2022
CHILD & ADOLESCENT
HEALTH NEEDS
ASSESSMENT
Brevard, Orange, Osceola, Polk
& Seminole Counties, Florida

Sponsored by
NEMOURS CHILDREN’S HOSPITAL, FLORIDA
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PROJECT OVERVIEW

Project Goals

This 2022 PRC Child & Adolescent Health Needs Assessment — a follow-up to similar studies conducted in 2013, 2016, and 2019 — 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, Florida. This assessment was conducted by Professional Research Consultants, Inc. (PRC) on behalf of Nemours Children’s Hospital, Florida. PRC is a nationally-recognized healthcare consulting firm with extensive experience conducting community health needs assessments such as this in hundreds of communities across the United States since 1994.

Methodology

This assessment incorporates data from multiple sources, including primary research (through the PRC Child & Adolescent Health Survey and PRC Online Key Informant Survey), as well as secondary research (vital statistics and other existing health-related data). It also allows for trending and comparison to benchmark data at the state and national levels.

PRC Child & Adolescent Health Survey

Survey Instrument

The final survey instrument used for this study was developed by Nemours Children’s Hospital, Florida 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, Florida, 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 targeted surveys conducted by PRC via telephone (landline and cell phone) or through online questionnaires, as well as a community outreach component promoted by Nemours Children’s Hospital, Florida through social media posting and other communications.

**RANDOM-SAMPLE SURVEYS (PRC)** ➞ For the targeted administration, PRC administered 1,003 surveys at random among the various geographic strata.

**COMMUNITY OUTREACH SURVEYS** (Nemours Children’s Hospital, Florida) ➞ PRC also created a link to an online version of the survey, and Nemours Children’s Hospital, Florida promoted this link throughout the various communities in order to drive additional participation and bolster overall samples. This yielded an additional 273 surveys to the overall sample.

In all, 1,276 surveys were completed through these mechanisms, including 241 in Brevard County, 407 in Orange County, 194 in Osceola County, 250 in Polk County, and 184 in Seminole County. Once the interviews were completed, these were weighted in proportion to the actual population distribution so as to appropriately represent San Mateo County 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 1,276 respondents is ±2.7% at the 95 percent confidence level.

### Expected Error Ranges for a Sample of 1,276 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 1,276 respondents answered a certain question with a "yes," it can be asserted that between 8.4% and 11.6% (10% ± 1.6%) 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 47.3% and 52.7% (50% ± 2.7%) 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.

<table>
<thead>
<tr>
<th>Population &amp; Survey Sample Characteristics (Total Service Area, 2022)</th>
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<tbody>
<tr>
<td>Boys</td>
</tr>
<tr>
<td>---</td>
</tr>
<tr>
<td>51.1%</td>
</tr>
<tr>
<td>48.9%</td>
</tr>
</tbody>
</table>

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 Nemours Children’s Hospital, Florida; 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, 63 community stakeholders took part in the Online Key Informant Survey, as outlined below:

<table>
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<tr>
<th>ONLINE KEY INFORMANT SURVEY PARTICIPATION</th>
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<td>KEY INFORMANT TYPE</td>
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<tr>
<td>-------------------------------------------</td>
</tr>
<tr>
<td>Public Health Representatives</td>
</tr>
<tr>
<td>Physician</td>
</tr>
<tr>
<td>Other Health Providers</td>
</tr>
<tr>
<td>Social Services Providers</td>
</tr>
<tr>
<td>Education Representatives</td>
</tr>
<tr>
<td>Community/Business Leaders</td>
</tr>
</tbody>
</table>
Final participation included representatives of the organizations outlined below.

- Catholic Charities of Florida
- Center for Multicultural Wellness and Prevention
- Central Florida Auto Dealers Association
- Children’s Home Society, Early Head Start
- City of Kissimmee
- City of Lakeland
- Community Foundation
- Early Learning Coalition of Polk County
- Edyth Bush Charitable Foundation
- Florida Department of Health
- Florida Department of Health in Orange County
- Florida Department of Health in Osceola County
- Florida Department of Health in Polk County
- Florida Department of Health in Seminole County
- Florida Department of Health Brevard County
- Florida State University - Orlando
- GiveWell Community Foundation
- Hebni Nutrition Consultants, Inc.
- Hope CommUnity Center
- Idea Factory
- Lake Nona Performance Club
- Lakeland Regional Health
- Lakeland Regional Health Medical Center
- Mental Health Association of Central Florida
- Nemours Primary Care
- Nita M. Lowey 21st Century Community Learning Centers
- Orange County
- Orange County Drug Free Living
- Orange County Head Start
- Orange County Medical Clinic
- Orange County Public Schools
- Orange County School District
- Orlando Health
- Osceola Regional Medical Center
- Orlando Utilities Commission (OUC)
- PCAN
- Rollins
- Seminole County Public Schools
- Second Harvest Food Bank of Central Florida
- Seminole County School Board
- Tavistock
- UCP of Central Florida
- Ventanilla de Salud
- Watson Clinic

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

In the online survey, key informants were asked to rate the degree to which various health 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 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 residents in the area.
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), University of Missouri Extension, SparkMap (sparkmap.org)
- 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
- Florida Department of Health
- Geolytics Demographic Estimates & Projections
- OpenStreetMap (OSM)
- US Census Bureau, Decennial Census
- US Department of Health & Human Services

Note that secondary data reflect aggregate county-level data.

Benchmark Data

Trending

Similar surveys were administered in the Total Service Area in 2013, 2016, and 2019 by PRC on behalf of Nemours Children’s Hospital, Florida. Trending data, as revealed by comparison to prior survey results, are provided throughout this report whenever available. Historical data for secondary data indicators are also included for the purposes of trending.

Nationwide Risk Factor Data

National survey data, which are provided in comparison charts, are taken from the 2020 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 are also provided for comparison of secondary data indicators. (NOTE: The national findings represent data collected prior to the COVID-19 pandemic.)

Healthy People 2030

Healthy People provides 10-year, measurable public health objectives — and tools to help track progress toward achieving them. Healthy People identifies public health priorities to help individuals, organizations, and communities across the United States improve health and well-being. Healthy People 2030, the initiative’s fifth iteration, builds on knowledge gained over the first four decades.
Healthy People 2030’s overarching goals are to:

- Attain healthy, thriving lives and well-being free of preventable disease, disability, injury, and premature death.
- Eliminate health disparities, achieve health equity, and attain health literacy to improve the health and well-being of all.
- Create social, physical, and economic environments that promote attaining the full potential for health and well-being for all.
- Promote healthy development, healthy behaviors, and well-being across all life stages.
- Engage leadership, key constituents, and the public across multiple sectors to take action and design policies that improve the health and well-being of all.

The Healthy People 2030 framework was based on recommendations made by the Secretary’s Advisory Committee on National Health Promotion and Disease Prevention Objectives for 2030. After getting feedback from individuals and organizations and input from subject matter experts, the U.S. Department of Health and Human Services (HHS) approved the framework which helped guide the selection of Healthy People 2030 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 15% variation from the comparative measure.

Information Gaps

While this assessment is quite comprehensive, it cannot measure all possible aspects of 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, Florida made its prior Child & Adolescent 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, Florida 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, Florida 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.
For non-profit hospitals, a Child & Adolescent 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 Schedule H (Form 990), the following table cross-references related sections.

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<td>A definition of the community served by the hospital facility</td>
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<td>Addressed Throughout</td>
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<tr>
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SUMMARY OF FINDINGS

Significant Health Needs of the Community

The following “Areas of Opportunity” represent the significant health needs of the community, based on the information gathered through this Child & Adolescent Health Needs Assessment. 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).

The Areas of Opportunity were determined after consideration of various criteria, including: standing in comparison with benchmark data; identified trends; the preponderance of significant findings within topic areas; the magnitude of the issue in terms of the number of children affected; and the potential health impact of a given issue. These also take into account those issues of greatest concern to the community stakeholders (key informants) giving input to this process.

<table>
<thead>
<tr>
<th>AREAS OF OPPORTUNITY IDENTIFIED THROUGH THIS ASSESSMENT</th>
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<td>ACCESS TO HEALTH CARE SERVICES</td>
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<td>• Difficulty Accessing Children’s Healthcare</td>
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<td>• Access to Specialty Care</td>
</tr>
<tr>
<td>• Outmigration</td>
</tr>
<tr>
<td>• Specific Source of Ongoing Medical Care</td>
</tr>
<tr>
<td>• Utilization of Emergency Room</td>
</tr>
<tr>
<td>• Utilization of Urgent Care Center</td>
</tr>
<tr>
<td>ALLERGIES</td>
</tr>
<tr>
<td>• Respiratory Allergies</td>
</tr>
<tr>
<td>• Eczema/Skin Allergies</td>
</tr>
<tr>
<td>• Food/Digestive Allergies</td>
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<tr>
<td>ASTHMA</td>
</tr>
<tr>
<td>• Prevalence of Asthma</td>
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<td>• ER/Urgent Care Visits for Asthma</td>
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<tr>
<td>• Hospitalizations Due to Asthma</td>
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<tr>
<td>• Loss of Productivity Due to Asthma</td>
</tr>
<tr>
<td>BONE, JOINT &amp; MUSCLE CONDITIONS</td>
</tr>
<tr>
<td>• Bone/Joint/Muscle Conditions</td>
</tr>
<tr>
<td>COGNITIVE &amp; BEHAVIORAL CONDITIONS</td>
</tr>
<tr>
<td>• ADD/ADHD Prevalence</td>
</tr>
<tr>
<td>• Learning Disabilities</td>
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<td>• Developmental Delays</td>
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<tr>
<td>• Behavioral/Conduct Problems</td>
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<tr>
<td>• Autism/Spectrum Disorder Prevalence</td>
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<td>• Key Informants: Cognitive and behavioral conditions ranked as a top concern.</td>
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<td>• Infant Mortality</td>
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<td>• Acceptance of Recommended Childhood Vaccines</td>
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continued on the following page
### AREAS OF OPPORTUNITY (continued)

| INJURY & VIOLENCE | ▪ Prevalence of Injuries Requiring Treatment  
|                   | ▪ Mortality  
|                   |   – Age 5-9  
|                   |   – Age 15-19  
|                   | ▪ Children Feeling Unsafe at School or Going To/From School  
|                   | ▪ Bullying  
| MENTAL HEALTH     | ▪ “Fair” or “Poor” Mental Health  
|                   | ▪ Depression & Anxiety  
|                   | ▪ Suicide Attempts [Orange County High Schoolers]  
|                   | ▪ Parental Awareness of Local Resources  
|                   | ▪ Children Needing Mental Health Services  
|                   | ▪ Children Taking Rx for Mental Health  
|                   | ▪ Key Informants: Mental health ranked as a top concern.  
| NEUROLOGICAL CONDITIONS | ▪ Children with Migraines/Severe Headaches  
|                        | ▪ Brain Injuries/Concussions  
|                        | ▪ Epilepsy/Seizure Disorder Prevalence  
| NUTRITION, PHYSICAL ACTIVITY & WEIGHT | ▪ Difficulty Accessing Fresh Produce  
|                                    | ▪ Food Insecurity  
|                                    | ▪ Low Food Access  
|                                    | ▪ Frequency of Eating Fast Food  
|                                    | ▪ Access to Fast Food  
|                                    | ▪ Eating Meals as a Family  
|                                    | ▪ Screen Time  
|                                    |   – Watching TV  
|                                    | ▪ Electronic Devices/TV in Child’s Bedroom  
|                                    | ▪ Overweight & Obesity  
|                                    | ▪ Parental Recognition of Child’s Overweight Status  
|                                    | ▪ Key Informants: Nutrition, physical activity, and weight ranked as a top concern.  
| ORAL HEALTH | ▪ Regular Dental Care  
| SEXUAL HEALTH | ▪ Gonorrhea Incidence [Children/Adults]  
|               | ▪ Chlamydia Incidence [Children/Adults]  
|               | ▪ Use of Birth Control [Orange County High Schoolers]  
| TOBACCO, ALCOHOL & OTHER DRUGS | ▪ Lifetime Illicit Drug Use [Orange County High Schoolers]  
|                          |   – Prescription Drugs (not Rx)  
|                          |   – Ecstasy  
|                          |   – Cocaine  
|                          |   – Steroids (not Rx)  
|                          |   – Methamphetamines  
|                          |   – Heroin  
|                          |   – Injection Drugs  
| VISON, HEARING, & SPEECH CONDITIONS | ▪ Prevalence of Speech-Language Problems  
|                                 | ▪ Hearing Problems  
|                                 | ▪ Vision Problems  
|                                 | ▪ Recent Eye Exams  
|                                 | ▪ Prevalence of Hearing Tests  

Community Feedback on Prioritization of Health Needs

Prioritization of the health needs identified in this assessment (“Areas of Opportunity” above) was determined based on a prioritization exercise conducted among community stakeholders (representing a cross-section of community-based agencies and organizations) in conjunction with the administration of the Online Key Informant Survey.

In this process, these key informants were asked to rate the severity of a variety of health issues for children in the community. Insofar as these health issues were identified through the data above and/or were identified as top concerns among key informants, their ranking of these issues informed the following priorities:

1. Mental Health
2. Nutrition, Physical Activity, & Weight
3. Cognitive & Behavioral Conditions
4. Oral Health
5. Access to Health Services
6. Diabetes
7. Prenatal & Infant Health
8. Asthma & Other Respiratory Conditions
9. Tobacco, Alcohol & Other Drugs
10. Injury & Violence
11. Allergies
12. Sexual Health
13. Neurological Conditions
14. Bone, Joint & Muscle Conditions
15. Vision, Hearing & Speech Conditions

Hospital Implementation Strategy

In consideration of the findings of this assessment, and the community feedback above, Nemours Children’s Hospital, Florida will develop an Implementation Strategy to address the significant children’s health needs in the community in the following priority areas:

- Access to Healthcare Services
- Mental Health
- Infant Health

Note: An evaluation of the hospital’s past activities to address the needs identified in prior CHNAs can be found as an appendix to this report.
Summary Tables: Comparisons With Benchmark Data

Reading the Summary Tables

- In the following tables, Total Service Area results are shown in the larger, gray column.

- The 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 national findings and Healthy People 2030 objectives. Again, symbols indicate whether the Total 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.

Tip: Indicator labels beginning with a “%” symbol are taken from the PRC Community Health Survey; the remaining indicators are taken from secondary data sources.
### Social Determinants

<table>
<thead>
<tr>
<th>Social Determinants</th>
<th>Brevard County</th>
<th>Orange County</th>
<th>Osceola County</th>
<th>Polk County</th>
<th>Seminole County</th>
<th>Total Service Area</th>
<th>vs. FL</th>
<th>vs. US</th>
<th>vs. HP2030</th>
<th>Trend</th>
</tr>
</thead>
<tbody>
<tr>
<td>Linguistically Isolated Population (Percent)</td>
<td>1.4</td>
<td>7.2</td>
<td>9.4</td>
<td>3.6</td>
<td>2.8</td>
<td>5.1</td>
<td>6.2</td>
<td>4.1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children Below 100% FPL (Percent)</td>
<td>15.8</td>
<td>19.5</td>
<td>18.0</td>
<td>23.4</td>
<td>11.9</td>
<td>18.6</td>
<td>18.7</td>
<td>17.5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>[Age 16-19] Not in School and Not Working (Percent)</td>
<td>6.3</td>
<td>5.6</td>
<td>11.1</td>
<td>9.7</td>
<td>3.4</td>
<td>6.9</td>
<td>7.2</td>
<td>6.8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Food Insecure</td>
<td>46.0</td>
<td>44.9</td>
<td>46.7</td>
<td>51.5</td>
<td>43.4</td>
<td>46.4</td>
<td>36.6</td>
<td>41.0</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: In the section above, each subarea is compared against all other areas 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.

### Overall Health

<table>
<thead>
<tr>
<th>Overall Health</th>
<th>Brevard County</th>
<th>Orange County</th>
<th>Osceola County</th>
<th>Polk County</th>
<th>Seminole County</th>
<th>Total Service Area</th>
<th>vs. FL</th>
<th>vs. US</th>
<th>vs. HP2030</th>
<th>Trend</th>
</tr>
</thead>
<tbody>
<tr>
<td>% [Age 0-17] Child’s Overall Health Is “Fair/Poor”</td>
<td>7.9</td>
<td>5.7</td>
<td>10.1</td>
<td>7.9</td>
<td>5.8</td>
<td>6.9</td>
<td>2.5</td>
<td>4.0</td>
<td></td>
<td>4.0</td>
</tr>
<tr>
<td>% [Age 0-17] Child’s Activities/Abilities Limited Due to Health Condition</td>
<td>21.6</td>
<td>16.7</td>
<td>16.4</td>
<td>20.7</td>
<td>18.5</td>
<td>18.5</td>
<td>7.9</td>
<td>8.8</td>
<td></td>
<td>8.8</td>
</tr>
<tr>
<td>% [Age 5-17] Missed 10+ School Days Last Yr Due to Illness/Injury</td>
<td>14.9</td>
<td>11.4</td>
<td>21.5</td>
<td>16.9</td>
<td>18.1</td>
<td>15.1</td>
<td>6.6</td>
<td>7.4</td>
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<td>7.4</td>
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</table>
### OVERALL HEALTH (continued)

<table>
<thead>
<tr>
<th>Subarea</th>
<th>Brevard County</th>
<th>Orange County</th>
<th>Osceola County</th>
<th>Polk County</th>
<th>Seminole County</th>
<th>Total Service Area</th>
<th>vs. FL</th>
<th>vs. US</th>
<th>vs. HP2030</th>
<th>TREND</th>
</tr>
</thead>
<tbody>
<tr>
<td>% [Age 0-17] Child Has Special Health Needs</td>
<td>☁</td>
<td>☀</td>
<td>☁</td>
<td>☁</td>
<td>☁</td>
<td>75.0</td>
<td>☁</td>
<td>☀</td>
<td>☁</td>
<td>64.0</td>
</tr>
<tr>
<td>% [Age 0-17] Chronic Condition Requiring Meds</td>
<td>☁</td>
<td>☁</td>
<td>☁</td>
<td>☁</td>
<td>☁</td>
<td>38.4</td>
<td>☁</td>
<td>☁</td>
<td>☁</td>
<td>20.6</td>
</tr>
<tr>
<td>% [Age 0-17] Chronic Condition Requiring Special Therapy</td>
<td>☁</td>
<td>☁</td>
<td>☁</td>
<td>☁</td>
<td>☁</td>
<td>24.1</td>
<td>☁</td>
<td>☁</td>
<td>☁</td>
<td>8.9</td>
</tr>
<tr>
<td>% [Age 0-17] Chronic Condition Requiring Meds or Special Therapy</td>
<td>☁</td>
<td>☁</td>
<td>☁</td>
<td>☁</td>
<td>☁</td>
<td>40.7</td>
<td>☁</td>
<td>☁</td>
<td>☁</td>
<td>24.2</td>
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</table>

#### ACCESS TO HEALTH CARE

<table>
<thead>
<tr>
<th>Subarea</th>
<th>Brevard County</th>
<th>Orange County</th>
<th>Osceola County</th>
<th>Polk County</th>
<th>Seminole County</th>
<th>Total Service Area</th>
<th>vs. FL</th>
<th>vs. US</th>
<th>vs. HP2030</th>
<th>TREND</th>
</tr>
</thead>
<tbody>
<tr>
<td>% [Age 0-17] Child Is Uninsured</td>
<td>☁</td>
<td>☁</td>
<td>☁</td>
<td>☁</td>
<td>☁</td>
<td>5.8</td>
<td>☁</td>
<td>☁</td>
<td>☁</td>
<td>4.8</td>
</tr>
<tr>
<td>% [Age 0-17] Child Has Been Without Insurance At Some Point</td>
<td>6.5</td>
<td>6.1</td>
<td>4.2</td>
<td>5.6</td>
<td>6.1</td>
<td>11.3</td>
<td>☁</td>
<td>☁</td>
<td>☁</td>
<td>10.5</td>
</tr>
<tr>
<td>% [Age 0-17] Difficulties Accessing Child’s Healthcare (Composite)</td>
<td>☁</td>
<td>☁</td>
<td>☁</td>
<td>☁</td>
<td>☁</td>
<td>54.8</td>
<td>☁</td>
<td>☁</td>
<td>☁</td>
<td>29.1</td>
</tr>
<tr>
<td>% [Age 0-17] Difficulty Finding Physician for Child in Past Year</td>
<td>☁</td>
<td>☁</td>
<td>☁</td>
<td>☁</td>
<td>☁</td>
<td>26.3</td>
<td>☁</td>
<td>☁</td>
<td>☁</td>
<td>10.7</td>
</tr>
</tbody>
</table>

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**ACCESS TO HEALTH CARE (continued)**

<table>
<thead>
<tr>
<th>Subarea</th>
<th>Brevard County</th>
<th>Orange County</th>
<th>Osceola County</th>
<th>Polk County</th>
<th>Seminole County</th>
<th>Total Service Area</th>
<th>vs. FL</th>
<th>vs. US</th>
<th>vs. HP2030</th>
<th>TRENDS</th>
</tr>
</thead>
<tbody>
<tr>
<td>% [Age 0-17] Difficulty Getting Appointment for Child in Past Year</td>
<td>🌚</td>
<td>🌚</td>
<td>🌚</td>
<td>🌚</td>
<td>🌚</td>
<td>34.5</td>
<td>🌚</td>
<td>🌚</td>
<td>🌚</td>
<td>14.6</td>
</tr>
<tr>
<td>% [Age 0-17] Cost Prevented Child's Dr Visit in Past Year</td>
<td>🌚</td>
<td>🌚</td>
<td>🌚</td>
<td>🌚</td>
<td>🌚</td>
<td>15.2</td>
<td>🌚</td>
<td>🌚</td>
<td>🌚</td>
<td>9.6</td>
</tr>
<tr>
<td>% [Age 0-17] Transportation Hindered Child's Dr Visit in Past Year</td>
<td>🌚</td>
<td>🌚</td>
<td>🌚</td>
<td>🌚</td>
<td>🌚</td>
<td>15.6</td>
<td>🌚</td>
<td>🌚</td>
<td>🌚</td>
<td>5.9</td>
</tr>
<tr>
<td>% [Age 0-17] Inconvenient Hrs Prevented Child's Dr Visit in Past Year</td>
<td>🌚</td>
<td>🌚</td>
<td>🌚</td>
<td>🌚</td>
<td>🌚</td>
<td>27.1</td>
<td>🌚</td>
<td>🌚</td>
<td>🌚</td>
<td>17.2</td>
</tr>
<tr>
<td>% [Age 0-17] Cost Prevented Getting Child's Prescription in Past Year</td>
<td>🌚</td>
<td>🌚</td>
<td>🌚</td>
<td>🌚</td>
<td>🌚</td>
<td>13.3</td>
<td>🌚</td>
<td>🌚</td>
<td>🌚</td>
<td>7.0</td>
</tr>
<tr>
<td>% [Age 0-17] Culture Difference Prevented Child's Dr Visit in Past Year</td>
<td>🌞</td>
<td>🌞</td>
<td>🌚</td>
<td>🌚</td>
<td>🌚</td>
<td>8.7</td>
<td>🌞</td>
<td>🌚</td>
<td>🌚</td>
<td>2.1</td>
</tr>
<tr>
<td>% Child Needed to See a Specialist in the Past Year</td>
<td>🌚</td>
<td>🌚</td>
<td>🌚</td>
<td>🌚</td>
<td>🌚</td>
<td>51.8</td>
<td>🌚</td>
<td>🌚</td>
<td>🌚</td>
<td>29.6</td>
</tr>
<tr>
<td>% [Child Needing Care] &quot;Major/Moderate&quot; Problem Getting Specialty Care</td>
<td>🌚</td>
<td>🌚</td>
<td>🌚</td>
<td>🌚</td>
<td>🌚</td>
<td>44.3</td>
<td>🌚</td>
<td>🌚</td>
<td>🌚</td>
<td>35.6</td>
</tr>
<tr>
<td>% [Parents] Feel Need to Leave the Area for Children's Health Svcs</td>
<td>🌚</td>
<td>🌞</td>
<td>🌚</td>
<td>🌚</td>
<td>🌞</td>
<td>37.7</td>
<td>🌞</td>
<td>🌚</td>
<td>🌚</td>
<td>13.4</td>
</tr>
<tr>
<td>% [Age 0-17] Child Has a Specific Source of Ongoing Care</td>
<td>🌚</td>
<td>🌚</td>
<td>🌚</td>
<td>🌚</td>
<td>🌚</td>
<td>76.9</td>
<td>🌚</td>
<td>🌚</td>
<td>🌚</td>
<td>87.3</td>
</tr>
</tbody>
</table>

Note: In the section above, each subarea is compared against all other areas 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.
### DISPARITY AMONG SUBAREAS

<table>
<thead>
<tr>
<th>ACCESS TO HEALTH CARE (continued)</th>
<th>Brevard County</th>
<th>Orange County</th>
<th>Osceola County</th>
<th>Polk County</th>
<th>Seminole County</th>
<th>Total Service Area vs. FL</th>
<th>vs. US</th>
<th>vs. HP2030</th>
<th>TENDENCY</th>
</tr>
</thead>
<tbody>
<tr>
<td>% [Age 0-17] Child Has Had Routine Checkup in Past Year</td>
<td>☁️</td>
<td>☁️</td>
<td>☁️</td>
<td>☁️</td>
<td>☁️</td>
<td>89.3</td>
<td>☁️</td>
<td>87.3</td>
<td>☁️</td>
</tr>
<tr>
<td>% [Age 2-17] Child Has Had a Dental Visit in Past Year</td>
<td>71.5</td>
<td>72.2</td>
<td>69.0</td>
<td>67.3</td>
<td>78.0</td>
<td>71.6</td>
<td>☁️</td>
<td>85.0</td>
<td>☁️</td>
</tr>
<tr>
<td>% [Age 0-17] Child Has Had 2+ ER Visits in Past Year</td>
<td>☁️</td>
<td>☁️</td>
<td>☁️</td>
<td>☁️</td>
<td>☁️</td>
<td>16.4</td>
<td>☁️</td>
<td>8.2</td>
<td>☁️</td>
</tr>
<tr>
<td>% [Age 0-17] Child Used Some Type of UCC in the Past Year</td>
<td>47.9</td>
<td>48.3</td>
<td>50.1</td>
<td>41.1</td>
<td>45.5</td>
<td>46.7</td>
<td>☁️</td>
<td>35.7</td>
<td>☁️</td>
</tr>
<tr>
<td>% [Age 0-17] Child Used After-Hours Telephone Svc for Care/Past Yr</td>
<td>14.8</td>
<td>18.9</td>
<td>17.4</td>
<td>16.8</td>
<td>15.7</td>
<td>17.2</td>
<td>☁️</td>
<td>8.6</td>
<td>☁️</td>
</tr>
<tr>
<td>% [Age 0-17] Child Used Telemedicine Services in Past Year</td>
<td>34.7</td>
<td>33.0</td>
<td>35.1</td>
<td>32.7</td>
<td>25.7</td>
<td>32.4</td>
<td>☁️</td>
<td>☁️</td>
<td>☁️</td>
</tr>
</tbody>
</table>

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# Child & Adolescent Health Needs Assessment

## Disparity Among Subareas

<table>
<thead>
<tr>
<th>Allergies</th>
<th>Brevard County</th>
<th>Orange County</th>
<th>Osceola County</th>
<th>Polk County</th>
<th>Seminole County</th>
</tr>
</thead>
<tbody>
<tr>
<td>% [Age 0-17] Child Has Respiratory Allergies</td>
<td>☁️</td>
<td>☁️</td>
<td>☀️</td>
<td>☁️</td>
<td>☁️</td>
</tr>
<tr>
<td></td>
<td>23.6</td>
<td>21.3</td>
<td>32.2</td>
<td>24.5</td>
<td>24.3</td>
</tr>
<tr>
<td>% [Age 0-17] Child Has Eczema/Skin Allergies</td>
<td>☀️</td>
<td>☁️</td>
<td>☁️</td>
<td>☁️</td>
<td>☁️</td>
</tr>
<tr>
<td></td>
<td>20.6</td>
<td>27.6</td>
<td>31.0</td>
<td>25.7</td>
<td>28.6</td>
</tr>
<tr>
<td>% [Age 0-17] Child Has Food/Digestive Allergies</td>
<td>☁️</td>
<td>☁️</td>
<td>☁️</td>
<td>☁️</td>
<td>☁️</td>
</tr>
<tr>
<td></td>
<td>15.0</td>
<td>18.2</td>
<td>18.0</td>
<td>15.8</td>
<td>12.0</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Asthma</th>
<th>Brevard County</th>
<th>Orange County</th>
<th>Osceola County</th>
<th>Polk County</th>
<th>Seminole County</th>
</tr>
</thead>
<tbody>
<tr>
<td>% [Age 0-17] Child Currently Has Asthma</td>
<td>☁️</td>
<td>☁️</td>
<td>☁️</td>
<td>☁️</td>
<td>☁️</td>
</tr>
<tr>
<td></td>
<td>13.8</td>
<td>16.9</td>
<td>17.1</td>
<td>18.0</td>
<td>16.3</td>
</tr>
<tr>
<td>% [Age 0-17 With Asthma] ER/Urgent Care for Child’s Asthma in Past Year</td>
<td>☁️</td>
<td>☁️</td>
<td>☁️</td>
<td>☁️</td>
<td>☁️</td>
</tr>
<tr>
<td></td>
<td>49.7</td>
<td>24.1</td>
<td>40.4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% [Age 0-17 With Asthma] Child Hospitalized for Asthma in Past Year</td>
<td>☁️</td>
<td>☁️</td>
<td>☁️</td>
<td>☁️</td>
<td>☁️</td>
</tr>
<tr>
<td></td>
<td>26.2</td>
<td>10.1</td>
<td>8.4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% [Age 5-17 With Asthma] Child Missed School Due to Asthma in Past Year</td>
<td>☁️</td>
<td>☁️</td>
<td>☁️</td>
<td>☁️</td>
<td>☁️</td>
</tr>
<tr>
<td></td>
<td>56.0</td>
<td>26.6</td>
<td>64.9</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% [Age 0-17 With Asthma] Parent Missed Work Due to Child’s Asthma in Past Year</td>
<td>☁️</td>
<td>☁️</td>
<td>☁️</td>
<td>☁️</td>
<td>☁️</td>
</tr>
<tr>
<td></td>
<td>53.2</td>
<td>36.6</td>
<td>41.9</td>
<td></td>
<td></td>
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</tbody>
</table>

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## Bone, Joint & Muscle Conditions

<table>
<thead>
<tr>
<th>Subarea</th>
<th>Brevard County</th>
<th>Orange County</th>
<th>Osceola County</th>
<th>Polk County</th>
<th>Seminole County</th>
<th>Total Service Area</th>
<th>vs. FL</th>
<th>vs. US</th>
<th>vs. HP2030</th>
<th>Trend</th>
</tr>
</thead>
<tbody>
<tr>
<td>% [Age 0-17] Child Has Bone/Joint/Muscle Problems</td>
<td>13.0</td>
<td>11.4</td>
<td>11.2</td>
<td>14.5</td>
<td>10.5</td>
<td>12.1</td>
<td>🌞</td>
<td>🌞</td>
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</table>

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## Cognitive & Behavioral Disorders

<table>
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<th>Subarea</th>
<th>Brevard County</th>
<th>Orange County</th>
<th>Osceola County</th>
<th>Polk County</th>
<th>Seminole County</th>
<th>Total Service Area</th>
<th>vs. FL</th>
<th>vs. US</th>
<th>vs. HP2030</th>
<th>Trend</th>
</tr>
</thead>
<tbody>
<tr>
<td>% [Age 0-17] Child Has ADD/ADHD</td>
<td>🌞</td>
<td>🌞</td>
<td>🌞</td>
<td>🌞</td>
<td>🌞</td>
<td>23.9</td>
<td>🌞</td>
<td>13.5</td>
<td>🌞</td>
<td>12.1</td>
</tr>
<tr>
<td>% [Age 0-17] Child Has Learning Disability</td>
<td>🌞</td>
<td>🌞</td>
<td>🌞</td>
<td>🌞</td>
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<td>23.9</td>
<td>🌞</td>
<td>11.1</td>
<td>🌞</td>
<td>9.6</td>
</tr>
<tr>
<td>% [Age 0-17] Child Has Developmental Delays</td>
<td>🌞</td>
<td>🌞</td>
<td>🌞</td>
<td>🌞</td>
<td>🌞</td>
<td>23.9</td>
<td>🌞</td>
<td>9.8</td>
<td>🌞</td>
<td>7.7</td>
</tr>
<tr>
<td>% [Age 5-17] Child Has Behavioral/Conduct Problems</td>
<td>🌞</td>
<td>🌞</td>
<td>🌞</td>
<td>🌞</td>
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<td>23.9</td>
<td>🌞</td>
<td>4.4</td>
<td>🌞</td>
<td>4.2</td>
</tr>
<tr>
<td>% [Age 5-17] Child Has Autism/Spectrum Disorder</td>
<td>🌞</td>
<td>🌞</td>
<td>🌞</td>
<td>🌞</td>
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### DIABETES

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<tr>
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<th>Osceola County</th>
<th>Polk County</th>
<th>Seminole County</th>
<th>Total Service Area</th>
<th>vs. FL</th>
<th>vs. US</th>
<th>vs. HP2030</th>
<th>TRENDS</th>
</tr>
</thead>
<tbody>
<tr>
<td>% [Age 0-17] Child Has Diabetes/High Blood Sugar</td>
<td>☀️</td>
<td>☁️</td>
<td>☁️</td>
<td>☁️</td>
<td>☁️</td>
<td>2.8</td>
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<td>☁️</td>
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<td>1.7</td>
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<tr>
<td>% [Age 0-17] Child Has Borderline/Pre-Diabetes</td>
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<td>☁️</td>
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<td>☁️</td>
<td>☁️</td>
<td>1.1</td>
<td>☁️</td>
<td>☁️</td>
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<td></td>
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<tr>
<td></td>
<td>1.0</td>
<td>1.1</td>
<td>1.2</td>
<td>1.4</td>
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</tbody>
</table>

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### INJURY & SAFETY

<table>
<thead>
<tr>
<th></th>
<th>Brevard County</th>
<th>Orange County</th>
<th>Osceola County</th>
<th>Polk County</th>
<th>Seminole County</th>
<th>Total Service Area</th>
<th>vs. FL</th>
<th>vs. US</th>
<th>vs. HP2030</th>
<th>TRENDS</th>
</tr>
</thead>
<tbody>
<tr>
<td>% [Age 0-17] Child Has Sustained Injury Requiring Treatment in Past Year</td>
<td>☁️</td>
<td>☁️</td>
<td>☁️</td>
<td>☀️</td>
<td>☁️</td>
<td>13.9</td>
<td>☁️</td>
<td>☁️</td>
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<td>11.9</td>
</tr>
<tr>
<td></td>
<td>13.3</td>
<td>13.1</td>
<td>15.9</td>
<td>9.9</td>
<td>20.6</td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>% [Age 0-17] Neighborhood Is “Slightly” or &quot;Not At All&quot; Safe</td>
<td>☁️</td>
<td>☁️</td>
<td>☁️</td>
<td>☀️</td>
<td></td>
<td>14.7</td>
<td>☁️</td>
<td>☁️</td>
<td></td>
<td>15.5</td>
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<td>16.4</td>
<td>17.1</td>
<td>11.9</td>
<td>15.6</td>
<td>6.8</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>% [Age 5-17] Child Missed School in Past Year Because Felt Unsafe</td>
<td>☁️</td>
<td>☁️</td>
<td>☁️</td>
<td>☁️</td>
<td></td>
<td>17.4</td>
<td>☁️</td>
<td>☁️</td>
<td></td>
<td>7.5</td>
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<td>19.6</td>
<td>14.8</td>
<td>16.8</td>
<td>17.0</td>
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<tr>
<td>% [Age 5-17] Bullied on School Property in the Past Year</td>
<td>☁️</td>
<td>☁️</td>
<td>☁️</td>
<td>☁️</td>
<td></td>
<td>23.5</td>
<td>☁️</td>
<td>☁️</td>
<td></td>
<td>17.3</td>
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<td>23.4</td>
<td>26.9</td>
<td></td>
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<tr>
<td>% [Age 5-17] Child Electronically Bullied in Past Year</td>
<td>☁️</td>
<td>☁️</td>
<td>☁️</td>
<td>☁️</td>
<td></td>
<td>12.5</td>
<td>☁️</td>
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<table>
<thead>
<tr>
<th>MENTAL &amp; EMOTIONAL HEALTH</th>
<th>Brevard County</th>
<th>Orange County</th>
<th>Osceola County</th>
<th>Polk County</th>
<th>Seminole County</th>
<th>Total Service Area</th>
<th>vs. FL</th>
<th>vs. US</th>
<th>vs. HP2030</th>
<th>TRENDS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>% [Age 5-17] Child’s Mental Health Is “Fair/Poor”</strong></td>
<td></td>
<td></td>
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<td>15.5</td>
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<tr>
<td><strong>% [Age 5-17] Child Has Depression</strong></td>
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<td></td>
<td></td>
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<td>14.4</td>
<td></td>
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<td>12.2</td>
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<td>13.4</td>
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<tr>
<td><strong>% [Age 5-17] Child Had Symptoms of Depression in Past Year</strong></td>
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<td>12.5</td>
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<td>15.4</td>
<td>12.7</td>
<td>8.2</td>
<td>12.8</td>
<td>11.9</td>
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<td></td>
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<tr>
<td>[Orange County High Schoolers] Attempted Suicide in Past Year (Percent)</td>
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<td>10.3</td>
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<td>8.9</td>
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</tr>
<tr>
<td><strong>% [Age 5-17] Child Has Anxiety</strong></td>
<td></td>
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<td></td>
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<td>26.2</td>
<td></td>
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<td></td>
<td>34.3</td>
<td>18.5</td>
<td>25.1</td>
<td>31.9</td>
<td>31.6</td>
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<tr>
<td><strong>% [Age 5-17] Child Worries A Lot</strong></td>
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<td>41.0</td>
<td>39.1</td>
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<td>41.9</td>
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<tr>
<td><strong>% [Age 5-17] Child Has Difficulty Sleeping</strong></td>
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<td></td>
<td>33.5</td>
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<td></td>
<td>43.9</td>
<td>27.0</td>
<td>33.2</td>
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<td>32.5</td>
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<td><strong>% [Age 5-17] Parent Aware of Community Mental Health Resources</strong></td>
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<td>50.8</td>
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<td>48.2</td>
<td>56.6</td>
<td>53.2</td>
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<td><strong>% [Age 5-17] Needed Mental Health Svcs in the Past Yr</strong></td>
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<td>23.2</td>
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</tr>
<tr>
<td><strong>% [Age 5-17] Child Rec’d Professional Treatment/Counseling in Past Yr</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>20.0</td>
<td></td>
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<td></td>
<td>27.2</td>
<td>17.1</td>
<td>16.5</td>
<td>21.3</td>
<td>21.3</td>
<td></td>
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<tr>
<td><strong>% [Age 5-17] Child Has Ever Taken Rx for Mental Health</strong></td>
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<td></td>
<td>15.5</td>
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<td>18.7</td>
<td>14.5</td>
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<td>17.7</td>
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</table>

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### DISPARITY AMONG SUBAREAS

#### MORTALITY

<table>
<thead>
<tr>
<th>Age Range</th>
<th>Total Service Area</th>
<th>vs. FL</th>
<th>vs. US</th>
<th>vs. HP2030</th>
<th>TREND</th>
</tr>
</thead>
<tbody>
<tr>
<td>[Age 1-4]</td>
<td>22.5</td>
<td>25.7</td>
<td>23.3</td>
<td>18.4</td>
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<tr>
<td>[Age 5-9]</td>
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<td>12.4</td>
<td>11.3</td>
<td>18.4</td>
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<tr>
<td>[Age 10-14]</td>
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<td>15.5</td>
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<tr>
<td>[Age 15-19]</td>
<td>46.2</td>
<td>52.6</td>
<td>52.2</td>
<td>18.4</td>
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</table>

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### NEUROLOGICAL DISORDERS

<table>
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<tr>
<th>Disorder</th>
<th>Total Service Area</th>
<th>vs. FL</th>
<th>vs. US</th>
<th>vs. HP2030</th>
<th>TREND</th>
</tr>
</thead>
<tbody>
<tr>
<td>% [Age 0-17] Child Has Migraines/Severe Headaches</td>
<td>11.8</td>
<td>7.9</td>
<td>6.4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% [Age 0-17] Child Has Brain Injury/Concussion</td>
<td>5.5</td>
<td>4.6</td>
<td>2.8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% [Age 0-17] Child Has Epilepsy/Seizure Disorder</td>
<td>6.0</td>
<td>1.3</td>
<td>1.1</td>
<td></td>
<td></td>
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</tbody>
</table>

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<table>
<thead>
<tr>
<th>NUTRITION, PHYSICAL ACTIVITY &amp; WEIGHT</th>
<th>Brevard County</th>
<th>Orange County</th>
<th>Osceola County</th>
<th>Polk County</th>
<th>Seminole County</th>
<th>Total Service Area</th>
<th>vs. FL</th>
<th>vs. US</th>
<th>vs. HP2030</th>
<th>TREND</th>
</tr>
</thead>
<tbody>
<tr>
<td>% [Age 2-17] Child Has 5+ Servings of Fruits/Vegetables per Day</td>
<td>🌺 47.0</td>
<td>🌺 42.7</td>
<td>🌻 40.4</td>
<td>🌺 37.8</td>
<td>🌺 38.9</td>
<td>41.6</td>
<td>🌺 36.9</td>
<td>🌺 38.8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% &quot;Very/Somewhat&quot; Difficult to Buy Fresh Produce</td>
<td>🌺 37.7</td>
<td>🌺 32.3</td>
<td>🌻 35.4</td>
<td>🌺 37.2</td>
<td>🌺 35.5</td>
<td>34.9</td>
<td>🌺 22.7</td>
<td>🌺 29.1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Low Food Access (Percent)</td>
<td>🌺 41.8</td>
<td>🌺 22.1</td>
<td>🌻 35.3</td>
<td>🌺 36.4</td>
<td>🌺 29.3</td>
<td>30.8</td>
<td>🌺 25.1</td>
<td>🌺 22.2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% [Age 2-17] Child Ate 3+ Fast Food Meals in Past Week</td>
<td>🌺 26.5</td>
<td>🌺 29.7</td>
<td>🌻 25.3</td>
<td>🌺 33.6</td>
<td>🌺 34.2</td>
<td>30.4</td>
<td>🌺 19.1</td>
<td>🌺 19.7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fast Food Restaurants per 100,000 Population</td>
<td>🌺 69.2</td>
<td>🌺 103.6</td>
<td>🌻 89.0</td>
<td>🌺 59.1</td>
<td>🌺 87.5</td>
<td>84.8</td>
<td>🌺 74.8</td>
<td>🌺 82.2</td>
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</tr>
<tr>
<td>% [Age 2-17] Ate 7+ Meals Together as a Family in Past Week</td>
<td>🌺 45.2</td>
<td>🌺 43.7</td>
<td>🌻 50.9</td>
<td>🌺 46.0</td>
<td>🌺 40.4</td>
<td>44.7</td>
<td>🌺 64.6</td>
<td>🌺 44.2</td>
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<td></td>
</tr>
<tr>
<td>% [Age 2-17] Child Was Physically Active One Hour/Day in Past Week</td>
<td>🌺 49.0</td>
<td>🌺 37.0</td>
<td>🌻 48.0</td>
<td>🌺 45.3</td>
<td>🌺 43.4</td>
<td>42.6</td>
<td>🌺 44.9</td>
<td>🌺 30.4</td>
<td>🌺 45.8</td>
<td></td>
</tr>
<tr>
<td>% [Age 5-17] Child Watches 3+ Hours of TV per Day</td>
<td>🌺 48.3</td>
<td>🌺 39.2</td>
<td>🌻 46.6</td>
<td>🌺 48.8</td>
<td>🌺 42.8</td>
<td>43.8</td>
<td>🌺 43.1</td>
<td>🌺 26.6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% [Age 5-17] Child Has 3+ Hours of Electronic Use per Day</td>
<td>🌺 41.3</td>
<td>🌺 34.7</td>
<td>🌻 36.8</td>
<td>🌺 37.2</td>
<td>🌺 36.4</td>
<td>36.6</td>
<td>🌺 49.8</td>
<td>🌺 37.9</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% [Age 5-17] Child Has 3+ Hours of Total Screen Time per Day</td>
<td>🌺 68.9</td>
<td>🌺 64.3</td>
<td>🌻 71.6</td>
<td>🌺 70.8</td>
<td>🌺 73.0</td>
<td>68.4</td>
<td>🌺 70.9</td>
<td>🌺 60.9</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

TREND: 🌺 better, 🌺 similar, 🌺 worse
### Disparity Among Subareas

#### Nutrition, Physical Activity & Weight (continued)

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Brevard County</th>
<th>Orange County</th>
<th>Osceola County</th>
<th>Polk County</th>
<th>Seminole County</th>
<th>Total Service Area</th>
<th>vs. FL</th>
<th>vs. US</th>
<th>vs. HP2030</th>
<th>Trend</th>
</tr>
</thead>
<tbody>
<tr>
<td>% [Age 5-17] Child Has a TV in Bedroom</td>
<td>☁</td>
<td>☀</td>
<td>☁</td>
<td>☁</td>
<td>☁</td>
<td>50.0</td>
<td>☁</td>
<td>☁</td>
<td>☁</td>
<td>49.3</td>
</tr>
<tr>
<td>% [Age 5-17] Has Computer/Device in the Bedroom</td>
<td>☁</td>
<td>☁</td>
<td>☁</td>
<td>☁</td>
<td>☁</td>
<td>56.1</td>
<td>☁</td>
<td>☁</td>
<td>☁</td>
<td>56.5</td>
</tr>
<tr>
<td>% [Age 5-17] Child Has Own Smartphone</td>
<td>☁</td>
<td>☁</td>
<td>☁</td>
<td>☁</td>
<td>☁</td>
<td>55.7</td>
<td>☁</td>
<td>☁</td>
<td>☁</td>
<td>56.2</td>
</tr>
<tr>
<td>% [Age 5-17] Child Is Overweight or Obese</td>
<td>☁</td>
<td>☁</td>
<td>☁</td>
<td>☁</td>
<td>☁</td>
<td>35.6</td>
<td>☁</td>
<td>☁</td>
<td>☁</td>
<td>27.5</td>
</tr>
<tr>
<td>% [Age 5-17] Child Is Obese</td>
<td>☁</td>
<td>☁</td>
<td>☁</td>
<td>☁</td>
<td>☁</td>
<td>20.3</td>
<td>☁</td>
<td>☁</td>
<td>☁</td>
<td>14.0</td>
</tr>
<tr>
<td>% [Overweight Kids 5-17] Perceive Child &quot;About the Right Weight&quot;</td>
<td>☁</td>
<td>☁</td>
<td>☁</td>
<td>☁</td>
<td>☁</td>
<td>46.8</td>
<td>☁</td>
<td>☁</td>
<td>☁</td>
<td>52.7</td>
</tr>
<tr>
<td>% [Parents] Have Been Told That Overwt Child [5-17] Is Overweight</td>
<td>☁</td>
<td>☁</td>
<td>☁</td>
<td>☁</td>
<td>☁</td>
<td>30.5</td>
<td>☁</td>
<td>☁</td>
<td>☁</td>
<td>26.8</td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>PRENATAL &amp; INFANT HEALTH</th>
<th>Brevard County</th>
<th>Orange County</th>
<th>Osceola County</th>
<th>Polk County</th>
<th>Seminole County</th>
<th>Total Service Area</th>
<th>vs. FL</th>
<th>vs. US</th>
<th>vs. HP2030</th>
<th>TREND</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Prenatal Care in First Trimester (Percent)</td>
<td>☁️</td>
<td>☁️</td>
<td>☀️</td>
<td>☁️</td>
<td>☀️</td>
<td>26.2</td>
<td>☁️</td>
<td>☁️</td>
<td>☀️</td>
<td>26.1</td>
</tr>
<tr>
<td>Low Birthweight Births (Percent)</td>
<td>☁️</td>
<td>☁️</td>
<td>☁️</td>
<td>☁️</td>
<td>☀️</td>
<td>8.5</td>
<td>☁️</td>
<td>☁️</td>
<td>☁️</td>
<td>8.3</td>
</tr>
<tr>
<td>% [Age 0-17] Child Was Ever Breastfed</td>
<td>☁️</td>
<td>☀️</td>
<td>☁️</td>
<td>☁️</td>
<td>☁️</td>
<td>71.6</td>
<td>☁️</td>
<td>☁️</td>
<td>☁️</td>
<td>71.7</td>
</tr>
<tr>
<td>% Exclusively Breastfed Until 6 Months</td>
<td>☁️</td>
<td>☁️</td>
<td>☁️</td>
<td>☁️</td>
<td>☁️</td>
<td>29.6</td>
<td>☁️</td>
<td>☁️</td>
<td>☁️</td>
<td>29.1</td>
</tr>
<tr>
<td>Infant Deaths Rate</td>
<td>☁️</td>
<td>☀️</td>
<td>☀️</td>
<td>☁️</td>
<td>☁️</td>
<td>6.1</td>
<td>☁️</td>
<td>☁️</td>
<td>☁️</td>
<td>7.0</td>
</tr>
<tr>
<td>% Would Not Want New Baby to Have All Recommended Vaccines</td>
<td>☁️</td>
<td>☁️</td>
<td>☁️</td>
<td>☁️</td>
<td>☁️</td>
<td>18.4</td>
<td>☁️</td>
<td>☁️</td>
<td>☁️</td>
<td>9.8</td>
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<td>Note: In the section above, each subarea is compared against all other areas 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.</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>SEXUAL HEALTH</th>
<th>Brevard County</th>
<th>Orange County</th>
<th>Osceola County</th>
<th>Polk County</th>
<th>Seminole County</th>
<th>Total Service Area</th>
<th>vs. FL</th>
<th>vs. US</th>
<th>vs. HP2030</th>
<th>TREND</th>
</tr>
</thead>
<tbody>
<tr>
<td>Births to Teenagers (Under Age 20, Percent)</td>
<td>☁️</td>
<td>☁️</td>
<td>☁️</td>
<td>☁️</td>
<td>☀️</td>
<td>4.2</td>
<td>☁️</td>
<td>☁️</td>
<td>☁️</td>
<td>7.7</td>
</tr>
<tr>
<td>[All Ages] Gonorrhea Incidence per 100,000</td>
<td>☀️</td>
<td>☁️</td>
<td>☁️</td>
<td>☁️</td>
<td>☁️</td>
<td>154.4</td>
<td>☁️</td>
<td>☁️</td>
<td>☁️</td>
<td>155.6</td>
</tr>
</tbody>
</table>
### Sexual Health

#### [All Ages] Chlamydia Incidence per 100,000

<table>
<thead>
<tr>
<th>Area</th>
<th>Brevard County</th>
<th>Orange County</th>
<th>Osceola County</th>
<th>Polk County</th>
<th>Seminole County</th>
<th>Total Service Area</th>
<th>vs. FL</th>
<th>vs. US</th>
<th>vs. HP2030</th>
<th>Trend</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>348.5</td>
<td>732.8</td>
<td>480.4</td>
<td>518.0</td>
<td>428.2</td>
<td>557.3</td>
<td>499.2</td>
<td>539.9</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### [Orange County High Schoolers] Currently Sexually Active (Percent)

<table>
<thead>
<tr>
<th>Area</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th>Total Service Area</th>
<th>vs. FL</th>
<th>vs. US</th>
<th>vs. HP2030</th>
<th>Trend</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>21.4</td>
<td>25.9</td>
<td>27.4</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### [Sexually Active Orange County High Schoolers] Did Not Use Condom (Percent)

<table>
<thead>
<tr>
<th>Area</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th>Total Service Area</th>
<th>vs. FL</th>
<th>vs. US</th>
<th>vs. HP2030</th>
<th>Trend</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>40.3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### [Sexually Active Orange County High Schoolers] Did Not Use Any Birth Control (Percent)

<table>
<thead>
<tr>
<th>Area</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th>Total Service Area</th>
<th>vs. FL</th>
<th>vs. US</th>
<th>vs. HP2030</th>
<th>Trend</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>18.1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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### Substance Abuse

#### [Orange County High Schoolers] Drank Alcohol in Past Month (Percent)

<table>
<thead>
<tr>
<th>Area</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th>Total Service Area</th>
<th>vs. FL</th>
<th>vs. US</th>
<th>vs. HP2030</th>
<th>Trend</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>23.3</td>
<td>26.1</td>
<td>29.2</td>
<td>6.3</td>
<td></td>
</tr>
</tbody>
</table>

#### [Orange County High Schoolers] Ever Used Marijuana (Percent)

<table>
<thead>
<tr>
<th>Area</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th>Total Service Area</th>
<th>vs. FL</th>
<th>vs. US</th>
<th>vs. HP2030</th>
<th>Trend</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>32.3</td>
<td>36.8</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### [Orange County High Schoolers] Ever Used Prescription Drugs (Not Rx) (Percent)

<table>
<thead>
<tr>
<th>Area</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th>Total Service Area</th>
<th>vs. FL</th>
<th>vs. US</th>
<th>vs. HP2030</th>
<th>Trend</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>16.1</td>
<td>14.3</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### [Orange County High Schoolers] Ever Used Inhalants (Percent)

<table>
<thead>
<tr>
<th>Area</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th>Total Service Area</th>
<th>vs. FL</th>
<th>vs. US</th>
<th>vs. HP2030</th>
<th>Trend</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>6.7</td>
<td>6.4</td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>
### DISPARITY AMONG SUBAREAS

<table>
<thead>
<tr>
<th>SUBSTANCE ABUSE (continued)</th>
<th>Brevard County</th>
<th>Orange County</th>
<th>Osceola County</th>
<th>Polk County</th>
<th>Seminole County</th>
<th>Total Service Area vs. BENCHMARKS</th>
<th>TRENDS</th>
</tr>
</thead>
<tbody>
<tr>
<td>[Orange County High Schoolers] Ever Used Ecstasy (Percent)</td>
<td>4.7</td>
<td>3.6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>[Orange County High Schoolers] Ever Used Cocaine (Any Form, Percent)</td>
<td>5.8</td>
<td>3.9</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>[Orange County High Schoolers] Ever Used Steroids (Not Rx, Percent)</td>
<td>4.1</td>
<td>1.9</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>[Orange County High Schoolers] Ever Used Methamphetamines (Percent)</td>
<td>4.0</td>
<td>2.1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>[Orange County High Schoolers] Ever Used Heroin (Percent)</td>
<td>4.0</td>
<td>1.8</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>[Orange County High Schoolers] Ever Used Injection Drugs (Percent)</td>
<td>3.3</td>
<td>1.6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>[Orange County High Schoolers] Used Marijuana in Past Month (Percent)</td>
<td>16.5</td>
<td>19.6</td>
<td>21.7</td>
<td>5.8</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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### DISPARITY AMONG SUBAREAS

<table>
<thead>
<tr>
<th>TECHNOLOGY</th>
<th>Brevard County</th>
<th>Orange County</th>
<th>Osceola County</th>
<th>Polk County</th>
<th>Seminole County</th>
<th>Total Service Area vs. BENCHMARKS</th>
<th>TRENDS</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Have Access to the Internet</td>
<td>98.6</td>
<td>98.5</td>
<td>98.2</td>
<td>98.6</td>
<td>99.5</td>
<td>98.6</td>
<td></td>
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</table>

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### Tobacco

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Area</th>
<th>Brevard County</th>
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<th>Osceola County</th>
<th>Polk County</th>
<th>Seminole County</th>
<th>Total Service Area</th>
<th>TEND</th>
<th>vs. FL</th>
<th>vs. US</th>
<th>vs. HP2030</th>
</tr>
</thead>
<tbody>
<tr>
<td>% [Age 0-17] Household Member Smokes Tobacco Inside the Home</td>
<td></td>
<td>5.9</td>
<td>8.5</td>
<td>8.0</td>
<td>7.3</td>
<td>5.4</td>
<td>7.4</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% [Age 0-17] Household Member Smokes E-Cigarettes at Home</td>
<td></td>
<td>17.3</td>
<td>10.4</td>
<td>12.2</td>
<td>10.6</td>
<td>18.3</td>
<td>12.8</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>[Orange County High Schoolers] Smoked Cigarettes in Past Month (Percent)</td>
<td></td>
<td>3.1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>4.8</td>
<td>6.0</td>
<td>3.4</td>
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### Vaccinations

<table>
<thead>
<tr>
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<th>Osceola County</th>
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<th>Seminole County</th>
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<th>TEND</th>
<th>vs. FL</th>
<th>vs. US</th>
<th>vs. HP2030</th>
</tr>
</thead>
<tbody>
<tr>
<td>% [Age 6 Months+] Received Flu Vaccination in Past Year</td>
<td></td>
<td>49.5</td>
<td>46.2</td>
<td>46.1</td>
<td>38.5</td>
<td>42.6</td>
<td>44.6</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% [Age 5-17] Received at Least 1 Dose of COVID-19 Vaccine</td>
<td></td>
<td>43.5</td>
<td>52.0</td>
<td>51.3</td>
<td>37.3</td>
<td>53.6</td>
<td>48.0</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% [Age 11-17] Received at Least 2 Shots of HPV Vaccine</td>
<td></td>
<td>57.0</td>
<td>57.8</td>
<td>47.3</td>
<td>53.6</td>
<td>53.0</td>
<td>54.9</td>
<td></td>
<td></td>
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<td></td>
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</table>

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## Disparity Among Subareas

<table>
<thead>
<tr>
<th>VISION, HEARING &amp; SPEECH</th>
<th>Brevard County</th>
<th>Orange County</th>
<th>Osceola County</th>
<th>Polk County</th>
<th>Seminole County</th>
<th>Total Service Area</th>
<th>vs. FL</th>
<th>vs. US</th>
<th>vs. HP2030</th>
<th>TRENDS</th>
</tr>
</thead>
<tbody>
<tr>
<td>% [Age 0-17] Child Has Had 3+ Ear Infections (Ever)</td>
<td>🌊</td>
<td>🌊</td>
<td>🌊</td>
<td>🌊</td>
<td>🌊</td>
<td>18.5</td>
<td>🌊</td>
<td>🌊</td>
<td>🌊</td>
<td>🌊</td>
</tr>
<tr>
<td></td>
<td>23.8</td>
<td>16.5</td>
<td>20.5</td>
<td>17.9</td>
<td>17.9</td>
<td></td>
<td>19.8</td>
<td></td>
<td></td>
<td>23.5</td>
</tr>
<tr>
<td>% [Age 0-17] Child Has Speech/Language Problems</td>
<td>🌊</td>
<td>🌊</td>
<td>🌊</td>
<td>🌊</td>
<td>🌊</td>
<td>20.6</td>
<td>🌊</td>
<td>🌊</td>
<td>🌊</td>
<td>🌊</td>
</tr>
<tr>
<td></td>
<td>24.5</td>
<td>21.0</td>
<td>17.7</td>
<td>18.1</td>
<td>20.8</td>
<td></td>
<td>13.0</td>
<td></td>
<td></td>
<td>13.9</td>
</tr>
<tr>
<td>% [Age 0-17] Child Has Hearing Problems</td>
<td>🌊</td>
<td>🌊</td>
<td>🌊</td>
<td>🌊</td>
<td>🌊</td>
<td>8.7</td>
<td>🌊</td>
<td>🌊</td>
<td>🌊</td>
<td>🌊</td>
</tr>
<tr>
<td></td>
<td>9.0</td>
<td>8.5</td>
<td>12.4</td>
<td>8.1</td>
<td>7.1</td>
<td></td>
<td>7.0</td>
<td></td>
<td></td>
<td>4.6</td>
</tr>
<tr>
<td>% [Age 0-17] Child Has Vision Problems</td>
<td>🌊</td>
<td>🌊</td>
<td>🌊</td>
<td>🌊</td>
<td>🌊</td>
<td>12.0</td>
<td>🌊</td>
<td>🌊</td>
<td>🌊</td>
<td>🌊</td>
</tr>
<tr>
<td></td>
<td>8.6</td>
<td>14.9</td>
<td>11.2</td>
<td>10.1</td>
<td>10.8</td>
<td></td>
<td>7.3</td>
<td></td>
<td></td>
<td>4.2</td>
</tr>
<tr>
<td>% [Age 0-17] Child Has Had an Eye Exam in the Past 3 Years</td>
<td>🌊</td>
<td>🌊</td>
<td>🌊</td>
<td>🌊</td>
<td>🌊</td>
<td>83.6</td>
<td>🌊</td>
<td>🌊</td>
<td>🌊</td>
<td>🌊</td>
</tr>
<tr>
<td></td>
<td>81.7</td>
<td>87.9</td>
<td>82.1</td>
<td>80.6</td>
<td>79.0</td>
<td></td>
<td>83.4</td>
<td></td>
<td></td>
<td>87.7</td>
</tr>
<tr>
<td>% [Age 0-17] Child Has Had Hearing Tested in the Past 5 Years</td>
<td>🌊</td>
<td>🌊</td>
<td>🌊</td>
<td>🌊</td>
<td>🌊</td>
<td>84.1</td>
<td>🌊</td>
<td>🌊</td>
<td>🌊</td>
<td>🌊</td>
</tr>
<tr>
<td></td>
<td>84.8</td>
<td>85.3</td>
<td>78.6</td>
<td>83.8</td>
<td>84.8</td>
<td></td>
<td>86.7</td>
<td></td>
<td></td>
<td>89.1</td>
</tr>
</tbody>
</table>

Note: In the section above, each subarea is compared against all other areas 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.
Summary of Key Informant Perceptions

In the Online Key Informant Survey, community stakeholders were asked to rate the degree to which each of 16 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.)

<table>
<thead>
<tr>
<th>Health Topic</th>
<th>Major Problem</th>
<th>Moderate Problem</th>
<th>Minor Problem</th>
<th>No Problem At All</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental Health</td>
<td>73.3%</td>
<td>60.0%</td>
<td>50.0%</td>
<td>15.0%</td>
</tr>
<tr>
<td>Nutrition, Physical Activity, &amp; Weight</td>
<td>60.0%</td>
<td>50.0%</td>
<td>38.3%</td>
<td>38.3%</td>
</tr>
<tr>
<td>Cognitive &amp; Behavioral Conditions</td>
<td>50.0%</td>
<td>44.1%</td>
<td>45.6%</td>
<td>45.6%</td>
</tr>
<tr>
<td>Oral Health</td>
<td>31.6%</td>
<td>31.6%</td>
<td>50.9%</td>
<td>31.6%</td>
</tr>
<tr>
<td>Access to Health Services</td>
<td>28.3%</td>
<td>50.0%</td>
<td>48.3%</td>
<td>48.3%</td>
</tr>
<tr>
<td>Diabetes</td>
<td>25.4%</td>
<td>44.1%</td>
<td>48.3%</td>
<td>48.3%</td>
</tr>
<tr>
<td>Prenatal &amp; Infant Health</td>
<td>24.6%</td>
<td>45.6%</td>
<td>48.3%</td>
<td>48.3%</td>
</tr>
<tr>
<td>Asthma &amp; Other Respiratory Conditions</td>
<td>24.1%</td>
<td>48.3%</td>
<td>59.6%</td>
<td>59.6%</td>
</tr>
<tr>
<td>Tobacco, Alcohol &amp; Other Drugs</td>
<td>22.8%</td>
<td>59.6%</td>
<td>46.4%</td>
<td>46.4%</td>
</tr>
<tr>
<td>Coronavirus Disease/COVID-19</td>
<td>20.0%</td>
<td>41.7%</td>
<td>51.7%</td>
<td>51.7%</td>
</tr>
<tr>
<td>Injury &amp; Violence</td>
<td>19.0%</td>
<td>51.7%</td>
<td>46.4%</td>
<td>46.4%</td>
</tr>
<tr>
<td>Allergies</td>
<td>14.3%</td>
<td>52.8%</td>
<td>46.4%</td>
<td>46.4%</td>
</tr>
<tr>
<td>Sexual Health</td>
<td>9.4%</td>
<td>52.8%</td>
<td>46.4%</td>
<td>46.4%</td>
</tr>
<tr>
<td>Neurological Conditions</td>
<td>7.7%</td>
<td>42.3%</td>
<td>46.4%</td>
<td>46.4%</td>
</tr>
<tr>
<td>Bone, Joint &amp; Muscle Conditions</td>
<td>7.4%</td>
<td>31.5%</td>
<td>46.4%</td>
<td>46.4%</td>
</tr>
<tr>
<td>Vision, Hearing &amp; Speech Conditions</td>
<td>5.5%</td>
<td>31.5%</td>
<td>46.4%</td>
<td>46.4%</td>
</tr>
</tbody>
</table>
COMMUNITY DESCRIPTION
POPULATION CHARACTERISTICS

Race/Ethnicity

In the five-county Total Service Area, 66.4% of the population age 0-17 is White and 19.9% is Black.

DISPARITY ► The youth population is most diverse in Orange County than in other service area counties.

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

Sources: US Census Bureau American Community Survey 5-year estimates.
Note that county-level data uses 2011-2015 census estimates, and state and national data use 2016-2020 census estimates.

Ethnicity

In the Total Service Area, 3 in 10 children (30.9%) are Hispanic.

BENCHMARK ► Higher than found nationally.
DISPARITY ► Highest in Osceola County.
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, 21.6% of the total population are infants, children, or adolescents (age 0-17); another 62.2% are age 18 to 64, while 16.2% are age 65 and older.
Linguistic Isolation

A total of 5.1% of the Total Service Area population age 5 and older live in a home in which no person age 14 or older is proficient in English (speaking only English, or speaking English “very well”).

**BENCHMARK** ➤ Higher than found across the US but below that found across Florida.

**DISPARITY** ➤ Highest in Orange and Osceola counties.

**Linguistically Isolated Population**

(2016-2020)


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 speaks a non-English language and speak English “very well.”
ABOUT SOCIAL DETERMINANTS OF HEALTH

Social determinants of health (SDOH) are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.

Social determinants of health (SDOH) have a major impact on people’s health, well-being, and quality of life. Examples of SDOH include:

- Safe housing, transportation, and neighborhoods
- Racism, discrimination, and violence
- Education, job opportunities, and income
- Access to nutritious foods and physical activity opportunities
- Polluted air and water
- Language and literacy skills

SDOH also contribute to wide health disparities and inequities.

Poverty

The latest census estimate shows 18.6% of Total Service Area children living below the federal poverty level.

BENCHMARK ➤ Worse than the national percentage.

DISPARITY ➤ Highest in Polk County.

Percent of Children in Low-Income Households
(Children 0-17 Living Below 100% of the Poverty Level, 2016-2020)

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

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.
Food Insecurity

In the past year, 43.8% of Total Service Area parents “often” or “sometimes” worried about whether their food would run out before they had money to buy more.

Another 33.0% 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.

Surveyed adults were asked: “Now I am going to read two statements that people have made about their food situation. Please tell me whether each statement was “Often True,” “Sometimes True,” or “Never True” for you in the past 12 months:

• I worried about whether our food would run out before we got money to buy more.
• The food that we bought just did not last, and we did not have money to get more.”

Those answering “Often” or “Sometimes True” for either statement are considered to be food insecure.

Food Insecurity
(Total Service Area, 2022)

- Often True
- Sometimes True
- Never True

US = 33.3%
Often/Sometimes True

67.0%

16.3% 27.5% 56.2%

"In the past year, I worried about whether our food would run out before we had money to buy more."

9.1% 23.9%

US = 25.4%
Often/Sometimes True

"In the past year, the food we bought just did not last, and we did not have money for more."

Sources:
- 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Items 308-309]
- 2020 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

Notes:
- Reflects the total sample of respondents.
Overall, 46.4% 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.

**BENCHMARK** ▶ Worse than the US percentage.

**TREND** ▶ Marks a significant increase since 2019.

**DISPARITY** ▶ More often reported among parents of Black and Hispanic children, and especially those in lower-income households.

### Food Insecurity

#### Total Service Area

<table>
<thead>
<tr>
<th>County</th>
<th>2019</th>
<th>2022</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brevard County</td>
<td>41.0%</td>
<td>46.4%</td>
</tr>
<tr>
<td>Orange County</td>
<td>44.9%</td>
<td>46.4%</td>
</tr>
<tr>
<td>Osceola County</td>
<td>46.7%</td>
<td>51.5%</td>
</tr>
<tr>
<td>Polk County</td>
<td>43.4%</td>
<td>46.4%</td>
</tr>
<tr>
<td>Seminole County</td>
<td>36.6%</td>
<td>46.4%</td>
</tr>
<tr>
<td>Total Service Area</td>
<td>41.0%</td>
<td>46.4%</td>
</tr>
</tbody>
</table>

**Sources:**
- 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. (Item 152)
- 2020 PRC National Child & Adolescent Health Survey, Professional Research Consultants, 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 Insecurity

#### (Total Service Area, 2022)

<table>
<thead>
<tr>
<th>Gender</th>
<th>Age</th>
<th>Very Low Income</th>
<th>Low Income</th>
<th>Mid/High Income</th>
<th>Total Service Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boy</td>
<td>0 to 4</td>
<td>43.4%</td>
<td>43.5%</td>
<td>29.2%</td>
<td>46.4%</td>
</tr>
<tr>
<td>Girl</td>
<td>0 to 4</td>
<td>48.5%</td>
<td>47.7%</td>
<td>38.8%</td>
<td>46.4%</td>
</tr>
<tr>
<td>Boy</td>
<td>5 to 12</td>
<td>49.3%</td>
<td>47.0%</td>
<td>38.8%</td>
<td>46.4%</td>
</tr>
<tr>
<td>Girl</td>
<td>5 to 12</td>
<td>49.3%</td>
<td>47.0%</td>
<td>38.8%</td>
<td>46.4%</td>
</tr>
<tr>
<td>Boy</td>
<td>13 to 17</td>
<td>57.0%</td>
<td>57.0%</td>
<td>49.9%</td>
<td>55.3%</td>
</tr>
<tr>
<td>Girl</td>
<td>13 to 17</td>
<td>70.6%</td>
<td>70.6%</td>
<td>55.3%</td>
<td>55.3%</td>
</tr>
</tbody>
</table>

**Sources:**
- 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. (Item 152)

**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.
- 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.

See also Nutrition in the Modifiable Health Risks section of this report.
PERCEPTIONS OF TOP HEALTH ISSUES
CHILD HEALTH

Perceived Top Health Issues

The interrelated issues of obesity, nutrition, and exercise received the largest share of responses (17.1%) as the perceived number-one health issue for children under the age of 12.

Mention of mental health followed, with 13.4% of responses.

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 mental health or obesity, nutrition, or exercise as the top children’s health issue largely see community resources to address these problems as insufficient (or non-existent).
Perception of Existing Community Resources or Services for Number-One Health Issue Affecting Children Under 12 (By Perceived Primary Health Issue; Total Service Area, 2022)

- Sufficient/More Than Sufficient
- Insufficient
- Not Available

<table>
<thead>
<tr>
<th>Health Issue</th>
<th>Sufficient/More Than Sufficient</th>
<th>Insufficient</th>
<th>Not Available</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental Health</td>
<td>64.3%</td>
<td>14.1%</td>
<td>21.6%</td>
</tr>
<tr>
<td>Obesity/Nutrition/Exercise</td>
<td>57.1%</td>
<td>8.1%</td>
<td>34.8%</td>
</tr>
<tr>
<td>Colds/Flu</td>
<td>79.2%</td>
<td>4.5%</td>
<td>16.3%</td>
</tr>
</tbody>
</table>

Sources: 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 6]
Notes: Among respondents who identified a top health concern.
Perceived Top Health Issues

When combined, responses related to obesity, nutrition, and exercise (16.1%) received top mention as the number-one health issue for adolescents age 12-17.

Other frequent responses included mental health (mentioned by 13.3%), lack of insurance (12.9%), and COVID-19 (3.5%).

Perceived Number-One Health Issue Affecting Adolescents (12-17) in the Community (Among Total Service Area Parents With a Child Age 0-17, 2022)

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.

Among those identifying lack of insurance, mental health, or obesity/nutrition/exercise as their top concern for adolescents, most 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, 2022)

- Sufficient/More Than Sufficient
- Insufficient
- Not Available

### Sources:
- 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 8]

### Notes:
- Among respondents who identified a top health concern.

#### Lack of Insurance
- Sufficient/More Than Sufficient: 69.9%
- Insufficient: 19.1%
- Not Available: 11.0%

#### Mental Health
- Sufficient/More Than Sufficient: 65.6%
- Insufficient: 21.7%
- Not Available: 12.7%

#### Obesity/Nutrition/Exercise
- Sufficient/More Than Sufficient: 59.9%
- Insufficient: 25.4%
- Not Available: 14.8%
HEALTH STATUS
OVERALL HEALTH STATUS

Evaluations of Child’s Overall Health

Most Total Service Area parents rate their child’s overall health as “excellent” (41.2%) or “very good” (33.6%).

However, 6.9% of Total Service Area adults believe that their child’s overall health is “fair” or “poor.”

**BENCHMARK** ➤ Worse than the national finding.

**TREND** ➤ Represents a significant increase over time.

**DISPARITY** ➤ Much more often reported among households with very low incomes. Also more often reported among parents of teens and parents of Hispanic children.

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**Child Experiences “Fair” or “Poor” Overall Health**

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Experience “Fair” or “Poor” Overall Health
(Total Service Area, 2022)

Experience “Fair” or “Poor” Overall Health
(Total Service Area, 2022)

Sources:  2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, 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 18.5% 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.

BENCHMARK ➤ Considerably higher than the US percentage.
TREND ➤ Marks a significant increase over time.
DISPARITY ➤ Those more likely to have limitations include children age 13 to 17 and White children.

Prevalence of Activity Limitations

Total Service Area

Sources:  2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 66]
2020 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

Notes:  ● Asked of all respondents about a randomly selected child in the household.
        ● *2013 and 2016 results do not include responses from Polk County.
Activity limitations among Total Service Area children are most often attributed to conditions such as autism, ADHD, and asthma.
School Days Missed Due to Illness or Injury

While most Total Service Area school-age children (age 5-17) missed two or fewer school days in the past year due to illness or injury, 15.1% are reported to have missed 10 or more.

BENCHMARK ► Considerably higher than found nationwide (note, however, that the national benchmark represents data pre-COVID).

TREND ► Denotes a significant increase since 2019.


Number of School Days Missed in the Past Year Due to Illness or Injury (Total Service Area Children Age 5-17, 2022)

Child Missed 10 or More School Days in the Past Year Due to Illness or Injury (Total Service Area Children Age 5-17, 2022)
**Child Missed 10 or More School Days in the Past Year Due to Illness or Injury**

*(Total Service Area Children Age 5-17, 2022)*

<table>
<thead>
<tr>
<th>Category</th>
<th>5 to 12</th>
<th>13 to 17</th>
<th>Very Low Income</th>
<th>Low Income</th>
<th>Mid/High Income</th>
<th>White</th>
<th>Black</th>
<th>Hispanic</th>
<th>TSA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boy</td>
<td>14.4%</td>
<td>16.9%</td>
<td>13.5%</td>
<td>12.4%</td>
<td>18.3%</td>
<td>5.3%</td>
<td></td>
<td>15.1%</td>
<td></td>
</tr>
<tr>
<td>Girl</td>
<td>15.5%</td>
<td>17.8%</td>
<td>13.5%</td>
<td>14.1%</td>
<td>18.3%</td>
<td></td>
<td>20.2%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Sources:**

- 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, 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

Childhood and adolescence are critical stages of life for mental health. This is a time when rapid growth and development take place in the brain. Children and adolescents acquire cognitive and social-emotional skills that shape their future mental health and are important for assuming adult roles in society.

The quality of the environment where children and adolescents grow up shapes their well-being and development. Early negative experiences in homes, schools, or digital spaces, such as exposure to violence, the mental illness of a parent or other caregiver, bullying and poverty, increase the risk of mental illness.

Mental health conditions, such as childhood epilepsy, developmental disabilities, depression, anxiety and behavioral disorders, are major causes of illness and disability among young people. The consequences of not addressing mental health and psychosocial development for children and adolescents extend to adulthood and limit opportunities for leading fulfilling lives.


Child’s Mental Health Status

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” (27.7%) or “very good” (31.2%).

Child’s Mental Health Status
(Total Service Area Children Age 5-17, 2022)

Sources: 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, 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, 17.9% of Total Service Area parents believe that their school-age child’s mental health is “fair” or “poor.”

**BENCHMARK** ▶ Worse than the national (pre-COVID) finding.

**TREND** ▶ Marks a significant increase over time.

**DISPARITY** ▶ Parents of girls, parents of teens, and parents with lower incomes are more likely to report their child has “fair” or “poor” mental health.

Child Experiences “Fair” or “Poor” Mental Health
(Total Service Area Children Age 5-17, 2022)

Sources: 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 77]
2020 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of respondents for whom the randomly selected child in the household is between the ages of 5 and 17.
- *2013 and 2016 results do not include responses from Polk County.

Child Experiences “Fair” or “Poor” Mental Health
(Total Service Area Children Age 5-17, 2022)

Sources: 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 77]

Notes:
- 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 14.4% 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.

**BENCHMARK** ➤ Worse than the US finding.

**TREND** ➤ Represents a significant increase from previous surveys.

**DISPARITY** ➤ More prevalent among girls, teens, and children in households with very low incomes.

Child Has Been Diagnosed with Depression

(Total Service Area Children Age 5-17, 2022)

Sources:  2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 86]

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

*2013 and 2016 results do not include responses from Polk County.

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.

Child Has Been Diagnosed with Depression

(Total Service Area Children Age 5-17, 2022)
### Signs of Depression

A total of 12.5% 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.

**BENCHMARK** ► More than two times the national percentage.

**TREND** ► Marks a significant increase over time.

**DISPARITY** ► More prevalent among girls, teens, and children in households with very low incomes.

#### 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, 2022)

<table>
<thead>
<tr>
<th>County</th>
<th>2013*</th>
<th>2016*</th>
<th>2019</th>
<th>2022</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brevard County</td>
<td>15.4%</td>
<td>14.2%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Orange County</td>
<td>12.7%</td>
<td>14.5%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Osceola County</td>
<td>8.2%</td>
<td>9.7%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Polk County</td>
<td>12.8%</td>
<td>15.0%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Seminole County</td>
<td>11.9%</td>
<td>17.0%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Service Area</td>
<td>12.5%</td>
<td>13.8%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Sources:  
- 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Items 84-85]
- 2020 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

Notes:  
- Asked of respondents for whom the randomly selected child in the household is between the ages of 5 and 17.
- *2013 and 2016 results do not include responses from Polk County.

---

### 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, 2022)

<table>
<thead>
<tr>
<th>Gender</th>
<th>Age</th>
<th>Income</th>
<th>Race</th>
<th>2013*</th>
<th>2016*</th>
<th>2019</th>
<th>2022</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boy</td>
<td>5 to 12</td>
<td>Very Low Income</td>
<td>White</td>
<td>9.9%</td>
<td>15.0%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Girl</td>
<td>5 to 12</td>
<td>Very Low Income</td>
<td>White</td>
<td>15.0%</td>
<td>8.7%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age 13 to 17</td>
<td>Very Low Income</td>
<td>White</td>
<td>18.5%</td>
<td>18.5%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Very Low Income</td>
<td>White</td>
<td>18.5%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Low Income</td>
<td>White</td>
<td>11.3%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mid/High Income</td>
<td>White</td>
<td>11.8%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td></td>
<td></td>
<td>13.8%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Black</td>
<td></td>
<td></td>
<td>10.0%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hispanic</td>
<td></td>
<td></td>
<td>10.3%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TSA</td>
<td></td>
<td></td>
<td>12.5%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Sources:  
- 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 84]

Notes:  
- 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, 10.3% report attempting suicide in the past year (2019 Youth Risk Behavior Survey).

**BENCHMARK** ► Higher than state and national findings. Fails to satisfy the Healthy People 2030 objective.

**DISPARITY** ► More often reported among Black and Hispanic students than among White students.

**Attempted Suicide in the Past Year**
(Among High School Students; Youth Risk Behavior Surveys, 2019)

Healthy People 2030 Target = 2.4% or Lower

Sources:

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

Anxiety Disorders

A total of 26.2% 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.

**BENCHMARK** ➤ Almost twice the national finding.

**TREND** ➤ Denotes a dramatic increase over time.

**DISPARITY** ➤ Highest in Brevard County. More prevalent among girls, teens, White children, and Hispanic children.

Child Has Been Diagnosed with Anxiety
(Total Service Area Children Age 5-17, 2022)

Sources:
- 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 89]
- 2020 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of respondents for whom the randomly selected child in the household is between the ages of 5 and 17.
- *2013 and 2016 results do not include responses from Polk County.

Child Has Been Diagnosed with Anxiety
(Total Service Area Children Age 5-17, 2022)

Sources:
- 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 89]

Notes:
- 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.
Worry

Four of every 10 parents in the Total Service Area (40.3%) indicate that their school-age child worries a lot.

**BENCHMARK** ► Higher than the US percentage.

**TREND** ► Marks a steady and significant increase over time.

**DISPARITY** ► More often reported among parents of girls, adolescents, White children, and Hispanic children.

Child Worries a Lot
(Total Service Area Children Age 5-17, 2022)

<table>
<thead>
<tr>
<th></th>
<th>2013*</th>
<th>2016*</th>
<th>2019</th>
<th>2022</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Service Area</td>
<td>40.3%</td>
<td>29.6%</td>
<td>32.7%</td>
<td>40.3%</td>
</tr>
</tbody>
</table>

**Boy**

- 35.9%
- 36.3%
- 46.8%
- 44.7%
- 37.5%
- 41.1%
- 42.3%
- 26.2%
- 43.5%
- 40.3%

**Girl**

- 44.6%
- 44.6%
- 46.8%
- 44.7%
- 41.1%
- 42.3%
- 26.2%
- 43.5%
- 40.3%

Sources:
- 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 82]
- 2020 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of respondents for whom the randomly selected child in the household is between the ages of 5 and 17.
- *2013 and 2016 results do not include responses from Polk County.
- 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 33.5% of Total Service Area parents indicate that their school-age child has difficulty falling asleep and/or sleeping through the night.

**BENCHMARK** ➤ Worse than the national finding.

**TREND** ➤ Marks a significant increase over time.

**DISPARITY** ➤ Highest in Brevard County. More prevalent among children living at very low incomes.

### Child Has Difficulties Falling Asleep and/or Sleeping Through the Night
*(Total Service Area Children Age 5-17, 2022)*

<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th>2016</th>
<th>2019</th>
<th>2022</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Service Area</td>
<td>16.1%</td>
<td>18.7%</td>
<td>22.4%</td>
<td>33.5%</td>
</tr>
<tr>
<td>Brevard County</td>
<td>43.9%</td>
<td>27.0%</td>
<td>33.2%</td>
<td>39.6%</td>
</tr>
<tr>
<td>Orange County</td>
<td>20.4%</td>
<td>16.1%</td>
<td>18.7%</td>
<td>22.4%</td>
</tr>
<tr>
<td>Osceola County</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Polk County</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Seminole County</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>US</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Sources:
- 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 83]
- 2020 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

### Notes:
- *2013 and 2016 results do not include responses from Polk County.*

---

**Child Has Difficulties Falling Asleep and/or Sleeping Through the Night**

*(Total Service Area Children Age 5-17, 2022)*

### Sources:
- 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 83]

### Notes:
- *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 23.9% of Total Service Area children are reported to have ever suffered from or been diagnosed with ADHD (also sometimes referred to as attention deficit disorder, or ADD).

**BENCHMARK** ➤ Higher than found across the US.

**TREND** ➤ Marks a sharp increase from previous survey results.

**DISPARITY** ➤ Highest in Brevard County. More prevalent among boys and among children age 5 and older (positively correlated with age).

### Child Has ADD/ADHD
(Total Service Area, 2022)

<table>
<thead>
<tr>
<th>Year</th>
<th>Brevard County</th>
<th>Orange County</th>
<th>Osceola County</th>
<th>Polk County</th>
<th>Seminole County</th>
<th>Total Service Area</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013*</td>
<td>23.1%</td>
<td>18.6%</td>
<td>24.1%</td>
<td>23.1%</td>
<td>13.5%</td>
<td>23.9%</td>
<td></td>
</tr>
<tr>
<td>2016*</td>
<td>23.1%</td>
<td>18.6%</td>
<td>24.1%</td>
<td>23.1%</td>
<td>13.5%</td>
<td>23.9%</td>
<td></td>
</tr>
<tr>
<td>2019</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2022</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Notes:**
- *2013 and 2016 results do not include responses from Polk County.

Sources:
- 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 65]
- 2020 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

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.

### Child Has ADD/ADHD
(Total Service Area, 2022)

<table>
<thead>
<tr>
<th>Gender</th>
<th>Age Group</th>
<th>Very Low Income</th>
<th>Low Income</th>
<th>Mid/High Income</th>
<th>White</th>
<th>Black</th>
<th>Hispanic</th>
<th>TSA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boy</td>
<td>0 to 4</td>
<td>27.8%</td>
<td>19.8%</td>
<td>24.9%</td>
<td>30.4%</td>
<td>28.9%</td>
<td>22.9%</td>
<td>22.1%</td>
</tr>
<tr>
<td>Girl</td>
<td>0 to 4</td>
<td>19.8%</td>
<td>14.7%</td>
<td>24.9%</td>
<td>30.4%</td>
<td>28.9%</td>
<td>22.9%</td>
<td>22.1%</td>
</tr>
</tbody>
</table>
Learning Disabilities

A total of 17.8% of Total Service Area children are reported to have some type of learning disability.

**BENCHMARK** ► Less favorable than the national finding.

**TREND** ► Denotes a significant increase from previous survey results.

**DISPARITY** ► More often affects children age 5 and older and those in very low-income households.

Child Has a Learning Disability
(Total Service Area, 2022)

Sources: 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 62]
2020 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

Notes: Asked of all respondents about a randomly selected child in the household.
*2013 and 2016 results do not include responses from Polk County.

---

**Child Has a Learning Disability**
(Total Service Area, 2022)

Sources: 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, 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. 

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**Total Service Area**

- **2013**: 9.6%
- **2016**: 11.6%
- **2019**: 10.9%
- **2022**: 17.8%
- **US**: 11.1%

---

**County**

- **Brevard County**: 21.4%
- **Orange County**: 15.9%
- **Osceola County**: 16.1%
- **Polk County**: 19.5%
- **Seminole County**: 18.4%
- **Total Service Area**: 17.8%

---

**Age**

- **0 to 4**: 18.8%
- **5 to 12**: 16.5%
- **13 to 17**: 13.6%

**Income**

- **Very Low Income**: 19.4%
- **Low Income**: 19.0%
- **Mid/High Income**: 27.3%

**Race**

- **White**: 15.4%
- **Black**: 14.3%
- **Hispanic**: 18.0%
- **TSA**: 18.0%

---

**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 16.2% of Total Service Area children have been diagnosed with some type of developmental delay that affects his/her ability to learn.

**BENCHMARK** ► Higher than the US percentage.

**TREND** ► Represents a significant increase from previous surveys.

**DISPARITY** ► More prevalent among boys and children in very low-income households.

Child Has a Developmental Delay
(Total Service Area, 2022)

Sources: 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 64]

Notes:
- **Asked of all respondents about a randomly selected child in the household.**
- **2013 and 2016 results do not include responses from Polk County.**

---

Child Has a Developmental Delay
(Total Service Area, 2022)

Sources: 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, 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, 12.6% indicate that a doctor or other health care provider has ever told them that their child has some type of behavioral or conduct disorder, such as oppositional defiant disorder or conduct disorder.

**BENCHMARK** ▶ Almost three times the US percentage.

**TREND** ▶ Denotes a significant increase over time.

**DISPARITY** ▶ More prevalent among boys and children in very low-income households.

---

**Child Has a Behavioral/Conduct Disorder**
(Total Service Area Children Age 5-17, 2022)

Total Service Area

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**Child Has a Behavioral/Conduct Disorder**
(Total Service Area Children Age 5-17, 2022)

---

**Sources:**
- 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 87]
- 2020 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

**Notes:**
- Asked of respondents for whom the randomly selected child in the household is between the ages of 5 and 17.
- *2013 and 2016 results do not include responses from Polk County.

---

**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 Disorders

Among Total Service Area parents of children age 5-17, 12.6% indicate that their child has been diagnosed with autism, Asperger's disorder, pervasive developmental disorder, or autism spectrum disorder.

**BENCHMARK** ► Considerably higher than the national finding.

**TREND** ► Represents a significant increase over time.

**DISPARITY** ► More prevalent among boys and children in very low-income households.

Child Has Autism, Asperger's Disorder, Pervasive Developmental Disorder, or Autism Spectrum Disorder (Total Service Area Children Age 5-17, 2022)

Total Service Area

<table>
<thead>
<tr>
<th>Year</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013*</td>
<td>3.9%</td>
</tr>
<tr>
<td>2016*</td>
<td>7.3%</td>
</tr>
<tr>
<td>2019</td>
<td>12.6%</td>
</tr>
<tr>
<td>2022</td>
<td>12.6%</td>
</tr>
</tbody>
</table>

**US**

Sources:  
- 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 88]
- 2020 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of respondents for whom the randomly selected child in the household is between the ages of 5 and 17.
- *2013 & 2016 data do not specifically include additional diagnoses on the autism spectrum, such as Asperger's disorder, pervasive developmental disorder, or autism spectrum disorder.
- *2013 and 2016 results do not include responses from Polk County.

Child Has Autism, Asperger's Disorder, Pervasive Developmental Disorder, or Autism Spectrum Disorder (Total Service Area Children Age 5-17, 2022)

<table>
<thead>
<tr>
<th>Category</th>
<th>2016*</th>
<th>2019</th>
<th>2022</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boy</td>
<td>15.7%</td>
<td>11.3%</td>
<td>10.7%</td>
</tr>
<tr>
<td>Girl</td>
<td>15.7%</td>
<td>10.7%</td>
<td>9.7%</td>
</tr>
<tr>
<td>Age 5 to 12</td>
<td>12.7%</td>
<td>10.3%</td>
<td>11.3%</td>
</tr>
<tr>
<td>Age 13 to 17</td>
<td>13.1%</td>
<td>12.2%</td>
<td>12.2%</td>
</tr>
<tr>
<td>Very Low Income</td>
<td>18.3%</td>
<td>12.2%</td>
<td>12.6%</td>
</tr>
<tr>
<td>Low Income</td>
<td>10.7%</td>
<td>11.3%</td>
<td>12.2%</td>
</tr>
<tr>
<td>Mid/High Income</td>
<td>10.7%</td>
<td>10.3%</td>
<td>11.7%</td>
</tr>
<tr>
<td>White</td>
<td>10.7%</td>
<td>10.3%</td>
<td>12.2%</td>
</tr>
<tr>
<td>Black</td>
<td>15.7%</td>
<td>13.1%</td>
<td>12.2%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>10.7%</td>
<td>10.3%</td>
<td>11.7%</td>
</tr>
</tbody>
</table>

Sources:  
- 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, 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.

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CHILD & ADOLESCENT HEALTH NEEDS ASSESSMENT
Key Informant Input: Cognitive & Behavioral Conditions

Key informants taking part in an online survey generally characterized *Cognitive & Behavioral Conditions* as a “major problem” in the community.

Perceptions of Cognitive & Behavioral Conditions as a Problem for Children/Adolescents in the Community (Key Informants, 2022)

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Major Problem</td>
<td>50.0%</td>
</tr>
<tr>
<td>Moderate Problem</td>
<td>38.3%</td>
</tr>
<tr>
<td>Minor Problem</td>
<td>8.3%</td>
</tr>
<tr>
<td>No Problem At All</td>
<td>3.3%</td>
</tr>
</tbody>
</table>

Sources: PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: Asked of all respondents.

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

**Access to Care/Services**

- Lack of access to specialty care, especially for underinsured and uninsured. Also, parents to recognize their children have a problem. – Public Health Representative
- Not enough resources exist in the community for help. – Social Services Provider
- Not enough providers or access to providers. – Physician
- Families with children with cognitive and behavioral conditions often struggle to access resources. Depending on the conditions, parents or caretakers may have limitations as to what type of jobs they can do due to the time-intensive care their child/children with special needs require. They may have transportation issues and trouble accessing specialists needed to support the care of these children. Finding family and friends that are supportive can also be challenging. This creates tremendous stress for families. – Public Health Representative
- Patients and primary care providers are seeking proper diagnosis for ADHD/ADD, autism, and learning disabilities but are having a serious delay in finding the proper evaluators for these conditions. Only two neurologist practices evaluate and diagnose these conditions in central Florida. The psychologists in the area are overburdened. And of course, the insurances limit even more choices on mental health providers for the evaluation. In addition, there are only a handful of public and private schools that are able to provide these children with the proper education; to place them in the right setting. – Physician
- Lack of community resources to identify, treat, and support children with cognitive and behavioral conditions. – Other Health Provider
- There are few services for kids with autism and learning disabilities, not to mention anger management and kids living in traumatic circumstances that don’t have an opportunity for a trauma-focused, evidence-based practice intervention. – Other Health Provider

**Diagnosis/Treatment**

- For learning disabilities, the requirements needed in order to assess and evaluate take an extremely long time. Specific requirements need to be met in order to gain access to services. For ADD/ADHD, there needs to be better education for all which include parents, teachers, and mental health providers. ADD/ADHD has been and continues to be an “easy” diagnosis for people to make instead of completing thorough evals. Oftentimes, a child’s diet, home environment, style of learning play a major part in their behavior. Parents and mental health providers settle for a quick diagnosis and medication as the solutions. Also, the quality of mental health providers are unfortunately not that great, especially when you have health insurance/Medicaid. You wait at least a month for a provider to see you, and when your appointment finally arrives, someone is assigned to you from a list in their office. Families don’t have the luxury of actually of being able to see if the provider is a fit. – Community/Business Leader
- It takes a long time to diagnose and even longer to implement interventions. Processes need to be shorter. It has been further exacerbated by the pandemic. – Community/Business Leader
- Children not being diagnosed early and accordingly. – Social Services Provider
Awareness/Education

Parents do not have educational resources to reach out. It's expensive. Children go undiagnosed. – Social Services Provider
Number of children not ready for kindergarten. Number of suspensions from childcare. – Community/Business Leader

Prevalence/Incidence

In Polk, I believe these conditions are being diagnosed with increasing frequency. There are not enough treatment or referral sites within the county. – Public Health Representative
Growing problem being identified by the media and health community. – Community/Business Leader

Multiple Factors

During this time, there seems to be more mental health issues affecting children. COVID, family/school situations (divorce, abuse, instability, poverty, place of residency, bullying...), environmental factors, social determinants of health, etc., affect children's capacity for learning, their behavior, they suffer from anxiety/depression, etc. – Public Health Representative

Access to Care for Uninsured/Underinsured

Mental health services for the uninsured are few and far between. – Public Health Representative

Impact on Quality of Life

Cognitive and behavioral issues make it difficult for our young children ages birth to 3 to learn and develop at a healthy rate. COVID has added stress to parents and children. The effects of virtual learning during the pandemic are still not completely realized, either. – Social Services Provider
It can pose issues in mental progression and peer relationships. – Community/Business Leader

Due to COVID-19

Discipline issues have rocketed in high schools in the past year and a half, after COVID. – Social Services Provider

Income/Poverty

Keeping in mind that the children and youth I am concerned with are those who are food insecure and living in poverty that my organization serves. We work closely with several schools, mostly in the tri-county metro Orlando area, where cognitive and behavioral conditions interfere with children's learning and well-being. The school staff and faculty that our teams interact with are regularly frustrated by prevalence of these issues and lack of effective treatment. – Social Services Provider

Isolation

Being home for so long has caused a lot of behavioral issues; schools see it a lot. Kids who were getting extra help then had to do it from home, with not always the support needed. – Social Services Provider
Mental Health Services & Treatment

Awareness of Mental Health Services

One-half of Total Service Area parents (50.8%) say that they are aware of local community resources for mental health.

**BENCHMARK** ► Considerably lower than the US percentage.

**TREND** ► Denotes a significant decrease since 2019.

**DISPARITY** ► Lowest in Orange County. Awareness is also lower among parents of Hispanic children.

### Aware of Mental Health Resources in the Community
(Among Parents of Total Service Area Children Age 5-17, 2022)

<table>
<thead>
<tr>
<th>County</th>
<th>2019</th>
<th>2022</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brevard County</td>
<td>56.3%</td>
<td></td>
</tr>
<tr>
<td>Orange County</td>
<td>45.6%</td>
<td></td>
</tr>
<tr>
<td>Osceola County</td>
<td>48.2%</td>
<td></td>
</tr>
<tr>
<td>Polk County</td>
<td>56.6%</td>
<td></td>
</tr>
<tr>
<td>Seminole County</td>
<td>53.2%</td>
<td></td>
</tr>
<tr>
<td>Total Service Area</td>
<td>50.8%</td>
<td></td>
</tr>
<tr>
<td>US</td>
<td>70.2%</td>
<td></td>
</tr>
</tbody>
</table>

**Sources:**
- 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 305]
- 2020 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

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

### Aware of Mental Health Resources in the Community
(Among Parents of Total Service Area Children Age 5-17, 2022)

<table>
<thead>
<tr>
<th>Gender</th>
<th>Age 0 to 4</th>
<th>Age 5 to 12</th>
<th>Age 13 to 17</th>
<th>Very Low Income</th>
<th>Low Income</th>
<th>Mid/High Income</th>
<th>White</th>
<th>Black</th>
<th>Hispanic</th>
<th>TSA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boy</td>
<td>48.5%</td>
<td>54.2%</td>
<td>52.8%</td>
<td>47.6%</td>
<td>51.7%</td>
<td>53.1%</td>
<td>53.5%</td>
<td>45.7%</td>
<td>50.8%</td>
<td></td>
</tr>
<tr>
<td>Girl</td>
<td>53.3%</td>
<td>48.7%</td>
<td>50.8%</td>
<td>51.7%</td>
<td>53.1%</td>
<td>53.5%</td>
<td>48.5%</td>
<td>53.3%</td>
<td>50.8%</td>
<td></td>
</tr>
</tbody>
</table>

**Sources:**
- 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 305]

**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 24.6% of Total Service Area parents report that their child (age 5-17) has needed mental health services in the past year.

**BENCHMARK** ▶ Less favorable than found across the country.

**TREND** ▶ Marks a significant increase over previous surveys.

**DISPARITY** ▶ Highest in Brevard County. More often reported among parents of girls and teens.
Receipt of Mental Health Services

A total of 20.0% of Total Service Area parents report that their child (age 5-17) has received mental health services in the past year.

**BENCHMARK**  ► Higher than the US percentage.

**TREND**  ► Marks a significant increase over previous surveys.

**DISPARITY**  ► Highest in Brevard County. More often reported among parents of girls, adolescents, and those with very low incomes.

Child Received Mental Health Treatment in Past Year
(Total Service Area Children Age 5-17, 2022)

- **Received Treatment**: 20.0%
- **Haven't Needed**: 75.6%
- **Needed, But Did NOT Receive**: 4.4%

Child Received Treatment or Counseling in the Past Year
(Total Service Area Children Age 5-17, 2022)

- **Brevard County**: 27.2%
- **Orange County**: 17.1%
- **Osceola County**: 16.5%
- **Polk County**: 21.3%
- **Seminole County**: 21.3%
- **Total Service Area**: 20.0%
- **US**: 14.3%

**Sources:**
- 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 79]
- 2020 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

**Notes:**
- Asked of respondents for whom the randomly selected child in the household is between the ages of 5 and 17.
- 2013 and 2016 results do not include responses from Polk County.
Child Received Treatment or Counseling in the Past Year
(Total Service Area Children Age 5-17, 2022)

| Source: 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 79] |
| Notes: As 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. |

Prescriptions for Mental Health
A total of 15.5% of Total Service Area parents report that their child (age 5-17) has ever taken a prescribed medication for his/her mental health.

TREND ► Denotes a significant increase from previous surveys.

DISPARITY ► Most prevalent among teens, children in very low-income households, and White children.

Child Has Ever Taken Prescription Medication for Mental Health
(Total Service Area Children Age 5-17, 2022)

| Source: 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 81] |
| Notes: As of respondents for whom the randomly selected child in the household is between the ages of 5 and 17. |
| *2013 and 2016 results do not include responses from Polk County. |
Key Informant Input: Mental & Emotional Health

Nearly three-fourths of key informants taking part in an online survey characterized Mental & 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, 2022)

- Major Problem: 73.3%
- Moderate Problem: 15.0%
- Minor Problem: 10.0%
- No Problem At All: 1.7%

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

Access to Care/Services

Access to mental health care providers continues to be an issue due to the limited number of available providers and long wait times. – Other Health Provider

Difficult to get quick access to specialists. – Physician

Although there are some resources for mental health in our community, the need is greater than the access to services. – Community/Business Leader

Timely access to providers. Quality of providers. Lack of mental health providers. Social stigma. Difficulties in identifying and communicating distress. Financial cost associated. – Community/Business Leader

Limited access to resources due to lack of access, limited providers or insurance issues and cost. – Physician

Behavioral health, ABA therapies for children. Wait lists of six months or more. – Social Services Provider

Lack of community resources. – Other Health Provider
Increasing access to mental health services continues to be a priority in Orange County as we navigate through provider shortages and increased demand for these services after the pandemic. The Orange County Mental Health and Homeless Division ensure that quality mental health services for individuals and families, children, and adults are available and accessible in this community. The division ensures that there are dedicated resources available through a network of community partners, providers, and advocacy groups. Orange County continues to lead community conversations in a continuous effort to identify better solutions and stronger outcomes for those experiencing homelessness and mental health/behavioral needs. – Community/Business Leader

It's more about access to the mental health services for them. No insurance, backlogs, too far to drive sometimes, etc. – Social Services Provider

There's a shortage to access and services. Specifically, to affordable access and services. Moreover, there are very little inpatient beds in the community. – Other Health Provider

Due to COVID-19

The impact of COVID-19 for the past two years and what it has done to our children. This is on top of all the Adverse Childhood Experiences (ACEs) can have a tremendous impact on future violence victimization and perpetration, and lifelong health and opportunity. – Community/Business Leader

I believe this topic is a major problem for many reasons, such as the isolation due to the pandemic, hybrid schooling due to the pandemic, peer pressure, online bullying, family problems and other domestic problems, such as separation and divorces. – Public Health Representative

I regularly attend community meetings, and for the last year and a half I have consistently heard mental health professionals talking about the increase in mental health concerns for youth, particularly in relation to the impact of COVID. It has also shown up consistently in CHNA results. – Social Services Provider

Children have been under a lot of stress due to the pandemic, which has created more issues, such as self-regulation and control. We have seen a huge uptick in behavioral issues in our schools. Students are suffering from anxiety and depression. – Community/Business Leader

These past two years have been very difficult for families and their children, dealing with a lot of stress. – Public Health Representative

Increase of suicidal behaviors due to COVID and staying home. – Public Health Representative

The COVID-19 pandemic and the safety plugs and precautions, the numbers of student cases of anxiety, self-esteem, and behavioral issues have increased. There is also a lack of facilities and community support for families and students for mental health. – Other Health Provider

Lots of anxiety and mood disorders following COVID-19 pandemic. – Physician

Prevalence/Incidence

There are many mental health concerns in our community. Children are born with mental illness that may take years to completely manifest. Parents with mental illness like depression unaddressed can make the home life stressful and even unhealthy for children. Early detection of mental health needs is key so that we can make referrals that are appropriate and get the help children need so that they can cope and function successfully at school and home. – Social Services Provider

Every child that I personally know is dealing with some sort of mental health issue. Depression and anxiety are a huge problem for all our youth right now. Access to care is a problem. It is a difficult process to find therapist and to get proper behavioral health assessments done. – Community/Business Leader

There is a perception that mental health issues are increasing in children. Baker Acts in schools are increasing, as well as acting out behaviors. Parental stress, financial stress, parental substance use, and the pandemic are all impacting this. – Public Health Representative

The number of individuals who move to and visit our community. – Public Health Representative

Children are suffering more from anxiety and depression, and we hear more and more on the news about suicide. – Public Health Representative

Mental Health Gap Analysis-Orange County. – Community/Business Leader

Observation of behavior, parents' concerns, courses with low achievement due to anxiety, irritability behavior, and increasing cases of suicide attempts. – Social Services Provider

Social Media

Stress related to social media. This was relayed to me when we did a focus group of high school students a couple of years ago. – Public Health Representative

TikTok and other such platforms give kids a false sense of real. – Social Services Provider

They feel tremendous pressures like never before due to social media, the negativity of just all forms of media, and the toxicity of our elected officials at almost every level. – Community/Business Leader
Diagnosis/Treatment

Families with children with mental health conditions often don't realize they may have a mental health condition. Early detection of these seems to be sometimes challenging. There is also still a stigma associated with mental health struggles. Poor mental health or untreated mental health conditions can lead to loss of income and poor health. Depending on where you live, you may not have access to prompt mental health care. More crisis response units are needed in our area to help families who are experiencing mental health emergencies. These mobile crisis response units have been such a big help to some of our clients! – Public Health Representative

Undiagnosed neurochemical problem, social pressures, neurodivergence. – Community/Business Leader

Denial/Stigma

Still too much of a stigma associated with positive mental health treatment. – Social Services Provider

Income/Poverty

The same children living in poverty and who do not have adequate nutrition are suffering trauma that will impact their physical and mental health throughout their lifetime. With more than 25% of food insecure children in Orange, Osceola, Seminole, Lake, Volusia and Brevard counties, suffering daily hunger and malnutrition affect brain functioning that cascade into multiple deficits in the child's experience. The problem is enormous. – Social Services Provider

Suicide Rates

The data speaks for itself. Suicide rates have increased exponentially, but the access to care has not. This is a major and a very serious problem. – Other Health Provider

Coping Skills

Coping skills, specifically. Many kids aren't able to handle being told no, have disagreements or interactions with others appropriately. – Social Services Provider
CHRONIC DISEASE & SPECIAL HEALTH NEEDS
PREVALENCE OF SELECTED MEDICAL CONDITIONS

Speech & Language Problems

Chronic Ear Infections

Among Total Service Area parents of children under the age of 18, 18.5% indicate that their child has had three or more ear infections in his/her life.

TRENDS ➤ Marks a significant decrease from the 2013 survey.

DISPARITY ➤ Highest in Brevard County. More prevalent among children age 0 to 4 and White children.

Child Has Had Three or More Ear Infections
(Total Service Area, 2022)

Sources:
2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 61]
2020 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

Notes:
Asked of all respondents about a randomly selected child in the household.
*2013 and 2016 results do not include responses from Polk County.

Child Has Had Three or More Ear Infections
(Total Service Area, 2022)

Sources:
2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, 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 respondents’ 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 at 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 20.6% of Total Service Area children have some type of speech or language problem.

**BENCHMARK** ► Higher than the national percentage.

**TREND** ► Denotes a significant increase from previous surveys.

**DISPARITY** ► More often reported among parents of boys, children age 12 and younger, and Hispanic children. Particularly high in households with very low incomes.

### Child Has Speech/Language Problems (Total Service Area, 2022)

<table>
<thead>
<tr>
<th></th>
<th>2013*</th>
<th>2016*</th>
<th>2019</th>
<th>2022</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Service Area</td>
<td>13.9%</td>
<td>16.5%</td>
<td>13.2%</td>
<td>20.6%</td>
</tr>
</tbody>
</table>

**Sources:**
- 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 63]
- 2020 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

**Notes:**
- *2013 and 2016 results do not include responses from Polk County.

### Child Has Speech/Language Problems (Total Service Area, 2022)

<table>
<thead>
<tr>
<th></th>
<th>2013*</th>
<th>2016*</th>
<th>2019</th>
<th>2022</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Service Area</td>
<td>24.5%</td>
<td>21.0%</td>
<td>17.7%</td>
<td>18.1%</td>
</tr>
</tbody>
</table>

**Sources:**
- 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 63]

**Notes:**
- *2013 and 2016 results do not include responses from Polk County.

---

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 8.7% of Total Service Area children have been diagnosed with hearing problems.

TREND ➤ Denotes a significant increase since the 2013 survey.

DISPARITY ➤ More prevalent among boys and younger children.
Vision Problems

A total of 12.0% of Total Service Area children have vision problems that cannot be corrected with glasses or contact lenses.

**BENCHMARK** ▶ Worse than the national finding.

**TREND** ▶ Represents a significant increase from previous surveys.

**DISPARITY** ▶ Highest in Orange County. More prevalent among children in households with very low incomes.

Child Has Uncorrectable Vision Problems
(Total Service Area, 2022)

<table>
<thead>
<tr>
<th></th>
<th>2013*</th>
<th>2016*</th>
<th>2019</th>
<th>2022</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>4.2%</td>
<td>7.2%</td>
<td>6.3%</td>
<td>12.0%</td>
</tr>
<tr>
<td>Brevard</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>County</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Orange</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>County</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Osceola</td>
<td></td>
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<td>County</td>
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<tr>
<td>Polk</td>
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<tr>
<td>County</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Seminole</td>
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<td></td>
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<tr>
<td>County</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>US</td>
<td>7.3%</td>
<td>4.2%</td>
<td>7.2%</td>
<td>6.3%</td>
</tr>
</tbody>
</table>

Sources:  2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 35]
Notes:  Asked of all respondents about a randomly selected child in the household.
*2013 and 2016 results do not include responses from Polk County.
Key Informant Input: Vision, Hearing & Speech Conditions

Most key informants taking part in an online survey characterized Vision, Hearing, & Speech Conditions as a “moderate problem” for children/adolescents in the community.

Perceptions of Vision, Hearing & Speech Conditions as a Problem for Children/Adolescents in the Community (Key Informants, 2022)

<table>
<thead>
<tr>
<th>Perception</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Major Problem</td>
<td>5.5%</td>
</tr>
<tr>
<td>Moderate Problem</td>
<td>60.0%</td>
</tr>
<tr>
<td>Minor Problem</td>
<td>30.9%</td>
</tr>
<tr>
<td>No Problem At All</td>
<td>3.6%</td>
</tr>
</tbody>
</table>

Sources: PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: Asked of all respondents.

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

**Diagnosis/Treatment**

I believe there are numerous undiagnosed vision issues that occur with our children that greatly impact their learning because children don’t know how to express what they are experiencing, or they have always had the issue, so they don’t know it’s not normal. I also think there is a lack of knowledge about many eye health or vision processing issues among educators or adults so they don’t know what to look for. I think that every child should be evaluated for vision processing issues, such as convergence insufficiency. – Community/Business Leader

**Limited Vision Care**

Ophthalmology. Terribly difficult to find a pediatric optometrist/ophthalmologist. – Community/Business Leader

As with dental care, vision care is often limited or unavailable for many kids living in poverty. – Social Services Provider
**Allergies**

**Respiratory Allergies**

A total of 23.9% of Total Service Area children suffer from respiratory allergies.

- **BENCHMARK**  ►  Higher than the US percentage.
- **TREND**  ►  Marks a significant increase over time.
- **DISPARITY**  ►  Particularly high in Osceola County. More prevalent among Hispanic children.

*2013 and 2016 results do not include responses from Polk County.*

**Child Has Respiratory Allergies**

(Total Service Area, 2022)

**Sources:**
- 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 54]
- 2020 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

**Notes:**
- Asked of all respondents about a randomly selected child in the household.
- *2013 and 2016 results do not include responses from Polk County.*
Eczema/Skin Allergies

A total of 26.7% of Total Service Area children have eczema or another skin allergy.

BENCHMARK ► Higher than the national finding.

TREND ► Represents a significant increase over time.

DISPARITY ► Lower in Brevard County. More often reported among parents of Black and Hispanic children.
Food/Digestive Allergies

A total of 16.3% of Total Service Area children have some type of food or digestive allergy.

**BENCHMARK**  ►  Higher than found across the nation.

**TREND**  ►  Marks a significant increase over time.

**DISPARITY**  ►  More prevalent among teens.

### Child Has Food/Digestive Allergies

(Total Service Area, 2022)

<table>
<thead>
<tr>
<th>Year</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013*</td>
<td>10.8%</td>
</tr>
<tr>
<td>2016*</td>
<td>13.3%</td>
</tr>
<tr>
<td>2019</td>
<td>12.2%</td>
</tr>
<tr>
<td>2022</td>
<td>16.3%</td>
</tr>
</tbody>
</table>

**Sources:**
- 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 55]
- 2020 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

**Notes:**
- Asked of all respondents about a randomly selected child in the household.
- *2013 and 2016 results do not include responses from Polk County.

---

### Child Has Food/Digestive Allergies

(Total Service Area, 2022)

<table>
<thead>
<tr>
<th>Group</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brevard County</td>
<td>15.0%</td>
</tr>
<tr>
<td>Orange County</td>
<td>18.2%</td>
</tr>
<tr>
<td>Osceola County</td>
<td>18.0%</td>
</tr>
<tr>
<td>Polk County</td>
<td>15.8%</td>
</tr>
<tr>
<td>Seminole County</td>
<td>12.0%</td>
</tr>
<tr>
<td>Total Service Area</td>
<td>16.3%</td>
</tr>
<tr>
<td>US</td>
<td>9.8%</td>
</tr>
<tr>
<td>2013*</td>
<td>10.8%</td>
</tr>
<tr>
<td>2016*</td>
<td>13.3%</td>
</tr>
<tr>
<td>2019</td>
<td>12.2%</td>
</tr>
<tr>
<td>2022</td>
<td>16.3%</td>
</tr>
</tbody>
</table>

**Sources:**
- 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, 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

Key informants taking part in an online survey generally 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, 2022)

- Major Problem
- Moderate Problem
- Minor Problem
- No Problem At All

14.3% 46.4% 32.1% 7.1%

Sources:  PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes:  Asked of all respondents.

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

Prevalence/Incidence

- Many children have respiratory and food allergies. – Public Health Representative
- There are a lot of patients with seasonal allergies and asthma. – Physician
- Children are constantly having issues with allergies, in and outside of buildings. – Social Services Provider

Environmental Contributors

- Climate change is evident in the longer periods of heat, which in turn extends the pollen season. This probably accounts for much of the respiratory allergies. – Community/Business Leader
- Environmental allergens, dust, mold, etc., are present more, given our year-round summer status. – Community/Business Leader
Neurological Conditions

Migraines/Severe Headaches

A total of 11.8% of Total Service Area children suffer from migraines or severe headaches.

**BENCHMARK** ➤ Higher than the national percentage.

**TREND** ➤ Denotes a significant increase over time.

**DISPARITY** ➤ Much more prevalent among adolescents.

Child Has Migraines/Severe Headaches

(Total Service Area, 2022)

Sources: 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 60]

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

*2013 and 2016 results do not include responses from Polk County.

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.

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

A total of 5.5% of Total Service Area children have suffered a brain injury or concussion.

TREND ► Marks a significant increase over time.

DISPARITY ► Highest in Osceola County. Less prevalent among children in the middle age group or the middle income category.

Child Has Had a Brain Injury/Concussion
(Total Service Area, 2022)

Sources: 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 59]
2020 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

Notes: Asked of all respondents about a randomly selected child in the household.
*2013 and 2016 results do not include responses from Polk County.

Child Has Had a Brain Injury/Concussion
(Total Service Area, 2022)

Sources: 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 59]

Notes: 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 6.0% of Total Service Area children have epilepsy or a seizure disorder.

**BENCHMARK** ► Less favorable than the US finding.

**TREND** ► Represents a significant increase over time.

**DISPARITY** ► Particularly prevalent among children in households with very low incomes.

**Child Has Seizure Disorder/Epilepsy**
(Total Service Area, 2022)

Sources: 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 58]
2020 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

Notes: Asked of all respondents about a randomly selected child in the household.
*2013 and 2016 results do not include responses from Polk County.

**Child Has Seizure Disorder/Epilepsy**
(Total Service Area, 2022)

Sources: 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, 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 slightly more often characterized Neurological Conditions as a “minor problem” than a “moderate problem” for children/adolescents in the community.

Perceptions of Neurological Conditions as a Problem for Children/Adolescents in the Community (Key Informants, 2022)

<table>
<thead>
<tr>
<th>Major Problem</th>
<th>Moderate Problem</th>
<th>Minor Problem</th>
<th>No Problem At All</th>
</tr>
</thead>
<tbody>
<tr>
<td>7.7%</td>
<td>42.3%</td>
<td>44.2%</td>
<td>5.8%</td>
</tr>
</tbody>
</table>

Sources: PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: Asked of all respondents.

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

Access to Care/Services

It takes too long to gain access to providers that can make the proper diagnosis. For example, if the complaint is severe headaches, you can just go in for an MRI. You must have documentation of complaints and unsuccessful treatments (medications) before a referral for a neurologist is given. And then the right description/wording of the issue needs to be said for a referral for an MRI. And when you finally reach that step, the copays are EXTREMELY high. Cost – From personal experience, an MRI copay was a little over $800 dollars, but they would allow you to set up a payment plan. But self-pay was $380; however, had to be paid at time of service. – Community/Business Leader
Bone, Joint & Muscle Problems

Bone/Joint/Muscle Issues

A total of 12.1% of Total Service Area children experience bone, joint, or muscle problems.

**BENCHMARK** ➤ Higher than found across the country.

**TREND** ➤ Marks a significant increase over time.

**DISPARITY** ➤ More often reported among parents of girls, teens, and White children.

Child Has Bone, Joint, or Muscle Problems

*(Total Service Area, 2022)*

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**Bone, Joint, or Muscle Problems**

**Benchmarks**

- Higher than found across the country.

**Trends**

- Marks a significant increase over time.

**Disparities**

- More often reported among parents of girls, teens, and White children.

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**Child Has Bone, Joint, or Muscle Problems**

*(Total Service Area, 2022)*

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**Sources:**

- 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 56]
- 2020 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

**Notes:**

- Asked of all respondents about a randomly selected child in the household.
- *2013 and 2016 results do not include responses from Polk County.*
Key Informant Input: Bone, Joint & Muscle Conditions

Key informants taking part in an online survey generally characterized Bone, Joint & 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, 2022)

<table>
<thead>
<tr>
<th>Major Problem</th>
<th>Moderate Problem</th>
<th>Minor Problem</th>
<th>No Problem At All</th>
</tr>
</thead>
<tbody>
<tr>
<td>7.4%</td>
<td>31.5%</td>
<td>46.3%</td>
<td>14.8%</td>
</tr>
</tbody>
</table>

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

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

Provider Competition

Worry about the competition for orthopedic work in Central Florida with Jewett, Rothman, and Brooks. The adult patients pay the freight and drive resources. The kids get left out. – Community/Business Leader

Multiple Factors

Humidity, lack of proper nutrition, vitamins. – Community/Business Leader
**Asthma**

**Prevalence of Asthma**

A total of 16.6% of Total Service Area children age 0 to 17 currently have asthma.

*BENCHMARK ➤* Less favorable than the US finding.

*TREND ➤* Marks an increase from previous studies.

*DISPARITY ➤* More prevalent among children in very low-income households, Black children, and Hispanic children.

**Child Currently Has Asthma**

*(Total Service Area, 2022)*

**Total Service Area**

13.8% 16.9% 17.1% 18.0% 16.3% 16.6% 9.4% 8.8% 12.0% 10.9% 16.6% 2013* 2016* 2019 2022

**Child Currently Has Asthma**

*(Total Service Area, 2022)*

17.6% 15.6% 15.8% 16.5% 17.5% 26.3% 11.7% 14.8% 12.2% 19.6% 18.6% 16.6% 2013* 2016* 2019 2022

**Sources:**
- 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 125]
- 2020 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

**Notes:**
- Asked of all respondents about a randomly selected child in the household.
- *2013 and 2016 results do not include responses from Polk County.*
Asthma-Related Care

Emergent/Urgent Care

Among Total Service Area children with asthma, nearly one-half (49.8%) have had an emergency room or urgent care visit due to their asthma (at least once) in the past year.

Number of Asthma-Related ER/Urgent Care Visits in the Past Year
(Total Service Area Children with Asthma, 2022)

- None: 13.7%
- One: 5.1%
- Two: 8.7%
- Three: 22.3%
- Four or More: 50.2%

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

2013*: 40.4%
2016*: 58.7%
2019: 40.0%
2022: 49.7%

Sources: 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 48]
Notes: Asked of respondents with a child who currently has asthma.
*2013 and 2016 results do not include responses from Polk County.

Hospitalization

Among Total Service Area children with asthma, a total of 26.2% were hospitalized overnight (at least once) in the past year because of asthma.

TREND ► Significantly higher than the 2013 benchmark.

Number of Asthma-Related Hospital Stays in the Past Year
(Total Service Area Children with Asthma, 2022)

- None: 9.0%
- One: 4.8%
- Two: 9.6%
- Three: 73.8%
- Four or More: 8.4%

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

2013*: 8.4%
2016*: 30.5%
2019: 11.5%
2022: 26.2%

Sources: 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 49]
Notes: Asked of respondents with a child who currently has asthma.
*2013 and 2016 results do not include responses from Polk County.
Loss of Productivity

Missed School Days

Among Total Service Area school-age children with asthma, more than one-half (56.1%) missed school on one or more days in the past year because of asthma-related problems.

Number of School Days Missed Due to Asthma in the Past Year
(Total Service Area Children Age 5-17 with Asthma, 2022)

<table>
<thead>
<tr>
<th>None</th>
<th>One</th>
<th>Two</th>
<th>Three</th>
<th>Four or More</th>
</tr>
</thead>
<tbody>
<tr>
<td>22.0%</td>
<td>11.4%</td>
<td>6.6%</td>
<td>16.1%</td>
<td></td>
</tr>
</tbody>
</table>

Child Missed School Due to Asthma in the Past Year

- 64.9%
- 62.8%
- 56.9%
- 56.0%

2013* 2016* 2019 2022

Sources: 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 50]

Notes:
- *2013 and 2016 results do not include responses from Polk County.

Parents' Missed Workdays

Further, 53.2% 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.

TREND ► Denotes a significant increase from the 2013 survey.

Workdays Missed in the Past Year Due to Child’s Asthma
(Total Service Area Parents of Children with Asthma, 2022)

<table>
<thead>
<tr>
<th>None</th>
<th>One</th>
<th>Two</th>
<th>Three</th>
<th>Four or More</th>
</tr>
</thead>
<tbody>
<tr>
<td>46.8%</td>
<td>12.1%</td>
<td>10.0%</td>
<td>13.2%</td>
<td></td>
</tr>
</tbody>
</table>

Parent Missed Work Due to Child’s Asthma in the Past Year

- 41.9%
- 55.0%
- 44.0%
- 53.2%

2013* 2016* 2019 2022

Sources: 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 51]

Notes:
- *2013 and 2016 results do not include responses from Polk County.
Key Informant Input: Asthma & Other Respiratory Conditions

Key informants taking part in an online survey most often characterized Asthma & 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, 2022)

- Major Problem
- Moderate Problem
- Minor Problem
- No Problem At All

<table>
<thead>
<tr>
<th></th>
<th>24.1%</th>
<th>48.3%</th>
<th>20.7%</th>
<th>6.9%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Major Problem</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Moderate Problem</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Minor Problem</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No Problem At All</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Sources: * PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: * Asked of all respondents.

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

Multiple Factors

- Many environmental allergens are present. Lack of preventative care. Upper respiratory infections. – Community/Business Leader
- It is a chronic disease, one that many families delay treatment until the need to go to the emergency room. A great deal can be done to help a young person and family, but preventive and educational measures are not undertaken. Need to partner up with America Lung Association. – Community/Business Leader
- Among those children and youth, my impression is that asthma is more often found to be present and inadequately treated among them, my information is garnered from many reports and presentations I have read and heard. Environmental factors, like mold, poor air quality, and unmanaged pollen are all contributors for these children and youth. – Social Services Provider

Prevalence/Incidence

- There are a lot of patients with reactive airway disease and seasonal allergies. – Physician
- Awareness of multiple instances amongst children in the community. – Social Services Provider
- We have a large number of children who frequent hospital emergency rooms and sometimes are hospitalized. – Public Health Representative

Environmental Contributors

- Many children suffer from asthma, and there might be environmental triggers that cannot be controlled. – Public Health Representative
- Exposure to allergens, such as pollen. – Community/Business Leader

Diagnosis/Treatment

- Children being admitted and readmitted after discharge. Children are discharged home to the exact same conditions that got them admitted. – Public Health Representative

Impact on Families

- Hospital admission. Missing days at school. Parents missing workdays to stay home with the child. – Social Services Provider
Key Informant Input: Coronavirus Disease/COVID-19

Key informants taking part in an online survey generally characterized Coronavirus Disease/COVID-19 as a “moderate problem” for children/adolescents in the community.

Perceptions of Coronavirus Disease/COVID-19 as a Problem for Children/Adolescents in the Community (Key Informants, 2022)

<table>
<thead>
<tr>
<th>Perception</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Major Problem</td>
<td>20.0%</td>
</tr>
<tr>
<td>Moderate Problem</td>
<td>41.7%</td>
</tr>
<tr>
<td>Minor Problem</td>
<td>30.0%</td>
</tr>
<tr>
<td>No Problem At All</td>
<td>8.3%</td>
</tr>
</tbody>
</table>

Sources: PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: Asked of all respondents.

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

Lack of Adherence to Public Health Mitigation Measures

- We live in a state where masks and care were not taken. Thankfully, cases are now low, but I do not trust children will be kept safe in our schools or by our government going forward. – Social Services Provider
- Parents are sending their children to schools while they are expressing symptoms. – Community/Business Leader
- Children and adolescents are not as careful as we’d like them to be regarding washing their hands, covering their mouth when coughing or sneezing, keeping a safe distance from others, or wearing a mask indoors. They pick it up from others at school and take it home, infecting parents, grandparents, and siblings. – Community/Business Leader

Long-Term Impact

- COVID illness has impacted staff, children, and family health, therefore impacting service provision in schools, health care, childcare, and other settings. If new surges arise where vaccines have less effectiveness, this could create delays in academic achievement, health care, and economic impacts. – Public Health Representative
- The instruction lost due to quarantines and actual illness, plus the long-term effects of the virus. – Community/Business Leader

Government/Politics

- Because it’s a serious disease that gets minimized and mocked by our governor. – Community/Business Leader
- The state removed protections for the students and allowed parents to make uneducated decisions. – Other Health Provider

Isolation

- It impacted their development due to the lack of socialization and interactions proper of that developmental stage due to virtual schooling, isolation, social distancing, etc. – Community/Business Leader

Lack of Consistency Between Government/Private Sectors

- Inconsistency between government and private sectors as to mask mandates and vaccine mandates. During the last holiday, it was extremely difficult to get testing. – Community/Business Leader

Children

- There is not a vaccine available for younger children. Children are affected by the decisions made by others, such as the government, families, organizations, schools, etc. – Public Health Representative
Diabetes

Prevalence of Diabetes

A total of 2.8% of Total Service Area children age 0 to 17 have been diagnosed with diabetes.

TREND ► Marks a significant increase from the 2013 survey.

DISPARITY ► Lowest in Brevard County. More prevalent among children age 0 to 4, children in very low-income households, and Hispanic children.

Child Has Diabetes
(Total Service Area, 2022)

Sources: 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 142]
2020 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

Notes: Asked of all respondents about a randomly selected child in the household.
*2013 and 2016 results do not include responses from Polk County.

Another 1.1% have been diagnosed with borderline or pre-diabetes (vs. 1.7% across the US)

Child Has Diabetes
(Total Service Area, 2022)

Sources: 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 142]

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

Key informants taking part in an online survey generally 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, 2022)

- Major Problem: 25.4%
- Moderate Problem: 44.1%
- Minor Problem: 25.4%
- No Problem At All: 5.1%

Sources: PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: Asked of all respondents.

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

Prevalence/Incidence

The incidence of both type 1 and type 2 diabetes is increasing among youth in the US. This has long-term impacts on our community health and healthcare systems, given the chronic nature of the disease. Our current CHIP plan in Orange County has specific indicators tied to adult diabetes. Instead of simply treating adult diabetes, we can start going upstream and try to prevent, as we are able, the disease in youth. In particular, the increasing incidence of type 2 diabetes goes hand-in-hand with nutrition being a major concern. We can support addressing type 2 diabetes with strategies to increase access to, and consumption of, healthier foods amongst youth.

– Social Services Provider

Ranked at the top of the last two CHNAs. – Community/Business Leader

Media and health community has alerted us. Just look around. It is sad to see overweight young people. They may be cute and happy, but they are on a road to chronic disease. Early intervention and education is best. – Community/Business Leader

Access to Affordable Healthy Food

Affordable, quality food choices are hard to come by for families with limited resources; eventually, this results in obesity, diabetes, among other conditions. Not only is care to treat these conditions difficult to access, preventative options are not accessible. – Other Health Provider

According to our 2022 Community Assessment Update, the cost of housing for our families is high compared to their income. Families are having to spend less on healthy foods and other supplies in order to pay rent each month. When children get too little healthy food or too many unhealthy foods, this can lead to obesity, bad nutritional habits for their lifetime, and chronic illness like diabetes. – Social Services Provider

The children we work with come from households that typically do not have access to or can afford fresh and healthy food. The cheapest food is the most processed, highest in sodium, sugar and unhealthy fats, leading to obesity, a precursor of diabetes type 2, early onset. The pediatricians we are in contact with regularly express concern for these children and youth. – Social Services Provider

Awareness/Education

Education – Because children and adolescents usually don’t have visible symptoms from diabetes, they do not realize the severity of the illness. So even if parents are following the requirements, many kids sneak food they should not be eating. Easier access to medications and monitors. – Community/Business Leader

Disease Management

We continue to see many new cases of diabetes, and those with diabetes do not understand proper disease management. – Other Health Provider

Insufficient Physical Activity

Not enough physical fitness, post-school time. – Community/Business Leader

Obesity

Many children are overweight, and behaviors support inactivity. – Public Health Representative
Conditions Requiring Prescriptions or Special Therapy

Four out of 10 Total Service Area children (40.7%) have a chronic condition that requires prescription medication (not counting vitamins) or special therapy.

**BENCHMARK** ► Much higher than the national finding.

**TREND** ► Denotes a significant increase over time.

**DISPARITY** ► More prevalent among children age 5+ than among younger children.

Child Has a Chronic Condition That Requires Prescription(s) and/or Special Therapy (Total Service Area, 2022)

![Bar chart showing distribution of children with chronic conditions by county and year]

**Sources:**
- 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 140]
- 2020 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

**Notes:**
- Asked of all respondents about a randomly selected child in the household.
- "Chronic conditions" are defined as conditions that have lasted (or are expected to last) 12 months or longer.
- *2013 and 2016 results do not include responses from Polk County.

Special therapy might include physical, occupational, or speech therapy.
Speech difficulties are the most common condition requiring therapy, named by more than one-fourth of these parents (27.1%).

Type of Chronic Condition Requiring Therapy
(Children Who Need Therapy For a Chronic Condition; Total Service Area, 2022)

<table>
<thead>
<tr>
<th>Condition</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Speech</td>
<td>27.1%</td>
</tr>
<tr>
<td>Autism</td>
<td>9.9%</td>
</tr>
<tr>
<td>Don't Know</td>
<td>9.2%</td>
</tr>
<tr>
<td>ADHD</td>
<td>3.9%</td>
</tr>
<tr>
<td>Behavior</td>
<td>2.2%</td>
</tr>
<tr>
<td>Occupational &amp; Speech Therapy</td>
<td>2.0%</td>
</tr>
<tr>
<td>Various Other (&lt;2% Each)</td>
<td>45.7%</td>
</tr>
</tbody>
</table>

Sources: 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 34]
Notes: Asked of all respondents whose child has a chronic condition which requires special therapy.
SPECIAL HEALTH NEEDS

In all, three-fourths (75.0%) of Total Service Area children (age 0-17) are found to have special health needs.

BENCHMARK ▶ Higher than found across the US.

TREND ▶ Represents a significant increase over time.

DISPARITY ▶ Lowest in Orange County. More often reported among parents of teens and children in very low-income households.

Child Has a Special Health Need
(Total Service Area, 2022)

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.

Child Has a Special Health Need
(Total Service Area, 2022)
PRENATAL CARE

ABOUT INFANT HEALTH
Keeping infants healthy starts with making sure women get high-quality care during pregnancy and improving women’s health in general. After birth, strategies that focus on increasing breastfeeding rates and promoting vaccinations and developmental screenings are key to improving infants’ health. Interventions that encourage safe sleep practices and correct use of car seats can also help keep infants safe.

The infant mortality rate in the United States is higher than in other high-income countries, and there are major disparities by race/ethnicity. Addressing social determinants of health is critical for reducing these disparities.

– Healthy People 2030 (https://health.gov/healthypeople)

Between 2018 and 2020, 26.2% of all Total Service Area births did not receive prenatal care in the first trimester of pregnancy.

BENCHMARK ► More favorable than the statewide finding but less favorable than the US finding.

DISPARITY ► Highest in Brevard and Polk counties.

Lack of Prenatal Care in the First Trimester
(Percentage of Live Births, 2018-2020)

Early and continuous prenatal care is the best assurance of infant health.
Lack of Prenatal Care in the First Trimester
(Percentage of Live Births)

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Service Area</td>
<td>26.1%</td>
<td>26.5%</td>
<td>26.9%</td>
<td>28.3%</td>
<td>29.7%</td>
<td>24.3%</td>
<td>25.8%</td>
<td>26.2%</td>
</tr>
<tr>
<td>FL</td>
<td>25.6%</td>
<td>25.2%</td>
<td>24.3%</td>
<td>24.1%</td>
<td>25.3%</td>
<td>26.6%</td>
<td>27.5%</td>
<td>28.2%</td>
</tr>
<tr>
<td>US</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>22.5%</td>
<td></td>
<td>22.3%</td>
</tr>
</tbody>
</table>

Sources: CDC WONDER Online Query System. Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics. Data extracted May 2022.

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 ADOLESCENT MOTHERS

ABOUT FAMILY PLANNING

Unintended pregnancy is linked to outcomes like preterm birth and postpartum depression. Interventions to increase use of birth control are critical for preventing unintended pregnancies. Birth control and family planning services can also help increase the length of time between pregnancies, which can improve health for women and their infants.

Adolescents are at especially high risk for unintended pregnancy. Although teen pregnancy and birth rates have gone down in recent years, close to 200,000 babies are born to teen mothers every year in the United States. Linking adolescents to youth-friendly health care services can help prevent pregnancy and sexually transmitted infections in this age group.

– Healthy People 2030 (https://health.gov/healthypeople)

Between 2018 and 2020, 4.2% of all births in the Total Service Area were to adolescents under 20 years of age.

BENCHMARK ► More favorable than found nationally.

TREND ► Represents a significant decline over time.

DISPARITY ► Highest in Osceola and Polk counties.

Births to Teenagers
(Percent of Births to Women Under Age 20, 2018-2020)

Sources: CDC WONDER Online Query System. Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics. Data extracted May 2022.

Notes: This indicator reports the percentage of live births to women under the age of 20. 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.
Births to Teenagers
(Percent of Births to Women Under Age 20)

<table>
<thead>
<tr>
<th></th>
<th></th>
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<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Service Area</td>
<td>7.7%</td>
<td>7.0%</td>
<td>6.3%</td>
<td>5.6%</td>
<td>5.2%</td>
<td>4.7%</td>
<td>4.5%</td>
<td>4.2%</td>
</tr>
<tr>
<td>FL</td>
<td>7.4%</td>
<td>6.7%</td>
<td>5.9%</td>
<td>5.4%</td>
<td>5.1%</td>
<td>4.8%</td>
<td>4.6%</td>
<td>4.4%</td>
</tr>
<tr>
<td>US</td>
<td>7.8%</td>
<td>7.1%</td>
<td>6.4%</td>
<td>5.8%</td>
<td>5.4%</td>
<td>5.1%</td>
<td>4.8%</td>
<td>4.6%</td>
</tr>
</tbody>
</table>

Sources: CDC WONDER Online Query System, Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics.
Data extracted May 2022.

Notes: This indicator reports the percentage of live births to women under the age of 20. 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

A total of 8.5% of 2018-2020 Total Service Area births were low-weight.

DISPARITY ➤ Highest in Orange and Polk counties.

Low-Weight Births
(Percent of Live Births, 2018-2020)

Sources: CDC WONDER Online Query System. Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics.
Data extracted May 2022.

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.

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.
INFANT HEALTH

Breastfeeding & Breast Milk

ABOUT BREASTFEEDING

Exclusive breastfeeding for 6 months has many benefits for the infant and mother. Chief among these is protection against gastrointestinal infections which is observed not only in developing but also industrialized countries. Early initiation of breastfeeding, within 1 hour of birth, protects the newborn from acquiring infections and reduces newborn mortality. The risk of mortality due to diarrhea and other infections can increase in infants who are either partially breastfed or not breastfed at all.

Breast-milk is also an important source of energy and nutrients in children aged 6-23 months. It can provide half or more of a child’s energy needs between the ages of 6 and 12 months, and one-third of energy needs between 12 and 24 months. Breast milk is also a critical source of energy and nutrients during illness, and reduces mortality among children who are malnourished.

Children and adolescents who were breastfed as babies are less likely to be overweight or obese. Additionally, they perform better on intelligence tests and have higher school attendance. Breastfeeding is associated with higher income in adult life.

Longer durations of breastfeeding also contribute to the health and well-being of mothers: it reduces the risk of ovarian and breast cancer and helps space pregnancies – exclusive breastfeeding of babies under 6 months has a hormonal effect which often induces a lack of menstruation.


Ever Breast-Fed

Most Total Service Area children age 0 to 17 (71.6%) were breast-fed or fed using breast milk (regardless of duration).

DISPARITY ► Highest in Orange County (not shown).
Child Was Ever Fed Breast Milk
(Total Service Area, 2022)

Sources: 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 113]
2020 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

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

Exclusive Breastfeeding

More than one-fourth (29.6%) of all Total Service Area children were fed breast milk exclusively for the first 6 months of life.

BENCHMARK ► Far from satisfying the Healthy People 2030 objective.

DISPARITY ► Lowest in Polk County. Particularly less prevalent among very low-income households.

Age of Child When Introduced to Foods Other Than Breast Milk
(Total Service Area Children Who Were Ever Fed Breast Milk, 2022)

Sources: 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 114]

Notes: Asked of those respondents with a randomly selected child who was fed breast milk as an infant.
### Child Was Exclusively Breastfed for at Least 6 Months
(Total Service Area, 2022)  
Healthy People 2030 Target = 42.4% or Higher

<table>
<thead>
<tr>
<th>Location</th>
<th>2019</th>
<th>2022</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brevard County</td>
<td>27.1%</td>
<td>29.1%</td>
</tr>
<tr>
<td>Orange County</td>
<td>32.2%</td>
<td>29.6%</td>
</tr>
<tr>
<td>Osceola County</td>
<td>31.7%</td>
<td>24.4%</td>
</tr>
<tr>
<td>Polk County</td>
<td>31.0%</td>
<td>31.6%</td>
</tr>
<tr>
<td>Seminole County</td>
<td></td>
<td>29.6%</td>
</tr>
<tr>
<td>Total Service Area</td>
<td>27.7%</td>
<td>29.1%</td>
</tr>
<tr>
<td>US</td>
<td>30.9%</td>
<td>29.6%</td>
</tr>
</tbody>
</table>

**Sources:**  
- 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 132]  
- 2020 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.  

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

---

### Child Was Exclusively Breastfed for at Least 6 Months
(Total Service Area, 2022)  
Healthy People 2030 Target = 42.4% or Higher

<table>
<thead>
<tr>
<th>Group</th>
<th>0 to 4</th>
<th>5 to 12</th>
<th>13 to 17</th>
<th>Very Low Income</th>
<th>Low Income</th>
<th>Mid/High Income</th>
<th>White</th>
<th>Black</th>
<th>Hispanic</th>
<th>TSA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boys</td>
<td>30.9%</td>
<td>28.2%</td>
<td>33.0%</td>
<td>26.2%</td>
<td>18.2%</td>
<td>34.6%</td>
<td>32.2%</td>
<td>31.3%</td>
<td>24.8%</td>
<td>29.9%</td>
</tr>
<tr>
<td>Girls</td>
<td>30.9%</td>
<td>28.2%</td>
<td>33.0%</td>
<td>26.2%</td>
<td>18.2%</td>
<td>34.6%</td>
<td>32.2%</td>
<td>31.3%</td>
<td>24.8%</td>
<td>29.9%</td>
</tr>
</tbody>
</table>

**Sources:**  
- 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 132]  

**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: Infant Health

Key informants taking part in an online survey generally characterized Infant Health as a “moderate problem” for children in the community.

Perceptions of Prenatal & Infant Health as a Problem for Children/Adolescents in the Community (Key Informants, 2022)

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Major Problem</td>
<td>24.6%</td>
</tr>
<tr>
<td>Moderate Problem</td>
<td>45.6%</td>
</tr>
<tr>
<td>Minor Problem</td>
<td>26.3%</td>
</tr>
<tr>
<td>No Problem At All</td>
<td>3.5%</td>
</tr>
</tbody>
</table>

Sources: PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: Asked of all respondents.

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

Prevalence/Incidence

- Information provided by local agencies. – Community/Business Leader
- A problem for a long time. Kids are 25% of our population but 100% of our future. Too many premature births. Need to spend more early to spend less later. – Community/Business Leader
- I have heard this issue spoken about by community partners at multiple meetings as being a major concern in our region, particularly among women of color. Prenatal and infant health outcomes are often used as an indicator of health of the community, and thus is an important factor. – Social Services Provider

Diagnosis/Treatment

- According to our Community Assessment, there is a high number of pregnant mothers that do not receive the quality and quantity of prenatal care that they need, which can lead to a lack of support and care for health issues of the pregnant mother and child. – Social Services Provider
- Experience with moms around me not getting proper care. – Community/Business Leader

Minority Populations

- It’s especially a problem for uninsured, underinsured, and black women. They have challenges with accessing affordable care. Birth outcomes among black women are significantly worse than their white counterparts. – Other Health Provider

Prenatal Care

- Access to prenatal care during the first trimester. Low birth weight. Preeclampsia. Black infant mortality. – Social Services Provider

Low Birth Weight

- Still too many recurring instances of low child birth weight. – Social Services Provider

Immunizations

- Immunizations. – Public Health Representative

Nutrition

- I have had the opportunity to be involved with a small pilot with the Winnie Palmer High Risk Maternity Clinic, providing proper nutrition for pregnant moms either with or at-risk for gestational diabetes. So far, all nine babies delivered so far have been healthy and normal weight. – Social Services Provider
MORTALITY
INFANT MORTALITY

Between 2018 and 2020, there was an annual average of 6.1 infant deaths per 1,000 live births.

**BENCHMARK** ► Worse than the national rate. Fails to satisfy the Healthy People 2030 objective.

**TREND** ► Marks a decrease within the service area over time.

**DISPARITY** ► Highest in Polk County.

---

**Infant Mortality Rate**

* (Annual Average Infant Deaths per 1,000 Live Births, 2018-2020)

**Healthy People 2030 Target = 5.0 or Lower**

<table>
<thead>
<tr>
<th>Brevard County</th>
<th>Orange County</th>
<th>Osceola County</th>
<th>Polk County</th>
<th>Seminole County</th>
<th>Total Service Area</th>
<th>FL</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>6.1</td>
<td>5.7</td>
<td>5.0</td>
<td>7.5</td>
<td>6.1</td>
<td>6.1</td>
<td>5.8</td>
<td>5.5</td>
</tr>
</tbody>
</table>

---

**Infant Mortality Rate**

* (Annual Average Infant Deaths per 1,000 Live Births)

**Healthy People 2030 Target = 5.0 or Lower**

---

**Notes:**
- Infants 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.
CHILD & ADOLESCENT DEATHS

ABOUT CHILD & ADOLESCENT DEATHS

Injuries (including road traffic injuries, drowning, burns, and falls) rank among the top causes of death and lifelong disability among children aged 5-14 years. The patterns of death in older children and young adolescents reflect the underlying risk profiles of the age groups, with a shift away from infectious diseases of childhood and towards accidents and injuries, notably drowning and road traffic injuries for older children and young adolescents.

The rise of injury deaths, particularly, road traffic injuries and drowning, demonstrate that the risk exposure is different for those over the age of 5 years. As a result, the nature of interventions needed to prevent poor health outcomes have shifted away from health sector actions to prevent and treat the infectious diseases of early childhood towards other sectors needed to take action to prevent mortality from road traffic injuries, violence and mental health problems. Actions across a range of government sectors including education, transportation and road infrastructure, water and sanitation and law enforcement are needed to prevent premature mortality in older children and young adolescents.


Death Rates by Age Groups

The following chart outlines mortality rates among Total Service Area children and adolescents in various age groups, expressed as the number of deaths per 100,000 population in those age groups.

AGE 1 TO 4 ➤ More favorable than the statewide rate. Fails to satisfy the Healthy People 2030 objective.

AGE 5 TO 9 ➤ Less favorable than the statewide and national rates. Satisfies the Healthy People 2030 objective.

AGE 10 TO 14 ➤ More favorable than the national rate. Satisfies the Healthy People 2030 objective.

AGE 15 TO 19 ➤ More favorable than the statewide and national rates. Fails to satisfy the Healthy People 2030 objective.
Child & Adolescent Mortality Rates by Age Group
(Annual Average Child Mortality per 100,000 Population; 2018-2020)
Healthy People 2030 Target = 18.4 or Lower (All Ages 1 to 19 Years)

- Total Service Area
- FL
- US

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2022.

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

### Leading Causes of Child Death

**Perinatal conditions** (such as low birthweight, preterm births, and complications of labor/delivery) are the number-one leading cause of death for Total Service Area infants under 1 year of age.

For all other age groups of children and adolescents, **unintentional injuries** are the leading cause of death.

#### Leading Causes of Child Deaths by Age Group
(Total Service Area, 2011-2020)

<table>
<thead>
<tr>
<th>NUMBER-ONE LEADING CAUSE</th>
<th>NUMBER-TWO LEADING CAUSE</th>
<th>NUMBER-THREE LEADING CAUSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 1 Year</td>
<td>Ages 1 to 4</td>
<td>Ages 5 to 9</td>
</tr>
<tr>
<td>Ages 10 to 14</td>
<td>Ages 15 to 19</td>
<td></td>
</tr>
<tr>
<td>Perinatal Conditions*</td>
<td>Unintentional Injuries</td>
<td>Unintentional Injuries</td>
</tr>
<tr>
<td>(especially Drowning)</td>
<td>(especially Motor Vehicle Crashes)</td>
<td>(especially Motor Vehicle Crashes)</td>
</tr>
<tr>
<td>Unintentional Injuries</td>
<td>Cancer</td>
<td>Suicide</td>
</tr>
<tr>
<td>(especially Drowning)</td>
<td>Homicide</td>
<td>Homicide</td>
</tr>
<tr>
<td>Cancer</td>
<td>Homicide</td>
<td>Cancer</td>
</tr>
<tr>
<td>Suicide</td>
<td>Suicide</td>
<td>Suicide</td>
</tr>
</tbody>
</table>

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2022.

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
Fruits & Vegetables

Fruit & Vegetable Consumption

A total of 41.6% of Total Service Area parents of children age 2-17 report that their child eats five or more servings of fruits and/or vegetables per day.

BENCHMARK ► Better than the US finding.

DISPARITY ► Adolescents and Hispanic children are less likely to eat fruits and vegetables.

Child Has Five or More Servings of Fruits/Vegetables per Day
(Total Service Area Children Age 2-17, 2022)

Child Has 5+ Fruits/Vegetables per Day
(Total Service Area Children Age 2-17, 2022)

Sources:
2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 139]
2020 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

Notes:
Ascribed of all respondents for whom the randomly selected child in the household is between the ages of 2 and 17.
*2013 and 2016 results do not include responses from Polk County.

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

While most report little or no difficulty, 34.9% of Total Service Area parents report that it is “very” or “somewhat” difficult for them to access affordable fresh fruits and vegetables.

BENCHMARK ➤ Less favorable than the national finding.

TREND ➤ Represents a significant increase since 2019.

DISPARITY ➤ Parents of teens and Hispanic children are more likely to report difficulty accessing affordable, fresh produce.

Level of Difficulty Finding Fresh Produce at an Affordable Price
(Total Service Area Parents, 2022)

Find It “Very” or “Somewhat” Difficult to Buy Affordable Fresh Produce
(Total Service Area Parents, 2022)
Find It “Very” or “Somewhat” Difficult to Buy Affordable Fresh Produce
(Total Service Area Parents, 2022)

Low Food Access

In 2019, a total of 30.8% of Total Service area residents had low food access, defined as living more than 1/2 mile from the nearest supermarket, supercenter, or a large grocery store.

BENCHMARK ➤ Less favorable than found statewide and nationwide.

DISPARITY ➤ Highest in Brevard County.

Low Food Access (2019)

Sources: ● 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, 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.
Fast Food

In 2019, there were 84.8 fast food restaurants per 100,000 population within the Total Service Area.

- **BENCHMARK** ➤ Higher than found across Florida.
- **TREND** ➤ Denotes a significant increase within the service area over time.
- **DISPARITY** ➤ Highest in Orange County.

Fast Food Restaurants
(Number of Fast Food Restaurants per 100,000 Population; 2019)

Sources:  
- US Census Bureau, County Business Patterns. Additional data analysis by CARES.
- This indicator is relevant because it provides a measure of healthy food access and environmental influences on dietary behaviors.
Fast Food Restaurants
(Number of Fast Food Restaurants per 100,000 Population)

<table>
<thead>
<tr>
<th>Year</th>
<th>Total Service Area</th>
<th>FL</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>61.9</td>
<td>59.8</td>
<td>69.1</td>
</tr>
<tr>
<td>2011</td>
<td>64.0</td>
<td>61.0</td>
<td>70.0</td>
</tr>
<tr>
<td>2012</td>
<td>66.8</td>
<td>63.3</td>
<td>72.8</td>
</tr>
<tr>
<td>2013</td>
<td>67.7</td>
<td>63.9</td>
<td>73.7</td>
</tr>
<tr>
<td>2014</td>
<td>69.5</td>
<td>64.7</td>
<td>74.1</td>
</tr>
<tr>
<td>2015</td>
<td>70.9</td>
<td>66.4</td>
<td>75.6</td>
</tr>
<tr>
<td>2016</td>
<td>74.6</td>
<td>68.0</td>
<td>77.1</td>
</tr>
<tr>
<td>2017</td>
<td>79.9</td>
<td>72.2</td>
<td>81.3</td>
</tr>
<tr>
<td>2018</td>
<td>84.8</td>
<td>74.8</td>
<td>82.2</td>
</tr>
<tr>
<td>2019</td>
<td>84.8</td>
<td>74.8</td>
<td>82.2</td>
</tr>
</tbody>
</table>

Sources:
- US Census Bureau, County Business Patterns. Additional data analysis by CARES.
- This indicator is relevant because it provides a measure of healthy food access and environmental influences on dietary behaviors.
Most Total Service Area children age 2-17 have had a “fast food” meal in the past week; in fact, 3 in 10 parents (30.4%) report that their child has had three or more meals from “fast food” restaurants in the past week.

**BENCHMARK** ► Much higher than the US finding.

**TREND** ► Significantly higher than the 2013 benchmark.

**DISPARITY** ► Teens are more likely than younger children to eat fast food meals.

### Number of Fast Food Meals for Child in the Past Week
(Total Service Area Children Age 2-17, 2022)

- None: 23.8%
- One: 23.7%
- Two: 23.7%
- Three: 14.6%
- Four: 6.2%
- Five: 4.3%
- Six/More: 5.1%

**Sources:** 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, 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.

### Child Had Three or More Fast Food Meals in the Past Week
(Total Service Area Children Age 2-17, 2022)

**Total Service Area**

- 2013*: 19.7%
- 2016*: 21.7%
- 2019: 33.1%
- 2022: 30.4%

**Sources:** 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, 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.
- *2013 and 2016 results do not include responses from Polk County.
Child Has Three or More Fast Food Meals in the Past Week  
(Total Service Area Children Age 2-17, 2022)

Sources:  2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, 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

Fewer than one-half of Total Service Area parents (44.7%) report sharing meals as a family an average of at least once a day (seven or more times in the past week).

“BENCHMARK ► Much lower than the national percentage.

DISPARITY ► Parents of girls and teens are less likely to report sharing meals as a family.

Number of Meals Eaten as a Family in the Past Week  
(Total Service Area Children Age 2-17, 2022)

Sources:  2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, 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.
Shared Seven or Meals as a Family in the Past Week
(Total Service Area Children Age 2-17, 2022)

Sources:  
1. 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 109]  
2. 2020 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

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

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**

**Recommended Physical Activity**

**CHILDREN: RECOMMENDED LEVELS OF PHYSICAL ACTIVITY**

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

  
  www.cdc.gov/physicalactivity

Among Total Service Area children age 2 to 17, 42.6% are reported to have had 60 minutes of physical activity on each of the seven days preceding the interview (1+ hours per day).

**BENCHMARK** ➤ Satisfies the Healthy People 2030 objective.

**DISPARITY** ➤ Lowest in Orange County. Parents report less physical activity among girls and children in higher-income households. Also note the strong, negative correlation with age.

**Number of Days in the Past Week on Which Child Was Physically Active for One Hour or Longer**

(Total Service Area Children Age 2-17, 2022)

- None
- One
- Two
- Three
- Four
- Five
- Six
- Seven/More

**Sources:** 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, 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.
**Child Was Physically Active for One Hour or Longer on Every Day of the Past Week**
*(Total Service Area Children Age 2-17, 2022)*

**Healthy People 2030 Target = 30.4% or Higher**

**Total Service Area**

<table>
<thead>
<tr>
<th>Year</th>
<th>2013</th>
<th>2016*</th>
<th>2019</th>
<th>2022</th>
</tr>
</thead>
<tbody>
<tr>
<td>US</td>
<td>45.8%</td>
<td>40.5%</td>
<td>36.9%</td>
<td>42.6%</td>
</tr>
</tbody>
</table>

**Notes:**
- Asked of those respondents for whom the randomly selected child in the household is between the ages of 2 and 17.
- *2013 and 2016 results do not include responses from Polk County.

**Sources:**
- 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 107]
- 2020 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

---

**Comparative Data:**

<table>
<thead>
<tr>
<th>County</th>
<th>2022</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brevard County</td>
<td>49.0%</td>
</tr>
<tr>
<td>Orange County</td>
<td>37.0%</td>
</tr>
<tr>
<td>Osceola County</td>
<td>48.0%</td>
</tr>
<tr>
<td>Polk County</td>
<td>45.3%</td>
</tr>
<tr>
<td>Seminole County</td>
<td>43.4%</td>
</tr>
<tr>
<td>Total Service Area</td>
<td>42.6%</td>
</tr>
<tr>
<td>US</td>
<td>44.9%</td>
</tr>
</tbody>
</table>

---

**Child Was Physically Active for One Hour or Longer on Every Day of the Past Week**
*(Total Service Area Children Age 2-17, 2022)*

**Healthy People 2030 Target = 30.4% or Higher**

**Total Service Area**

<table>
<thead>
<tr>
<th>Gender</th>
<th>2022</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boy</td>
<td>47.0%</td>
</tr>
<tr>
<td>Girl</td>
<td>39.9%</td>
</tr>
</tbody>
</table>

**Age Groups:**

- **Age 2 to 4**
- **Age 5 to 12**
- **Age 13 to 17**

**Income Groups:**

- **Very Low Income**
- **Low Income**
- **Mid/High Income**

**Race Categories:**

- **White**
- **Black**
- **Hispanic**

**TSA**

**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.
- Adjusted to reflect all children and adolescents.
Screen Time

Total Screen Time

In all, 68.4% of Total Service Area school-age children are reported to spend three or more hours per day on screen time (whether television, cell phone, laptop, tablet, or computer).

**TREND** ► Represents a significant increase since the 2019 survey.

**DISPARITY** ► Lowest in Orange County. Screen time is much higher among adolescents than among younger children.

**Children’s Screen Time**
(Total Service Area Children Age 5-17, 2022)

Hours per Day of TV/Videos or Video Games

- None: 11.6%
- <1 Hour: 22.3%
- 1 Hour: 9.2%
- 2 Hours: 16.6%
- 3+ Hours: 43.8%

Hours per Day on a Cell Phone, Laptop, Tablet, Computer

- None: 14.4%
- <1 Hour: 17.2%
- 1 Hour: 15.1%
- 2 Hours: 36.6%
- 3+ Hours: 6.6%

**Children With Three or More Hours per Day of Total Screen Time (TV, Computer, Video Games, Phone, Device, etc.)**
(Total Service Area Children Age 5-17, 2022)

- Total Service Area: 68.4%
- Brevard County: 60.9%
- Orange County: 68.4%
- Osceola County: 71.6%
- Polk County: 70.8%
- Seminole County: 73.0%
- US: 60.9%

**Total Service Area**

- 2019: 68.9%
- 2022: 70.9%

**Sources:**
- 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Items 103, 307]
- 2020 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

**Notes:**
- Asked of respondents for whom the randomly selected child in the household is age 5 to 17.
- For this issue, respondents were asked about the average weekday.
- "Three or more hours" includes reported screen time of 180 minutes or more per day.

*On an average weekday, 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 weekday?*
Children With Three or More Hours per Day of Total Screen Time (TV, Computer, Video Games, Phone, Device, etc.)
(Total Service Area Children Age 5-17, 2022)

<table>
<thead>
<tr>
<th></th>
<th>Boy</th>
<th>Girl</th>
<th>Age 5 to 12</th>
<th>Age 13 to 17</th>
<th>Very Low Income</th>
<th>Low Income</th>
<th>Mid/High Income</th>
<th>White</th>
<th>Black</th>
<th>Hispanic</th>
<th>TSA</th>
</tr>
</thead>
<tbody>
<tr>
<td>%</td>
<td>71.1</td>
<td>66.4</td>
<td>60.9</td>
<td>79.6</td>
<td>69.8</td>
<td>72.4</td>
<td>67.3</td>
<td>68.6</td>
<td>70.6</td>
<td>69.0</td>
<td>68.4</td>
</tr>
</tbody>
</table>

Sources: 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 128]
Notes: Asked of those respondents for whom the randomly selected child in the household is between the ages of 5 and 17.
For this issue, respondents were asked about the average weekday.
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.

Electronic Media in Children’s Bedrooms

One-half (50.0%) of Total Service Area school-age children have a television in their bedrooms.

**BENCHMARK** ➤ Much higher than the US percentage.

**DISPARITY** ➤ Highest in Brevard and Polk counties. Teens, children in very low-income households, Black children, and Hispanic children are more likely to have TVs in their bedrooms.

Child Has a Television in Own Bedroom
(Total Service Area Children Age 5-17, 2022)

<table>
<thead>
<tr>
<th></th>
<th>Brevard County</th>
<th>Orange County</th>
<th>Osceola County</th>
<th>Polk County</th>
<th>Seminole County</th>
<th>Total Service Area US</th>
<th>Total Service Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>%</td>
<td>57.3</td>
<td>43.7</td>
<td>53.1</td>
<td>58.2</td>
<td>46.1</td>
<td>50.0</td>
<td>49.3</td>
</tr>
</tbody>
</table>

Sources: 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, 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.
*2013 and 2016 results do not include responses from Polk County.
Similarly, 56.1% of Total Service Area school-age children have access to a computer or some type of electronic device in their bedrooms.

DISPARITY ▶ Girls and especially teens are more likely to have electronic devices in their bedrooms.
Smartphones

Among parents of school-age children (age 5 to 17), more than one-half (55.7%) indicates that their child has his/her own smartphone on which they can download apps or games and visit social media sites.

DISPARITY ▶ Girls and especially teenagers are more likely to have their own smartphones.

Child Has Own Smartphone
(Total Service Area Children Age 5-17, 2022)

Sources: 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 123]

Notes: Asked of all respondents for whom the randomly selected child in the household is age 5-17.
Child Has Own Smartphone
(Total Service Area Children Age 5-17, 2022)

Sources: 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 123]
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.
WEIGHT STATUS

Child Overweight & Obesity

ABOUT WEIGHT STATUS IN CHILDREN & TEENS

Childhood obesity is associated with a higher chance of obesity, premature death and disability in adulthood. But in addition to increased future risks, obese children experience breathing difficulties, increased risk of fractures, hypertension, early markers of cardiovascular disease, insulin resistance and psychological effects.

– World Health Organization (https://www.who.int/news-room/fact-sheets/detail/obesity-and-overweight)

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/weights reported by surveyed parents, 35.6% of Total Service Area children age 5 to 17 are overweight or obese (≥85th percentile).

TREND ► Denotes a significant increase over time.

DISPARITY ► More often reported among parents of children age 5 to 12, children in lower-income households, Black children, and Hispanic children.
Child Is Overweight or Obese
(Total Service Area Children Age 5-17 With a BMI in the 85th Percentile or Higher)

<table>
<thead>
<tr>
<th>County</th>
<th>2013*</th>
<th>2016*</th>
<th>2019</th>
<th>2022</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brevard County</td>
<td>33.8%</td>
<td>37.4%</td>
<td>30.9%</td>
<td>40.7%</td>
</tr>
<tr>
<td>Orange County</td>
<td>30.9%</td>
<td>36.9%</td>
<td>33.8%</td>
<td>37.4%</td>
</tr>
<tr>
<td>Osceola County</td>
<td>28.7%</td>
<td>35.6%</td>
<td>30.7%</td>
<td>35.6%</td>
</tr>
<tr>
<td>Polk County</td>
<td>27.5%</td>
<td>31.2%</td>
<td>30.7%</td>
<td>35.6%</td>
</tr>
<tr>
<td>Seminole County</td>
<td>36.9%</td>
<td>33.8%</td>
<td>36.9%</td>
<td>35.6%</td>
</tr>
<tr>
<td>Total Service Area</td>
<td>33.8%</td>
<td>37.4%</td>
<td>30.9%</td>
<td>40.7%</td>
</tr>
</tbody>
</table>

Sources:
- 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 130]
- 2020 PRC National Child & Adolescent Health Survey, Professional Research Consultants, 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.
- *2013 and 2016 results do not include responses from Polk County.

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

<table>
<thead>
<tr>
<th>Category</th>
<th>2013*</th>
<th>2016*</th>
<th>2019</th>
<th>2022</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boy</td>
<td>34.3%</td>
<td>37.5%</td>
<td>39.0%</td>
<td>42.7%</td>
</tr>
<tr>
<td>Girl</td>
<td>39.0%</td>
<td>42.7%</td>
<td>39.0%</td>
<td>42.7%</td>
</tr>
<tr>
<td>Age 5 to 12</td>
<td>30.9%</td>
<td>38.3%</td>
<td>30.8%</td>
<td>28.8%</td>
</tr>
<tr>
<td>Age 13 to 17</td>
<td>42.7%</td>
<td>38.3%</td>
<td>38.3%</td>
<td>38.3%</td>
</tr>
<tr>
<td>Very Low Income</td>
<td>30.8%</td>
<td>38.3%</td>
<td>30.8%</td>
<td>28.8%</td>
</tr>
<tr>
<td>Low Income</td>
<td>41.8%</td>
<td>42.1%</td>
<td>41.8%</td>
<td>42.1%</td>
</tr>
<tr>
<td>Mid/High Income</td>
<td>35.6%</td>
<td>35.6%</td>
<td>35.6%</td>
<td>35.6%</td>
</tr>
<tr>
<td>White</td>
<td>28.8%</td>
<td>28.8%</td>
<td>28.8%</td>
<td>28.8%</td>
</tr>
<tr>
<td>Black</td>
<td>41.8%</td>
<td>42.1%</td>
<td>41.8%</td>
<td>42.1%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>41.8%</td>
<td>42.1%</td>
<td>41.8%</td>
<td>42.1%</td>
</tr>
<tr>
<td>TSA</td>
<td>35.6%</td>
<td>35.6%</td>
<td>35.6%</td>
<td>35.6%</td>
</tr>
</tbody>
</table>

Sources:
- 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 130]

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.
The childhood overweight prevalence above includes 20.3% of area children age 5 to 17 who are obese (≥95th percentile).

**BENCHMARK** ► Fails to satisfy the Healthy People 2030 objective.

**TREND** ► Marks a significant increase over time.

**DISPARITY** ► More often reported among parents of girls, children age 5 to 12, children in lower-income households, and Hispanic children.

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

**Healthy People 2030 Target = 15.5% or Lower**

### Total Service Area

<table>
<thead>
<tr>
<th>Year</th>
<th>2013</th>
<th>2016</th>
<th>2019</th>
<th>2022</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child Obesity Prevalence (%)</td>
<td>20.8</td>
<td>19.4</td>
<td>19.6</td>
<td>22.7</td>
</tr>
<tr>
<td><strong>US</strong></td>
<td><strong>14.0%</strong></td>
<td><strong>19.3%</strong></td>
<td><strong>17.6%</strong></td>
<td><strong>20.3%</strong></td>
</tr>
</tbody>
</table>

### Sources:
- 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 130]

### 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 respondents’ 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.

---

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

**Healthy People 2030 Target = 15.5% or Lower**

### Total Service Area

<table>
<thead>
<tr>
<th>Gender</th>
<th>Boy</th>
<th>Girl</th>
<th>Age 5 to 12</th>
<th>Age 13 to 17</th>
<th>Very Low Income</th>
<th>Low Income</th>
<th>Mid/High Income</th>
<th>White</th>
<th>Black</th>
<th>Hispanic</th>
<th>TSA</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>17.8%</td>
<td>23.1%</td>
<td>23.4%</td>
<td>15.9%</td>
<td>26.2%</td>
<td>25.1%</td>
<td>16.9%</td>
<td>15.2%</td>
<td>20.1%</td>
<td>28.2%</td>
<td>20.3%</td>
</tr>
<tr>
<td>2016</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2019</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2022</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Sources:
- 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 130]

### 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 respondents’ 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

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.”

OVERWEIGHT (NOT OBESE) CHILDREN ➤ Only 32.3% of these parents perceive their child to be “somewhat overweight” or “very overweight.”

OBESE CHILDREN ➤ Only 10.2% of these parents perceive their 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, 2022)

- Among Children Overweight But Not Obese (Based on BMI 85th-94th Percentile)
- Among Obese Children (Based on BMI 95th Percentile)

Notification of Overweight Status

A total of 30.5% parents with overweight or obese children have been told in the past year by a school or health professional that their child is overweight.

BENCHMARK ➤ Higher than the US finding.
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, 2022)

- Total Service Area
- US

<table>
<thead>
<tr>
<th>Year</th>
<th>Total Service Area</th>
<th>Parents of Overweight/Obese Children</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013*</td>
<td>22.0%</td>
<td></td>
</tr>
<tr>
<td>2016*</td>
<td>36.9%</td>
<td></td>
</tr>
<tr>
<td>2019</td>
<td>30.5%</td>
<td></td>
</tr>
<tr>
<td>2022</td>
<td>26.8%</td>
<td></td>
</tr>
</tbody>
</table>

Key Informant Input: Nutrition, Physical Activity & Weight

The greatest share of key informants taking part in an online survey characterized Nutrition, Physical Activity & 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, 2022)

- Major Problem
- Moderate Problem
- Minor Problem
- No Problem At All

<table>
<thead>
<tr>
<th>Perception</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Major Problem</td>
<td>60.0%</td>
</tr>
<tr>
<td>Moderate Problem</td>
<td>28.3%</td>
</tr>
<tr>
<td>Minor Problem</td>
<td>10.0%</td>
</tr>
<tr>
<td>No Problem At All</td>
<td>1.7%</td>
</tr>
</tbody>
</table>

Sources: PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: Asked of all respondents.

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

**Obesity**

- There is a growing epidemic of pediatric obesity. – Physician
- A significant percentage of children in Polk are overweight or obese, as well as adults. Weight increases with age. Data from school health BMI screenings is alarming. – Public Health Representative
- BMI, children who are overweight and obese continues to increase in our community. – Other Health Provider
We have increasing rates of overweight and obesity, and can use nutrition, physical activity, and weight reduction strategies to address it. In particular, families experiencing food insecurity are disproportionally affected due to lack of access to healthy affordable foods. – Social Services Provider

Our community has a high rate of obesity. This is likely caused by poor nutrition and low physical activity. Obesity leads to chronic illness. – Social Services Provider

The mean BMI has been rising in the United States for several years, with no sustained decrease. – Social Services Provider

Mandatory screenings show a large volume of students with BMIs that are indicating overweight and obese. A large portion of this is due to culture and types of food that children eat at home. – Public Health Representative

Awareness/Education

Lack of education and services to promote healthy lifestyles. And difficulty accessing the services available. Neighborhoods with many low-income residents often have fewer resources that promote health, such as full-service grocery stores offering affordable and nutritious foods, parks and recreational facilities that encourage physical activity and have more environmental threats that harm health. – Community/Business Leader

Poor education. – Physician

Not enough resources exist to provide nutrition education. – Social Services Provider

Prevalence/Incidence

Again, the media and health community has made us aware, but just look around and you see young kids that are big. They are on their way to chronic disease and are being shunned by other children and families. Pay me now or pay me later. Good habits start young. – Community/Business Leader

Obesity is a top issue on the last two CHNAs. – Community/Business Leader

Feedback from school personnel and parents. – Community/Business Leader

Lifestyle

Children aren't getting enough exercise and don't either have access to healthy food or can't afford it. – Community/Business Leader

Inactivity, poor dietary habits, communities not safe in areas where health equity is an issue. – Public Health Representative

Too much screen time and less time outdoors. Eating less healthy snacks and more quick fast food. – Social Services Provider

Multiple Factors

Children eat a lot of fast food. Few families sit down for a home-cooked meal. Convenience food is not always the healthiest. Fruits and vegetables are not eaten in the quantities needed. Fresh fruit and vegetables are costly, and some families cannot afford them. Children do not get the physical activity that they need. They ride buses to school or travel by car. Many neighborhoods are not safe for kids to go out and “play.” PE classes are required to be offered for 150 minutes per week for elementary students. However, this is not actual time engaged in physical activity. Many kids get little to no exercise outside of the home. In middle school, students are only required to take PE for one semester per year; however, they can waive that requirement if they wish to enroll in another course, such as band or art. At the high school level, 1 credit of PE is required for graduation. Students can waive the requirement if they play two full seasons of a sport. – Community/Business Leader

Unhealthy food options, price of fruits and vegetables, parent nutrition education, availability of healthy food, marketing. Too many sedentary activities and screen time, undiagnosed endocrine & other medical problems, sedentary lifestyle, food options available/chosen – Community/Business Leader

Nutrition

Poor nutrition and lack of physical activity continue to lead to chronic disease and affect general well-being, response to illness infections, etc. In some communities, access to healthy food and safe exercise spaces continues to be a challenge. – Public Health Representative

We have problems with food insecurity and obesity among our children. – Public Health Representative

Access to Affordable Healthy Food

Challenges accessing healthy foods and outdoor activities impacts the outcomes of children and youth’s physical and intellectual development. The percentage of kids developing chronic conditions increases when not able to access these resources. – Community/Business Leader

Co-Occurrences

Juvenile diabetes. – Social Services Provider
Insufficient Physical Activity

Not enough physical activity outside of school hours. – Community/Business Leader

Screen Time

Screen time in youth. They spend too much time online, and this affects their cognitive and social development. – Community/Business Leader

Built Environment

Again, the very large cohort of children and adolescents I have referred to in all my preceding responses have fewer opportunities to access adequate health foods on a regular basis, to play freely outdoors because of unsafe neighborhoods, and so are often an unhealthy weight. For the 1 in 5 children living in food-insecure homes and recognizing the close correlation between food insecurity and poverty, attention/access and affordability of healthy behavior and lifestyle activities and outcomes are not realistically available – Social Services Provider

Due to COVID-19

This is a problem because in this present time, children are not getting enough physical activities due to the pandemic, due to video games, social media, and not enough healthy foods in the home. Some of these children are considered latchkey children; therefore, they do not have the means to eat healthy food due to being home alone because their parents may be working – Public Health Representative
Exposure to Environmental Tobacco Smoke

A total of 7.4% of Total Service Area parents report that someone in the household smokes inside the home.

**DISPARITY**  ➤ Exposure is higher among girls, children age 0 to 4 (when compared to children age 5 to 12), and children in very low-income households.

**Someone Smokes Tobacco Inside the Home**
(Total Service Area, 2022)

Sources:
- 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 102]
- 2020 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

**Someone Smokes Tobacco Inside the Home**
(Total Service Area, 2022)

Sources:
- 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 102]

Notes:
- Hispanic can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
- Income categories reflect respondents 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.
A higher percentage of Total Service Area parents (12.8%) report that someone in the household vapes or smokes e-cigarettes inside or outside the home.

**DISPARITY** ➤ Highest in Brevard and Seminole counties. Exposure is higher among children age 0 to 4 and among White children.

### Member of Household Smokes E-Cigarettes Inside or Outside the Home
(Total Service Area, 2022)

<table>
<thead>
<tr>
<th>County</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brevard County</td>
<td>17.3%</td>
</tr>
<tr>
<td>Orange County</td>
<td>10.4%</td>
</tr>
<tr>
<td>Osceola County</td>
<td>12.2%</td>
</tr>
<tr>
<td>Polk County</td>
<td>10.6%</td>
</tr>
<tr>
<td>Seminole County</td>
<td>18.3%</td>
</tr>
<tr>
<td>Total Service Area</td>
<td>12.8%</td>
</tr>
</tbody>
</table>

**Sources:** 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 306]

**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, 3.1% report smoking at least one cigarette on at least one day during the 30 days preceding the administration of the 2019 Youth Risk Behavior Survey.

**BENCHMARK ➤** More favorable than found across the state and nation. Satisfies the Healthy People 2030 objective.

**DISPARITY ➤** Those more likely to report smoking cigarettes include 12th graders, White students, and Hispanic students.

---

**Smoked Cigarettes in Past Month**

*(Among High School Students; Youth Risk Behavior Surveys, 2019)*

**Healthy People 2030 Target = 3.4% or Lower**

---

**Sources:**

**Notes:**
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
- Smoked cigarettes on at least 1 day during the 30 days before the survey.

---

**Smoked Cigarettes in Past Month**

*(Among High School Students; Youth Risk Behavior Surveys, 2019)*

**Healthy People 2030 Target = 3.4% or Lower**

---

**Sources:**

**Notes:**
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
- Smoked cigarettes on at least 1 day during the 30 days before the survey.
**Alcohol Use (Adolescents)**

**Current Alcohol Use**

Among high school students in Orange County, 23.3% report having at least one drink of alcohol on at least one day during the 30 days preceding the administration of the 2019 Youth Risk Behavior Survey.

**BENCHMARK**  ► Lower than the statewide and national percentages, although far from satisfying the Healthy People 2030 objective.

**DISPARITY**  ► More often reported among female students, 12th graders, and White students.

***Drank Alcohol in Past Month***

(Among High School Students; Youth Risk Behavior Surveys, 2019)

**Healthy People 2030 Target = 6.3% or Lower**

Sources:

Notes:
- Had at least one drink of alcohol on at least one day during the 30 days before the survey.
Drug Use (Adolescents)

Lifetime Use of Drugs

Orange County high school students most often report ever having used/tried marijuana (32.3% have ever used) and prescription drugs (16.1% have ever used drugs not prescribed to them).

**BENCHMARK** ► With the exception of inhalants, utilization of all drugs shown in the chart below was significantly higher in Orange County than across the US.

### Ever Used Specific Drugs

(Among High School Students; Youth Risk Behavior Surveys, 2019)

<table>
<thead>
<tr>
<th>Drug</th>
<th>Orange County</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marijuana</td>
<td>32.3%</td>
<td>26.8%</td>
</tr>
<tr>
<td>Prescription Drugs</td>
<td>16.1%</td>
<td>15.8%</td>
</tr>
<tr>
<td>Inhalants</td>
<td>6.7%</td>
<td>5.8%</td>
</tr>
<tr>
<td>Cocaine</td>
<td>5.8%</td>
<td>5.3%</td>
</tr>
<tr>
<td>Ecstasy</td>
<td>4.7%</td>
<td>3.8%</td>
</tr>
<tr>
<td>Steroid Pills/Shots</td>
<td>4.1%</td>
<td>1.9%</td>
</tr>
<tr>
<td>Methamphetamines</td>
<td>4.0%</td>
<td>1.6%</td>
</tr>
<tr>
<td>Heroin</td>
<td>1.8%</td>
<td>1.6%</td>
</tr>
<tr>
<td>Injection Drugs</td>
<td>3.3%</td>
<td>3.0%</td>
</tr>
</tbody>
</table>

**Sources:**
- Prescription drugs include drugs such as Oxycontin, Percocet, Xodol, 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.
- Methamphetamines is also called “speed,” “crystal meth,” “meth,” “crank,” or “ice.”
- Heroin also called “smack,” “junk,” or “China White.”

### Current Marijuana Use

A total of 16.5% of Orange County high school students report having used marijuana one or more times during the 30 days preceding the administration of the 2019 Youth Risk Behavior Survey.

**BENCHMARK** ► More favorable than statewide and national percentages, but fails to satisfy the Healthy People objective.

**DISPARITY** ► More often reported among 12th graders and White students.
Used Marijuana in Past Month
(Among High School Students; Youth Risk Behavior Surveys, 2019)
Healthy People 2030 Target = 5.8% or Lower

Sources:

Notes:
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Used marijuana one or more times during the 30 days before the survey.
Key Informant Input: Tobacco, Alcohol & Other Drugs

The greatest share of 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, 2022)

<table>
<thead>
<tr>
<th>Major Problem</th>
<th>Moderate Problem</th>
<th>Minor Problem</th>
<th>No Problem At All</th>
</tr>
</thead>
<tbody>
<tr>
<td>22.8%</td>
<td>59.6%</td>
<td>10.5%</td>
<td>7.0%</td>
</tr>
</tbody>
</table>

Sources: PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: Asked of all respondents.

Easy Access

Availability and access. – Public Health Representative
Drugs, including tobacco and alcohol, are unfortunately easily available to children and adolescents. Parents are the strongest influence that children have, so having access to programs for parents has proven to improve the chances of kids and adolescents following this behavior. Prevention that delays early substance use may have early life span effects, as well as transgenerational implications – Community/Business Leader
The continued availability of drugs and alcohol remains a difficult challenge to kids’ health and wellness. I’m concerned that this ubiquitous negative element in our community, along with the easy availability of guns, will remain a problem. It’s disappointing that we, as a society, have not adequately prevented either availability or access. Interesting that we can’t get healthy foods to folks, but drugs, alcohol, and guns seem to be easily available. Hope I can find some support for my perspective! – Social Services Provider
This is a problem because it is easily accessible for older children, as well as peer pressure. – Public Health Representative

Teen/Young Adult Usage

Exposure to drugs and alcohol at a young age is dangerous and unhealthy. – Social Services Provider
More and more kids are being exposed to alcohol and drugs at earlier ages. – Other Health Provider

Vaping

Vaping. – Social Services Provider
Vaping. I see children vaping in the community and I am not sure they understand the consequences of their actions. – Other Health Provider

Prevalence/Incidence

Drug problem all over, following parental behaviors, stressors. – Public Health Representative

Parental Influence

Children see a negative example from parents who use drugs/alcohol, there are many opioid overdoses occurring, there is a negative influence through social media. Because they suffer from mental health issues, they may be more likely to alleviate their feelings/pain by the use and abuse of substances. – Public Health Representative
Most Problematic Substances

Key informants (who rated this as a “major problem”) most often identified alcohol as causing the most problems in the community, followed by marijuana and tobacco/vaping products.

### SUBSTANCES VIEWED AS MOST PROBLEMATIC IN THE COMMUNITY

(Among Key Informants Rating Substance Abuse as a “Major Problem”)

<table>
<thead>
<tr>
<th>Substance</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol</td>
<td>34.6%</td>
</tr>
<tr>
<td>Marijuana</td>
<td>15.4%</td>
</tr>
<tr>
<td>Tobacco/Vaping Products</td>
<td>15.4%</td>
</tr>
<tr>
<td>Heroin or Other Opioids</td>
<td>11.5%</td>
</tr>
<tr>
<td>Methamphetamine or Other Amphetamines</td>
<td>7.7%</td>
</tr>
<tr>
<td>Club Drugs (e.g. MDMA, GHB, Ecstasy, Molly)</td>
<td>0.4%</td>
</tr>
<tr>
<td>Hallucinogens or Dissociative Drugs (e.g. Ketamine, PCP, LSD, DXM)</td>
<td>0.4%</td>
</tr>
<tr>
<td>Prescription Medications</td>
<td>0.4%</td>
</tr>
<tr>
<td>Hallucinogens or Dissociative Drugs (e.g. Ketamine, PCP, LSD, DXM)</td>
<td>0.4%</td>
</tr>
<tr>
<td>Prescription Medications</td>
<td>0.4%</td>
</tr>
<tr>
<td>Synthetic Drugs (e.g. Bath Salts, K2/Spice)</td>
<td>0.4%</td>
</tr>
</tbody>
</table>
While most Total Service Area children were not injured seriously within the past year, 13.9% sustained injuries serious enough to require medical treatment.

**BENCHMARK** ➤ Less favorable than the US finding.

**DISPARITY** ➤ Highest in Seminole County. Serious injuries are more prevalent among adolescents.

**Child Was Injured Seriously Enough to Need Medical Treatment in the Past Year**
*(Total Service Area, 2022)*

<table>
<thead>
<tr>
<th></th>
<th>2013*</th>
<th>2016*</th>
<th>2019</th>
<th>2022</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brevard County</td>
<td>13.3%</td>
<td>13.1%</td>
<td>15.9%</td>
<td>20.6%</td>
</tr>
<tr>
<td>Orange County</td>
<td>13.3%</td>
<td>13.1%</td>
<td>15.9%</td>
<td>20.6%</td>
</tr>
<tr>
<td>Osceola County</td>
<td>9.9%</td>
<td>9.9%</td>
<td>9.9%</td>
<td>9.9%</td>
</tr>
<tr>
<td>Polk County</td>
<td>9.9%</td>
<td>9.9%</td>
<td>9.9%</td>
<td>9.9%</td>
</tr>
<tr>
<td>Seminole County</td>
<td>13.9%</td>
<td>13.9%</td>
<td>13.9%</td>
<td>13.9%</td>
</tr>
<tr>
<td>Total Service Area</td>
<td>8.8%</td>
<td>8.8%</td>
<td>8.8%</td>
<td>8.8%</td>
</tr>
<tr>
<td>US</td>
<td>11.9%</td>
<td>13.3%</td>
<td>10.6%</td>
<td>13.9%</td>
</tr>
</tbody>
</table>

Number of Times:
1  63.1%
2  19.9%
3+ 17.0%

**Sources:**
- 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Items 69-70]
- 2020 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

**Notes:**
- Asked of all respondents about a randomly selected child in the household.
- "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.

**Child Was Injured Seriously Enough to Need Medical Treatment in the Past Year**
*(Total Service Area, 2022)*

<table>
<thead>
<tr>
<th></th>
<th>Boy</th>
<th>Girl</th>
<th>Age</th>
<th>Age</th>
<th>Age</th>
<th>Very Low Income</th>
<th>Low Income</th>
<th>Mid/High Income</th>
<th>White</th>
<th>Black</th>
<th>Hispanic</th>
<th>TSA</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>14.4%</td>
<td>13.0%</td>
<td>13.0%</td>
<td>11.7%</td>
<td>17.9%</td>
<td>14.4%</td>
<td>11.3%</td>
<td>14.6%</td>
<td>15.1%</td>
<td>12.3%</td>
<td>11.3%</td>
<td>13.9%</td>
</tr>
</tbody>
</table>

**Sources:**
- 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, 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 most often mentioned activities like playing and sports (unorganized and organized). Another common contributor was falling or tripping.

Child's Activity When Most Seriously Injured in Past Year
(Total Service Area Children Seriously Injured in the Past Year, 2022)

- Don't Know/Not Sure
- Playing
- Sports-Unorganized
- Sports-Organized/Team
- Falling/Tripping
- Other (Each <4%)

When asked about the type of injury sustained, these parents frequently mentioned broken bones, sprains, and head injuries. Injuries mentioned with less frequency included knee injuries, injuries requiring stitches, back injuries, muscle injuries, and deep puncture wounds.

Type of Injury Sustained
(Total Service Area Children Seriously Injured in the Past Year, 2022)

- Broken Bone
- Sprain
- Head Injury
- Knee Injury
- Stitches
- Back Injury
- Muscle Injury
- Puncture Wound
- Other (Each <2%)

Sources: 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 71]
Notes: Asked of all respondents for whom the randomly selected child in the household was seriously injured in the past year.
Violence & Safety

ABOUT VIOLENCE & SAFETY

Most violence against children involves at least one of six main types of interpersonal violence that tend to occur at different stages in a child’s development.

- **Maltreatment** (including violent punishment) involves physical, sexual and psychological/emotional violence; and neglect of infants, children and adolescents by parents, caregivers and other authority figures, most often in the home but also in settings such as schools and orphanages.
- **Bullying** (including cyber-bullying) is unwanted aggressive behavior by another child or group of children who are neither siblings nor in a romantic relationship with the victim. It involves repeated physical, psychological or social harm, and often takes place in schools and other settings where children gather, and online.
- **Youth violence** is concentrated among children and young adults aged 10–29 years, occurs most often in community settings between acquaintances and strangers, includes bullying and physical assault with or without weapons (such as guns and knives), and may involve gang violence.
- **Intimate partner violence** (or domestic violence) involves physical, sexual and emotional violence by an intimate partner or ex-partner. Although males can also be victims, intimate partner violence disproportionately affects females. It commonly occurs against girls within child marriages and early/forced marriages. Among romantically involved but unmarried adolescents it is sometimes called “dating violence”.
- **Sexual violence** includes non-consensual completed or attempted sexual contact and acts of a sexual nature not involving contact (such as voyeurism or sexual harassment); acts of sexual trafficking committed against someone who is unable to consent or refuse; and online exploitation.
- **Emotional or psychological violence** includes restricting a child’s movements, denigration, ridicule, threats and intimidation, discrimination, rejection and other non-physical forms of hostile treatment.

When directed against girls or boys because of their biological sex or gender identity, any of these types of violence can also constitute gender-based violence.

Violence against children has lifelong impacts on health and well-being of children, families, communities, and nations. Violence against children can:

- Result in death
- Lead to severe injuries
- Impair brain and nervous system development
- Result in negative coping and health risk behaviors
- Lead to unintended pregnancies, induced abortions, gynecological problems, and sexually transmitted infections, including HIV
- Contribute to a wide range of non-communicable diseases as children grow older (e.g., cardiovascular disease, cancer, diabetes) due to the negative coping and health risk behaviors associated with violence
- Impact opportunities and future generations

Violence against children can be prevented. Preventing and responding to violence against children requires that efforts systematically address risk and protective factors at all four interrelated levels of risk (individual, relationship, community, society).

- World Health Organization (https://www.who.int/news-room/fact-sheets/detail/violence-against-children)
Neighborhood Safety

While most Total Service Area families live in “extremely safe” or “quite safe” neighborhoods, 14.7% of parents live in neighborhoods they consider only “slightly safe” or “not at all safe.”

DISPARITY ➤ Most favorable in Seminole County. Demographically, least favorable among parents of Black and Hispanic children and especially those in very low-income households.

Perceived Safety of Neighborhood
(Total Service Area, 2022)

- Extremely Safe
- Quite Safe
- Slightly Safe
- Not At All Safe

Sources: 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 76]
Notes: Asked of all respondents.

Neighborhood Perceived to be “Slightly/Not At All” Safe
(Total Service Area, 2022)

Total Service Area

Sources: 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 76]
2020 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
Notes: Asked of all respondents.
*2016 results do not include responses from Polk County.
Feeling Safe at School or Going to/From School

A total of 17.4% 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.

- BENCHMARK ► More than twice the US percentage.
- TREND ► Significantly higher than the 2016 baseline.
- DISPARITY ► More often reported among parents of children in very low-income households.

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, 2022)

- None
- One
- Two
- Three/More
### Child Missed School in the Past Year Due to Feeling Unsafe

(Total Service Area Children Age 5-17, 2022)

#### Total Service Area

<table>
<thead>
<tr>
<th>Year</th>
<th>Total Service Area</th>
<th>Brevard County</th>
<th>Orange County</th>
<th>Osceola County</th>
<th>Polk County</th>
<th>Seminole County</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016</td>
<td>7.5%</td>
<td>13.6%</td>
<td>19.6%</td>
<td>14.8%</td>
<td>16.8%</td>
<td>17.0%</td>
<td>8.4%</td>
</tr>
<tr>
<td>2019</td>
<td>16.9%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2022</td>
<td>17.4%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Notes:
- Asked of all respondents for whom the randomly selected child in the household is age 5-17.
- *2016 results do not include responses from Polk County.

### Sources:
- 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. (Item 73)
- 2020 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

---

### Child Missed School in the Past Year Due to Feeling Unsafe

(Total Service Area Children Age 5-17, 2022)

<table>
<thead>
<tr>
<th>Gender</th>
<th>Age</th>
<th>Income Level</th>
<th>Race</th>
<th>Ethnicity</th>
<th>TSA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boy</td>
<td>5-12</td>
<td>Very Low</td>
<td>White</td>
<td>Hispanic</td>
<td>15.5%</td>
</tr>
<tr>
<td>Girl</td>
<td>5-12</td>
<td>Low</td>
<td>Black</td>
<td>Hispanic</td>
<td>19.0%</td>
</tr>
<tr>
<td></td>
<td>13-17</td>
<td>Mid/High</td>
<td></td>
<td></td>
<td>15.1%</td>
</tr>
<tr>
<td></td>
<td>13-17</td>
<td>Very Low</td>
<td></td>
<td></td>
<td>19.7%</td>
</tr>
<tr>
<td></td>
<td>13-17</td>
<td>Low</td>
<td></td>
<td></td>
<td>22.4%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Mid/High</td>
<td></td>
<td></td>
<td>13.9%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>White</td>
<td></td>
<td></td>
<td>16.6%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Black</td>
<td></td>
<td></td>
<td>18.1%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Hispanic</td>
<td></td>
<td></td>
<td>13.3%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>TSA</td>
<td></td>
<td></td>
<td>17.5%</td>
</tr>
</tbody>
</table>

#### Sources:
- 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, 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), 23.5% report that their child has been bullied in the past year on school property.

**BENCHMARK ➤** Less favorable than the US percentage.

**TREND ➤** Marks a significant increase over time.

**DISPARITY ➤** More often reported by parents of girls.

Child Was Bullied on School Property in the Past Year
(Total Service Area Children Age 5-17, 2022)

Sources: 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 74]  
2019 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

Notes: Asked of those respondents for whom the randomly selected child in the household is between the ages of 5 and 17.  
*2016 results do not include responses from Polk County.

Child Was Bullied on School Property in the Past Year
(Total Service Area Children Age 5-17, 2022)

Sources: 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 74]  
2019 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

Notes:  
*2016 results do not include responses from Polk County.

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.

Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
A total of 12.5% report that their child age 5-17 has been cyberbullied.

**BENCHMARK** ► Much higher than the US finding.

**TREND** ► Marks a significant increase over time.

**DISPARITY** ► Lowest in Osceola County. **More** often affects girls and teenagers.

Child Was Cyberbullied in the Past Year  
(Total Service Area Children Age 5-17, 2022)

Sources:  
2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 75]  
2020 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

Notes:  
- Asked of all 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.
- “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.
- "2016 results do not include responses from Polk County.

Child Was Cyberbullied in the Past Year  
(Total Service Area Children Age 5-17, 2022)

Sources:  
2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 75]  
2020 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

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).

**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.
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, 2022)

- Major Problem: 19.0%
- Moderate Problem: 51.7%
- Minor Problem: 24.1%
- No Problem At All: 5.2%

Sources: PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: Asked of all respondents.

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

Prevalence/Incidence
- It seems that children are affected by so many things. Injuries, such as drowning, abuse and violence at home, neighborhoods and schools. Children are affected by injuries and violence and sometimes are the ones committing the violence. – Public Health Representative
- Unintentional injuries are one of the leading causes of death to children in the community. Orange County also has a high rate of abuse and neglect in the Central Florida community and state. – Other Health Provider

Access to Care/Services
- There are always concerns about injuries at home, at school, or anywhere else. There are not enough resources available to children for them to recognize the signs of mental, emotional, or physical violence. – Community/Business Leader

Gun Violence
- Children and adolescents continue to have access to firearms. Poor family connections, behavioral issues, and poor support for life skills, plus the availability of firearms have contributed to incidents of violence in among youth and in schools. – Public Health Representative

Income/Poverty
- Kids living in poverty are often exposed to very violent environments with no interventions other than arrests of people they love or live with. – Other Health Provider
SEXUAL HEALTH

ABOUT HIV & SEXUALLY TRANSMITTED INFECTIONS

Although many sexually transmitted infections (STIs) are preventable, there are more than 20 million estimated new cases in the United States each year — and rates are increasing. In addition, more than 1.2 million people in the United States are living with HIV (human immunodeficiency virus).

Adolescents, young adults, and men who have sex with men are at higher risk of getting STIs. And people who have an STI may be at higher risk of getting HIV. Promoting behaviors like condom use can help prevent STIs.

Strategies to increase screening and testing for STIs can assess people’s risk of getting an STI and help people with STIs get treatment, improving their health and making it less likely that STIs will spread to others. Getting treated for an STI other than HIV can help prevent complications from the STI but doesn’t prevent HIV from spreading.

— Healthy People 2030 (https://health.gov/healthypeople)

Chlamydia & Gonorrhea

In 2018, there were 557.3 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).

BENCHMARK ➤ Worse than the statewide rate.

DISPARITY ➤ Highest in Orange and Polk counties.

In 2018, there were 154.4 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).

BENCHMARK ➤ More favorable than the national rate.

DISPARITY ➤ Highest in Orange and Seminole counties.
Chlamydia & Gonorrhea Incidence
(Incidence Rate per 100,000 Population, 2018)

<table>
<thead>
<tr>
<th></th>
<th>Brevard County</th>
<th>Orange County</th>
<th>Osceola County</th>
<th>Polk County</th>
<th>Seminole County</th>
<th>Total Service Area</th>
<th>FL</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chlamydia</td>
<td>732.8</td>
<td>480.4</td>
<td>518.0</td>
<td>428.2</td>
<td>557.3</td>
<td>499.2</td>
<td>539.9</td>
<td>217.7</td>
</tr>
<tr>
<td>Gonorrhea</td>
<td>348.5</td>
<td>217.7</td>
<td>107.6</td>
<td>126.2</td>
<td>139.6</td>
<td>154.4</td>
<td>155.6</td>
<td>179.1</td>
</tr>
</tbody>
</table>


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

Recent Sexual Activity

Among Orange County high school students, 21.4% report having had sexual intercourse with at least one person during the three months preceding the administration of the 2019 Youth Risk Behavior Survey.

BENCHMARK ➤ Lower than statewide and national findings.

DISPARITY ➤ More often reported among 11th graders and especially 12th graders.

Had Sexual Intercourse in Past Three Months
(Among High School Students; Youth Risk Behavior Surveys, 2019)

<table>
<thead>
<tr>
<th></th>
<th>Orange County</th>
<th>FL</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>21.4%</td>
<td>25.9%</td>
<td>27.4%</td>
</tr>
</tbody>
</table>


Notes: ● Have had sexual intercourse with at least one person during the three months before the survey.

These indicators are 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/healthyyouth/yrbss.
Had Sexual Intercourse in Past Three Months
(Among High School Students; Youth Risk Behavior Survey, 2019)

<table>
<thead>
<tr>
<th></th>
<th>Males</th>
<th>Females</th>
<th>Grade 9</th>
<th>Grade 10</th>
<th>Grade 11</th>
<th>Grade 12</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Black</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hispanic</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Orange County</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Risky Sexual Behaviors
Among Orange County high school students who are sexually active, 40.3% report not using a condom during their last sexual intercourse, and 18.1% report not using any method to prevent pregnancy.

BENCHMARK ➤ While condom use in Orange County high schoolers is more favorable than the US finding, use of any birth control is less favorable than both state and US findings.

Risky Sexual Behavior
(Among Sexually Active High School Students; Youth Risk Behavior Surveys, 2019)


Notes: ● 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), OrthoEvra (or any patch), 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, 2022)

- Major Problem
- Moderate Problem
- Minor Problem
- No Problem At All

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Major Problem</td>
<td>9.4%</td>
</tr>
<tr>
<td>Moderate Problem</td>
<td>52.8%</td>
</tr>
<tr>
<td>Minor Problem</td>
<td>30.2%</td>
</tr>
<tr>
<td>No Problem At All</td>
<td>7.5%</td>
</tr>
</tbody>
</table>

Sources: PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: Asked of all respondents.

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

Prevalence/Incidence

- Number of STD cases. Teen pregnancy. – Social Services Provider
ACCESS TO HEALTH CARE
HEALTH INSURANCE COVERAGE

Type of Health Care Coverage

In all, 40.7% of parents report having healthcare coverage for their child through private insurance. Another 53.5% report coverage through a government-sponsored program (e.g., Medicaid, Medicare, state-sponsored CHIP, military benefits).

Healthcare Insurance Coverage for Child
(Total Service Area, 2022)

- Private Insurance: 40.7%
- VA/Military: 1.4%
- Medicaid/Medicare/Other Gov't: 52.1%
- No Insurance/Self-Pay: 5.8%

Sources: 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 133]
Notes: Asked of all respondents.

Lack of Health Insurance Coverage

Prevalence of Uninsured Children/Adolescents

On the other hand, 5.8% of Total Service Area parents report having no insurance coverage for their child’s healthcare expenses, through either private or public sources.

DISPARITY ➤ Lack of insurance is higher among White children than Hispanic children.
Lack Healthcare Insurance Coverage for Child
(Total Service Area, 2022)

Sources:  
1. 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 133]  
2. 2020 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.  

Notes:  
1. Asked of all respondents.  
2. *2013 and 2016 results do not include responses from Polk County.

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Lack Healthcare Insurance Coverage for Child
(Total Service Area, 2022)

Sources:  
1. 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 133]  

Notes:  
1. Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).  
2. 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 between 200% and 399% of the federal poverty level.

---
Recent Lack of Coverage

Overall, 11.3% of surveyed parents report that their child was without healthcare coverage at some point in the past year.

DISPARITY ➤ More often reported among parents of Hispanic children than Black children.

Child Has Been Without Coverage at Some Point
(Total Service Area Children 0-17, 2022)

Sources: 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 101]
- 2020 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents with children under 18 at home.
- *2013 and 2016 results do not include responses from Polk County.

Child Has Been Without Coverage at Some Point
(Total Service Area Children 0-17, 2022)

Sources: 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 101]

Notes:
- *2013 and 2016 results do not include responses from Polk County.
- 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 Services

A total of 54.8% of Total Service Area parents report some type of difficulty or delay in obtaining healthcare services for their child in the past year.

**BENCHMARK** ➤ Considerably higher than the national percentage.

**TREND** ➤ Marks a dramatic increase from previous surveys.

**DISPARITY** ➤ More prevalent among children in very low-income households.

Experienced Difficulties or Delays of Some Kind in Receiving Child’s Needed Healthcare in the Past Year (Total Service Area, 2022)

Sources:  
- 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 141]  
- 2020 PRC National Child & Adolescent Health Survey, Professional Research Consultants, 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.  
- 2013 and 2016 results do not include responses from Polk County.

Experienced Difficulties or Delays of Some Kind in Receiving Child’s Needed Healthcare in the Past Year (Total Service Area, 2022)

Sources:  
- 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 141]

Notes:  
- Represented as a percentage of respondents experiencing one or more barriers to accessing their child’s healthcare in the past 12 months.
- Hispanic 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 Health Care Access

Of the tested access barriers, difficulty getting a doctor’s appointment impacted the greatest share of Total Service Area children (34.5% of parents say that lack of appointment availability prevented them from obtaining a visit to a physician for their child in the past year).

Inconvenient office hours affected 27.1% of families, and the inability to find a doctor affected 26.3%.

**BENCHMARK** ➤ All tested barriers were less favorable than the corresponding US benchmark.

**TREND** ➤ All tested barriers have increased significantly over time.

**DISPARITY** ➤ Difficulty finding a physician most often affected children in Brevard County, while language/cultural differences most often affected children in Orange County.

Barriers to Access Have Prevented Child’s Medical Care in the Past Year
(Total Service Area, 2022)

Barriers to Access Have Prevented Child’s Medical Care in the Past Year
(By County, 2022)
Access to Specialty Care

Need for Specialty Care

More than one-half (51.8%) of Total Service Area children are reported to have needed to see a specialist at some point in the past year.

BENCHMARK ➔ Considerably higher than the national finding.

TREND ➔ Represents a dramatic increase over time.

DISPARITY ➔ More often reported among parents of adolescents than children age 0 to 4.

Child Needed a Specialist in the Past Year
(Total Service Area, 2022)

<table>
<thead>
<tr>
<th>Year</th>
<th>Total Service Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013*</td>
<td>29.6%</td>
</tr>
<tr>
<td>2016*</td>
<td>37.2%</td>
</tr>
<tr>
<td>2019</td>
<td>39.0%</td>
</tr>
<tr>
<td>2022</td>
<td>51.8%</td>
</tr>
</tbody>
</table>

Child Needed a Specialist in the Past Year
(Total Service Area, 2022)

<table>
<thead>
<tr>
<th>Group</th>
<th>US</th>
<th>Brevard County</th>
<th>Orange County</th>
<th>Osceola County</th>
<th>Polk County</th>
<th>Seminole County</th>
<th>Total Service Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013*</td>
<td>33.1%</td>
<td>48.8%</td>
<td>51.4%</td>
<td>51.0%</td>
<td>54.3%</td>
<td>53.2%</td>
<td>51.8%</td>
</tr>
<tr>
<td>2016*</td>
<td>29.6%</td>
<td>33.1%</td>
<td>51.4%</td>
<td>51.0%</td>
<td>54.3%</td>
<td>53.2%</td>
<td>51.8%</td>
</tr>
<tr>
<td>2019</td>
<td>37.2%</td>
<td>29.6%</td>
<td>33.1%</td>
<td>51.4%</td>
<td>51.0%</td>
<td>54.3%</td>
<td>51.8%</td>
</tr>
<tr>
<td>2022</td>
<td>39.0%</td>
<td>37.2%</td>
<td>33.1%</td>
<td>51.4%</td>
<td>51.0%</td>
<td>54.3%</td>
<td>51.8%</td>
</tr>
</tbody>
</table>


Notes:
- Asked of all respondents about a randomly selected child in the household.
- *2013 and 2016 results do not include responses from Polk County.
Difficulty Accessing Specialty Care

Parents of children needing specialty medical care in the past year were further asked to evaluate the difficulty of getting the needed care. Nearly three-fourths (72.4%) expressed some level of difficulty, characterizing it as a “major,” “moderate,” or a “minor problem.”

BENCHMARK ► “Major/moderate problem” responses in the Total Service Area are higher than found across the US.

TREND ► Since 2013, “major/moderate problem” ratings have increased significantly.

DISPARITY ► “Major/moderate problem” responses are lower in Polk County (not shown).

Evaluation of Difficulty Getting Specialty Care for Child in the Past Year
(Total Service Area Parents of Children Needing to See a Specialist in the Past Year, 2022)

Outmigration for Children’s Healthcare

A total of 37.7% of Total Service Area parents report that they feel the need to leave their local areas in order to obtain certain children’s healthcare services.

BENCHMARK ► Higher than found nationwide.

TREND ► Marks a dramatic increase since the 2013 survey.

DISPARITY ► Highest in Brevard and Polk counties.
Feel the Need to Leave the Area for Children’s Healthcare Services (Total Service Area, 2022)

**Reasons:**
- Not available locally (38.7%)
- Better care elsewhere (29.4%)
- Cost/Insurance (5.2%)

**Sources:**
- 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Items 9-11]
- 2020 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

**Notes:**
- Asked of all respondents about a randomly selected child in the household.
- *2013 and 2016 results do not include responses from Polk County.

---

Feel the Need to Leave the Area for Children’s Healthcare Services (Total Service Area, 2022)

**Sources:**
- 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 9]

**Notes:**
- 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: Access to Healthcare

Key informants taking part in an online survey most often 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, 2022)

<table>
<thead>
<tr>
<th></th>
<th>Major Problem</th>
<th>Moderate Problem</th>
<th>Minor Problem</th>
<th>No Problem At All</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>28.3%</td>
<td>50.0%</td>
<td>18.3%</td>
<td>3.3%</td>
</tr>
</tbody>
</table>

Sources: PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: Asked of all respondents.

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

#### Access to Care/Services

- **Challenges for our families to receive health services are some of the following:** transportation issues; insurance issues; understanding of how important regular well-child checks, immunizations, and dental checkups are. – Social Services Provider
- **Access to services that are affordable and that offer comprehensive, developmentally appropriate services.** Education regarding the need for mental health support and non-pharmacological options for supporting mental health. – Other Health Provider
- **No insurance coverage, no services right near home, lack of cultural and linguistic affirmation, lack of disability justice.** – Community/Business Leader
- **Transportation, knowing which services providers are available and where, connecting with human beings that can answer questions.** – Public Health Representative
- **The access to health care via a parental figure. There are always issues with insurance and access to health care necessities.** – Community/Business Leader
- **Availability for appointments.** – Community/Business Leader

#### Awareness/Education

- **Educating families as to the services available. Transportation.** – Community/Business Leader
- **The biggest challenges related to accessing health services for children and adolescents in our community is lack of awareness, for parents/guardians on how and where to start the navigation process for services. Secondarily, for families without access to health insurance, options for physical and behavioral care is nearly nonexistent.** – Other Health Provider
- **Lack of education for parents to seek out medical support in pretty much every area.** – Social Services Provider

#### Immigrant Populations

- **The biggest challenge is for clients to arrive in the United States from other countries and have no insurance, and to locate providers who provide services at low cost.** – Public Health Representative
- **Access to health services is an issue in Orange County as we continuously receive immigrants and families from other states looking to relocate to Florida. The exponential growth that the population has experienced in the last five years has posed a challenge in the system to increase its capacity to adapt to the larger population in need of health services.** – Community/Business Leader

#### Access to Care for Uninsured/Underinsured

- **Lack of insurance and being able to get to health care.** – Community/Business Leader
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.

<table>
<thead>
<tr>
<th>Type of Care</th>
<th>Most Difficult to Access</th>
<th>Second-Most Difficult to Access</th>
<th>Third-Most Difficult to Access</th>
<th>Total Mentions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental Health Care</td>
<td>30.8%</td>
<td>38.5%</td>
<td>15.4%</td>
<td>11</td>
</tr>
<tr>
<td>Chronic Disease Care</td>
<td>38.5%</td>
<td>0.0%</td>
<td>30.8%</td>
<td>9</td>
</tr>
<tr>
<td>Specialty Care</td>
<td>23.1%</td>
<td>7.7%</td>
<td>15.4%</td>
<td>6</td>
</tr>
<tr>
<td>Dental Care</td>
<td>7.7%</td>
<td>15.4%</td>
<td>7.7%</td>
<td>4</td>
</tr>
<tr>
<td>Primary Care</td>
<td>0.0%</td>
<td>15.4%</td>
<td>7.7%</td>
<td>3</td>
</tr>
<tr>
<td>Substance Abuse Treatment</td>
<td>0.0%</td>
<td>15.4%</td>
<td>7.7%</td>
<td>3</td>
</tr>
<tr>
<td>Prenatal Care</td>
<td>0.0%</td>
<td>7.7%</td>
<td>7.7%</td>
<td>2</td>
</tr>
<tr>
<td>Urgent Care</td>
<td>0.0%</td>
<td>0.0%</td>
<td>7.7%</td>
<td>1</td>
</tr>
</tbody>
</table>
PRIMARY CARE SERVICES

ABOUT PREVENTIVE CARE

Getting preventive care reduces the risk for diseases, disabilities, and death — yet millions of people in the United States don’t get recommended preventive health care services.

Children need regular well-child and dental visits to track their development and find health problems early, when they’re usually easier to treat. Services like screenings, dental check-ups, and vaccinations are key to keeping people of all ages healthy. But for a variety of reasons, many people don’t get the preventive care they need. Barriers include cost, not having a primary care provider, living too far from providers, and lack of awareness about recommended preventive services.

Teaching people about the importance of preventive care is key to making sure more people get recommended services. Law and policy changes can also help more people access these critical services.

– Healthy People 2030 (https://health.gov/healthypeople)

Routine Medical Care

Specific Source of Ongoing Care

A total of 76.9% 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.

BENCHMARK ► Less favorable than the US finding.

TREND ► Marks a significant decrease over time.

DISPARITY ► Children age 0 to 4, children in very low-income households, Black children, and Hispanic children are less likely to have a regular source of care.

Child Has a Specific Source of Ongoing Medical Care

<table>
<thead>
<tr>
<th>County</th>
<th>2013</th>
<th>2016</th>
<th>2019</th>
<th>2022</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brevard County</td>
<td>77.4%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Orange County</td>
<td>75.9%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Osceola County</td>
<td>71.6%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Polk County</td>
<td>78.7%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Seminole County</td>
<td>80.7%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Service Area</td>
<td>76.9%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>US</td>
<td>82.3%</td>
<td>87.3%</td>
<td>89.2%</td>
<td>85.7%</td>
</tr>
</tbody>
</table>

Sources: ● 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 138]
● 2020 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

Notes: ● Requested of all respondents about a randomly selected child in the household.
● Having a specific source of ongoing care 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 the child or their health. This resource is crucial to the concept of “patient-centered medical homes” (PCMH).
● *2013 and 2016 results do not include responses from Polk County.
## Child Has a Specific Source of Ongoing Medical Care

(Total Service Area, 2022)

<table>
<thead>
<tr>
<th></th>
<th>Boy</th>
<th>Girl</th>
<th>Age 0 to 4</th>
<th>Age 5 to 12</th>
<th>Age 13 to 17</th>
<th>Very Low Income</th>
<th>Low Income</th>
<th>Mid/High Income</th>
<th>White</th>
<th>Black</th>
<th>Hispanic</th>
<th>TSA</th>
</tr>
</thead>
<tbody>
<tr>
<td>78.6%</td>
<td>76.6%</td>
<td>71.5%</td>
<td>78.1%</td>
<td>80.4%</td>
<td>65.6%</td>
<td>76.7%</td>
<td>82.6%</td>
<td>82.8%</td>
<td>67.6%</td>
<td>73.4%</td>
<td>76.9%</td>
<td></td>
</tr>
</tbody>
</table>

**Sources:** 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. (Item 138)

**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.
- 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

When asked where they take their child if they are sick or need advice about his/her health, the greatest share of respondents (76.9%) identified a particular doctor’s office.

A total of 12.9% say they usually go to some type of clinic, while 3.2% use an urgent care center, 2.4% rely on a hospital emergency room, and 1.4% use a health department for their child’s medical care.

## Particular Place Utilized for Child’s Medical Care

(Total Service Area, 2022)

- Dr’s Office: 76.9%
- Clinic: 3.2%
- Urgent Care: 12.9%
- Hospital ER: 2.4%
- Health Department: 3.2%
- Somewhere Else: 12.9%

**Sources:** 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. (Item 26)

**Notes:** Asked of all respondents about a randomly selected child in the household.
Receipt of Routine Medical Care

Among surveyed parents, 89.3% report that their child has had a routine checkup in the past year.

TREND ► Denotes a significant increase from the 2013 benchmark.

DISPARITY ► Those less likely to have received a checkup include girls and children age 5 and older.

Child Visited a Physician for a Routine Checkup in the Past Year
(Total Service Area, 2022)

<table>
<thead>
<tr>
<th>County</th>
<th>2013*</th>
<th>2016*</th>
<th>2019</th>
<th>2022</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brevard County</td>
<td>88.1%</td>
<td>90.6%</td>
<td>85.7%</td>
<td>88.2%</td>
</tr>
<tr>
<td>Orange County</td>
<td>86.6%</td>
<td>89.9%</td>
<td>89.3%</td>
<td>87.3%</td>
</tr>
<tr>
<td>Osceola County</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Polk County</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Seminole County</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Service Area</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Sources: ● 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 27]
● 2020 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents about a randomly selected child in the household.
*2013 and 2016 results do not include responses from Polk County.

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.
Alternative Delivery of Care

After-Hours Telephone Service

A total of 17.2% of Total Service Area children received care through an after-hours telephone service in the past year.

TREND ► Denotes a significant increase since 2019.

DISPARITY ► Used more often for children age 0 to 4 than for older children.

Child Used After-Hours Telephone Service for Care in the Past Year
(Total Service Area, 2022)

Source: 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 301]

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.
Telemedicine Services

Nearly one-third (32.4%) of Total Service Area children have used telemedicine services in the past year.

**TREND** ► Marks a dramatic increase since 2019.

**DISPARITY** ► Lower in Seminole County. Adolescents were more likely than children age 5 to 12 to use telemedicine services.

**Child Used Telemedicine Services in Past Year**
(Total Service Area, 2022)

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**Child Used Telemedicine Services in Past Year**
(Total Service Area, 2022)

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Source: 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 302]
Notes: Asked of all respondents about a randomly selected child in the household.
In a telemedicine visit, a patient uses a computer or smartphone to communicate with a doctor in real time without being face-to-face.
Vaccinations

Vaccinating Newborns

While 81.6% of surveyed Total Service Area parents say they would want their (hypothetical) newborn to receive all recommended vaccinations, a total of 18.4% would not.

**TREND ►** Denotes a significant increase over time.

**DISPARITY ►** Parents of White children are more likely than parents of Hispanic children to say they would not want all vaccinations for a newborn.

If Respondent Had a Newborn, Would Not Want Him/Her to Get All Recommended Vaccinations
(Total Service Area Parents, 2022)

<table>
<thead>
<tr>
<th>Reason</th>
<th>Total Service Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>Side effects (20.6%)</td>
<td>16.8%</td>
</tr>
<tr>
<td>Perceived as unnecessary (13.6%)</td>
<td>19.1%</td>
</tr>
<tr>
<td>Don't want it (8.7%)</td>
<td></td>
</tr>
</tbody>
</table>

If Respondent Had a Newborn, Would Not Want Him/Her to Get All Recommended Vaccinations
(By Adult Respondents' Demographic Characteristics*; Total Service Area, 2022)

<table>
<thead>
<tr>
<th>Category</th>
<th>Men</th>
<th>Women</th>
<th>18 to 34</th>
<th>35 to 44</th>
<th>45+</th>
<th>Very Low Income</th>
<th>Low Income</th>
<th>MidHigh Income</th>
<th>White*</th>
<th>Black*</th>
<th>Hispanic*</th>
<th>TSA</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013*</td>
<td>17.2%</td>
<td>20.0%</td>
<td>17.1%</td>
<td>17.3%</td>
<td>18.8%</td>
<td>17.0%</td>
<td>17.9%</td>
<td>20.2%</td>
<td>21.1%</td>
<td>13.9%</td>
<td>18.4%</td>
<td></td>
</tr>
<tr>
<td>2016*</td>
<td>17.1%</td>
<td>18.4%</td>
<td>17.3%</td>
<td>17.0%</td>
<td>18.8%</td>
<td>17.9%</td>
<td>20.2%</td>
<td>21.1%</td>
<td>13.9%</td>
<td>18.4%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2019</td>
<td>17.1%</td>
<td>18.4%</td>
<td>17.3%</td>
<td>18.8%</td>
<td>17.0%</td>
<td>17.9%</td>
<td>20.2%</td>
<td>21.1%</td>
<td>13.9%</td>
<td>18.4%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2022</td>
<td>17.1%</td>
<td>18.4%</td>
<td>17.3%</td>
<td>18.8%</td>
<td>17.0%</td>
<td>17.9%</td>
<td>20.2%</td>
<td>21.1%</td>
<td>13.9%</td>
<td>18.4%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Sources: 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 115-116]
2020 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

Notes:
* 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.

Vaccination is a primary defense against some of the most deadly and debilitating known diseases.
Flu Vaccination

Among area parents of children age 6 months or older, 44.6% said their child has received a flu vaccine within the past year.

DISPARITY ➤ Lower in Polk County. Less prevalent among adolescents (when compared to children age 0 to 4) and low-income children (when compared with those in higher-income households).

Child Has Received a Flu Vaccine in the Past Year
(Total Service Area Parents of Children Age 6 Months and Older, 2022)
COVID-19 Vaccination

Among area parents of children age 5 to 17, 48.0% said their child has received a COVID-19 vaccine.

DISPARITY ➤ Lower in Polk County. Less prevalent among boys, children age 5 to 12, low-income children, and Black children (when compared to Hispanic children).

Child Has Received At Least One Dose of a COVID-19 Vaccine
(Total Service Area Parents of Children Age 5 to 17, 2022)

Sources: 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 313]
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.
Human Papillomavirus (HPV) Vaccination

Among area parents of children age 11 to 17, 54.9% said their child has received at least two shots of the HPV vaccine.

**DISPARITY** ▶ Less prevalent among children age 11 to 14 and children in households with higher incomes.

**Child Has Received At Least Two Shots of the HPV Vaccine**
(Total Service Area Parents of Children Age 11 to 17, 2022)

<table>
<thead>
<tr>
<th>Brevard County</th>
<th>Orange County</th>
<th>Osceola County</th>
<th>Polk County</th>
<th>Seminole County</th>
<th>Total Service Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>57.0%</td>
<td>57.8%</td>
<td>47.3%</td>
<td>53.6%</td>
<td>53.0%</td>
<td>54.9%</td>
</tr>
</tbody>
</table>

**Child Has Received At Least Two Shots of the HPV Vaccine**
(Total Service Area Parents of Children Age 11 to 17, 2022)

<table>
<thead>
<tr>
<th>Boy</th>
<th>Girl</th>
<th>Age 11 to 14</th>
<th>Age 15 to 17</th>
<th>Very Low Income</th>
<th>Low Income</th>
<th>Mid/High Income</th>
<th>White</th>
<th>Black</th>
<th>Hispanic</th>
<th>TSA</th>
</tr>
</thead>
<tbody>
<tr>
<td>55.9%</td>
<td>54.2%</td>
<td>50.2%</td>
<td>62.2%</td>
<td>62.4%</td>
<td>60.4%</td>
<td>48.8%</td>
<td>49.9%</td>
<td>61.9%</td>
<td>59.4%</td>
<td>54.9%</td>
</tr>
</tbody>
</table>

**Sources:**
2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 314]

**Notes:**
- Asked of those respondents for whom the randomly selected child in the household is age 11 to 17.
- The human papillomavirus, also known as HPV, is a common infection that can lead to several types of cancers later in life. It is recommended that children age 11 and older receive at least two shots of the HPV vaccine, sometimes called Gardasil or Cervarix.

Parents of children age 11 and older were told that the human papillomavirus, or HPV, is a common infection that can lead to several types of cancers later in life. It is recommended that children in that age group receive at least two shots of the HPV vaccine, sometimes called Gardasil or Cervarix. Then, the parents were asked if their child has received at least two shots of the vaccine.
Dental Care

ABOUT ORAL HEALTH

Tooth decay is the most common chronic disease in children and adults in the United States. …Regular preventive dental care can catch problems early, when they’re usually easier to treat. But many people don’t get the care they need, often because they can’t afford it. Untreated oral health problems can cause pain and disability and are linked to other diseases.

Strategies to help people access dental services can help prevent problems like tooth decay, gum disease, and tooth loss. Individual-level interventions like topical fluorides and community-level interventions like community water fluoridation can also help improve oral health. In addition, teaching people how to take care of their teeth and gums can help prevent oral health problems.

– Healthy People 2030 (https://health.gov/healthypeople)

Receipt of Dental Care

In all, 71.6% of Total Service Area children age 2-17 have visited a dentist or dental clinic (for any reason) in the past year.

BENCHMARK ► Less favorable than the national percentage. Satisfies the Healthy People 2030 objective.

TREND ► Represents a significant decrease over time.

DISPARITY ► Highest in Seminole County. Dental visits are less prevalent among girls and children at low and very low incomes.

Characteristics of Child’s Most Recent Dental Visit

(Total Service Area Children Age 2-17, 2022)

Sources: 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Items 44-45]
Notes: Asked of those respondents for whom the randomly selected child in the household is age 2 to 17.

ABOUT ORAL HEALTH

Tooth decay is the most common chronic disease in children and adults in the United States. …Regular preventive dental care can catch problems early, when they’re usually easier to treat. But many people don’t get the care they need, often because they can’t afford it. Untreated oral health problems can cause pain and disability and are linked to other diseases.

Strategies to help people access dental services can help prevent problems like tooth decay, gum disease, and tooth loss. Individual-level interventions like topical fluorides and community-level interventions like community water fluoridation can also help improve oral health. In addition, teaching people how to take care of their teeth and gums can help prevent oral health problems.

– Healthy People 2030 (https://health.gov/healthypeople)
Child Visited a Dentist or Dental Clinic Within the Past Year
(Total Service Area Children Age 2-17, 2022)
Healthy People 2030 Target = 45.0% or Higher

Sources:  
- 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 44]  
- 2020 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.  

Notes:  
- Asked of those respondents for whom the randomly selected child in the household is age 2 to 17.  
- *2013 and 2016 results do not include responses from Polk County.

Child Visited a Dentist or Dental Clinic Within the Past Year
(Total Service Area Children Age 2-17, 2022)
Healthy People 2030 Target = 45.0% or Higher

Sources:  
- 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 44]  

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.
Key Informant Input: Oral Health

Key informants taking part in an online survey most often 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, 2022)

<table>
<thead>
<tr>
<th>Major Problem</th>
<th>Moderate Problem</th>
<th>Minor Problem</th>
<th>No Problem At All</th>
</tr>
</thead>
<tbody>
<tr>
<td>31.6%</td>
<td>50.9%</td>
<td>15.8%</td>
<td>1.8%</td>
</tr>
</tbody>
</table>

Sources: PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: Asked of all respondents.

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

Affordable Care/Services
- Dental health is extremely expensive. – Community/Business Leader
- Dental health treatments can be costly, and insurance coverage may be limited. – Public Health Representative
- I believe cost is the number-one obstacle to children and youth getting proper preventative dental care. Dental care is expensive and not part of general health insurance, so families are not able to prioritize dental visits. – Community/Business Leader

Lifestyle
- Children have a lot of cavities due to eating an overabundance of candies, as well as not brushing their teeth properly. – Public Health Representative

Access to Care for Uninsured/Underinsured
- Difficult to receive dental care without insurance, or insurance does not cover certain dental care, braces, etc. – Public Health Representative
- Many access issues for uninsured and underinsured. – Public Health Representative

Prevalence/Incidence
- My experience working closely with a highly disadvantaged school in Orlando that had the unusual benefit of regular dental care for its students has shown me both the prevalence of poor dental health and the tremendous benefit for the child when problems are addressed. – Social Services Provider
- Too many instances were reported. Also, lack of insurance. – Social Services Provider

Awareness/Education
- Education and insurance. – Community/Business Leader
- Many parents do not see the value in early dental health checkups and cleanings. We often hear, “I never went to the dentist as a child. Why does my child need to?” – Social Services Provider

Poverty
- Poverty in Florida has families putting off oral care. The health community knows of this problem because the mouth and dental health is the window to a child’s health. The media needs to a better job raising awareness. – Community/Business Leader
Vision & Hearing

Recent Eye Exams

A total of 83.6% of Total Service Area parents indicate that their child has had an eye exam within the past three years.

**TREND**  ► Denotes a significant decrease from the 2013 survey.

**DISPARITY**  ► Highest in Orange County. Girls and children age 0 to 4 are less likely to have received an eye exam.

**Child’s Most Recent Eye Exam**
(Total Service Area, 2022)

- Within Past Year: 57.5%
- 1 to 2 Years Ago: 20.1%
- 3 Yrs Ago: 6.0%
- >3 Years Ago: 3.6%
- Never: 12.8%

---

**Child Had an Eye Exam in the Past Three Years**
(Total Service Area, 2022)

- Brevard County: 81.7%
- Orange County: 87.9%
- Osceola County: 82.1%
- Polk County: 80.6%
- Seminole County: 79.0%
- Total Service Area: 83.6%
- US: 83.4%

---

**Total Service Area**

- 2013*: 87.7%
- 2016*: 81.6%
- 2019: 81.9%
- 2022: 83.6%

---

**Sources:**
- 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 36]
- 2020 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

**Notes:**
- Asked of all respondents about a randomly selected child in the household.
- *2013 and 2016 results do not include responses from Polk County.
Hearing Tests

A total of 84.1% of Total Service Area children have had a hearing test within the past five years.

**TREND** Denotes a significant decrease from the 2013 survey.

**DISPARITY** Lower in Osceola County. Testing is less prevalent among adolescents than among younger children.

Child’s Most Recent Hearing Test
(Total Service Area, 2022)

- **Within Past Year**
- **1 to 2 Years Ago**
- **2 to 3 Years**
- **3 to 5 Years**
- **>5 Years**
- **Never**

Sources: 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 38]

Notes: Asked of all respondents about a randomly selected child in the household.
Child Had a Hearing Test in the Past Five Years
(Total Service Area, 2022)

Sources:
2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 38]
2020 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents about a randomly selected child in the household.
- *2013 and 2016 results do not include responses from Polk County.

Child Had a Hearing Test in the Past Five Years
(Total Service Area, 2022)

Sources:
2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 38]

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.
Emergency Room Utilization

A total of 16.4% of Total Service Area parents report taking their child to a hospital emergency room (ER) more than once in the past year.

**BENCHMARK** ► Two times the national percentage.

**TREND** ► Represents a significant increase over time.

**DISPARITY** ► Parents of children age 0 to 4 and in lower-income households were more likely to take their child to the ER.

Child Used a Hospital
Emergency Room More Than Once in the Past Year
(Total Service Area, 2022)

<table>
<thead>
<tr>
<th>County</th>
<th>2022 (%)</th>
<th>US (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brevard</td>
<td>14.5</td>
<td>8.2</td>
</tr>
<tr>
<td>Orange</td>
<td>15.2</td>
<td>9.2</td>
</tr>
<tr>
<td>Osceola</td>
<td>18.8</td>
<td>13.7</td>
</tr>
<tr>
<td>Polk</td>
<td>19.5</td>
<td>12.6</td>
</tr>
<tr>
<td>Seminole</td>
<td>14.7</td>
<td>16.4</td>
</tr>
<tr>
<td>Total Service Area</td>
<td>16.4</td>
<td></td>
</tr>
</tbody>
</table>

25.5% of visits resulted in a hospital admission (among all children with any ER visits in the past year) vs. 25.0% US

Child Used a Hospital
Emergency Room More Than Once in the Past Year
(Total Service Area, 2022)

<table>
<thead>
<tr>
<th>Gender</th>
<th>2022 (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boy</td>
<td>17.5</td>
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<tr>
<td>Girl</td>
<td>15.3</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Age Group</th>
<th>2022 (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 to 4</td>
<td>22.7</td>
</tr>
<tr>
<td>5 to 12</td>
<td>12.8</td>
</tr>
<tr>
<td>13 to 17</td>
<td>16.0</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Income Level</th>
<th>2022 (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very Low</td>
<td>24.5</td>
</tr>
<tr>
<td>Low</td>
<td>18.8</td>
</tr>
<tr>
<td>Mid/High</td>
<td>11.6</td>
</tr>
<tr>
<td>White</td>
<td>15.1</td>
</tr>
<tr>
<td>Black</td>
<td>14.2</td>
</tr>
<tr>
<td>Hispanic</td>
<td>18.2</td>
</tr>
<tr>
<td>TSA</td>
<td>16.4</td>
</tr>
</tbody>
</table>

Notes:
- 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Items 39-40]
- 2020 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
- Asked of all respondents about a randomly selected child in the household.
- 2013 and 2016 results do not include responses from Polk County.
More than half of parents report that their child’s emergency room visit was something that could have been treated in a doctor’s office, but they used the ER because it occurred after hours or on the weekend (37.1%) or was an emergency situation (33.6%).

### Emergency Room Visits
(Total Service Area, 2022)

- **Yes**: 48.8%
- **No**: 51.2%

**Reason for Using the Hospital ER Instead of a Doctor's Office or Clinic (Among Those With an ER Visit)**

- After Hours/Weekend: 37.1%
- Emergency: 33.6%
- Long Wait for Appointment: 10.3%
- Don't Know: 9.9%
- Other (Each <3%): 9.1%

Sources: 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, 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 46.7% of Total Service Area children visited an urgent care center or other walk-in clinic at least once in the past year.

- **BENCHMARK**: Higher than found across the US.
- **TREND**: Denotes a significant increase since 2019.
- **DISPARITY**: Lower in Polk County.

### Number of Visits to an Urgent Care Center or Other Walk-in Clinic in the Past Year
(Total Service Area, 2022)

- **None**: 53.3%
- **One**: 12.1%
- **Two**: 5.9%
- **Three**: 5.6%
- **Four/More**: 23.1%

Sources: 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 43]

Notes: Asked of all respondents about a randomly selected child in the household.
Child Used an Urgent Care Center, QuickCare Clinic, or Other Walk-In Clinic in the Past Year
(Total Service Area, 2022)

Sources: • 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 43]
• 2020 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

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.

Child Used an Urgent Care Center, QuickCare Clinic, or Other Walk-In Clinic in the Past Year
(Total Service Area, 2022)

Sources: • 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 43]

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

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
INTERNET ACCESS

Most respondents (98.6%) have access to the internet.

BENCHMARK ➤ Lower than the US benchmark.

DISPARITY ➤ Children living in lower-income households are less likely to have internet access.

![Have Access to the Internet (Total Service Area Parents, 2022)]

### Have Access to the Internet (Total Service Area Parents, 2022)

- **Brevard County**: 98.6%
- **Orange County**: 98.5%
- **Osceola County**: 98.2%
- **Polk County**: 98.6%
- **Seminole County**: 99.5%
- **Total Service Area**: 98.6%
- **US**: 100.0%

### Have Access to the Internet (Total Service Area, 2022)

- **Brevard County**: 98.7%
- **Orange County**: 98.6%
- **Osceola County**: 98.5%
- **Polk County**: 99.2%
- **Seminole County**: 98.5%
- **US**: 96.6%

### Sources:
- 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 122]
- 2020 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

### Notes:
- Asked of all respondents.
- *2013 and 2016 results do not include responses from Polk County.

### Income Categories:
- **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.

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

**Special Note:**
- *2013 and 2016 results do not include responses from Polk County.*
RESOURCES AVAILABLE TO ADDRESS THE SIGNIFICANT HEALTH NEEDS

The following represent potential measures and resources (such as programs, organizations, and facilities in the community) identified by key informants as available to address the significant health needs identified in this report. This list only reflects input from participants in the Online Key Informant Survey and should not be considered to be exhaustive nor an all-inclusive list of available resources.

### Access to Health Care Services

<table>
<thead>
<tr>
<th>211</th>
<th>AdventHealth</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Aspire Health</td>
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<tr>
<td></td>
<td>Children's Medical Services</td>
</tr>
<tr>
<td></td>
<td>Department of Health Seminole County</td>
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<tr>
<td></td>
<td>Doctor's Offices</td>
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<td></td>
<td>Florida Department of Health</td>
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<tr>
<td></td>
<td>Harbor House</td>
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<tr>
<td></td>
<td>Hebni Nutrition Consultants, Inc.</td>
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<tr>
<td></td>
<td>K.E.Y Counseling Solutions</td>
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<tr>
<td></td>
<td>Libraries</td>
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<tr>
<td></td>
<td>Matthew's Hope</td>
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<tr>
<td></td>
<td>Nemours Children's Hospital</td>
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<tr>
<td></td>
<td>Orange Blossom Family Health Clinics</td>
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<td></td>
<td>Orlando Health</td>
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<tr>
<td></td>
<td>Osceola Community Health Services</td>
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<tr>
<td></td>
<td>Prescribed Pediatric Extended Care</td>
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<td></td>
<td>Primary Care Access Network</td>
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<td></td>
<td>SALT</td>
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<tr>
<td></td>
<td>Shepherd's Hope</td>
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<td></td>
<td>Spectrum Health</td>
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<tr>
<td></td>
<td>Teen Xpress</td>
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<tr>
<td></td>
<td>True Health</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Community Health Centers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctor's Offices</td>
</tr>
<tr>
<td>Florida Asthma Coalition</td>
</tr>
<tr>
<td>Florida Department of Health Hospitals</td>
</tr>
<tr>
<td>Let’s Kick Asthma</td>
</tr>
<tr>
<td>Nemours Children's Hospital</td>
</tr>
<tr>
<td>Orlando Health</td>
</tr>
<tr>
<td>Orlando Sentinel</td>
</tr>
<tr>
<td>School Systems</td>
</tr>
<tr>
<td>Shands</td>
</tr>
<tr>
<td>True Health</td>
</tr>
<tr>
<td>UCF Medical School</td>
</tr>
</tbody>
</table>

### Bone, Joint & Muscle Problems

| AdventHealth |
| Nemours Children's Hospital |
| Orlando Health |
| Rothman |

### Allergies

| AdventHealth |
| Doctor's Offices |
| GuideWell |
| Nemours Children's Hospital |
| Orlando Health Arnold Palmer Hospital for Children |
| Pollen Tracker Online Resource |
| School Systems |
| Shands |
| Walgreens |

### Cognition and Behavioral Problems

<p>| 211 |
| Aspire Health |
| CBA Services |
| Children's Cabinet |
| Children's Home Society |
| Churches |
| Community Mental Health |
| Devereux Advanced Behavioral Health |
| Early Learning Coalition |
| Early Steps |
| Federally Qualified Health Centers |
| Florida Behavioral Health |
| Hispanic Family Counseling |
| Horizon Counseling Center |
| Kinder Konsulting |
| Lakeland Regional Health Medical Center |
| Latino Leadership |
| Lotus Behavioral Health |
| Mindful Behavioral Healthcare |
| Nemours Children's Hospital |</p>
<table>
<thead>
<tr>
<th>Health Needs Assessment Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td>North Star Counseling of Central Florida</td>
</tr>
<tr>
<td>Orange County Public Schools</td>
</tr>
<tr>
<td>Park Place Behavioral Health Care</td>
</tr>
<tr>
<td>Peace River Center</td>
</tr>
<tr>
<td>Reed Foundation</td>
</tr>
<tr>
<td>Santiago and Friends</td>
</tr>
<tr>
<td>Students with Emotional/Behavioral Disabilities Network</td>
</tr>
<tr>
<td>Seminole County Public Schools</td>
</tr>
<tr>
<td>Serenity Healthcare</td>
</tr>
<tr>
<td>The Developmental Center for Infants and Children</td>
</tr>
<tr>
<td>Threshold</td>
</tr>
<tr>
<td>UCF Medical School</td>
</tr>
<tr>
<td>United Cerebral Palsy School</td>
</tr>
<tr>
<td>University Behavioral Services</td>
</tr>
<tr>
<td>Victim Services of Central Florida</td>
</tr>
<tr>
<td>Winter Haven Hospital Center for Behavioral Health</td>
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<tr>
<td>Winter Park Health Foundation</td>
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<tr>
<td>YMCA</td>
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</tbody>
</table>

**Injury & Violence**

<table>
<thead>
<tr>
<th>Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Central Florida Victims Services Network</td>
</tr>
<tr>
<td>Children’s Cabinet</td>
</tr>
<tr>
<td>Counselors</td>
</tr>
<tr>
<td>Department of Children and Families</td>
</tr>
<tr>
<td>Harbor House</td>
</tr>
<tr>
<td>Howard Phillips Center for Children and Families</td>
</tr>
<tr>
<td>Intervention Programs</td>
</tr>
<tr>
<td>Kids House</td>
</tr>
<tr>
<td>Seminole County Public Schools</td>
</tr>
<tr>
<td>Sheriff’s Department</td>
</tr>
</tbody>
</table>

**Coronavirus Disease/COVID-19**

<table>
<thead>
<tr>
<th>Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>AdventHealth</td>
</tr>
<tr>
<td>Allied Health</td>
</tr>
<tr>
<td>Boys &amp; Girls Clubs</td>
</tr>
<tr>
<td>CDC</td>
</tr>
<tr>
<td>CVS</td>
</tr>
<tr>
<td>Doctor’s Offices</td>
</tr>
<tr>
<td>Federal Government</td>
</tr>
<tr>
<td>Federally Qualified Health Centers</td>
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<tr>
<td>Florida Department of Health</td>
</tr>
<tr>
<td>Hospitals</td>
</tr>
<tr>
<td>Orange County Government</td>
</tr>
<tr>
<td>Orange County Health Services</td>
</tr>
<tr>
<td>Orlando Health</td>
</tr>
<tr>
<td>School Systems</td>
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<tr>
<td>Seminole County Government</td>
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<td>Testing Sites</td>
</tr>
<tr>
<td>True Health</td>
</tr>
<tr>
<td>Walgreens</td>
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</table>

**Diabetes**

<table>
<thead>
<tr>
<th>Organization</th>
</tr>
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<tbody>
<tr>
<td>AdventHealth</td>
</tr>
<tr>
<td>Brevard Health Alliance</td>
</tr>
<tr>
<td>Children’s Health Watch</td>
</tr>
<tr>
<td>Children’s Medical Services</td>
</tr>
<tr>
<td>Churches</td>
</tr>
<tr>
<td>Hebni Nutrition Consultants, Inc.</td>
</tr>
<tr>
<td>Live Well Foundation of South Lake</td>
</tr>
<tr>
<td>Nemours Children’s Hospital</td>
</tr>
<tr>
<td>Second Harvest Food Bank of Central Florida</td>
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<tr>
<td>University of Florida Family Nutrition Program</td>
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<tr>
<td>211</td>
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<tr>
<td>AdventHealth</td>
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<tr>
<td>Aspire Health</td>
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<tr>
<td>Big Bear Behavioral Health</td>
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<td>Brevard Health Alliance</td>
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<td>CDC</td>
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<td>Children’s Home Society</td>
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<td>Children’s Medical Services</td>
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<td>Churches</td>
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<tr>
<td>Circles of Care</td>
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<tr>
<td>Community Mental Health</td>
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<tr>
<td>Counselors</td>
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<tr>
<td>Department of Children and Families</td>
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<tr>
<td>Devereux Advanced Behavioral Health</td>
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<td>Doctor’s Offices</td>
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<tr>
<td>Hispanic Family Counseling</td>
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<tr>
<td>Howard Phillips Center for Children and Families</td>
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<td>Impower</td>
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<td>Kids House</td>
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<tr>
<td>Kinder Konsulting</td>
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<td>La Amistad</td>
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<tr>
<td>Lakeland Regional Health Medical Center</td>
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<td>Lakeside</td>
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<tr>
<td>Lotus Behavioral Health</td>
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<tr>
<td>Mentors</td>
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<tr>
<td>National Alliance on Mental Illness Greater Orlando</td>
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<td>Nemours Children’s Hospital</td>
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<td>No Limit Health and Education</td>
</tr>
<tr>
<td>Orange County Public Schools</td>
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<tr>
<td>Orange County Government</td>
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<tr>
<td>Orlando Health</td>
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<tr>
<td>Neurological Problems</td>
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<tr>
<td>AdventHealth</td>
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<td>Orlando Health</td>
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APPENDIX
EVALUATION OF PAST ACTIVITIES

Subsequent pages outline 2019 and 2020 progress reports for Nemours Children's Hospital, Florida, detailing activities undertaken to address the top health needs, including metrics evaluating these initiatives.
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Access to Health Services
The 2016 Community Health Needs Assessment for Nemours Children’s Hospital (NCH) identified the following top priorities 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 partnership 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

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 access to health care 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 (36.3 percent) reported difficulty or delay in obtaining health care services for their child, 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.
Initiative

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

2019 Progress Metrics

1. More than 155,000 patients were seen at Nemours Primary Care locations.
2. More than 40,000 patients were seen at Nemours Urgent Care locations.
3. More than 189,000 patients were seen at Nemours satellite operations.
4. More than 25,000 patients enrolled with Nemours CareConnect, and more than 5,000 online urgent care visits were performed by our Nemours CareConnect physician group.
5. Two elementary schools and two early learning centers in Central Florida partner with Nemours CareConnect in their school clinics.

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.

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.

Patient-Centered Medical Homes

Nemours Children’s Primary Care practices are nationally certified as Patient-Centered Medical Homes. 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. 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.
Growing to Increase Access

Nemours Primary Care
To meet the need for primary and preventive care in the community, Nemours Children’s Primary Care has established an ever-growing network of pediatric primary care practices in 18 Central Florida locations. 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.

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 designated locations.

Nemours Children’s Urgent Care
Of the CHNA 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 to 18 years of age. Care is provided as early as noon at two of our four locations and is available until 10 p.m. at every location, every day, including holidays. Patients can now reserve their spot in line with an online check-in system, allowing the patient and their family to wait more comfortably at home — or wherever is convenient — until their estimated visit time. The pediatricians who practice at Nemours Children’s Urgent Care are board-certified in pediatrics, with specialized experience in emergency medicine and urgent care, bringing expertise closer to home for children in Kissimmee, Lake Nona, Sanford and Waterford Lakes (East Orlando).

Nemours CareConnect
When their regular pediatrician is not available, parents can receive care from a Nemours board-certified pediatrician through Nemours CareConnect, a telehealth service designed just for children. Care for minor illnesses and injuries is available 24/7. Parents can use their smartphone, tablet or computer to have a face-to-face video visit whether they’re home or on the go. A summary of the visit will be sent to the child’s pediatrician so their medical record is complete. Nemours CareConnect is one more way to help children feel better faster and to avoid unnecessary visits to the Emergency Department.

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 as far west as Wesley Chapel in Pasco County, along the I-4 corridor, and as far south as Vero Beach in Indian River County. Nemours rotates a multitude of specialists throughout our specialty care network, offering appointments in cardiology, pulmonology, GI, 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 a variety of support for these partners, including hospital-based services, subspecialty consults and, in some cases, outpatient clinics.

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 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. 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 over the United States and internationally 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 provides a “home away from home” for families of seriously or chronically ill or injured children receiving treatment at area hospitals, offering nurturing and supportive environments where families can stay together and find comfort.

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. Nemours provides charity care services in Florida so that children needing care can receive it without financial barriers.

Inpatient Rehabilitation Unit

NCH’s Inpatient Rehab Unit is currently a nine-bed unit. It’s the first pediatric inpatient rehab unit at a free-standing 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.
**Language/Interpreter Services**
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 reach 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 a 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 of deaf children and families, providing an American Sign Language interpreter when needed.
- **Two board-certified medical interpreters:** These interpreters provide in-person support for complex medical conversations.

**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 every summer. During the clinics, the doctors, nurses and other volunteers who donate their time to serve uninsured, low-income families in need of medical care see patients at no cost. Additionally, Nemours conducts 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**
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 adolescent health, vaping, diabetes, sickle cell, infectious disease, trach care, asthma, allergies, injuries, common cardiac diseases and rheumatology.
Prenatal and Infant Health
Prenatal and Infant 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 to promote 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

2019 Progress Metrics

1. Over 900 patients were seen at Nemours Center for Fetal Care.
2. Nemours Primary Care has discontinued the Baby Basics Classes.
3. Nemours did not host an NAS Summit in 2019. However, NCH became involved in the executive committee of Project Opioid. Through Project Opioid’s events and advocacy efforts, NCH was able to educate and inform the community regarding babies and families who experience neonatal abstinence syndrome (NAS) and opioid use disorder (OUD).

Education and Support

KidsHealth.org — Pregnancy and Newborn Center

Nemours provides online resources to help families better understand how to stay healthy and safe during pregnancy, how to prepare for parenthood, as well as 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 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 and safety for all children. Prior to a baby’s 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 donated by the American Heart Association (AHA), which contains video instruction and an inflatable mannequin for the family to practice on at home.
Milk Bank of Florida

The Period of PURPLE Crying® is used to describe the time in a baby’s life when they cry more than at any other time. The PURPLE program is designed to educate parents of new babies on the normal crying curve and the dangers of shaking a baby. Upon discharge from the NICU at NCH, parents and caregivers are educated on how to safely care for their baby during periods of extended crying and other highly stressful times through this research-based, video education program developed by the National Center on Shaken Baby Syndrome.

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 who are facing high-risk pregnancies or problems with their unborn child. Although Nemours does not deliver babies, we co-manage care with each mother’s doctors and coordinate services focused on her baby’s health before, during and after birth. The Center for Fetal Care is designed with the pregnant patient’s health in mind and provides a dedicated clinic space, prompt scheduling and referrals to pediatric specialists that are 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 something called “passive immunity,” 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, NCH provides a storage location to support milk banks, as well as a neonatal practitioner and International Board Certified Lactation Consultant. To support breastfeeding and infant health, Nemours hosts a 40-hour Certified Lactation Counselor training course once a year, providing education, certification and resources to providers and breastfeeding advocates.

Neonatal Resuscitation Program

NCH provides classroom instruction in the Neonatal Resuscitation Program (NRP). NRP is an educational program based on the American Academy of Pediatrics and the American Heart Association guidelines for cardiopulmonary resuscitation and emergency cardiovascular care for newborns at 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.

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. This neonatal education program for health care providers focuses on the post-resuscitation and pre-transport stabilization care of sick infants.
March of Dimes of Central Florida

The March of Dimes of Central Florida is a longtime partner of NCH, 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 of time — some parents need to leave for work or other obligations. 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 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.

Primary Care

Nemours Primary Care has improved data analytics to assess gaps in infant care, and improves care by reaching out to parents for such things as scheduling their infants’ immunizations. Additionally, our primary care practices have added lactation consultations, including telehealth availability, to increase, promote and support breastfeeding. To improve compliance in blood lead screening, all clinics have increased point-of-care testing. Additionally, primary care practices have added photo screenings to detect vision abnormalities in children starting at 12 months. For parents, primary care has implemented universal postpartum depression screening of all parents in accordance with new guidelines.
Injury and Safety
Injury and 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 these 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.

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<td>Increase awareness of and participation in community safety and injury initiatives and programs.</td>
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<th>Goals</th>
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<td>A. Provide safety/injury education to patients and families.</td>
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<td>B. Create targeted safety/injury initiatives to serve the needs of the community.</td>
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<td>1. # of attendees at our School Health Conference</td>
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<td>2. # of players served through the USTA Player Development Program</td>
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<tr>
<td>1. 60 school nurses attended our School Health Conference.</td>
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<td>2. 11 players were served through USTA Player Development Program.</td>
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Education and Training Initiatives

Car Seat Safety Program

In addition to Nemours Children’s Hospital’s NICU discharge education programs, Nemours 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 in the family’s vehicle.

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 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.

**Nemours Florida School Health Conference**

NCH hosts this annual conference dedicated to school nurses and other school health professionals from across 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 Institute for Clinical Excellence 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 and Injury**

Nemours and the Andrews Institute partner as the official medical services providers for the USTA National Campus. This includes being the exclusive medical team, team physician (sports medicine), athletic trainers and specialty providers. Additionally, the medical team provides coverage during tournament events as well as injury prevention and health promotion initiatives, including acute care services for athletes training and competing at the National Campus.

NCH provides sports physicals and a sports medicine physician for football games for Lake Nona High School. In addition, Nemours providers support education training for teachers, coaches and school staff for sports-related topics, such as common cardiac conditions.

**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 and detection
- female athlete triad
- heat-related illness
- ACL injuries
- overuse injuries
- dehydration
- sports injuries
The 2019 Community Health Needs Assessment for Nemours Children’s Hospital, Florida (formerly Nemours Children’s Hospital) identified the following top priorities to address in improving the health of the community’s children:

• Access to health services
• Prenatal and infant health

Our immediate focus will be on these top two priorities identified through the evaluation process. Through direct services, or through partnership 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

According to the needs assessment, 7.4 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 below 100 percent of poverty (18 percent). Of those parents with children who have health care coverage, 10.7 percent report that their child was without coverage at some point in the past year. In addition to insurance instability, the two greatest barriers to access to health care reported in the study were inconvenient office hours and getting a doctor’s appointment. In the TSA, 40.2 percent reported difficulty or delay in obtaining health care services for their child, less favorable than the national benchmark (28.4 percent). The barrier of inconvenient office hours is unfavorably high for parents living in Orange, and difficulty getting appointments is unfavorably high for parents living in Polk County.

Initiative

• Provide coordinated, comprehensive and culturally appropriate care to children and families of Central Florida in a way they can understand.

Goals

• Expand services to increase access to pediatric care.

Metrics

• # of patients seen at Nemours Children’s Health locations
  – In 2020, more than 39,000 patients were seen at our locations.

• # of patients seen at Nemours Children’s Urgent Care locations
  – In 2020, more than 15,000 patients were seen at our locations.

• # of patients seen at Nemours Children’s satellite operations
  – In 2020, more than 30,000 patients were seen at our satellite operations.

• # of patients enrolled and seen with our telehealth services
  – In 2020, there were 290,165 enrollees in Nemours CareConnect, 124,600 patients enrolled in the newly launched Nemours App, and almost 11,000 online urgent care visits were performed by our telehealth services provider group.
Nemours Children’s, Florida provides and improves 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 as well as more reliable, responsive, integrated and available. Nemours Children's, Florida 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 many pediatric specialties and subspecialties.

New Models of Care and New Technology

In response to the evolving health care landscape, we recognize 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.

Patient-Centered Medical Homes

Nemours Children’s Primary Care practices are nationally certified as Patient-Centered Medical Homes (PCMHs). 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. 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 our practices to be proactive in the care of patients and to shift the focus from treatment and emergency care to prevention and health promotion.

Growing to Increase Access

Primary Care

To meet the need for primary and preventive care in the community, Nemours Children's Primary Care has established an ever-growing network of pediatric primary care practices in 19 Central Florida locations. Our highly qualified primary care pediatricians and staff provide general pediatric and preventive health services in a PCMH setting. Services provided include care for routine illnesses and everyday bumps and bruises, vaccinations and well checkups. We are helping children — from the tiniest newborns through age 18 — reach their full potential. However, in 2020 this service was suspended to make certain we can maintain social distancing during the coronavirus (COVID-19) pandemic. Sick care is also available on Saturdays between 8 a.m. and noon at designated locations.

Urgent Care

Of the CHNA respondents who took their child to the emergency room 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, we have expanded our urgent care hours throughout the TSA. Nemours Children’s Urgent Care offers immediate, advanced pediatric care to patients who range from newborn to 18 years of age. Care is provided as early as noon on weekdays at two of our three locations, and at noon on the weekends. It is available until 8 p.m. at every location, every day, including holidays. Patients can now reserve their spot in line with an online check-in system, allowing the patient and their family to wait more comfortably at home — or wherever is convenient — until their estimated visit time. To help patients during the coronavirus pandemic, Nemours Children's Urgent Care now offers rapid molecular (PCR) COVID-19 testing. The pediatricians who practice at Nemours Children's Urgent Care are board-certified in pediatrics, with specialized experience in emergency medicine and urgent care, bringing expertise closer to home for children in Kissimmee, Lake Nona and Waterford Lakes (East Orlando).

Satellite Operations

To meet access needs of children and families in our community, Nemours Children’s operates outpatient pediatric clinics providing specialized pediatric care for families in Central Florida as far west as Wesley Chapel in Pasco County, along the I-4 corridor, and as far south as Vero Beach in Indian River County. We rotate a multitude of specialists throughout our specialty care network, offering appointments in cardiology, pulmonology, GI, urology, endocrinology, orthopedics, general surgery and many others.
CareConnect
When their regular pediatrician is not available, parents can receive care from a Nemours Children’s board-certified pediatrician or advanced practice registered nurse through Nemours CareConnect, a telehealth service designed just for children. Care for minor illnesses and injuries is available 24/7. Parents can use their smartphone, tablet or computer to have a face-to-face video visit whether they’re home or on the go. A summary of the visit will be sent to the child’s pediatrician, so their medical record is complete. Nemours CareConnect is one more way to help children feel better faster and to avoid unnecessary visits to the emergency room. In 2020, the Nemours CareConnect telehealth service transitioned to the Nemours App, making it easier for families to securely access their child’s medical records, see a pediatrician on demand, search our award-winning educational content, and get other tools designed to help caregivers keep their child healthy.

Our Hospital Partners
To further demonstrate Nemours Children’s organizational commitment to provide access to world-class pediatric health care for all children and families in Central Florida, we partner with community hospitals throughout the region and beyond to provide pediatric subspecialty care close to home. We provide a variety of support for these partners, including hospital-based services, subspecialty consults and, in some cases, outpatient clinics.

Our Programs
Pediatric Critical Care Transport
Nemours Children’s, Florida offers 24/7 neonatal and pediatric intensive care transport. Our transport program plays a vital role in getting infants and children to and from Nemours Children’s, Florida, 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 Children’s-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. Our transport vehicle allows us to be there for children and families throughout the region, at moments when they need us the most. In some cases, we may arrange helicopter or fixed-wing aircraft transport.
Ronald McDonald House
Since 2012, Nemours Children’s, Florida has provided families throughout the region, from all over the United States, and internationally 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 provides a “home away from home” for families of seriously or chronically ill or injured children receiving treatment at area hospitals, offering nurturing and supportive environments where families can stay together and find comfort.

Financial Assistance Plan and Uninsured Discount Program
Since opening our doors, Nemours Children’s has remained committed to providing our patients and families with the care that they need and want, when they need and want it. We provide charity care services in Florida so that children needing care can receive it without financial barriers.

Inpatient Rehabilitation Unit
Nemours Children’s, Florida’s Inpatient Rehab Unit is currently a five-bed unit. It’s the first pediatric inpatient rehab unit at a free-standing children’s hospital in Florida. The unit admits patients from 3 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.

Language/Interpreter Services
Nemours Children’s 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, we provide a variety of language and interpreter services, including:

- **Video remote interpreting service:** we have 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:** Our phone interpreter service is available in almost every language — 24 hours a day, seven days a 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 Children’s also meets the communication needs of deaf children and families, providing an American Sign Language interpreter when needed.
- **Two board-certified medical interpreters:** These interpreters provide in-person support for complex medical conversations.

Community Initiatives
Shepherd’s Hope
Nemours Children’s, Florida partners with Shepherd’s Hope, a nonprofit in Central Florida that operates free medical clinics for low-income families, to provide volunteer providers for back-to-school physicals every summer. During the clinics, the doctors, nurses and other volunteers who donate their time to serve uninsured, low-income families in need of medical care see patients at no cost. Additionally, we conduct free vision and hearing screenings during the annual back-to-school physicals. Through this work, many Nemours Children’s physicians have been inspired and continue to volunteer at the medical clinics regularly.

Central Florida School Districts — School Nurse Training
Nemours Children’s providers offer specialized training classes for school nurses, health aides and clinic assistants throughout the TSA. We believe that school nurses play an integral role in a child’s care team and require ongoing training to facilitate care for their students. Our providers have conducted training seminars on many topics, including adolescent health, human trafficking, vaping, diabetes, sickle cell, infectious disease, trach care, asthma, allergies, injuries, common cardiac diseases and rheumatology.
Prenatal and Infant Health

The infant mortality rate in the TSA is 6.5 per 1,000 live births, slightly higher than both the Florida average (6.2) and the national average (5.8); Polk County has the highest rate at 7.9 per 1,000 live births. The leading cause of death between 2008 to 2017 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).

**Initiative**

- Increase education and awareness of prenatal and infant health issues among families and health care providers in Central Florida.

**Goals**

- Promote **infant health programs and outreach** that provide services, education and support to families and providers.

**Metrics**

- # of patients seen at our Center for Fetal Care
  - In 2020, over 600 patients were seen at our center for Fetal Care.
- # of attendees participating in the Certified Lactation Counselor training course hosted at Nemours Children’s, Florida
  - In 2020, the Certified Lactation Counselor training course was canceled due to COVID-19.
- # of page views from the TSA to KidsHealth.org for prenatal and infant health information
  - In 2020, there were 125,785 page views from the Central Florida area on KidsHealth.org for prenatal and infant health information.

**Education and Support**

**KidsHealth.org — Pregnancy and Newborn Center**

Nemours Children’s provides online resources to help families better understand how to stay healthy and safe during pregnancy and how to prepare for parenthood, as well as childbirth, newborn care and health conditions. All content is reviewed regularly for accuracy and balance by our pediatricians and experts in subject matter. The site is free to use, requires no registration, and is free of advertising.

**NICU Discharge Education**

Nemours Children’s focuses on practices that allow children and families to live healthier lives. Our goal is to provide health information and encourage wellness development and safety for all children. Prior to a baby’s discharge from the NICU, our providers educate families on safe sleep practices, car seat safety, shaken baby syndrome and infant CPR. Nemours Children’s providers teach parents proper CPR technique and provide hands-on training with simulation mannequins. For more training, parents are provided an Infant CPR Kit donated by the American Heart Association (AHA), which contains video instruction and an inflatable mannequin for the family to practice on at home.

**Period of PURPLE Crying® Program**

The Period of PURPLE Crying® is used to describe the time in a baby’s life when they cry more than at any other time. The PURPLE program is designed to educate parents of new babies on the normal crying curve and the dangers of shaking a baby. Upon discharge from the NICU at Nemours Children’s, Florida, parents and caregivers are educated on how to safely care for their baby during periods of extended crying and other highly stressful times through this research-based video education program developed by the National Center on Shaken Baby Syndrome.
Improving Outcomes and Safety for Mothers and Infants

**Center for Fetal Care**
We are dedicated to serving children and their families at every stage of life. The Center for Fetal Care at Nemours Children’s, Florida provides expert maternal-fetal and perinatal care to Central Florida mothers-to-be who are facing high-risk pregnancies or problems with their unborn child. Although we do not deliver babies, we comanage care with each mother’s doctors and coordinate services focused on her baby’s health before, during and after birth. The Center for Fetal Care is designed with the pregnant patient’s health in mind and provides a dedicated clinic space, prompt scheduling, and referrals to pediatric specialists that are 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 something called “passive immunity,” 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, Florida provides a storage location to support milk banks, as well as a neonatal practitioner and International Board-Certified Lactation Consultant. To support breastfeeding and infant health, Nemours Children’s, Florida hosts educational opportunities during World Breastfeeding Week to inform and educate our associates and patient families about breastfeeding and lactation support resources within Nemours Children’s, Florida and in the community.

**Neonatal Resuscitation Program**
We provide classroom instruction in the Neonatal Resuscitation Program (NRP). NRP is an educational program based on the American Academy of Pediatrics and the American Heart Association guidelines for cardiopulmonary resuscitation and emergency cardiovascular care for newborns at 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.

**S.T.A.B.L.E. (Sugar, Temperature, Airway, Blood pressure, Lab work, and Emotional support)**
Nemours Children’s, Florida 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.

**March of Dimes of Central Florida**
The March of Dimes of Central Florida is a longtime partner of Nemours Children’s, Florida, aiding the hospital through generous donations and other support. Throughout the years, our 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**
We understand 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 — some parents need to leave for work or other obligations. Volunteers with the our NICU Cuddler Program are specially trained to provide love and affection to babies and families in the NICU at Nemours Children’s, Florida. These volunteers are trained on the proper techniques for holding and rocking to soothe and comfort our tiniest patients. Our NICU Cuddler Program is especially important to soothe babies with neonatal abstinence syndrome (NAS), who may be experiencing elevated stress and discomfort.

**Primary Care**
Nemours Children's Primary Care has improved data analytics to assess gaps in infant care and improves care by reaching out to parents for such things as scheduling their infants’ immunizations. Additionally, our primary care practices have added lactation consultations, including telehealth availability, to increase, promote and support breastfeeding. To improve compliance in blood lead screening, all clinics have increased point-of-care testing. Additionally, primary care practices offer photo screenings to detect vision abnormalities in children starting at 12 months. For parents, primary care has implemented universal postpartum depression screening of all parents in accordance with new guidelines.