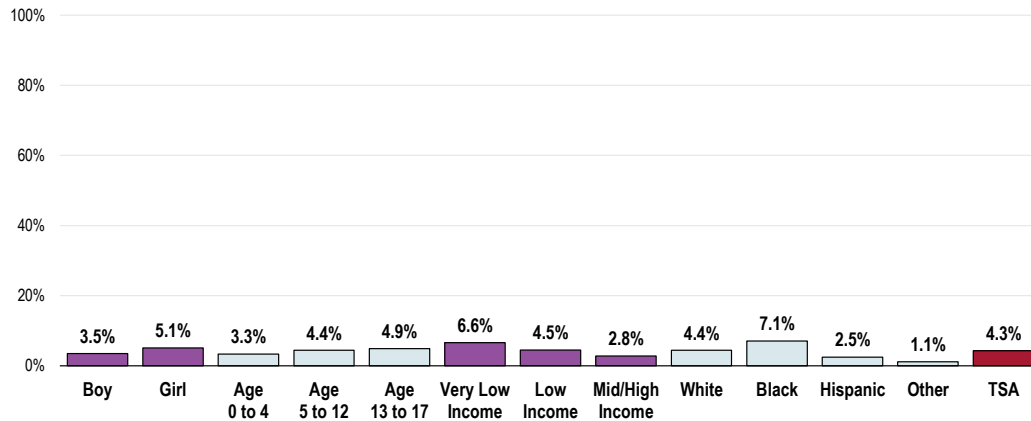
- “Other” race children are less likely to experience “fair” or “poor” overall health than their demographic counterparts.
- Other differences within demographic groups, as illustrated in the following chart, are not statistically significant.

NOTE:

Where sample sizes permit, county data are provided.

Charts throughout this report (such as that here) detail survey findings among key demographic groups – namely by gender, age groupings, household income (based on poverty status), and child’s race/ethnicity.

Experience “Fair” or “Poor” Overall Health (Total Service Area, 2019)



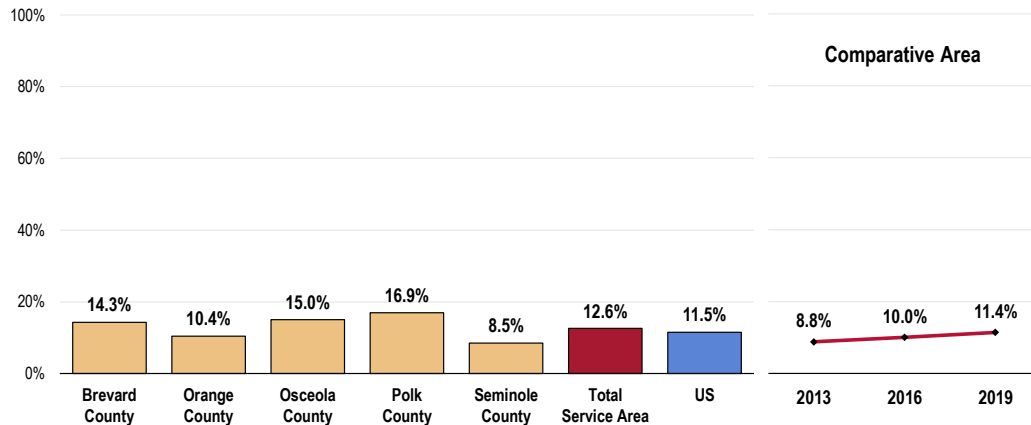
- Sources:
- 2019 PRC Child & Adolescent Health Survey, PRC, Inc. [Item 16]
- Notes:
- Asked of all respondents about a randomly selected child in the household.
 - Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
 - Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Very Low Income” includes households with incomes below 100% of the federal poverty level; “Low Income” includes households with incomes between 100% and 199% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.

Activity Limitations

A total of 12.6% of Total Service Area children are limited or prevented in some way in his/her ability to do things most children of the same age can do because of a medical, behavioral, or other health condition.

- Similar to the US figure.
- Statistically similar by county.
- TREND: The increase over time is not statistically significant.

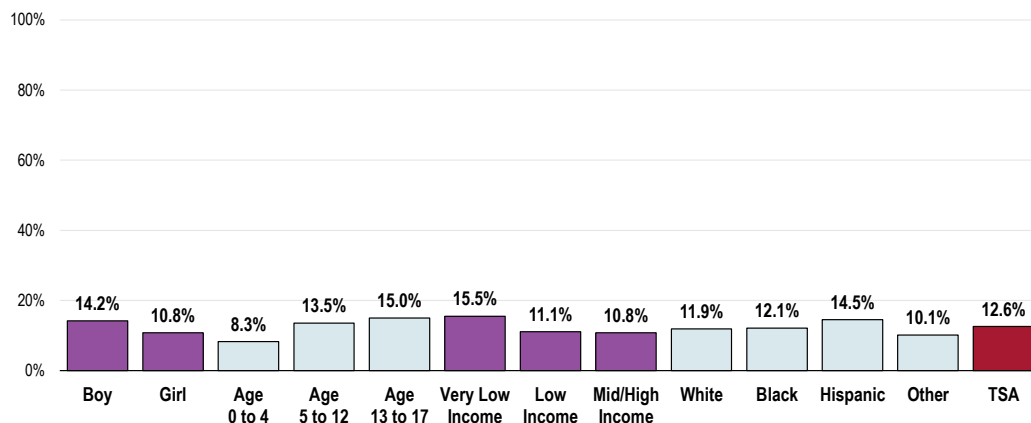
Prevalence of Activity Limitations



Sources: • 2019 PRC Child & Adolescent Health Survey, PRC, Inc. [Item 66]
 • 2018 PRC National Child & Adolescent Health Survey, PRC, Inc.
 Notes: • Asked of all respondents about a randomly selected child in the household.
 • Trending: Polk County is excluded from the Comparative Area data.

- Children age 5 and older report a significantly higher prevalence of activity limitations.

Prevalence of Activity Limitations (Total Service Area, 2019)

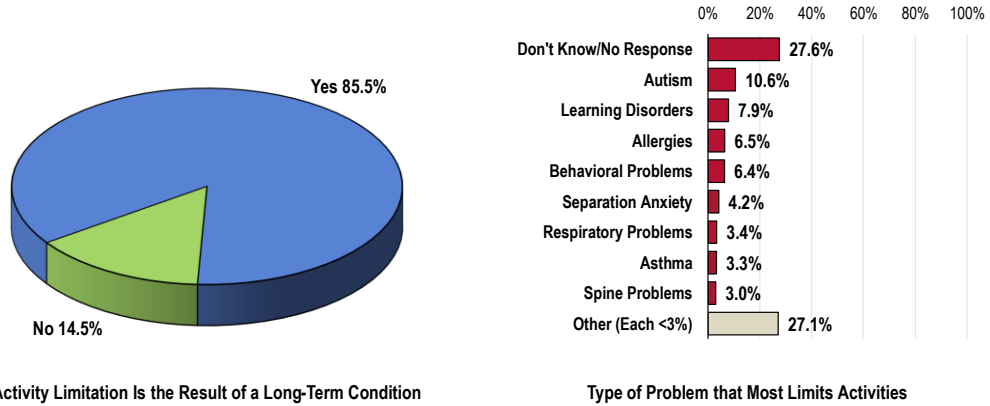


Sources: • 2019 PRC Child & Adolescent Health Survey, PRC, Inc. [Item 66]
 Notes: • Asked of all respondents about a randomly selected child in the household.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

For children with activity limitations, the vast majority (85.5%) is living with a condition that is expected to last 12 months or more.

Activity limitations among Total Service Area children are most often attributed to conditions such as autism (mentioned by 10.6% of parents of children with activity limitations), learning disorders (7.9%), allergies (6.5%), and behavioral problems (6.4%).

Description of Activity Limitations (Among Children With Activity Limitations; Total Service Area, 2019)



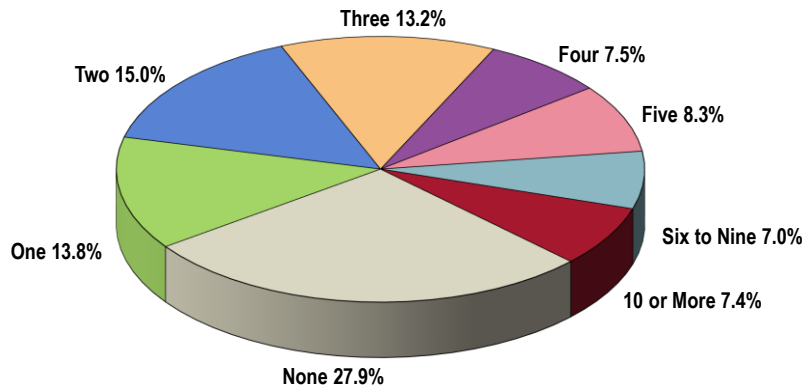
Sources: • 2019 PRC Child & Adolescent Health Survey, PRC, Inc. [Items 67-68]
 Notes: • Asked of respondents for whom the randomly selected child in the household has some type of activity limitation.

School Days Missed Due to Illness or Injury

“During the past 12 months, about how many times did this child miss school because of illness or injury?”

While the majority of Total Service Area school-age children (age 5-17) missed two or fewer school days in the past year due to illness or injury, 7.4% are reported to have missed 10 or more.

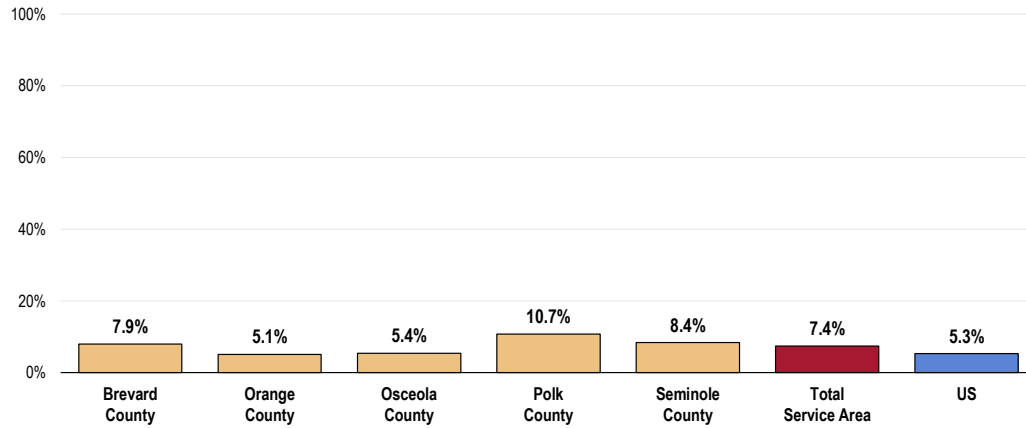
Number of School Days Missed in the Past Year Due to Illness or Injury (Total Service Area Children Age 5-17, 2019)



Sources: • 2019 PRC Child & Adolescent Health Survey, PRC, Inc. [Item 94]
 Notes: • Asked of all respondents for whom the randomly selected child in the household is age 5 to 17.

- The prevalence of school-age children who missed 10 or more days of school in the past year due to illness or injury is statistically similar to US reports.
- Statistically similar by county.

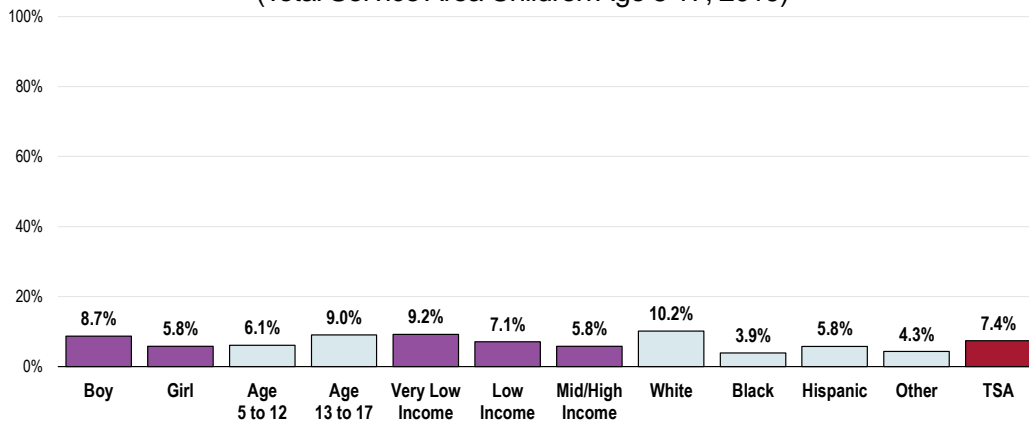
Child Missed 10+ School Days in the Past Year Due to Illness or Injury (Total Service Area Children Age 5-17, 2019)



Sources: • 2019 PRC Child & Adolescent Health Survey, PRC, Inc. [Item 94]
 • 2018 PRC National Child & Adolescent Health Survey, PRC, Inc.
 Notes: • Asked of all respondents for whom the randomly selected child in the household is age 5 to 17.

- White children are significantly more likely to have missed 10 or more school days in the past year due to illness or injury.

Child Missed 10+ School Days in the Past Year Due to Illness or Injury (Total Service Area Children Age 5-17, 2019)



Sources: • 2019 PRC Child & Adolescent Health Survey, PRC, Inc. [Item 94]
 Notes: • Asked of all respondents for whom the randomly selected child in the household is age 5 to 17.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Mental Health

About Mental Health & Mental Disorders

The existing model for understanding mental health and mental disorders emphasizes the interaction of social, environmental, and genetic factors throughout the lifespan. In behavioral health, researchers identify: **risk factors**, which predispose individuals to mental illness; and **protective factors**, which protect them from developing mental disorders. Researchers now know that the prevention of mental, emotional, and behavioral (MEB) disorders is inherently interdisciplinary and draws on a variety of different strategies. Over the past 20 years, research on the prevention of mental disorders has progressed. The major areas of progress include evidence that:

- MEB disorders are common and begin early in life.
- The greatest opportunity for prevention is among young people.
- There are multiyear effects of multiple preventive interventions on reducing substance abuse, conduct disorder, antisocial behavior, aggression, and child maltreatment.
- The incidence of depression among pregnant girls and adolescents can be reduced.
- School-based violence prevention can reduce the base rate of aggressive problems in an average school by 25 to 33%.
- There are potential indicated preventive interventions for schizophrenia.
- Improving family functioning and positive parenting can have positive outcomes on mental health and can reduce poverty-related risk.
- School-based preventive interventions aimed at improving social and emotional outcomes can also improve academic outcomes.
- Interventions targeting families dealing with adversities, such as parental depression or divorce, can be effective in reducing risk for depression in children and increasing effective parenting.
- Some preventive interventions have benefits that exceed costs, with the available evidence strongest for early childhood interventions.
- Implementation is complex, and it is important that interventions be relevant to the target audiences.
- In addition to advancements in the prevention of mental disorders, there continues to be steady progress in treating mental disorders as new drugs and stronger evidence-based outcomes become available.

— Healthy People 2020 (www.healthypeople.gov)

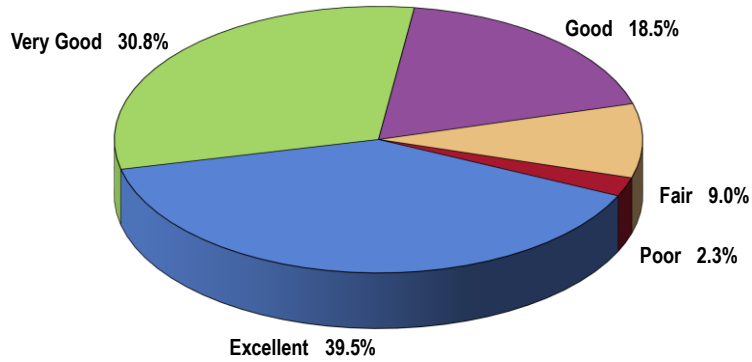
Evaluation of Child’s Mental Health

Most Total Service Area parents of children age 5-17 rate their child’s mental health — which includes stress, depression, and problems with emotions — as “excellent” (39.5%) or “very good” (30.8%).

- Another 18.5% gave “good” ratings of their child’s mental health status.

“Now thinking about your child’s mental health, which includes stress, depression, and problems with emotions, would you say that, in general, your child’s mental health is: excellent, very good, good, fair, or poor?”

Child’s Mental Health Status (Total Service Area Children Age 5-17, 2019)

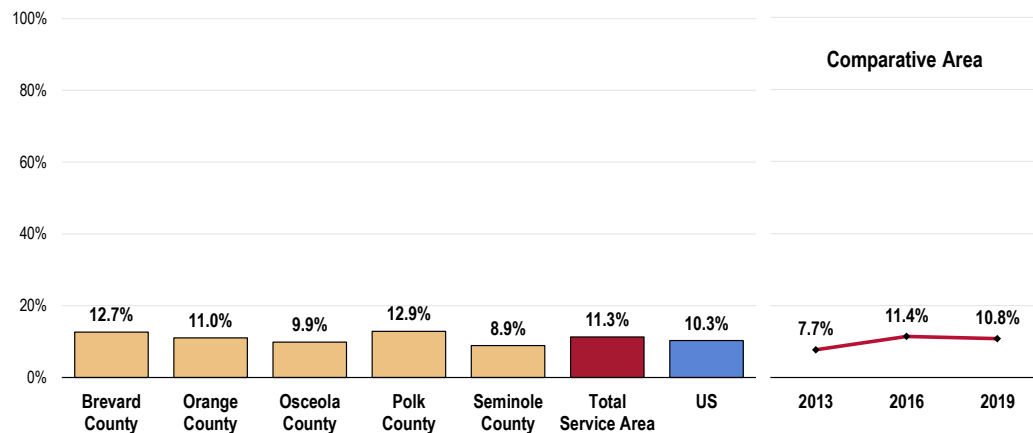


Sources: • 2019 PRC Child & Adolescent Health Survey, PRC, Inc. [Item 77]
 Notes: • Asked of respondents for whom the randomly selected child in the household is between the ages of 5 and 17.

However, 11.3% of Total Service Area parents believe that their school-age child’s mental health is “fair” or “poor.”

- Similar to national findings.
- No statistically significant difference when viewed by county.
- TREND: Above 2013 survey findings.

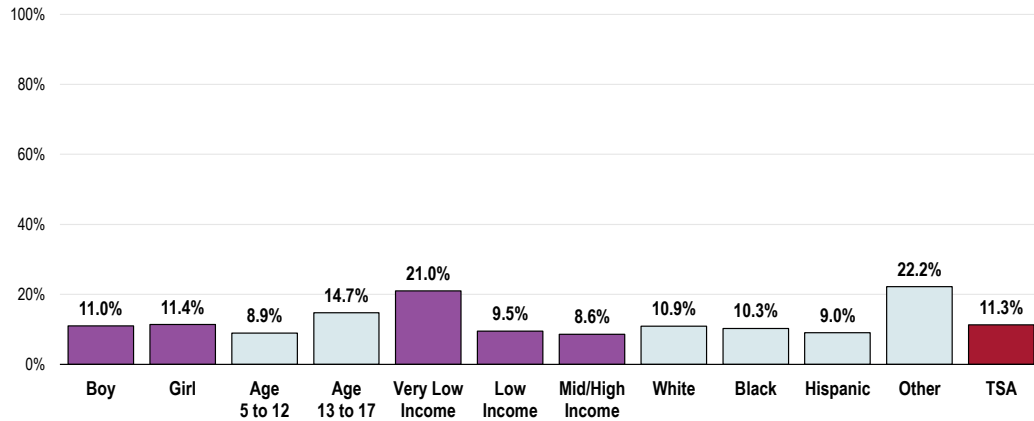
Child Experiences “Fair” or “Poor” Mental Health (Total Service Area Children Age 5-17, 2019)



Sources: • 2019 PRC Child & Adolescent Health Survey, PRC, Inc. [Item 77]
 • 2018 PRC National Child & Adolescent Health Survey, PRC, Inc.
 Notes: • Asked of respondents for whom the randomly selected child in the household is between the ages of 5 and 17.
 • Trending: Polk County is excluded from the Comparative Area data.

- “Fair/poor” mental health status is more often noted among teenagers and especially children living in poverty and “Other” race children.

Child Experiences “Fair” or “Poor” Mental Health (Total Service Area Children Age 5-17, 2019)



Sources: • 2019 PRC Child & Adolescent Health Survey, PRC, Inc. [Item 77]
 Notes: • Asked of respondents for whom the randomly selected child in the household is between the ages of 5 and 17.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
 • Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Very Low Income” includes households with incomes below 100% of the federal poverty level; “Low Income” includes households with incomes between 100% and 199% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.

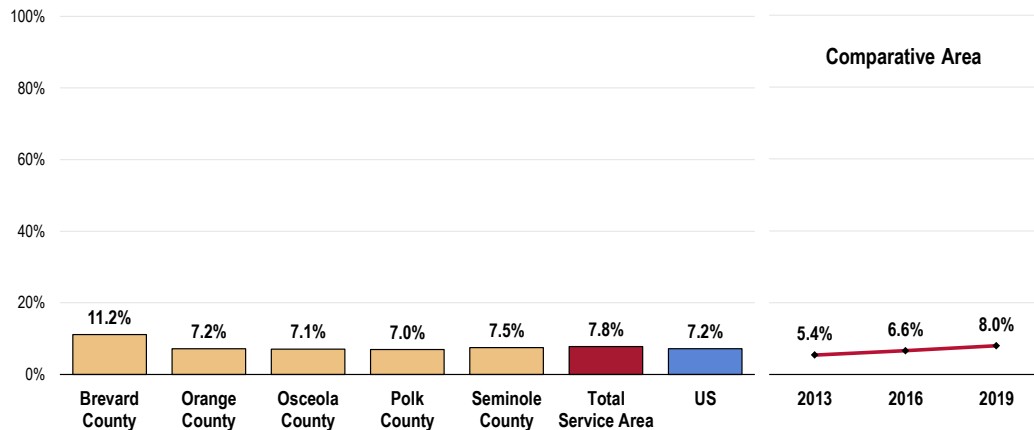
Depression

Diagnosed Depression

A total of 7.8% of Total Service Area parents report that they have been told by a doctor or other healthcare provider that their school-age child had depression.

- Comparable to that found across the US.
- Comparable among individual counties.
- TREND: No significant change over time.

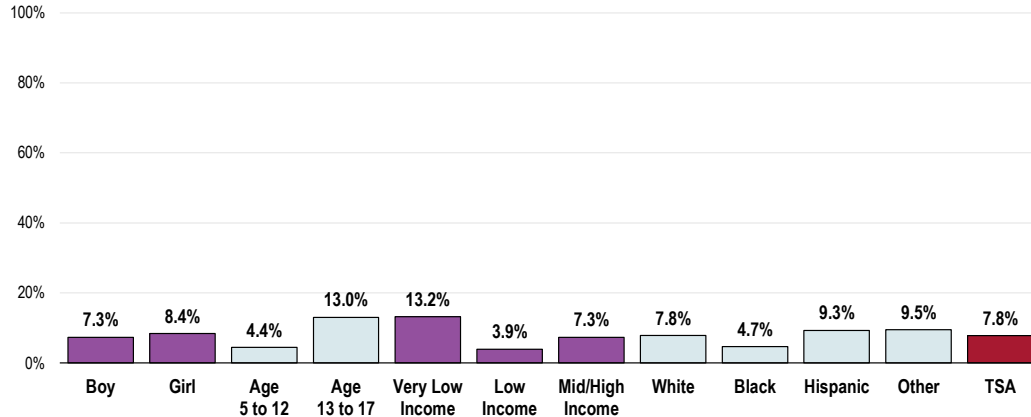
Child Has Been Diagnosed with Depression (Total Service Area Children Age 5-17, 2019)



Sources: • 2019 PRC Child & Adolescent Health Survey, PRC, Inc. [Item 86]
 • 2018 PRC National Child & Adolescent Health Survey, PRC, Inc.
 Notes: • Asked of respondents for whom the randomly selected child in the household is between the ages of 5 and 17.
 • Trending: Polk County is excluded from the Comparative Area data.

- Teens and children in very low-income families are statistically more likely to have diagnosed depression than their demographic counterparts.

Child Has Been Diagnosed with Depression (Total Service Area Children Age 5-17, 2019)



Sources: • 2019 PRC Child & Adolescent Health Survey, PRC, Inc. [Item 86]
 Notes: • Asked of respondents for whom the randomly selected child in the household is between the ages of 5 and 17.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Signs of Depression

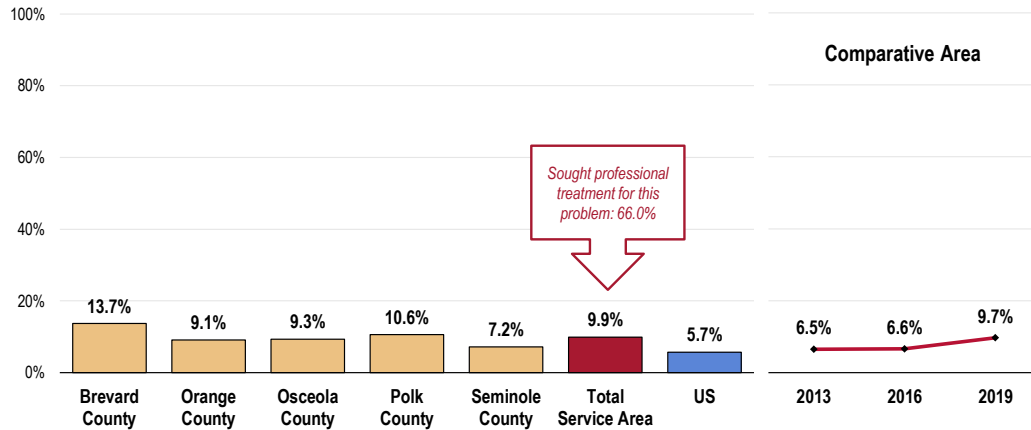
A total of 9.9% of Total Service Area parents indicate that their school-age child felt so sad or hopeless almost every day for two weeks or more in the past year that the child stopped doing some usual activities.

- Less favorable than the US percentage.
- Comparable by county.
- TREND: An unfavorable increase over previous years.

Of the 66 surveyed parents reporting signs of depression in their child, just under two-thirds (66.0%) sought treatment for their child's feelings of sadness or hopelessness, while 34.0% did not.

Child Felt Sad or Hopeless for Two or More Weeks in the Past Year and Stopped Performing Usual Activities

(Total Service Area Children Age 5-17, 2019)

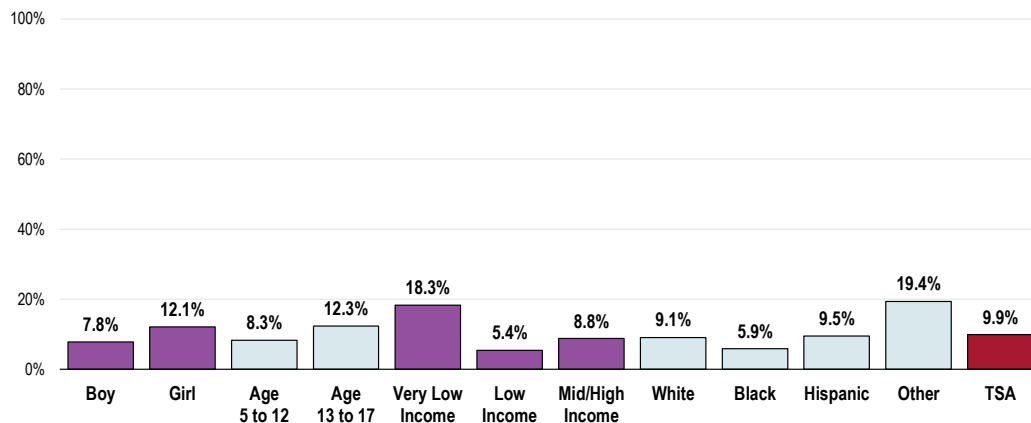


- Sources:
- 2019 PRC Child & Adolescent Health Survey, PRC, Inc. [Items 84-85]
 - 2018 PRC National Child & Adolescent Health Survey, PRC, Inc.
- Notes:
- Asked of respondents for whom the randomly selected child in the household is between the ages of 5 and 17.
 - Trending: Polk County is excluded from the Comparative Area data.

- Such signs of depression are more prevalent among girls, children in very low-income families, and “Other” race children.

Child Felt Sad or Hopeless for Two or More Weeks in the Past Year and Stopped Performing Usual Activities

(Total Service Area Children Age 5-17, 2019)



- Sources:
- 2019 PRC Child & Adolescent Health Survey, PRC, Inc. [Item 84]
- Notes:
- Asked of respondents for whom the randomly selected child in the household is between the ages of 5 and 17.
 - Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
 - Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Very Low Income” includes households with incomes below 100% of the federal poverty level; “Low Income” includes households with incomes between 100% and 199% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.

Suicide Attempts (Adolescents)

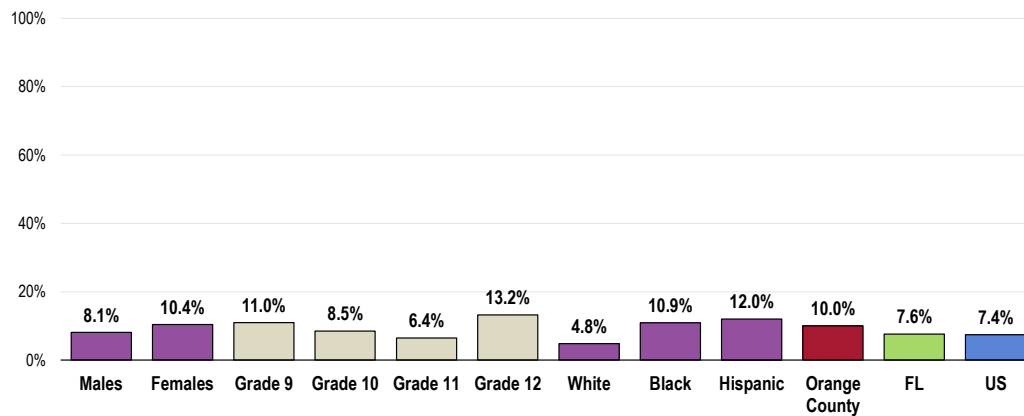
Among Orange County high school students, 10.0% report attempting suicide in the past year (2017 Youth Risk Behavior Survey).

This indicator is derived from the CDC's Youth Risk Behavior Survey (YRBS), a school-based survey administered to high school students by county. Note that these data are available only for Orange County.

- Less favorable than state and national findings in the YRBS.
- Significantly higher among 12th graders.
- By race, suicide attempts are higher among Black and Hispanic children than White children.

For more information, visit: www.cdc.gov/healthybehavior/youth/

Attempted Suicide in the Past Year (Among High School Students; Orange County Youth Risk Behavior Survey, 2017)



Sources: • Centers for Disease Control and Prevention (CDC). 1991-2017 High School Youth Risk Behavior Survey Data. Available at <http://nccd.cdc.gov/youthonline/>. Accessed June 2019.

Notes: • Attempted suicide one or more times during the 12 months before the survey.

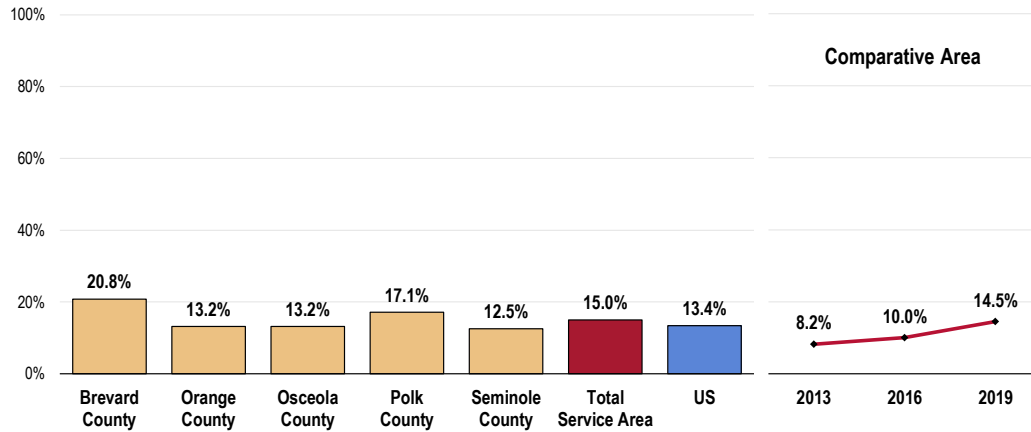
Anxiety

Anxiety Disorders

A total of 15.0% of Total Service Area parents report that they have been told by a doctor or other health care provider that their school-age child had anxiety.

- Similar to US findings.
- Statistically similar by county.
- TREND: Represents an unfavorable increase over time.

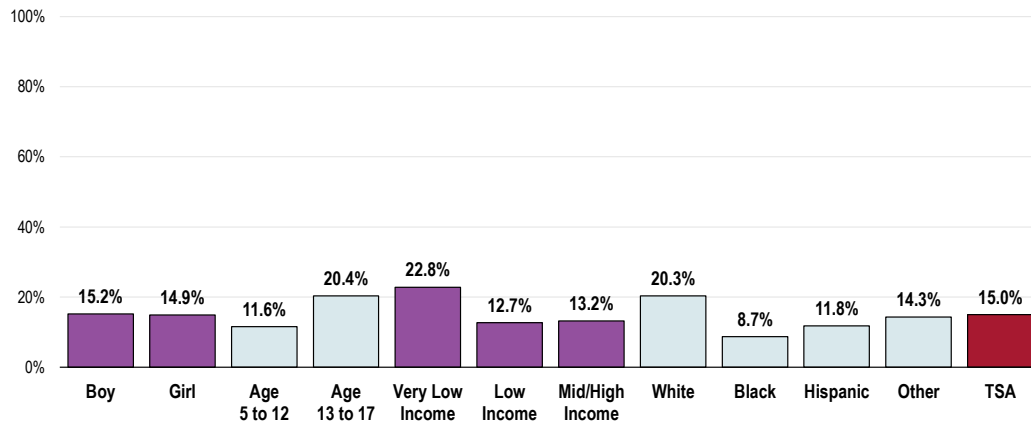
Child Has Been Diagnosed with Anxiety (Total Service Area Children Age 5-17, 2019)



Sources: • 2019 PRC Child & Adolescent Health Survey, PRC, Inc. [Item 89]
 • 2018 PRC National Child & Adolescent Health Survey, PRC, Inc.
 Notes: • Asked of respondents for whom the randomly selected child in the household is between the ages of 5 and 17.
 • Trending: Polk County is excluded from the Comparative Area data.

- Teens, children in very low-income households, and White children are statistically more likely to have an anxiety diagnosis.

Child Has Been Diagnosed with Anxiety (Total Service Area Children Age 5-17, 2019)



Sources: • 2019 PRC Child & Adolescent Health Survey, PRC, Inc. [Item 89]
 Notes: • Asked of respondents for whom the randomly selected child in the household is between the ages of 5 and 17.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

“Would you say that this child worries a lot?”

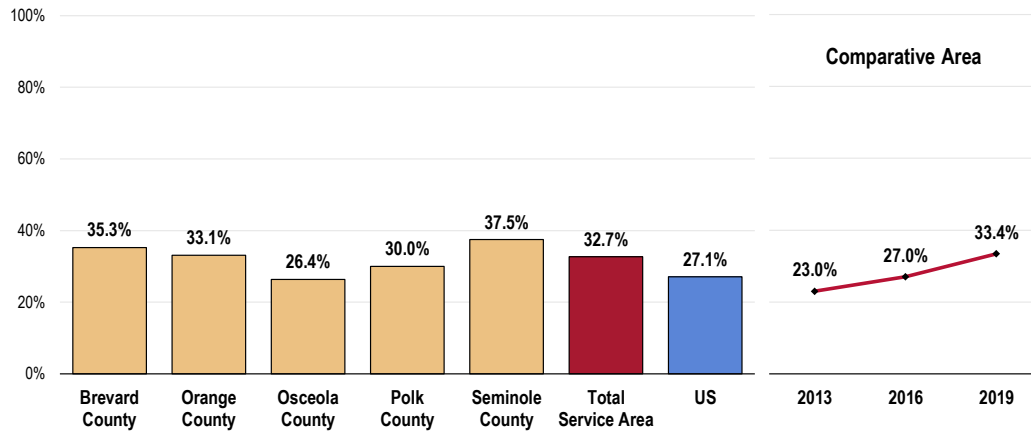
Worry

More than three out of 10 Total Service Area parents (32.7%) indicates that their school-age child worries a lot.

- Less favorable than the national proportion for school-age children.
- Statistically comparable by county.
- **TREND:** Represents a steady and notable increase over time.

Child Worries a Lot

(Total Service Area Children Age 5-17, 2019)

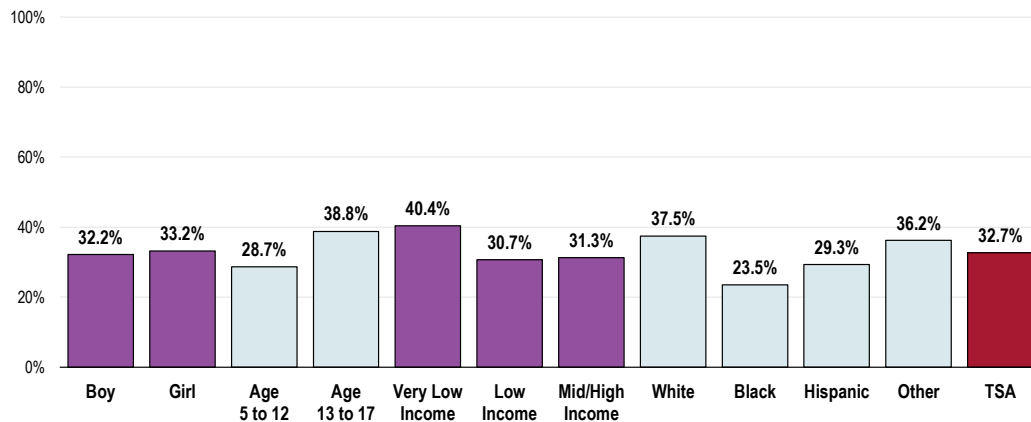


Sources: • 2019 PRC Child & Adolescent Health Survey, PRC, Inc. [Item 82]
 • 2018 PRC National Child & Adolescent Health Survey, PRC, Inc.
 Notes: • Asked of respondents for whom the randomly selected child in the household is between the ages of 5 and 17.
 • Trending: Polk County is excluded from the Comparative Area data.

- Frequent worry more often is noted among teens and White children.
- The differences of worry by income level is not wide enough to be statistically significant.

Child Worries a Lot

(Total Service Area Children Age 5-17, 2019)



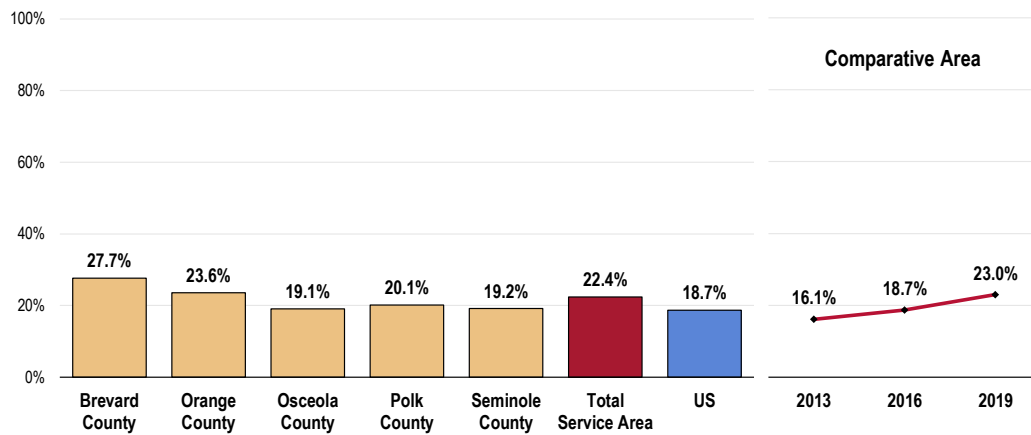
Sources: • 2019 PRC Child & Adolescent Health Survey, PRC, Inc. [Item 82]
 Notes: • Asked of respondents for whom the randomly selected child in the household is between the ages of 5 and 17.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
 • Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Very Low Income” includes households with incomes below 100% of the federal poverty level; “Low Income” includes households with incomes between 100% and 199% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.

Sleep Difficulties

A total of 22.4% of Total Service Area parents indicate that their school-age child has difficulty falling asleep and/or sleeping through the night.

- Statistically similar to that reported nationally.
- Statistically similar by county.
- TREND: A significant increase in sleep difficulties over time.

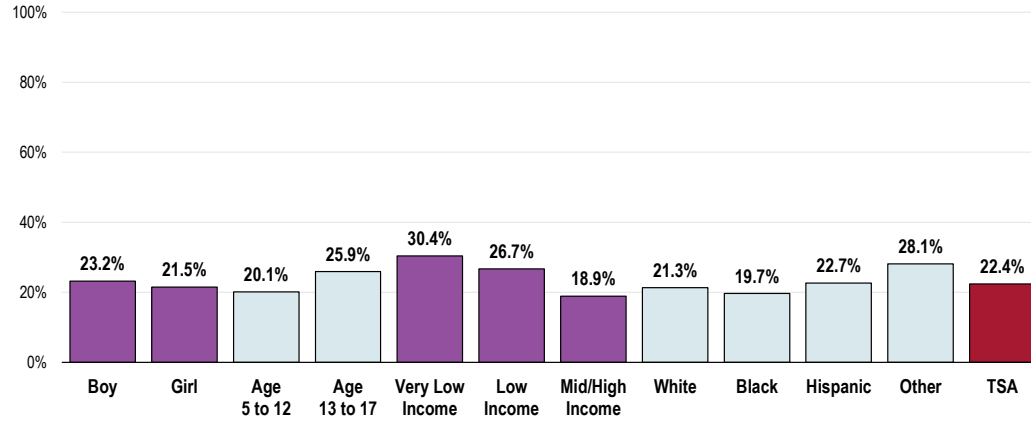
Child Has Difficulties Falling Asleep and/or Sleeping Through the Night (Total Service Area Children Age 5-17, 2019)



- Sources:
- 2019 PRC Child & Adolescent Health Survey, PRC, Inc. [Item 83]
 - 2018 PRC National Child & Adolescent Health Survey, PRC, Inc.
- Notes:
- Asked of respondents for whom the randomly selected child in the household is between the ages of 5 and 17.
 - Trending: Polk County is excluded from the Comparative Area data.

- Such sleep difficulties are more common among children in households below 200% of poverty, and especially those below 100% of poverty.

Child Has Difficulties Falling Asleep and/or Sleeping Through the Night (Total Service Area Children Age 5-17, 2019)



- Sources:
- 2019 PRC Child & Adolescent Health Survey, PRC, Inc. [Item 83]
- Notes:
- Asked of respondents for whom the randomly selected child in the household is between the ages of 5 and 17.
 - Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 - Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

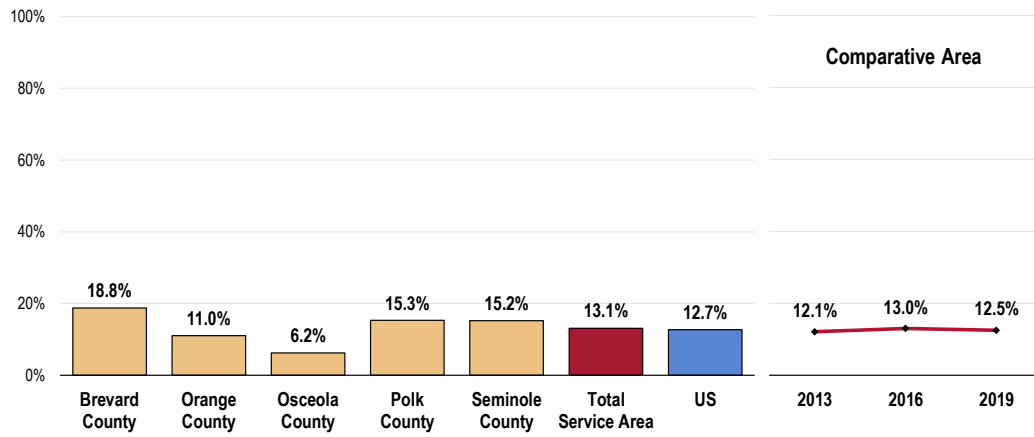
Cognitive & Behavioral Disorders

Attention Deficit Hyperactivity Disorder (ADHD)

A total of 13.1% of Total Service Area children are reported to have ever suffered from or been diagnosed with ADHD or ADD (attention deficit disorder).

- Similar to the US figure.
- The prevalence is highest in Brevard County.
- TREND: No statistically significant change in prevalence over time.

Child Has ADD/ADHD (Total Service Area, 2019)

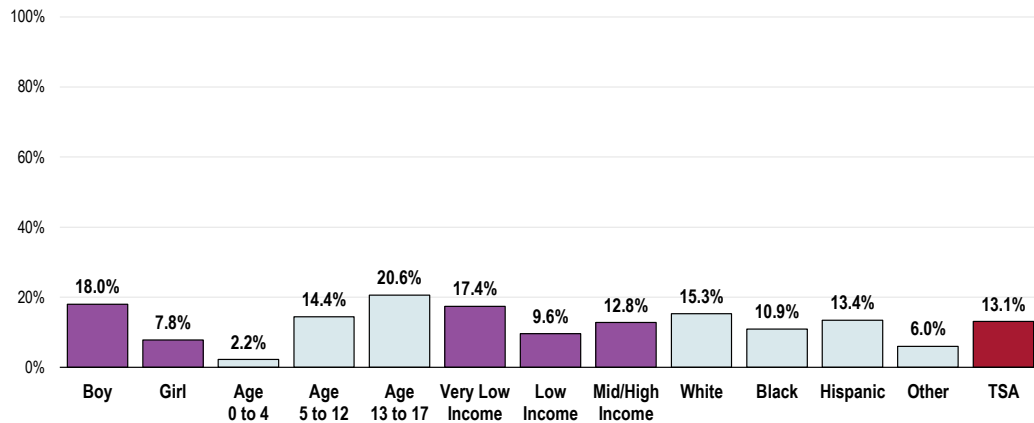


Sources: • 2019 PRC Child & Adolescent Health Survey, PRC, Inc. [Item 65]
 • 2018 PRC National Child & Adolescent Health Survey, PRC, Inc.
 Notes: • Asked of all respondents about a randomly selected child in the household.
 • Trending: Polk County is excluded from the Comparative Area data.

Total Service Area children more likely to have suffered from/been diagnosed with ADD/ADHD include the following:

- Boys.
- Older children (strong correlation with age).
- White children.

Child Has ADD/ADHD (Total Service Area, 2019)



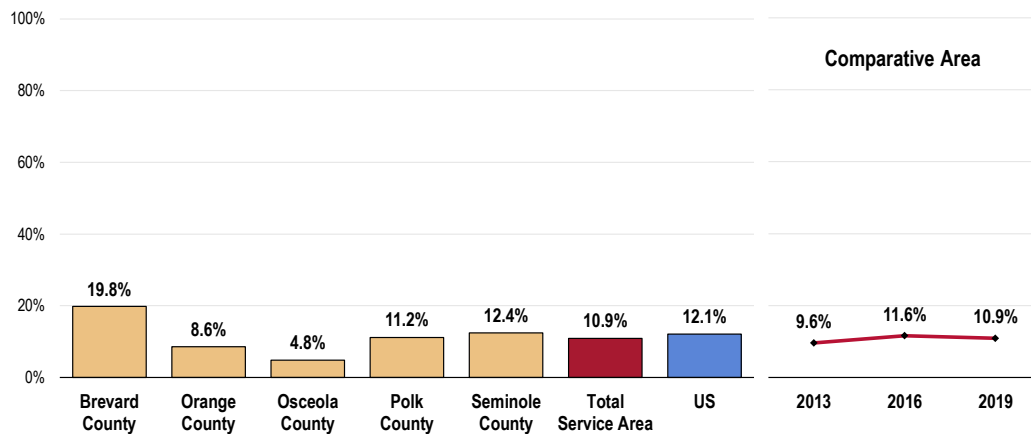
Sources: • 2019 PRC Child & Adolescent Health Survey, PRC, Inc. [Item 65]
 Notes: • Asked of all respondents about a randomly selected child in the household.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Learning Disabilities

A total of 10.9% of Total Service Area children are reported to have some type of learning disability.

- Similar to the US percentage.
- Highest in Brevard County and lowest in Osceola County.
- TREND: The proportion of Total Service Area children with learning disabilities has not significantly changed over time.

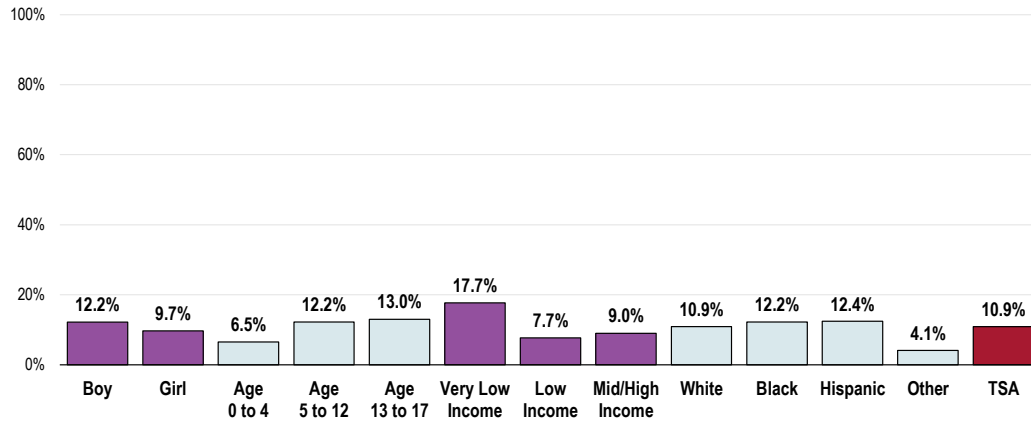
Child Has a Learning Disability
(Total Service Area, 2019)



Sources: • 2019 PRC Child & Adolescent Health Survey, PRC, Inc. [Item 62]
 • 2018 PRC National Child & Adolescent Health Survey, PRC, Inc.
 Notes: • Asked of all respondents about a randomly selected child in the household.
 • Trending: Polk County is excluded from the Comparative Area data.

- Total Service Area children age 5 and older, as well as those living in very low-income households are much more likely to have some type of learning disability.
- Note that “Other” race children are significantly less likely to have been diagnosed when compared against their demographic counterparts.

Child Has a Learning Disability (Total Service Area, 2019)



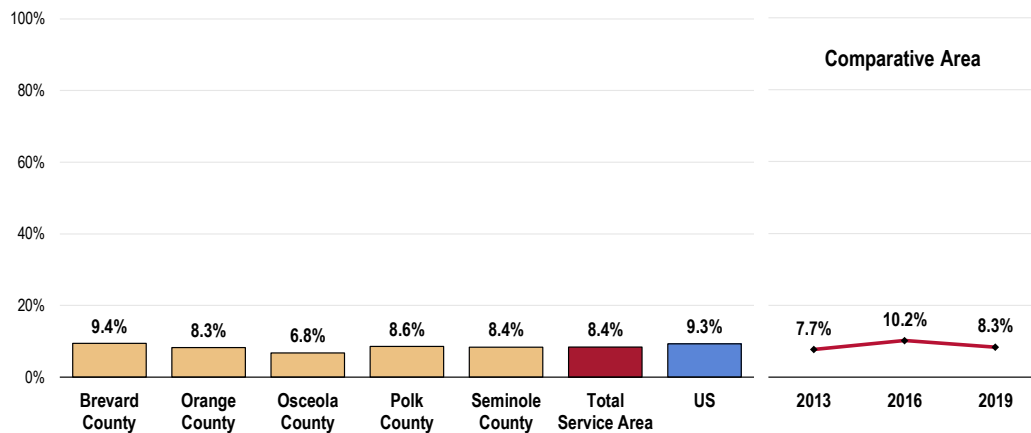
Sources: • 2019 PRC Child & Adolescent Health Survey, PRC, Inc. [Item 62]
 Notes: • Asked of all respondents about a randomly selected child in the household.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Developmental Delays

A total of 8.4% of Total Service Area children have been diagnosed with some type of developmental delay that affects his/her ability to learn.

- Comparable to the US prevalence.
- Comparable by county.
- TREND: Differences over time are not statistically significant.

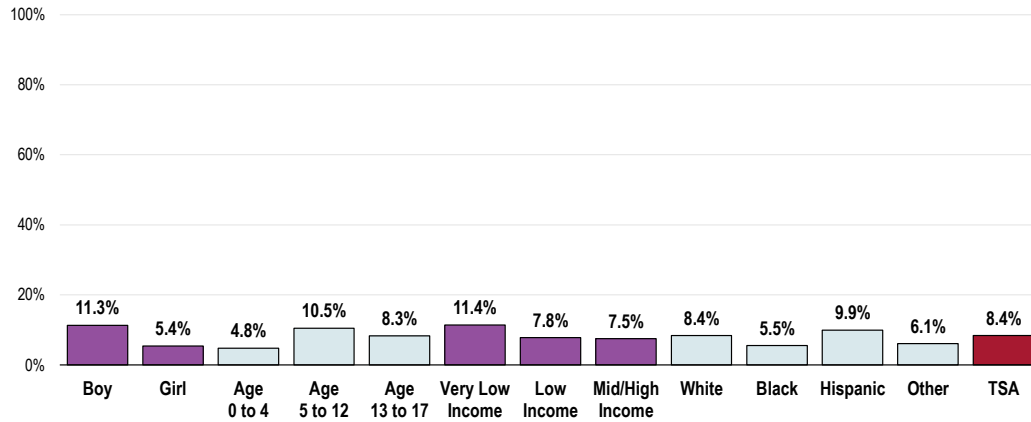
Child Has a Developmental Delay (Total Service Area, 2019)



Sources: • 2019 PRC Child & Adolescent Health Survey, PRC, Inc. [Item 64]
 • 2018 PRC National Child & Adolescent Health Survey, PRC, Inc.
 Notes: • Asked of all respondents about a randomly selected child in the household.
 • Trending: Polk County is excluded from the Comparative Area data.

- Boys and children age 5-12 are significantly more likely to have been diagnosed with a developmental delay.
- Differences by poverty level and race/ethnicity are not statistically significant.

Child Has a Developmental Delay (Total Service Area, 2019)



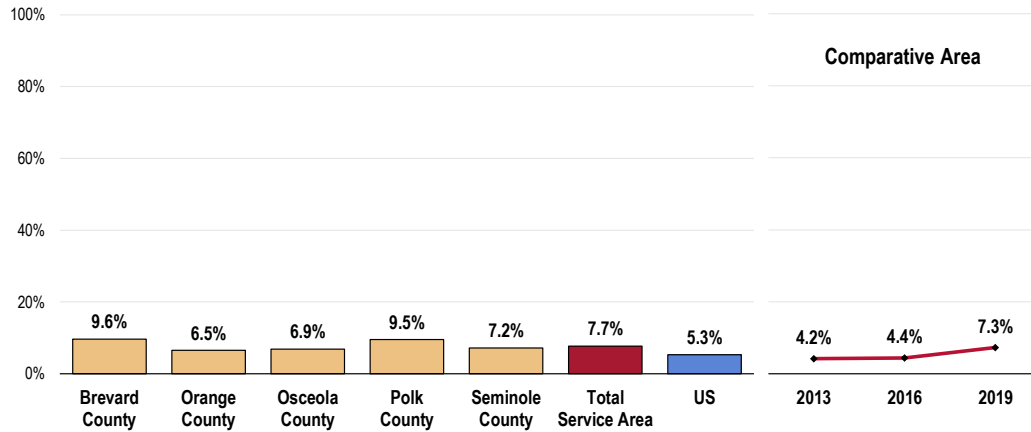
Sources: • 2019 PRC Child & Adolescent Health Survey, PRC, Inc. [Item 64]
 Notes: • Asked of all respondents about a randomly selected child in the household.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Behavioral/Conduct Disorders

Among Total Service Area parents of children age 5-17, a total of 7.7% indicate that a doctor or other health care provider has ever told them that their child has some type of behavioral disorder, such as oppositional defiant disorder or conduct disorder.

- Statistically similar to US findings.
- Statistically similar by county.
- TREND: Represents a significant increase in prevalence over time.

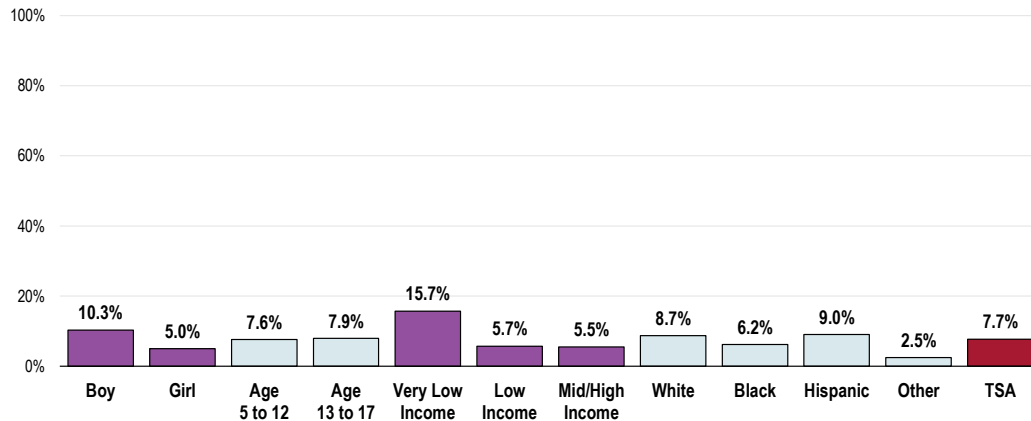
Child Has a Behavioral/Conduct Disorder (Total Service Area Children Age 5-17, 2019)



Sources: • 2019 PRC Child & Adolescent Health Survey, PRC, Inc. [Item 87]
 • 2018 PRC National Child & Adolescent Health Survey, PRC, Inc.
 Notes: • Asked of respondents for whom the randomly selected child in the household is between the ages of 5 and 17.
 • Trending: Polk County is excluded from the Comparative Area data.

- Behavioral/conduct disorders are more prevalent among boys and especially children living below 100% of poverty.
- Also note that “Other” race children are significantly less likely to have been diagnosed with a behavioral/conduct disorder than their demographic counterparts.

Child Has a Behavioral/Conduct Disorder (Total Service Area Children Age 5-17, 2019)



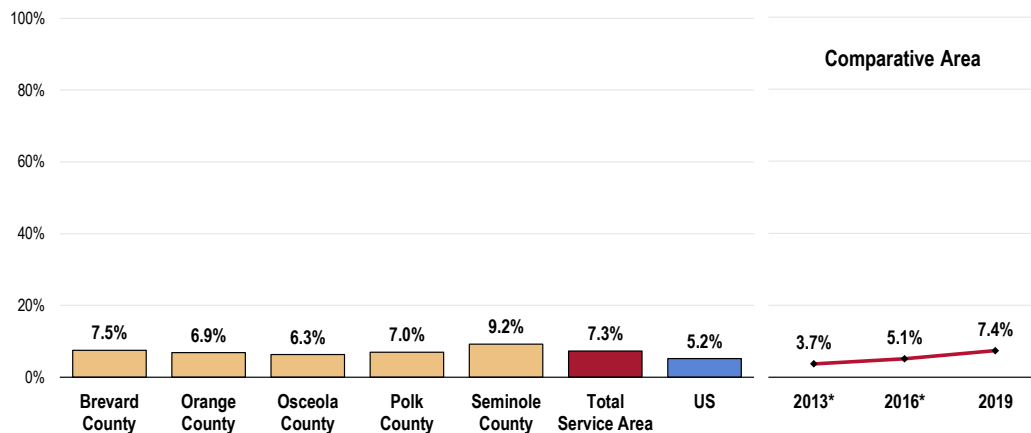
Sources: • 2019 PRC Child & Adolescent Health Survey, PRC, Inc. [Item 87]
 Notes: • Asked of respondents for whom the randomly selected child in the household is between the ages of 5 and 17.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
 • Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Very Low Income” includes households with incomes below 100% of the federal poverty level; “Low Income” includes households with incomes between 100% and 199% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.

Autism/Spectrum Disorder

Among Total Service Area parents of children age 5-17, a total of 7.3% indicate that their child has been diagnosed with autism, Asperger syndrome, a pervasive developmental disorder, or other spectrum disorder.

- Statistically similar to national reports.
- Similar by county.
- TREND: A significant increase since 2013 findings.

Child Has Autism/Spectrum Disorder (Total Service Area Children Age 5-17, 2019)

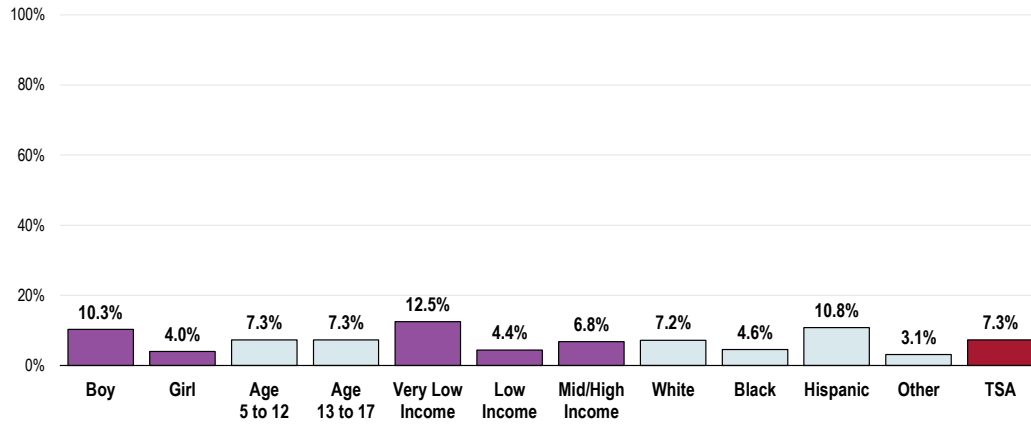


- Sources:
- 2019 PRC Child & Adolescent Health Survey, PRC, Inc. [Item 88]
 - 2018 PRC National Child & Adolescent Health Survey, PRC, Inc.
- Notes:
- Asked of respondents for whom the randomly selected child in the household is between the ages of 5 and 17.
 - *Prior data did not specifically include additional diagnoses on the autism spectrum, such as Asperger's disorder, pervasive developmental disorder, or autism spectrum disorder.
 - Trending: Polk County is excluded from the Comparative Area data.

School-age children more likely to be on the spectrum include:

- Boys.
- Children in households below 100% of poverty
- Hispanic children.

Child Has Autism/Spectrum Disorder (Total Service Area Children Age 5-17, 2019)



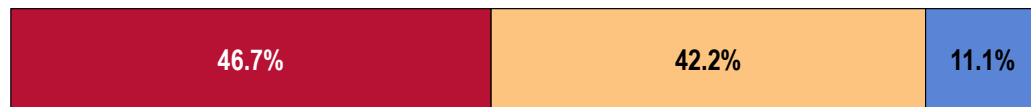
Sources: • 2019 PRC Child & Adolescent Health Survey, PRC, Inc. [Item 88]
 Notes: • Asked of respondents for whom the randomly selected child in the household is between the ages of 5 and 17.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Key Informant Input: Cognitive & Behavioral Conditions

A large share of key informants taking part in an online survey characterized *Cognitive and Behavioral Conditions* as a "major problem" for children/adolescents in the community.

Perceptions of Cognitive & Behavioral Conditions as a Problem for Children/Adolescents in the Community (Key Informants, 2019)

■ Major Problem ■ Moderate Problem ■ Minor Problem ■ No Problem At All



Sources: • PRC Online Key Informant Survey, PRC, Inc.
 Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons frequently related to the following:

Prevalence/Incidence

I believe that the incidence of ADD/ADHD is on the rise. That impacts a child's ability to focus and therefore their readiness to succeed in school and in the community/work force upon becoming a young adult. - Community/Business Leader

The increase of these type of disabilities in our community/nationwide and the increase in young children with severe behavior issues. - Community/Business Leader

I'm under the impression that our schools are seeing more and more students with these conditions and resources are limited, especially for families with lower incomes. - Other Health Provider

I have seen how this manifests as behavioral problems in the classroom. - Community/Business Leader

A lot of the children we encounter have one or more of these conditions, and it can be difficult to find appropriate services to meet their needs. - Social Services Provider

ADD/ADHD, autism, and learning disabilities. - Other Health Provider

Impact on Quality of Life

Cognitive and behavioral conditions affect a child ability to adapt to many situations in life. There is a lack of affordable resources in the community and/or resources accepting many of the major health insurance plans. Children who are unable to learn major coping mechanisms in life will struggle thriving later on. They will have difficulties in school, finding employment and adapting to societal expectations. - Other Health Provider

Addressing these issues and aiding children/parents with these issues help the child/youth to be more successful in school, home and their relationships. - Social Services Provider

Some kids seem to struggle with paying attention or doing their work. I don't know if it's a matter of behavioral conditions or if our strategies for teaching children need to adjust. - Other Health Provider

Heard stories about not able to learn because of mental health issues. - Social Services Provider

Early Diagnosis/Prevention

Cognitive and behavioral conditions may not be diagnosed early enough, thus preventing youth from receiving necessary interventions in a timely manner, preferably before entering school. - Social Services Provider

We identify them too late. Not enough available to parents to prevent or early identify. Denial by parents leads to a problem screening for issues. - Social Services Provider

The health of the mother before and during pregnancy impacts a healthy birth outcome. When there is a poor birth outcome, there is a greater possibility for any of the health conditions (ADD/ADHD, autism, and learning disabilities) to occur and our system of care doesn't have sufficient options to address them all for low income or moderate-income families. Just knowing what resources are available and how to access them is lacking in our community. - Social Services Provider

Access to Care/Services

Behavioral treatment. This is a major problem, accessing behavioral treatment for children with significant behavior problems who require behavior analysis services that are not covered. - Other Health Provider

Diet/Nutrition

Inadequate nutrition for babies and children has been shown to impact children's cognitive and behavioral profiles, leading to deficits in aptitude and self-control, often resulting in ADD/ADHD, autism diagnosis, and learning disabilities. Further, any one of several ACES will lead to similar outcomes, more frequently occurring in children raised in poverty, more than 155,000 children in Central Florida. - Social Services Provider

Family Support

Lack of family structure, lack of parenting skills, transiency of population, early problems are not identified. Many services are for older children/adolescents. Trauma is not addressed. Lack of coordination within system of health care in Seminole County. - Other Health Provider

Mental Health Services & Treatment

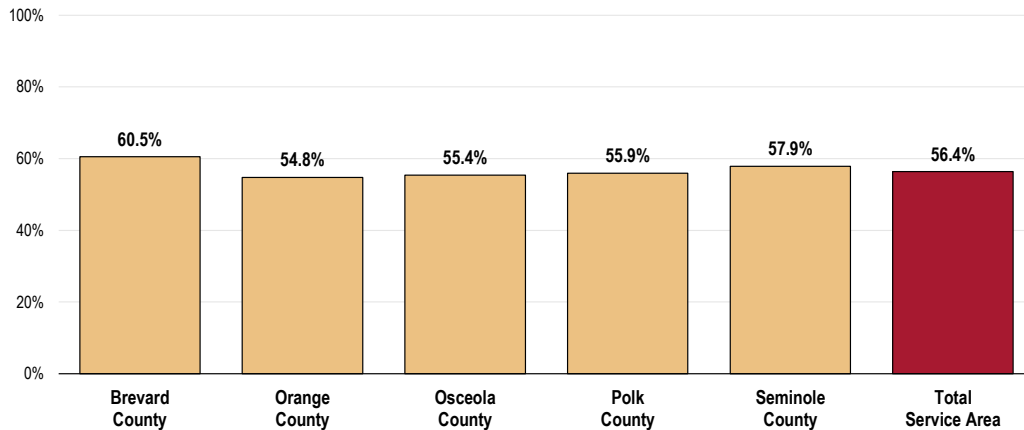
Awareness of Child Mental Health Services

More than one-half (56.4%) of Total Service Area parents say that they are aware of local community resources for children’s mental health.

- Statistically comparable among the five counties.

Aware of Mental Health Resources For Children in the Community

(Among Parents of Total Service Area Children Age 5-17, 2019)

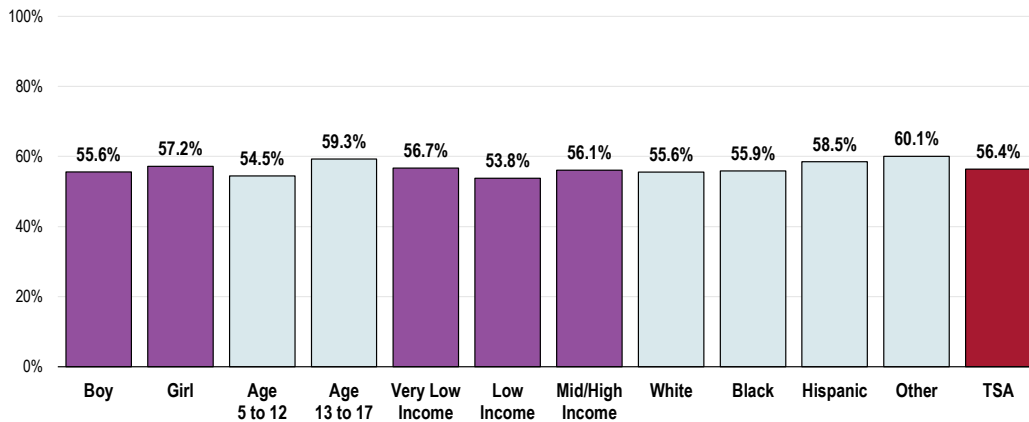


Sources: • 2019 PRC Child & Adolescent Health Survey, PRC, Inc. [Item 308]
 Notes: • Asked of respondents for whom the randomly selected child in the household is between the ages of 5 and 17.

- Awareness does not significantly differ by demographic characteristics.

Aware of Mental Health Resources For Children in the Community

(Among Parents of Total Service Area Children Age 5-17, 2019)



Sources: • 2019 PRC Child & Adolescent Health Survey, PRC, Inc. [Item 308]
 Notes: • Asked of respondents for whom the randomly selected child in the household is between the ages of 5 and 17.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

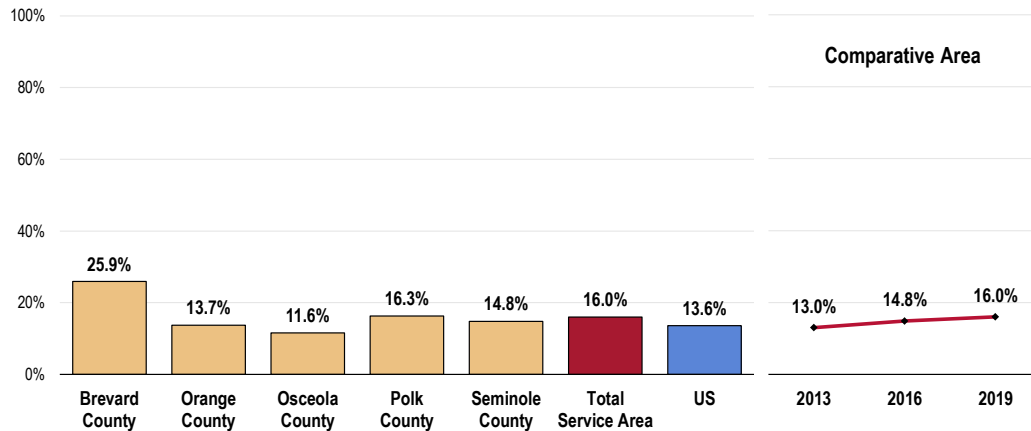
Need for Mental Health Services

A total of 16.0% of Total Service Area parents report that their child (age 5-17) has needed mental health services in the past year.

- Statistically similar to the US proportion.
- Notably high in Brevard County.
- TREND: Statistically unchanged since 2013.

Child Needed Mental Health Services in the Past Year

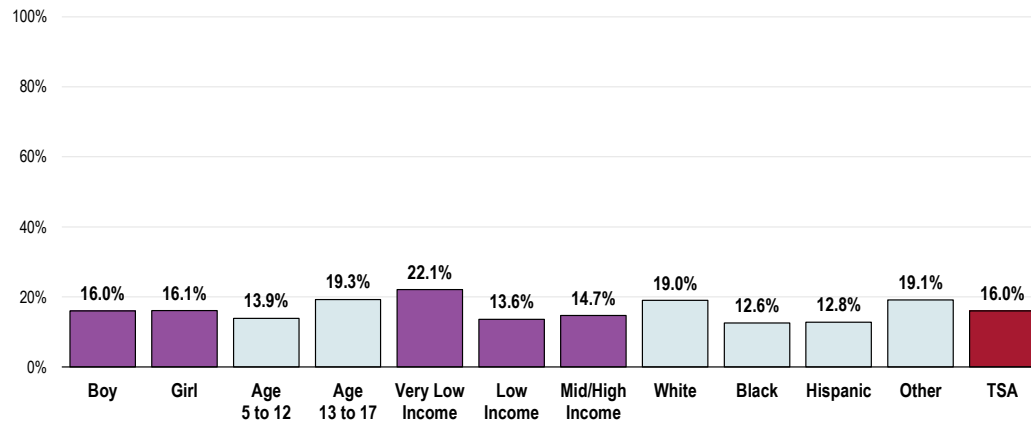
(Total Service Area Children Age 5-17, 2019)



Sources: • 2019 PRC Child & Adolescent Health Survey, PRC, Inc. [Item 78]
 • 2018 PRC National Child & Adolescent Health Survey, PRC, Inc.
 Notes: • Asked of respondents for whom the randomly selected child in the household is between the ages of 5 and 17.
 • Trending: Polk County is excluded from the Comparative Area data.

- White children are more likely to have needed such services when compared against their demographic counterparts.
- Note that the finding among “Other” race children is not statistically different from the other race groups due to a wider margin of error.

Child Needed Mental Health Services in the Past Year (Total Service Area Children Age 5-17, 2019)



- Sources:
- 2019 PRC Child & Adolescent Health Survey, PRC, Inc. [Item 78]
- Notes:
- Asked of respondents for whom the randomly selected child in the household is between the ages of 5 and 17.
 - Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 - Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

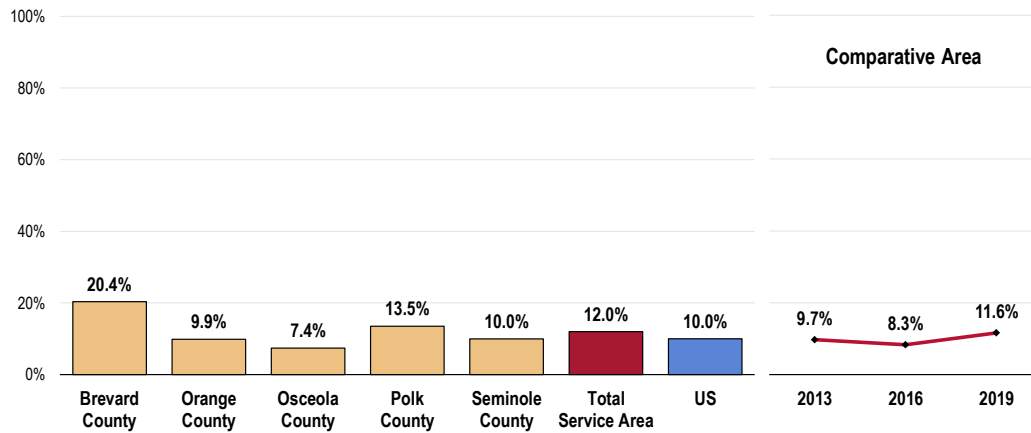
Among these parents with children needing services, 14.2% report that their child did not receive any type of mental health treatment or counseling — reasons primarily related to **cost** and **lack of trying**.

Prescriptions for Mental Health

A total of 12.0% of Total Service Area parents report that their child (age 5-17) has ever taken prescribed medication for his/her mental health.

- Comparable to US reports.
- Notably high in Brevard County.
- TREND: An increase since 2016, though statistically similar to 2013 findings.

Child Has Ever Taken Prescription Medication for Mental Health (Total Service Area Children Age 5-17, 2019)

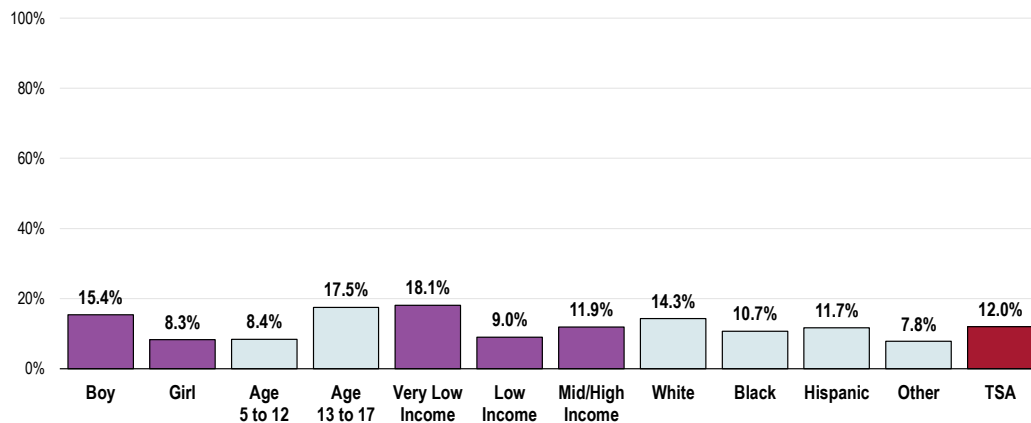


Sources: • 2019 PRC Child & Adolescent Health Survey, PRC, Inc. [Item 81]
 • 2018 PRC National Child & Adolescent Health Survey, PRC, Inc.
 Notes: • Asked of respondents for whom the randomly selected child in the household is between the ages of 5 and 17.
 • Trending: Polk County is excluded from the Comparative Area data.

The following children are more likely to have taken prescription medication for their mental health:

- Boys.
- Teens.
- Those living in households below 100% of poverty.

Child Has Ever Taken Prescription Medication for Mental Health (Total Service Area Children Age 5-17, 2019)



Sources: • 2019 PRC Child & Adolescent Health Survey, PRC, Inc. [Item 81]
 Notes: • Asked of respondents for whom the randomly selected child in the household is between the ages of 5 and 17.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Key Informant Input: Mental and Emotional Health

More than two-thirds of key informants taking part in an online survey characterized *Mental and Emotional Health* as a “major problem” for children/adolescents in the community.

Perceptions of Mental & Emotional Health as a Problem for Children/Adolescents in the Community (Key Informants, 2019)

■ Major Problem ■ Moderate Problem ■ Minor Problem ■ No Problem At All



Sources: ● PRC Online Key Informant Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Top Concerns

Among those rating this issue as a “major problem,” reasons frequently related to the following:

Access to Care/Services

Affordable and easily available resources for mental health for children and adolescents in the community are limited. Services available in one county do not have an equivalent program on an adjacent county. This limits parents' ability to familiarize themselves with programs that can assist their children. There is also a lack of providers in the area assisting families, therefore it becomes challenging for parents to access services which leads many of them to resort to Baker Acting their child in order to access services - Other Health Provider

Insufficient inpatient or long-stay facilities to treat mental health problems or provide medication stabilization. Access to coverage via insurance is minimal for families who have children with significant mental health issues, including eating disorders, depression, cutting, etc. - Other Health Provider

In our community I am told schools do not have enough counselors and mental health professionals. I work in a hospital that sees a high volume of mental health disorders, and there are few quality resources for these people. There are also numerous examples of young people committing suicide - one just a week ago at Lake Mary High School. - Community/Business Leader

Primary physicians are neither trained, nor equipped to diagnose or treat mental health issues. As such, parents/guardians without insurance or under-insured, cannot access appropriate services for their children regularly. Unfortunately, mental health care is often offered only as a response to criminal or other anti-social behaviors. - Public Health Representative

Many children/adolescents are having mental health issues, and, due to insurance/funding, they are not getting the services needed. - Other Health Provider

Prevalence/Incidence

I believe mental health is a major problem for children and adolescents based on the feedback I have received from students. - Community/Business Leader

A lot of adolescents seem to struggle more than I'm used to with a positive sense of self. There is so much anger in our schools - whether the kids are fighting physically or bullying online - that it makes me nervous for my child's physical and emotional wellbeing. - Other Health Provider

As school board nurse, I see the large numbers of students whose parents have reported psychiatric/behavioral diagnoses. I see students daily who present with symptoms or behaviors that cause concern about their mental wellness. - Other Health Provider

Reports from schools and law enforcement regarding poor behavior and low academic performance of children and youth in schools and community settings. - Social Services Provider

I believe mental health is a major problem for children (pre k-12) because I am experiencing it firsthand with my own extended family, and with the teens I get to volunteer with. I am the aunt of a child with bipolar, schizophrenia, and MPD. I am also the parent of two teens that are living in a digital age where reality is twisted. In addition - I have the pleasure of working with two high school classes (Civic Engagement and Problem-Solving Incubator). Both classes are addressing the topic as an extreme problem. Both groups are researching basic ways to remind kids how to decompress. This topic will also be on the mind of all our teens as a Lake Mary High School junior took her life while at school. Because the action took place with a gun, it is only making the anxiety about being at school that much worse for all our kids. - Social Services Provider

Funding

There are very little resources/funding available... \$98.22 per individual. This is the lowest in the state and \$15 per person lower than the statewide average. - Other Health Provider

Florida ranks either last or close to last in the U.S. for lack of resources budgeted for mental health services. Expense to access. Lack of knowledge for where the services are. - Social Services Provider

Florida is last in the nation for mental health funding. Sorely lacking in the number of providers of mental health care. Health insurance often doesn't pay for treatment. - Other Health Provider

Impact on Quality of Life

The mental health wellbeing of children and adolescents affects their ability to be successful at school, at home and in relationships. - Social Services Provider

Heard stories about it affecting ability to learn, get to school. - Social Services Provider

Denial/Stigma

Denial by parents. Lack of knowledge on where to go for help or what's available. Lack of money to pay for services. - Social Services Provider

Socioeconomic Status

The high rate of childhood poverty leads to unchecked stress on children, creating poor physical and behavioral health. The instability of poverty, along with food insecurity, inadequately treated illness and fear of violence and abandonment create unhealthy environments for children, leading to poor mental health. - Social Services Provider

Stress

As a teacher, my students are generally moderate to high academic achievers. However, they are under a tremendous amount of stress to perform. They do not sleep enough, and they constantly worry. Also, I see depression, anxiety, anger and withdrawal on a daily basis. For some of them, the pressure to succeed is confusing. Many parents' expectations are too high for them. There's nothing wrong with being an average student! - Social Services Provider

Chronic Disease & Special Health Needs



Professional Research Consultants, Inc.

Prevalence of Selected Medical Conditions

Speech & Language Problems

Chronic Ear Infections

Among Total Service Area parents of children under the age of 18, 16.9% indicate that their child has had three or more ear infections in his/her life.

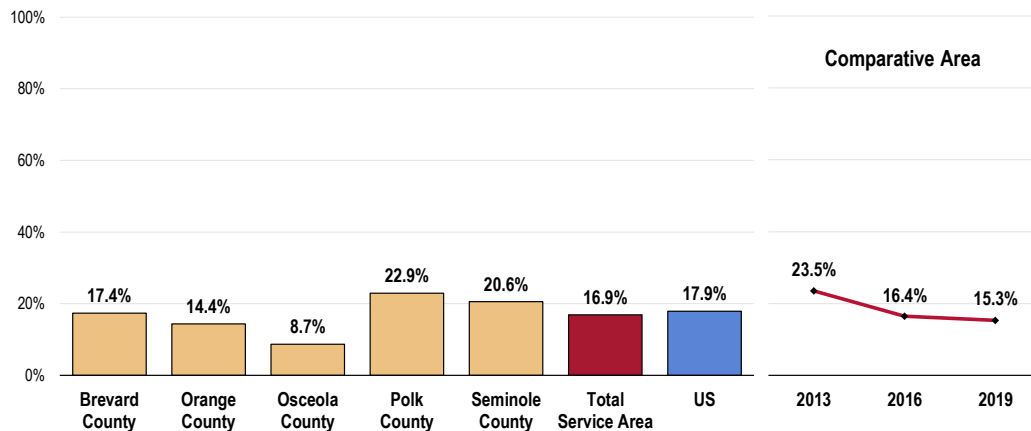
Respondents were asked to report on the prevalence of a number of different chronic conditions and illnesses afflicting children.

“Would you please tell me if this child has ever suffered from or been diagnosed with any of the following medical conditions”

- Comparable to US findings.
- The prevalence is highest in Polk County and lowest in Osceola County.
- TREND: Represents a notable decrease from 2013 findings.

Child Has Had Three or More Ear Infections

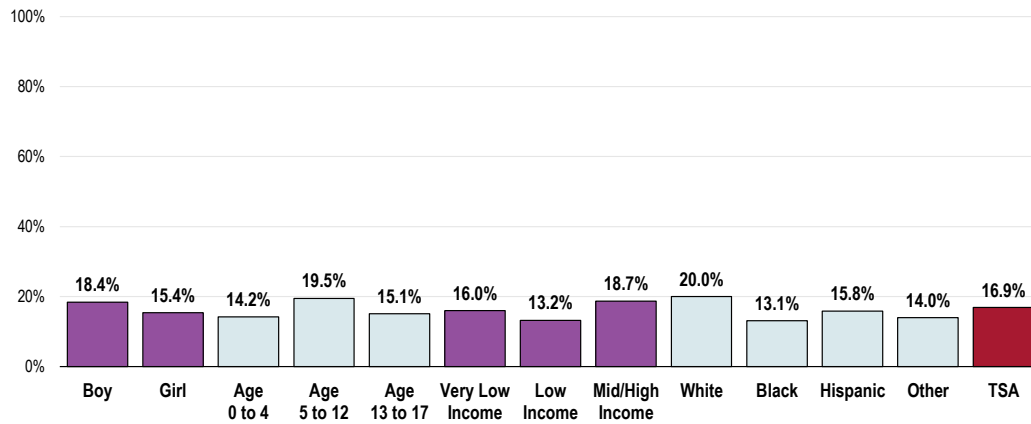
(Total Service Area, 2019)



Sources: • 2019 PRC Child & Adolescent Health Survey, PRC, Inc. [Item 61]
 • 2018 PRC National Child & Adolescent Health Survey, PRC, Inc.
 Notes: • Asked of all respondents about a randomly selected child in the household.
 • Trending: Polk County is excluded from the Comparative Area data.

- No significant differences by demographic characteristics.

Child Has Had Three or More Ear Infections (Total Service Area, 2019)



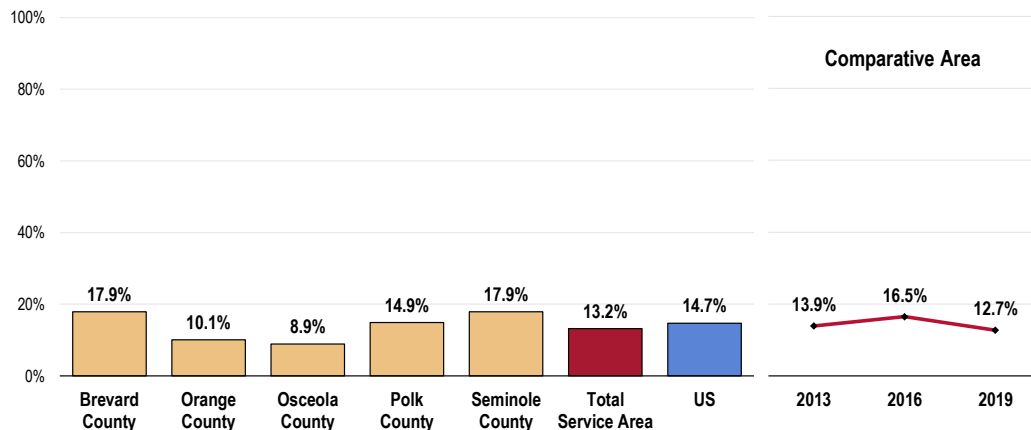
Sources: • 2019 PRC Child & Adolescent Health Survey, PRC, Inc. [Item 61]
 Notes: • Asked of all respondents about a randomly selected child in the household.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Speech/Language Issues

A total of 13.2% of Total Service Area children have some type of speech or language problem.

- Statistically comparable to the national proportion.
- Statistically most favorable in Orange County (note that the sample for Osceola County is not large enough to be significant).
- TREND: Represents a significant decrease over 2016 findings (similar to the 2013 prevalence).

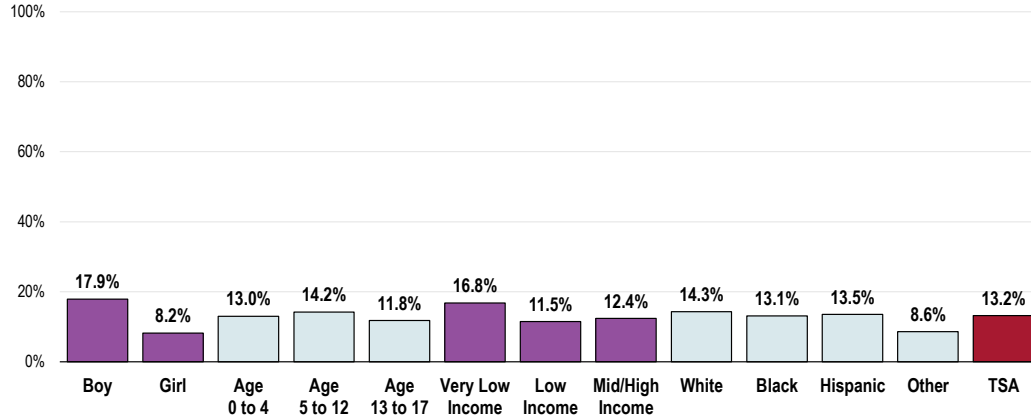
Child Has Speech/Language Problems (Total Service Area, 2019)



Sources: • 2019 PRC Child & Adolescent Health Survey, PRC, Inc. [Item 63]
 • 2018 PRC National Child & Adolescent Health Survey, PRC, Inc.
 Notes: • Asked of all respondents about a randomly selected child in the household.
 • Trending: Polk County is excluded from the Comparative Area data.

- Boys are notably more likely than girls to experience speech or language problems.

Child Has Speech/Language Problems (Total Service Area, 2019)



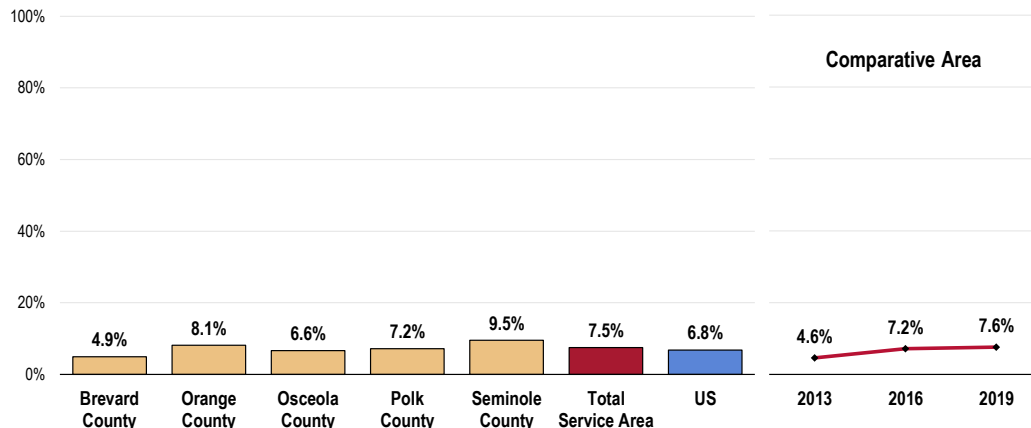
Sources: ● 2019 PRC Child & Adolescent Health Survey, PRC, Inc. [Item 63]
 Notes: ● Asked of all respondents about a randomly selected child in the household.
 ● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 ● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Hearing Problems

A total of 7.5% of Total Service Area children have been diagnosed with hearing problems.

- Similar to national findings.
- Statistically similar by county.
- TREND: A significant increase since 2013.

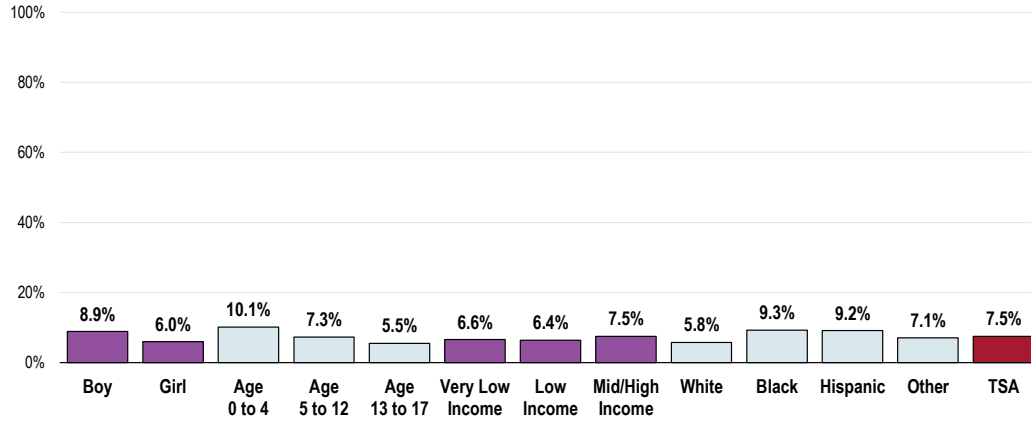
Child Has Hearing Problems (Total Service Area, 2019)



Sources: ● 2019 PRC Child & Adolescent Health Survey, PRC, Inc. [Item 37]
 ● 2018 PRC National Child & Adolescent Health Survey, PRC, Inc.
 Notes: ● Asked of all respondents about a randomly selected child in the household.
 ● Trending: Polk County is excluded from the Comparative Area data.

- Differences by demographic characteristics are not statistically significant.

Child Has Hearing Problems (Total Service Area, 2019)



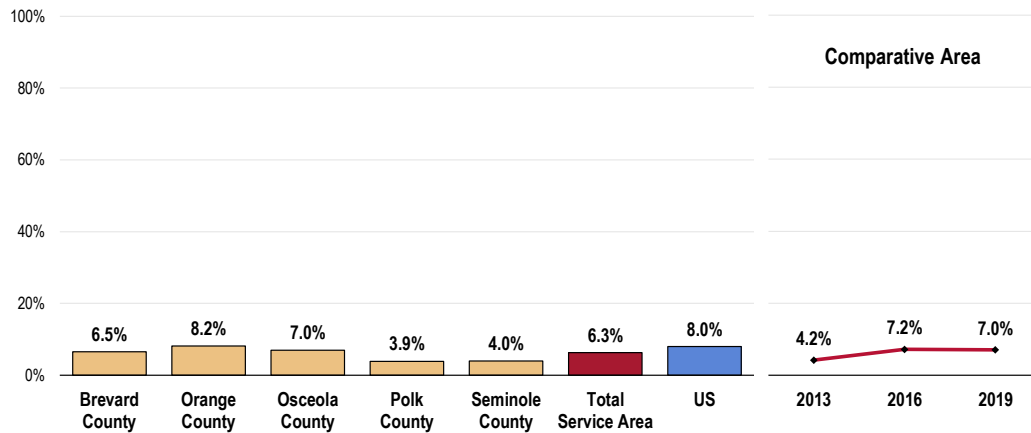
Sources: • 2019 PRC Child & Adolescent Health Survey, PRC, Inc. [Item 37]
 Notes: • Asked of all respondents about a randomly selected child in the household.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Vision Problems

A total of 6.3% of Total Service Area children have vision problems that cannot be corrected with glasses or contact lenses.

- Statistically comparable to the national prevalence.
- Statistically comparable by county.
- TREND: An increase over 2013 findings (similar to 2016).

Child Has Uncorrectable Vision Problems (Total Service Area, 2019)

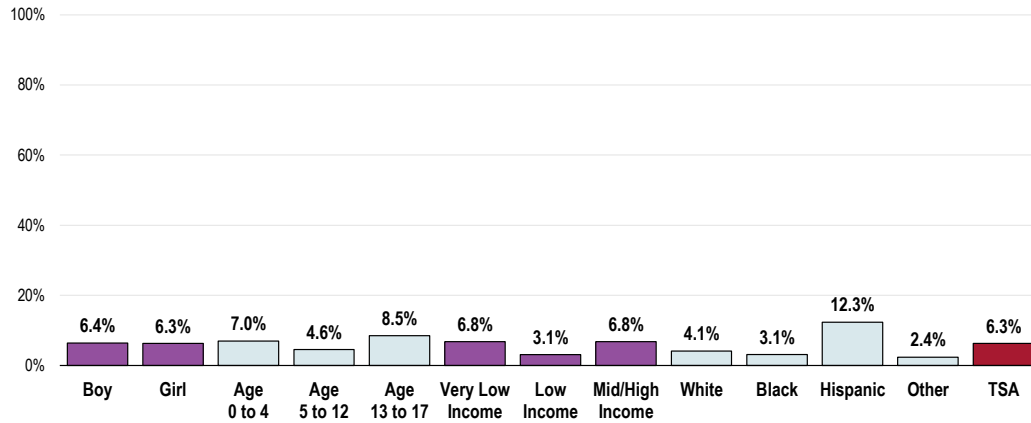


Sources: • 2019 PRC Child & Adolescent Health Survey, PRC, Inc. [Item 35]
 • 2018 PRC National Child & Adolescent Health Survey, PRC, Inc.
 Notes: • Asked of all respondents about a randomly selected child in the household.
 • Trending: Polk County is excluded from the Comparative Area data.

Children more likely to have uncorrectable vision problems include:

- Teens.
- Those in households above 200% of poverty (the sample of those below poverty is not large enough to be statistically significant).
- Hispanic children.

Child Has Uncorrectable Vision Problems (Total Service Area, 2019)



Sources: • 2019 PRC Child & Adolescent Health Survey, PRC, Inc. [Item 35]
 Notes: • Asked of all respondents about a randomly selected child in the household.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Key Informant Input: Vision, Hearing, & Speech Problems

The largest share of key informants taking part in an online survey characterized *Vision, Hearing, & Speech Problems* as a “minor problem” for children/adolescents in the community.

Perceptions of Vision, Hearing & Speech Conditions as a Problem for Children/Adolescents in the Community (Key Informants, 2019)

■ Major Problem ■ Moderate Problem ■ Minor Problem ■ No Problem At All



Sources: • PRC Online Key Informant Survey, PRC, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a “major problem,” the following reason was given:

Early Diagnosis/Prevention

Early intervention is key for vision, hearing, and speech conditions. Parents/guardians must be proactive about screenings. - Social Services Provider

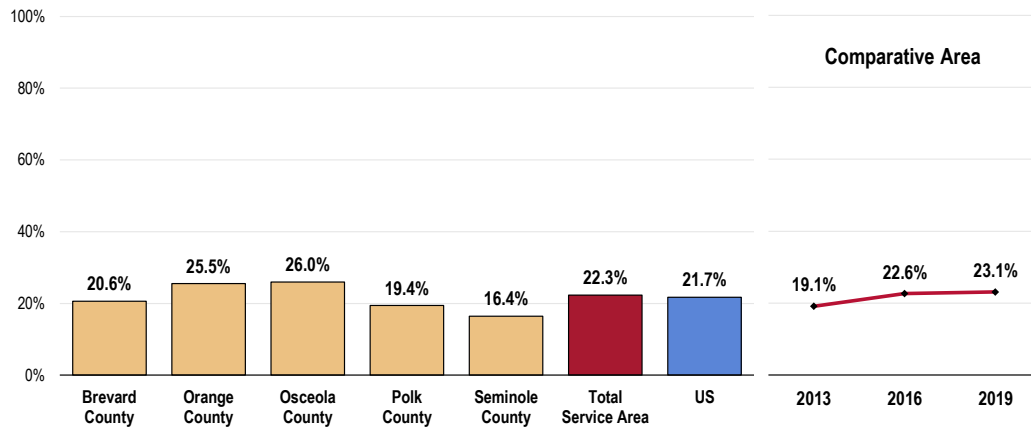
Allergies

Respiratory Allergies

A total of 22.3% of Total Service Area children suffer from respiratory allergies.

- Comparable to the US percentage.
- Notably low in Seminole County.
- TREND: The prevalence has increased since 2013 findings.

Child Has Respiratory Allergies (Total Service Area, 2019)



Sources: • 2019 PRC Child & Adolescent Health Survey, PRC, Inc. [Item 54]

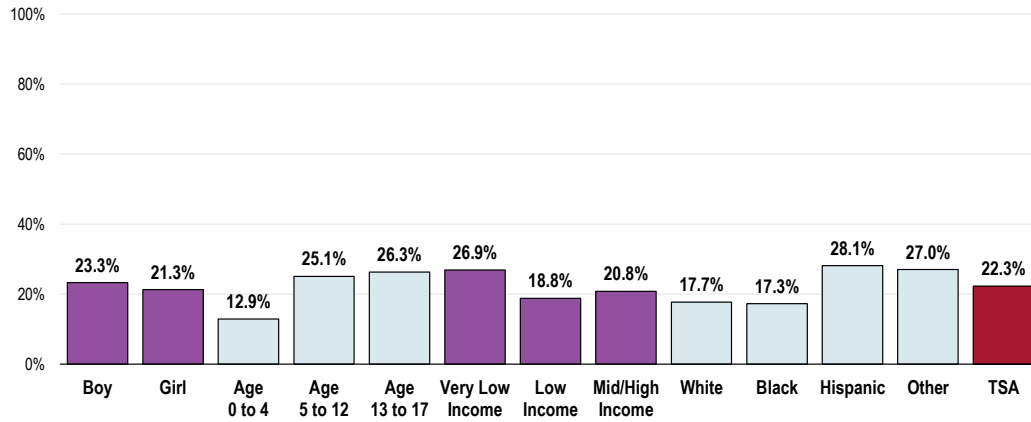
• 2018 PRC National Child & Adolescent Health Survey, PRC, Inc.

Notes: • Asked of all respondents about a randomly selected child in the household.

• Trending: Polk County is excluded from the Comparative Area data.

- Total Service Area children age 5 and older are more likely to have a respiratory allergy, as are Hispanic children.
- Note that the finding among Other” race children is not statistically significant.

Child Has Respiratory Allergies (Total Service Area, 2019)



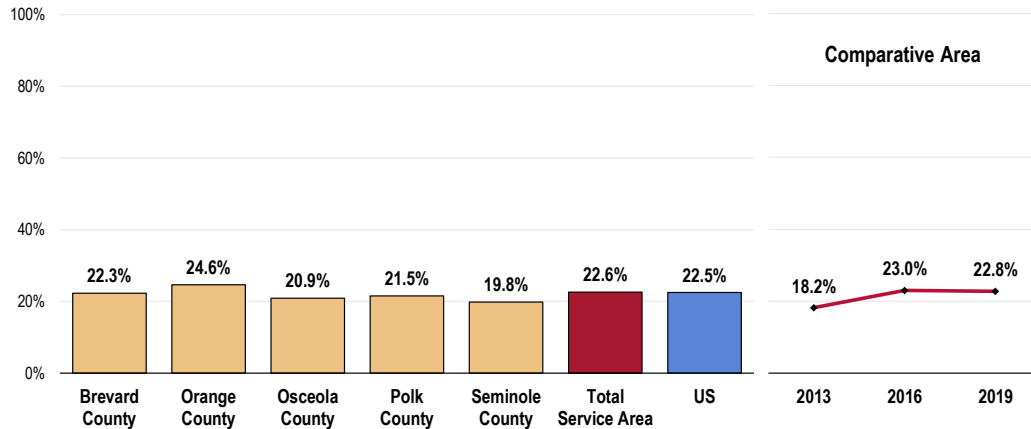
Sources: • 2019 PRC Child & Adolescent Health Survey, PRC, Inc. [Item 54]
 Notes: • Asked of all respondents about a randomly selected child in the household.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Eczema/Skin Allergies

A total of 22.6% of Total Service Area children have eczema or another skin allergy.

- Almost identical to national findings.
- Statistically similar among the five counties.
- TREND: A significant increase from 2013 findings (almost identical to 2016).

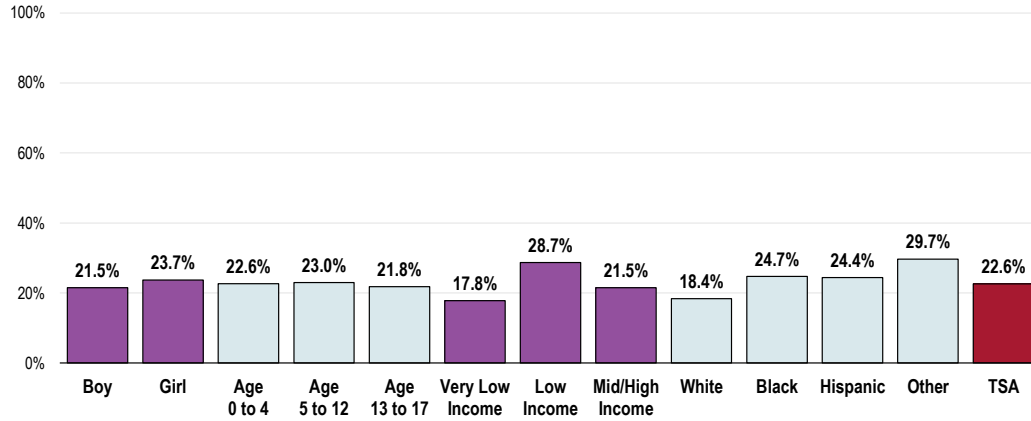
Child Has Eczema/Skin Allergies (Total Service Area, 2019)



Sources: • 2019 PRC Child & Adolescent Health Survey, PRC, Inc. [Item 57]
 • 2018 PRC National Child & Adolescent Health Survey, PRC, Inc.
 Notes: • Asked of all respondents about a randomly selected child in the household.
 • Trending: Polk County is excluded from the Comparative Area data.

- Those more likely to experience eczema/skin allergies include children living in households between 100% and 200% of poverty, as well as “Other” race children.

Child Has Eczema/Skin Allergies (Total Service Area, 2019)



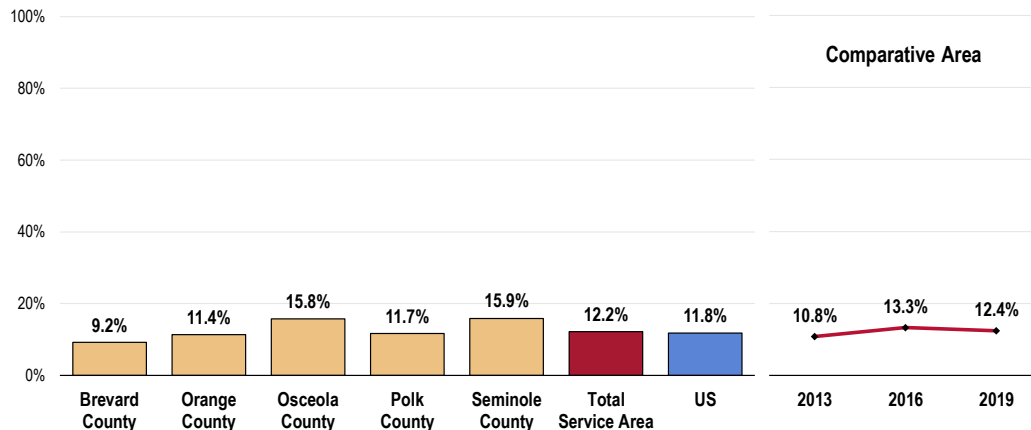
Sources: • 2019 PRC Child & Adolescent Health Survey, PRC, Inc. [Item 57]
 Notes: • Asked of all respondents about a randomly selected child in the household.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
 • Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Very Low Income” includes households with incomes below 100% of the federal poverty level; “Low Income” includes households with incomes between 100% and 199% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.

Food/Digestive Allergies

A total of 12.2% of Total Service Area children have some type of food or digestive allergy.

- Similar to the national prevalence.
- Statistically similar by county.
- TREND: No statistically significant change in food/digestive allergies has occurred in the past six years.

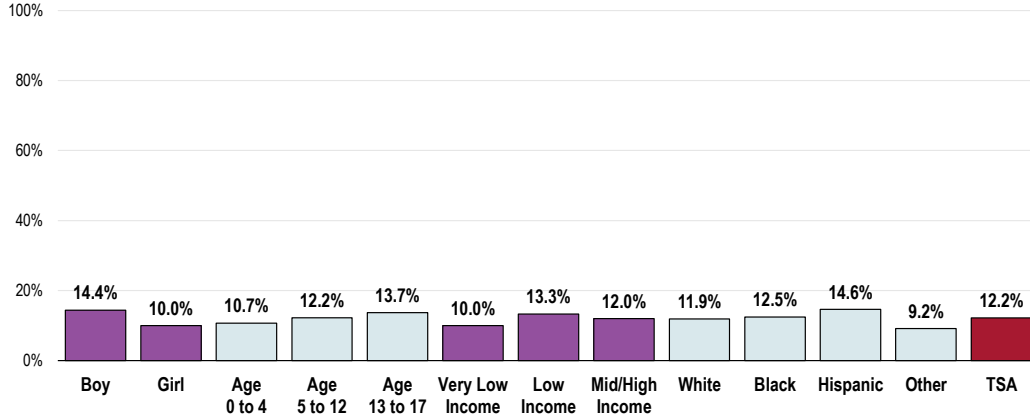
Child Has Food/Digestive Allergies (Total Service Area, 2019)



Sources: • 2019 PRC Child & Adolescent Health Survey, PRC, Inc. [Item 55]
 • 2018 PRC National Child & Adolescent Health Survey, PRC, Inc.
 Notes: • Asked of all respondents about a randomly selected child in the household.
 • Trending: Polk County is excluded from the Comparative Area data.

- Food/digestive allergies is more prevalent among Boys in the Total Service Area.

Child Has Food/Digestive Allergies (Total Service Area, 2019)

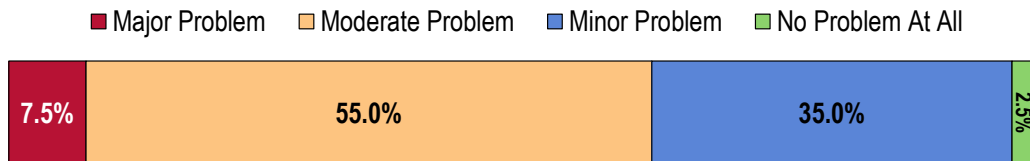


Sources: • 2019 PRC Child & Adolescent Health Survey, PRC, Inc. [Item 55]
 Notes: • Asked of all respondents about a randomly selected child in the household.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Key Informant Input: Allergies

More than half of key informants taking part in an online survey characterized *Allergies* as a "moderate problem" for children/adolescents in the community.

Perceptions of Allergies as a Problem for Children/Adolescents in the Community (Key Informants, 2019)



Sources: • PRC Online Key Informant Survey, PRC, Inc.
 Notes: • Asked of all respondents.

Neurological Conditions

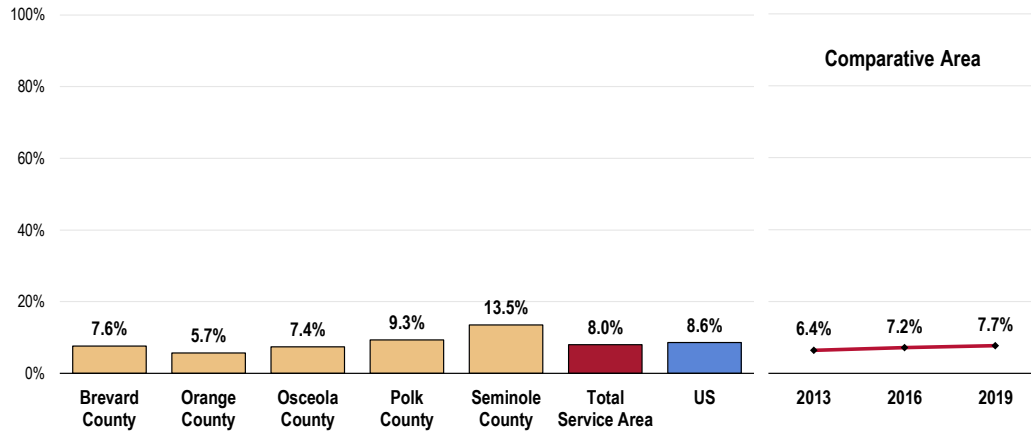
Migraines/Severe Headaches

A total of 8.0% of Total Service Area children suffer from migraines or severe headaches.

- Comparable to the US percentage.
- Least favorable in Seminole County.
- TREND: Statistically unchanged since 2013.

Child Has Migraines/Severe Headaches

(Total Service Area, 2019)



Sources: • 2019 PRC Child & Adolescent Health Survey, PRC, Inc. [Item 60]

• 2018 PRC National Child & Adolescent Health Survey, PRC, Inc.

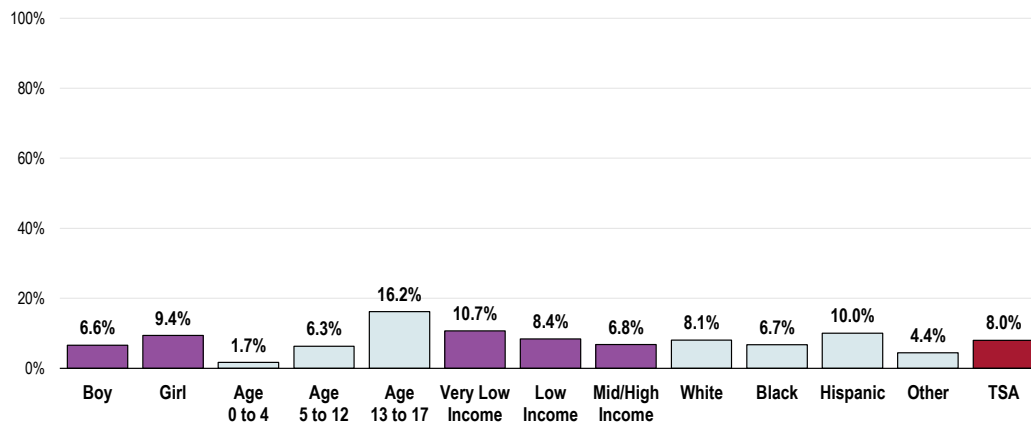
Notes: • Asked of all respondents about a randomly selected child in the household.

• Trending: Polk County is excluded from the Comparative Area data.

- The prevalence of migraines/severe headaches in the Total Service Area is strongly correlated with age.

Child Has Migraines/Severe Headaches

(Total Service Area, 2019)



Sources: • 2019 PRC Child & Adolescent Health Survey, PRC, Inc. [Item 60]

Notes: • Asked of all respondents about a randomly selected child in the household.

• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).

• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

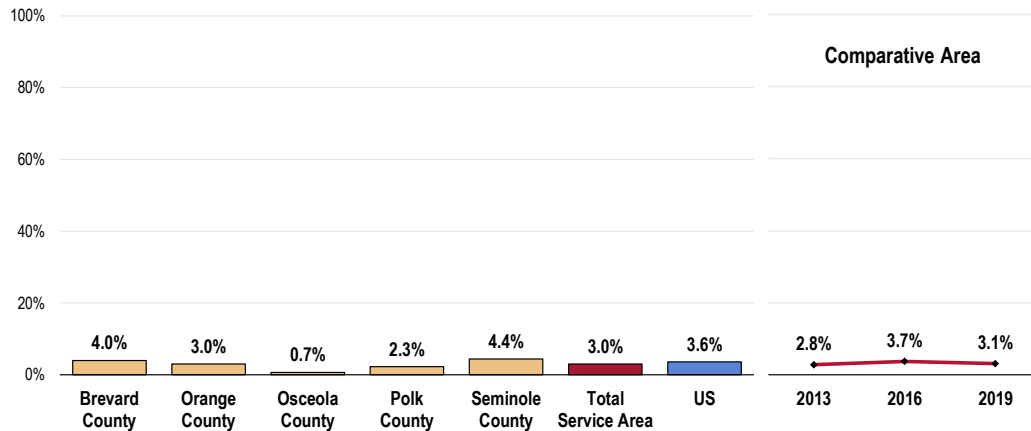
Brain Injury/Concussion

A total of 3.0% of Total Service Area children have suffered a brain injury or concussion.

- Similar to the US figure.
- Considerably low in Osceola County.
- TREND: No significant change over time.

Child Has Had a Brain Injury/Concussion

(Total Service Area, 2019)



Sources: • 2019 PRC Child & Adolescent Health Survey, PRC, Inc. [Item 59]

• 2018 PRC National Child & Adolescent Health Survey, PRC, Inc.

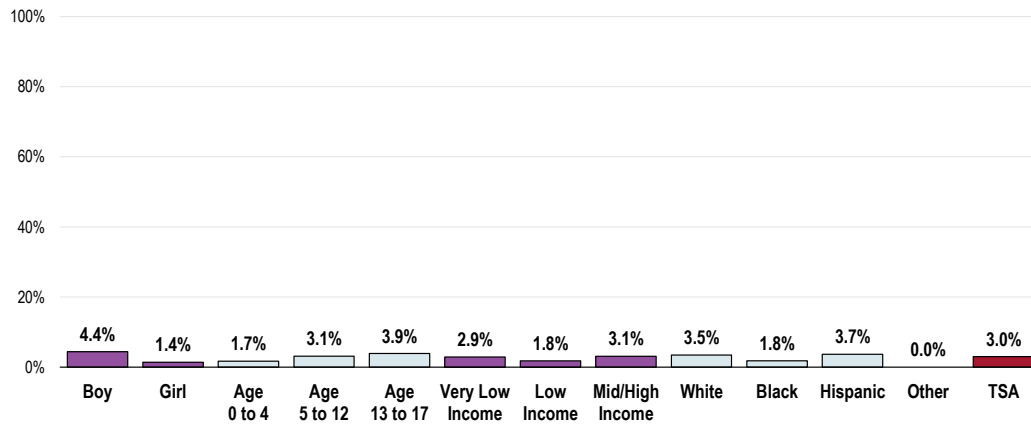
Notes: • Asked of all respondents about a randomly selected child in the household.

• Trending: Polk County is excluded from the Comparative Area data.

- This is predominantly noted among Boys.
- Note that no parents of “Other” race children reported brain injury or concussions.

Child Has Had a Brain Injury/Concussion

(Total Service Area, 2019)



Sources: • 2019 PRC Child & Adolescent Health Survey, PRC, Inc. [Item 59]

Notes: • Asked of all respondents about a randomly selected child in the household.

• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).

• Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Very Low Income” includes households with incomes below 100% of the federal poverty level; “Low Income” includes households with incomes between 100% and 199% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.

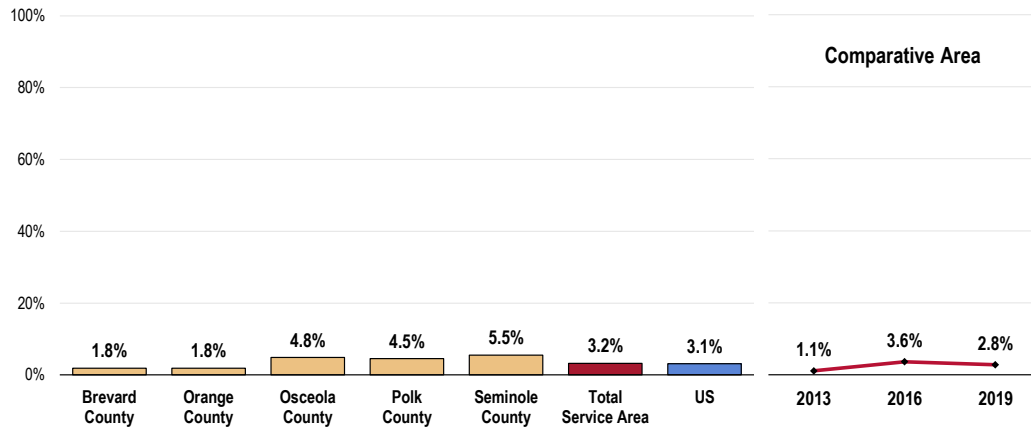
Seizure Disorder/Epilepsy

A total of 3.2% of Total Service Area children have epilepsy or a seizure disorder.

- Comparable to the US rate.
- Statistically lowest in Orange County.
- TREND: The prevalence has increased since 2013 findings (the decrease from 2016 findings is not statistically significant).

Child Has Seizure Disorder/Epilepsy

(Total Service Area, 2019)



Sources: • 2019 PRC Child & Adolescent Health Survey, PRC, Inc. [Item 58]

• 2018 PRC National Child & Adolescent Health Survey, PRC, Inc.

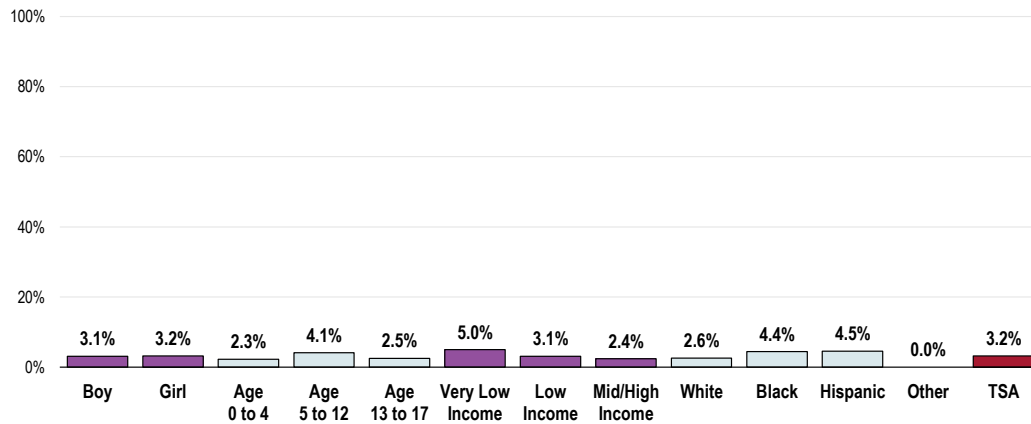
Notes: • Asked of all respondents about a randomly selected child in the household.

• Trending: Polk County is excluded from the Comparative Area data.

- Note that none of the parents of “Other” race children acknowledged a seizure disorder or epilepsy.

Child Has Seizure Disorder/Epilepsy

(Total Service Area, 2019)



Sources: • 2019 PRC Child & Adolescent Health Survey, PRC, Inc. [Item 58]

Notes: • Asked of all respondents about a randomly selected child in the household.

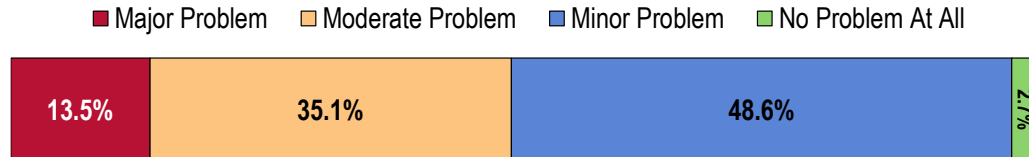
• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).

• Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Very Low Income” includes households with incomes below 100% of the federal poverty level; “Low Income” includes households with incomes between 100% and 199% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.

Key Informant Input: Neurological Conditions

Key informants taking part in an online survey most often characterized *Neurological Conditions* as a “minor problem” for children/adolescents in the community.

Perceptions of Neurological Conditions as a Problem for Children/Adolescents in the Community (Key Informants, 2019)



Sources: • PRC Online Key Informant Survey, PRC, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a “major problem,” reasons related to the following:

Early Diagnosis/Prevention

Neurological conditions may not be diagnosed properly or as soon as possible for early interventions. - Social Services Provider

Lack of Providers

Lack of providers in the area assisting families who are looking for a diagnosis. - Other Health Provider

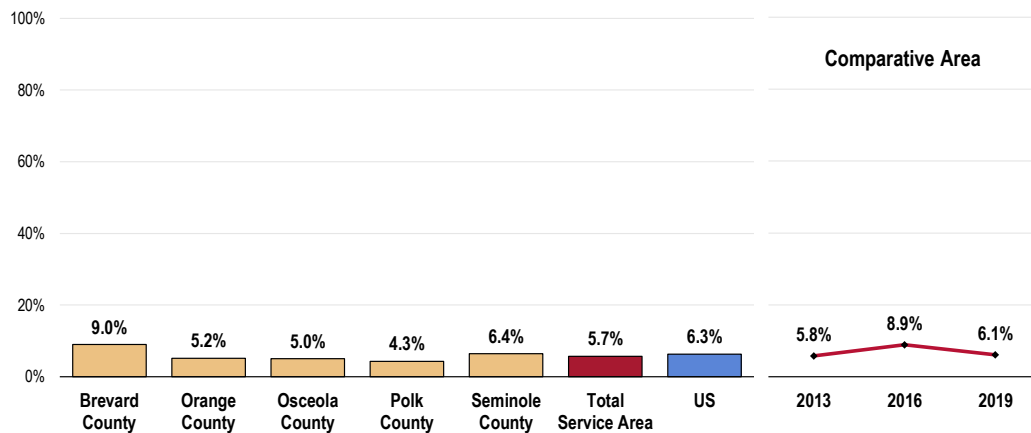
Bone, Joint & Muscle Problems

A total of 5.7% of Total Service Area children experience bone, joint, or muscle problems.

- Similar to the nationwide proportion.
- Statistically, no difference by county.
- TREND: Significantly lower than 2016 findings (though statistically unchanged from 2013).

Child Has Bone, Joint, or Muscle Problems

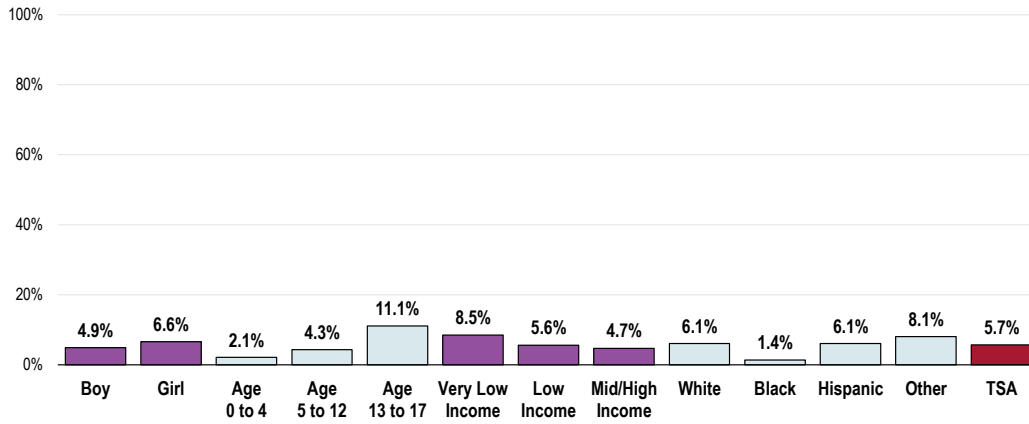
(Total Service Area, 2019)



Sources: • 2019 PRC Child & Adolescent Health Survey, PRC, Inc. [Item 56]
 • 2018 PRC National Child & Adolescent Health Survey, PRC, Inc.
 Notes: • Asked of all respondents about a randomly selected child in the household.
 • Trending: Polk County is excluded from the Comparative Area data.

- Teens are much more likely to suffer from bone, joint, or muscle problems.
- Black children are significant less likely to have this diagnosis than other races/ethnicity.

Child Has Bone, Joint, or Muscle Problems (Total Service Area, 2019)

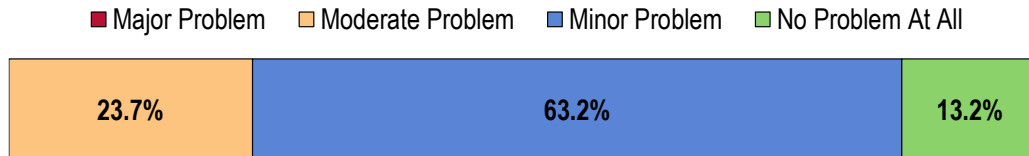


Sources: • 2019 PRC Child & Adolescent Health Survey, PRC, Inc. [Item 56]
 Notes: • Asked of all respondents about a randomly selected child in the household.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Key Informant Input: Bone, Joint & Muscle Conditions

More than six in 10 key informants taking part in an online survey characterized *Bone, Joint, and Muscle Conditions* as a "minor problem" for children/adolescents in the community.

Perceptions of Bone, Joint & Muscle Conditions as a Problem for Children/Adolescents in the Community (Key Informants, 2019)



Sources: • PRC Online Key Informant Survey, PRC, Inc.
 Notes: • Asked of all respondents.

Asthma

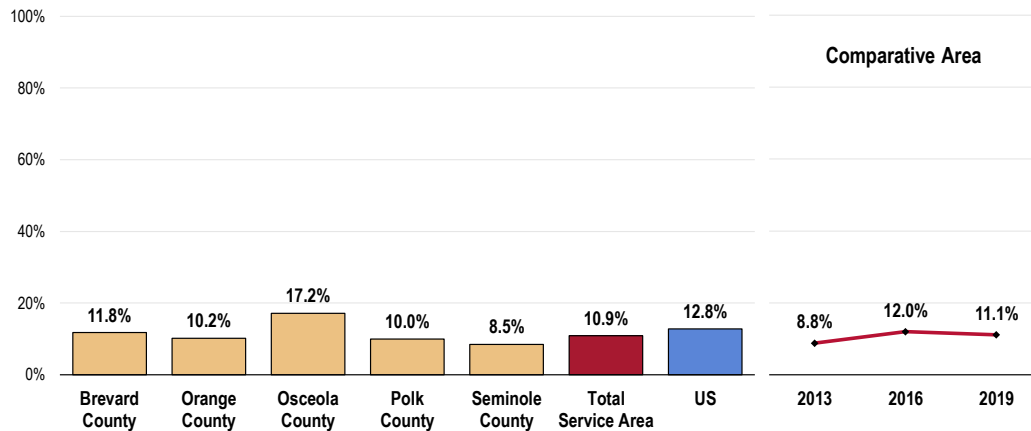
Prevalence of Asthma

A total of 10.9% of Total Service Area children age 0 to 17 currently have asthma.

- Statistically similar to the US rate.
- Least favorable in Osceola County.
- TREND: Statistically unchanged over time.

Child Currently Has Asthma

(Total Service Area, 2019)



Sources: • 2019 PRC Child & Adolescent Health Survey, PRC, Inc. [Item 125]

• 2018 PRC National Child & Adolescent Health Survey, PRC, Inc.

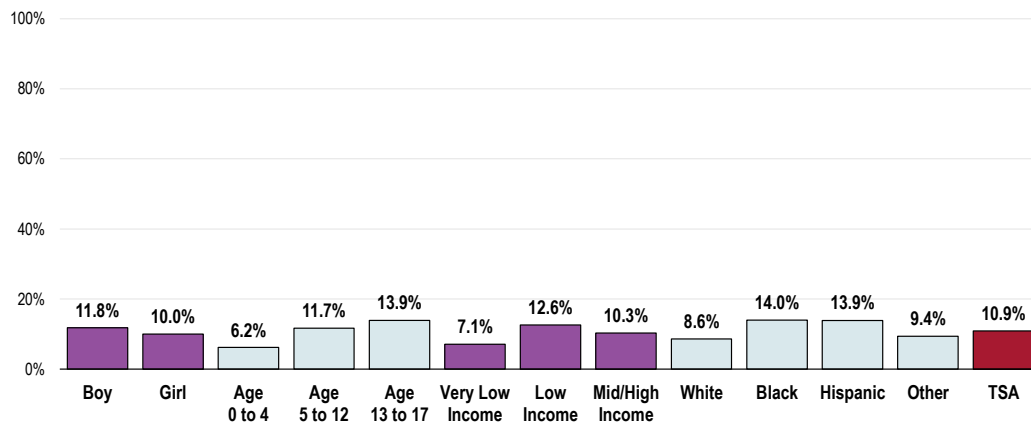
Notes: • Asked of all respondents about a randomly selected child in the household.

• Trending: Polk County is excluded from the Comparative Area data.

- Childhood asthma prevalence in the Total Service Area is highest among children age 5 and older, as well as Hispanic children.
- Note that the sample of Black children is not large enough to be significant.

Child Currently Has Asthma

(Total Service Area, 2019)



Sources: • 2019 PRC Child & Adolescent Health Survey, PRC, Inc. [Item 125]

Notes: • Asked of all respondents about a randomly selected child in the household.

• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).

• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Asthma-Related Care

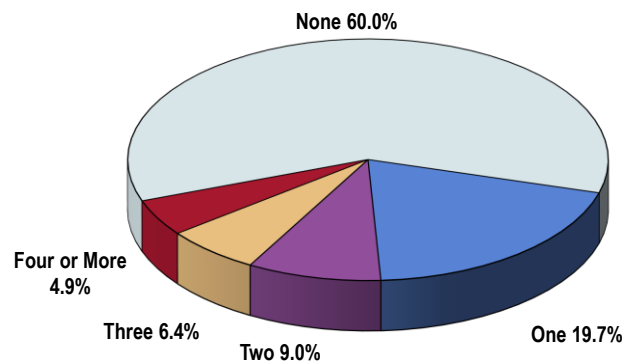
Emergent/Urgent Care

Among Total Service Area children with asthma, four in 10 (40.0%) have had emergency room or urgent care visits due to their asthma at least once in the past year.

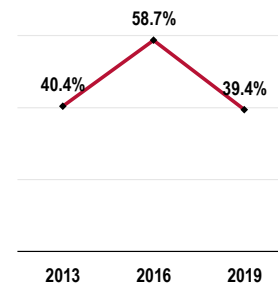
- Comparable to national findings (not shown).
- TREND: Notably lower than 2016 findings (though almost identical to the 2013 rate).

Number of Asthma-Related ER/Urgent Care Visits in the Past Year

(Total Service Area Children with Asthma, 2019)



Comparative Area Child Had At Least One Asthma-Related ER/Urgent Care Visit in the Past Year



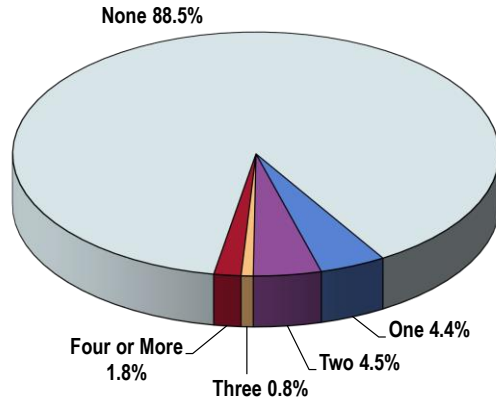
Sources: • 2019 PRC Child & Adolescent Health Survey, PRC, Inc. [Item 48]
 Notes: • Asked of respondents with a child who currently has asthma.
 • Trending: Polk County is excluded from the Comparative Area data.

Hospitalization

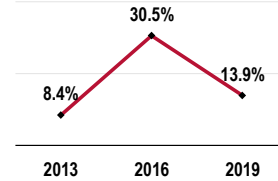
Among Total Service Area children with asthma, a total of 11.5% were hospitalized overnight in the past year because of asthma.

- Similar to national findings (not shown).
- TREND: A notable decrease from 2016 findings (though statistically similar to 2013).

Number of Asthma-Related Hospital Stays in the Past Year (Total Service Area Children with Asthma, 2019)



Comparative Area Child Had At Least One Asthma-Related Hospital Stay in the Past Year



Sources: • 2019 PRC Child & Adolescent Health Survey, PRC, Inc. [Item 49]
 Notes: • Asked of respondents with a child who currently has asthma.
 • Trending: Polk County is excluded from the Comparative Area data.

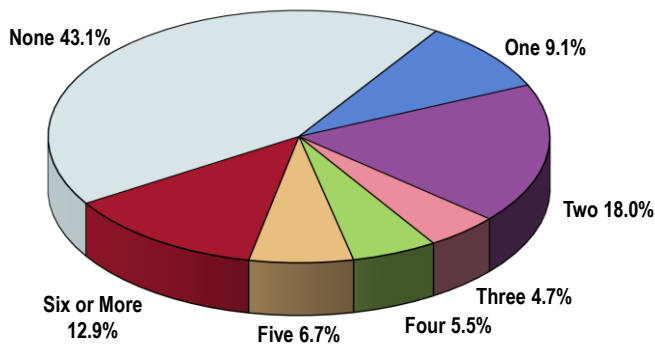
Loss of Productivity

Missed School Days

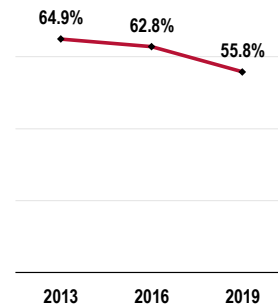
Among Total Service Area school-age children with asthma, the majority (56.9%) missed school on one or more days in the past year because of asthma-related problems.

- In fact, 19.6% missed 5+ school days in the past year due to their asthma.
- No significant difference when compared against national findings (not shown).
- TREND: The prevalence of asthmatic children who missed school because of their asthma has not changed significantly over time.

Number of School Days Missed Due to Asthma in the Past Year (Total Service Area Children Age 5-17 with Asthma, 2019)



Comparative Area Child Missed School Due to Asthma in the Past Year



Sources: • 2019 PRC Child & Adolescent Health Survey, PRC, Inc. [Item 50]
 Notes: • Asked of respondents with a child who currently has asthma.

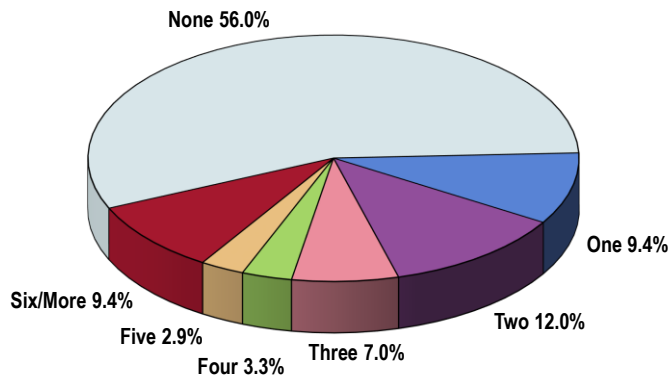
Parents' Missed Workdays

Further, 44.0% of Total Service Area parents with asthmatic children missed at least one day of work in the past year because of their child's asthma.

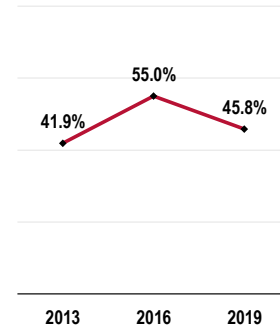
- The prevalence includes 12.3% of parents who missed 5+ workdays in the past year due to their child's asthma.
- Similar to the proportion found nationally (not shown).
- TREND: The change in the prevalence of parents who missed work because of a child's asthma is not statistically significant.

Workdays Missed in the Past Year Due to Child's Asthma

(Total Service Area Parents of Children with Asthma, 2019)



Comparative Area Parent Missed Work Due to Child's Asthma in the Past Year



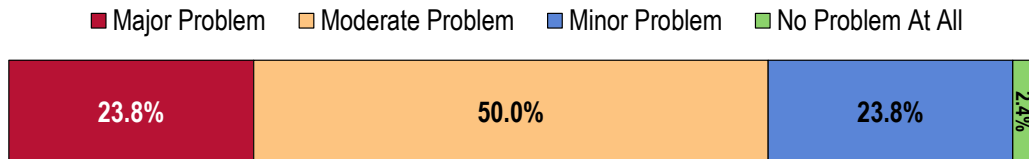
Sources: • 2019 PRC Child & Adolescent Health Survey, PRC, Inc. [Item 51]
 Notes: • Asked of respondents with a child who currently has asthma.
 • Trending: Polk County is excluded from the Comparative Area data

Key Informant Input: Asthma and Other Respiratory Conditions

Half of key informants taking part in an online survey characterized *Asthma and Other Respiratory Conditions* as a “moderate problem” for children/adolescents in the community.

Perceptions of Asthma & Other Respiratory Conditions as a Problem for Children/Adolescents in the Community

(Key Informants, 2019)



Sources: • PRC Online Key Informant Survey, PRC, Inc.
 Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a “major problem,” reasons frequently related to the following:

Prevalence/Incidence

The data and emergency room visits [data] demonstrates this being a concern. - Public Health Representative

Many children I know have some type of major food allergy or asthma. These issues should not be the norm, and they affect how much children play and interact with one another. - Other Health Provider

Number of cases are going up. Disproportionately affects lower socioeconomic families. - Other Health Provider

I have seen a tremendous growth in the number of children with asthma in the past ten to fifteen years. I don't know why they spike. - Community/Business Leader

Co-Occurrences

Many of the children who suffer with food insecurity also present with asthma, possibly related to the unsafe housing many of them live in. - Social Services Provider

Not the best nutrition, lots of overweight, so I'm thinking that is what's affecting kids. - Social Services Provider

It impacts activities of daily living, school attendance. - Other Health Provider

Diagnosis/Treatment

Many untreated cases. Overuse of emergency room. Lack of money to pay for ongoing medications. - Social Services Provider

Diabetes

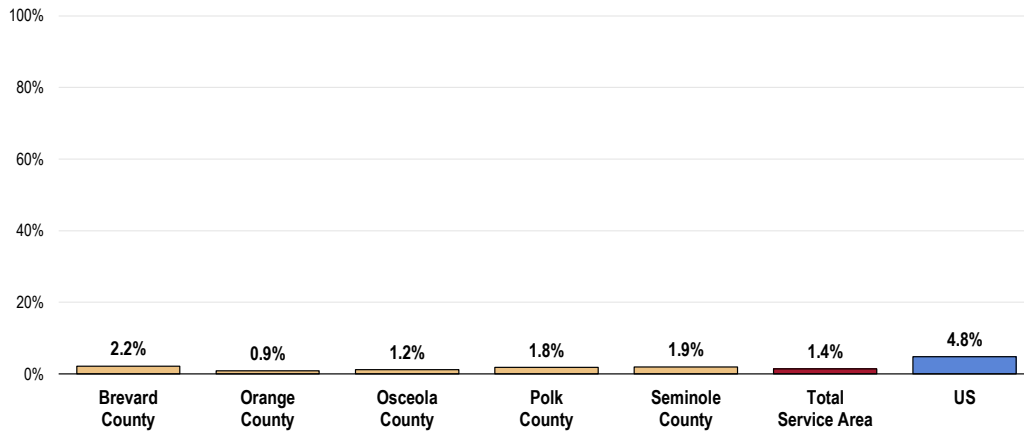
Prevalence of Diabetes/Pre-Diabetes

A total of 1.4% of Total Service Area children age 0 to 17 have been diagnosed with diabetes or pre-diabetes.

- Notably lower than seen nationally.
- No statistical difference among the individual counties.

Child Has Diabetes or Pre-Diabetes

(Total Service Area, 2019)

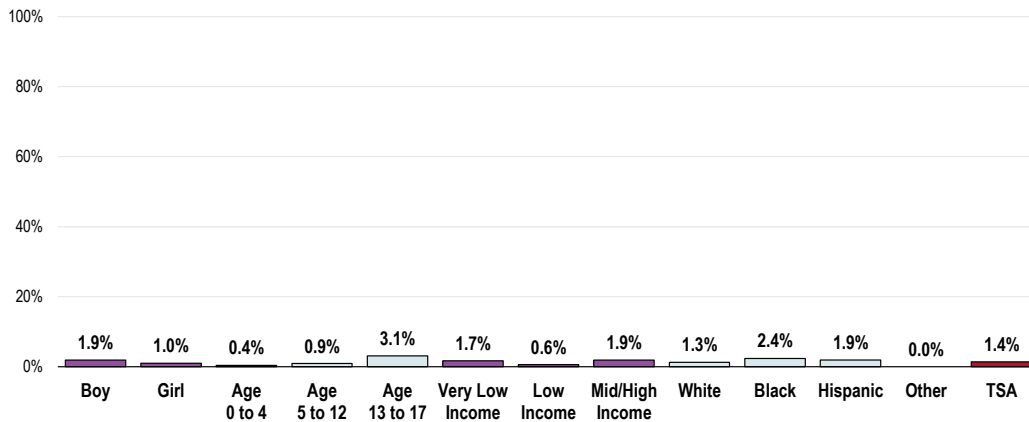


Sources: • 2019 PRC Child & Adolescent Health Survey, PRC, Inc. [Item 307]
 • 2018 PRC National Child & Adolescent Health Survey, PRC, Inc.
 Notes: • Asked of all respondents about a randomly selected child in the household.

- In the Total Service Area, teens are significantly more likely to have been diagnosed with diabetes/pre-diabetes than younger children, while none of the parents of “Other” race children report a diabetes/pre-diabetes diagnosis.

Child Has Diabetes or Pre-Diabetes

(Total Service Area, 2019)



Sources: • 2019 PRC Child & Adolescent Health Survey, PRC, Inc. [Item 307]
 Notes: • Asked of all respondents about a randomly selected child in the household.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
 • Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Very Low Income” includes households with incomes below 100% of the federal poverty level; “Low Income” includes households with incomes between 100% and 199% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.

Key Informant Input: Diabetes

The greatest share of key informants taking part in an online survey characterized *Diabetes* as a “moderate problem” for children/adolescents in the community.

Perceptions of Diabetes as a Problem for Children/Adolescents in the Community (Key Informants, 2019)

■ Major Problem ■ Moderate Problem ■ Minor Problem ■ No Problem At All



Sources: ● PRC Online Key Informant Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Top Concerns

Among those rating this issue as a “major problem,” reasons frequently related to the following:

Obesity

Children are presenting earlier with diabetes diagnoses and are also experiencing pre-cursors like obesity and lack of physical activity that increase likelihoods of diagnoses. Poor access to quality foods, lack of regular physical activity, and sedentary lifestyles contribute greatly to this risk. - Public Health Representative

Weight gain is placing many children at a higher risk for developing early onset diabetes. - Community/Business Leader

The issue of obesity and improper nutrition is an issue. As a result, diabetes is a concern. - Social Services Provider

Access to Healthy Food

Many families living in poverty in food deserts cannot afford or access healthy foods. They are forced to rely on inexpensive, highly processed, high calorie, high fat, sodium and sugar foods that are cheap and available at corner stores and gas stations. Additionally, families relying on SNAP food dollars experience a binge/fast syndrome that has been shown to lead to obesity and diabetes. Some cultural and generational food preferences can also lead to diabetes. - Social Services Provider

Due to poor eating habits that are a result of lack of money to buy healthy foods, lack of access to healthy foods, lack of nutritional education and eating high carb, sugar foods because they're cheaper. - Social Services Provider

Prevalence/Incidence

Numbers are growing. Disproportionately affects families of lower socioeconomic status. - Other Health Provider

I don't have real numbers for this but among my friends and colleagues, I am astounded at the amount of diabetes incidence in their children. Diabetes has been a common illness in my extended family so I am aware of its challenges and consequences. - Community/Business Leader

Health Awareness/Education

Children and parents need education about healthy eating and exercise and understand that their lifestyle plays a big role in whether they develop type two diabetes. - Social Services Provider

Lifestyle

As this is largely associated with children and adolescents dealing with healthy diets, activity, obesity etc. I believe as we continue to have unhealthy, inactive and overweight/obese children we will see diabetes as a major, long term problem. - Community/Business Leader

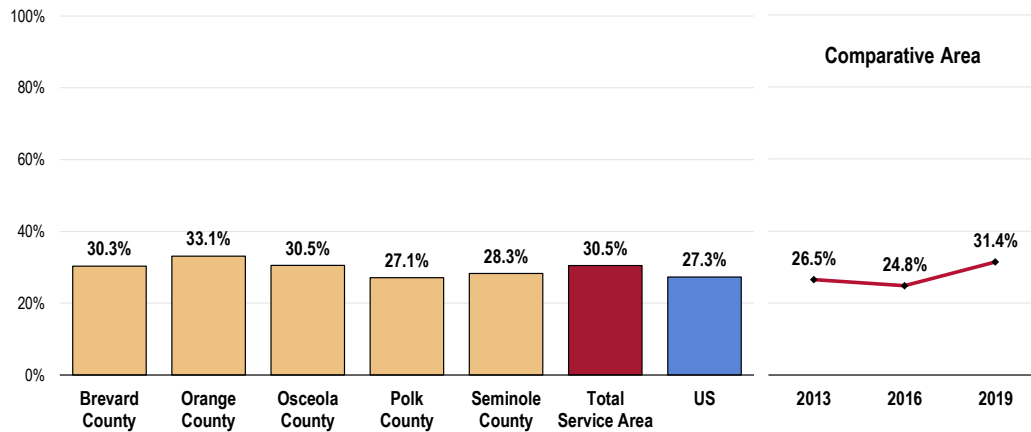
Special therapy might include physical, occupational, or speech therapy.

Condition Requiring Prescriptions or Special Therapy

Specifically, more than three out of 10 Total Service Area children (30.5%) have a chronic condition that requires prescription medication(s) (not counting vitamins) or special therapy.

- Statistically similar to the prevalence nationwide.
- No statistically significant differences by county.
- TREND: Shows a statistically significant increase in the Total Service Area over time.

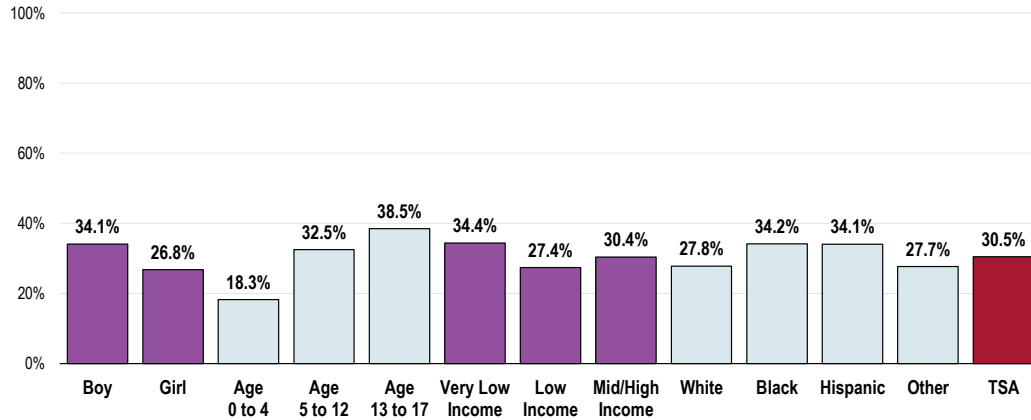
Child Has a Chronic Condition That Requires Prescription(s) and/or Special Therapy (Total Service Area, 2019)



Sources: • 2019 PRC Child & Adolescent Health Survey, PRC, Inc. [Item 128]
 • 2018 PRC National Child & Adolescent Health Survey, PRC, Inc.
 Notes: • Asked of all respondents about a randomly selected child in the household.
 • In this case, "chronic conditions" are defined as conditions that have lasted (or are expected to last) 12 months or longer.
 • Trending: Polk County is excluded from the Comparative Area data.

- Boys are more likely than girls to have a chronic condition that requires prescription medication or special therapy, as are older children.

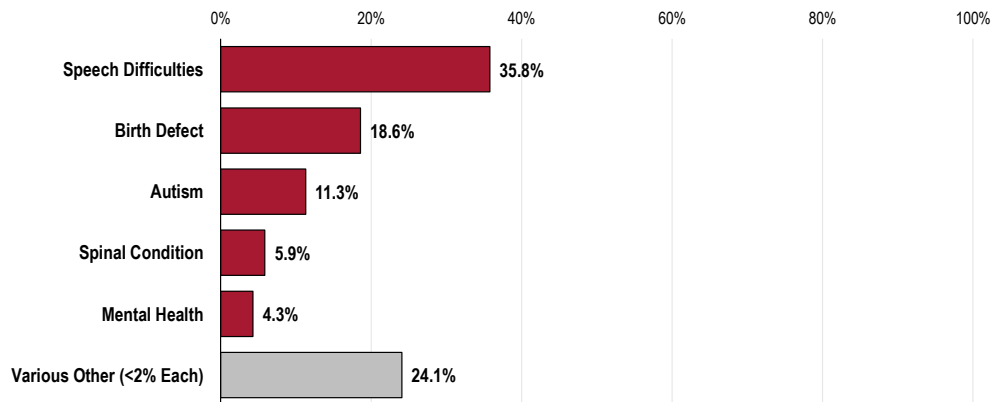
Child Has a Chronic Condition That Requires Prescription(s) and/or Special Therapy (Total Service Area, 2019)



Sources: • 2019 PRC Child & Adolescent Health Survey, PRC, Inc. [Item 128]
 Notes: • Asked of all respondents about a randomly selected child in the household.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

When these parents were asked to specify the chronic condition requiring special therapy, **speech difficulties** was the most frequent response (35.8%), followed by **birth defects** (18.6%), **autism** (11.3%), **spinal conditions** (5.9%), **mental health conditions** (4.3%), and a variety of lesser-mentioned conditions. 16.4% of parents did not provide a specific response.

Type of Chronic Condition Requiring Therapy (Children Who Need Therapy For a Chronic Condition; Total Service Area, 2019)



Sources: • 2019 PRC Child & Adolescent Health Survey, PRC, Inc. [Item 34]
 Notes: • Asked of all respondents whose child has a chronic condition which requires special therapy.

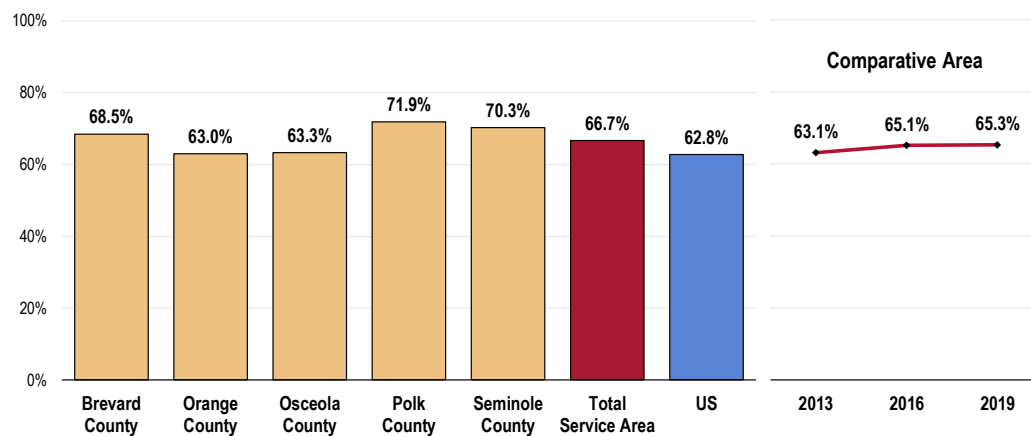
Special Health Needs

In all, two-thirds (66.7%) of Total Service Area children (age 0-17) are found to have special health needs.

Here, children with special health needs include those reported to have one or more of the chronic disease conditions tested in the survey or another chronic condition not specifically tested.

- Statistically similar to the US figure.
- Statistically similar by county.
- TREND: The increase since 2013 is not statistically significant.

Child Has a Special Health Need (Total Service Area, 2019)



Sources: • 2019 PRC Child & Adolescent Health Survey, PRC, Inc. [Item 127]

• 2018 PRC National Child & Adolescent Health Survey, PRC, Inc.

Notes: • Asked of all respondents about a randomly selected child in the household.

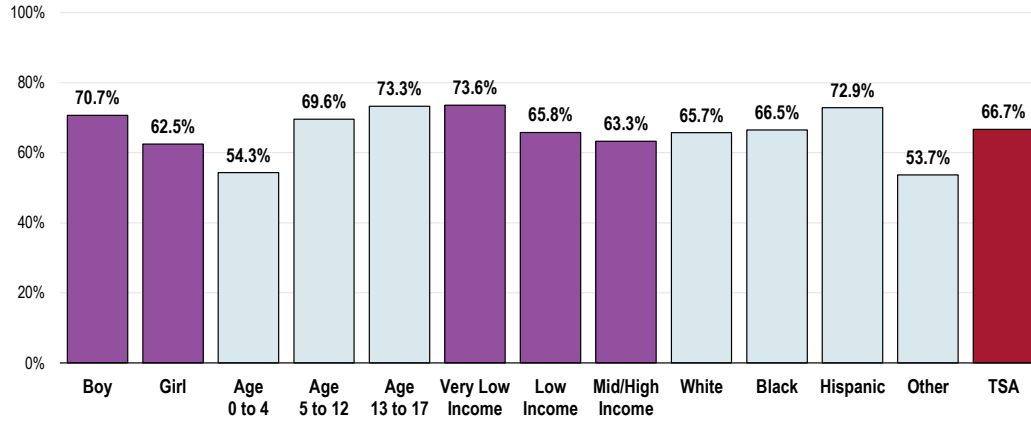
• Includes respondents reporting a child's diagnosis of any medical condition specifically measured in the survey, as well as any other not specifically addressed.

• Trending: Polk County is excluded from the Comparative Area data.

The following are more likely to have special health needs:

- Boys.
- Children age 5 and older.
- Children in very low-income households.
- Hispanic children.

Child Has a Special Health Need (Total Service Area, 2019)



- Sources:
- 2019 PRC Child & Adolescent Health Survey, PRC, Inc. [Item 127]
- Notes:
- Asked of all respondents about a randomly selected child in the household.
 - Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 - Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
 - Includes respondents reporting a child's diagnosis of any medical condition specifically measured in the survey, as well as any other not specifically addressed.

Prenatal & Postnatal Care



Professional Research Consultants, Inc.

Prenatal Care

About Infant & Child Health

Improving the well-being of mothers, infants, and children is an important public health goal for the US. Their well-being determines the health of the next generation and can help predict future public health challenges for families, communities, and the healthcare system. The risk of maternal and infant mortality and pregnancy-related complications can be reduced by increasing access to quality preconception (before pregnancy) and inter-conception (between pregnancies) care. Moreover, healthy birth outcomes and early identification and treatment of health conditions among infants can prevent death or disability and enable children to reach their full potential. Many factors can affect pregnancy and childbirth, including pre-conception health status, age, access to appropriate healthcare, and poverty.

Infant and child health are similarly influenced by socio-demographic factors, such as family income, but are also linked to the physical and mental health of parents and caregivers. There are racial and ethnic disparities in mortality and morbidity for mothers and children, particularly for African Americans. These differences are likely the result of many factors, including social determinants (such as racial and ethnic disparities in infant mortality; family income; educational attainment among household members; and health insurance coverage) and physical determinants (i.e., the health, nutrition, and behaviors of the mother during pregnancy and early childhood).

– Healthy People 2020 (www.healthypeople.gov)

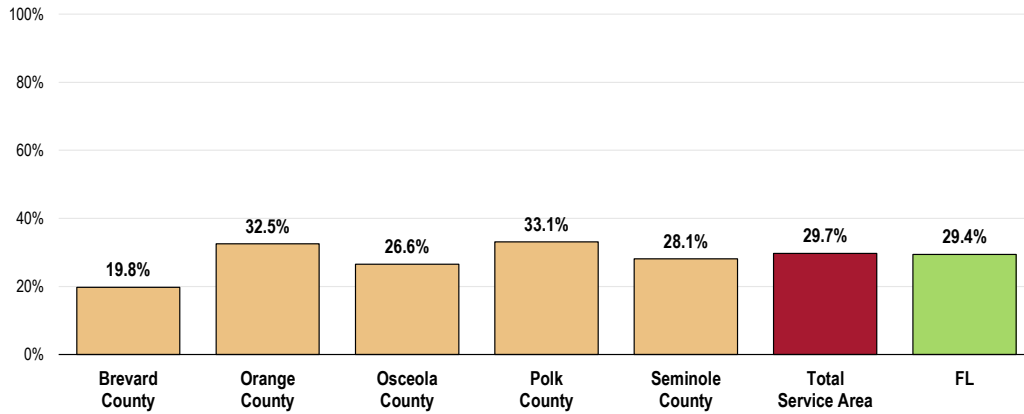
Between 2015 and 2017, almost three in 10 of all Total Service Area births (29.7%) did not receive prenatal care in the first trimester of pregnancy.

- Close to the Florida proportion.
- Fails to satisfy the Healthy People 2020 target (22.1% or lower).
- Least favorable in Orange and Polk counties.

Lack of Prenatal Care in the First Trimester

(Percentage of Live Births, 2015-2017)

Healthy People 2020 Target = 22.1% or Lower



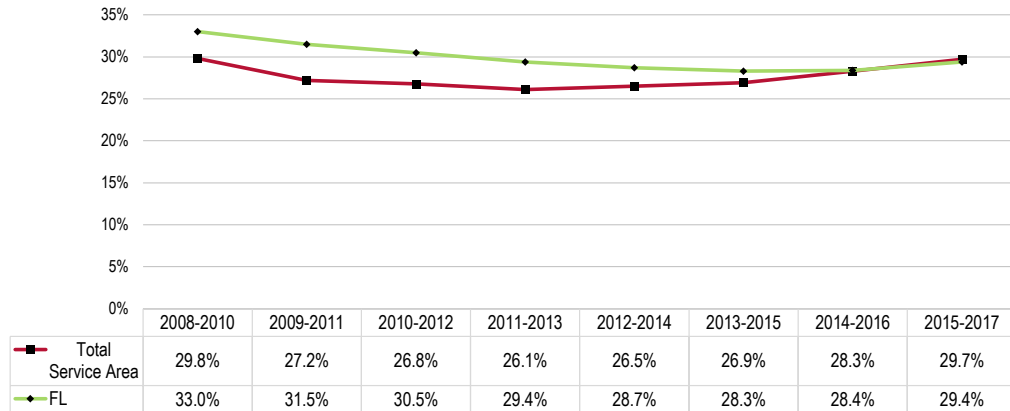
- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2019.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective MICH-10.1]
- Note:
- This indicator reports the percentage of women who do not obtain prenatal care during their first trimester of pregnancy. This indicator is relevant because engaging in prenatal care decreases the likelihood of maternal and infant health risks. This indicator can also highlight a lack of access to preventive care, a lack of health, knowledge insufficient provider outreach, and/or social barriers preventing utilization of services.

- **TREND:** Following a period of slight improvement, lack of prenatal care has steadily increased in the Total Service Area since the 2011-2013 reporting period.

Lack of Prenatal Care in the First Trimester

(Percentage of Live Births)

Healthy People 2020 Target = 22.1% or Lower



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2019.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective MICH-10.1]
- Note:
- This indicator reports the percentage of women who do not obtain prenatal care during their first trimester of pregnancy. This indicator is relevant because engaging in prenatal care decreases the likelihood of maternal and infant health risks. This indicator can also highlight a lack of access to preventive care, a lack of health, knowledge insufficient provider outreach, and/or social barriers preventing utilization of services.

Births to Teen Mothers

About Teen Births

The negative outcomes associated with unintended pregnancies are compounded for adolescents. Teen mothers:

- Are less likely to graduate from high school or attain a GED by the time they reach age 30.
- Earn an average of approximately \$3,500 less per year, when compared with those who delay childbearing.
- Receive nearly twice as much Federal aid for nearly twice as long.

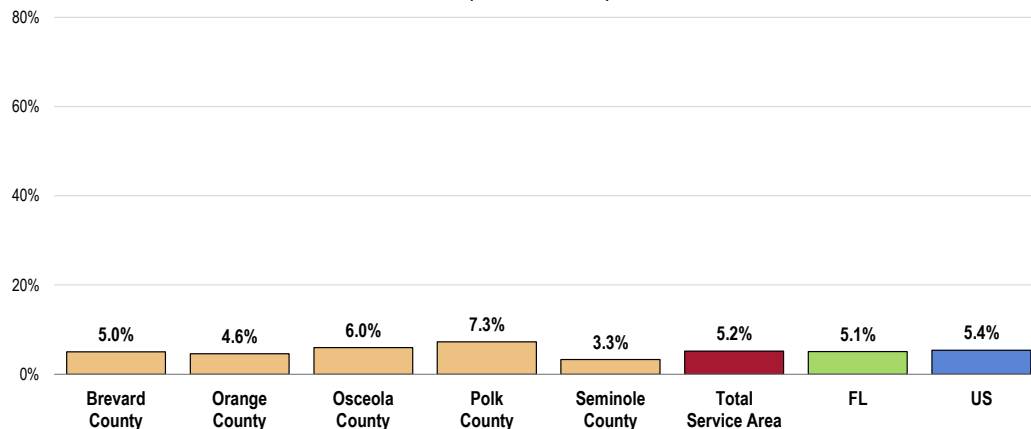
Similarly, early fatherhood is associated with lower educational attainment and lower income. Children of teen parents are more likely to have lower cognitive attainment and exhibit more behavior problems. Sons of teen mothers are more likely to be incarcerated, and daughters are more likely to become adolescent mothers.

– Healthy People 2020 (www.healthypeople.gov)

Between 2015 and 2017, 5.2% of all births in the Total Service Area were to adolescents age 15 to 19.

- Comparable to the state and national proportions.
- Highest in Osceola and Polk counties.

Percentage of Births to Adolescents Age 15 to 19 (2015-2017)

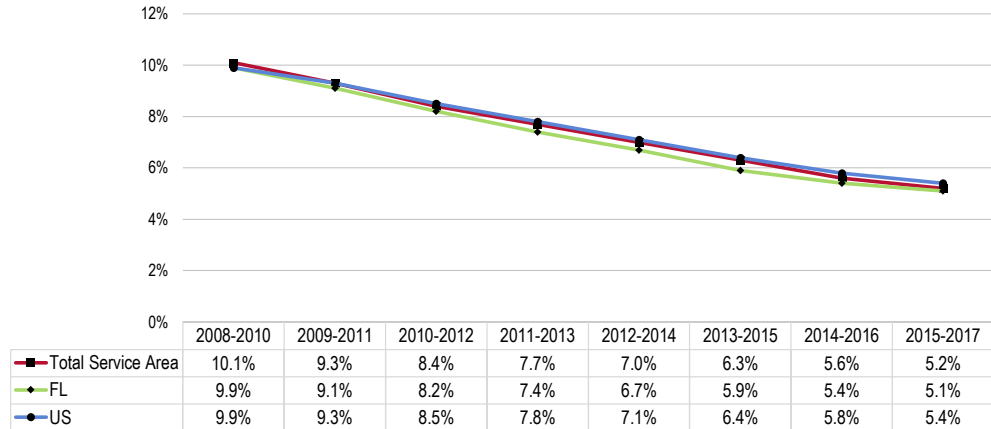


Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2019.

Note: • Percentages are the proportion of live births within each population born to mothers ages 15 to 19 years.

- **TREND:** The proportion of births to Total Service Area teens has decreased steadily over the past decade, echoing Florida and US trends.

Adolescent Birth Trends
(Percentage of Births to Adolescents Age 15-19)



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2019.
- Notes:
- This indicator reports the rate of total births to women under the age of 15–19 per 1,000 female population age 15–19. This indicator is relevant because in many cases, teen parents have unique social, economic, and health support services. Additionally, high rates of teen pregnancy may indicate the prevalence of unsafe sex practices.

Low-Weight Births

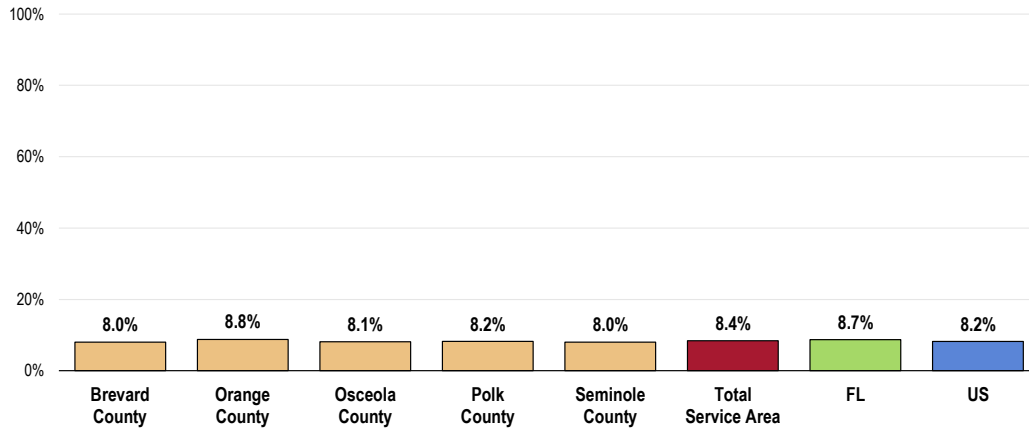
Low birthweight babies- those who weigh less than 2,500 grams (5 pounds, 8 ounces) at birth- are much more prone to illness and neonatal death than are babies of normal birthweight.

Largely a result of receiving poor or inadequate prenatal care, many low-weight births and the consequent health problems are preventable.

A total of 8.4% of 2015-2017 Total Service Area births were low-weight.

- Similar to the Florida and US proportions.
- Fails to satisfy the Healthy People 2020 target (7.8% or lower).
- Highest in Orange County.

Low-Weight Births
(Percent of Live Births, 2015-2017)
Healthy People 2020 Target = 7.8% or Lower

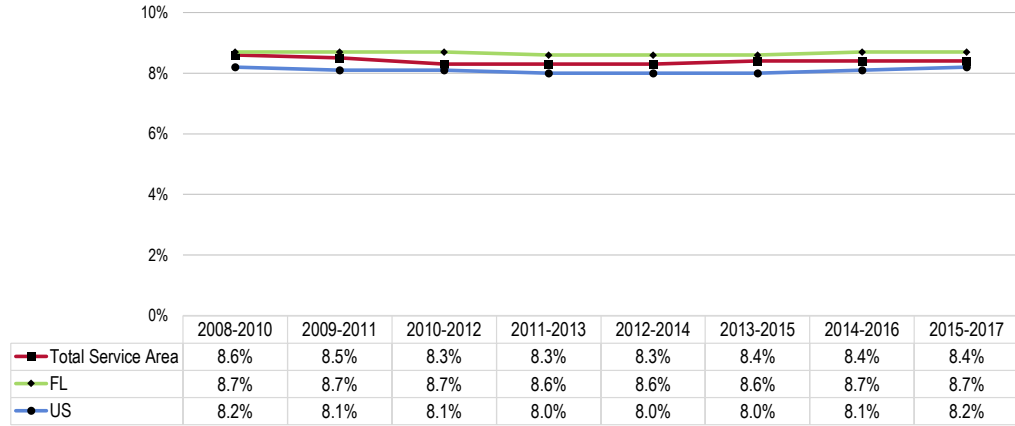


- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2019.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective MICH-8.1]
- Note:
- This indicator reports the percentage of total births that are low birth weight (Under 2500g). This indicator is relevant because low birth weight infants are at high risk for health problems. This indicator can also highlight the existence of health disparities.

- The percentage of low-weight births in the Total Service Area has remained relatively stable over the past decade.

Low-Weight Births (Percent of Live Births)

Healthy People 2020 Target = 7.8% or Lower



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics. Data extracted June 2019.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective MICH-8.1]
- Note:
- This indicator reports the percentage of total births that are low birth weight (Under 2500g). This indicator is relevant because low birth weight infants are at high risk for health problems. This indicator can also highlight the existence of health disparities.

Breastfeeding & Breast Milk

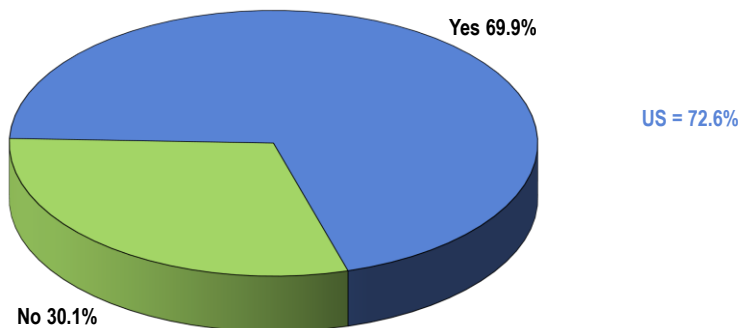
Ever Breast-Fed

Nearly seven in 10 Total Service Area children age 0 to 17 (69.9%) were ever breast-fed or fed using breast milk (regardless of duration).

- Similar to US findings.
- Fails to satisfy the Healthy People 2020 objective (81.9% or higher).
- Lowest in Polk County (not shown).

“For the next question, I would like you to think back to when this child was an infant. As best you can recall, was this child ever breast-fed or fed using breast milk?”

Child Was Ever Fed Breast Milk
(Total Service Area, 2019)
Healthy People 2020 Target = 81.9% or Higher



Sources: • 2019 PRC Child & Adolescent Health Survey, PRC, Inc. [Item 113]
• 2018 PRC National Child & Adolescent Health Survey, PRC, Inc.
• US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective MICH-21.1]

Notes: • Asked of all respondents about a randomly selected child in the household.

Exclusive Breastfeeding for Six Months

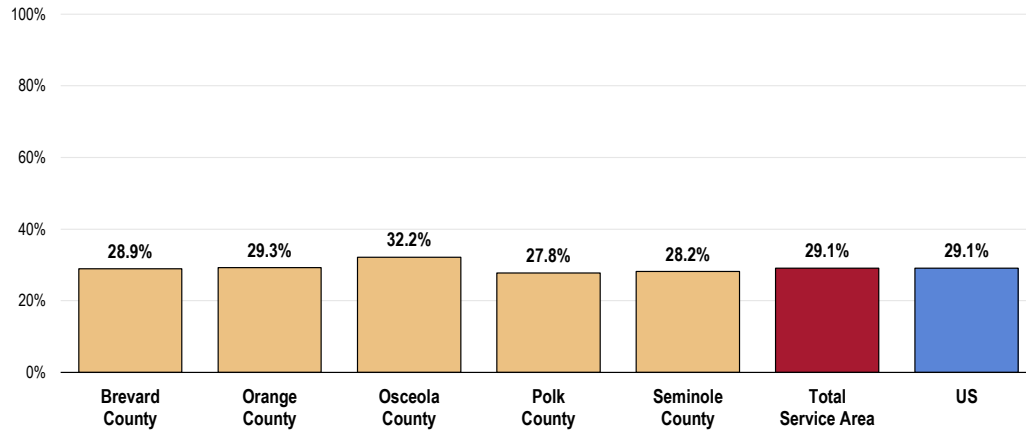
In total, 29.1% of all Total Service Area children were fed breast milk exclusively for the first 6 months of life.

- Identical to the US proportion.
- Satisfies the Healthy People 2020 objective (25.5% or higher).
- No statistically significant difference by county.

Child Was Exclusively Breastfed for at Least 6 Months

(Total Service Area, 2019)

Healthy People 2020 Target = 25.5% or Higher



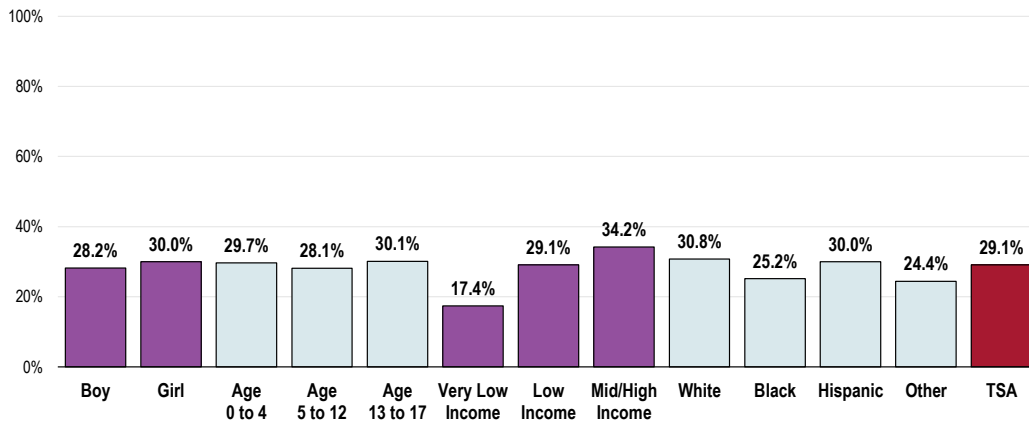
- Sources:
- 2019 PRC Child & Adolescent Health Survey, PRC, Inc. [Item 130]
 - 2018 PRC National Child & Adolescent Health Survey, PRC, Inc.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective MICH-21.5]
- Notes:
- Asked of all respondents about a randomly selected child in the household.

- Exclusive breastfeeding for the first 6 months is less common among children living in very low-income families.
- Note that prevalence is similar across age groups, suggesting that these levels haven't changed significantly over time.

Child Was Exclusively Breastfed for at Least 6 Months

(Total Service Area, 2019)

Healthy People 2020 Target = 25.5% or Higher



- Sources:
- 2019 PRC Child & Adolescent Health Survey, PRC, Inc. [Item 130]
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective MICH-21.5]
- Notes:
- Asked of all respondents about a randomly selected child in the household.
 - Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 - Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Infant Health

Key Informant Input: Infant Health

Key informants taking part in an online survey characterized *Infant Health* as a “major problem” slightly more often than a “moderate problem” for children in the community.

Perceptions of Infant Health as a Problem for Children/Adolescents in the Community (Key Informants, 2019)

■ Major Problem ■ Moderate Problem ■ Minor Problem ■ No Problem At All



Sources: • PRC Online Key Informant Survey, PRC, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a “major problem,” reasons frequently related to the following:

Access to Care/Services

Poor access to quality care for many women pre-conception has a great impact on prenatal care, pregnancy outcomes and infant health. - Public Health Representative

The health of the mother greatly impacts whether she has a healthy birth outcome. Access to early prenatal care is critical, but if a pregnant woman must apply for Medicaid, there is a lengthy wait time before she is approved and can seek ongoing care. When a woman enters into care in the second trimester (or later) many of the developmental conditions have (or have not) already occurred.

Depending on her financial and support system, just trying to secure (healthy/fresh) food, affordable housing and affordable day care may take up all of her time leaving little resources for prenatal care or immunizations for children with her. Some mothers (and fathers) don't know there are programs that can assist them because the programs are continually trying to secure funding to provide needed services. Transportation to get to services is also an ongoing problem (only private vehicles or limited public transportation in extreme hot weather conditions). - Social Services Provider

Lack of prenatal care and education. - Other Health Provider

Immunizations/Vaccinations

I am most concerned about this issue as it relates to vaccinations and immunizations. There are increasing rates of children NOT being vaccinated and childhood diseases recurring due to lack of immunizations. I personally vaccinate my children and would not want them exposed to unvaccinated children. I believe there is too little regulation about vaccinations and therefore people may choose to not vaccinate based of inaccurate information and put their own child and others at risk. - Community/Business Leader

Health disparities in maternal and infant mortality still evident in Seminole County. Vaccine-preventable diseases also of concern with declining immunization rates nationwide, also evident in Seminole County. - Public Health Representative

Impact on Quality of Life

In speaking with parents of children who are struggling in school for health reasons- mental, physical, behavioral- I find that those parents lacked adequate support for their parenting concerns and that early problems did not receive attention or follow-up (history of substance use, prolonged infant crying...). Lack of coordination between specialty hospitals in Orange County and follow-up when infant returns to Seminole County. - Other Health Provider

Affects future function, e.g. cognitive. - Other Health Provider

Prevalence/Incidence

I have seen a tremendous rise in low birthweight babies, and the accompanying health impacts. - Community/Business Leader

Infant mortality rate, low birthweight rates are both high. - Social Services Provider

Prevention

Safe sleep environments for infants. They should be placed in their own crib, on their back with nothing in the crib, i.e. co-sleeping with an adult, blankets, toys, etc. - Social Services Provider

Vulnerable Populations

This is especially a problem when you look at it through the lens of race/ethnicity, specifically in the Black/African American populations and Hispanic/Latino communities. Infant mortality rates are affecting the Black population at the highest rate within Central Florida. Preterm births affect the Black population disproportionately as compared to the White and Hispanic populations. Low birth rate is similar. The Black community has the highest rates and by a considerable margin. Hispanic mothers are less likely to be uninsured compared to White and Black mothers. - Other Health Provider



Mortality



Professional Research Consultants, Inc.



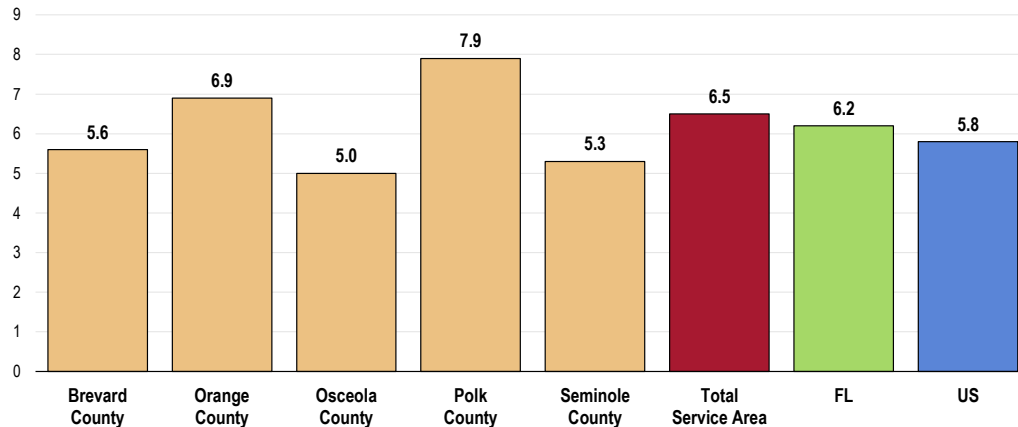
Infant Mortality

Infant mortality rates reflect deaths of children less than one year old per 1,000 live births.

Between 2015 and 2017, there was an annual average of 6.5 infant deaths per 1,000 live births in the Total Service Area.

- Similar to the Florida rate.
- Less favorable than the national rate.
- Fails to satisfy the Healthy People 2020 target of 6.0 per 1,000 live births or lower.
- Least favorable in Orange and Polk counties.

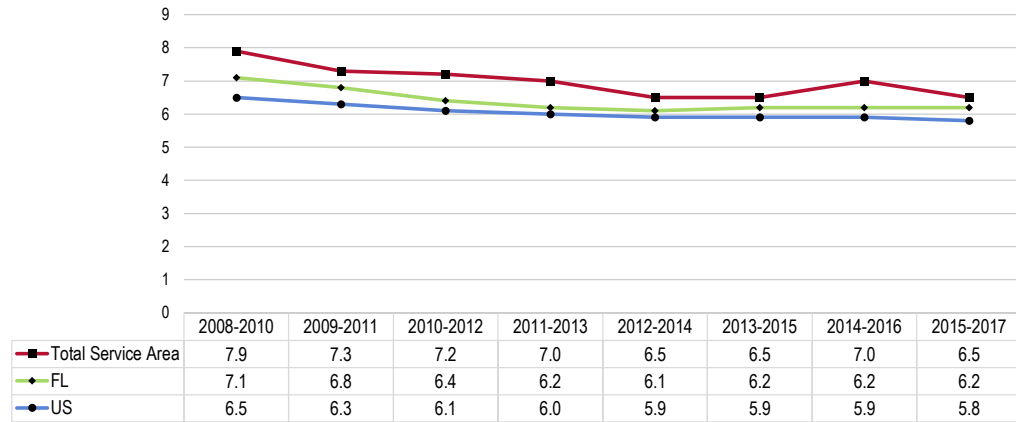
Infant Mortality Rate
(Annual Average Infant Deaths per 1,000 Live Births, 2015-2017)
Healthy People 2020 Target = 6.0 or Lower



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2019.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective MICH-1.3]
- Notes:
- Infant deaths include deaths of children under 1 year old.
 - This indicator is relevant because high rates of infant mortality indicate the existence of broader issues pertaining to access to care and maternal and child health.

- Throughout the Total Area, the infant mortality rate is twice or more among births to Black mothers as to White mothers (not shown). This disparity is even more pronounced in Polk County (not shown).
- TREND: The infant mortality rate has overall trended downward over the past decade in the Total Service Area, echoing the state and national trends.

Infant Mortality Rate (Annual Average Infant Deaths per 1,000 Live Births) Healthy People 2020 Target = 6.0 or Lower



Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2019.
● US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective MICH-1.3]

Notes: ● Rates are three-year averages of deaths of children under 1 year old per 1,000 live births.

Child & Adolescent Deaths

Between 2015 and 2017, the Total Service Area reported an annual average of 33.2 child deaths (age 1 to 4) per 100,000 population.

- Notably higher than the Florida rate but especially the national rate.
- Fails to satisfy the Healthy People 2020 target of 25.7 deaths or fewer per 100,000 population.

With regard to children age 5 to 9, the Total Service Area crude death rate was 12.2 per 100,000 population (2015-2017 data).

- Identical to the Florida rate and comparable to the national rate.
- Comparable to the Healthy People 2020 goal of 12.3 deaths or fewer per 100,000 population.

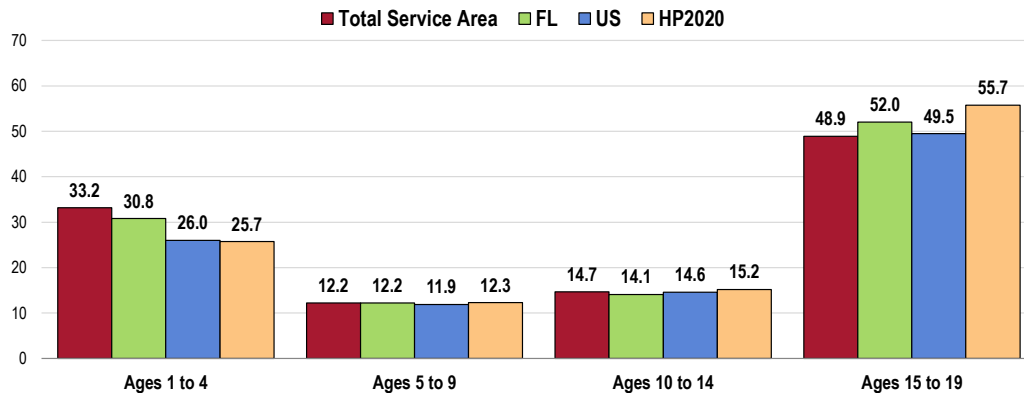
Among Total Service Area youth (age 10 to 14), the 2015-2017 crude death rate was 14.7 per 100,000 population.

- Close to the Florida and US rates.
- Similar to the related Healthy People 2020 goal of 15.2 deaths or fewer per 100,000 population.

Among Total Service Area teens (age 15 to 19), the 2015-2017 crude death rate was 48.9 per 100,000 population.

- More favorable than the Florida rate.
- Similar to the national rate.
- Satisfies the related Healthy People 2020 goal of 55.7 deaths or fewer per 100,000 population.

Child & Adolescent Mortality Rates by Age Group (Annual Average Child Mortality per 100,000 Population; 2015-2017)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2019.
• US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective MICH-3.1]

Notes: • Rates are crude rates, representing the number of deaths of children in each age group per 100,000 population.

Leading Causes of Child Deaths

For Total Service Area infants (under one year of age) during the years of 2008-2017, the predominant cause of death was perinatal conditions (certain conditions occurring in the perinatal period- usually low birthweight, preterm birth, and complications of pregnancy, labor, and delivery).

See also *Injury & Safety* in the **Modifiable Health Risks** section of this report.

For all other ages (children age 1-19), accidents were the number-one leading cause of death in Total Service Area.

- Other leading causes of death for infants included congenital conditions and accidents.
- Among children age 1-4, congenital conditions and homicide followed accidents as the leading causes of death.
- For children age 5-9, cancer and congenital conditions followed accidents as the leading causes of death.
- Cancer was the second-leading cause of death for Total Service Area children age 10-14, followed by suicide.
- Homicide and suicide followed accidents as the leading causes of death for Total Service Area teens (age 15-19).

Leading Causes of Child Deaths by Age Group (Total Service Area, 2008-2017)

	Under 1 Year	Ages 1 to 4	Ages 5 to 9	Ages 10 to 14	Ages 15 to 19
Number-One Leading Cause	Perinatal Conditions*	Accidents (Drowning, Motor Vehicle Crashes)	Accidents (Motor Vehicle Crashes, Drowning)	Accidents (Motor Vehicle Crashes)	Accidents (Motor Vehicle Crashes, Poisoning)
Number-Two Leading Cause	Congenital Conditions**	Congenital Conditions**	Cancer	Cancer	Homicide
Number-Three Leading Cause	Accidents (Suffocation)	Homicide	Congenital Conditions**	Suicide (Suffocation)	Suicide

Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2019.

Notes: • *Perinatal conditions include certain conditions occurring in the perinatal period, usually low birthweight, preterm birth, and complications of pregnancy, labor and delivery.
• **Congenital conditions include congenital malformations, deformations and chromosomal abnormalities.

Modifiable Health Risks



Professional Research Consultants, Inc.

Nutrition

About Healthful Diet & Healthy Weight

Strong science exists supporting the health benefits of eating a healthful diet and maintaining a healthy body weight. Efforts to change diet and weight should address individual behaviors, as well as the policies and environments that support these behaviors in settings such as schools, worksites, healthcare organizations, and communities.

The goal of promoting healthful diets and healthy weight encompasses increasing household food security and eliminating hunger.

Americans with a healthful diet:

- Consume a variety of nutrient-dense foods within and across the food groups, especially whole grains, fruits, vegetables, low-fat or fat-free milk or milk products, and lean meats and other protein sources.
- Limit the intake of saturated and trans fats, cholesterol, added sugars, sodium (salt), and alcohol.
- Limit caloric intake to meet caloric needs.

Diet and body weight are related to health status. Good nutrition is important to the growth and development of children. A healthful diet also helps Americans reduce their risks for many health conditions, including: overweight and obesity; malnutrition; iron-deficiency anemia; heart disease; high blood pressure; dyslipidemia (poor lipid profiles); type 2 diabetes; osteoporosis; oral disease; constipation; diverticular disease; and some cancers.

Diet reflects the variety of foods and beverages consumed over time and in settings such as worksites, schools, restaurants, and the home. Interventions to support a healthier diet can help ensure that:

- Individuals have the knowledge and skills to make healthier choices.
- Healthier options are available and affordable.

Social Determinants of Diet. Demographic characteristics of those with a more healthful diet vary with the nutrient or food studied. However, most Americans need to improve some aspect of their diet.

Social factors thought to influence diet include:

- Knowledge and attitudes
- Skills
- Social support
- Societal and cultural norms
- Food and agricultural policies
- Food assistance programs
- Economic price systems

Physical Determinants of Diet. Access to and availability of healthier foods can help people follow healthful diets. For example, better access to retail venues that sell healthier options may have a positive impact on a person's diet; these venues may be less available in low-income or rural neighborhoods.

The places where people eat appear to influence their diet. For example, foods eaten away from home often have more calories and are of lower nutritional quality than foods prepared at home.

Marketing also influences people's—particularly children's—food choices.

– Healthy People 2020 (www.healthypeople.gov)

Fruits & Vegetables

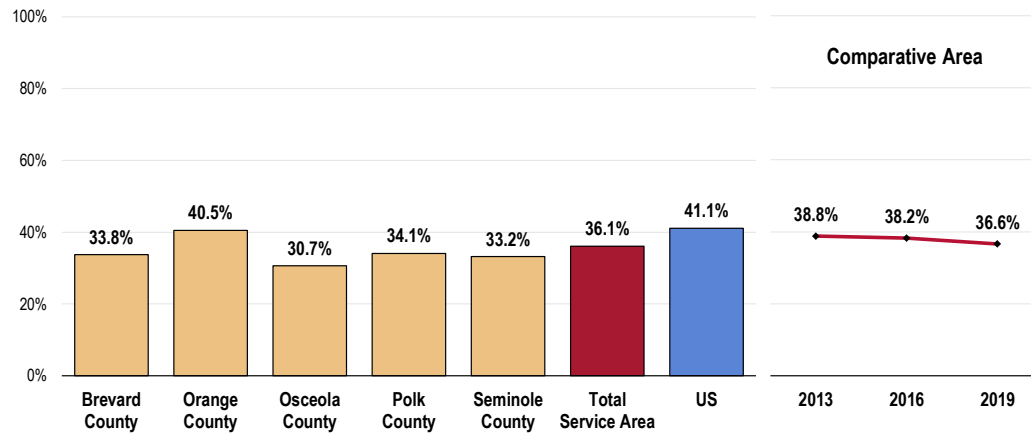
Fruit & Vegetable Consumption

A total of 36.1% of Total Service Area parents report that their child eats five or more servings of fruits and/or vegetables per day.

- Statistically similar to national reports.
- Most favorable in Orange County.
- TREND: Overall, child fruit/vegetable consumption in the Total Service Area has not changed significantly since 2013.

To measure fruit and vegetable consumption, survey respondents were asked multiple questions, specifically about the foods their child eats on a typical day.

Child Has Five or More Servings of Fruits/Vegetables per Day (Total Service Area Children Age 2-17, 2019)



Sources: • 2019 PRC Child & Adolescent Health Survey, PRC, Inc. [Item 129]

• 2018 PRC National Child & Adolescent Health Survey, PRC, Inc.

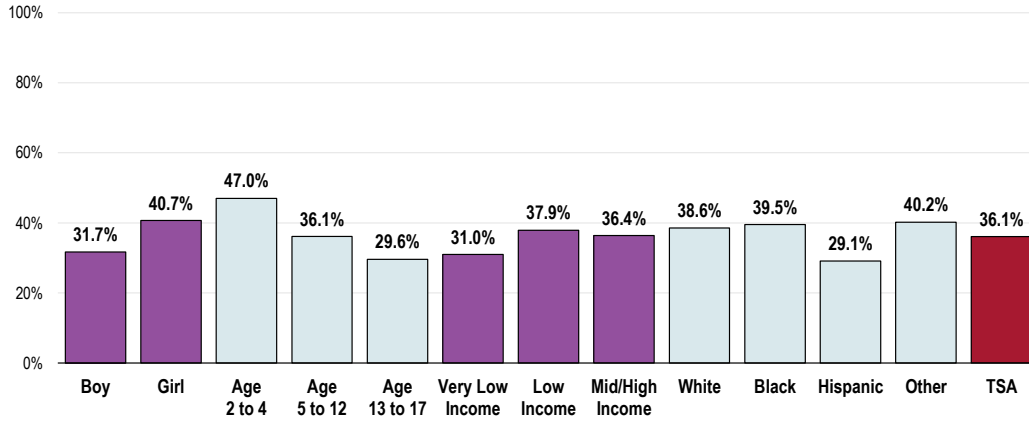
Notes: • Asked of all respondents for whom the randomly selected child in the household is between the ages of 2 and 17.

• Trending: Polk County is excluded from the Comparative Area data.

The following are less likely to get the daily recommended servings of fruits and vegetables:

- Boys.
- Older children (note the negative correlation between age and fruit/vegetable consumption, decreasing to 29.6% among teenagers).
- Hispanic children.

Child Has 5+ Fruits/Vegetables per Day (Total Service Area Children Age 2-17, 2019)



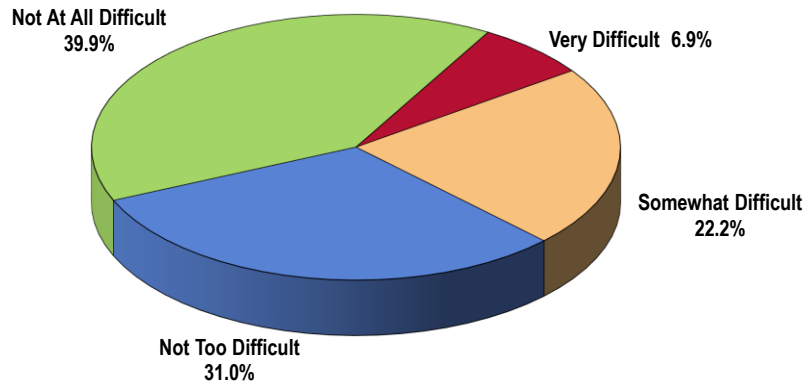
Sources: • 2019 PRC Child & Adolescent Health Survey, PRC, Inc. [Item 129]
 Notes: • Asked of all respondents for whom the randomly selected child in the household is between the ages of 2 and 17.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Difficulty Accessing Fresh Produce

While most report little or no difficulty, 29.1% of Total Service Area parents report that it is "very" or "somewhat" difficult for them to access affordable fresh fruits and vegetables.

"How difficult is it for you to buy fresh produce like fruits and vegetables at a price you can afford?"

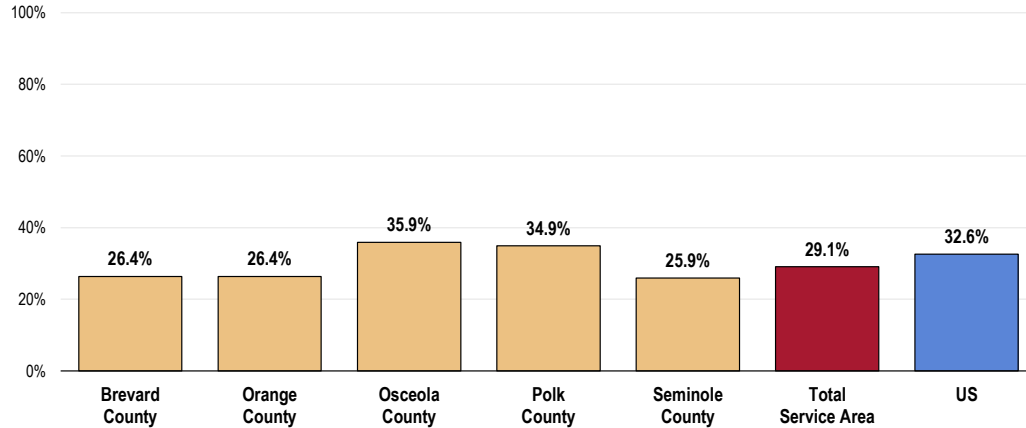
Level of Difficulty Finding Fresh Produce at an Affordable Price (Total Service Area Parents, 2019)



Sources: • 2019 PRC Child & Adolescent Health Survey, PRC, Inc. [Item 112]
 Notes: • Asked of all respondents.

- Statistically similar to the US proportion.
- Statistically similar by county.

Find It “Very” or “Somewhat” Difficult to Buy Affordable Fresh Produce (Total Service Area Parents, 2019)

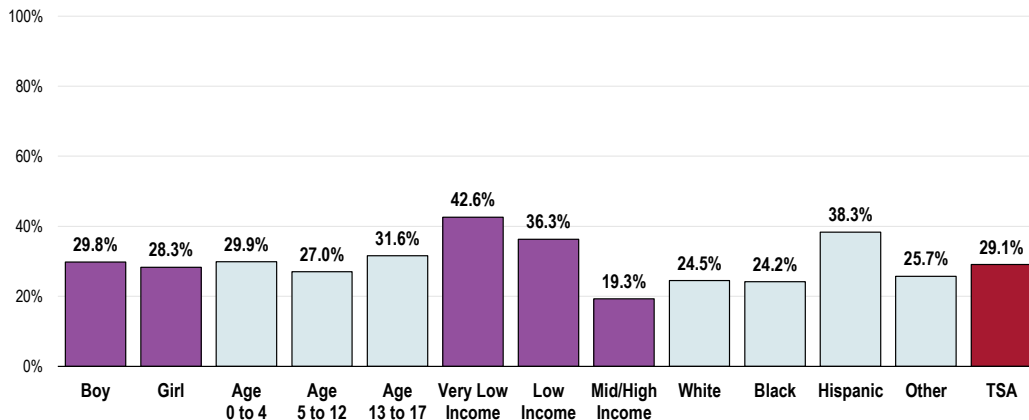


Sources: • 2019 PRC Child & Adolescent Health Survey, PRC, Inc. [Item 112]
 • 2018 PRC National Child & Adolescent Health Survey, PRC, Inc.
 Notes: • Asked of all respondents.

Those more likely to report difficulty getting fresh fruits and vegetables include:

- Lower-income residents (especially those below poverty).
- Parents of Hispanic children.

Find It “Very” or “Somewhat” Difficult to Buy Affordable Fresh Produce (Total Service Area Parents, 2019)



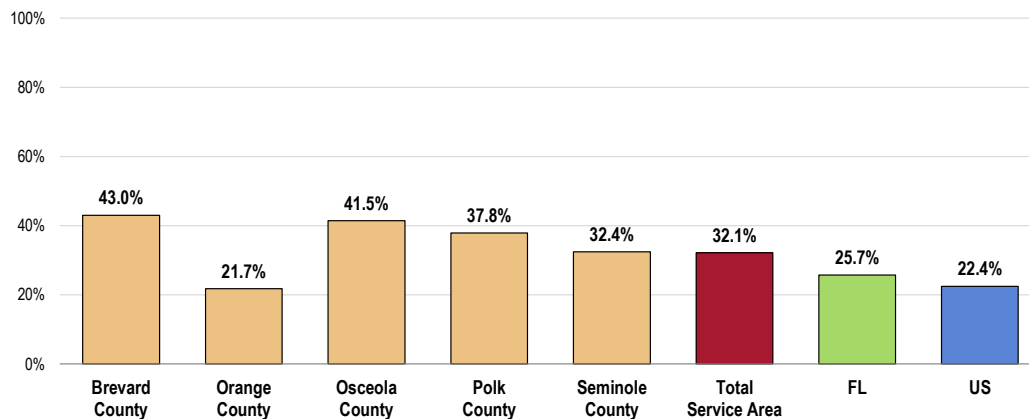
Sources: • 2019 PRC Child & Adolescent Health Survey, PRC, Inc. [Item 112]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
 • Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Very Low Income” includes households with incomes below 100% of the federal poverty level; “Low Income” includes households with incomes between 100% and 199% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.

Low Food Access

In 2015, a total of 32.1% of Total Service Area residents had low food access, defined as living more than ½ mile from the nearest supermarket, supercenter, or a large grocery store.

- Less favorable than state and national percentages.
- Least favorable in Brevard and Osceola counties.

Low Food Access (2015)



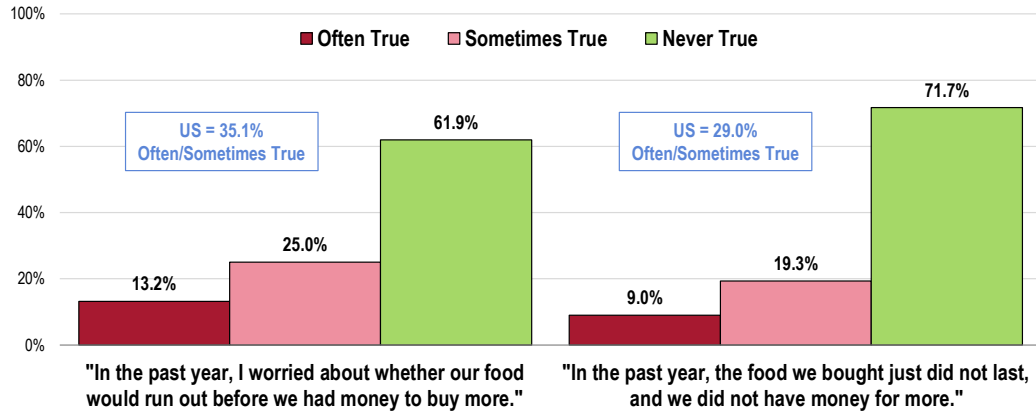
- Sources:
- US Department of Agriculture, Economic Research Service, USDA – Food Access Research Atlas.
 - Retrieved June 2019 from Engagement Network at <https://engagementnetwork.org>.
 - This indicator reports the percentage of the population with low food access. Low food access is defined as living more than ½ mile from the nearest supermarket, supercenter, or large grocery store.

Food Insecurity

In the past year, 38.2% of Total Service Area parents “often” or “sometimes” worried about whether their food would run out before they had money to buy more.

Another 28.3% report a time in the past year (“often” or “sometimes”) when the food they bought just did not last, and they did not have money to get more.

Food Insecurity (Total Service Area, 2019)

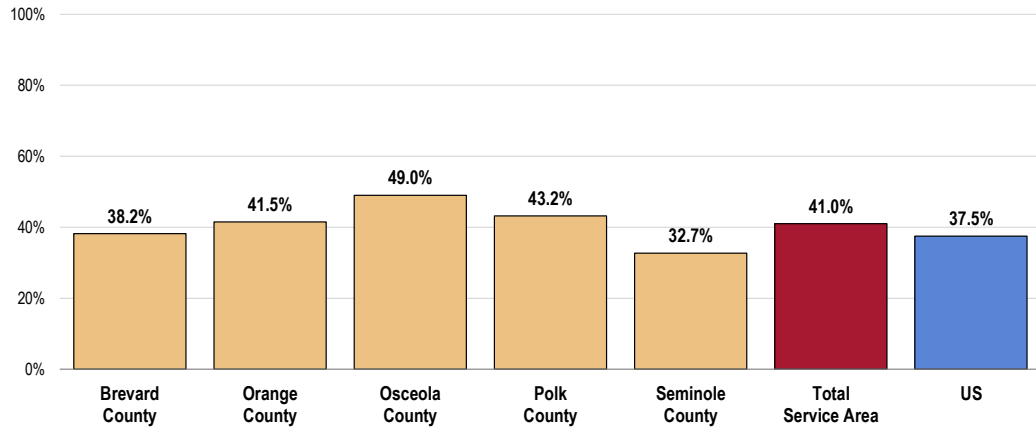


Sources: • 2019 PRC Child & Adolescent Health Survey, PRC, Inc. [Items 315, 316]
 • 2018 PRC National Child & Adolescent Health Survey, PRC, Inc.
 Notes: • Reflects the total sample of respondents.

Overall, 41.0% of surveyed families are determined to be “food insecure,” having run out of food in the past year and/or been worried about running out of food.

- Statistically comparable to US data.
- Least favorable in Osceola County.

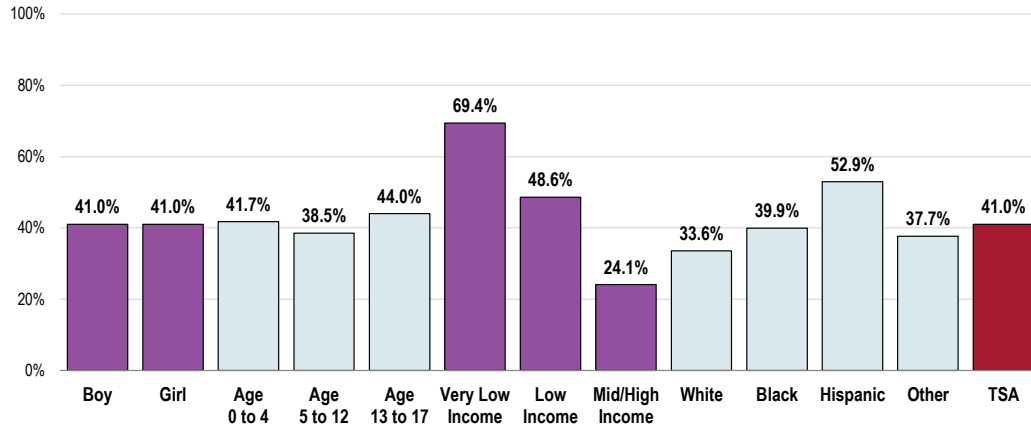
Food Insecurity



Sources: • 2019 PRC Child & Adolescent Health Survey, PRC, Inc. [Item 323]
 • 2018 PRC National Child & Adolescent Health Survey, PRC, Inc.
 Notes: • Asked of all respondents.
 • Includes adults who A) ran out of food at least once in the past year and/or B) worried about running out of food in the past year.

- Food security in the Total Service Area shows a strong negative correlation with household income and is also higher among Hispanic families.

Food Insecurity (Total Service Area, 2019)



Sources:

- 2019 PRC Child & Adolescent Health Survey, PRC, Inc. [Item 323]

 Notes:

- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- Includes adults who A) ran out of food at least once in the past year and/or B) worried about running out of food in the past year.

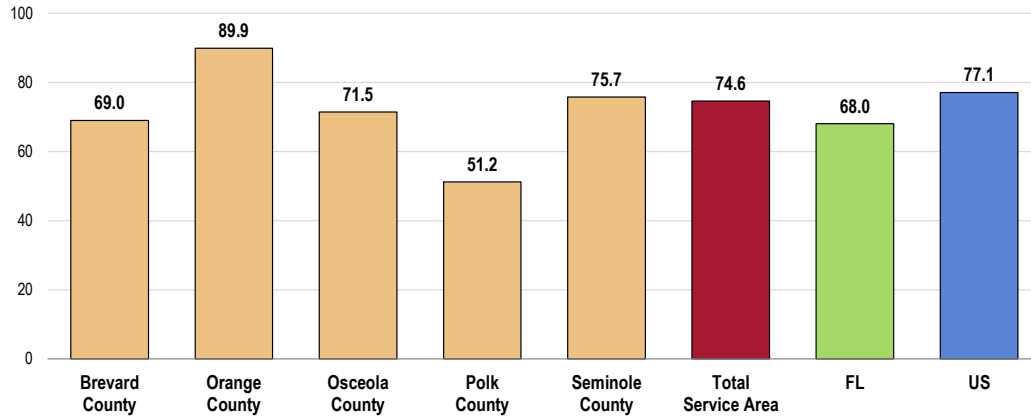
Fast Food

Access to Fast Food

In 2016, there were 74.6 fast food restaurants per 100,000 population in the Total Service Area.

- Higher than the rate found statewide.
- Statistically comparable to the national rate.
- Most prevalent in Orange and Seminole counties.

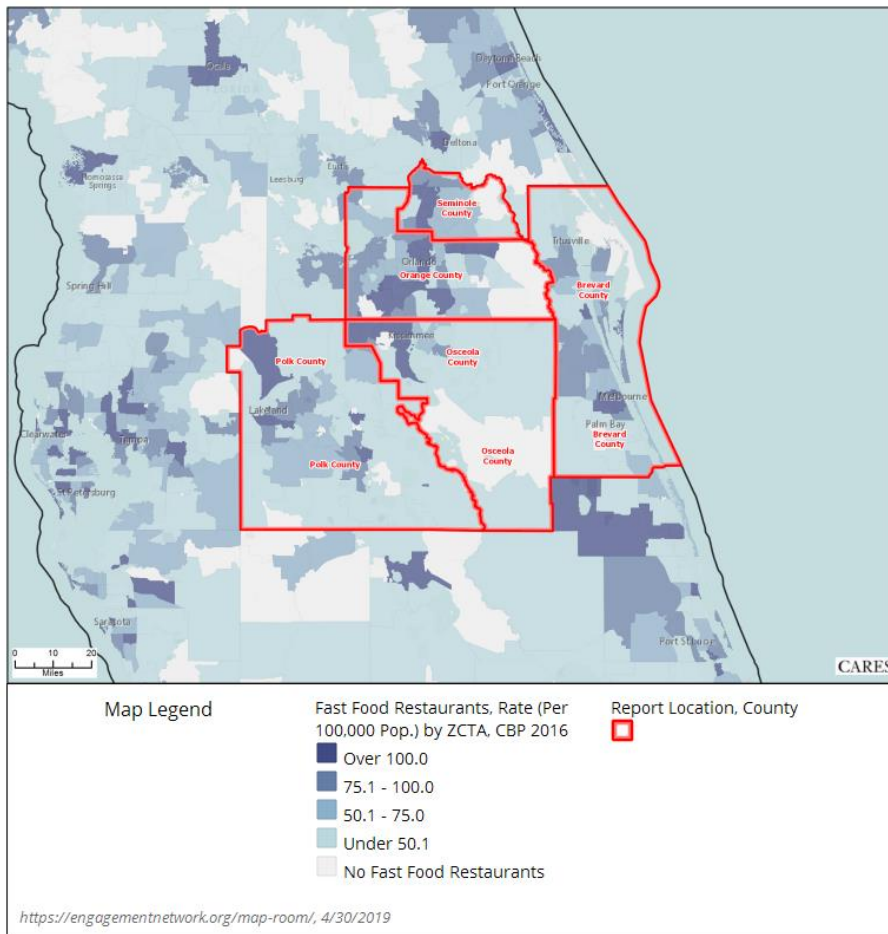
Fast Food Restaurants (Number of Fast Food Restaurants per 100,000 Population; 2016)



Sources:

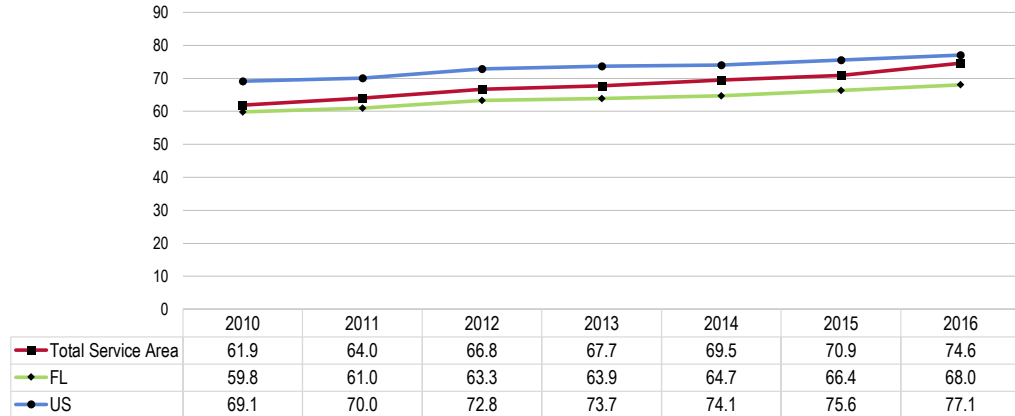
- US Census Bureau, County Business Patterns. Additional data analysis by CARES.
- Retrieved June 2019 from Engagement Network at <https://engagementnetwork.org>.
- This indicator is relevant because it provides a measure of healthy food access and environmental influences on dietary behaviors.

• Note the pockets of dark blue in the following map.



- **TREND:** This Total Service Area rate has increased steadily over time, echoing state and national trends.

Fast Food Restaurants (Number of Fast Food Restaurants per 100,000 Population)



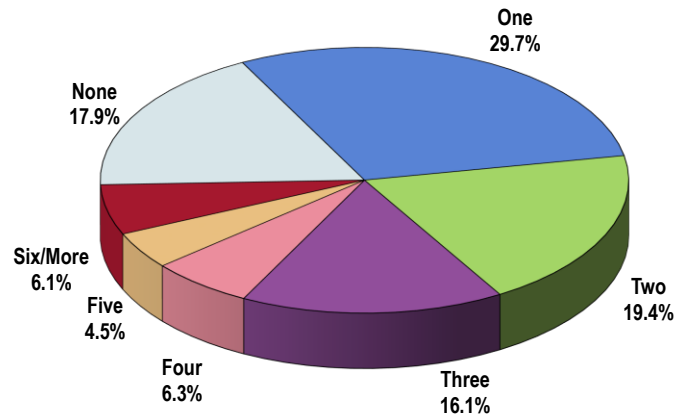
- Sources:
- US Census Bureau, County Business Patterns. Additional data analysis by CARES.
 - Retrieved June 2019 from Engagement Network at <https://engagementnetwork.org>.
 - This indicator is relevant because it provides a measure of healthy food access and environmental influences on dietary behaviors.

Fast Food Consumption

More than eight in 10 Total Service Area children age 2-17 (82.1%) have had at least one “fast food” meal in the past week.

“In the past 7 days, how many meals would you say this child has eaten from ‘fast food’ restaurants? Please include breakfasts, lunches, and dinners.”

Number of Fast Food Meals for Child in the Past Week (Total Service Area Children Age 2-17, 2019)

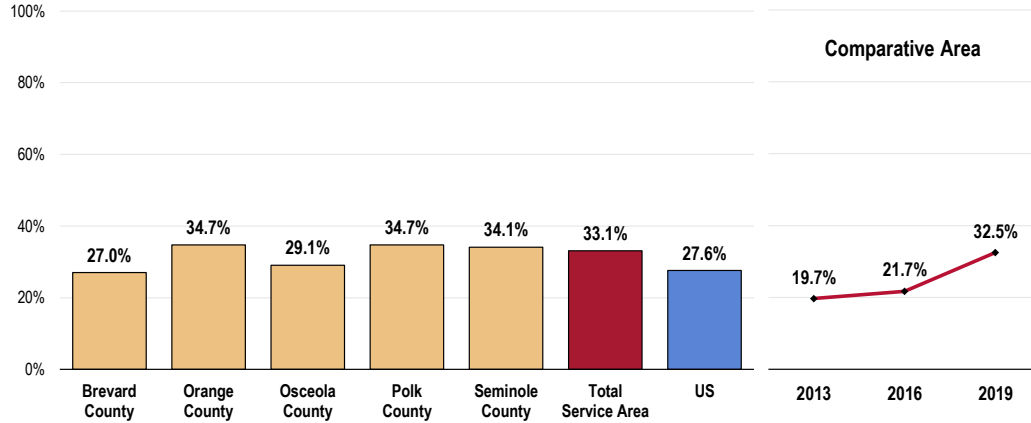


- Sources:
- 2019 PRC Child & Adolescent Health Survey, PRC, Inc. [Item 108]
- Notes:
- Asked of all respondents for whom the randomly selected child in the household is between the ages of 2 and 17.

In fact, almost one-third of parents (33.1%) report that their child has had three or more meals from “fast food” restaurants in the past week.

- Above US findings.
- Statistically, no difference among individual counties.
- TREND: Notably higher than prior findings.

Child Had Three or More Fast Food Meals in the Past Week (Total Service Area Children Age 2-17, 2019)

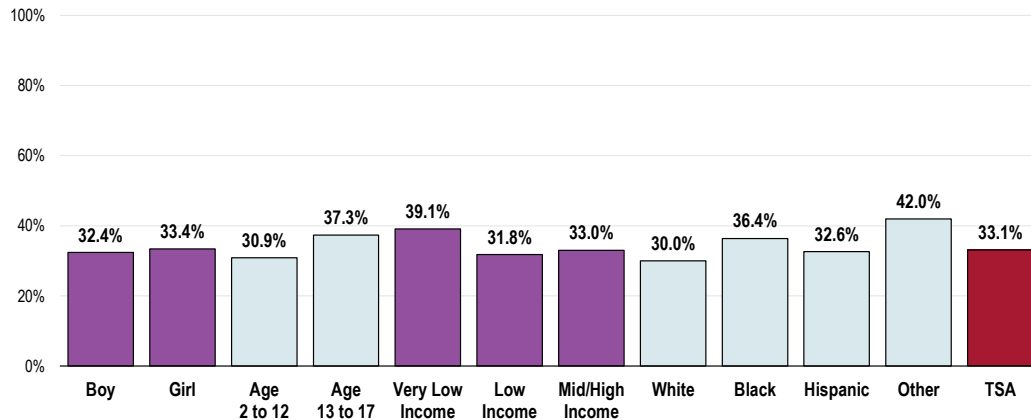


Sources: • 2019 PRC Child & Adolescent Health Survey, PRC, Inc. [Item 108]
 • 2018 PRC National Child & Adolescent Health Survey, PRC, Inc.
 Notes: • Asked of all respondents for whom the randomly selected child in the household is between the ages of 2 and 17.
 • Trending: Polk County is excluded from the Comparative Area data.

Fast food consumption:

- Is more prevalent among teens than younger children.
- Is particularly high among “Other” race children.

Child Has Three or More Fast Food Meals in the Past Week (Total Service Area Children 2-17, 2019)



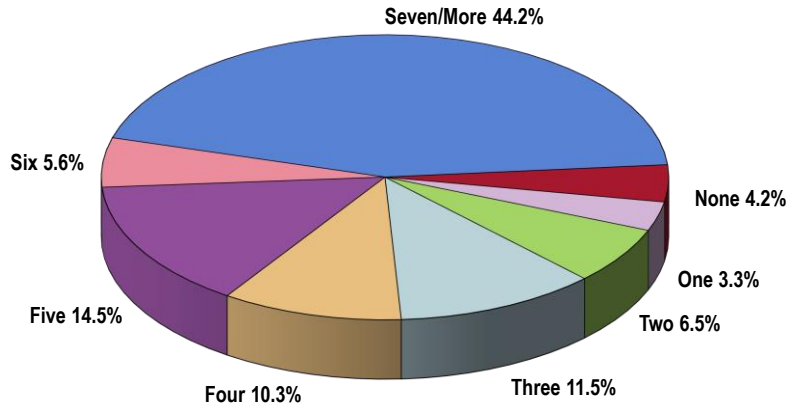
Sources: • 2019 PRC Child & Adolescent Health Survey, PRC, Inc. [Item 108]
 Notes: • Asked of all respondents for whom the randomly selected child in the household is between the ages of 2 and 17.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
 • Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Very Low Income” includes households with incomes below 100% of the federal poverty level; “Low Income” includes households with incomes between 100% and 199% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.

Family Meals

A total of 44.2% of Total Service Area parents report averaging at least one family meal per day in the week preceding the interview.

“During the past 7 days, on how many days did all the family members who live in this household eat at least one meal together?”

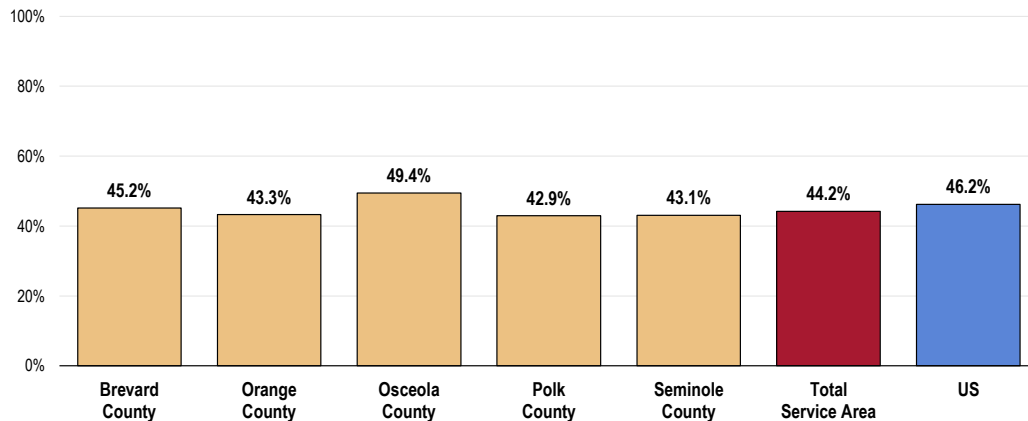
Number of Meals Eaten as a Family in the Past Week (Total Service Area Children Age 2-17, 2019)



Sources: • 2019 PRC Child & Adolescent Health Survey, PRC, Inc. [Item 109]
 Notes: • Asked of all respondents for whom the randomly selected child in the household is between the ages of 2 and 17.

- Comparable to the proportion found nationwide.
- Statistically comparable by county.

Shared 7+ Meals as a Family in the Past Week (Total Service Area Children Age 2-17, 2019)

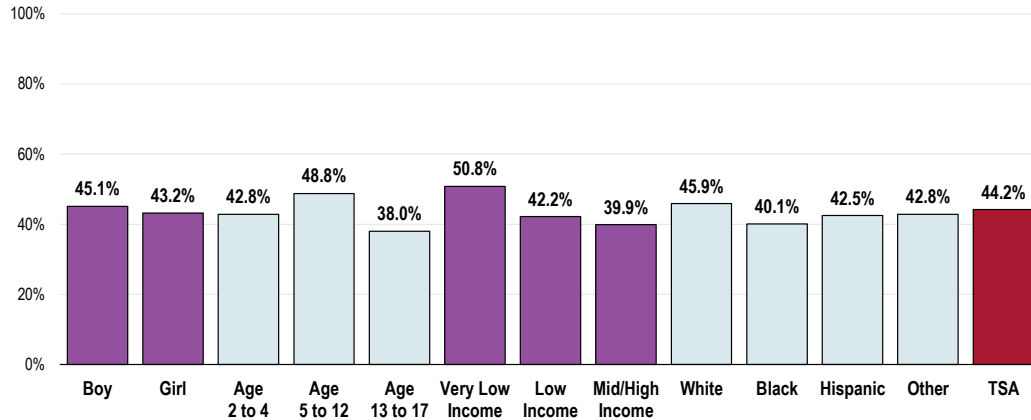


Sources: • 2019 PRC Child & Adolescent Health Survey, PRC, Inc. [Item 109]
 • 2018 PRC National Child & Adolescent Health Survey, PRC, Inc.
 Notes: • Asked of all respondents for whom the randomly selected child in the household is between the ages of 2 and 17.

- Teens and children in higher-income households are less likely to have shared 7 or more meals as a family in the past week.

Shared 7+ Meals as a Family in the Past Week

(Total Service Area Children Age 2-17, 2019)



- Sources:
- 2019 PRC Child & Adolescent Health Survey, PRC, Inc. [Item 109]
- Notes:
- Asked of all respondents for whom the randomly selected child in the household is between the ages of 2 and 17.
 - Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 - Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Physical Activity

About Physical Activity

Children and adolescents should do 60 minutes (1 hour) or more of physical activity each day.

– Centers for Disease Control & Prevention (CDC)

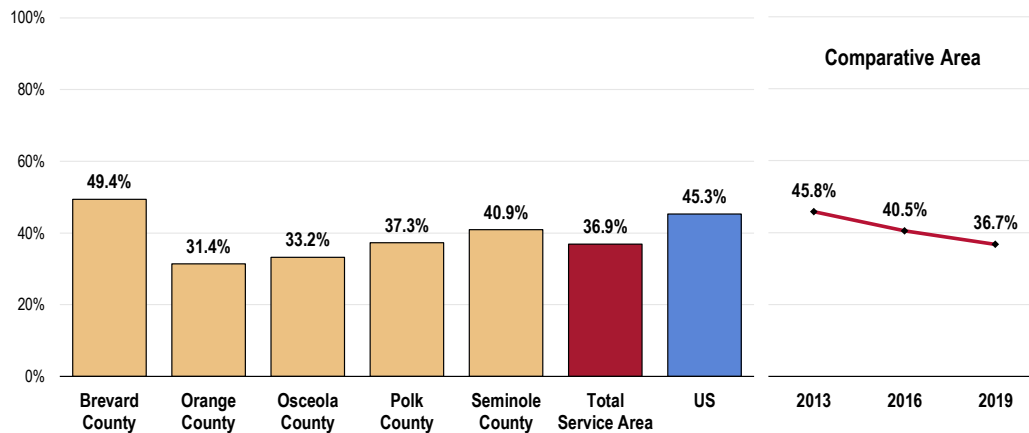
Recommended Physical Activity

A total of 36.9% of Total Service Area children age 2 to 17 had 60 or more minutes of physical activity on each of the seven days preceding the interview (1+ hours per day).

- Well below the proportion reported nationally.
- Least favorable in Orange County.
- TREND: Denotes an unfavorable decrease in activity since 2013.

“The next questions are about physical activity. During the past 7 days, on how many days was the child physically active for a total of at least 60 minutes per day?”

Child Was Physically Active for One Hour or Longer on Every Day of the Past Week (Total Service Area Children Age 2-17, 2019)



Sources: • 2019 PRC Child & Adolescent Health Survey, PRC, Inc. [Item 107]

• 2018 PRC National Child & Adolescent Health Survey, PRC, Inc.

Notes: • Asked of those respondents for whom the randomly selected child in the household is between the ages of 2 and 17.

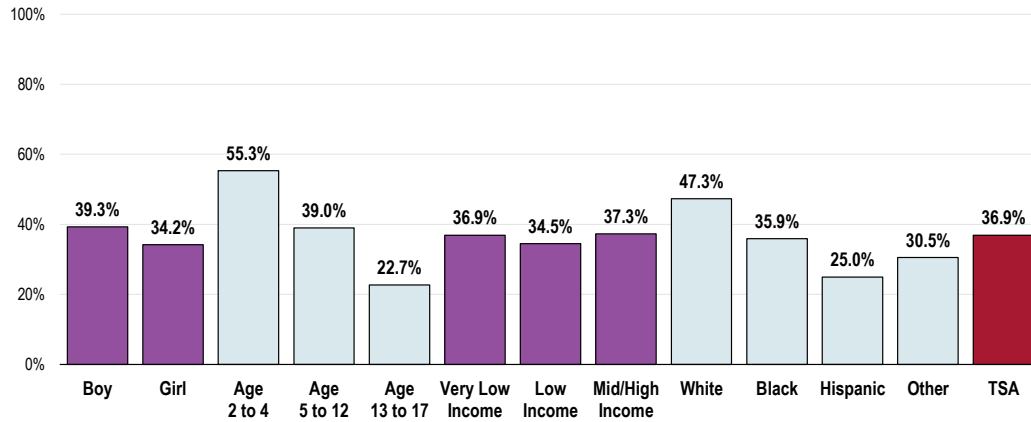
• Trending: Polk County is excluded from the Comparative Area data.

Those less likely to meet recommended levels of physical activity include:

- Teens (strong negative correlation with age).
- Hispanic children.

Child Was Physically Active for One Hour or Longer on Every Day of the Past Week

(Total Service Area Children Age 2-17, 2019)



- Sources:
- 2019 PRC Child & Adolescent Health Survey, PRC, Inc. [Item 107]
- Notes:
- Asked of those respondents for whom the randomly selected child in the household is between the ages of 2 and 17.
 - Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 - Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

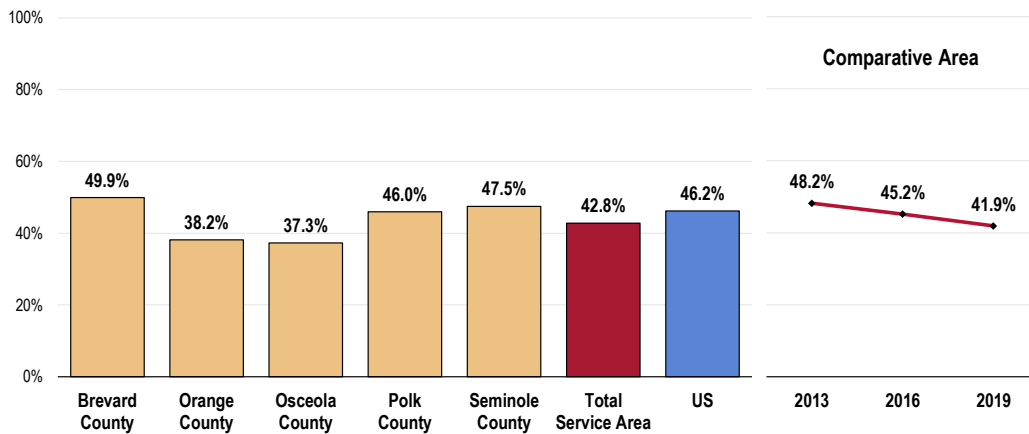
Physical Activity Frequency & Duration

In the past month, a total of 42.8% of Total Service Area children age 2 to 17 participated in *moderate* physical activity five or more times per week, for at least 30 minutes at a time.

NOTE:
The term “moderate physical activity” includes 30 minutes of activity that does not make a child breathe hard, such as fast walking, slow bicycling, skating, or pushing a lawn mower.

- Statistically similar to the US figure.
- Least favorable in Orange County (Note that the Osceola County finding is not significantly low due to the smaller sample size in Osceola County).
- TREND: Moderate activity has decreased significantly since 2013 findings.

Child Participates in Moderate Physical Activity (Total Service Area Children Age 2-17, 2019)



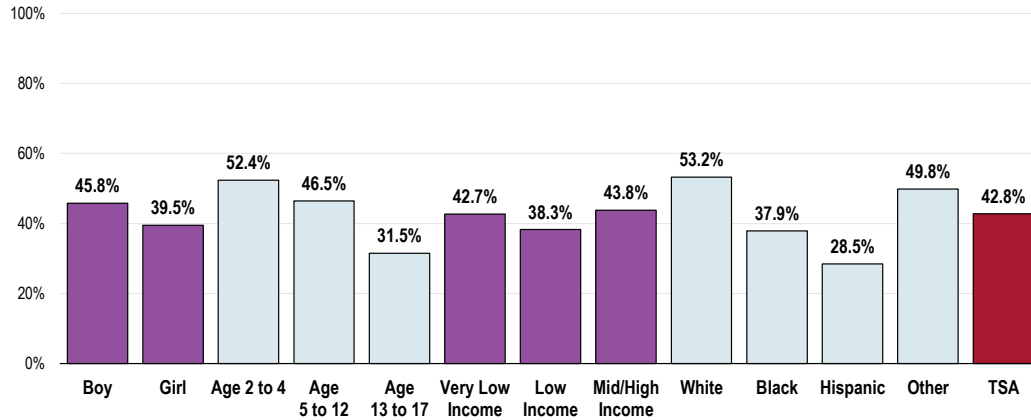
- Sources:
- 2019 PRC Child & Adolescent Health Survey, PRC, Inc. [Item 314]
 - 2018 PRC National Child & Adolescent Health Survey, PRC, Inc.
- Notes:
- Asked of those respondents for whom the randomly selected child in the household is between the ages of 2 and 17.
 - Includes exercising at least 5 times per week for 30+ minutes at a time, doing activities which do not make the child breathe hard, such as fast walking, slow bicycling, skating, or pushing a lawnmower.
 - Trending: Polk County is excluded from the Comparative Area data.

Note the following:

- Girls are much less likely than boys to participate in moderate physical activity.
- Participation in moderate physical activity appears to decrease with age.
- Black and Hispanic children are less likely to meet this level of moderate activity.

Child Participates in Moderate Physical Activity

(Total Service Area Children Age 2-17, 2019)



Sources: • 2019 PRC Child & Adolescent Health Survey, PRC, Inc. [Item 314]
 Notes: • Asked of those respondents for whom the randomly selected child in the household is between the ages of 2 and 17.
 • Includes exercising at least 5 times per week for 30+ minutes at a time, doing activities which do not make the child breathe hard, such as fast walking, slow bicycling, skating, or pushing a lawnmower.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

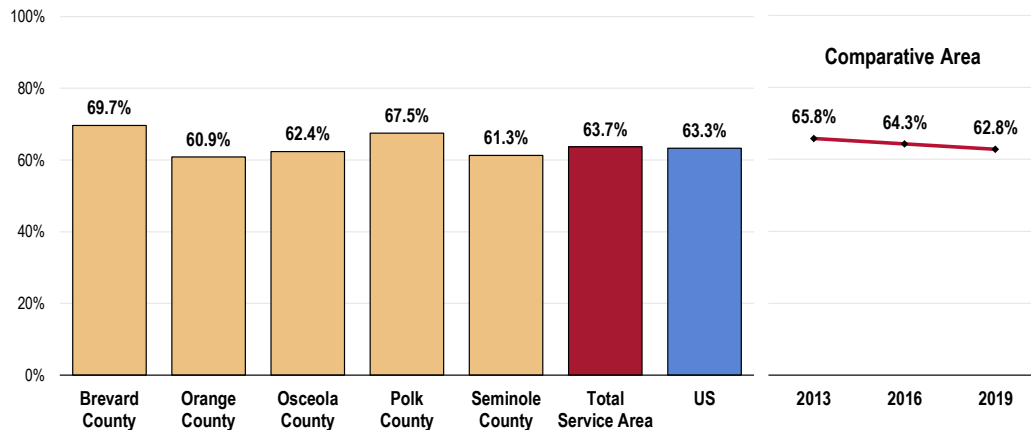
NOTE:
 The term "vigorous physical activity" includes exercise for 20 minutes that makes a child breathe hard, such as basketball, soccer, running, swimming laps, fast bicycling, fast dancing, or similar aerobic activities.

In the past month, more than six in 10 Total Service Area children age 2 to 17 (63.7%) participated in *vigorous* physical activity three or more times a week, for at least 20 minutes at a time.

- Almost identical to US findings.
- By county, there is no statistically significant difference in vigorous activity.
- TREND: Statistically similar to prior findings.

Child Participates in Vigorous Physical Activity

(Total Service Area Children Age 2-17, 2019)

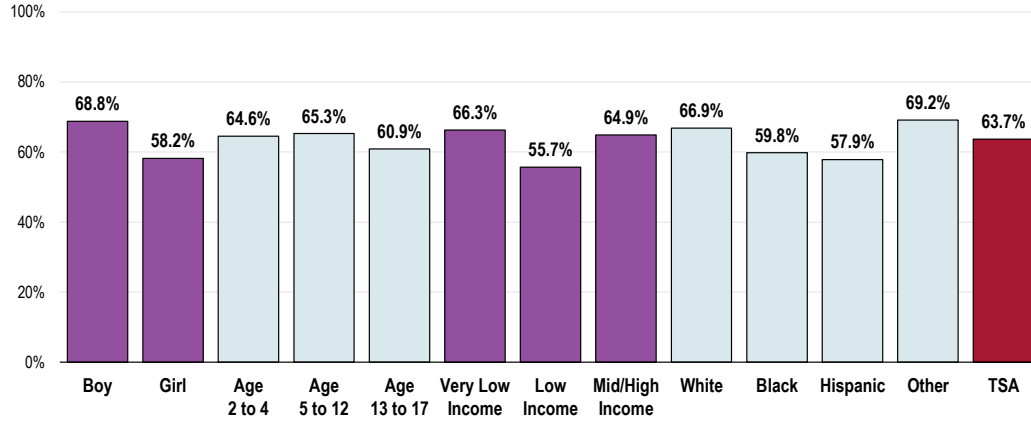


Sources: • 2019 PRC Child & Adolescent Health Survey, PRC, Inc. [Item 313]
 • 2018 PRC National Child & Adolescent Health Survey, PRC, Inc.
 Notes: • Asked of those respondents for whom the randomly selected child in the household is between the ages of 2 and 17.
 • Includes exercising at least 3 times per week for 20+ minutes each time, doing exercise which causes the child to breathe hard, such as basketball, soccer, running, swimming laps, fast bicycling, fast dancing, or similar aerobic activities.
 • Trending: Polk County is excluded from the Comparative Area data.

Those less likely to participate in vigorous physical activity include:

- Girls.
- Children in households between 100% and 200% of poverty.
- Hispanic children.

Child Participates in Vigorous Physical Activity (Total Service Area Children Age 2-17, 2019)



- Sources:
- 2019 PRC Child & Adolescent Health Survey, PRC, Inc. [Item 313]
- Notes:
- Asked of those respondents for whom the randomly selected child in the household is between the ages of 2 and 17.
 - Includes exercising at least 3 times per week for 20+ minutes each time, doing exercise which causes the child to breathe hard, such as basketball, soccer, running, swimming laps, fast bicycling, fast dancing, or similar aerobic activities.
 - Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 - Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Screen Time

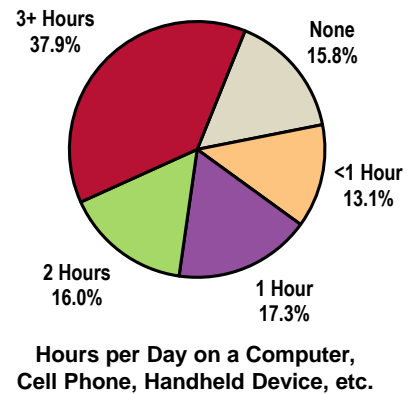
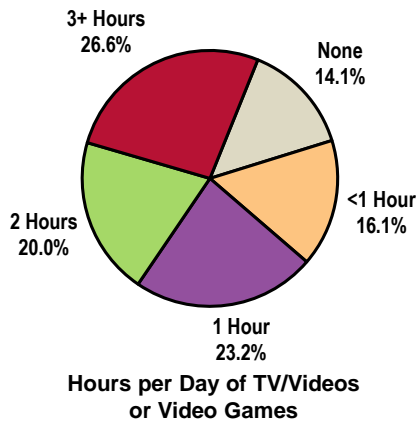
Television Watching & Other Screen Time

Among children age 5 through 17, 26.6% are reported to watch three or more hours of **television** on an average week day, and 37.9% are reported to spend three or more hours on **other types of screen time**.

“On an average week day, about how many hours or minutes does this child usually spend in front of a TV watching TV programs, videos, or playing video games?”

“Including computer video games, visiting social media sites, and surfing the internet for entertainment, about how many hours or minutes does this child use a cell phone, laptop, tablet, or computer for purposes other than schoolwork on an average week day?”

Children’s Screen Time
(Total Service Area Children Age 5-17, 2019)



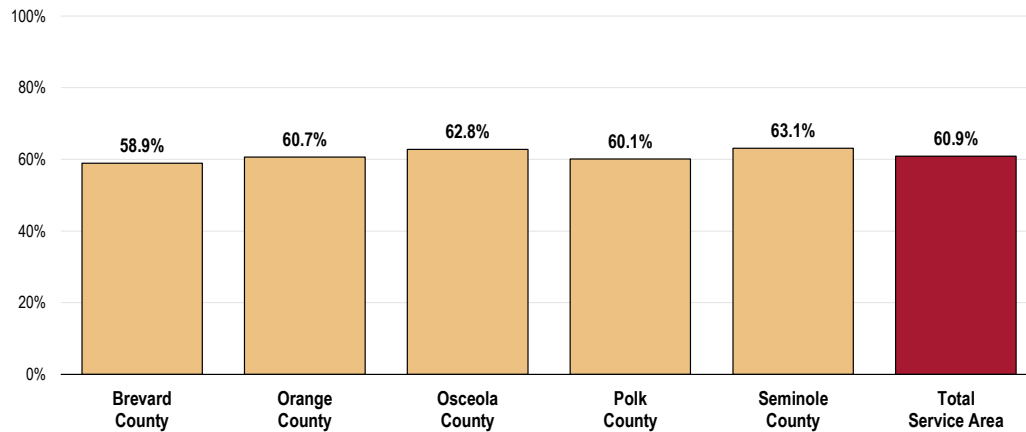
- Sources: • 2019 PRC Child & Adolescent Health Survey, PRC, Inc. [Items 103,131-132, 312]
 Notes: • Asked of respondents for whom the randomly selected child in the household is age 5 to 17.
 • For this issue, respondents with children who are not in school were asked about “weekdays,” while parents of children in school were asked about typical “school days.”
 • Note that time spent on the computer for schoolwork is excluded

Total Screen Time

When combined, six in 10 Total Service Area school-age children (60.9%) spend three or more hours per day on screen time (whether television, computer, video games, cell phone, handheld device, etc.).

- The proportions by county are statistically comparable.

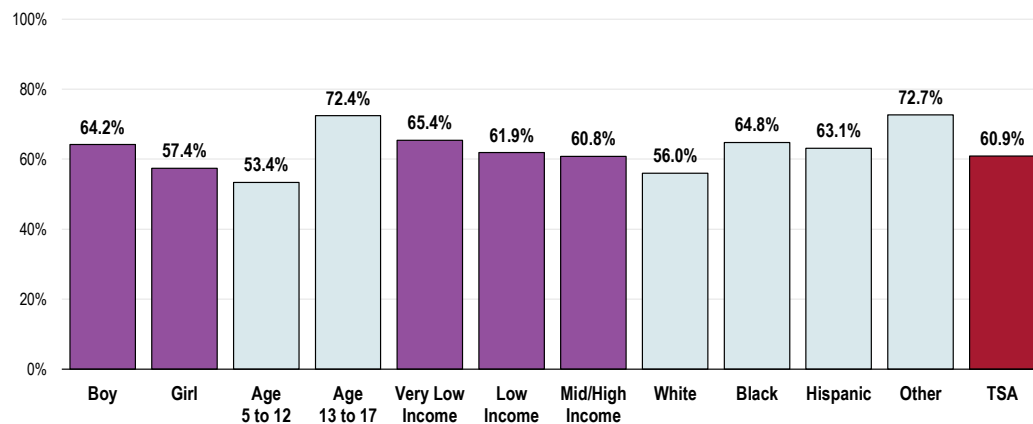
Children With 3+ Hours per School Day of Total Screen Time (TV, Computer, Video Games, Phone, Device, etc.) (Total Service Area Children Age 5-17, 2019)



- Sources: • 2019 PRC Child & Adolescent Health Survey, PRC, Inc. [Item 133]
 Notes: • Asked of respondents for whom the randomly selected child in the household is age 5 to 17.
 • "Three or more hours" includes reported screen time of 180 minutes or more per day.
 • Excludes time spent on the computer for schoolwork.

- Boys and especially teens and "Other" race children are more likely to spend 3+ hours per day on screen time.

Children With 3+ Hours per School Day of Total Screen Time (TV, Computer, Video Games, Phone, Device, etc.) (Total Service Area Children Age 5-17, 2019)



- Sources: • 2019 PRC Child & Adolescent Health Survey, PRC, Inc. [Item 133]
 Notes: • Asked of those respondents for whom the randomly selected child in the household is between the ages of 5 and 17.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
 • Excludes time spent on the computer for schoolwork.

Electronic Media in Children's Bedrooms

A total of 48.2% of Total Service Area school-age children have a television in their bedrooms.

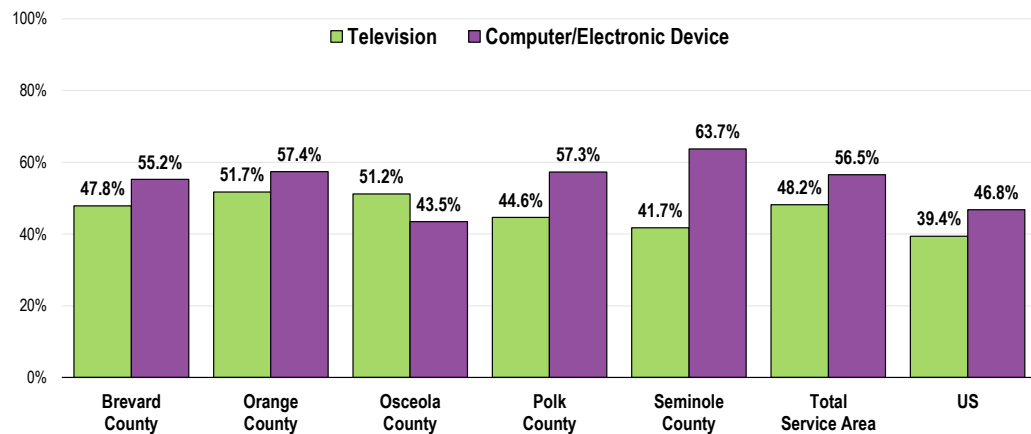
- Higher than the national proportion.
- Similar by county.
- TREND: Has changed little since first measured (not shown).

Even more Total Service Area school-age children (56.5%) have access to a computer or some type of electronic device in their bedrooms.

- Above the US percentage.
- Lowest in Osceola County.

Access to Electronic Media in Children's Bedrooms

(Total Service Area Children Age 5-17, 2019)



Sources: • 2019 PRC Child & Adolescent Health Survey, PRC, Inc. [Items 104, 106]

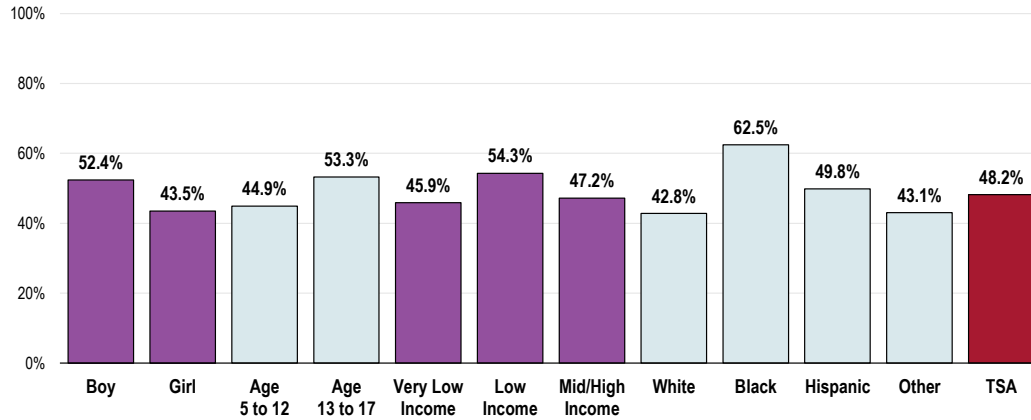
• 2018 PRC National Child & Adolescent Health Survey, PRC, Inc.

Notes: • Asked of those respondents for whom the randomly selected child in the household is age 5 to 17.

- Boys, teens, and especially Black children are more likely to have a **television** in their bedroom.

Child Has a Television in His/Her Bedroom

(Total Service Area Children Age 5-17, 2019)

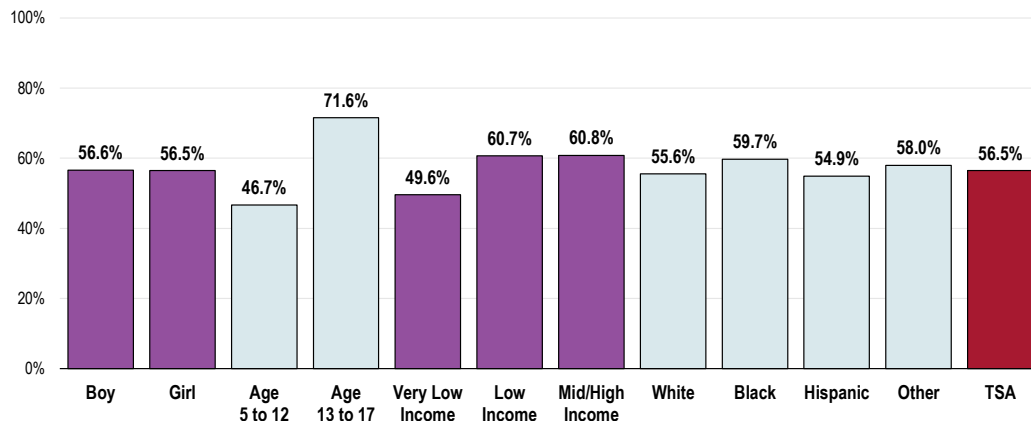


Sources: • 2019 PRC Child & Adolescent Health Survey, PRC, Inc. [Item 104]
 Notes: • Asked of those respondents for whom the randomly selected child in the household is between the ages of 5 and 17.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

- Teenagers (age 13-17) are much more likely than their younger counterparts to have access to some type of **computer or other electronic device** in their bedroom (note the 71.6% prevalence).
- Children in households below 100% of poverty are significantly less likely to have a computer or electronic device in their bedroom.

Child Has a Computer or Device in His/Her Bedroom

(Total Service Area Children Age 5-17, 2019)



Sources: • 2019 PRC Child & Adolescent Health Survey, PRC, Inc. [Item 106]
 Notes: • Asked of those respondents for whom the randomly selected child in the household is between the ages of 5 and 17.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Weight Status

Childhood Overweight & Obesity

About Weight Status in Children & Teens

In children and teens, body mass index (BMI) is used to assess weight status – underweight, healthy weight, overweight, or obese. After BMI is calculated for children and teens, the BMI number is plotted on the CDC BMI-for-age growth charts (for either girls or boys) to obtain a percentile ranking. Percentiles are the most commonly used indicator to assess the size and growth patterns of individual children in the United States. The percentile indicates the relative position of the child's BMI number among children of the same sex and age.

BMI-for-age weight status categories and the corresponding percentiles are shown below:

- Underweight <5th percentile
- Healthy Weight ≥5th and <85th percentile
- Overweight ≥85th and <95th percentile
- Obese ≥95th percentile

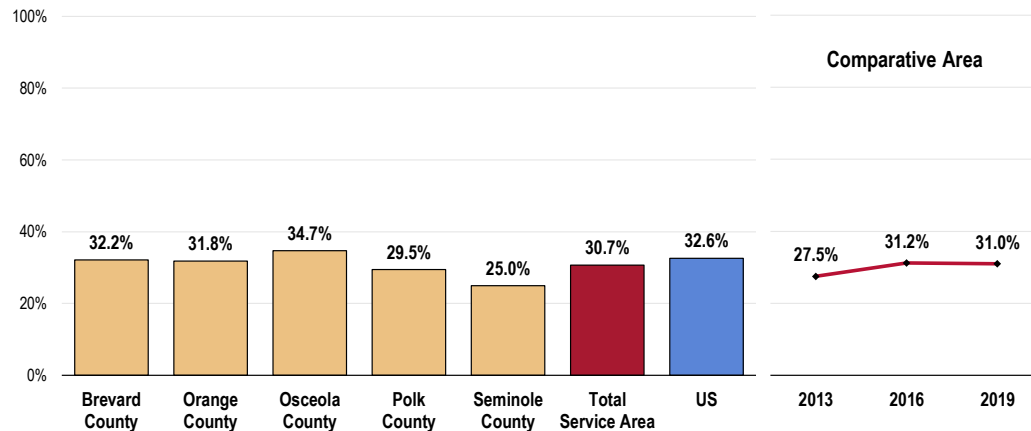
– Centers for Disease Control and Prevention

Based on the heights and weights reported by surveyed parents, nearly one in three Total Service Area children age 5 to 17 (30.7%) is overweight or obese (≥85th percentile).

- Similar to the obesity prevalence reported nationwide.
- No significant differences among the five counties.
- TREND: Statistically similar to prior survey findings.

Child Is Overweight or Obese

(Total Service Area Children Age 5-17 With a BMI in the 85th Percentile or Higher)



Sources: • 2019 PRC Child & Adolescent Health Survey, PRC, Inc. [Item 135]

• 2018 PRC National Child & Adolescent Health Survey, PRC, Inc.

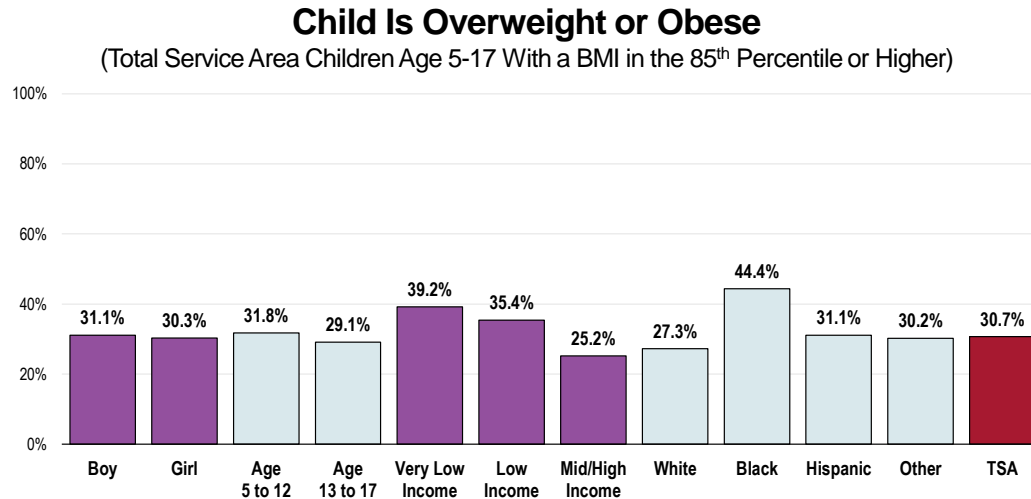
Notes: • Asked of those respondents for whom the randomly selected child in the household is between the ages of 5 and 17.

• Overweight among children 5-17 is determined by child's Body Mass Index status at or above the 85th percentile of US growth charts by gender and age.

• Trending: Polk County is excluded from the Comparative Area data.

School-age children in the Total Service Area who are more likely to be overweight or obese include:

- Those in lower-income households.
- Black children (note the 44.4% prevalence).



Sources: • 2019 PRC Child & Adolescent Health Survey, PRC, Inc. [Item 135]
 Notes: • Asked of those respondents for whom the randomly selected child in the household is between the ages of 5 and 17.
 • Overweight among children is determined by children's Body Mass Index status equal to or above the 85th percentile of US growth charts by gender and age.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

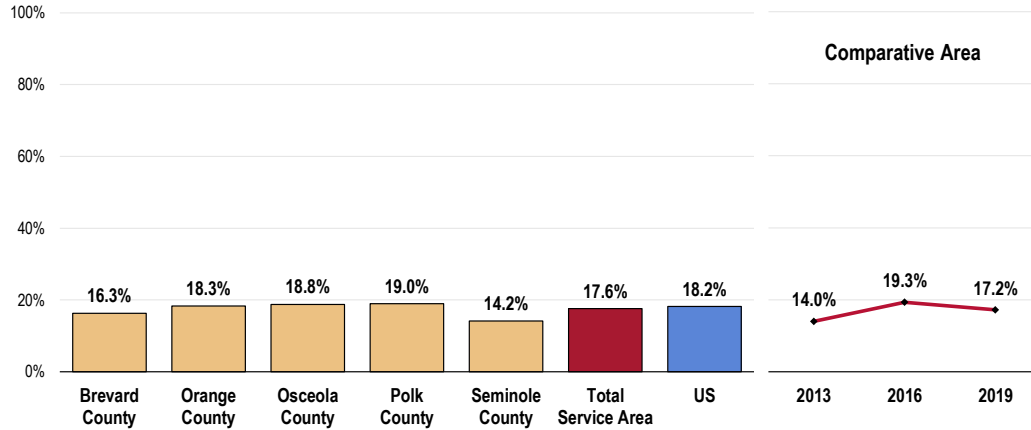
In addition, 17.6% of Total Service Area children age 5 to 17 are obese (≥95th percentile). *Note that this proportion is included in the "overweight or obese" percentage reported above.*

- Comparable to the US findings.
- Fails to satisfy the Healthy People 2020 target (14.5% or lower).
- Statistically similar findings by county.
- TREND: Statistically unchanged over time.

Child Obesity Prevalence

(Total Service Area Children Age 5-17 with a BMI in the 95th Percentile or Higher)

Healthy People 2020 Target = 14.5% or Lower



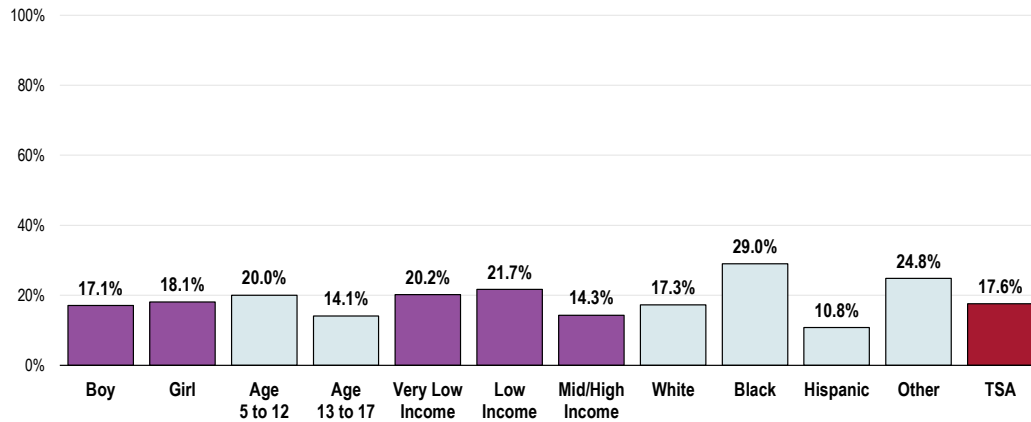
Sources: • 2019 PRC Child & Adolescent Health Survey, PRC, Inc. [Item 130]
 • 2018 PRC National Child & Adolescent Health Survey, PRC, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective NWS-10.4]
 Notes: • Asked of those respondents for whom the randomly selected child in the household is between the ages of 5 and 17.
 • Obesity among children is determined by children's Body Mass Index status equal to or above the 95th percentile of US growth charts by gender and age.
 • Trending: Polk County is excluded from the Comparative Area data.

- Obesity in the Total Service Area is higher among children age 5 to 12, lower-income children, and especially among Black children.

Child Obesity Prevalence

(Total Service Area Children Age 5-17 with a BMI in the 95th Percentile or Higher)

Healthy People 2020 Target = 14.5% or Lower



Sources: • 2019 PRC Child & Adolescent Health Survey, PRC, Inc. [Item 130]
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective NWS-10.4]
 Notes: • Asked of those respondents for whom the randomly selected child in the household is between the ages of 5 and 17.
 • Overweight among children is determined by children's Body Mass Index status equal to or above the 85th percentile of US growth charts by gender and age.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Perceptions of Overweight

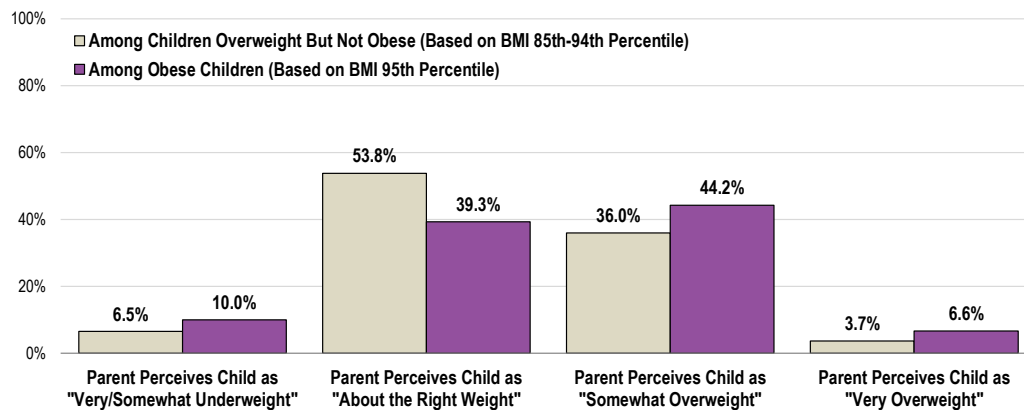
Actual vs. Perceived Body Weight

Interestingly, among parents of overweight/obese children age 5-17 (based on BMI), a large portion sees their child as being at “about the right weight.”

- Only 39.7% of parents with an overweight (not obese) child perceive their child as “somewhat overweight” or “very overweight.”
- Only 6.6% of parents with an obese child consider that child to be “very overweight.”

Child's Actual vs. Perceived Weight Status

(Total Service Area Children Age 5-17 Who Are Overweight/Obese Based on BMI, 2019)



Sources: • 2019 PRC Child & Adolescent Health Survey, PRC, Inc. [Item 317]

Notes: • Asked of those respondents for whom the randomly selected child at home is age 5 to 17.

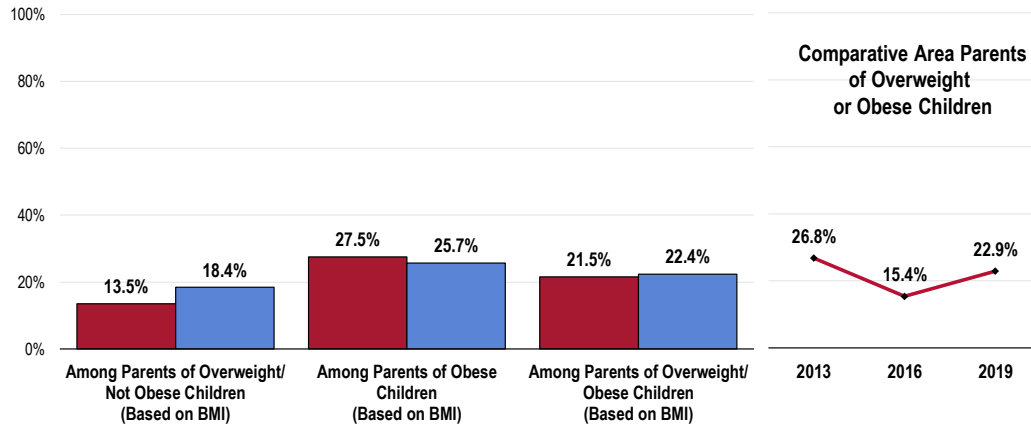
• Overweight in children is defined as a Body Mass Index (BMI) value at or above the 85th percentile of US growth charts by gender and age; obesity in children is defined as a BMI value at or above the 95th percentile.

Notification of Overweight Status

A clear majority of parents with overweight or obese children has not been told in the past year by a school or health professional that their child is overweight.

- Statistically similar to US findings (not shown).
- TREND: The prevalence of these notifications has increased since 2016 findings, though it is similar to 2013 findings.

Parent Has Been Told in the Past Year by a School or Health Professional That Their Child Is Overweight (Total Service Area Children Age 5-17 Who Are Overweight/Obese Based on BMI, 2019)

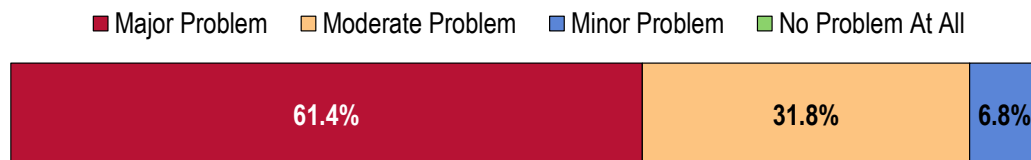


Sources: • 2019 PRC Child & Adolescent Health Survey, PRC, Inc. [Item 318]
 Notes: • Asked of those respondents for whom the randomly selected child at home is age 5 to 17.
 • Overweight in children is defined as a Body Mass Index (BMI) value at or above the 85th percentile of US growth charts by gender and age; obesity in children is defined as a BMI value at or above the 95th percentile.
 • Trending: Polk County is excluded from the Comparative Area data.

Key Informant Input: Nutrition, Physical Activity, and Weight

More than six in 10 key informants taking part in an online survey characterized *Nutrition, Physical Activity, and Weight* as a “major problem” for children/adolescents in the community.

Perceptions of Nutrition, Physical Activity & Weight as a Problem for Children/Adolescents in the Community (Key Informants, 2019)



Sources: • PRC Online Key Informant Survey, PRC, Inc.
 Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a “major problem,” reasons frequently related to the following:

Obesity/Overweight

Obesity rates have increased in children and adults nationwide. Although Seminole County has seen improvements in school-aged children, rates have increased again in the last couple of years. Physical activity and nutrition are contributing factors to this increase. Many programs are available to encourage healthy eating and physical activity in Seminole County; however, more work needs to be done in this area to ensure healthier lives for our future generations. - Public Health Representative

Statistics over the past several years show our children and youth are gaining more weight, developing diabetes and other chronic diseases, engaging in less physical activity, have poor nutrition/eating habits, do not get enough sleep and engage in computer related games at a high rate. - Social Services Provider

Access to nutritional food choices have clearly segregated regions, as well as built environments to support regular physical activity for most children impact incidence and prevalence of these issues into adulthood. - Public Health Representative

I have read the statistics and know we have high rates in our county, also higher rates of lack of physical activity. - Social Services Provider

Obesity among youth is an issue. Improper nutrition and a lack of physical activity is contributing to the problem. - Social Services Provider

Obesity, poor food choices, inactivity inherent in structure of school day affect all. - Other Health Provider

Obesity is a major issue to overall health of our community. - Social Services Provider

Access to Healthy Food

Access to healthy foods and healthy nutrition, and healthy activity to set the trajectory for a healthy lifestyle later on in adult life. - Community/Business Leader

Our high schools start at 7:20 am - too early for teenagers. Most kids do not eat breakfast before school. When they do eat, it is non-nutritional, unhealthy, quick items they can get from a vending machine or throw in their backpacks. Many of them do the same thing for lunch. They spend too much time with electronics - playing games or on social media. They sit all day in class and then go home and sit. At my school, obesity is not a major problem, but I see it in the community where I live. I believe it is a problem because parents are still at work when children get home. The kids are instructed to stay indoors until the parents come home. After-school programs cost money that many families cannot afford. - Social Services Provider

Consistent access to healthy foods is a major issue, especially for families of lower socioeconomic status. Due to lack of access to healthy foods and an over-abundance of empty calories, obesity is a major issue for children and adolescents. - Other Health Provider

Too easy access to fast food. Lack of nutrition knowledge by parents. Lack of safe place for physical activity. Cut back in recess. Cost of healthier foods. - Social Services Provider

Diet/Nutrition

Healthy nutrition and diet are a problem for many people, not just children. Childhood obesity is on the rise, recess has been diminished and more children are suffering with weight issues. - Community/Business Leader

Children and teens are eating processed high fat, high sugar foods, resulting in unhealthy weights. At the same time, exercise is being replaced for screen time. For children with ASD, medications add to appetite, and result in significant weight gain and obesity. - Other Health Provider

I believe children are not receiving adequate nutrition and at no fault of their own. Packaged and fast foods have no nutritional value and whole foods are contaminated with pesticides if not organically grown. These facts combined with a lack of exercise, low levels of motivation, and electronic gadgetry are all contributing to weight gain in our youth and the health problems associated with being overweight. - Social Services Provider

Insufficient Physical Activity

I believe nutrition, physical activity and weight are major problems for children in our community. I am

not a scientist, just a community volunteer, but when you look, you can see that this problem extends to kids at all grade levels. I get to help school-based volunteers who want to increase physical activity & healthy living in schools. One problem that comes up is the lack of recess toys at older schools that lack the needed playground space. One thing we have to change is our culture. Parents are not engaging with their kids; kids are less active because of technology. Technology is causing a host of stressors and anxieties for our kids. - Social Services Provider

Too much screen time. Unsafe neighborhoods to play in. Eating unhealthy cheap foods. Not enough parental influence. - Social Services Provider

Comorbidities

This is the underlying cause for early onset childhood diabetes in our communities. Poor nutrition and limited physical activity contribute to weight gain. - Community/Business Leader

Tobacco, Alcohol & Other Drugs

Exposure to Environmental Tobacco Smoke

About Tobacco Exposure

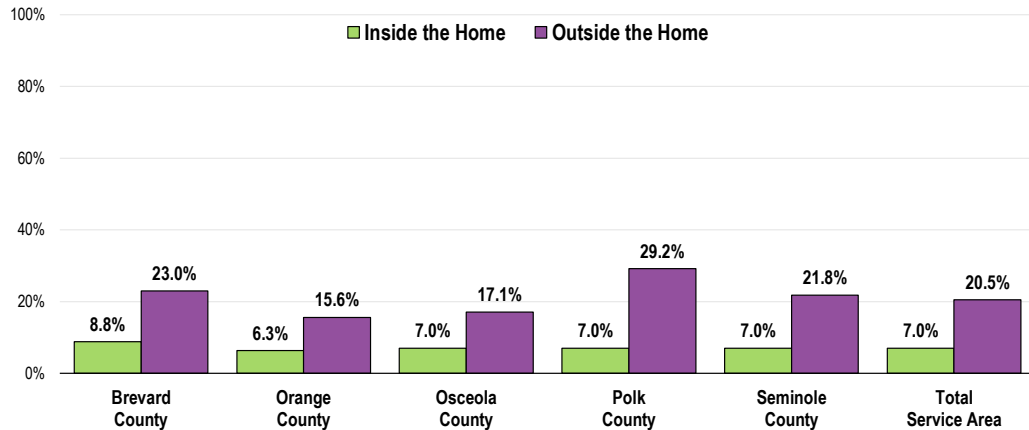
There is no risk-free level of exposure to secondhand smoke. Secondhand smoke causes heart disease and lung cancer in adults and a number of health problems in infants and children, including: severe asthma attacks; respiratory infections; ear infections; and sudden infant death syndrome (SIDS).

– Healthy People 2020 (www.healthypeople.gov)

A total of 7.0% of Total Service Area parents report that someone in the household smokes tobacco or e-cigarettes inside the home, while a larger 20.5% report that someone in the household smokes outside the home.

- Regarding smoking **inside** the home, there are no significant differences by county.
- Smoking **outside** the home is highest in Polk County.

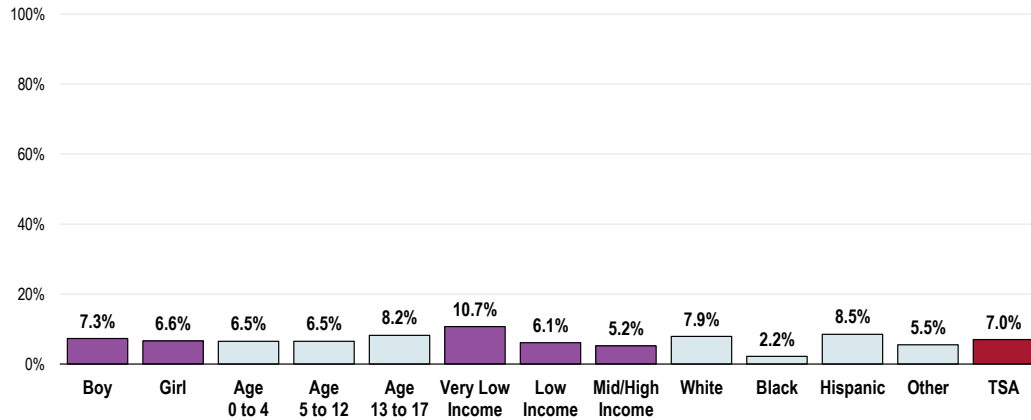
Member of Household Smokes Tobacco or E-Cigarettes



Sources: • 2019 PRC Child & Adolescent Health Survey, PRC, Inc. [Items 310-311]
 Notes: • Asked of all respondents.

- White and Hispanic children in the Total Service Area are more likely to be exposed to tobacco smoke in the home.

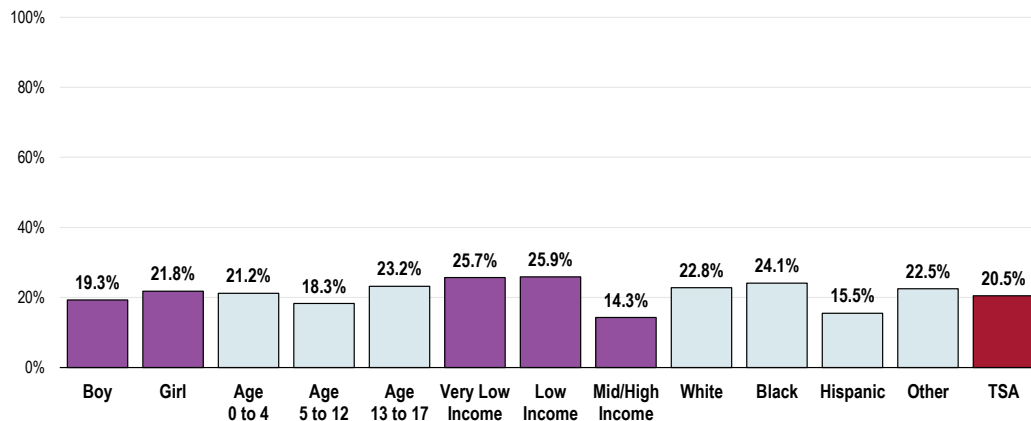
Member of Household Smokes Tobacco or E-Cigarettes Inside the Home (Total Service Area, 2019)



Sources: • 2019 PRC Child & Adolescent Health Survey, PRC, Inc. [Item 310]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

- Children in lower-income households are more likely to have household members who smoke or vape outside the home.
- Note that Hispanic children are less likely to be exposed in this regard.

Member of Household Smokes Tobacco or E-Cigarettes Outside the Home (Total Service Area, 2019)



Sources: • 2019 PRC Child & Adolescent Health Survey, PRC, Inc. [Item 311]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Current Tobacco Use (Adolescents)

Among high school students in Orange County, 3.9% report smoking at least one cigarette on at least one day during the 30 days preceding the administration of the 2017 Youth Risk Behavior Survey.

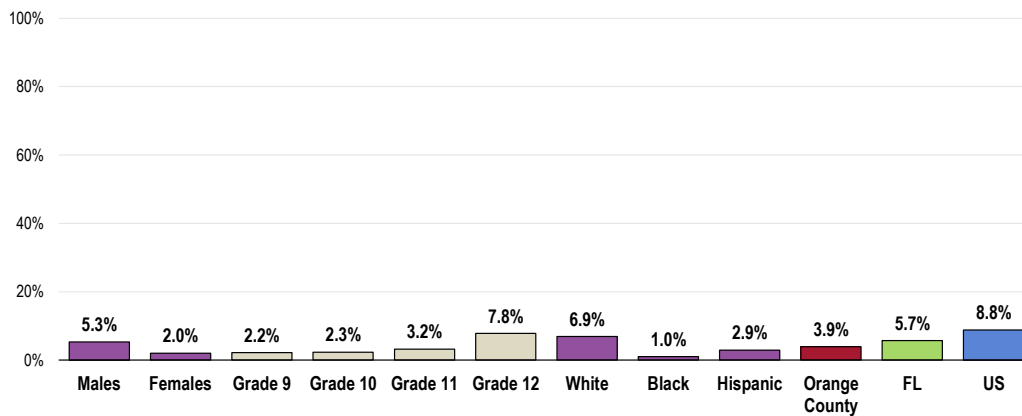
- Favorably below the Florida and US prevalence.
- Smoking prevalence is higher among boys, and also among White students.
- Smoking prevalence increases significantly by grade 12.

This indicator is derived from the CDC's Youth Risk Behavior Survey (YRBS), a school-based survey administered to high school students by county. Note that these data are available only for Orange County.

For more information, visit:
www.cdc.gov/healthy-youth/yrbs.

Smoked Cigarettes in Past Month

(Among High School Students; Orange County Youth Risk Behavior Survey, 2017)



Sources: • Centers for Disease Control and Prevention (CDC). 1991-2017 High School Youth Risk Behavior Survey Data. Available at <http://nccd.cdc.gov/youthonline/>. Accessed June 2019.
Notes: • Smoked cigarettes on at least 1 day during the 30 days before the survey.

Alcohol (Adolescents)

Current Alcohol Use

Among high school students in each county, 23.1% report having at least one drink of alcohol on at least one day during the 30 days preceding the administration of the 2017 Youth Risk Behavior Survey.

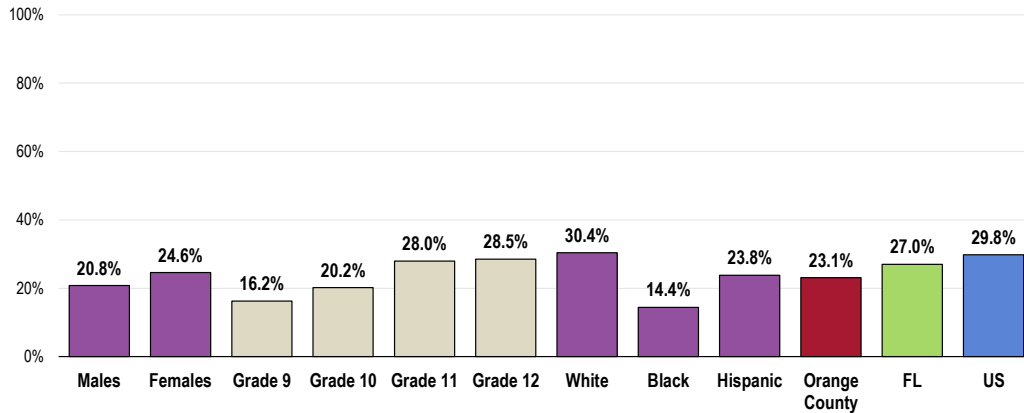
- Lower than the Florida and US percentages.
- Appears to increase with grade level.
- Highest among White and Hispanic students.

This indicator is derived from the CDC's Youth Risk Behavior Survey (YRBS), a school-based survey administered to high school students by county. Note that these data are available only for Orange County. Note that these data are available only for Orange County.

For more information, visit:
www.cdc.gov/healthy-youth/yrbs.

Drank Alcohol in Past Month

(Among High School Students; Orange County Youth Risk Behavior Survey, 2017)



Sources: • Centers for Disease Control and Prevention (CDC). 1991-2017 High School Youth Risk Behavior Survey Data. Available at <http://nccd.cdc.gov/youthonline/>. Accessed June 2019.
 Notes: • Had at least one drink of alcohol on at least one day during the 30 days before the survey.

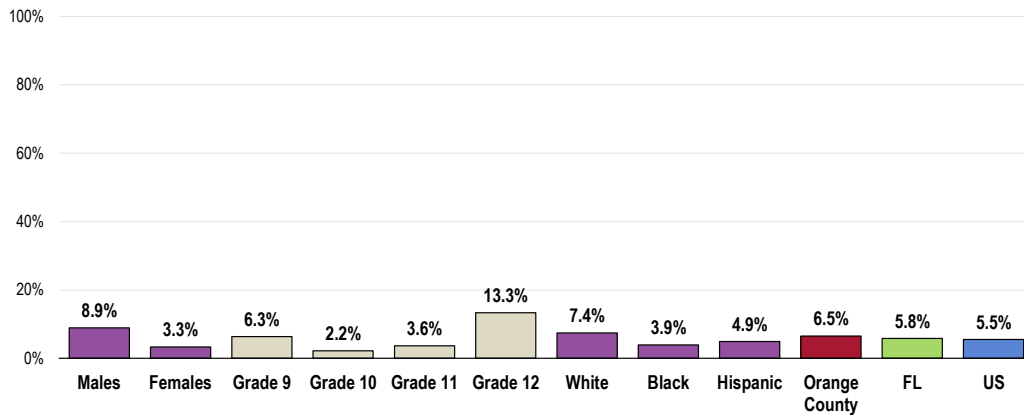
Current Drinking & Driving

A total of 6.5% of Orange County high school students report having driven a car or other vehicle when drinking alcohol on one or more occasion during the 30 days preceding the administration of the 2017 Youth Risk Behavior Survey.

- Statistically less favorable than state and national findings.
- Highest among boys and (especially) 12th graders.

Drove When Drinking Alcohol in the Past Month

(Among High School Students; Orange County Youth Risk Behavior Survey, 2017)



Sources: • Centers for Disease Control and Prevention (CDC). 1991-2017 High School Youth Risk Behavior Survey Data. Available at <http://nccd.cdc.gov/youthonline/>. Accessed June 2019.
 Notes: • Drove a car or other vehicle when drinking alcohol one or more times during the 30 days before the survey.

This indicator is derived from the CDC's Youth Risk Behavior Survey (YRBS), a school-based survey administered to high school students by county. Note that these data are available only for Orange County.

For more information, visit: www.cdc.gov/healthy-youth/yrbs.

Drug Use (Adolescents)

Lifetime Use of Drugs

Orange County high school students report the highest lifetime usage of marijuana (33.0% have ever used) and prescription drugs (12.7% have ever used drugs not prescribed to them). For each of these, lifetime usage is slightly below the national level.

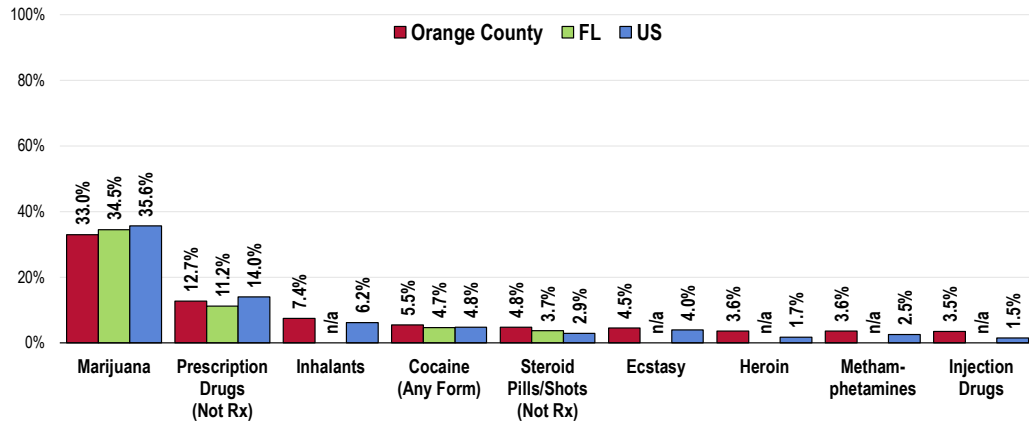
- Findings are significantly above national findings for lifetime usage of inhalants, cocaine, steroids, ecstasy, heroin, methamphetamines, and injection drugs.

This indicator is derived from the CDC's Youth Risk Behavior Survey (YRBS), a school-based survey administered to high school students by county. Note that these data are available only for Orange County.

For more information, visit: www.cdc.gov/healthy-youth/yrbs.

Ever Used Specific Drugs

(Among High School Students; Youth Risk Behavior Surveys, 2017)



Sources: • Centers for Disease Control and Prevention (CDC). 1991-2017 High School Youth Risk Behavior Survey Data. Available at <http://nccd.cdc.gov/youthonline/>. Accessed June 2019.

- Notes:
- Prescription drugs include drugs such as Oxycontin, Percocet, Vicodin, codeine, Adderall, Ritalin, or Xanax.
 - Inhalants include sniffing glue, breathing the contents of aerosol spray cans, or inhaling any paints or sprays to get high.
 - Ecstasy is also called "MDMA."
 - Cocaine includes powder, crack or freebase forms of cocaine.
 - Methamphetamine is also called "speed," "crystal," "crank," or "ice."
 - Heroin also called "smack," "junk," or "China white."

Current Marijuana Use

A total of 17.8% of Orange County high school students report having used marijuana one or more times during the 30 days preceding the administration of the 2017 Youth Risk Behavior Survey.

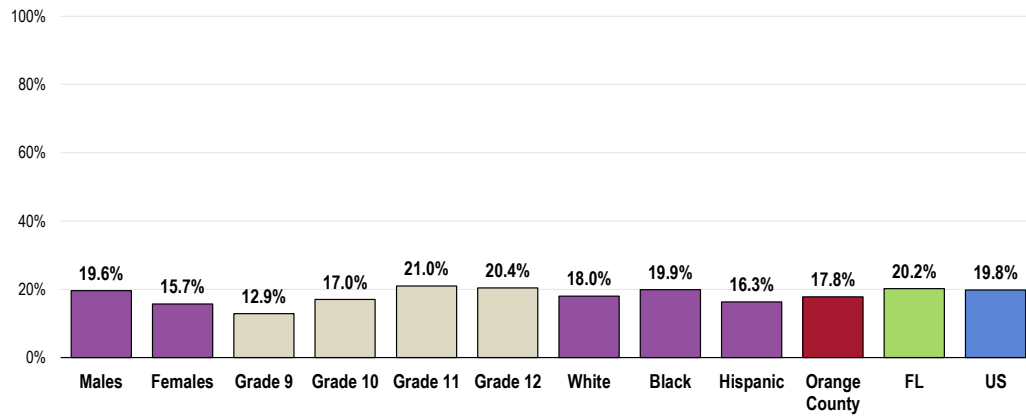
- Below Florida and US findings.
- Current marijuana use appears to increase by grade 11.

This indicator is derived from the CDC's Youth Risk Behavior Survey (YRBS), a school-based survey administered to high school students by county. Note that these data are available only for Orange County.

For more information, visit: www.cdc.gov/healthy-youth/yrbs.

Used Marijuana in Past Month

(Among High School Students; Orange County Youth Risk Behavior Survey, 2017)



Sources: • Centers for Disease Control and Prevention (CDC). 1991-2017 High School Youth Risk Behavior Survey Data. Available at <http://nccd.cdc.gov/youthonline/>. Accessed June 2019.
 Notes: • Used marijuana one or more times during the 30 days before the survey.

Key Informant Input: Tobacco, Alcohol & Other Drugs

More than six in 10 key informants taking part in an online survey characterized *Tobacco, Alcohol & Other Drugs* as a “moderate problem” for children/adolescents in the community.

Perceptions of Tobacco, Alcohol & Other Drugs as a Problem for Children/Adolescents in the Community (Key Informants, 2019)

■ Major Problem ■ Moderate Problem ■ Minor Problem ■ No Problem At All



Sources: • PRC Online Key Informant Survey, PRC, Inc.
 Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a “major problem,” reasons included:

Peer Pressure

In more affluent neighborhoods, kids have spending money and idle time. Unfortunately, peer pressure to try smoking and alcohol is high among this group. Drugs are often given to unsuspecting classmates. Again, we teach about these dangers in school, but parents need to be the real teachers about these issues. Parents do a better job with this topic than sexual health, but if they are not home to monitor their child, kids get into trouble. If parents don't want their kids to drink or smoke, then alcohol and tobacco cannot be in their homes. Neither of these are illegal, but parents have to determine how much it is affecting their children when they smoke and drink alcohol in front of them. - Social Services Provider

Kids truly don't understand the problems with vaping. It's considered cool even with middle school kids.

- Other Health Provider

Peer pressure, boredom, lack of parental oversight, easy access to substances. - Social Services Provider

Prevalence/Incidence

There is a significant drug problem among teens trading prescribed medications. There are also risk-taking behaviors being promoted while under the influence. - Other Health Provider

Use of electronic cigarettes, vaping among middle and high school students is reported increasing and children/youth still find access to adults' medications. - Social Services Provider

Substance abuse is a major issue in our country today, and central Florida is no exception. Of notable concern is the rise in opiate and opiate derivative use. Children and adolescence need support services dealing with education and treatment. - Community/Business Leader

Impact on Quality of Life

Effect on all organs, jobs/productivity, family. - Other Health Provider

Marketing

Children see marketing and are exposed to commercials that are not completely accurate about smoking and tobacco use. Their naturally inquisitive nature and desire to create identities often leads them to experiment with tobacco and then become addicted in the process. - Public Health Representative

Most Problematic Substances

Key informants (who rated this as a “major problem”) most often identified **tobacco/vaping products** and **alcohol** as the most problematic substances abused by youth in the community.

Problematic Substances				
	Most Problematic	Second-Most Problematic	Third-Most Problematic	Total Mentions
Tobacco/Vaping Products	36.4%	36.4%	18.2%	10
Alcohol	36.4%	27.3%	9.1%	8
Marijuana	0.0%	9.1%	45.5%	6
Synthetic Drugs (e.g. Bath Salts, K2/Spice)	9.1%	9.1%	9.1%	3
Prescription Medications	9.1%	18.2%	0.0%	3
Heroin or Other Opioids	9.1%	0.0%	9.1%	2
Inhalants	0.0%	0.0%	9.1%	1

Injury & Safety

About Injury & Violence

Injuries and violence are widespread in society. Both unintentional injuries and those caused by acts of violence are among the top 15 killers for Americans of all ages. Many people accept them as “accidents,” “acts of fate,” or as “part of life.” However, most events resulting in injury, disability, or death are predictable and preventable.

Injuries are the leading cause of death for Americans ages 1 to 44, and a leading cause of disability for all ages, regardless of sex, race/ethnicity, or socioeconomic status. More than 180,000 people die from injuries each year, and approximately 1 in 10 sustains a nonfatal injury serious enough to be treated in a hospital emergency department.

Beyond their immediate health consequences, injuries and violence have a significant impact on the well-being of Americans by contributing to:

- Premature death
- Disability
- Poor mental health
- High medical costs
- Lost productivity

The effects of injuries and violence extend beyond the injured person or victim of violence to family members, friends, coworkers, employers, and communities.

Numerous factors can affect the risk of unintentional injury and violence, including individual behaviors, physical environment, access to health services (ranging from pre-hospital and acute care to rehabilitation), and social environment (from parental monitoring and supervision of youth to peer group associations, neighborhoods, and communities).

Interventions addressing these social and physical factors have the potential to prevent unintentional injuries and violence. Efforts to prevent unintentional injury may focus on:

- Modifications of the environment
- Improvements in product safety
- Legislation and enforcement
- Education and behavior change
- Technology and engineering

Efforts to prevent violence may focus on:

- Changing social norms about the acceptability of violence
- Improving problem-solving skills (for example, parenting, conflict resolution, coping)
- Changing policies to address the social and economic conditions that often give rise to violence

– Healthy People 2020 (www.healthypeople.gov)

Prevalence of Injuries

“In the past two years, has this child been injured seriously enough to need treatment from a doctor or a nurse?”

Injuries Requiring Treatment

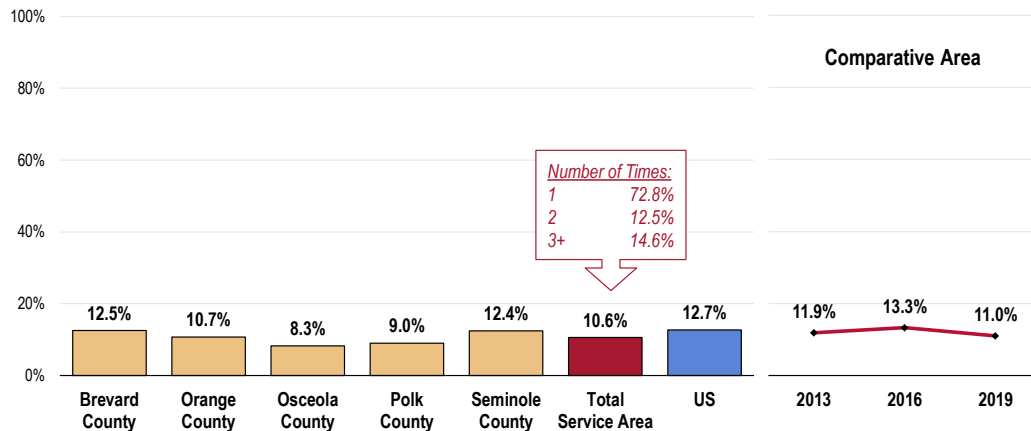
While most Total Service Area children were not injured seriously in the past year, **10.6% sustained injuries serious enough to require medical treatment.**

- Statistically comparable to US findings.
- Statistically comparable by county.
- TREND: Statistically comparable to prior findings.

Nearly three-fourths of parents (72.8%) reported that their child was seriously injured just **once** in the past year. However, 12.5% reported **two incidents** and 14.6% said their child needed medical treatment for an injury **three or more times** in the past twelve months.

Child Was Injured Seriously Enough to Need Medical Treatment in the Past Year

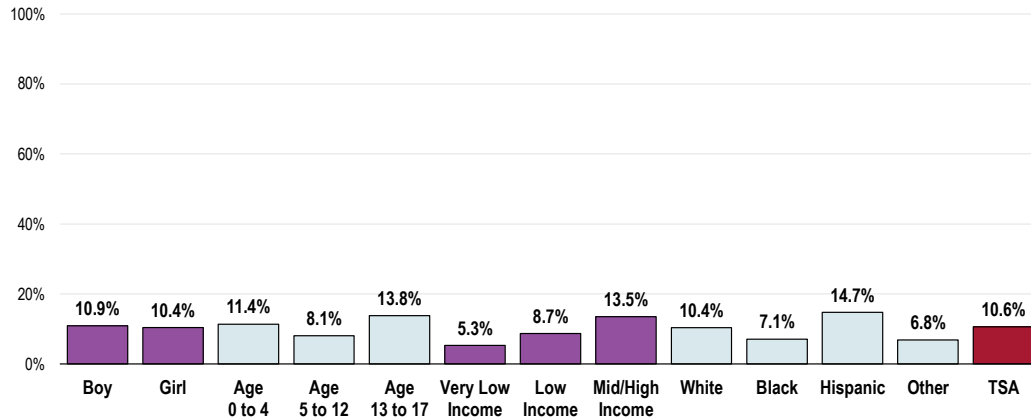
(Total Service Area, 2019)



Sources: • 2019 PRC Child & Adolescent Health Survey, PRC, Inc. [Items 69-70]
 • 2018 PRC National Child & Adolescent Health Survey, PRC, Inc.
 Notes: • Asked of all respondents about a randomly selected child in the household.
 • Trending: Polk County is excluded from the Comparative Area data.

- When viewed by key demographic characteristics, teens, children in higher-income households, and Hispanic children are more likely to have needed medical treatment due to injury in the past year.

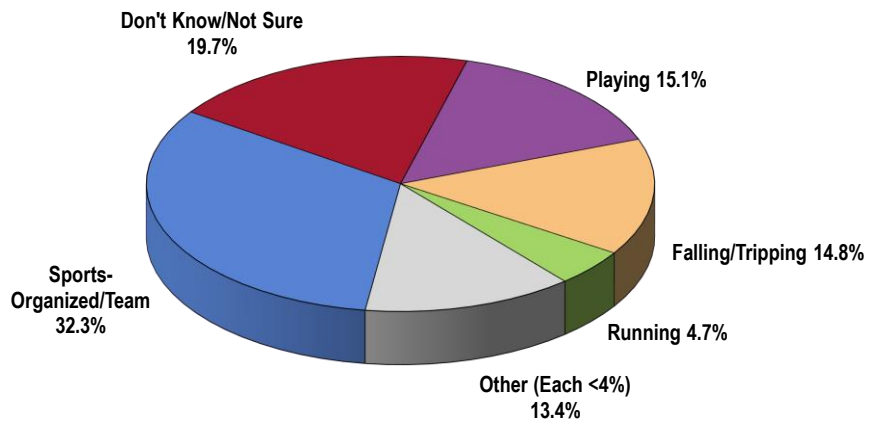
Child Was Injured Seriously Enough to Need Medical Treatment in the Past Year (Total Service Area, 2019)



Sources: • 2019 PRC Child & Adolescent Health Survey, PRC, Inc. [Item 69]
 Notes: • Asked of all respondents about a randomly selected child in the household.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

When asked what the child was doing when the injury occurred, parents of these children mentioned activities like **organized sports** (32.3%), **playing** (15.1%), **falling or tripping** (14.8%), and **running** (4.7%).

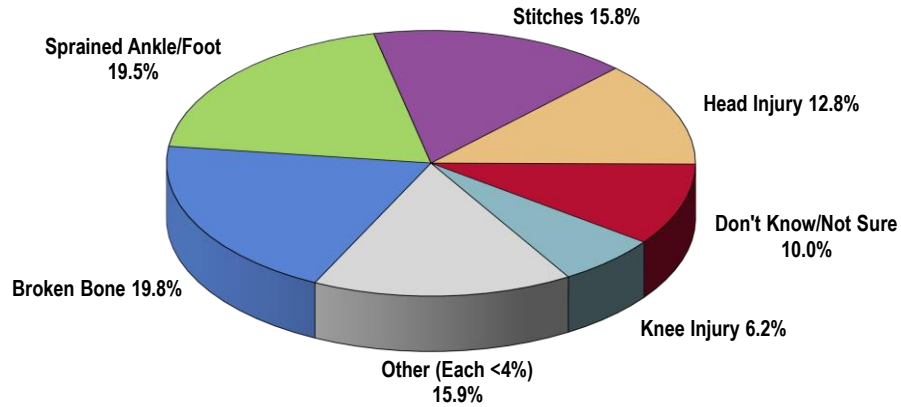
Child's Activity When Most Seriously Injured in Past Year (Total Service Area Children Seriously Injured in the Past Year, 2019)



Sources: • 2019 PRC Child & Adolescent Health Survey, PRC, Inc. [Item 71]
 Notes: • Asked of all respondents for whom the randomly selected child in the household was seriously injured in the past year.

When asked about the type of injury sustained, these parents frequently mentioned **broken bones** (19.8%), **sprained ankle or foot** (19.5%), injuries requiring **stitches** (15.8%), and **head injuries** (12.8%).

Type of Injury Sustained
(Total Service Area Children Seriously Injured in the Past Year, 2019)



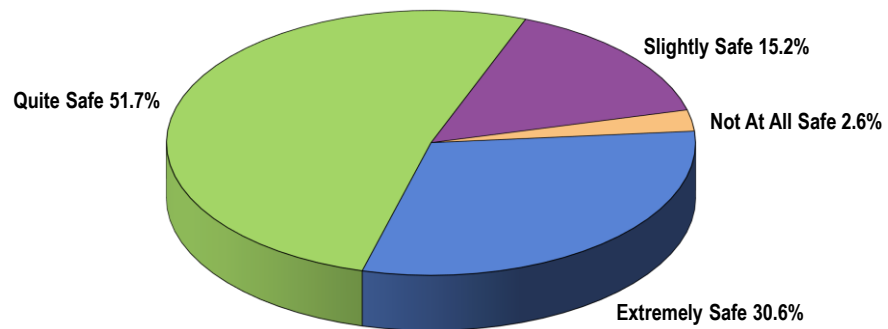
Sources: • 2019 PRC Child & Adolescent Health Survey, PRC, Inc. [Item 72]
Notes: • Asked of all respondents for whom the randomly selected child in the household was seriously injured in the past year.

Violence & Safety

Neighborhood Safety

While most Total Service Area families live in “extremely safe” or “quite safe” neighborhoods, 17.8% of parents live in neighborhoods they consider only “slightly safe” or “not at all safe.”

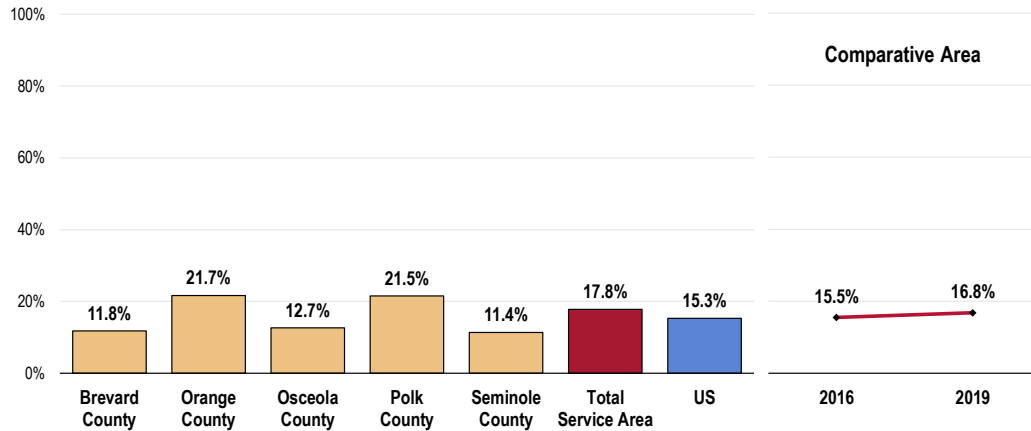
Perceived Safety of Neighborhood
(Total Service Area, 2019)



Sources: • 2019 PRC Child & Adolescent Health Survey, PRC, Inc. [Item 76]
Notes: • Asked of all respondents.

- The prevalence of “slightly/not at all safe” responses is statistically similar to national reports.
- Significantly high in Orange County.
- TREND: Perceptions of poor neighborhood safety have remained statistically unchanged since first measured in 2016.

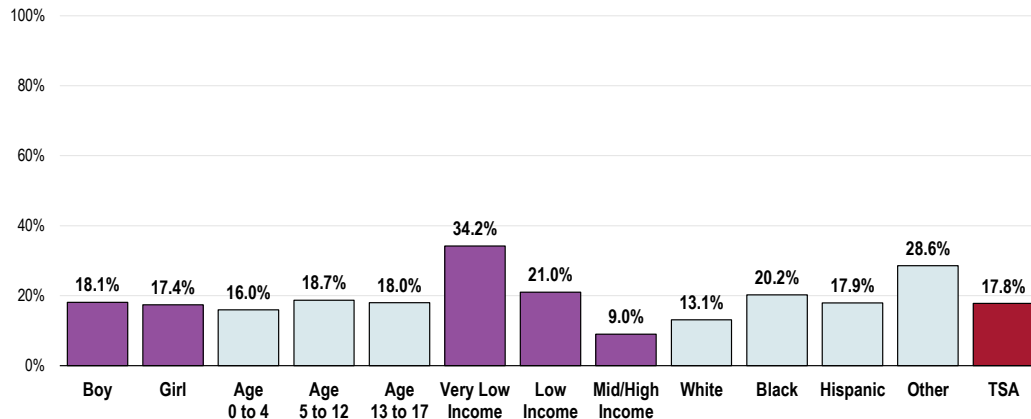
Neighborhood Perceived to be “Slightly/Not At All” Safe (Total Service Area, 2019)



Sources: • 2019 PRC Child & Adolescent Health Survey, PRC, Inc. [Item 76]
 • 2018 PRC National Child & Adolescent Health Survey, PRC, Inc.
 Notes: • Asked of all respondents.
 • Trending: Polk County is excluded from the Comparative Area data.

- Note the clear, negative correlation with household income levels.
- Also, parents of “Other” race children are much more likely to live in neighborhoods they consider “slightly/not at all” safe.

Neighborhood Perceived to be “Slightly/Not At All” Safe (Total Service Area, 2019)



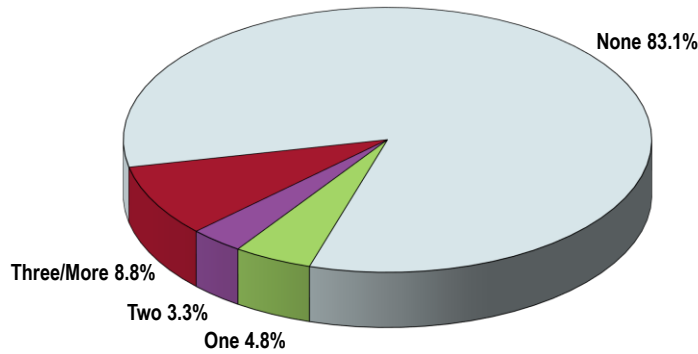
Sources: • 2019 PRC Child & Adolescent Health Survey, PRC, Inc. [Item 76]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
 • Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Very Low Income” includes households with incomes below 100% of the federal poverty level; “Low Income” includes households with incomes between 100% and 199% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.

“During the past year, how many days did this child not go to school because he/she felt unsafe at school or on the way to or from school?”

Feeling Safe at School or Going to/From School

A total of 16.9% of Total Service Area children age 5-17 missed school at least once in the past year because the child felt unsafe either at school or on the way to/from school.

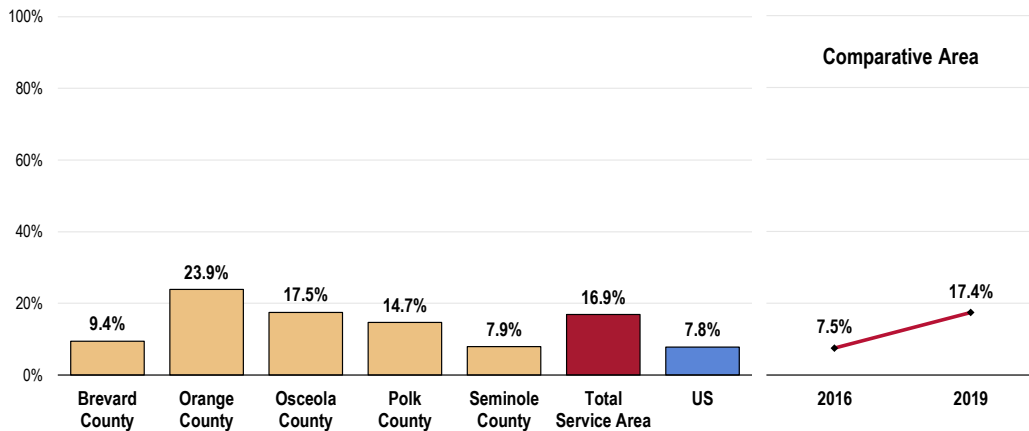
School Days Missed in the Past Year Because Child Felt Unsafe at School or on the Way to/From School (Total Service Area Children Age 5-17, 2019)



Sources: ● 2019 PRC Child & Adolescent Health Survey, PRC, Inc. [Item 73]
 Notes: ● Asked of all respondents for whom the randomly selected child in the household is age 5-17.

- Over twice the national proportion.
- Highest in Orange County.
- TREND: Has more than doubled since first measured three years ago.

Child Missed School in the Past Year Due to Feeling Unsafe (Total Service Area Children Age 5-17, 2019)

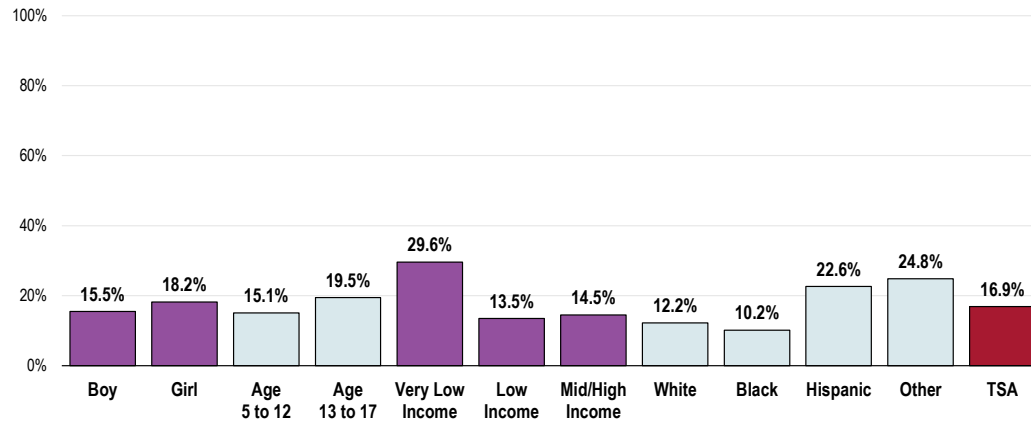


Sources: ● 2019 PRC Child & Adolescent Health Survey, PRC, Inc. [Item 73]
 ● 2018 PRC National Child & Adolescent Health Survey, PRC, Inc.
 Notes: ● Asked of all respondents for whom the randomly selected child in the household is age 5-17.
 ● Trending: Polk County is excluded from the Comparative Area data

The proportion of children missing school due to safety reasons is notably high among the following:

- Children in very low-income households.
- Hispanic or “Other” race children.

Child Missed School in the Past Year Due to Feeling Unsafe (Total Service Area Children Age 5-17, 2019)



Sources: • 2019 PRC Child & Adolescent Health Survey, PRC, Inc. [Item 73]

Notes: • Asked of all respondents for whom the randomly selected child in the household is age 5-17.

• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).

• Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Very Low Income” includes households with incomes below 100% of the federal poverty level; “Low Income” includes households with incomes between 100% and 199% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.

Bullying

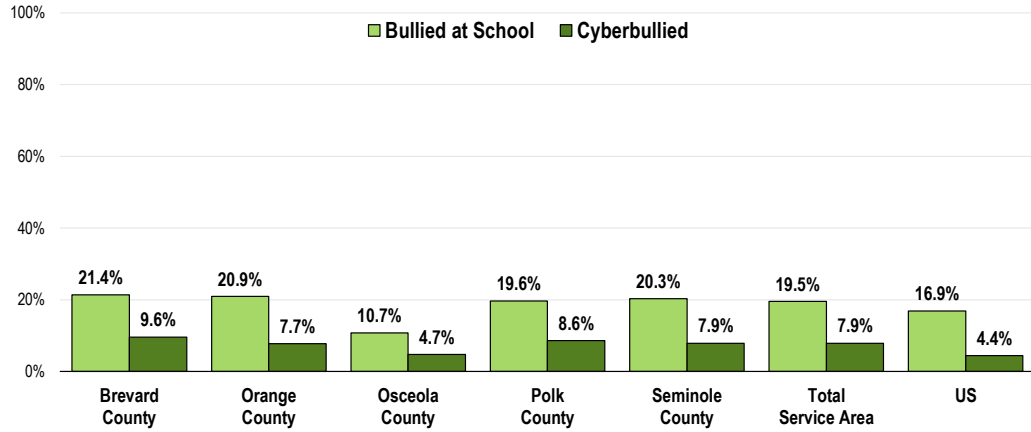
Among parents of school-age children (age 5-17), 19.5% report that their child has been bullied in the past year on school property; 7.9% report that their child has been cyber-bullied. Note that these percentages are not mutually-exclusive.

- Bullying on school property occurs in the Total Service Area at a prevalence similar to that seen nationwide, whereas cyber-bullying is significantly higher than the national proportion.
- Reported bullying on school property is lowest in Osceola County (no differences in cyber-bullying by county).
- TREND: Cyber-bullying is higher than previous years (bullying on school property is similar) (not shown).

Cyberbullying includes electronic bullying, such as through email, chat rooms, instant messaging, websites, or texting.

NOTE: It is important to recognize that these measures are reported by parents and are limited to incidents of which parents are aware; it is reasonable to presume that the true incidence for these measures is potentially quite a bit higher.

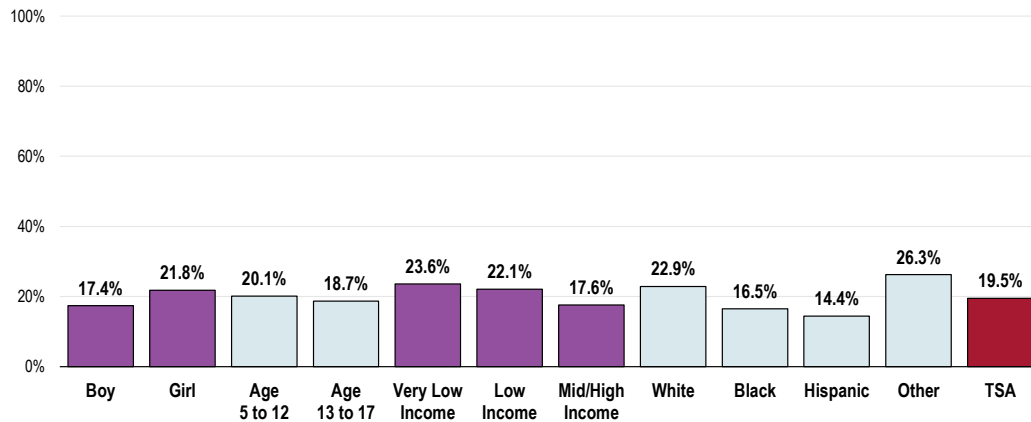
Child Was Bullied in the Past Year (Total Service Area Children Age 5-17, 2019)



Sources: • 2019 PRC Child & Adolescent Health Survey, PRC, Inc. [Items 74, 75]
 • 2018 PRC National Child & Adolescent Health Survey, PRC, Inc.
 Notes: • Asked of those respondents for whom the randomly selected child in the household is age 5 to 17.
 • Cyberbullying includes electronic bullying such as through email, chat rooms, instant messaging, websites, or texting.

- White children are more likely to be bullied on school property (note that the finding among “Other” race children is not statistically different from the other race groups due to a wider margin of error).

Child Was Bullied on School Property in the Past Year (Total Service Area Children Age 5-17, 2019)

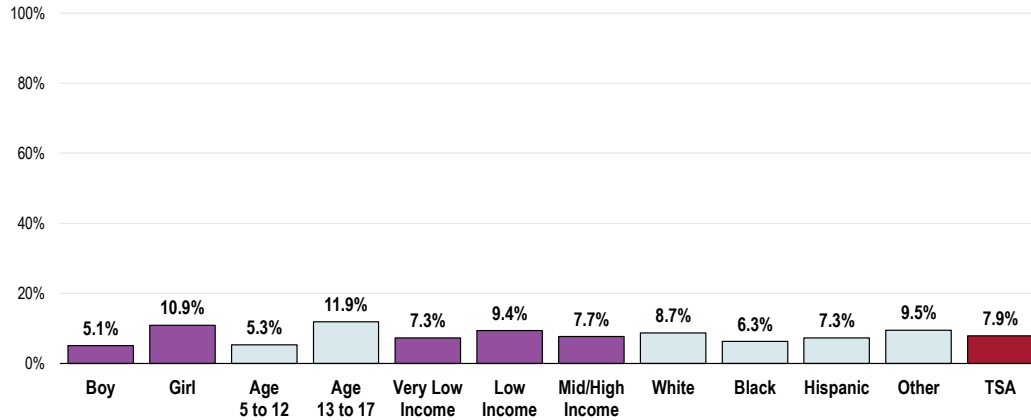


Sources: • 2019 PRC Child & Adolescent Health Survey, PRC, Inc. [Item 74]
 Notes: • Asked of those respondents for whom the randomly selected child in the household is between the ages of 5 and 17.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
 • Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Very Low Income” includes households with incomes below 100% of the federal poverty level; “Low Income” includes households with incomes between 100% and 199% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.

- Parents' reports of cyberbullying are highest among girls and teens.

Child Was Cyberbullied in the Past Year

(Total Service Area Children Age 5-17, 2019)



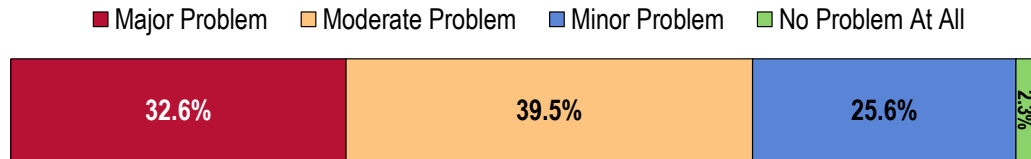
Sources: • 2019 PRC Child & Adolescent Health Survey, PRC, Inc. [Item 75]
 Notes: • Asked of those respondents for whom the randomly selected child in the household is between the ages of 5 and 17.
 • Cyberbullying includes electronic bullying such as through email, chat rooms, instant messaging, websites, or texting.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Key Informant Input: Injury & Violence

Key informants taking part in an online survey most often characterized *Injury & Violence* as a "moderate problem" for children/adolescents in the community.

Perceptions of Injury & Violence as a Problem for Children/Adolescents in the Community

(Key Informants, 2019)



Sources: • PRC Online Key Informant Survey, PRC, Inc.
 Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a “major problem,” reasons frequently related to the following:

Prevalence/Incidence

Violence has become commonplace for many children. Whether intimate partner violence in the home, examples on television, or exposures to violent video games, children see more violence and reflect those exposures. Injury often results among other health impacts. - Public Health Representative

Children nowadays live in the age of technology, and as with everything, they are heavily influenced by what they see online. There are not enough programs providing gun violence prevention, anti-bullying, etc. There is a need for more school counselors who actually take the time to get to know their students, not just providing a prevention class and a calling it a day. But with limited counselors, some of them serving multiple schools. It is challenging to create an environment where counselors get to actually know the students in order to create good rapport. - Other Health Provider

Students openly talk about injury, violence and drug use; violent crime rate is increasing. - Other Health Provider

My thoughts are strictly based on what I have seen in news reports. - Community/Business Leader

Leading Cause of Death

Central Florida is among the nation's top regions for pedestrian deaths. - Other Health Provider

Unintentional injury is a leading cause of death in Central Florida. - Other Health Provider

Poverty

With 155,000 Central Florida children living in poverty, unsafe neighborhoods and homes are the norm. Poor children are more likely to be victims of violence and resulting injury, both physical and emotional, because of family instability, often related to economic instability, lower educational achievement of caregivers and unsafe environments. - Social Services Provider

Violence at Home

Gun and physical violence/abuse in the homes, schools and general community is an ongoing problem. Motor vehicle injuries, no child seat restraints, bike and pedestrian accidents are also occurring too often. - Social Services Provider

Sexual Activity

Chlamydia & Gonorrhea

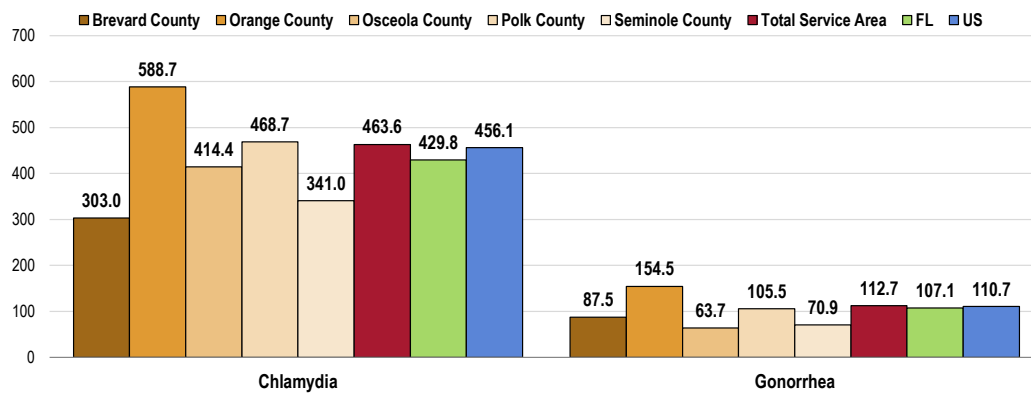
In 2014, there were 463.6 diagnosed chlamydia infections per 100,000 population in the Total Service Area. Note that this rate includes diagnoses in all ages (both children and adults).

- Higher than the Florida rate.
- Statistically similar to national findings.
- Notably least favorable in Orange County, followed by Polk County.

In 2014, there were 112.7 diagnosed gonorrhea infections per 100,000 population in the Total Service Area. Note that this rate includes diagnoses in all ages (both children and adults).

- Comparable to the Florida and US rates.
- Least favorable in Orange and Polk counties.

Chlamydia & Gonorrhea Incidence (Incidence Rate per 100,000 Population, 2014)



- Sources:
- Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.
 - Retrieved June 2019 from Engagement Network at <https://engagementnetwork.org>.
- Notes:
- This indicator is relevant because it is a measure of poor health status and indicates the prevalence of unsafe sex practices.

Sexual Activity Among Adolescents

Among Orange County high school students, 21.9% report having had sexual intercourse with at least one person during the three months preceding the administration of the 2017 Youth Risk Behavior Survey.

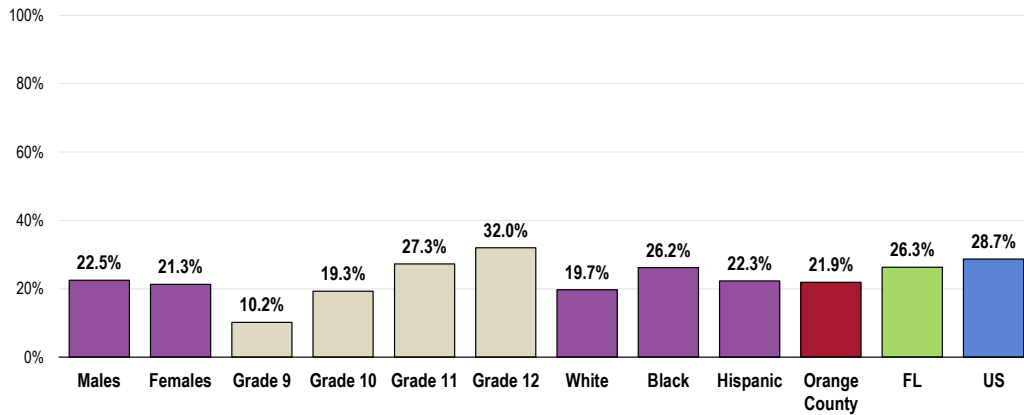
- Lower than Florida and national findings.
- Appears to increase with grade level.

This indicator is derived from the CDC's Youth Risk Behavior Survey (YRBS), a school-based survey administered to high school students by county. Note that these data are available only for Orange County.

For more information, visit: www.cdc.gov/healthy-youth/yrbs.

Had Sexual Intercourse in Past Three Months

(Among High School Students; Orange County Youth Risk Behavior Survey, 2017)



Sources: • Centers for Disease Control and Prevention (CDC). 1991-2017 High School Youth Risk Behavior Survey Data. Available at <http://nccd.cdc.gov/youthonline/>. Accessed June 2019.
 Notes: • Have had sexual intercourse with at least one person during the three months before the survey.

Risky Sexual Behaviors

Among Orange County high school students who are sexually active, 42.3% report not using a condom during their last sexual intercourse, and 15.9% report not using any method to prevent pregnancy.

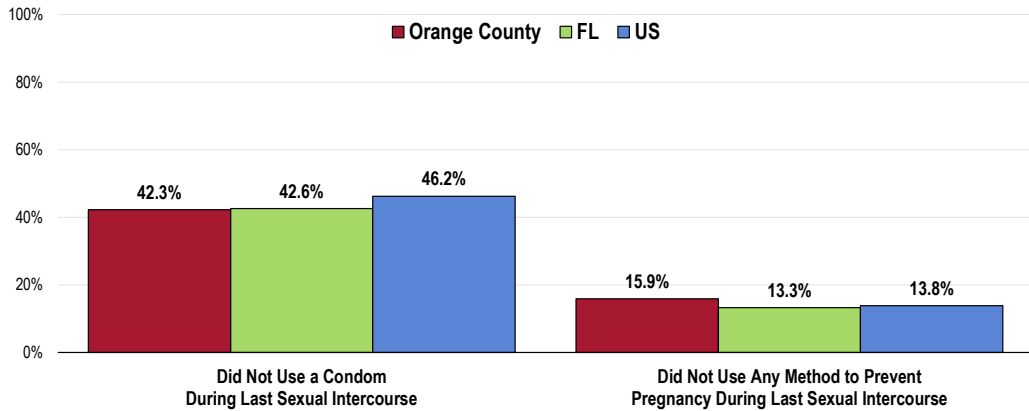
- Condom use in Orange County is better than US findings (similar to the state).
- The proportion of Orange County high schoolers using birth control is worse than state and national findings.

This indicator is derived from the CDC's Youth Risk Behavior Survey (YRBS), a school-based survey administered to high school students by county. Note that these data are available only for Orange County.

For more information, visit: www.cdc.gov/healthy-youth/yrbs.

Risky Sexual Behavior

(Among Sexually Active High School Students; Orange County Youth Risk Behavior Survey, 2017)

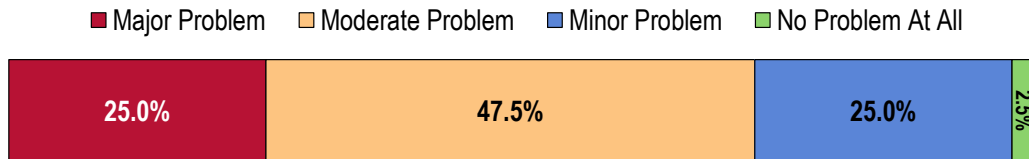


- Sources: • Centers for Disease Control and Prevention (CDC). 1991-2017 High School Youth Risk Behavior Survey Data. Available at <http://nccd.cdc.gov/youthonline/>. Accessed June 2019.
- Notes: • Among high school students who have had sexual intercourse with at least one person during the three months before the survey.
 • "Any method" includes condoms, birth control pills or Depo-Provera (or any injectable birth control), Nuva Ring (or any birth control ring), implanon (or any implant), or any IUD before last sexual intercourse.

Key Informant Input: Sexual Health

The largest share of key informants taking part in an online survey characterized *Sexual Health* as a "moderate problem" for children/adolescents in the community.

Perceptions of Sexual Health as a Problem for Children/Adolescents in the Community (Key Informants, 2019)



- Sources: • PRC Online Key Informant Survey, PRC, Inc.
- Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons frequently related to the following:

Prevalence/Incidence

- High rates of sexual activity at young age and thus pregnancy, disease, emotional impacts. - Other Health Provider
- The local STD rate has been increasing, and repeat teen pregnancy is still occurring. - Social Services Provider

Cultural/Personal Beliefs

Taboos and cultural norms impact parents/guardians' willingness to discuss these issues with children and provide them with needed healthcare and preventative care for children. - Public Health Representative

Health Awareness/Education

This is always going to be a problem because they can be difficult topics for parents to address with their kids. We teach about sexual health in school, but that does not replace conversations with parents! Many teens use sex as a way to get attention. They are more influenced by media than their parents. I believe a solution would be to educate parents about how and when to talk about sexual health. - Social Services Provider

Access to Health Services



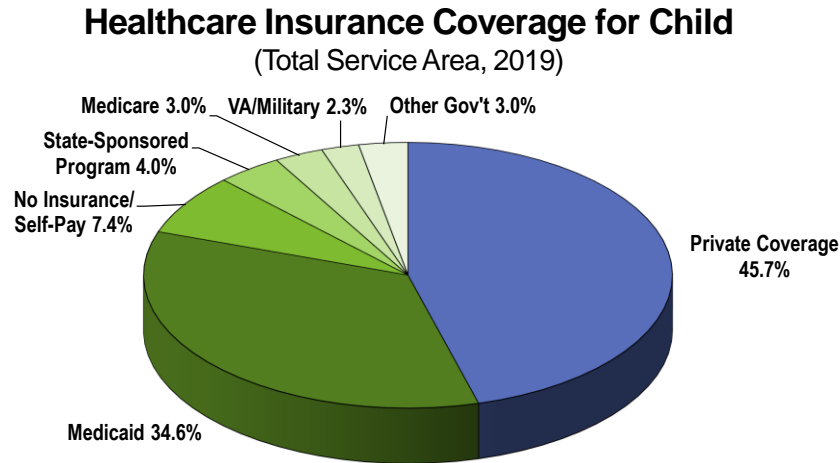
Professional Research Consultants, Inc.

Health Insurance Coverage

Type of Health Insurance Coverage

Just under half of parents (45.7%) report having healthcare coverage for their child through private insurance. Another 54.3% report coverage through a government-sponsored program (e.g., Medicaid, Medicare, CHIP/Florida KidCare, military benefits).

Survey respondents were asked a series of questions to determine their child's healthcare insurance coverage, if any, from either private or government-sponsored sources.



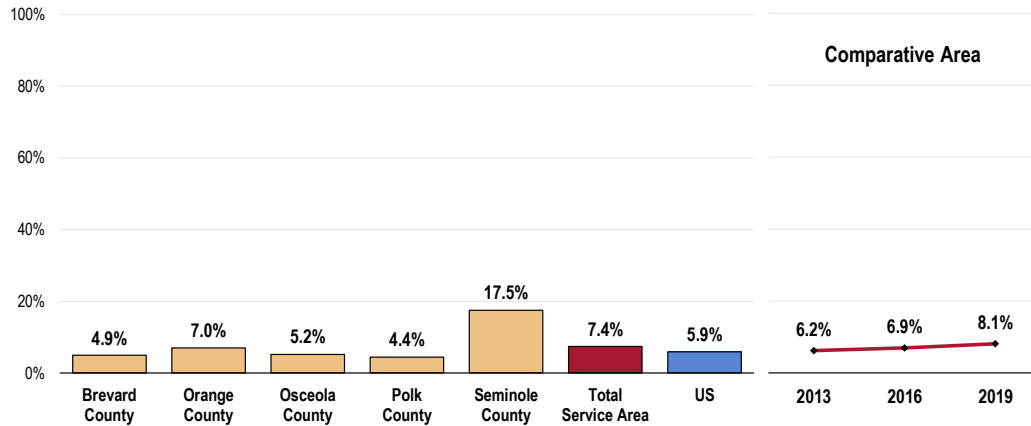
Sources: • 2019 PRC Child & Adolescent Health Survey, PRC, Inc. [Item 137]
Notes: • Asked of all respondents.

Lack of Health Insurance Coverage

On the other hand, 7.4% of Total Service Area parents report having no insurance coverage for their child's healthcare expenses, through either private or public sources.

- Statistically comparable to the US figure.
- The Healthy People 2020 target is universal coverage (100% insured).
- The Seminole County proportion of uninsured children is at least double that of any of the other four counties.
- TREND: The increase in prevalence of uninsured children over time is not statistically significant.

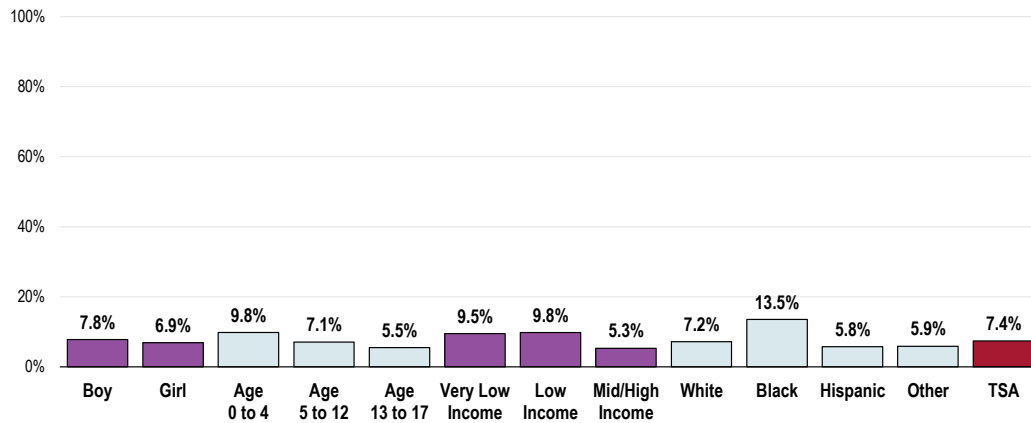
Lack Healthcare Insurance Coverage for Child (Total Service Area, 2019) Healthy People 2020 Target = 0% (Universal Coverage)



Sources: • 2019 PRC Child & Adolescent Health Survey, PRC, Inc. [Item 137]
 • 2018 PRC National Child & Adolescent Health Survey, PRC, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective AHS-1]
 Notes: • Asked of all respondents.
 • Trending: Polk County is excluded from the Comparative Area data.

- Lower-income children and especially Black children are less likely to have healthcare coverage.

Lack Healthcare Insurance Coverage for Child (Total Service Area, 2019) Healthy People 2020 Target = 0% (Universal Coverage)



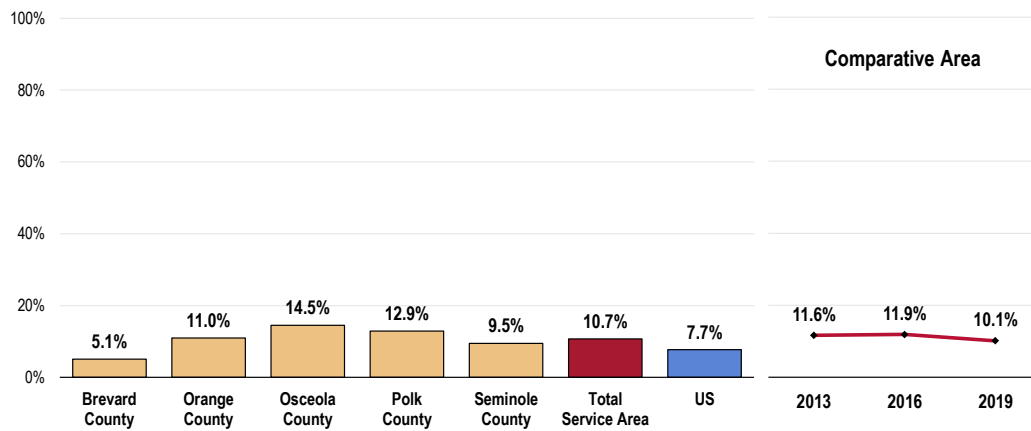
Sources: • 2019 PRC Child & Adolescent Health Survey, PRC, Inc. [Item 137]
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective AHS-1]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Recent Lack of Coverage

Among parents with insurance for their child, 10.7% report that their child was without healthcare coverage at some point in the past year.

- Higher than the US proportion.
- Lowest in Brevard County.
- TREND: Insurance stability in the Comparative Area is statistically the same as it was in 2013 and 2016.

Child Has Been Without Coverage at Some Point (Insured Total Service Area Children 0-17, 2019)

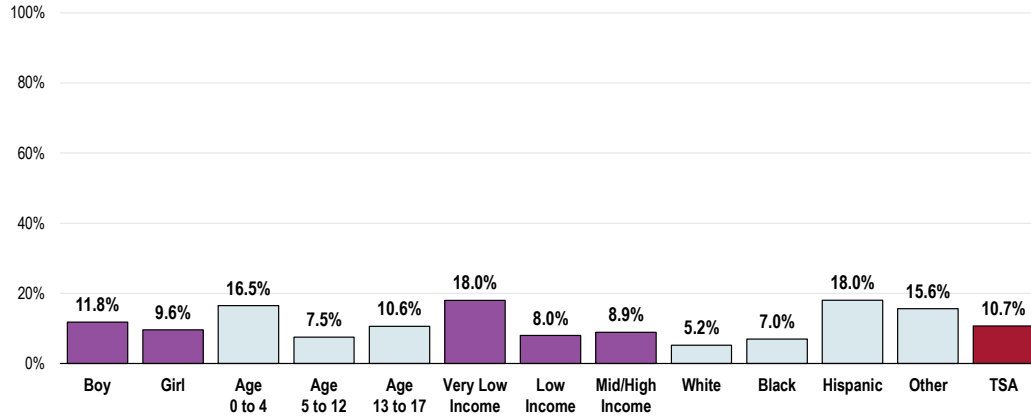


Sources: • 2019 PRC Child & Adolescent Health Survey, PRC, Inc. [Item 101]
 • 2018 PRC National Child & Adolescent Health Survey, PRC, Inc.
 Notes: • Reflects all respondents for whom the randomly selected child in the household has healthcare insurance coverage..
 • Trending: Polk County is excluded from the Comparative Area data.

Among insured children, the following segments are more likely to have gone without healthcare insurance coverage at some point in the past year:

- Those under age 5.
- Those in very low-income households (note the 18.0% prevalence for children in households below 100% of poverty).
- Those who are Hispanic or “Other” race.

Child Has Been Without Coverage at Some Point (Insured Total Service Area Children 0-17, 2019)



- Sources:
- 2019 PRC Child & Adolescent Health Survey, PRC, Inc. [Item 101]
- Notes:
- Reflects all respondents for whom the randomly selected child in the household has healthcare insurance coverage..
 - Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 - Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Difficulties Accessing Healthcare

About Access to Healthcare

Access to comprehensive, quality health care services is important for the achievement of health equity and for increasing the quality of a healthy life for everyone. It impacts: overall physical, social, and mental health status; prevention of disease and disability; detection and treatment of health conditions; quality of life; preventable death; and life expectancy.

Access to health services means the timely use of personal health services to achieve the best health outcomes. It requires three distinct steps: 1) Gaining entry into the health care system; 2) Accessing a health care location where needed services are provided; and 3) Finding a health care provider with whom the patient can communicate and trust.

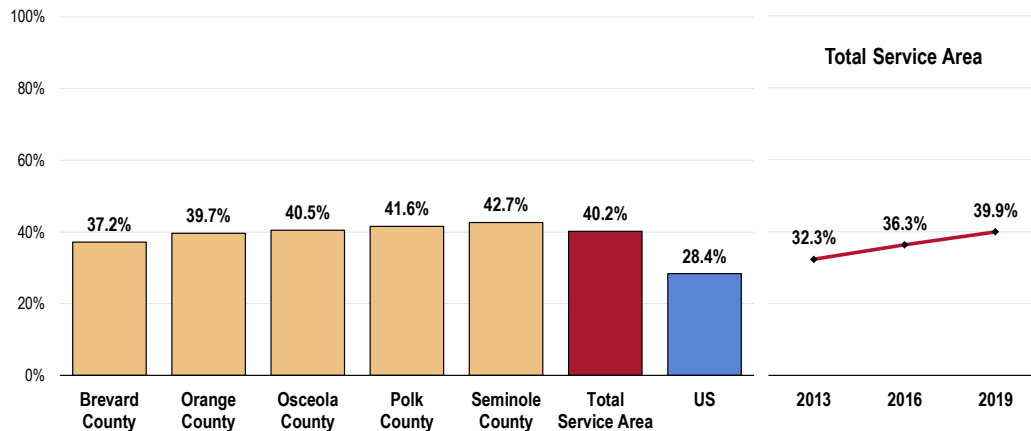
– Healthy People 2020 (www.healthypeople.gov)

Four in 10 Total Service Area parents (40.2%) report some type of difficulty or delay in obtaining healthcare services for their child in the past year.

This indicator reflects the percentage of parents experiencing problems accessing healthcare for their child in the past year, regardless of whether they needed or sought care.

- Much less favorable than the national percentage.
- Statistically comparable among the five counties.
- TREND: Denotes an unfavorable increase in difficulties since 2013 findings.

Experienced Difficulties or Delays of Some Kind in Receiving Child’s Needed Healthcare in the Past Year (Total Service Area, 2019)



Sources: • 2019 PRC Child & Adolescent Health Survey, PRC, Inc. [Item 138]

• 2018 PRC National Child & Adolescent Health Survey, PRC, Inc.

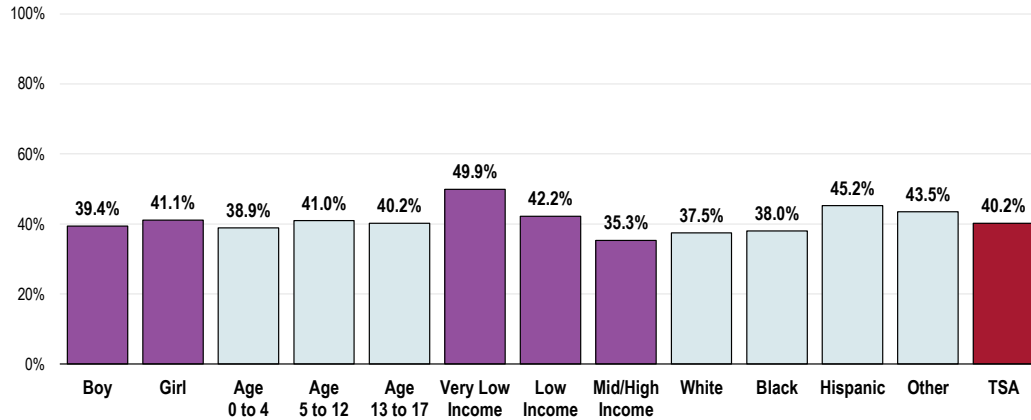
Notes: • Asked of all respondents about a randomly selected child in the household.

• Represents the percentage of respondents experiencing one or more barriers to accessing their child’s healthcare in the past 12 months.

• Trending: Polk County is excluded from the Comparative Area data.

- Note the negative correlation with income.
- Hispanic children are also more likely to be impacted by access barriers.

Experienced Difficulties or Delays of Some Kind in Receiving Child’s Needed Healthcare in the Past Year (Total Service Area, 2019)



Sources: • 2019 PRC Child & Adolescent Health Survey, PRC, Inc. [Item 138]
 Notes: • Asked of all respondents about a randomly selected child in the household.
 • Represents the percentage of respondents experiencing one or more barriers to accessing their child's healthcare in the past 12 months.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Barriers to Healthcare Access

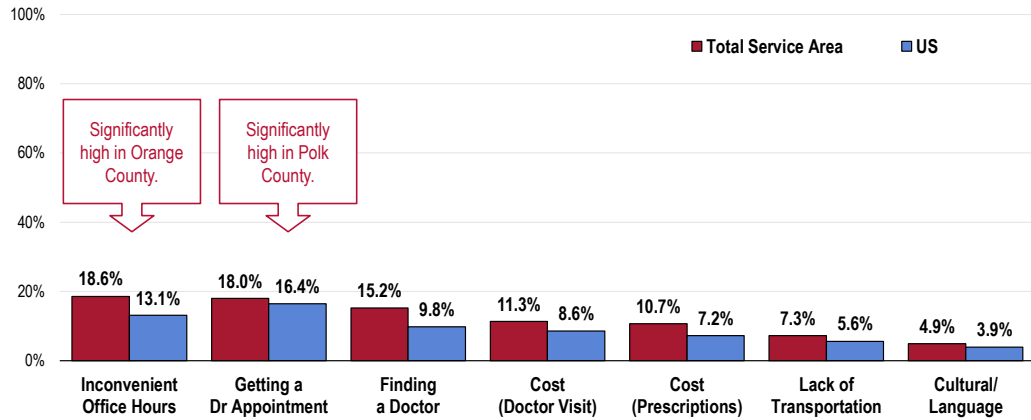
To better understand healthcare access barriers, survey participants were asked whether any of seven types of barriers to access prevented their child from seeing a physician or obtaining a needed prescription in the past year.

Again, these percentages reflect all children, regardless of whether medical care was needed or sought.

Of the tested access barriers, **inconvenient office hours** impacted the greatest share of Total Service Area children (18.6% of parents say that inconvenient office hours prevented them from obtaining a visit to a physician for their child in the past year). **Difficulty getting a doctor’s appointment** impacted nearly as many (18.0%).

- The proportion of Total Service Area children impacted was considerably higher than nationwide findings for: difficulty finding a physician, inconvenient office hours, and cost of prescriptions.
- The barrier of **inconvenient office hours** is unfavorably high for parents living in Orange County; **difficulty getting appointments** is unfavorably high for parents living in Polk County.

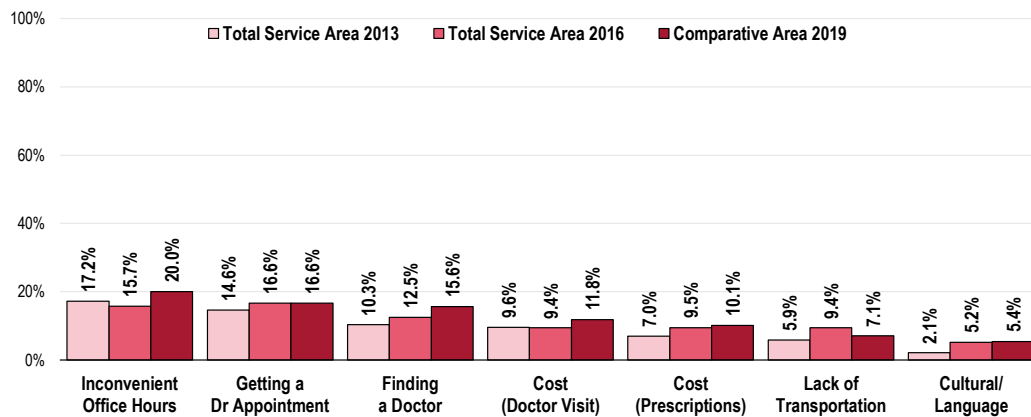
Barriers to Access Have Prevented Child's Medical Care in the Past Year (By County, 2019)



Sources: • 2019 PRC Child & Adolescent Health Survey, PRC, Inc. [Items 17-23]
 • 2018 PRC National Child & Adolescent Health Survey, PRC, Inc.
 Notes: • Asked of all respondents about a randomly selected child in the household.

- TREND: For three of the tested barriers (difficulty finding a physician, cost of prescriptions, and cultural differences), the proportion of children impacted in the Comparative Area was statistically worse than 2013 findings.

Barriers to Access Have Prevented Child's Medical Care in the Past Year (Total Service Area, 2019)



Sources: • PRC Child & Adolescent Health Surveys, PRC, Inc. [Items 17-23]
 Notes: • Asked of all respondents about a randomly selected child in the household.
 • Note that Polk County is excluded from the Comparative Area data.

Key Informant Input: Access to Health Services

More than half of key informants taking part in an online survey characterized **Access to Health Services** as a “moderate problem” for children/adolescents in the community.

Perceptions of Access to Health Services as a Problem for Children/Adolescents in the Community (Key Informants, 2019)

■ Major Problem ■ Moderate Problem ■ Minor Problem ■ No Problem At All



Sources: • PRC Online Key Informant Survey, PRC, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a “major problem,” reasons frequently related to the following:

Affordable Care/Services

Access to quality care for children is indelibly linked to their parents' or guardians' professional status and earnings. In addition, even in families with two wage-earning parents, competing expenses often place children at risk for poor care and poor habits addressing health. - Public Health Representative

Lack of affordable care and the cost of insurance. - Community/Business Leader

Income disparity, access to affordable healthcare options. - Community/Business Leader

Insurance Issues

The lack of adequate health insurance of many low-wage earners impedes adequate health care. Parents are unsure or unaware of the services they may have access to. - Community/Business Leader

Lack of providers accepting Medicaid. Lack of access to health insurance. - Other Health Provider

Lack of health insurance. Lack of money to pay privately. - Social Services Provider

Lack of Providers

Lack of specialists, lack of in-network specialists. Uninsured. - Other Health Provider

Lack of providers in the area. - Other Health Provider

Access to Healthy Food

[Many] children in Central Florida are food insecure. That means that [they] are not getting adequate nutrition to support good health, creating an unrealistic burden on the existing healthcare system. Additionally, these same children have a harder time regaining health because of their disadvantaged environments. Because so much of my work is focused on food insecurity and its relationship to health, I work with several FQHCs and Free and Charitable Clinics, as well as other nonprofit healthcare providers. I have yet to meet one that believes they have the capacity to meet the healthcare needs of all the low-income children requiring medical attention, either emergent or preventative. A further challenge with regard to children's access to healthcare within the community of low-income, food insecure children I am aware of is their parent(s)' knowledge of where to find care, as well as access to and knowledge of children's health insurance. - Social Services Provider

Mental Health

Heard a lot about mental health/homelessness. - Social Services Provider

Navigating Services

Process is complicated for many families to navigate. Trouble affording co-pays. - Social Services Provider

Transportation

Transportation to appointments, parents feeling empowered to ask questions and be a part of their child's health care, immunization education. - Social Services Provider

Type of Care Most Difficult to Access

Key informants (who rated this as a “major problem”) most often identified **mental health care for children/youth** as the most difficult to access in the community.

Children’s Medical Care Most Difficult to Access Locally				
	Most Difficult to Access	Second-Most Difficult to Access	Third-Most Difficult to Access	Total Mentions
Mental Health Care	46.2%	8.3%	50.0%	13
Dental Care	15.4%	16.7%	16.7%	6
Primary Care	15.4%	25.0%	0.0%	5
Specialty Care	7.7%	25.0%	0.0%	4
Chronic Disease Care	7.7%	25.0%	0.0%	4
Substance Abuse Treatment	0.0%	0.0%	25.0%	3
Urgent Care	0.0%	0.0%	8.3%	1
Prenatal Care	7.7%	0.0%	0.0%	1

Primary Care Services

About Primary Care

Improving health care services depends in part on ensuring that people have a usual and ongoing source of care. People with a usual source of care have better health outcomes and fewer disparities and costs. Having a primary care provider (PCP) as the usual source of care is especially important. PCPs can develop meaningful and sustained relationships with patients and provide integrated services while practicing in the context of family and community. Having a usual PCP is associated with:

- Greater patient trust in the provider
- Good patient-provider communication
- Increased likelihood that patients will receive appropriate care

Improving health care services includes increasing access to and use of evidence-based preventive services. Clinical preventive services are services that: **prevent** illness by detecting early warning signs or symptoms before they develop into a disease (primary prevention); or **detect** a disease at an earlier, and often more treatable, stage (secondary prevention).

– Healthy People 2020 (www.healthypeople.gov)

Specific Source of Ongoing Care

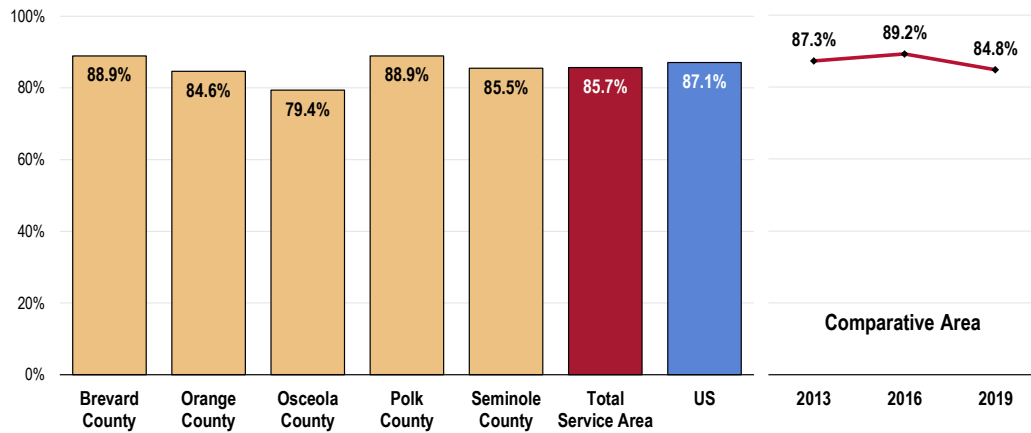
A total of 85.7% of Total Service Area children were determined to have a specific source of ongoing medical care, such as a specific doctor's office or clinic they regularly use.

- Similar to the US percentage.
- Fails to satisfy the Healthy People 2020 objective (100%).
- No significant differences by county.
- TREND: Though similar to 2013 findings, the proportion of Total Service Area children having a specific source of care has unfavorably decreased since 2016.

Having a specific source of ongoing care includes having a doctor's office, clinic, urgent care center, walk-in clinic, health center facility, hospital outpatient clinic, HMO or prepaid group, military/VA clinic, or some other kind of place to go if the child is sick or needs advice about his or her health. This resource is crucial to the concept of "patient-centered medical homes" (PCMH).

A hospital emergency room is not considered a specific source of ongoing care in this instance.

Child Has a Specific Source of Ongoing Medical Care Healthy People 2020 Target = 100%



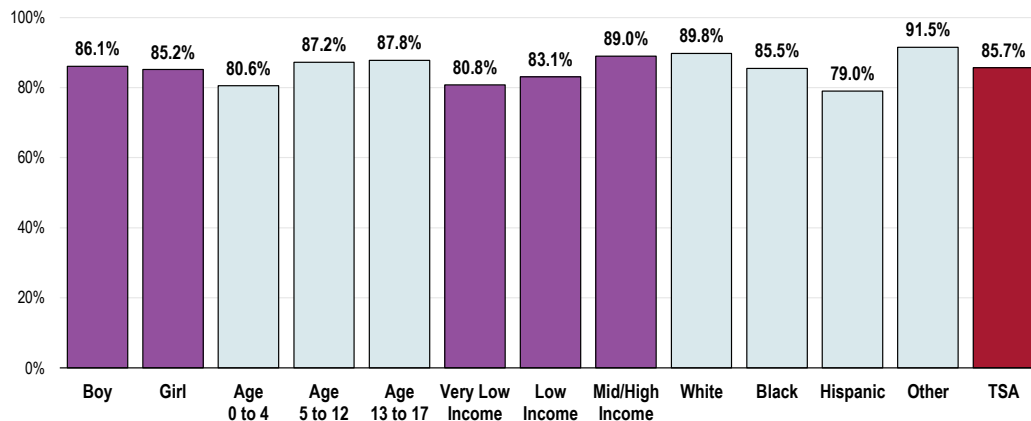
Sources: • 2019 PRC Child & Adolescent Health Survey, PRC, Inc. [Item 139]
 • 2018 PRC National Child & Adolescent Health Survey, PRC, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective AHS-5.2]

Notes: • Asked of all respondents about a randomly selected child in the household.
 • Having a specific source of ongoing care for a child includes having a doctor's office, clinic, urgent care center, health department clinic, or some other kind of place to go if the child is sick or needs advice about his or her health. A hospital emergency room is not considered a specific source of ongoing care in this instance.
 • Trending: Polk County is excluded from the Comparative Area data.

When viewed by demographic characteristics, the following children are less likely to have a specific source of care:

- Those under age 5.
- Those living in households below poverty.
- Hispanic children.

Child Has a Specific Source of Ongoing Medical Care (Total Service Area, 2019) Healthy People 2020 Target = 100%



Sources: • 2019 PRC Child & Adolescent Health Survey, PRC, Inc. [Item 139]
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objectives AHS-5.2]

Notes: • Asked of all respondents about a randomly selected child in the household.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

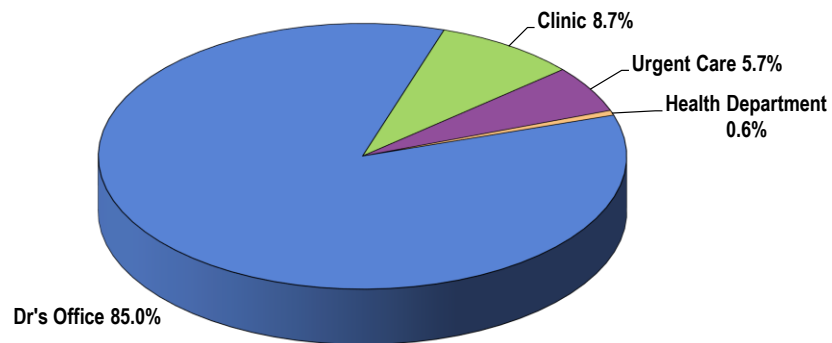
Type of Place Used for Medical Care

For children with a source of ongoing medical care, most (85.0%) are taken to a particular doctor's office if they are sick or need health advice.

A total of 8.7% say they usually go to some type of clinic, while 5.7% use an urgent care center, and 0.6% use a health department location.

Particular Place Utilized for Child's Medical Care

(Total Service Area Children With a Specific Source of Ongoing Medical Care, 2019)



Sources: • 2019 PRC Child & Adolescent Health Survey, PRC, Inc. [Items 25-26]
 Notes: • Asked of all respondents whose child has a specific source of ongoing medical care.

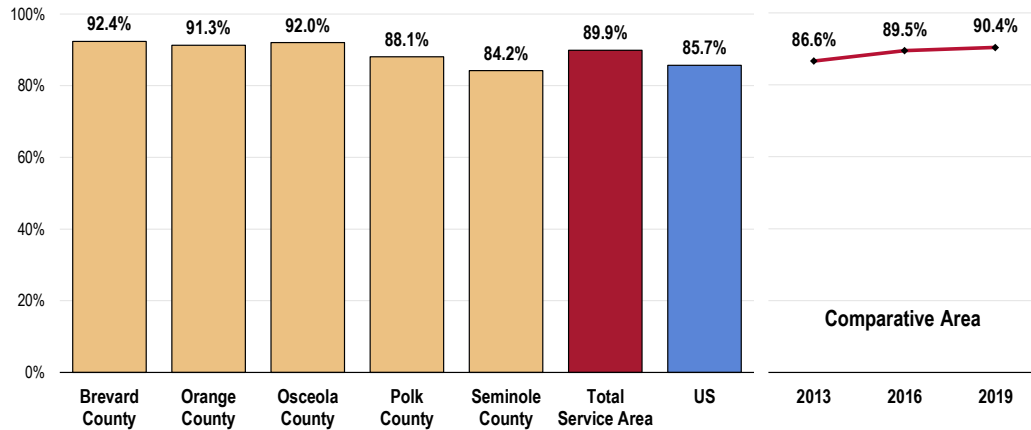
Receipt of Routine Medical Care

Almost nine in 10 Total Service Area children (89.9%) have had a routine checkup in the past year.

- More favorable than US findings.
- Statistically least favorable in Seminole County.
- TREND: Favorably higher than 2013 findings.

A routine checkup can include a well-child checkup or general physical exam, but it does not include exams for a sports physical or visits for a specific injury, illness, or condition.

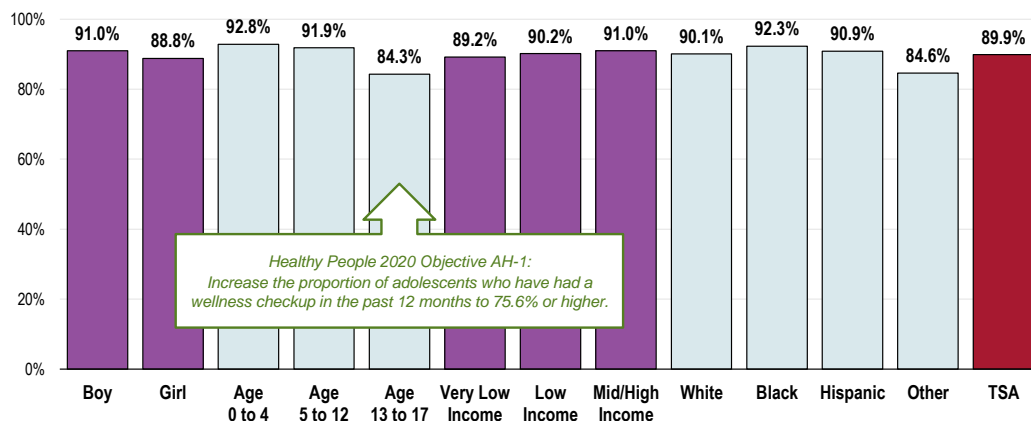
Child Visited a Physician for a Routine Checkup in the Past Year (Total Service Area, 2019)



Sources: • 2019 PRC Child & Adolescent Health Survey, PRC, Inc. [Item 27]
 • 2018 PRC National Child & Adolescent Health Survey, PRC, Inc.
 Notes: • Asked of all respondents about a randomly selected child in the household.
 • Trending: Polk County is excluded from the Comparative Area data.

- Note that the prevalence of routine checkups drops significantly among teens when compared to younger children.
- The proportion of Total Service Area adolescents (age 13-17) with routine checkups satisfies the Healthy People 2020 target (75.6% or higher) for their age group.

Child Visited a Physician for a Routine Checkup in the Past Year (Total Service Area, 2019)



Sources: • 2019 PRC Child & Adolescent Health Survey, PRC, Inc. [Item 27]
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective AH-1]
 Notes: • Asked of all respondents about a randomly selected child in the household.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Vaccination is a primary defense against some of the most deadly and debilitating known diseases.

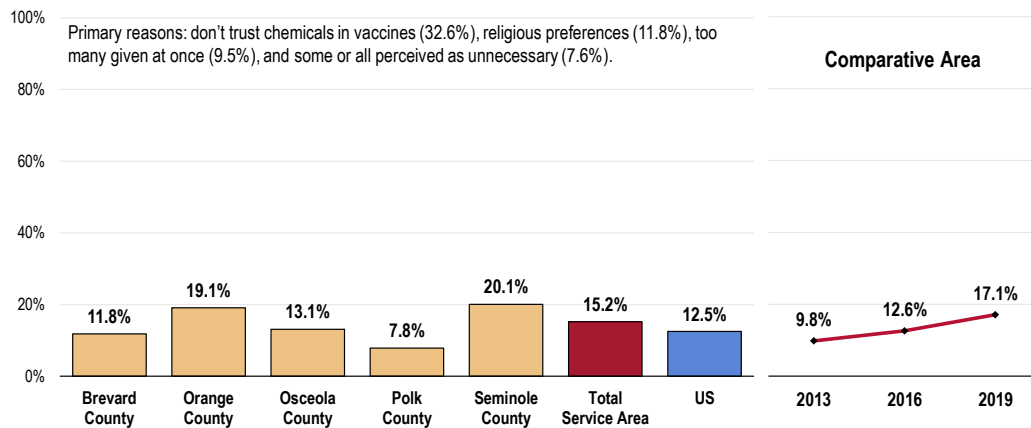
Perceptions of Childhood Vaccines

While 84.8% of surveyed Total Service Area parents say they would want their (hypothetical) newborn to receive all recommended vaccinations, a total of 15.2% would not.

- Similar to the percentages reported nationwide.
- Particularly unfavorable in Orange County (opposition also appears to be high in Seminole County; however, because the sample size there was smaller, statistical certainty cannot be asserted).
- TREND: Acceptance of the recommended vaccinations for babies has grown worse over time in the Comparative Area.

Reasons given for not getting all of the recommended vaccines primarily included **distrust of the chemicals in vaccines** (mentioned by 32.6%), **religious preferences** (11.8%), **the number of vaccines given at once** (9.5%), and perceiving that **some or all vaccines are unnecessary** (7.6%).

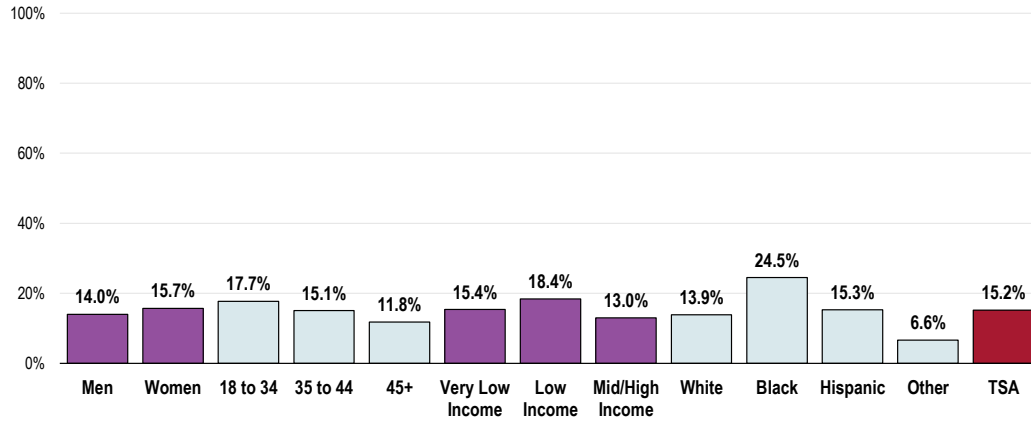
If Respondent Had a Newborn, Would Not Want Him/Her to Get All Recommended Vaccinations (Total Service Area Parents, 2019)



Sources: • 2019 PRC Child & Adolescent Health Survey, PRC, Inc. [Items 115-116]
 • 2018 PRC National Child & Adolescent Health Survey, PRC, Inc.
 Notes: • Asked of all respondents.
 • Trending: Polk County is excluded from the Comparative Area data.

- Statistically, parents of Black children report notably less favorable perceptions of infant immunization.

If Respondent Had a Newborn, Would Not Want Him/Her to Get All Recommended Vaccinations
 (By Adult Respondents' Demographic Characteristics*; Total Service Area, 2019)



Sources: • 2019 PRC Child & Adolescent Health Survey, PRC, Inc. [Item 115]

Notes: • Asked of all respondents.

• *Race reflects that of the child, not the respondent. Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).

• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Dental Care

About Oral Health

Oral health is essential to overall health. Good oral health improves a person's ability to speak, smile, smell, taste, touch, chew, swallow, and make facial expressions to show feelings and emotions. However, oral diseases, from cavities to oral cancer, cause pain and disability for many Americans. Good self-care, such as brushing with fluoride toothpaste, daily flossing, and professional treatment, is key to good oral health. Health behaviors that can lead to poor oral health include: **tobacco use; excessive alcohol use; and poor dietary choices.**

The significant improvement in the oral health of Americans over the past 50 years is a public health success story. Most of the gains are a result of effective prevention and treatment efforts. One major success is community water fluoridation, which now benefits about 7 out of 10 Americans who get water through public water systems. However, some Americans do not have access to preventive programs. People who have the least access to preventive services and dental treatment have greater rates of oral diseases. A person's ability to access oral healthcare is associated with factors such as education level, income, race, and ethnicity.

Barriers that can limit a person's use of preventive interventions and treatments include: limited access to and availability of dental services; lack of awareness of the need for care; cost; and fear of dental procedures.

There are also social determinants that affect oral health. In general, people with lower levels of education and income, and people from specific racial/ethnic groups, have higher rates of disease. People with disabilities and other health conditions, like diabetes, are more likely to have poor oral health.

Potential strategies to address these issues include:

- Implementing and evaluating activities that have an impact on health behavior.
- Promoting interventions to reduce tooth decay, such as dental sealants and fluoride use.
- Evaluating and improving methods of monitoring oral diseases and conditions.
- Increasing the capacity of State dental health programs to provide preventive oral health services.
- Increasing the number of community health centers with an oral health component.

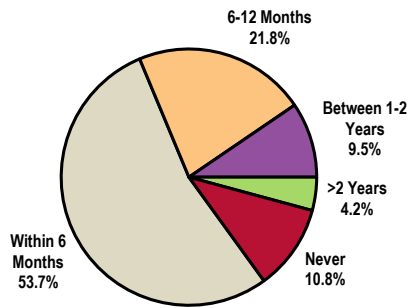
– Healthy People 2020 (www.healthypeople.gov)

Receipt of Dental Care

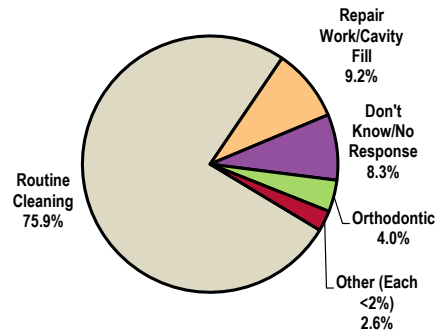
The majority of Total Service Area children age 2-17 (53.7%) have received dental care (for any reason) in the past 6 months.

- Asked to specify the reason for their child's most recent dental visit, 75.9% of parents mentioned a **routine cleaning or checkup**, while 9.2% described **repair work or a cavity fill**, and 4.0% referenced an **orthodontic appointment**.

Characteristics of Child's Most Recent Dental Visit (Total Service Area Children Age 2-17, 2019)



Length of Time Since Child's Most Recent Dental Visit



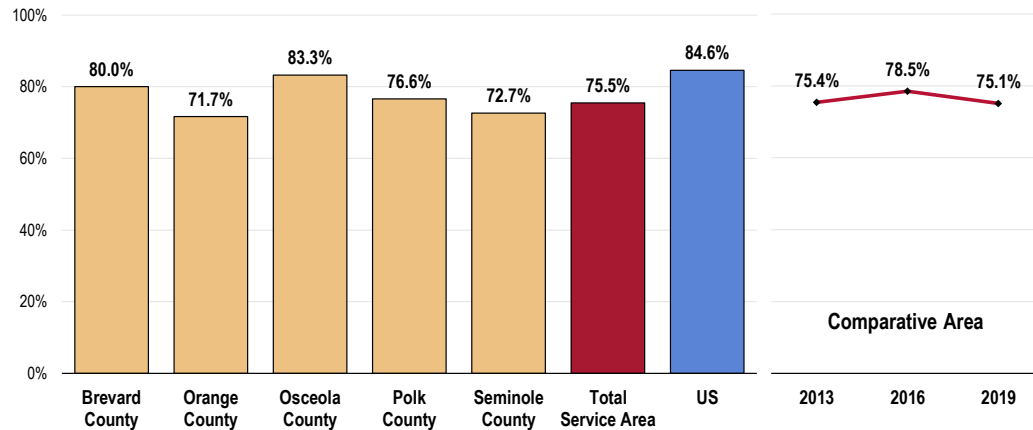
Reason for Child's Last Dental Visit
(Among Children 2-17 Who Have Visited a Dentist)

Sources: • 2019 PRC Child & Adolescent Health Survey, PRC, Inc. [Items 44-45]
Notes: • Asked of those respondents for whom the randomly selected child in the household is age 2 to 17.

In all, three-quarters (75.5%) of Total Service Area children age 2-17 have visited a dentist or dental clinic (for any reason) in the past year.

- Less favorable than the US prevalence.
- Easily satisfies the Healthy People 2020 target of 49.0% or higher.
- Most favorable in Osceola County.
- TREND: No statistically significant change in recent dental care has occurred over time.

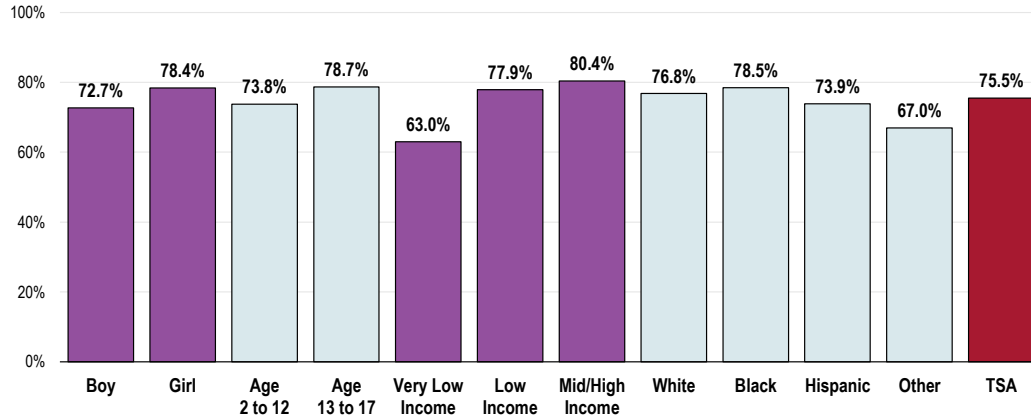
Child Visited a Dentist or Dental Clinic Within the Past Year (Total Service Area Children Age 2-17, 2019) Healthy People 2020 Target = 49.0% or Higher



Sources: • 2019 PRC Child & Adolescent Health Survey, PRC, Inc. [Item 44]
• 2018 PRC National Child & Adolescent Health Survey, PRC, Inc.
• US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective OH-7]
Notes: • Asked of those respondents for whom the randomly selected child in the household is age 2 to 17.
• Trending: Polk County is excluded from the Comparative Area data.

- Note the correlation between household income and recent dental care.

Child Visited a Dentist or Dental Clinic Within the Past Year (Total Service Area Children Age 2-17, 2019) Healthy People 2020 Target = 49.0% or Higher



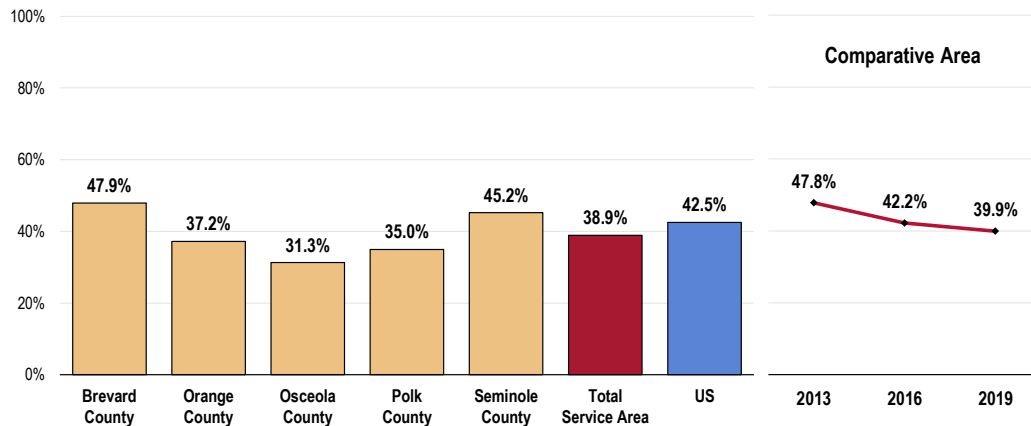
Sources: • 2019 PRC Child & Adolescent Health Survey, PRC, Inc. [Item 44]
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective MICH-2.1]
 Notes: • Asked of those respondents for whom the randomly selected child in the household is age 2 to 17.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Dental Sealants

A total of 38.9% of parents report that their child (age 6 to 17) has had sealants put on their molars.

- Statistically comparable to the US proportion.
- Highest in Brevard County.
- TREND: Marks a significant decrease over 2013 findings.

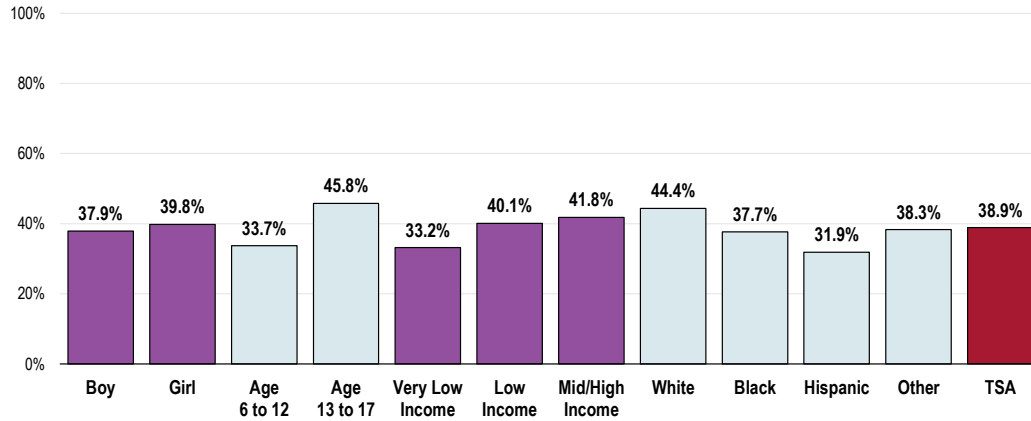
Child Has Received Dental Sealants on His or Her Molars (Total Service Area Children Age 6-17, 2019)



Sources: • 2019 PRC Child & Adolescent Health Survey, PRC, Inc. [Item 305]
 • 2018 PRC National Child & Adolescent Health Survey, PRC, Inc.
 Notes: • Asked of those respondents for whom the randomly selected child in the household is age 6 to 17.
 • Trending: Polk County is excluded from the Comparative Area data.

- The prevalence of dental sealants is lower among children age 6-12, as well as among Hispanic children.

Child Has Received Dental Sealants on His or Her Molars (Total Service Area Children Age 6-17, 2019)



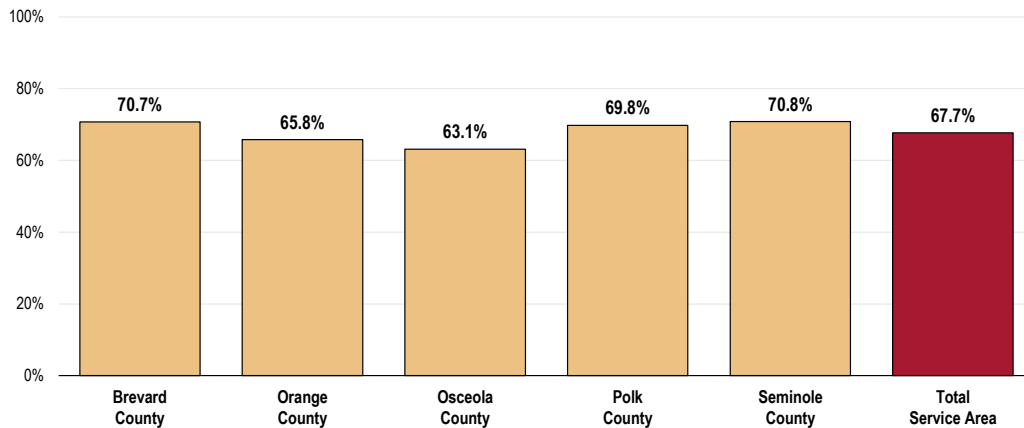
Sources: • 2019 PRC Child & Adolescent Health Survey, PRC, Inc. [Item 305]
 Notes: • Asked of those respondents for whom the randomly selected child in the household is age 6 to 17.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Fluoride Treatments

Two-thirds (67.7%) of parents report that their child (all ages) has ever had a fluoride treatment.

- Statistically comparable among the five counties.

Child Has Ever Had a Fluoride Treatment (Total Service Area, 2019)

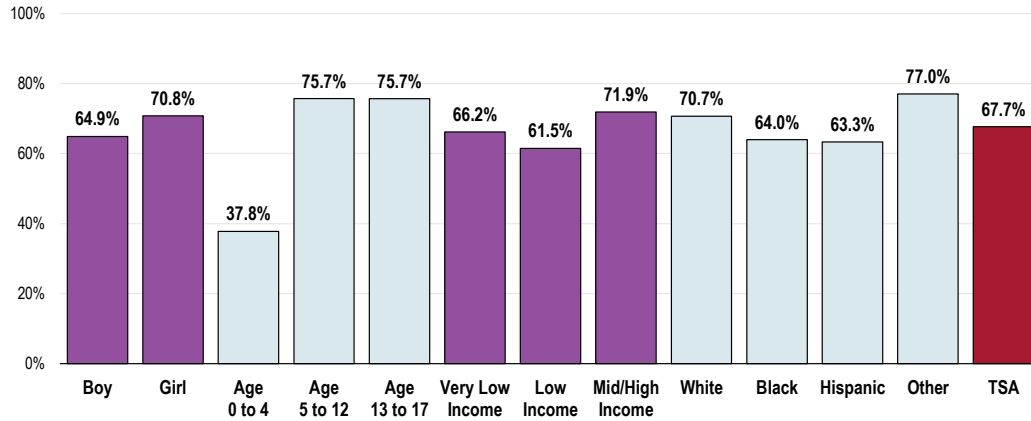


Sources: • 2019 PRC Child & Adolescent Health Survey, PRC, Inc. [Item 306]
 Notes: • Asked of all respondents about a randomly selected child in the household.

Highest among the following:

- Girls.
- Children age 5 and older.
- Children in higher-income households (above 200% of poverty).
- White children (note that the finding among “Other” race children is not statistically different from the other race groups due to a wider margin of error).

Child Has Ever Had a Fluoride Treatment (Total Service Area, 2019)

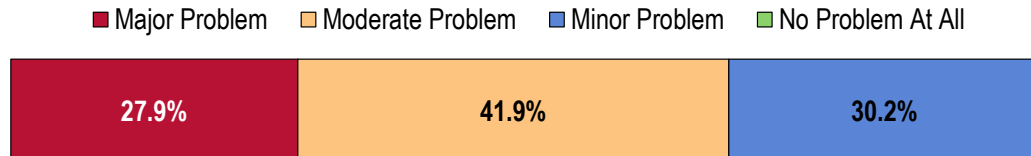


Sources: • 2019 PRC Child & Adolescent Health Survey, PRC, Inc. [Item 306]
 Notes: • Asked of all respondents about a randomly selected child in the household.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
 • Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Very Low Income” includes households with incomes below 100% of the federal poverty level; “Low Income” includes households with incomes between 100% and 199% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.

Key Informant Input: Oral Health

Key informants taking part in an online survey generally characterized *Oral Health* as a “moderate problem” for children/adolescents in the community.

Perceptions of Oral Health as a Problem for Children/Adolescents in the Community (Key Informants, 2019)



Sources: • PRC Online Key Informant Survey, PRC, Inc.
 Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a “major problem,” reasons frequently related to the following:

Medicare/Medicaid

Limited number of pediatric dentists available to Medicaid-covered youth. - Social Services Provider

Lack of access to dentists that accept Medicaid. - Other Health Provider

Prevalence/Incidence

Mobile dental health clinics in Orange, Seminole and Osceola are booked constantly. Florida does not have dental technicians like many other states, and dentists accepting Medicaid or the uninsured are difficult to find. - Community/Business Leader

We see a low number of our children having proper oral health. - Social Services Provider

Health Awareness/Education

Parents don't know importance of early care. Can't afford preventive care. Denial of issues. - Social Services Provider

Socioeconomic Status

I know of too many low-income children who have never been to the dentist. - Community/Business Leader

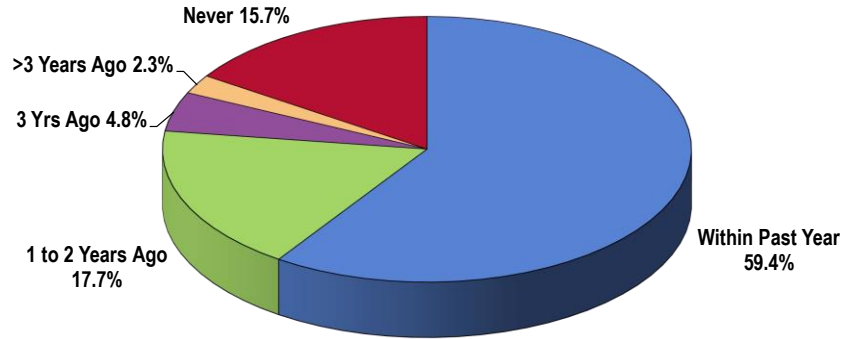
Vision & Hearing

Recent Eye Exams

Note the following frequency of eye exams among Total Service Area children; as shown, 15.7% of Total Service Area children have never had an eye exam.

RELATED ISSUE:
See also *Vision Problems and Hearing Problems in the Chronic Disease & Special Health Needs: Prevalence of Selected Medical Conditions* section of this report.

Child's Most Recent Eye Exam
(Total Service Area, 2019)

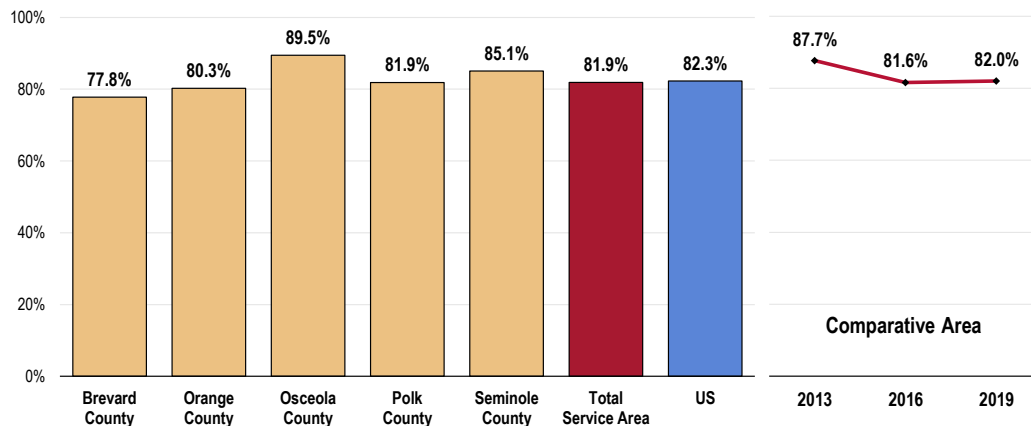


Sources: • 2019 PRC Child & Adolescent Health Survey, PRC, Inc. [Item 36]
Notes: • Asked of all respondents about a randomly selected child in the household.

On the other hand, a total of 81.9% of Total Service Area parents indicate that their child has had an eye exam within the past three years.

- Comparable to the US prevalence.
- Most favorable in Osceola County.
- TREND: Marks an unfavorable decrease since 2013 findings.

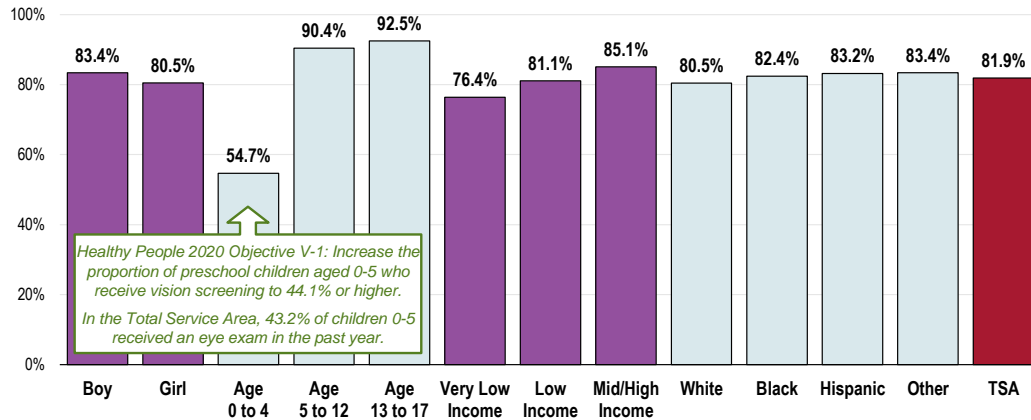
Child Had an Eye Exam in the Past Three Years
(Total Service Area, 2019)



Sources: • 2019 PRC Child & Adolescent Health Survey, PRC, Inc. [Item 36]
• 2018 PRC National Child & Adolescent Health Survey, PRC, Inc.
Notes: • Asked of all respondents about a randomly selected child in the household.
• Trending: Polk County is excluded from the Comparative Area data.

- Children under age 5 are notably less likely to have received an eye exam in the **past 3 years** (note the 54.7% prevalence, compared to 90.4% or higher in ages 5+).
- However, the prevalence of Total Service Area children age 0 to 5 who have had an eye exam in the **past year** (43.2%) is very close to the Healthy People 2020 target (44.1% or higher) for this age group.

Child Had an Eye Exam in the Past Three Years (Total Service Area, 2019)

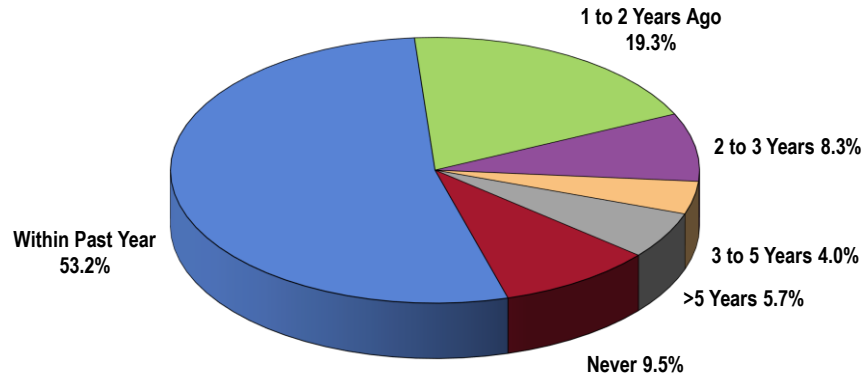


Sources: • 2019 PRC Child & Adolescent Health Survey, PRC, Inc. [Item 36]
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective V-1]
 Notes: • Asked of all respondents about a randomly selected child in the household.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Hearing Tests

Note that 9.5% of Total Service Area parents indicate that their child has never had a hearing test.

Child's Most Recent Hearing Test (Total Service Area, 2019)

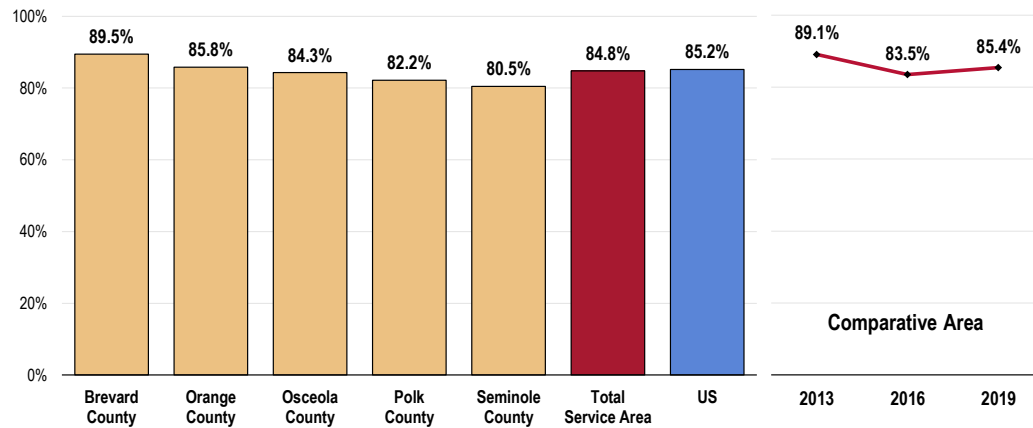


Sources: • 2019 PRC Child & Adolescent Health Survey, PRC, Inc. [Item 38]
 Notes: • Asked of all respondents about a randomly selected child in the household.

On the other hand, 84.8% of Total Service Area children have had a hearing test within the past five years.

- Similar to US findings.
- Favorably high in Brevard County.
- TREND: Represents an unfavorable decrease since 2013 findings (similar to 2016).

Child Had a Hearing Test in the Past Five Years (Total Service Area, 2019)

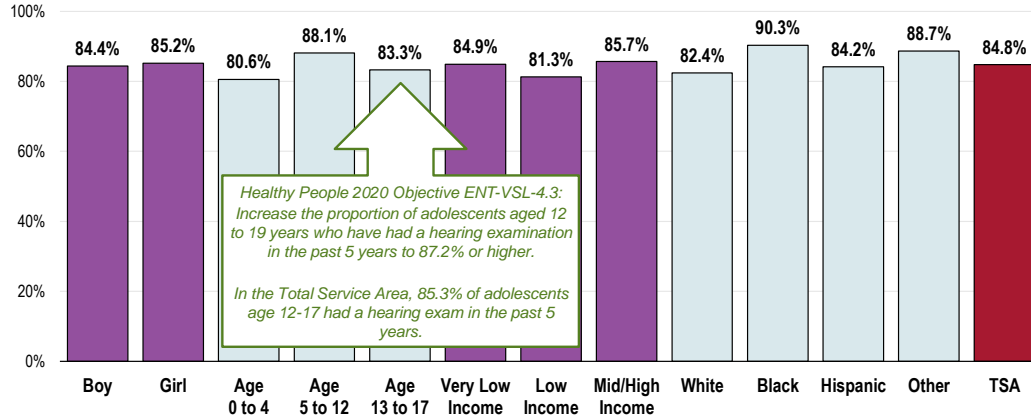


Sources: • 2019 PRC Child & Adolescent Health Survey, PRC, Inc. [Item 38]
 • 2018 PRC National Child & Adolescent Health Survey, PRC, Inc.
 Notes: • Asked of all respondents about a randomly selected child in the household.
 • Trending: Polk County is excluded from the Comparative Area data.

- Children less likely to have received a hearing test in the past 5 years include children under age 5 and White children.
- Note that the prevalence of hearing tests among Total Service Area adolescents age

12 to 17 (85.3%) fails to satisfy the Healthy People 2020 target (87.2% or higher) set for those age 12 to 19.

Child Had a Hearing Test in the Past Five Years (Total Service Area, 2019)



- Sources:
- 2019 PRC Child & Adolescent Health Survey, PRC, Inc. [Item 38]
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective ENT-VSL-4.3]
- Notes:
- Asked of all respondents about a randomly selected child in the household.
 - Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 - Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Emergent & Urgent Care

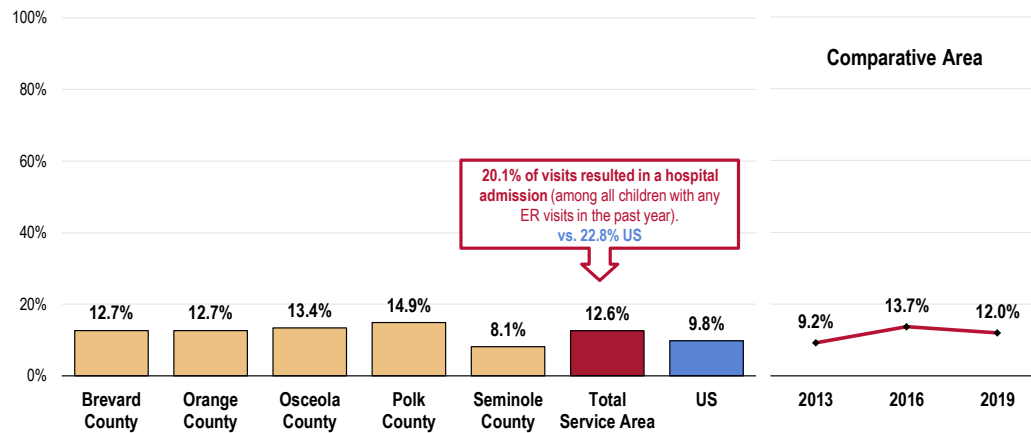
Emergency Room Utilization

A total of 12.6% of Total Service Area parents report taking their child to a hospital emergency room (ER) more than once in the past year.

- Statistically similar to the US figure.
- The prevalence is lowest in Seminole County.
- TREND: Differences over time are not statistically significant.

Of those whose child used a hospital ER, 20.1% say the visit resulted in a hospital admission.

Child Used a Hospital Emergency Room More Than Once in the Past Year (Total Service Area, 2019)



Sources: • 2019 PRC Child & Adolescent Health Survey, PRC, Inc. [Items 39-40]

• 2018 PRC National Child & Adolescent Health Survey, PRC, Inc.

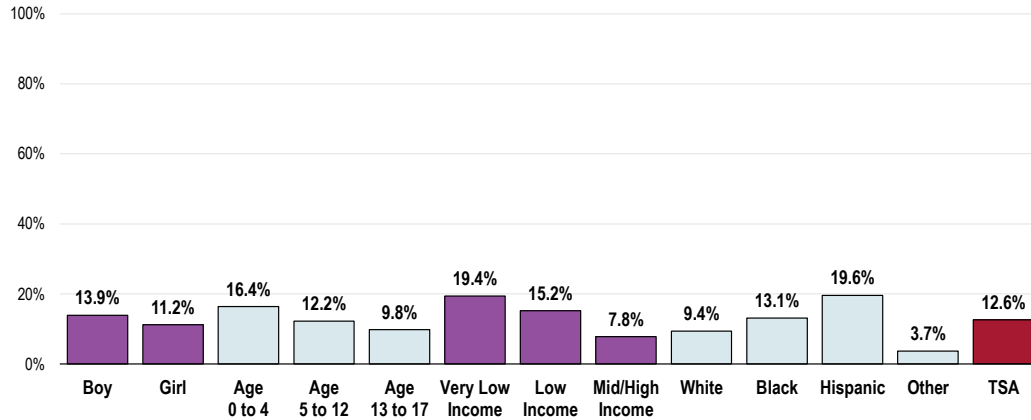
Notes: • Asked of all respondents about a randomly selected child in the household.

• Trending: Polk County is excluded from the Comparative Area data.

Children more likely to have used a hospital emergency room for care more than once in the past year include:

- Younger children (negative correlation with age).
- Those in lower income households (negative correlation with income).
- Hispanic children.

Child Used a Hospital Emergency Room More Than Once in the Past Year (Total Service Area, 2019)



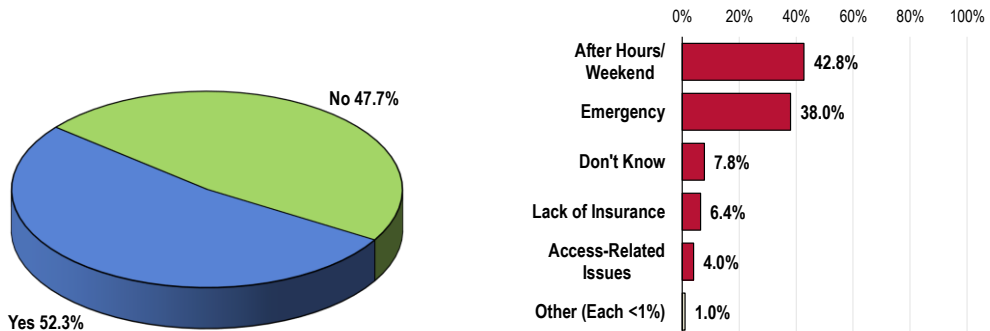
Sources: • 2019 PRC Child & Adolescent Health Survey, PRC, Inc. [Item 39]
 Notes: • Asked of all respondents about a randomly selected child in the household.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Among Total Service Area parents of children with any ER visit in the past year, 52.3% say the visit was for something that might have been treated in a doctor's office.

- Asked why they used a hospital ER for their child's care, 42.8% said that they needed the care **after hours or on the weekend**, and 38.0% indicated that the visit was to treat an actual **emergency situation**.
- Another 6.4% of Total Service Area parents took their child to a hospital ER in the past year because of **lack of insurance**, and 4.0% experienced **other access-related issues**.

Emergency Room Visits

(Among Total Service Area Children With Any ER Visits in the Past Year, 2019)



ER Visit Was for Something That Might Have Been Treated in a Doctor's Office

Reason for Using the Hospital ER Instead of a Doctor's Office or Clinic (Among Those Responding "Yes" at Left)

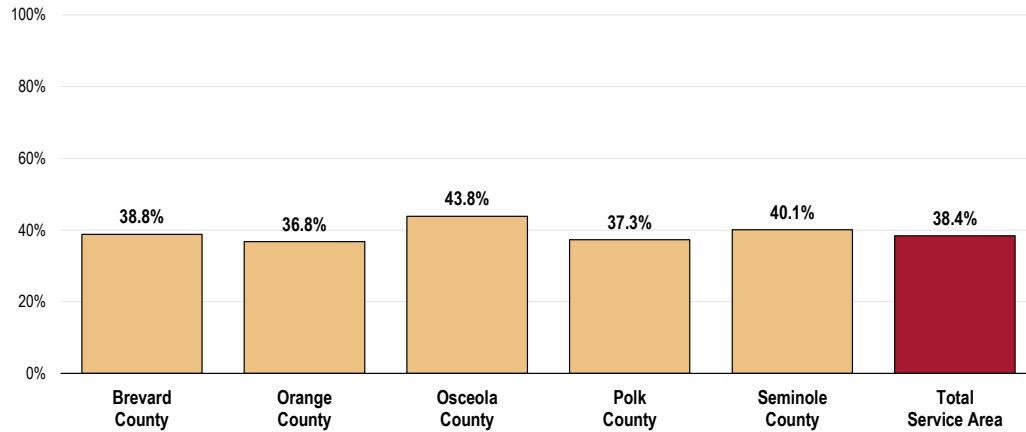
Sources: • 2019 PRC Child & Adolescent Health Survey, PRC, Inc. [Items 41-42]
 Notes: • Asked of respondents for whom the randomly selected child in the household used a hospital ER in the past year.

Urgent Care Centers/Walk-In Clinics

A total of 38.4% of Total Service Area children visited an urgent care center or other walk-in clinic at least once in the past year.

- No significant difference by county.

**Child Used an Urgent Care Center/
Walk-In Clinic in the Past Year**
(Total Service Area, 2019)

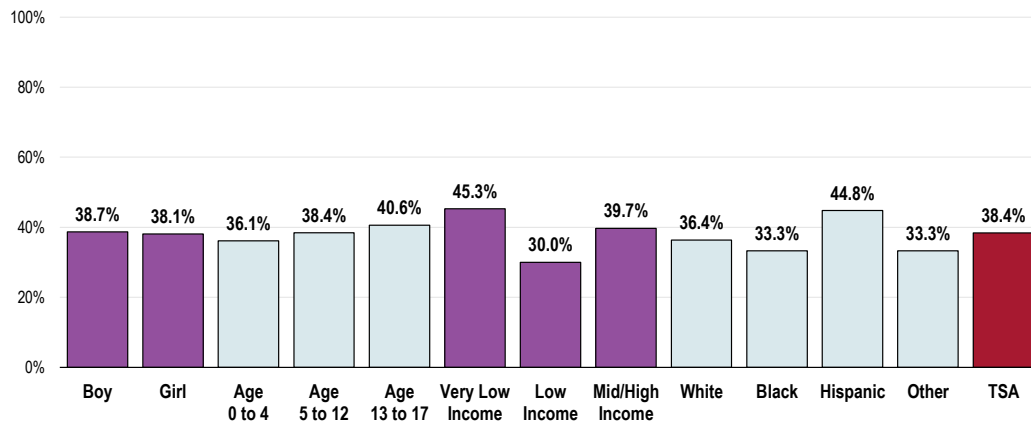


Sources: • 2019 PRC Child & Adolescent Health Survey, PRC, Inc. [Item 302]
Notes: • Asked of all respondents.

Those more likely to have sought care at a walk-in clinic in the past year include:

- Children in very low-income households (below poverty).
- Hispanic children.

**Child Used an Urgent Care Center/
Walk-In Clinic in the Past Year**
(Total Service Area, 2019)



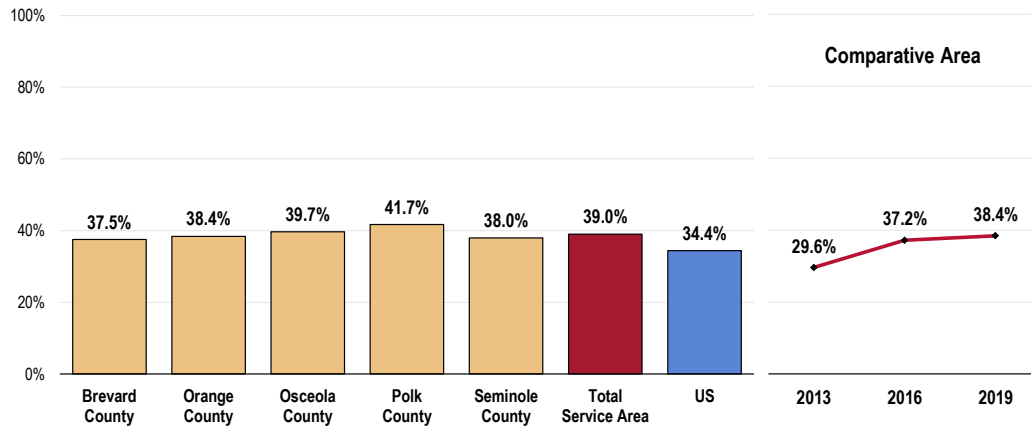
Sources: • 2019 PRC Child & Adolescent Health Survey, PRC, Inc. [Item 302]
Notes: • Asked of all respondents about a randomly selected child in the household.
• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Specialty Care Services

A total of 39.0% of Total Service Area children are reported to have needed to see a specialist at some point in the past year.

- Statistically comparable to the US proportion.
- Comparable by county.
- TREND: Denotes a statistically significant increase over 2013 findings.

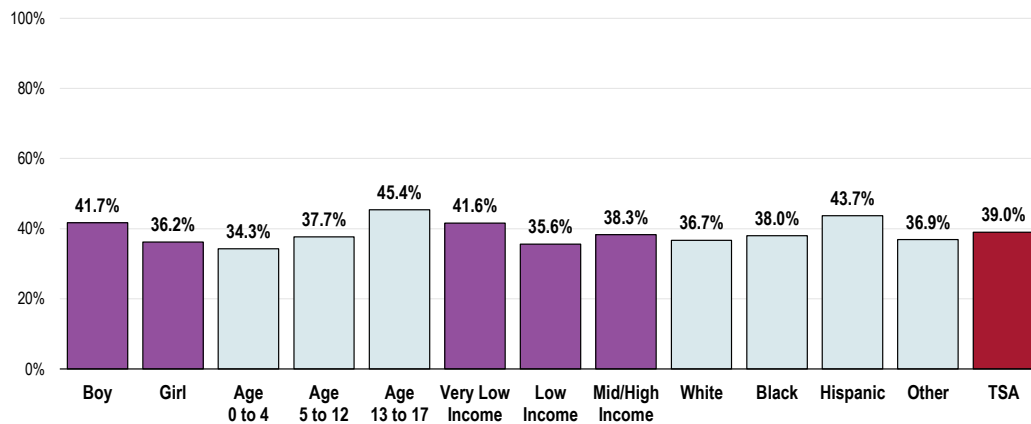
Child Needed a Specialist in the Past Year (Total Service Area, 2019)



Sources: • 2019 PRC Child & Adolescent Health Survey, PRC, Inc. [Item 28]
 • 2018 PRC National Child & Adolescent Health Survey, PRC, Inc.
 Notes: • Asked of all respondents about a randomly selected child in the household.
 • Trending: Polk County is excluded from the Comparative Area data.

- Teens are more likely to have needed to see a specialist in the past year.

Child Needed a Specialist in the Past Year (Total Service Area, 2019)



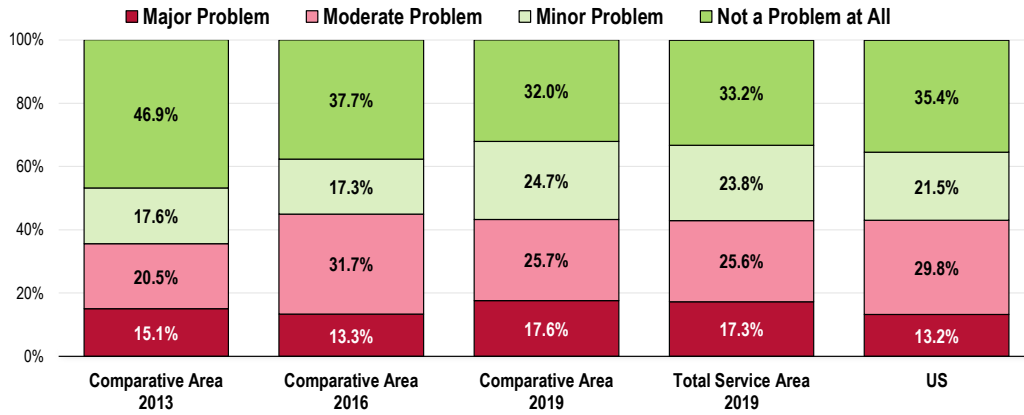
Sources: • 2019 PRC Child & Adolescent Health Survey, PRC, Inc. [Item 28]
 Notes: • Asked of all respondents about a randomly selected child in the household.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Parents of children needing specialty medical care in the past year were further asked to evaluate the difficulty of getting the needed care. Two-thirds (66.7%) of these respondents expressed some level of difficulty, characterizing it as a “major,” “moderate,” or “minor problem.”

- “Major/moderate problem” responses in the Total Service Area are similar to US findings.
- Among the five counties, there is statistically no difference in the prevalence of “major/moderate problem” responses (not shown).
- TREND: Since 2013, “major/moderate problem” ratings have unfavorably increased in the Comparative Area.

Evaluation of Difficulty Getting Specialty Care for Child in the Past Year

(Comparative Area Parents of Children Needing to See a Specialist in the Past Year, 2019)

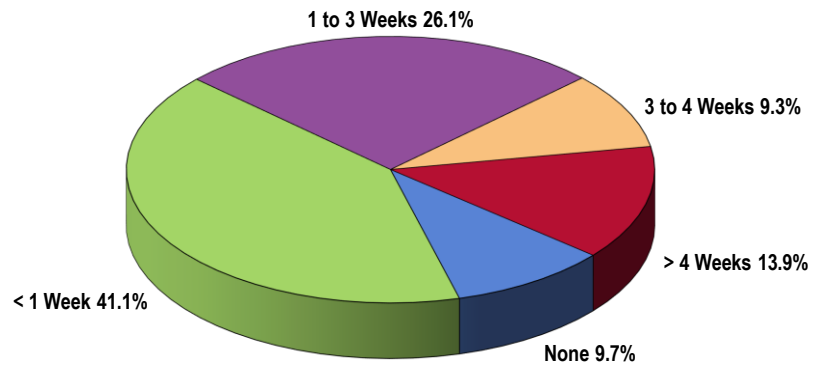


Source: • PRC Child & Adolescent Health Surveys, PRC, Inc. [Item 29]
 • 2018 PRC National Child & Adolescent Health Survey, PRC, Inc.
 Notes: • Asked of respondents for whom the randomly selected child in the household has needed to see a specialist in the past year.
 • Note that Polk County is excluded from the Comparative Area data.

When asked how long it took to get an appointment with a specialist, half of parents with children needing a specialist (50.8%) mentioned waiting one week or less.

However, 13.9% waited more than a month for their child's specialist appointment.

Length of Waits for Child's Specialty Appointment (Total Service Area, 2019)



Sources: • 2019 PRC Child & Adolescent Health Survey, PRC, Inc. [Item 301]
Notes: • Asked of all respondents about a randomly selected child in the household.

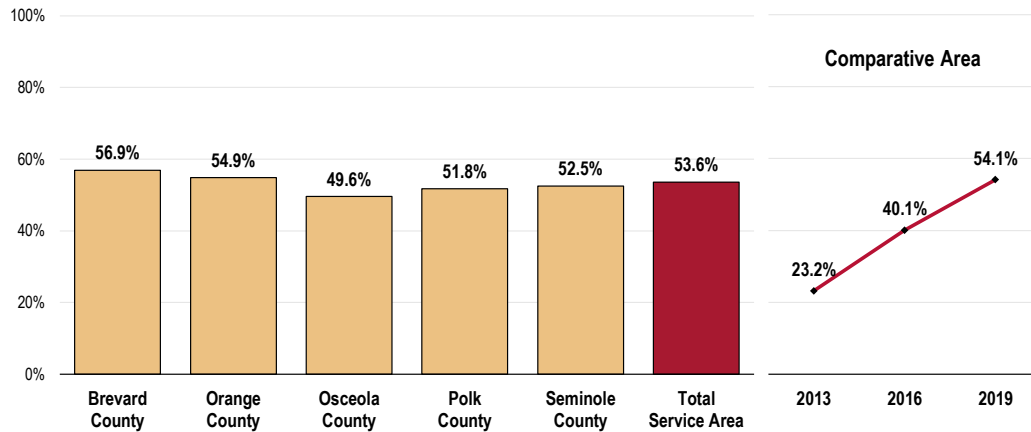
Access to Children’s Electronic Health Records

Respondents were told that an electronic health record is a record of a patient’s health information that is usually stored and retrieved with the use of a computer. It may include health information, such as vaccinations, test results, medications, and past medical history, gathered from many locations or sources.

A total of 53.6% of Total Service Area parents report having access to their child’s electronic medical record.

- Statistically similar findings when viewed by county.
- TREND: Well above findings from previous years.

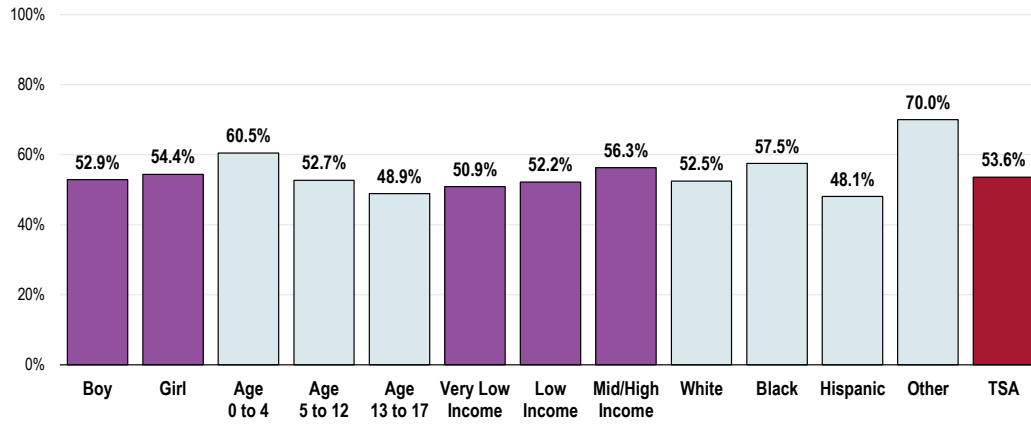
Have Access to Child’s Electronic Health Record (Total Service Area Parents, 2019)



Sources: • 2019 PRC Child & Adolescent Health Survey, PRC, Inc. [Item 320]
 Notes: • Asked of all respondents.
 • Trending: Polk County is excluded from the Comparative Area data.

- Parental access to child’s electronic health records is higher among younger children (negative correlation with age) and among “Other” race children.

Have Access to Child's Electronic Health Record (Total Service Area, 2019)



Sources: • 2019 PRC Child & Adolescent Health Survey, PRC, Inc. [Item 320]

- Notes:
- Asked of all respondents.
 - Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 - Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Alternative Delivery of Care

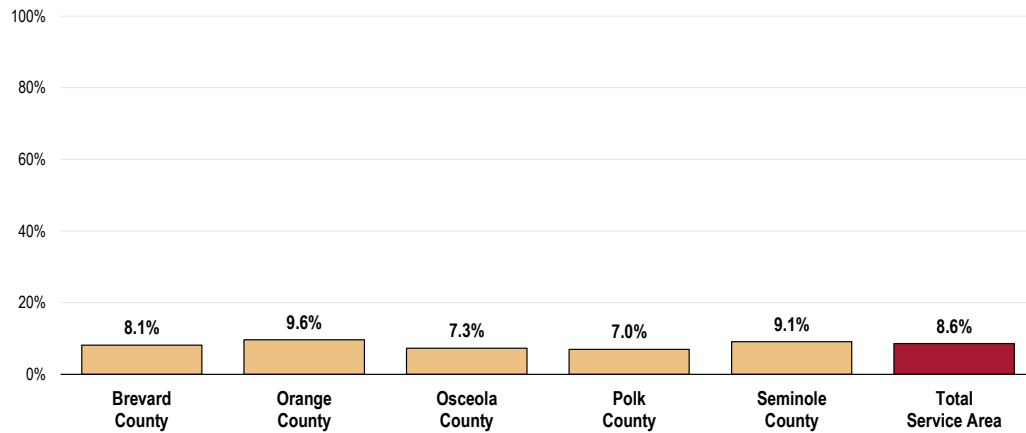
After-Hours Telephone Service

A total of 8.6% of Total Service Area children received care through an after-hours telephone service in the past year.

- Statistically similar by county.

Child Received Care Through an After-Hours Telephone Service in the Past Year

(Total Service Area, 2019)

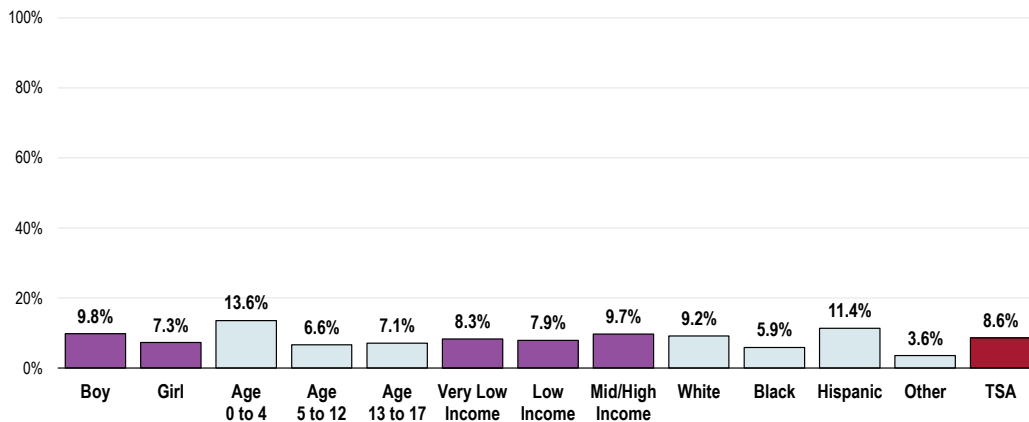


Sources: • 2019 PRC Child & Adolescent Health Survey, PRC, Inc. [Item 303]
 Notes: • Asked of all respondents.

- Highest among children age 0-4 and White or Hispanic children.

Child Received Care Through an After-Hours Telephone Service in the Past Year

(Total Service Area, 2019)



Sources: • 2019 PRC Child & Adolescent Health Survey, PRC, Inc. [Item 303]
 Notes: • Asked of all respondents about a randomly selected child in the household.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Telehealth

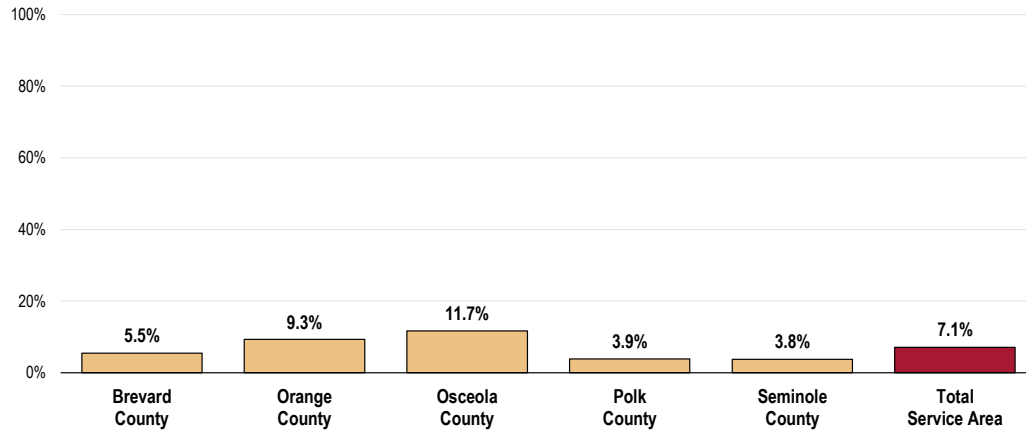
A total of 7.1% of Total Service Area children have used telemedicine services in the past year.

- [Least common](#) in Polk and Seminole counties.

“Some doctor’s offices are beginning to offer tele-medicine visits. In a tele-medicine visit, a patient uses a computer or smartphone to communicate with a doctor in real time without being face-to-face.

During the past 12 months, has this child received health care services in a tele-medicine visit?”

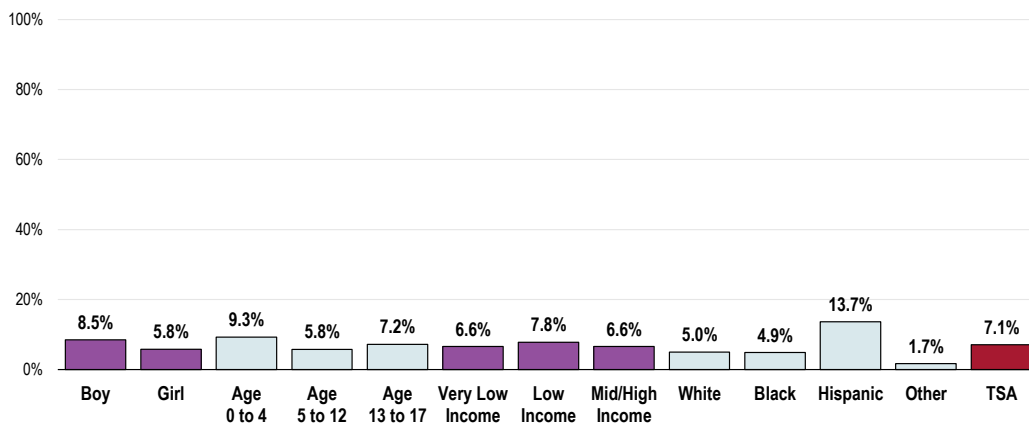
Child Used Telemedicine Services in the Past Year (Total Service Area, 2019)



Sources: • 2019 PRC Child & Adolescent Health Survey, PRC, Inc. [Item 304]
Notes: • Asked of all respondents.

- Hispanic children are notably more likely to have used telemedicine services in the past year.

Child Used Telemedicine Services in the Past Year (Total Service Area, 2019)



Sources: • 2019 PRC Child & Adolescent Health Survey, PRC, Inc. [Item 304]
Notes: • Asked of all respondents about a randomly selected child in the household.
• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
• Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Very Low Income” includes households with incomes below 100% of the federal poverty level; “Low Income” includes households with incomes between 100% and 199% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.

Outmigration for Children's Healthcare

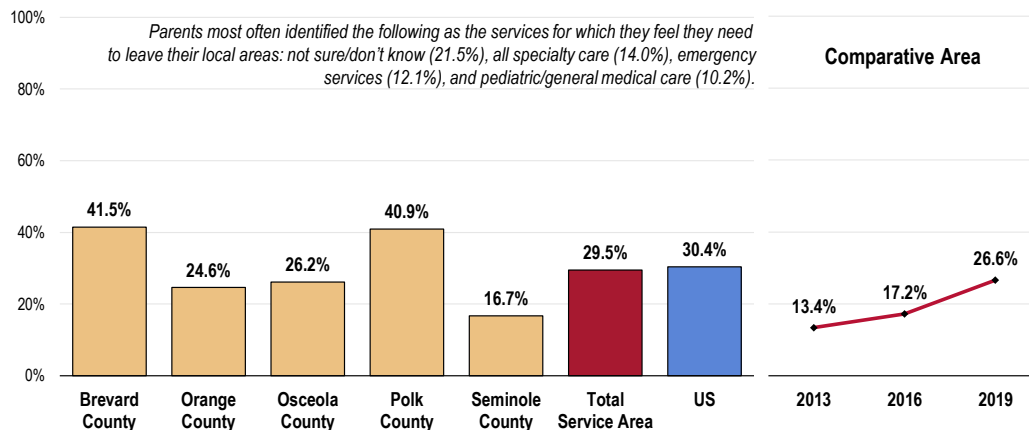
A total of 29.5% of Total Service Area parents report that they feel the need to leave their local areas in order to get certain children's healthcare services.

- Comparable to the national proportion.
- Notably high in Brevard and Polk counties.
- TREND: Current outmigration has almost doubled since 2013 and is also significantly higher than 2016 findings.

Asked to specify the services for which they feel they need to leave their areas to receive care, the greatest share of respondents (21.5%) were **not sure** or **didn't know**, followed by **all specialty care** (14.0%), **emergency services** (12.1%), and **pediatrics/general medical care** (10.2%). A wide variety of other responses was given, none individually mentioned by more than 5.4%.

Parents' reasons for feeling the need to leave their areas primarily related to perceptions that **services are not available locally** (41.5%), **better care is available elsewhere** (34.4%), followed by nonspecific **don't know/not sure** responses (13.8%), **insurance coverage** (6.3%), and a variety of other responses (each under 2%).

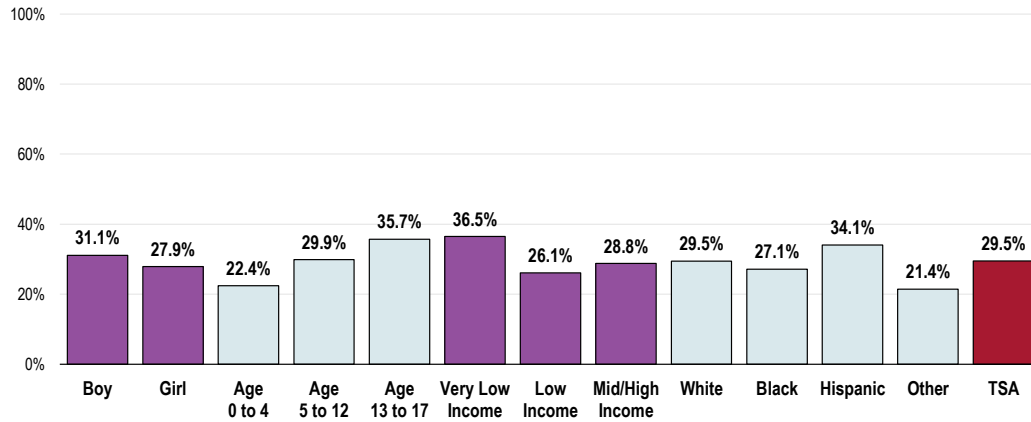
Feel the Need to Leave the Area for Children's Healthcare Services (Total Service Area, 2019)



- Sources:
- 2019 PRC Child & Adolescent Health Survey, PRC, Inc. [Items 9-10]
 - 2018 PRC National Child & Adolescent Health Survey, PRC, Inc.]
- Notes:
- Asked of all respondents about a randomly selected child in the household.
 - Trending: Polk County is excluded from the Comparative Area data.

- Parents of older children are more likely to feel the need to leave their areas for children’s health services (other differences by demographic characteristics are not statistically significant).

Feel the Need to Leave the Area for Children’s Healthcare Services (Total Service Area, 2019)



Sources: • 2019 PRC Child & Adolescent Health Survey, PRC, Inc. [Item 9]
 Notes: • Asked of all respondents about a randomly selected child in the household.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Health Education & Outreach



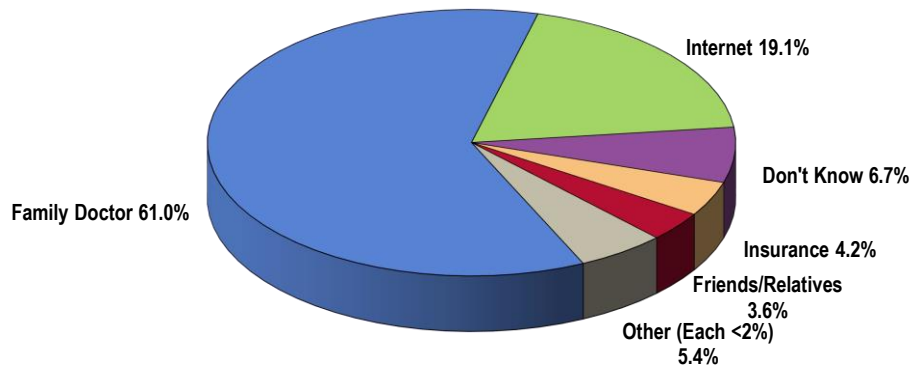
Professional Research Consultants, Inc.

Primary Source of Healthcare Information

"Where do you get most of your healthcare information for this child?"

Family physicians are the primary source of children's healthcare information for 61.0% of Total Service Area parents.

Primary Source of Healthcare Information for Child (Total Service Area, 2019)

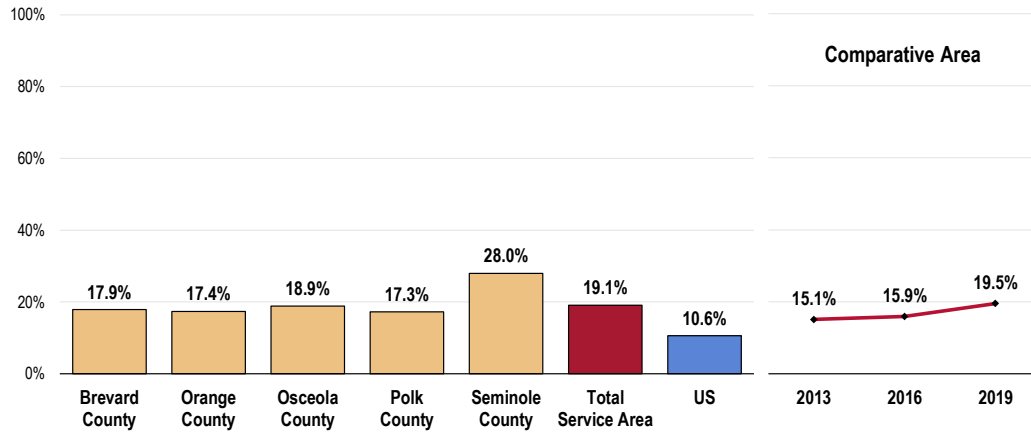


Sources: • 2019 PRC Child & Adolescent Health Survey, PRC, Inc. [Item 319]
Notes: • Asked of all respondents.

The Internet received the second-highest response, with 19.1%.

- The prevalence of Total Service Area parents who rely on the [internet](#) as their primary source of healthcare information for their child is higher than US findings.
- Notably high in Seminole County.
- TREND: Marks a statistically significant increase over time.

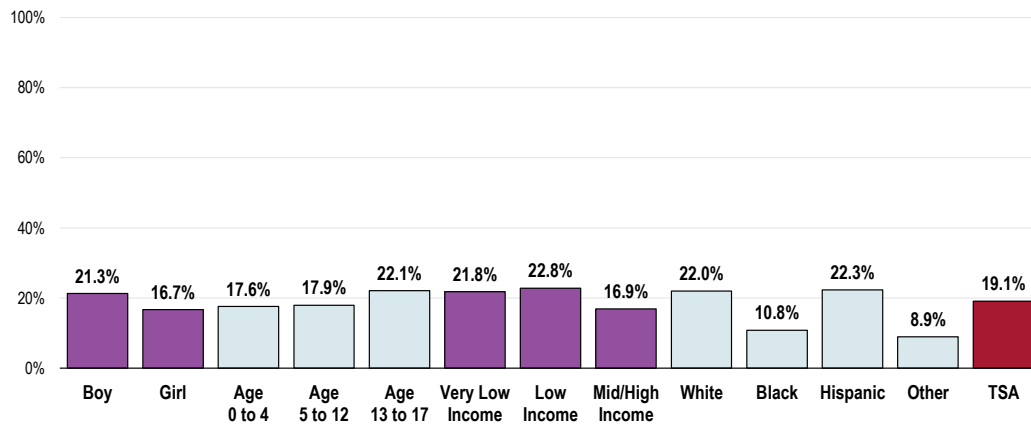
Internet Is the Primary Source of Healthcare Information (Total Service Area, 2019)



Sources: • 2019 PRC Child & Adolescent Health Survey, PRC, Inc. [Item 319]
 Notes: • Asked of all respondents.
 • Trending: Polk County is excluded from the Comparative Area data.

- The proportion of parents who rely on the internet for healthcare information is higher among those with White or Hispanic children.

Internet Is the Primary Source of Healthcare Information (Total Service Area, 2019)



Sources: • 2019 PRC Child & Adolescent Health Survey, PRC, Inc. [Item 319]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Resources Available to Address the Significant Health Needs

The following represent potential measures and resources (such as programs, organizations, and facilities in the community) available to address the significant health needs identified in this report. This list is not exhaustive, but rather outlines those resources identified in the course of conducting this Child & Adolescent Health Needs Assessment.

Access to Health Services

- Arnold Palmer Hospital for Children*
- Community Health Centers*
- Doctor's Offices*
- Early Steps*
- Federally Qualified Health Centers*
- Florida Department of Health - Seminole*
- Florida Health Department*
- Florida Hospital for Children*
- Grace Medical Home*
- Head Start/Early Head Start*
- Health Care Center for the Homeless*
- Hope Community Center*
- KidCare*
- Medicaid*
- Medicaid Transportation*
- Medical Day Cares*
- Nemours*
- Orange County Health Services*
- Orlando Health*
- Peace River*
- Primary Care Access Network*
- Shepherd's Hope*
- TrueHealth*
- United Cerebral Palsy*

Allergies

- Doctor's Offices*

Asthma & Other Respiratory Conditions

- AdventHealth Hospital for Children*
- Arnold Palmer Hospital for Children*
- Center for Multicultural Wellness and Prevention*
- Community Health Centers*
- Doctor's Offices*
- Federally Qualified Health Centers*
- Grace Medical Home*
- Hospitals*

- Nemours*

- Pharmacist*

Cognitive & Behavioral Conditions

- ABA Services*
- Agency for Persons With Disabilities*
- Arnold Palmer and Children Pediatric Rehab Services*
- Aspire Behavioral Health*
- Boys Town Central Florida*
- CARD (UCF Center for Autism and Related Disabilities)*
- Center for Child Development*
- Children's Cabinet*
- Children's Home Society*
- Community Health Centers*
- Devereux Viera*
- Early Learning Coalitions*
- Early Steps*
- Grace Medical Home*
- Health Department*
- Healthy Start Coalition*
- Help Me Grow*
- Howard Phillips Center for Children and Families*
- Kinder Consulting*
- National Alliance on Mental Illness*
- Nemours*
- Orange County Public Schools*
- Peace River*
- Quest Inc.*
- School System*
- UCF (University of Central Florida)*
- UCP (United Cerebral Palsy) of Central Florida*
- Wraparound Orange*

Diabetes

AdventHealth
 AdventHealth Diabetes Institute
 American Diabetes Association
 Boys and Girls Club
 Center for Change
 Central Florida Chapter of JDRF
 Community Health Centers
 Doctor's Offices
 Federally Qualified Health Centers
 Grace Medical Home
 Health Department
 Nemours
 Orange County Health Department
 Orlando Health
 Parks and Recreation
 Second Harvest Food Bank
 UF/IFAS (University of Florida Institute of Food and Agricultural Sciences)

Infant Health

BETA Center
 CDC
 Community Health Centers
 Doctor's Offices
 Early Steps
 Federally Qualified Health Centers
 Florida Healthy Babies
 Head Start/Early Head Start
 Health Department
 Healthy Start Coalition
 Hospitals
 Planned Parenthood
 Safe Kids Program
 Seminole Prevention Coalition
 Tobacco Prevention Program

Injury & Violence

4-H
 Aspire
 Big Brother/Big Sister
 Boys and Girls Club
 Boys Town Central Florida
 Catholic Charities
 Children's Cabinet
 Department of Juvenile Justice
 Evans and Academic Center for Excellence
 Faith-Based Organizations
 Florida Department of Children and Families
 Florida Safety Council, Inc.

Head Start/Early Head Start
 Law Enforcement
 School System
 Second Harvest Food Bank
 Seminole County Public Schools
 United Way
 Victim Service Center
 Winter Park Health Foundation
 Wraparound of Orange County

Mental & Emotional Health

Aspire
 Aspire Health Partners
 Boys Town Central Florida
 Children's Home Society
 Devereux Advanced Behavioral Health
 Federally Qualified Health Centers
 Grant-Funded Programs
 Health Department
 Hospitals
 Impower
 Kinder Consulting
 LaAmistad
 Lutheran Counseling Services Inc.
 Mental Health Association of Central Florida
 National Alliance on Mental Illness
 Nemours
 Orange County Mobile Crisis Service
 Orange County Public Schools
 Orange County Wrap Around Orange Program
 PACE Center for Girls
 Park Place Behavioral
 Peace River
 Private Tutoring
 School System
 The Grove
 University Behavioral Center
 Visionary Vanguard Group
 Wraparound of Orange County

Neurological Conditions

AdventHealth
 Child Neurology Center of Orlando
 Doctor's Offices
 Epilepsy Foundation
 Florida Child Neurology
 Nemours

Nutrition, Physical Activity & Weight

Boy/Girl Scouting
Churches
Community Gardens
Doctor's Offices
Educational Programs
EFNEP
Faith-Based Organizations
Farmer's Markets
Federally Qualified Health Centers
Fitness Centers/Gyms
Florida Department of Health - Healthiest Weight
Head Start/Early Head Start
Health Department
Hebni Nutrition
Horizons West
Hospitals
LA Fitness
Parks and Recreation
Polk Vision School Health Team
Pop Warner
School Health Advisory Committee
School System
Second Harvest Food Bank
Seminole County Public Schools
Teen Outreach Program and Positive Youth Development
UF/IFAS (University of Florida Institute of Food and Agricultural Sciences)
Winter Park Health Foundation

Oral Health

Community Health Centers
Dental Care Access Foundation
Doctor's Offices
Federally Qualified Health Centers
Grace Medical Home
Health Department
Mobile Dental Units

Sexual Health

Center for Multicultural Wellness and Prevention
Doctor's Offices
Health Department
Healthy Start Coalition
Hope and Help of Central Florida
Miracle of Love, Inc.
Planned Parenthood

Tobacco, Alcohol & Other Drugs

AHEC, Law Enforcement
Aspire Health Partners
Central Florida Behavioral Hospital
Doctor's Offices
Health Department
Healthy Start Coalition
Law Enforcement
Mental Health Services
School System
Seminole County Sheriff's Office
Support Groups
Teen Challenge
Tobacco Free Florida

Vision, Hearing & Speech Conditions

Early Learning Coalitions
Early Steps
Health Department
Healthy Start Coalition

Appendices: Evaluations of Past Activities



Professional Research Consultants, Inc.



Nemours Children's Hospital
2016 Progress Report

Nemours Children's Hospital

Orlando, Fla.

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Introduction

Nemours Children’s Health System is an internationally recognized, integrated children’s health system that owns and operates Nemours/ Alfred I. duPont Hospital for Children in Wilmington, Del., and Nemours Children’s Hospital (NCH) in Orlando, as well as providing pediatric specialty, primary and urgent care in Delaware, Florida, Pennsylvania, Maryland and New Jersey.

Nemours has grown significantly in Central Florida since NCH opened in October 2012. The health system now owns and operates 16 Nemours Children’s Primary Care, six Nemours Children’s Urgent Care and three Nemours Children’s Specialty Care offices conveniently located throughout the region. Nemours is putting its expertise to work in improving pediatric care in Florida through coordinated patient- and family-centered care that includes medical services, biomedical research and graduate medical education, dedicated to a high standard of quality and safety outcomes.

During 2013, Nemours engaged Professional Research Consultants, Inc., to conduct a Child & Adolescent Health Needs Assessment with the goal of gathering data to assist in determining the health status, behaviors, and needs of children and adolescents in the service area, which is defined as households with children in Brevard, Orange, Osceola and Seminole counties in Florida.

The assessment was comprised of both qualitative and quantitative data including a customized local child and adolescent health survey, key informant focus groups, Public health data, vital statistical data and other benchmark data. The following areas of opportunity represent the significant health needs of children and adolescents in the community, based on the information gathered through this study:

Areas of Opportunity

- Access to Health Services
- Nutrition, Physical Activity and Weight
- Prenatal and Infant Health
- Health Education
- Injury and Safety
- Mental and Emotional Health
- Vision, Hearing & Speech

After reviewing this Community Health Needs Assessment report, Nemours leaders met to evaluate and prioritize the top health needs for children in the community using the following criteria:

- **Magnitude** – the number of children affected and the differences from state/national health data and Healthy People 2020 objectives
- **Seriousness** – the degree to which a health issue leads to death, disability or loss of the quality of life
- **Impact** – the degree to which the health issues affect/exacerbate other health issues
- **Feasibility** – the ability to reasonably impact the issue, given available resources
- **Consequences of inaction** – the risk of exacerbating the problem by not addressing at the earliest opportunity

After careful analysis, the top three areas of opportunity identified included Access to Health Services; Nutrition, Physical Activity & Weight; and Prenatal & Infant Health. The focus of our implementation plan was on these top three areas of opportunity. However, Nemours developed implementation strategies for all seven opportunities identified. This document identifies the activities and programs developed and executed during 2016 because of the implementation plan objectives and strategies developed from the 2013 Community Health Needs Assessment.

Access to Health Services

Nemours Children's Primary Care

To meet the need for primary and preventive care in the community, Nemours is growing a network of highly qualified pediatricians in Central Florida. Our network, Nemours Children's Primary Care, has expanded to 14 pediatric primary care practices in Central Florida in Clermont, Orlando-Waterford Lakes, Sanford, Kissimmee, Orlando-Windermere, Vero Beach, Longwood, Ormond Beach, Windermere-Horizon West, Maitland, Oviedo, Winter Haven, Orlando-Lake Nona and Palm Bay. Our primary care pediatricians and staff provide general pediatric and preventive health services, including care for routine illness and everyday bumps and bruises, vaccinations and wellness check-ups. From the tiniest newborns through to age 18, we enjoy watching kids grow, and helping them reach their full potential.



In addition to primary care, we also offer special expertise and services, including:

- asthma/allergy care and education
- behavioral evaluations (ADD/ADHD)
- obesity prevention and healthy choices

Nemours Children's Urgent Care

We know kids do not wait for office hours to get sick or injured. Nemours Children's Urgent Care offers immediate, advanced pediatric care to kids and young adults — from newborns to 21 years of age — and is available evenings, weekends and holidays. The pediatricians who practice at Nemours Children's Urgent Care are board-certified in pediatrics, with specialized experience in emergency medicine and urgent care. Their passion is caring for children, and their commitment is to support your primary care physician by providing urgent medical services outside regular office hours. Our urgent care centers bring Nemours' expertise closer to home for Central Florida kids through locations in Kissimmee, Melbourne, Clermont, Orlando-Waterford Lakes, Sanford and Lake Nona.

Nemours Children's Specialty Care Satellite Operations

Transportation has been identified as an additional barrier to access for families in the service area. To meet access needs of children and families in our community, Nemours operates satellite outpatient pediatric clinics providing specialized pediatric care for families in Central Florida in Orlando-Downtown, Kissimmee, Lake Mary, Lakeland, Titusville, Orlando-Lake Nona, and Melbourne.

Support Patient-Centered Medical Homes

Recent Patient-Centered Medical Home (PCMH) success stories show how this enhanced level of care has reduced emergency department use, decreased hospital admission rates and improved quality outcomes for patients. This model provides patients with the ability to develop and sustain quality relationships with their provider and health care team, as well as building relationships with specialists, and expands the level of care available in the community. It also allows Nemours' practices to be proactive in the care of their patient population, with the ability to shift the care from emergency care to prevention and health to meet the needs of the local community.

Nemours CareConnect

Nemours launched CareConnect (Nemours' direct-to-consumer telemedicine program) in November 2015, which allows families to hold a video visit with a Nemours pediatrician through a smart phone, tablet or home computer. The service is available 24/7, anywhere in Florida. Nemours is available when families need answers. Whether it is the middle of the night or during regular office hours, Nemours board-certified specialists are available at the push of a button.

Nemours also uses CareConnect in collaboration with 31 provider organizations including six hospital affiliates in Florida. When working with a partner hospital, Nemours pediatric subspecialists are able to remotely access a patient's medical record and directly consult with their provider to determine the safest, most appropriate care. Using this model, Nemours pediatric experts are able to influence delivery of children's health care outside of our system, ensuring that all children have access to the best pediatric expertise, and allowing families to remain in their local communities for treatment.

Nemours is also exploring the use of CareConnect to consult with school nurses in Central Florida; school nurses provide essential care to children, many of whom have complex medical conditions that require careful management and care coordination. Morning Star Catholic School, a Diocese of Orlando school that serves students with special needs, is the first school in Florida to use CareConnect. The service allows the school nurse to connect with a Nemours board-certified pediatrician through video technology. The video visits are intended for minor injuries and acute health issues, such as fevers, vomiting rashes as well as chronic disease management. Families are contacted by the school prior to a video visit and are welcome to join in on the appointment via their mobile devices, tablets or computers. More than 50 percent of the students at Morning Star have been enrolled in the program. Nemours plans to expand this CareConnect service to additional school clinics in the Central Florida area.



Nemours Hospital Partners

Nemours is committed to providing access to excellent pediatric health care for all children and families in Central Florida, collaborating with affiliated community hospitals throughout the region and beyond to provide pediatric subspecialty care close to home. Nemours provides a variety of support for these partners including hospital-based services, subspecialty consults and, in some cases, outpatient clinics. Partners include:

- **Heart of Florida Regional Medical Center** in Haines City, Florida
- **Indian River Medical Center** in Vero Beach, Florida
- **Osceola Regional Medical Center** in Kissimmee, Florida
- **Oviedo Medical Center** in Oviedo, Florida
- **Wuesthoff Regional Medical Center** in Rockledge, Florida
- **Parrish Medical Center** in Titusville, Florida
- **Lakeland Regional Health** in Lakeland, Florida



Nemours Programs

Pediatric Critical Care Transport

NCH offers 24/7 neonatal and pediatric intensive care transport. Nemours' transport program plays a vital role in getting infants and children to and from Nemours Children's Hospital, providing a mobile intensive care unit environment so critical care can begin immediately. Our ground transport includes a fully equipped pediatric intensive care ambulance plus a Nemours-owned, custom-designed mobile intensive care unit (the size of a fire truck) that features space to care for two newborn or pediatric patients at once. Nemours' transport vehicle allows us to be there for children and families throughout the region, at moments when they need us the most.

Ronald McDonald House

Because of the complex nature of pediatric services, children and families come from throughout the region, across the country and around the world to receive services at NCH. Since 2012, Nemours has provided families from all 50 states and 61 countries with medical care for children with rare and unique conditions. For families to have access to these relatively rare medical resources, they require a place to stay while their child is receiving care. Ronald McDonald House (RMDH) provides a "home away from home" for families of seriously or chronically ill or injured children receiving treatment at area hospitals by offering nurturing and supportive environments where families can stay together and find comfort.

Through Nemours' partnership with RMDH, families have access to a location to rest and regroup, allowing parents and guardians to stay near their children. Facilities at RMDH include 15 guest rooms, laundry rooms, showers and kitchenettes with free coffee and vending machines, computers with high-speed internet, and many other amenities. A statement from the American Academy of Pediatrics (AAP) emphasizes the positive effects of family presence during a child's hospital stay. Both children and parents experienced decreased levels of stress, children could be discharged earlier and recovery time could be reduced.

Nemours' Financial Assistance Plan and Nemours' Uninsured Discount Program

Since opening our doors, Nemours has remained committed to providing our patients and families with the care that they need and want, how and when they need and want it. This commitment includes those who may have difficulty affording needed care. In 2016, Nemours provided more than \$6.4 million in charity care services so that children needing care could receive it without financial barriers. Through our commitment to our patients, Nemours will continue to provide this assistance to those in need each year.

Inpatient Rehabilitation Unit

In August 2016, Nemours Children's Hospital opened our Inpatient Rehabilitation Unit. The Inpatient Rehab Unit is currently a six-bed unit, with room to grow to nine beds. It is the first pediatric inpatient rehab unit at a freestanding children's hospital in Florida. The unit admits patients from three months to 17 years of age. The rehab unit offers intensive physical, speech and occupational therapy, as well as 24-hour inpatient medical and nursing care.



Medically Complex Coordination Clinic

Care coordination plays an integral role in treatment for children with complex medical conditions. For this reason, Nemours has established a special consultative service, the **Nemours Medically Complex Coordination Clinic**, to bring coordination of care to children with special needs. In partnership with our patients' primary care physicians, the coordination clinic helps identify each patient's specific needs and connects family members to community resources, nutritional guidance and psychosocial support.

The Nemours Medically Complex Coordination Clinic supports patients seen in the following clinics:

- Rheumatology Clinic
- Cystic Fibrosis Clinic
- Diabetes Clinic
- Inflammatory Bowel Clinic
- Scoliosis Clinic
- Wound Care Clinic
- Williams Disease Clinic
- Epilepsy Clinic
- Motility Clinic
- Eosinophilic Esophagitis EOE (GI) Clinic
- Enuresis Clinic

Multidisciplinary Muscular Dystrophy Clinic

Nemours Children’s Hospital provides a true multidisciplinary approach to muscular dystrophy care. Our team includes experts in orthopedics (bones and joints), pulmonology (lungs), neurology (brain, spine and nerves), genetics (DNA that determines heredity), physical and occupational therapy (improving muscle performance and motor skills), cardiology (heart), nutrition (help for kids with trouble eating), and psychology (behavioral and mental health). The Muscular Dystrophy Clinic at Nemours Children’s Hospital is the only program in Central Florida certified and approved by the Muscular Dystrophy Association (MDA). Our program cares for the whole child, to help children with muscular dystrophy live as independently and actively as possible, as long as possible. This includes providing rapid access (less than one day) for infants with neuromuscular symptoms, to provide care as quickly as possible.

Redesigned ER Model Limits Stressors for Children With Autism Spectrum Disorder

NCH has developed a new model for providing care to children with autism spectrum disorder, developmental delays and other behavioral conditions by eliminating unnecessary stimulation in the Emergency Department. The redesigned care model is specially designed to reduce poor outcomes and negative experiences caused by sensory overstimulation in a typical Emergency Department setting.

NCH’s Emergency Department instituted a pilot program based on the limited research available. Named “Respecting Each Awesome Child Here” or REACH, it is one of the first in the country to adapt care to the needs of children within the Emergency Department. The complete care model covers all aspects of a visit:

- **Arrival:** Families are instructed to alert Emergency Department staff if a child has autism spectrum disorder or another behavioral condition. From there, families and children are offered options such as headphones, sensory brushes and other resources to help distract children from overwhelming sights and sounds. Patients are also offered the option to occupy a separate, quiet waiting room or playroom while waiting to be seen.
- **Intake and Assessment:** The health care team on the Emergency Department floor is notified of the arrival of REACH families, ensuring the special accommodations are provided. A Child Life specialist is brought in to assess the situation and to make sure that children and parents are comfortable. Frontline staff can decrease stimulation for children by dimming lights, reducing use of unnecessary monitors and limiting the number of caregivers in the room at one time.
- **Treatment:** Families are consulted on their child’s preferences and any adverse reactions to medications or to behavioral triggers, enabling providers to expedite decision-making to comfort the patient. The health care team sets up a REACH order that can be followed to expedite choices regarding consults, medications, tests and environmental adaptations.

Prior to instituting REACH, health care personnel at NCH’s Emergency Department underwent education and training to learn new techniques and the capabilities of the tools available. Three research studies are underway to evaluate the pilot program and similar efforts, including assessing how emergency departments across the country accommodate children with autism spectrum disorders and similar conditions, analyzing the comfort level of emergency room staff in managing care for these children and measuring patient outcomes and parent satisfaction of the visits.

Spinal Muscular Atrophy (SMA)

Spinal muscular atrophy (SMA) in children is a genetically based (inherited) neuromuscular disease that disrupts the ability of nerves to communicate with muscles. A child with SMA gradually loses control of most core muscle groups, which grow weak from lack of use. Nemours neuromuscular specialists offer many treatments and therapies to slow its progression and maximize function. Additionally, in 2016, there was a breakthrough in the treatment of SMA in children, allowing some children to live longer and reach developmental milestones. Nemours was on the forefront of the research leading to this discovery. Our hospital was one of four sites in the world to launch a clinical trial of the treatment that has shown amazing results and is creating hope for families around the world.

Language/Interpreter Services

One of the primary barriers to access reported in Orange County is health literacy and cultural competence. Nemours believes that one of the most important aspects of delivering family-centered care is making sure families are informed, in a language they understand, about what is happening with their child's health at every step.

To help families be the very best advocates for their child's care, Nemours provides a variety of language and interpreter services, including:

- **Spanish:** Our compassionate, face-to-face Spanish language interpreters are on-site at the hospital Monday through Friday. We also provide families with printed educational materials translated into Spanish.
- **Other languages:** When a referring doctor lets us know that an interpreter will be required for a patient, we will either arrange to have a face-to-face interpreter on campus or over the telephone for their visit.
- **Phone interpreter service:** Nemours' phone interpreter service is available in almost every language – 24 hours a day, seven days per week for both inpatients (staying at the hospital) and outpatients (coming in for an appointment or procedure then going home).
- **American Sign Language (ASL):** Nemours also meets the communication needs for deaf children and families, providing an American Sign Language interpreter when needed.

Community Initiatives

Osceola Community Health Services

The Nemours Division of General Academic Pediatrics is collaborating with the Department of Health in Osceola County to provide primary care to children of low-income families through their Federally Qualified Health Center (FQHC). Recognizing that asthma and other chronic diseases affect so many children in Osceola, Nemours is exploring extending subspecialty care such as pulmonology and infectious disease to this FQHC as well.

Shepherd's Hope

Nemours partners with Shepherd's Hope, a not-for-profit in Central Florida that operates free medical clinics for low-income families, to provide volunteer providers for back-to-school physicals in the summer. In 2016, over 25 Nemours providers volunteered and completed over 300 physicals. During the clinics, patients are seen for free by the doctors, nurses and other volunteers who donate their time to serve uninsured, low-income families in need of medical care. Through this work, many Nemours physicians have been inspired to continue volunteering at the medical clinics regularly.

Nutrition, Physical Activity & Weight

Programs and Education

Healthy Choices Clinic

The Nemours Healthy Choices Clinic, an outpatient pediatric weight management program, provides multidisciplinary care to over 300 children in the Central Florida community who are clinically obese or overweight with related risk factors. The multidisciplinary team, including physicians, nurses, health coach, registered dietitians, exercise specialists and mental health counselors, works with patients and families to adopt long-term, sustainable lifestyle changes that can lead to significant improvements in children's health and well-being. To increase access to the Healthy Choices Clinic, Nemours now offers this service at satellite clinics in Downtown Orlando and Brevard County.

In order to further extend our clinical expertise and provide convenient access to obesity and nutrition counseling, our researchers have developed a pilot program using telehealth technology. Nemours Health Coaches connect with families through the Nemours CareConnect application to provide goal setting and behavioral counseling to patients in the comfort of their own home. Nemours supports the patient-centered medical home model by providing the patient's primary care physicians with clinical decision support tools and access to the patient's encounter with the health coach.



KidsHealth.org: Health Education for Patients and Families

Nemours Children's Health Media/KidsHealth maintains a website with more than 10,000 articles, animations, movies, fact sheets, recipes and more, in English and Spanish, around a wide range of medical, emotional, behavioral, safety and developmental topics. The site has dedicated areas with age-appropriate content created specifically for parents, kids and teens. All content is reviewed and systematically updated for accuracy and balance by Nemours pediatricians and experts in the subject matter. The site is free to use, requires no registration and is free of advertising.

Florida Prevention Initiative (FPI)

Wide Dissemination and Targeted Saturation of Community Prevention Programs

Nemours Children's Health System has a tradition of working beyond the walls of our facilities and in the community where families live, work and play. We provide a continuum of care from outpatient and inpatient services, to community outreach and child health advocacy. The Nemours Florida Prevention Initiative (FPI) fills a strategic role in our integrated health system through health promotion and disease prevention activities, reaching not just the children who use our medical services, but also those who are part of our community, currently focusing on obesity prevention in early childhood.

FPI's current focus on birth to five years is based on the recognition that habits are readily malleable in the early years. Early learning confers value on acquired skills, and early prevention beats the cost of later remediation. With almost 16,000 young children in Central Florida impacted by FPI training for child care providers and through focused initiatives to saturate targeted communities, the program is moving towards a tipping point in which Nemours' healthy eating and physical activity messaging is widely recognized, adopted and sustained.

Wellness Policies in Early Care and Education (ECE)

Nemours FPI aims to improve environments, policies and practices to support healthy behaviors in early childhood education (child care) settings through the development of customized wellness policies. Our approach includes working with ECE professionals through technical support to increase their knowledge of nutrition, physical activity, recommendations for regulating screen time and best practices to help create healthier environments that support children's development of positive associations with healthy eating and activity. Nemours aims to increase access to active play, healthy food and healthy beverages, as well as to support breastfeeding and staff wellness.

Leveraging Community Partnerships to Disseminate Messaging

Nemours FPI is a key partner in Central Florida's ECE arena, serving on various boards, committees and task forces with the shared goal of children's health. With feedback from community partners, ECE programs and families, we have developed science-based, educational materials around healthy living to share in the community and in our clinical practices. Nemours works with community partners to spread consistent health messaging across the TSA and empower children and families to practice healthy behaviors where they live, learn and play. Developing a united effort and co-branding our community resources with local school districts and county health departments has been of great benefit to the Central Florida community. Nemours' Community Resources include:

- 5-2-1-Almost None – brochure with magnet and posters
- Nemours Healthy Plate and Place Mat
- Healthy Lifestyle Prescriptions Pads
- Staying in the Game: A Care Guide for Adolescent Athletes
- Sleep and Your Child: A Guide for Families
- Eating Healthy on a Budget
- Sometimes/Anytime Food & Activities Game Cards
- Nemours Child Care Wellness Policy Workbook and Customized Posters
- A Simple Guide to Packing Healthy Meals
- Activity Cubes to promote movement in the classroom



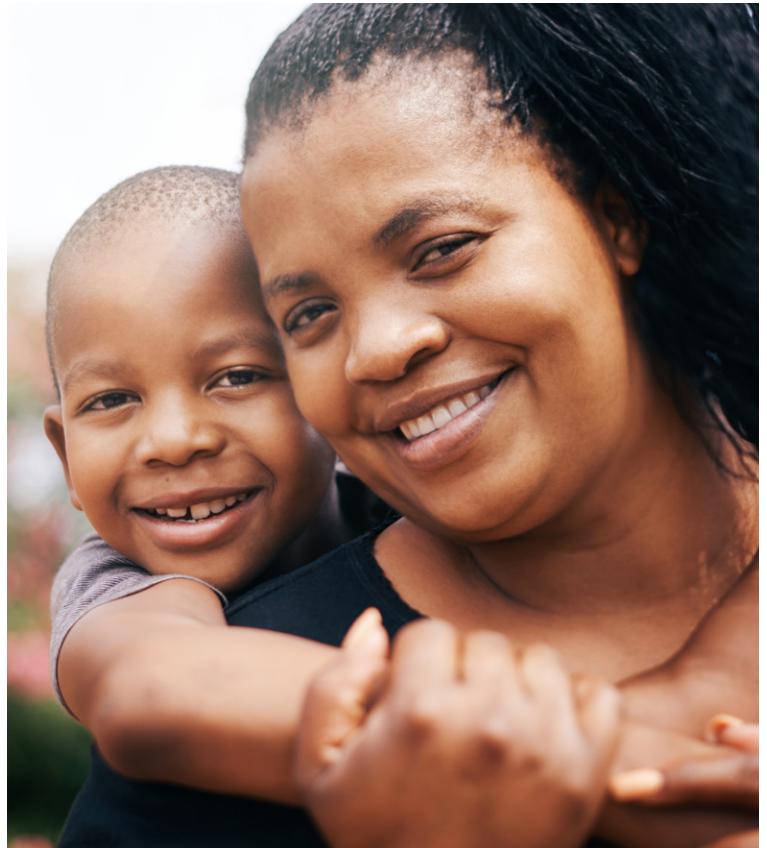
Early Care and Education Learning Collaborative

The ECELC is a collaborative effort of Nemours and the Centers for Disease Control and Prevention (CDC) to implement an intervention aligned with the Preventing Childhood Obesity in Early Care and Education Programs (2nd edition), Selected Standards from Caring for Our Children (3rd edition) and Let's Move! Child Care to increase support for breastfeeding and improve the healthy eating, physical activity and screen time practices, policies and environments in early care and education (ECE) settings. The ECELC, currently in its fifth year, has been implemented in eight new states – Florida, Alabama, New Jersey, Missouri, Kentucky, Indiana, Virginia and California (L.A. County). The program was previously implemented in Arizona and Kansas. The collaborative uses an empowerment model designed to support the growth of leadership, collaboration and efficacy of ECE providers as they learn, change, grow and become champions for children's health, development and learning.

Other Community Initiatives

Development of Culinary Medicine Elective at UCF College of Medicine

The University of Central Florida's College of Medicine, in collaboration with Nemours, has developed a Culinary Medicine elective that will combine medical nutrition and dietetic and culinary concepts that students will use to more effectively counsel patients on lifestyle skills. The elective will allow for hands-on experiences in professional kitchens, under the supervision of professional chefs and registered dietitians to improve medical students' knowledge and skills in counseling patients about healthy lifestyles, nutrition and cooking. Effective counseling will help patients achieve and maintain optimum health. The Culinary Medicine elective seeks to demonstrate the powerful triad of physician, dietitian and chef in health promotion and disease prevention. Nemours physician, Rob Karch, MD, was instrumental in developing this elective's curriculum and hosts hands-on experiences at the NCH Teaching Kitchen.



Prenatal & Infant Health

Prenatal Education

Nemours Children's Primary Care Mommy-to-Be Classes

Nemours Children's Primary Care physicians offer a meet-and-greet, Baby Basics Class, for pregnant families, providing prenatal education and infant education to prepare moms- and dads-to-be for the days leading up to and following birth.

Nemours KidsHealth.org – Pregnancy and Newborn Center

Nemours provides online resources to help families better understand how to stay healthy and safe during pregnancy, prepare for parenthood, childbirth, newborn care and health conditions. All content is reviewed regularly for accuracy and balance by Nemours pediatricians and subject-matter experts. The site is free to use, requires no registration and is free of advertising.



NICU Discharge Education

Nemours focuses on practices that allow children and families to live healthier lives. Our goal is to provide health information and encourage wellness development for all children, including child safety. Prior to discharge from the NICU, Nemours providers educate families on safe sleep practices, car seat safety, shaken baby syndrome and infant CPR. Nemours providers teach parents proper CPR technique and provide hands-on training with simulation mannequins. For more training, parents are provided an Infant CPR Kit, which contains video instruction and an inflatable mannequin for the family to practice at home. The AHA (American Heart Association) donated the infant CPR Kits to NCH.

Cardiopulmonary Resuscitation and Emergency Cardiovascular Care for Newborns at Time of Delivery.

Neonatal Resuscitation Practices (NRP) introduces concepts and basic skills of neonatal resuscitation. Successful completion of the online written course is required before participants attend the classroom portion of the NRP course. The course is open to all health care providers in the Central Florida community for a nominal fee.

S.T.A.B.L.E. (Sugar, Temperature, Airway, Blood pressure, Lab work, and Emotional support)

NCH offers classroom instruction for the modular instructional program known as S.T.A.B.L.E. – a neonatal education program for health care providers focusing on the post-resuscitation and pre-transport stabilization care of sick infants. The course is available to all health care providers and ancillary personnel for a nominal fee.

March of Dimes of Central Florida

The March of Dimes in Central Florida is a long-time partner of Nemours, providing the hospital generous donations and support. Throughout the years, Nemours Associates have become heavily involved in March of Dimes' events and fundraisers with collaborative efforts resulting in significant dollars raised to support research, educational opportunities and support services for parents, caregivers and families. Donations from the March of Dimes also support the education of medical and nursing staff in the latest developments and findings regarding neonatal and perinatal diagnosis, treatment and plans of care for high-risk newborns.

NICU Cuddler Program

In 2016, Nemours Children's Hospital piloted the NICU Cuddler Program with five volunteers. Nemours understands the importance of bonding and skin-to-skin contact with any newborn, especially those in the NICU. However, we also understand that not all parents are able to stay at the hospital for extended periods of time, whether a parent needs to leave for work or other obligations. For this reason, volunteers with the Nemours' NICU Cuddler Program are specially trained to provide love and affection to babies and families in the NICU at Nemours Children's Hospital. These volunteers are trained on the proper techniques for holding and rocking in order to soothe and comfort our tiniest patients. The Nemours' NICU Cuddler Program is especially important to soothe babies with neonatal abstinence syndrome (NAS), who may be experiencing elevated stress and discomfort.



Secondary Health Concerns: Health Education/Injury & Safety

Education and Training Initiatives

Central Florida School Districts – School Nurse Training

In addition to partnering with Central Florida schools for CareConnect consult services, Nemours providers offer specialized training classes for school nurses, health aides and clinic assistants throughout the TSA. Nemours believes that school nurses play an integral role in a child's care team and require ongoing training to facilitate care for their students. Nemours providers have conducted training seminars on many topics including diabetes, sickle cell, infectious disease, trach care, asthma, allergies, injuries, common cardiac diseases and rheumatology. In 2016, NCH was awarded District Business Partner of the Year from Osceola County School District for providing unique learning and training opportunities for school nurses in the district.

Car Seat Safety Program

In addition to Nemours' NICU discharge education program, NCH provides car seat safety resources for all children leaving the hospital. If a family does not have an appropriate car seat to safely transport the patient, NCH will provide one at the time of discharge. In addition, Nemours' Certified Car Seat Installation Technicians review best practices for car seat safety and provide detailed instruction on how to install a car seat into the family's vehicle.

Hands-Only™ CPR Training Initiative & World Heart Day

Hands-Only™ CPR is cardiopulmonary resuscitation without mouth-to-mouth breaths. It is recommended for use by people who see a teen or adult collapse in an out-of-hospital setting, such as at home, at work or in a park. In the event of a cardiac emergency, people are more likely to perform Hands-Only™ CPR and ultimately save a life. The Nemours Cardiac Center is working together with the American Heart Association, Central Florida school districts, fire departments and other community organizations to promote and conduct Hands-Only™ CPR Training throughout Central Florida.

On World Heart Day, September 29, 2016, people across Orange County took advantage of free, Hands-Only™ CPR training. World Heart Day was founded in 2000 to inform people around the globe that heart disease and stroke are the world's leading causes of death, claiming 17.3 million lives each year. More than 28,000 people participated in the CPR training sessions, including 200 participants who trained at NCH.

Nemours' School Nurse Health Conference

In August, Nemours hosts an Annual School Nurse Health Conference dedicated to school nurses and other school health professionals from across Central Florida. The program includes training for typical pediatric care in a school setting such as management of injuries, allergies, asthma, diabetes, substance abuse, mental health and response to medical emergencies. The conference includes hands-on training through the Nemours Children's Hospital simulation lab and small group discussions on topics relevant to school health.

Sports Medicine – Prevention and Treatment

United States Tennis Association (USTA) Collaboration for Sports & Injury

Some of the nation's top youth tennis players optimize their performance through sports medicine programs designed by the Andrews Institute for Orthopaedics & Sports Medicine and Nemours Children's Health System. The two organizations have come together to serve as the Official Medical Services Providers for the USTA National Campus, the Home of American Tennis.

Nemours and Andrews Institute provide a team physician, program director, sports nutritionist and athletic trainers for the USTA National Campus in Orlando's Lake Nona Medical City. These specialists offer pediatric-focused injury prevention, rehabilitation and therapy along with athletic performance programs focused on optimizing a young athlete's performance.

Concussion Treatment and Prevention Program

Concussion is a public health concern that affects at least 10 percent of children who participate in youth and school athletics. Nemours' chief of neurosurgery created a comprehensive concussion program that is saturating the Central Florida catchment area. The program includes partnerships with the Central Florida Football and Cheer Association and the Amateur Athletic Union (AAU) to provide concussion education to children, parents, coaches and providers across Orange, Osceola and Seminole counties. Additional outreach and education through various media outlets includes appearing on local NBC, CBS and ABC news affiliates, presenting at the AAU National Conference, speaking to the National Association of Nurse Practitioners, and CME talks for community physicians around concussion prevention and treatment. Our team has also created a Concussion Tool Kit for primary care providers, which includes information about concussion, how to detect signs and symptoms, flow sheets with strategies for clinical management, and tear sheets for providers to disseminate information to parents (Parent Guide, Academic Accommodations, and Return to Play).

School Partnerships

NCH currently provides sports physicals and a sports medicine physician for football games for Lake Nona High School and is currently looking to expand this service to additional schools in Central Florida. In addition, Nemours providers support education training for teachers, coaches and school staff for sports-related topics such as common cardiac conditions.

Special Olympics Young Athletes Program

Nemours Children's Hospital sponsors The Young Athlete Program for groups in Central Florida – Orange, Osceola, Polk, Lake, Brevard and Seminole counties. The Young Athlete Program offers children with special needs an opportunity to learn the basic skills needed for sport activities. Provided at no cost, this program is offered at schools, playgroups or for any group of at least six children with special needs. The goal of The Young Athlete Program is to increase awareness and educate the community about the benefits of early physical activity for children with special needs.

Nemours is an avid supporter of this program and the Special Olympics Organization. In collaboration with these groups, Nemours hosted The Special Olympics Young Athletes Program, a free play program for children with disabilities between the ages of two and seven. These children, along with their siblings, were invited to participate in developmentally appropriate play activities designed to foster physical, cognitive and social development as well as to introduce them to the world of sports. The program was hosted at NCH for 12 weeks in 2016.

Educational Resources for Young Athletes

At Nemours, our team of experts understands that young athletes are not simply smaller versions of adult athletes. We also understand the importance of preventing sports medicine injuries before they happen. For this reason, Nemours provides free printable resources for coaching staff, parents and athletes on many topics including:

- Concussion Prevention & Detection
- Female Athlete Triad
- Heat-Related Illness
- Knee Safety: Preventing ACL Injuries
- Overuse Injuries
- Preventing Dehydration
- Preventing Sports Injuries

Asthma Management and Education

Education and prevention are critical components to the daily management of asthma. Nemours specialists, respiratory therapists, primary care physicians, parents and teachers must work together as an integrated care team to develop a plan to avoid triggers, and prevent and anticipate flare-ups. Nemours is dedicated to providing the proper education and training to parents, educators and staff to keep children in the classroom and out of the emergency room.

Orange County Head Start

Through Nemours' partnership with the Orange County Head Start program, Nemours respiratory therapists provide critical asthma education for early child care providers. Moving forward, Nemours and Orange County Head Start plan to expand this program to include asthma education for administrators and to develop asthma action plans with teachers and parents. The goal of an asthma action plan is to reduce or prevent flare-ups and emergency department visits through day-to-day management. Following a written asthma action plan can help children do normal everyday activities without having asthma symptoms.

Diabetes Education

The **Pediatric Diabetes Education Program** at Nemours Children's Specialty Care, Orlando, is accredited as a Center of Excellence by the American Diabetes Association – making us the first pediatric program in Central Florida to have achieved such an award, and only the second pediatric-specific program in Florida. This recognition means our pediatric diabetes educators are providing high-quality information and care to children with diabetes and support to their families.

Additionally, Nemours certified nurse diabetes educators provide ongoing diabetes education and support for school nurses and caregivers throughout the state of Florida. Within the TSA, the Nemours' certified nurse diabetes educators provide school nurses with workshop training sessions and technical assistance via telephone. In addition, Nemours assists school districts in the TSA to coordinate special accommodations for students managing diabetes.

Asthma Educator Institute

Nemours is committed to offering top-notch preventive care and education to help children who have to be hospitalized for asthma reduce or eliminate the need to be re-admitted to the hospital again for the same problems within a certain time frame. Our asthma care team — pulmonologists, allergists, pediatricians, nurse practitioners, respiratory therapists and nurses — adheres to evidence-based national standards for asthma management. For this reason, NCH holds an annual two-day asthma education training for physicians, nurses, respiratory therapists and other asthma personnel.

Secondary Health Concerns: Mental & Emotional Health

Early Autism Screening, Treatment & Training Program

In addition to partnering with Central Florida schools for CareConnect consult services, Nemours providers offer specialized training classes for school nurses, health aides and clinic assistants throughout the TSA. Nemours believes that school nurses play an integral role in a child's care team and require ongoing training to facilitate care for their students. Nemours providers have conducted training seminars on many topics including diabetes, sickle cell, infectious disease, trach care, asthma, allergies, injuries, common cardiac diseases and rheumatology. In 2016, NCH was awarded District Business Partner of the Year from Osceola County School District for providing unique learning and training opportunities for school nurses in the district.

NCH is proud to offer the region's most comprehensive program for children diagnosed with autism spectrum disorder. Through early screening and educational training, the autism specialists at Nemours are actively involved in identifying autism spectrum disorders at an early age, while teaching parents and care providers how best to help children thrive. We also help advocate for children to receive available services in the community and in school.



Diagnosing children with an autism spectrum disorder is complex and requires comprehensive evaluation by experienced pediatric specialists in different medical disciplines. Early intervention is proven to significantly improve symptoms and offer children the best chance to adapt, grow and thrive into adulthood. As a regional referral destination, we are uniquely experienced to evaluate, diagnose and treat autism spectrum disorders in children, from infants to adolescents. Our autism experts include a team of pediatric neurologists, psychologists, psychiatrists, behavior analysts, therapists (speech and language, physical and occupational) and others who work with you to give your child the best chance for success at home, at school and in the future.

Research shows that early autism screening using a simple parent questionnaire can help identify the signs of autism and other developmental disorders in children as young as 12–18 months. Through an initiative with our pediatric primary care network, our autism specialists provide local pediatricians with the tools to recognize the signs of autism so we can begin treatment as early as possible, for the best results possible.

Imbedded Clinicians Within Medical Specialty Clinics

One of the top concerns reported by the TSA is correlation between mental health and physical health. At Nemours, we take a holistic approach to health care and treat every child as if they are our own. The Nemours Cystic Fibrosis Clinic is an example of how we develop multidisciplinary teams to treat the “whole” child.

There is an emotional toll on children living with cystic fibrosis (CF) and they often have periods where they cannot interact with other children because of the risk of developing infections. Nemours CF experts understand how lonely this can be, so we have developed resources to help children cope with these feelings. Nemours licensed clinical social workers provide comprehensive psychosocial assessments, resource coordination and mental health screenings for patients and families living with CF. The hematology, oncology and psychology departments at Nemours work together to provide patients and patient families with the education and resources they need for dealing with cystic fibrosis on a day-to-day basis. Due to the recognized mental and emotional effect of health conditions on children, we make behavioral health clinicians available to patients and families receiving inpatient treatment and outpatient care in our clinics. In addition, we offer newsletters and support groups, and often pair children of similar ages so patients can develop friendships among their peers.

Pain Management Clinic

Physicians of different specialties and other non-physician health care providers who specialize in the diagnosis and management of patients with chronic pain staff the Nemours Pain Management Clinic. Our facility differs from a multidisciplinary pain center only because it does not include research and teaching activities in its regular programs. A multidisciplinary pain clinic may have diagnostic and treatment facilities, which are outpatient, inpatient or both. At NCH, the pediatric pain program consists of a primary physician, who is board-certified in both pediatric anesthesiology and pediatric pain management, a psychologist, a social worker, a nurse/coordinator, and a physical and occupational therapist.

Community Partnerships & Collaborations

The Nemours Behavioral Health Department is actively working with community partners including the Orange County Mayor’s Youth Mental Health Commission to address mental health issues in our Central Florida community.



Secondary Health Concerns: Vision, Hearing & Speech



Spot Vision Screenings

The Nemours Ophthalmology Department and FPI collaborate to providing free vision screenings at community events and promote early detection of vision problems. A handheld, portable device allows Nemours to take a Spot™ Vision screener to these events and into preschools in order to reach children who do not have access to routine screenings. This Spot Vision screener reduces the time it takes to determine if a child has a potential vision concern, which, if not treated, can result in irreversible vision problems later in life.

Our Healthy Eyes

Nemours' *Our Healthy Eyes* is a collaborative program developed by Nemours FPI and Nemours BrightStart! in order to reach young children, educate their families about eye and vision health, and identify those who need follow-up care. Nemours provides early child care centers with a lesson plan about eye and vision health. The one-day lesson is followed by a vision-screening event where Nemours provides additional resources including a family newsletter and information for follow-up care.

Eyeglass Recycling

In most dresser drawers, one can find a pair of eyeglasses that are no longer used. That same pair of eyeglasses can change another person's life. That is why the Nemours Florida Prevention Initiative, in partnership with the Lions Club's Recycle for Sight program, collects used eyeglasses. These glasses are delivered to Lions Club recycling centers where they are cleaned, sorted, packaged and distributed to needy children and adults in our community, free of charge.

Our Healthy Ears

Modeled after *Our Healthy Eyes*, Nemours' *Our Healthy Ears* is a collaborative program developed by Nemours Florida Prevention Initiative and Nemours BrightStart! in order to reach young children, educate their families about ear health and hearing, and identify those who need follow-up care. Nemours provides early child care centers with a lesson plan about the ear and hearing. The one-day lesson is followed by a hearing screening event where Nemours provides additional resources including a family newsletter and information for follow-up care.

Newborn Hearing Screening

Most states have a statute requiring universal newborn hearing screening. Since October 1, 2000, newborn hearing screening has been required, unless the parent objects, for all newborns in Florida. The intent of this statute is to provide a statewide comprehensive and coordinated interdisciplinary program of early hearing impairment screening, identification and follow-up care for newborns. The goal is to screen all newborns for hearing impairment in order to alleviate the adverse effects of hearing loss on speech and language development, academic performance, and cognitive development. In addition to providing newborn screening in our own Neonatal Intensive Care Unit, Nemours audiology provides the service for some of our hospital partners including Osceola Regional Medical Center. From the start of this service in June 2016 through December 2016, Nemours screened 1,251 infants.

The Nemours Cochlear Implant Program

Cochlear implants can help many children who are born deaf or who have become deaf to hear conversation and sounds. The Nemours Cochlear Implant Program takes every aspect of a child's auditory (hearing), developmental and social health into account. Our multidisciplinary team of ENT specialists, audiologists, nurses and social workers collaborates to help each child maximize their communication potential. Nemours assists parents to become experts on their child's hearing loss and learn how to be their child's advocate in all settings.

Nemours Children's Hospital Audiology Division

NCH's Division of Audiology has the largest group of audiologists in Central Florida and offers comprehensive pediatric audiometric assessment and management, including sedated auditory brainstem response (ABR) testing and a hearing aid dispensary. In addition to newborn hearing testing and the cochlear implant program, Nemours provides other treatment and services including implantable hearing devices, osseointegrated devices (i.e., bone-anchored hearing aids), and treatment for auditory processing disorder and auditory neuropathy spectrum disorder. In order to expand access and convenience, the Division of Audiology offers services at four locations in the Central Florida region.



Speech Language Pathology Division Highlights

NCH's Division of Speech Language Pathology in the Department of Rehabilitation Services provides specialized therapy for children with communication deficits secondary to hearing loss. In addition to providing auditory verbal therapy as part of the cochlear implant program, the division is involved in several other collaborative endeavors including:

- diagnostics as part of the autism clinic (multidisciplinary team)
- speech and language therapy provided as part of the inpatient rehab program
- intensive feeding therapy program currently in development (multidisciplinary team)

In order to expand access and provide convenient hours, the Division of Speech Language Pathology offers speech and language therapy during the evening hours until 7 p.m.

Additional Efforts to Support the Health and Benefit of Our Community

Give Kids the World

In 2016, Nemours Central Florida Associates volunteered at Give Kids the World Village, a 70-acre, nonprofit “storybook” resort located near Central Florida attractions for families on Make-A-Wish trips. Nearly 200 Nemours volunteers worked directly with Wish Children and their families and assisted with the Give Kids the World Village beautification project.



Be the Match – Bone Marrow Registry Drive

For patients diagnosed with leukemia, lymphoma and other life-threatening diseases, a bone marrow or cord blood transplant may be their best or only hope for a cure. Yet 70 percent of patients who need a transplant do not have a fully matched donor in their family. For this reason, NCH collaborates with Be The Match® to host bone marrow donor drives for Associates and the public. Over the past 25 years, Be The Match®, operated by the National Marrow Donor Program® (NMDP), has managed the largest and most diverse marrow registry in the world. Every day, they work tirelessly to save lives through transplants. Nemours supports Be The Match® to grow the donor registry, support pediatric patients and advance the science of transplants.

Camp Boggy Creek

Nemours Children’s Health System is a long-time medical partner of Camp Boggy Creek, founded in 1996 by Paul Newman and General H. Norman Schwarzkopf. The camp was created so that every child, no matter their illness, could experience the transformational spirit and friendships that go hand-in-hand with camp. Located just a short drive from Orlando, the 232-acre camp serves children ages seven to 16 who have been diagnosed with chronic or life-threatening conditions. Camp Boggy Creek is able to serve thousands of campers and their families through activity-packed weekly and weekend camp programs. Nemours partners with Camp Boggy Creek as a sponsor for special camp events and supports the medical clinic with physician volunteers.

Come Dance With Us

In 2016, NCH, Orlando Health and the Orlando Ballet collaborated on an event titled *Come Dance With Us*. The program offered 10 children with special needs the opportunity to attend the Orlando Ballet for an introductory ballet course and perform an original score from *Beauty and the Beast*. This unique program required a multifaceted team consisting of many volunteers including two Nemours physicians, five Nemours physical therapists, three Orlando Health physical therapists and four professional dancers from the Orlando Ballet. Following their own performance, the children were invited to a performance of *Beauty and the Beast* at the Dr. Phillips Performing Arts Center and a special meet-and-greet session with professional dancers.

Boards and Leadership

Engrained in our Nemours culture is a commitment to serve the community by providing our talents and leadership to community organizations. Our administrators, physicians and Associates serve organizations in the community, including but not limited to:

- American Heart Association
- Bacon (Big Awesome Charity of Nona) Foundation
- American Lung Association, Central Florida
- Boys Town
- Crohn's & Colitis Foundation of America, Central and Northeastern Florida Chapter
- Cystic Fibrosis Foundation
- Down Syndrome Association, Central Florida
- Early Learning Coalition of Osceola
- East Orlando Chamber of Commerce
- Florida Hands & Voices
- Give Kids the World
- Health Council of East Central Florida
- Healthy Orange Coalition
- Healthy Start Coalition of Orange County
- Heavenly Hooves
- Hispanic Chamber of Commerce of Central Florida
- Make-A-Wish of Northern & Central Florida
- Mother's Milk Bank of Florida
- Orlando Philharmonic Orchestra
- Primary Care Access Network
- Juvenile Diabetes Research Foundation
- March of Dimes of Central Florida
- Ronald McDonald House of Central Florida
- Runway to Hope
- School Health and Wellness Advisory Committee, Orange County Public Schools
- Oviedo Winter Springs Chamber of Commerce Second Harvest Food Bank
- Shepherd's Hope
- UCF College of Medicine

Community Events and Sponsorships

Recognizing the expertise and important work of community public health organizations, Nemours Children's Hospital has committed resources to numerous organizations and events.

Additional Events and Sponsorships Include:

- 100 Black Men
- American Diabetes Association
- American Heart Association
- Autism Speaks
- Boy Scouts of Central Florida
- Camp Boggy Creek
- Crohn's and Colitis
- Cystic Fibrosis
- The Epilepsy Association of Central Florida
- Mother's Milk Bank of Florida
- Give Kids the World
- The Holocaust Memorial Resource and Education Center of Florida Campaign
- Juvenile Diabetes Research Foundation
- Healthy Kids Running Series
- Hope and Help Center of Central Florida
- Hugz from Bugz
- Nathaniel's Hope
- Orange Appeal's Woman's Conference
- Lake Nona Schools STEM Initiative
- Miles 4 Milk
- Seminole Chamber of Commerce – Riverside Dash
- Ride for Ronald
- Ronald McDonald House
- Early Learning Coalition of Osceola County's Ready. Set. Grow. Conference
- Run Nona
- Runway to Hope Fall Event
- Runway to Hope Spring Event
- FARE National Conference
- Special Olympics
- Shepherd's Hope
- United Arts Association
- Women of Wuesthoff
- MDA: Muscular Dystrophy Association



**2017
Community
Health Needs
Assessment
Progress Report**

Your child. Our promise.

Nemours® Children's Hospital

Nemours Children's Hospital

Community Health Needs Assessment 2017 Progress Report

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About Nemours



About Nemours

Nemours Children’s Health System is one of the largest integrated pediatric health systems in the United States, serving children in the Delaware Valley, Florida and Georgia, and for select specialties, serving children from across the nation and around the world. Nemours is dedicated to our promise of treating all children as if they were our own by doing everything within our power to help children grow up to be healthy and reach their full potential.

At Nemours Children’s Hospital (NCH), treating kids is all we do. Our physicians take a coordinated approach to help families care for children with all kinds of needs and conditions — from simple to the most complex.

Located in Orlando’s Lake Nona Medical City, NCH combines a healing environment with state-of-the-art technology to empower patients and families.

Other highlights include:

- Since opening its doors in 2012, Nemours Children’s Hospital in Orlando in 2012 was twice named a “Top Children’s Hospital” by the Leapfrog Group, which measures health-care quality and safety.
- For the fifth time since NCH opened, the Florida Hospital Association (FHA) has honored Nemours with an Innovation of the Year award and the sixth year the FHA has honored the hospital.
- Patient rooms large enough for the entire family.
- Technology that fosters better patient and provider communication.
- The Clinical Logistics Center (CLC): our command center has specially trained emergency medical technicians who monitor patients around the clock.
- Critical care that includes a Level III NICU (we also have PICU and CICU care).
- A 24/7 kids-only Emergency Department equipped to handle all kinds of pediatric emergencies — big or small.

The mission of Nemours is to provide leadership, institutions and services to restore and improve the health of children through care and programs not readily available, with one high standard of quality and distinction, regardless of the recipient’s financial status. Nemours is committed to providing patient- and family-centered health care; educating the next generation of health care providers through a variety of education affiliations; offering extensive online and in-person continuing medical education; providing health and wellness information for kids, teens, parents and educators via KidsHealth.org; and offering families 24/7 access to virtual consults with Nemours pediatricians via mobile or computer devices.

Nemours has been recognized as a model of, and an advocate for, transforming the pediatric health care system from a focus on sickness to a focus on wellness, often in collaboration with community and health care partners. Nemours leaders and Associates serve on numerous boards of organizations addressing health and children’s issues, and a wide range of community organizations also receive sponsorship support from Nemours as part of our commitment to support those who support children. Nemours is also focused on bringing our standard of care — and better health — into local communities, and does so not only by providing both primary and specialty care in sites throughout the region, but also by continuously seeking answers to the most vexing problems in children’s health.

Our researchers look for and find novel treatments for complex childhood conditions, and our population health and prevention specialists work to reverse long-standing patterns of unhealthy behavior across our communities. Our Community Health Needs Assessment (CHNA), conducted every three years, provides us an opportunity to survey community members and systematically address their concerns. This report details the strategies we employed in 2017 to address the top concerns identified, as well as the ongoing work conducted in these areas.

This process yielded the following top priorities for Nemours Children's Hospital to address in improving the health of the community's children:

- access to health services
- prenatal and infant health
- injury and safety

Our immediate focus will be on these top three priorities identified through the evaluation process. However, Nemours believes that we have a responsibility to our communities to address all health concerns identified by this study. Through direct services, or through partnerships with other health care or community leaders in the area, we are committed to addressing the health and wellness needs identified for children in Central Florida.

Access to Health Services



Access to Health Services

According to the needs assessment, 6.9 percent of children in the total service area (TSA) lack health care insurance coverage, comparable to the national benchmark. However, this percentage increases significantly among children living just above the federal poverty level (11.4 percent). Of those parents with children who have health care coverage, 12.2 percent report that their child was without coverage at some point in the past year.

In addition to insurance instability, the three greatest barriers to health care access reported in the study were **lack of appointment availability**, **inconvenient office hours** and **finding a physician**. More than one-third of parents in the TSA reported difficulty or delay in obtaining health care services for their child (36.3 percent), less favorable than the national benchmark (29.4 percent). Families in Osceola County reported the most difficulty getting an appointment and finding a physician. In addition, in Orange County, families reported the highest prevalence of difficulties due to culture or language difficulties.

Approximately 37.2 percent of parents in the TSA reported that their child needed to see a specialist at some point in the past year. Among these respondents, 45 percent of these parents had “major” or “moderate” problems obtaining the necessary care for their child. In addition, 17.5 percent reported that it took 30 or more days to get an appointment.

A total of 13.7 percent of parents in the TSA reported taking their child to a hospital emergency room more than once in the past year. Of those respondents, nearly half reported that the visit was for something that could have been treated in a doctor’s office.

In addition, 13.6 percent in the TSA perceived that mental health (depression, suicide) is the number one health issue affecting adolescents ages 12 to 17. Of those respondents who perceived mental health as the number one issue, 70 percent believe that mental health resources and services are insufficient in their communities.

Initiative

To provide coordinated, comprehensive and culturally appropriate care to children and families of Central Florida in a way they can understand.

Goals

- A. Create programs and initiatives to **increase access to specialty care**.
- B. Expand and maintain satellite operations to **extend specialty care** into the community.
- C. Provide and expand **unique service offerings and subspecialty care** not otherwise accessible in the Central Florida community.

Metrics

1. # of patients seen at Nemours primary care locations
2. # of patients seen at Nemours urgent care locations
3. # of patients seen at Nemours satellite operations
4. # of patients enrolled and seen with Nemours CareConnect
5. # of schools using Nemours CareConnect

2017 Progress Metrics

- More than 34,000 patients were seen at Nemours primary care locations.**
- More than 27,000 patients were seen at Nemours urgent care locations.**
- More than 28,000 patients were seen at Nemours satellite operations (excluding NCH).**
- 10,693 patients enrolled with Nemours CareConnect and there were 1,446 on-demand visits.**
- Four schools in Central Florida partner with Nemours CareConnect in their school clinics.**

Nemours Children’s Hospital (NCH) is dedicated to providing and improving pediatric health care at all levels of care — from minor injuries to the most complex conditions — through coordinated patient-centered medical services, biomedical research, education, prevention and advocacy, ensuring that patients experience care that is safer, more reliable, more responsive, more integrated and more available. NCH has earned The Joint Commission’s Gold Seal of Approval for accreditation by demonstrating compliance with their national standards for health care quality and safety in hospitals. As we continue to fulfill our mission and vision in Central Florida, we are proud to bring the highest quality of care to the community we serve by offering a large number of pediatric specialties and subspecialties, including:

- allergy
- anesthesiology
- audiology
- behavioral health
- cardiac surgery
- cardiology
- endocrinology
- gastroenterology
- general surgery
- genetics
- hematology/oncology
- immunology
- infectious disease
- interventional radiology
- neonatology
- nephrology
- neurology
- neurosurgery
- ophthalmology
- orthopedics
- otolaryngology
- pain management
- physical medicine and rehabilitation
- pulmonology
- radiology
- rheumatology
- urology

New Models of Care and New Technology

In response to the evolving health care landscape, Nemours recognizes the need for improving health care quality, as well as increasing access and equality for all children in Central Florida. One method of improving access is through application of innovative models or technologies that better coordinate care and information sharing for all patients. Within the TSA, Nemours is involved in a number of efforts to address these issues and expand access throughout that area, including:

Patient-Centered Medical Homes

As of 2017, all Nemours Children’s Primary Care practices are nationally certified as Patient-Centered Medical Homes (PCMH). The PCMH is a model of primary care that combines patient-centered access, team-based care, population health management, care coordination and quality improvement to enhance care delivery. Research shows that medical homes can lead to higher quality and lower costs and can improve experiences of care for both patients and providers. Recent PCMH success stories show reduced emergency department use, decreased hospital admission rates and improved quality outcomes in their patients. This model provides patients with enhanced access to care and the ability to develop and sustain quality relationships with their provider and health care team, as well as opportunities to build relationships with specialists who expand care in the community. The PCMH model also allows Nemours practices to be proactive in the care of patients, and to shift the focus from treatment and emergency care to prevention and health promotion.

Nemours CareConnect

In November 2015, Nemours launched CareConnect, a direct-to-consumer telemedicine program that allows families to hold a video visit with a Nemours pediatrician through a smartphone, tablet or home computer. The service is available 24/7, anywhere in Florida. Nemours is available when families need answers. Whether it’s the middle of the night or during regular office hours, Nemours board-certified specialists are available at the push of a button.

Nemours also uses CareConnect in collaboration with 31 provider organizations, including six hospital affiliates in Florida. When working with a partner hospital, Nemours pediatric subspecialists are able to remotely assess patients' medical records and directly consult with their providers to determine the safest, most necessary care. Using this model, Nemours pediatric experts are able to influence delivery of children's health care outside of our system, ensuring that all children have access to the best pediatric expertise, and allowing families to remain in their local communities for treatment.

Nemours is also exploring the use of CareConnect to consult with school nurses in Central Florida. School nurses provide essential care to children, many of whom have complex medical conditions that require careful management and care coordination. The service allows the school nurse to directly connect with a Nemours board-certified pediatrician through video technology. The video visits are intended for minor injuries and acute health issues, such as fevers, vomiting and rashes, as well as for chronic disease management. Families are contacted by the school prior to a video visit and are welcome to join the appointment via their mobile devices, tablets or computers.

During Hurricane Irma, the CareConnect app was downloaded 2,100 times and CareConnect carts were deployed to three special needs shelters, so parents could receive expert pediatric care to manage critical issues for their children leaving emergency departments. Since Puerto Rico's power infrastructure was devastated by Hurricane Maria, Nemours CareConnect carts were set up in Orlando's airport to quickly assist evacuees and provide needed medical interventions. During Hurricane Harvey, Texas lifted restrictions that prevented out-of-state health care providers from offering assistance. Nemours provided free access to pediatricians through CareConnect to help Texans in need.

Growing to Increase Access

In the TSA, 9.4 percent of families surveyed reported lack of transportation as a barrier to health care access. In response to this challenge, Nemours continues to expand a robust distribution network by opening new primary care, urgent care and specialty care offices throughout the region.

Nemours Children's Primary Care

To meet the need for primary and preventive care in the community, Nemours has established an ever-growing network of pediatric primary care practices in Central Florida called Nemours Children's Primary Care. To date, Nemours has expanded to 17 pediatric practices that range from Sanford in the north to Vero Beach in the south. New locations added in the last year include Celebration, Downtown Orlando and Winter Garden, as well as a second practice in Vero Beach. Our highly qualified primary care pediatricians and staff provide general pediatric and preventive health services in a Patient-Centered Medical Home setting. Services provided include care for routine illnesses and everyday bumps and bruises, vaccinations and well checkups. Nemours is helping children — from the tiniest newborns through age 18 — reach their full potential.

In addition to primary care, Nemours also offers special expertise and services, including:

- asthma/allergy care and education
- behavioral evaluations (ADD/ADHD)
- obesity prevention and healthy choices

To ensure access to care when parents need it, each Nemours Children's Primary Care office offers walk-in sick care for established patients between 8 a.m. and 9 a.m. every weekday. Sick care is also available on Saturdays between 8 a.m. and noon at four designated locations.

A Unique Partnership Moves Care on Campus

Nemours and Orange Blossom Family Health teamed up to provide a novel care delivery solution for children and families in Orlando's underserved Parramore community. The satellite practice, operated by Orange Blossom with pediatric physician services from Nemours Children's Primary Care, is located on the campus of Orange County Public Schools' Academic Center for Excellence. The practice includes primary care, preventive health screenings, immunizations and dental health. Acting as a community center and resource, the facility is open to serve local children of all ages whether or not they attend the school.

Nemours Children's Urgent Care

Of the Community Health Needs Assessment respondents who took their child to the Emergency Department in the last year, more than half reported that the visit was for something that could have been treated in a physician's office. For this reason, Nemours has expanded our urgent care hours throughout the TSA. Nemours Children's Urgent Care offers immediate, advanced pediatric care to patients who range from newborn through 18 years of age. Care is provided as early as noon at two of our four locations and is available until 10 p.m. every day, including holidays. The pediatricians who practice at Nemours Children's Urgent Care are board-certified in pediatrics, with specialized experience in emergency medicine and urgent care. Their passion is caring for children, and their commitment is to support primary care physicians by providing urgent medical services outside regular office hours. Nemours Children's Urgent Care brings Nemours expertise closer to home for Central Florida kids in Kissimmee, Lake Nona, Sanford and Waterford Lakes (East Orlando).

Nemours Satellite Operations

To meet access needs of children and families in our community, Nemours operates outpatient pediatric clinics providing specialized pediatric care for families in Central Florida in Kissimmee, Lake Mary, Lakeland, Melbourne, Orlando–Downtown, Orlando–Lake Nona and Titusville. Nemours rotates a multitude of specialists throughout our specialty care network, offering appointments in cardiology, pulmonology, gastroenterology, urology, endocrinology, orthopedics, general surgery and many others.

Nemours Hospital Partners

To further demonstrate Nemours' organizational commitment to provide access to world-class pediatric health care for all children and families in Central Florida, Nemours partners with community hospitals throughout the region and beyond to provide pediatric subspecialty care close to home. Nemours provides support for these partners, including hospital-based services, subspecialty consults and in some cases, outpatient clinics. Partners include:

- Heart of Florida Regional Medical Center in Davenport, Florida
- Indian River Medical Center in Vero Beach, Florida
- Osceola Regional Medical Center in Kissimmee, Florida
- Oviedo Medical Center in Oviedo, Florida
- Rockledge Regional Medical Center in Rockledge, Florida
- Parrish Medical Center in Titusville, Florida
- Lakeland Regional Health in Lakeland, Florida

Nemours Programs

Pediatric Critical Care Transport

Nemours Children’s Hospital offers 24/7 neonatal and pediatric intensive care transport. Nemours transport program plays a vital role in getting infants and children to and from NCH, providing a mobile intensive care unit environment so critical care can begin immediately. Our ground transport includes a fully equipped pediatric intensive care ambulance plus a Nemours-owned, custom-designed mobile intensive care unit (the size of a fire truck) that features space to care for two newborn or pediatric patients at once. The Nemours transport vehicle allows us to be there for children and families throughout the region, at moments when they need us the most.

Ronald McDonald House

Because of the complex nature of pediatric services, children and families come from throughout the region, across the country, and around the world to receive services at Nemours Children’s Hospital. Since 2012, NCH has provided families from all 50 states and 61 countries with medical care for children with rare and unique conditions. For families to have access to these relatively rare medical resources, they require a place to stay while their child is receiving care. Ronald McDonald House Charities of Central Florida (RMHCCF) provides a “home away from home” for families of seriously or chronically ill or injured children receiving treatment at area hospitals by offering nurturing and supportive environments where families can stay together and find comfort.

Through Nemours’ partnership with RMHCCF, families have access to a location to rest and regroup, allowing parents and guardians to stay near their children. Facilities at Ronald McDonald House include 15 guest rooms, laundry rooms, showers and kitchenettes with free coffee and vending machines, computers with high-speed Internet, and many other amenities. A statement from the American Academy of Pediatrics (AAP) emphasized the positive effects of family presence during a child’s hospital stay. Both children and parents experienced decreased levels of stress, children were discharged earlier, and recovery time was reduced.

Financial Assistance Plan and Uninsured Discount Program

Since opening our doors, Nemours has remained committed to providing our patients and families with the care that they need and want, when they need and want it. This includes a commitment to those without financial resources.

In 2017, Nemours provided more than \$2.3 million in charity care services in Florida so that children needing care could receive it without financial barriers. Through our commitment to our patients, Nemours will continue to provide this assistance to those in need each year.

Inpatient Rehabilitation Unit

Nemours Children’s Hospital’s Inpatient Rehab Unit is currently a nine-bed unit. It is the first pediatric inpatient rehab unit at a free-standing children’s hospital in Florida. The unit admits patients ages 3 months through 17 years. The Rehab Unit offers intensive physical, speech and occupational therapy, as well as 24-hour inpatient medical and nursing care.

Language/Interpreter Services

One of the primary barriers to access reported in Orange County is health literacy and cultural competence. Nemours believes that one of the most important aspects of delivering family-centered care is making sure families are informed, in a way they can understand, about what is happening with their child's health at every step.

To help families be the very best advocates for their child's care, Nemours provides a variety of language and interpreter services, including:

- **Video remote interpretation service:** Nemours has iPad carts throughout the hospital that can be used to call up a live interpreter in almost every language via live video stream.
- **Phone interpreter service:** Nemours' phone interpreter service is available in almost every language — 24 hours a day, seven days per week, for both inpatients (staying at the hospital) and outpatients (coming in for an appointment or procedure then going home).
- **American Sign Language (ASL):** Nemours also meets the communication needs for deaf children and families, providing an American Sign Language interpreter when needed.

Community Initiatives

Shepherd's Hope

Nemours partners with Shepherd's Hope, a not-for-profit in Central Florida that operates free medical clinics for low-income families, to provide volunteer providers for back-to-school physicals in the summer. In 2017, more than 25 Nemours providers volunteered, completing more than 350 physicals. During the clinics, patients are seen at no charge by the doctors, nurses and other volunteers who donate their time to serve uninsured, low-income families who need medical care. Additionally, Nemours Florida Prevention Initiative conducted free vision and hearing screenings during the physicals. Through this work, many Nemours physicians have been inspired and continue to volunteer at the medical clinics regularly.

Central Florida School Districts — School Nurse Training

In addition to partnering with Central Florida schools for CareConnect consult services, Nemours providers offer specialized training classes for school nurses, health aides and clinic assistants throughout the TSA. Nemours believes that school nurses play an integral role in a child's care team and require ongoing training to facilitate care for their students. Nemours providers have conducted training seminars on many topics including diabetes, sickle cell, infectious diseases, trach care, asthma, allergies, injuries, common cardiac diseases and rheumatology.



Prenatal, Infant
& Child Health

Prenatal, Infant & Child Health

The infant mortality rate in the TSA is 6.3 per 1,000 live births, slightly higher than both the Florida average (6.1) and the national average (5.9); Orange County has the highest rate, at 6.7 per 1,000 live births. In the non-Hispanic black population, the rate increases to 11.5 per 1,000 live births. The predominant cause of death between 2005 and 2014 for children under 1 year of age was perinatal conditions (certain conditions occurring in the perinatal period, usually low birth weight, preterm birth, and complications of pregnancy, labor and delivery).

Between 2012 and 2014, the TSA reported an annual average of 31.6 child deaths (ages 1 to 4) per 100,000. Among these children ages 1 to 4, accidents and congenital conditions are the number one and two leading causes of death, respectively.

Initiative

Increase education and awareness of prenatal and infant health issues among families and health care providers in Central Florida.

Goals

A. Provide **prenatal education** to moms, families and providers that promotes healthy pregnancies and safe deliveries.

B. Create **infant health programs and outreach** that provide services, education and support to families and providers.

Metrics

1. # of patients seen at Nemours Center for Fetal Care

2. # of families attending the Baby Basics classes

3. # of attendees at the NAS Summit

2017 Progress Metrics

800 patients were seen at Nemours Center for Fetal Care.

Nemours Primary Care has discontinued its Baby Basics classes.

Around 100 attendees participated in the NAS Summit in Brevard County.

Prenatal Education

KidsHealth.org — Pregnancy and Newborn Center

Nemours provides online resources to help families better understand how to stay healthy and safe during pregnancy, prepare for parenthood, childbirth, newborn care and health conditions. All content is reviewed regularly for accuracy and balance by Nemours pediatricians and experts in subject matter. The site is free to use, requires no registration and contains no advertising.

NICU Discharge Education

Nemours focuses on practices that allow children and families to live healthier lives. Our goal is to provide health information and encourage wellness development, including child safety, for all children. Before families are discharged from the NICU, Nemours providers educate them on safe sleep practices, car seat safety, shaken baby syndrome and infant CPR. Nemours providers teach parents proper CPR technique and provide hands-on training with simulation mannequins. For more training, parents are provided an infant CPR kit, which contains video instruction and an inflatable mannequin so the family can practice at home. The infant CPR kits were donated to NCH by the American Heart Association.

Improving Outcomes and Safety for Mothers and Infants

Nemours Center for Fetal Care

Nemours is dedicated to serving children and their families at every stage of life. The Center for Fetal Care at NCH provides expert maternal-fetal and perinatal care to Central Florida mothers-to-be facing high-risk pregnancies or problems with their unborn child. Although Nemours doesn't deliver babies, we co-manage care with obstetricians and coordinate services focused on babies' health, before during and after birth. The Center for Fetal Care is designed with the health of pregnant patients in mind. It provides a dedicated clinic space, prompt scheduling and referrals to pediatric specialists arranged and tracked by the Center for Fetal Care.

Milk Bank of Florida

Breast milk is the preferred feeding for all infants and offers benefits not found in any substitute. It provides "passive immunity" for the baby, protecting the baby from a wide variety of bacterial and viral illnesses. Breastfeeding also can lead to better cognitive development, as well as physical and emotional benefits due to skin-to-skin contact. Because early nutrition is a significant contributor to healthy child development, Nemours Children's Hospital provides a storage location to support milk banks, as well as a neonatal nurse practitioner and International Board Certified Lactation Consultant. To support breastfeeding and infant health, Nemours hosts a weeklong Certified Lactation Counselor training course once a year, providing education, certification and resources to 65 providers and breastfeeding advocates.

Neonatal Resuscitation Program

Nemours Children's Hospital provides classroom instruction in the Neonatal Resuscitation Program (NRP®). NRP is an educational program based on American Academy of Pediatrics and American Heart Association guidelines for cardiopulmonary resuscitation and emergency cardiovascular care for newborns at the time of delivery. NRP introduces concepts and basic skills of neonatal resuscitation. Successful completion of the online written course is required before participants attend the classroom portion of the NRP course. The course is open to all health care providers in the Central Florida community for a nominal fee.

S.T.A.B.L.E. (Sugar, Temperature, Airway, Blood pressure, Lab work, and Emotional support)

Nemours Children's Hospital offers classroom instruction for the modular instructional program known as S.T.A.B.L.E. This neonatal education program for health care providers focuses on the post-resuscitation and pre-transport stabilization care of sick infants. The course is available through NCH and is available to all health care providers and ancillary personnel for a nominal fee.

March of Dimes of Central Florida

The March of Dimes of Central Florida is a longtime partner of Nemours Children's Hospital, supporting the hospital through generous donations and support. Throughout the years, Nemours Associates have become heavily involved in March of Dimes events and fundraisers. The collaborative effort has resulted in significant dollars raised to support research, educational opportunities and support services for parents, caregivers and families. Donations from the March of Dimes also support the education of medical and nursing staff in the latest developments and findings regarding neonatal and perinatal diagnosis, treatments and plans of care for high-risk newborns.

NICU Cuddler Program

Nemours understands the importance of bonding and skin-to-skin contact with any newborn, especially those in the NICU. However, we also understand that not all parents are able to stay at the hospital for extended periods, whether a parent needs to leave for work or other obligations. For this reason, volunteers with the Nemours NICU Cuddler Program are specially trained to provide love and affection to babies and families in the NICU at Nemours Children's Hospital. These volunteers are trained on the proper techniques for holding and rocking in order to soothe and comfort our tiniest patients. Nemours NICU Cuddler program is especially important for babies with neonatal abstinence syndrome (NAS), who may be experiencing elevated stress and discomfort.

Neonatal Abstinence Syndrome (NAS) Summit

Neonatal abstinence syndrome (NAS) is a group of problems that occur in a newborn who was exposed to addictive opiate drugs while in the womb. Babies with NAS are more likely than other babies to be born with low birth weight, and to have breathing and feeding problems and seizures. Nemours Children's Health System, the Department of Health in Brevard County and the Space Coast Health Foundation are working together to improve care for this issue both in the health care setting and at home. The NAS Summit is designed to enable various disciplines and centers to come together for education and networking, and for brainstorming ways to improve care for infants with NAS and their families.

Injury & Safety



Injury & Safety

While the majority of children in the TSA were not seriously injured in the last year, 13.3 percent sustained injuries serious enough to require medical treatment. Of the respondents, more than two-thirds (67.3 percent) reported that their child was seriously injured just once in the past year; 22.9 percent of respondents reported two incidents and 9.8 percent said their child needed medical treatment for an injury three or more times in the past 12 months. When asked what the child was doing when the injury occurred, parents mentioned activities such as organized sports, playing, and falling or tripping. The prevalence of serious injury among children in the TSA is highest among boys, teens, and white and Hispanic children.

The number one leading cause of death among children ages 1 to 19 years is accidents, primarily drowning in children ages 1 to 4 and motor vehicle accidents in children ages 15 to 19. Approximately 91.8 percent of respondents reported that their child “always” wears a seatbelt (or appropriate car seat for younger children), a significant decrease in seatbelt usage from 2013. The lowest usage was reported among children under 4 years of age at just 84.4 percent.

Initiative

Increase awareness of and participation in community safety and injury initiatives and programs.

Goals

- A. Provide **safety/injury education** to patients and families.
- B. Create targeted **safety/injury initiatives** to serve the needs of the community.

Metrics

- 1. # of attendees at our school nurse health conference
- 2. # of players served through USTA Player Development Program

2017 Metrics

- 112 school nurses attended our school nurse health conference.
- 40 players were served through USTA Player Development Program.

Education and Training Initiatives

Hands-Only™ CPR Training Initiative and World Heart Day

Hands-Only™ CPR is cardiopulmonary resuscitation without mouth-to-mouth breaths. It is recommended for use by people who see a teen or adult suddenly collapse in an out-of-hospital setting, such as at home, at work or in a park. In the event of a cardiac emergency, people are more likely to perform Hands-Only CPR and ultimately save a life. Nemours Cardiac Center is working together with the American Heart Association, Central Florida school districts, fire departments and other community organizations to promote and conduct Hands-Only CPR Training throughout Central Florida.

On World Heart Day on September 29, 2017, around 25,000 high school students across Orange and Osceola counties took advantage of free Hands-Only CPR training. World Heart Day was founded in 2000 to inform people around the globe that heart disease and stroke are the world’s leading causes of death, claiming 17.3 million lives each year.

School Nurse Health Conference

In August 2017, Nemours hosted an annual school nurse health conference dedicated to school nurses and other school health professionals from across Central Florida. The program included training for typical pediatric care in a school setting such as management of injuries, allergies, asthma, diabetes, substance abuse, mental health, and response to medical emergencies. The conference included hands-on training through Nemours Children's Hospital's simulation lab, and small group discussions on topics relevant to school health.

YMCA Safety Around Water Program

Nemours Children's Hospital supports the YMCA's Annual Safety Around Water event, a four-day introductory swim program for youths ages 4 through 12. During 2017's event, more than 1,600 children received water safety education and character development lessons in a safe, structured environment. YMCA Swim Academy instructors instill a love of the water while helping kids and parents build safety skills and knowledge. The program is free and open to the public. It is offered at 20 YMCA locations across Central Florida. Nemours collaborated with the YMCA for Florida's Healthy Kids Day on Saturday, April 29, 2017.

Sports Medicine — Prevention and Treatment

United States Tennis Association (USTA) Collaboration for Sports and Injury

In the spring of 2016, Nemours and the Andrews Institute partnered to become the official medical services provider for USTA National Campus. Nemours and Andrews Institute will provide a team physician, program director, sports nutritionist and athletic trainers for the USTA National Campus in Orlando's Lake Nona Medical City. These specialists will offer pediatric-focused injury prevention, rehabilitation and therapy along with athletic performance programs focused on optimizing a young athlete's performance.

The following has been accomplished jointly by the three organizations:

- USTA National Campus has significantly grown in size, scope and credibility within the local and national community.
- The USTA Athletic Medicine Department has been successfully established.
- Most of the clinical team have been recruited, including an athletic trainer program director, four sports medicine athletic trainers and a sports nutritionist.
- Led by the Nemours Orthopedic & Sports Medicine team, a pre-season health and wellness diagnostic program has been established, supporting all Player Development (PD) players/athletes as they enter the competitive season.
- A medical network has been established within Nemours and across the community to provide subspecialty consultative services to PD players/athletes.

Since the inception of the Player Development Program, Nemours has cared for approximately 40 elite players/athletes in the ambulatory setting for preventative, diagnostic, sports medicine and acute care clinical needs. These elite athletes come to the USTA National Campus to train for competitive tennis nationally and internationally.

Additionally, Nemours Health System and the USTA National Campus have partnered to provide child and family education around sports nutrition, care of the growing athlete, and other pediatric health promotion. Together, we have supported multiple summer camps and special events for the children and families of the Orlando community.

Concussion Treatment and Prevention Program

Concussion is a public health concern that affects at least 10 percent of children who participate in youth and school athletics. Nemours' chief of neurosurgery created a comprehensive concussion program that is saturating the Central Florida catchment area. The program includes partnerships with the Central Florida Youth Football & Cheer League and the Amateur Athletic Union (AAU) to provide concussion education to children, parents, coaches and providers across Orange, Osceola, and Seminole counties. Additional outreach and education through various media outlets includes appearances on local NBC, CBS and ABC news affiliates, presentations at the AAU National Conference, speeches to the National Association of Nurse Practitioners, and CME talks for community physicians around concussion prevention and treatment. Our team has also created a Concussion Tool Kit for primary care providers, including information about concussion, how to detect signs and symptoms, and flow sheets with strategies for clinical management, as well as tear sheets for providers to disseminate information to parents (Parent Guide, Academic Accommodations, and Return to Play).

School Partnerships

Nemours Children's Hospital provides sports physicals and a sports medicine physician for football games for Lake Nona High School and is looking to expand this service to additional schools in Central Florida. In addition, Nemours providers support education training for teachers, coaches and school staff for sports-related topics such as common cardiac conditions.

Special Olympics Young Athletes Program

Nemours Children's Hospital sponsors the Young Athletes program for groups in Orange, Osceola, Polk, Lake, Brevard and Seminole counties. The Young Athletes program offers children with special needs an opportunity to learn the basic skills needed for sport activities. Provided at no cost, this program is offered at schools and play groups, or for any group of at least six children with special needs. The goal of the Young Athletes program is to increase awareness and educate the community about the benefits of early physical activity for children with special needs.

Nemours is an avid supporter of this program and of the Special Olympics Organization. In collaboration with these groups, Nemours hosted the Special Olympics Young Athletes program, a free play program for children with disabilities between the ages of 2 and 7. These children, along with their siblings, were invited to participate in developmentally appropriate play activities designed to foster physical, cognitive and social development, as well as to introduce them to the world of sports.

Educational Resources for Young Athletes

At Nemours, our team of experts understands that young athletes are not simply smaller versions of adult athletes. We also understand the importance of preventing sports injuries before they happen. For this reason, Nemours provides free printable resources for coaching staff, parents and athletes on many topics, including:

- concussion prevention and detection
- female athlete triad
- heat-related illness
- knee safety: preventing ACL injuries
- overuse injuries
- preventing dehydration
- preventing sports injuries

Leveraging Technology To Improve Safety

Key technologies employed by Nemours are helping maximize safety and improve the overall experience for patients and families.

Anesthesiology: Nemours Children’s Hospital pediatric anesthesiologists are all board-certified in anesthesiology with specialty certification in pediatric anesthesiology. Our anesthesiologists are engaged in research aimed at reducing short-term and long-term effects while improving postoperative pain relief, minimizing narcotic-based medications and improving safety. We encourage parents to accompany children all the way into the operating room and to stay until the anesthetic takes effect. This family-centered approach helps everyone feel better, because when families are involved, children have less anxiety and we can use less medication. We also provide expert pediatric pain management for children, not only following surgical procedures but also for management of chronic pain.

Medical Imaging: Nemours Children’s Hospital provides 24/7 pediatric imaging coverage with 35 board-certified, fellowship-trained pediatric radiologists with additional subspecialization in pediatric neuroradiology, pediatric nuclear medicine, pediatric musculoskeletal radiology, pediatric cardiac imaging, pediatric ultrasonography, fetal imaging and pediatric vascular imaging. Nemours radiologists are leaders in the field with many publications, presentations and invited lectures, as well as national leadership positions on committees. We also provide 24/7 medical imaging coverage for NICU, with dedicated pediatric ultrasonographers in house, and advanced technologies, such as ultrasound contrast imaging and both ultrasound and MR elastography. We also use the latest dose-reduction techniques providing the highest-quality images at the lowest X-ray dose for our patients.

Several Nemours locations use Nobel Prize–winning EOS imaging because of its benefits to children. The EOS machine takes only seconds to produce higher-quality images from a seated or standing position, meaning a faster and more comfortable experience for children. EOS also enables clinicians treating complex conditions, such as spinal deformities, to get 3-D images. EOS offers patients, parents and clinicians more information and options with a fraction of the radiation exposure of conventional X-rays.

The Clinical Logistics Center (CLC) at Nemours Children’s Hospital is a centralized monitoring facility where data from all monitored patients is consolidated and displayed in real time. The CLC, a patient safety tool unparalleled in health care, is staffed by close to 40 paramedics in four-hour rotations, which helps prevent alarm fatigue. Data shows that constant monitoring helps prevent infections, reduces medication errors, and decreases the chances of unexpected serious medical events.

Sepsis, a potentially life-threatening response to infection, is a leading cause of death in children. Nemours leveraged the CLC to work proactively against sepsis. Information from the electronic health record and the patient’s bedside monitors feeds into an electronic scoring system that alerts clinicians to pre-sepsis conditions. If the risk score increases, a rapid-response team is deployed. The scoring system and process has received awards from the Florida Hospital Association and has been highlighted by the Children’s Hospital Association for its work in preventing pediatric sepsis.

Interventional Radiology: Nemours Children’s Hospital offers the only 24/7 comprehensive, pediatric interventional radiology program for neonatal vascular and nonvascular intervention in Central Florida. Using three fellowship-trained pediatric interventional radiologists with highly specialized equipment and techniques, to offer safer minimally invasive care for the sickest babies in the region. Our interventional radiology program provides techniques and care not available in other locations, which has led to many national presentations and publications as well as regional collaboration with other hospital NICUs for oversight of vascular protocol development. Nemours Children’s Hospital physicians offer vascular anomaly expertise through the first multidisciplinary interventional radiology program in Florida — the only regional multidisciplinary program that has accepted neonatal transfer patients with life-threatening conditions from all corners of the state and from other larger NICUs with exceptional outcomes. We operate an in-house 3-D medical printing program overseen by dedicated 3-D lab techs and in-house pediatric radiologists. Nemours Children’s Hospital uses the best and only FDA-approved software with models used for both family and physician education as well as multidisciplinary treatment planning, such as complex congenital heart disease and pediatric surgical oncology.

Progress reports will be posted annually. We welcome your questions, comments and feedback. Please address your questions to Nemours Children’s Hospital at CommunityNeedsCFL@nemours.org.