Community Health Needs Assessment

2025

Florida Report

NEMOURS CHILDREN'S HEALTH

Nemours.org

Table of Contents

About Nemours Children's Health

Nemours Children's Health is one of the nation's largest multistate pediatric health systems, which includes two freestanding children's hospitals and a network of more than 75 primary and specialty care practices. Nemours Children's seeks to transform the health of children by adopting a holistic health model that utilizes innovative, safe, and high-quality care, while also addressing children's needs well beyond medicine. In producing the highly acclaimed, award-winning pediatric medicine podcast Well Beyond Medicine, Nemours Children's underscores that commitment by featuring the people, programs, and partnerships addressing Whole Child Health. Nemours Children's also powers KidsHealth.org from Nemours KidsHealth® — a pioneer and leader in pediatric health content, trusted by millions worldwide for more than 25 years to help keep families healthy.

Our mission is to provide leadership, institutions, and services to restore and improve the health of children through care and programs not readily available, with one high standard of quality and distinction regardless of the recipient's financial status. We are committed to providing patient- and family-centered health care; educating the next generation of healthcare providers through a variety of education affiliations; offering extensive online and in-person continuing medical education; providing health and wellness information for kids, teens, parents, and educators via KidsHealth.org; and offering families 24/7 access to virtual consults with our healthcare providers via mobile and computer devices.

We have been recognized as a model of, and an advocate for, transforming the pediatric healthcare system from a focus on sickness to a focus on wellness, often in collaboration with community and healthcare partners. Our leaders and associates serve on numerous boards of organizations addressing health and children's issues, and a wide range of community organizations also receive sponsorship support as part of our commitment to support those who support children. We are also focused on bringing our standard of care — and better health — to local communities. Everything we do — our medical care, research, education, and prevention and advocacy efforts — is focused on kids. We maintain facilities in Delaware, Maryland, Pennsylvania, New Jersey and Florida — providing serv9ices to over 500,000 patients annually. Our expansive footprint provides an opportunity and a responsibility to help share the future of medicine by reimagining pediatric care through innovation, health equity, workforce development, and integrated models that extend well beyond the walls of hospitals. Key initiatives include: 1) Advancing health equity through the Ginsburg Institute, 2) Delivering integrated, patient-centered clinical innovations, 3) Building the pediatric workforce of the future, 4) Expanding access to specialized care, and 5) Elevating public understanding through the "Well Beyond Medicine" podcast.

In 2025, Nemours Children's Health launched a more unified yet locally responsive approach to its Community Health Needs Assessment (CHNA) by initiating a joint contract with Strategy Health, LLC, to support both its Florida and Delaware Valley hospitals. This collaboration marked a significant shift toward shared learning and systemwide alignment, with CHNA teams from each region codeveloping a process that harnessed their collective expertise while honoring the distinct needs of the communities they serve. While the initiative fostered a more coordinated infrastructure and consistent methodology across the enterprise, the decision to maintain separate CHNA reports for each region underscored our commitment to place-based insight and responsiveness. This ensured that findings, priorities, and strategies remained deeply rooted in the lived experiences and voices of local families and stakeholders. The result is a process that is both cohesive and community-driven — amplifying shared strengths while preserving the nuances that make each region unique.

Nemours Children's Hospital, Delaware

In the Delaware Valley, we provide comprehensive pediatric care at our nationally ranked hospital, Nemours Children's Hospital, Delaware (NCHDE). As Delaware's only Level 1 Pediatric Trauma Center, we have reduced child deaths from injuries and contributed to statewide injury prevention initiatives. With over 30 care locations in Delaware, Maryland, Pennsylvania, and New Jersey, including the children's hospital in Wilmington, outpatient and primary care locations, as well as specialty care centers, Nemours Children's served over 224,000 unique patients in the last year alone. The scope of our services is further expanded through collaborations with Federally Qualified Health Centers (FQHCs) in the state, as well as 19 other hospitals across the region.

Over the past 20 years, Nemours Children's has made significant investments in prevention, access, and value-driven care. A decade ago, we advanced these efforts by establishing the Value-Based Services Organization (VBSO), uniting our resources to deliver more coordinated care through a strong network of patient-centered medical homes and enhanced population health management. We've since deepened this commitment through a Medicaid Global Budget arrangement with the Delaware Medicaid and Medicare Administration (DMMA), which received final CMS approval on May 29, 2025. This prospective hospital global budget ensures predictable funding for all hospital services provided to Delaware Medicaid-enrolled children — regardless of where they receive primary care through Nemours Children's. It represents a significant advancement in our shift to being paid for value and quality, focusing on reducing avoidable emergency visits and improving health outcomes. The model supports proactive, equitable care and long-term investment in Whole Child Health —underscoring our mission to redefine children's health well beyond medicine.

Nemours Children's Hospital, Florida

Located in Orlando's Lake Nona Medical City, Nemours Children's Hospital, Florida (NCHFL) is a nationally ranked hospital offering families access to 27 primary, specialty, and urgent care locations in the Central Florida target service area. In the last year alone, Nemours Children's served over 221,500 unique patients and continues to provide signature services including a Cardiac Center, award-winning Center for Cancer and Blood Disorders, and Center for Fetal Care.

Nemours Children's is going well beyond medicine by investing in the infrastructure and people needed to deliver lasting, generational impact. Recognizing that high-quality pediatric care depends on a strong, well-trained, and diverse workforce, we are proactively addressing national pediatric provider shortages through strategic partnerships and forward-looking investments. In 2024, Nemours Children's announced a $5 million investment in collaboration with the University of Central Florida (UCF) to bolster pediatric workforce development. This includes funding a new pediatric nursing training unit, designed to stimulate real-world clinical experiences, and supporting an interdisciplinary research impact fund that will fuel innovations in child health. The partnership also aims to expand clinical rotations for medical students and nursing trainees, with a focus on child and adolescent health. By strengthening the training pipeline and promoting research that addresses pressing pediatric issues, we are ensuring the next generation of caregivers is equipped to not only treat illness, but to improve lifelong outcomes for children and families.

Executive Summary

Once every three years, we conduct a CHNA in compliance with requirements of the Affordable Care Act. The CHNA allows us to obtain a comprehensive data set on the health status, behaviors, and needs of children in our community, which for this assessment includes the five counties in Central Florida (Brevard, Orange, Osceola, Polk, and Seminole). This data set allows us to develop a focused plan to address community health needs in this target service area. We began this process with our very first CHNA in 2013, marking 2025 as our fifth CHNA cycle. This report details the CHNA conducted in 2025, which identifies the needs we will be addressing from 2026–2028.

Purpose of the Needs Assessment

In addition to fulfilling the requirement by the IRS Section H/Form 990 mandate, the CHNA process facilitates an informed and responsive strategic advancement process that fosters collaboration, community engagement, and data-driven insights to empower healthcare providers, patients, and the broader community to be active participants in the achievement of Whole Child Health.

For the 2025 cycle, we focused on the following overarching goals:

- Update information and progress from the previous CHNA cycle (2022).
- Deploy an informed, community-engaged approach to data collection that includes expert input, widespread community perspectives, and local and national benchmarks.
- Identify gaps in access, disparities in outcomes, and social determinants that influence health to facilitate alignment between clinical practice and community priorities.
- Develop a roadmap to proactively address issues that affect health outcomes before they manifest in the clinical setting.
- Ensure that improvements in quality and safety are grounded in the voices of families and communities, advancing more equitable, effective, and responsive pediatric care.
- Support a continuous improvement process that leverages the value of the CHNA as, both, a community engagement effort and a strategic asset.
- Innovate the process to support local responsiveness within a national model — reflecting system alignment that includes a singular and strong purpose and message, with local tailoring that elevates and honors the regional differences and diversity of the families we serve in each region.

As we remain anchored to our commitment to this process, we recognize that each cycle brings new insights and opportunities. In 2025, we built on key aspects of previous iterations while adapting to emerging needs and evidence-based approaches.

Summary of Previous Community Health Needs Assessment

In 2022, our needs assessment was conducted for the fourth time by Professional Research Consultants, Inc., with 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. The CHNA approach included primary research with a mixed-mode methodology of random-sample surveying (landline, cell phone and online questionnaires) and community outreach surveys promoted through the hospital's network of community partners and social media platforms, as well as secondary research of existing vital statistics and other health-related data. With PRC conducting all prior CHNAs this also allowed for benchmark data trending and comparison from prior assessments.

To solicit input from key informants, NCHFL provided PRC a list of individuals who have a broad interest in

the health of the community and ability to identify primary concerns among families and children/adolescents to take the online survey. Key informants were asked to rate the degree to which various children's health issues are a problem in their own community and follow-up questions were asked to describe why they identified these areas and how these might be addressed. During the prioritization process, community members were asked to rank the Areas of Opportunity based on the information gathered through the CHNA survey and key informant input. These ranked priorities were shared with the hospital leadership and enterprise governance to help identify the final top three priority areas to address for 2023-2025 and included:

- Access to Healthcare Services
- Mental Health
- Infant Health

Methods and Timeline

In January 2025, Nemours Children's Hospital, Florida began a Community Health Needs Assessment for five counties in Florida and sought input from people who represent the broad interests of the community using several methods:

- Information gathering and analysis from secondary data sources occurred in January and February 2025 to begin building a robust profile of community demographics, social and economic factors, health access, birth characteristics, chronic disease, and health behaviors.
- Interviews with key informants representing multiple sectors of the state's workforce — including private, nonprofit, government, academia, health care, and more — occurred from February 25 through February 27, 2025, to collect systems-level perspectives on specific barriers and opportunities to achieving health and wellness.
- A mixed-methods population health survey of the community was fielded from February 14 through May 9, 2025, to solicit community-driven health needs.
- Two Community Health Summits were conducted in two locations — Orlando and Poinciana, Florida on April 23 and 24, 2025, respectively. The audience consisted of healthcare professionals, concerned parents and citizens, educators, community workers, advocates, employers, and other stakeholders and focused on the prioritization and strategic planning components of the CHNA process.
- Nemours Children's also solicited data from our patient-facing Social Determinants of Health (SDOH) screening tool deployed in all primary care locations across the Central Florida region to obtain information on top SDOH domains among positive screens during the same time period (January 1–April 30, 2025).

Key Findings and Recommendations

The 2025 Community Health Needs Assessment (CHNA) for Florida identifies a set of interconnected pediatric health and social priorities that reflect both urgent needs and long-term challenges across the region. Top pediatric health needs in the five-county target service area include asthma and allergies as well as mental and behavioral health concerns like stress, anxiety, and ADHD. Beyond these health needs, social drivers of health like affordable health care and insurance, as well as limited access to mental/behavioral and primary care services and providers, and dental services rose to the top. Many of these issues disproportionately impact children and adolescents in underserved and marginalized communities and populations in our target service area.

Opportunities to move the needle on complex and overlapping issues exist in prioritizing investments and partnerships that:

- Expand access to mental and behavioral health services in schools and out-of-school programs
- Address social drivers of health like access to healthy foods, safe and healthy housing, and family economic stability
- Strengthen community-based prevention, early intervention, and care coordination
- Scale internal programs to reach more children earlier that support school readiness as well as access and coordination to mental and behavioral health services
- Leverage Nemours Children's role as a pediatric leader to drive policy and practice changes, workforce development, and systems change in collaboration with partners

These findings and community feedback provide a clear path to guide strategic prioritization, align resources with Nemours Children's broader strategic framework, and accelerate measurable improvements in child health outcomes across the Central Florida region. After careful consideration, Nemours Children's Hospital, Florida will develop an Implementation Plan to address the health and social needs of children in the community in the following priority areas:

1) **Affordable Health Care**
2) **Access to Healthcare Services**
3) **Affordable and Accessible Quality Food**

Introduction

A Community Health Needs Assessment (CHNA) facilitates an informed and responsive strategic advancement process that fosters collaboration, community engagement, and data-driven insights to empower healthcare providers, patients, and the broader community to be active participants in the achievement of Whole Child Health. This report details the 2025 Nemours Children's Hospital, Florida CHNA. Findings will be incorporated into a three-year strategic plan, which will be formally adopted by the hospital for the 2026–2028 implementation period.

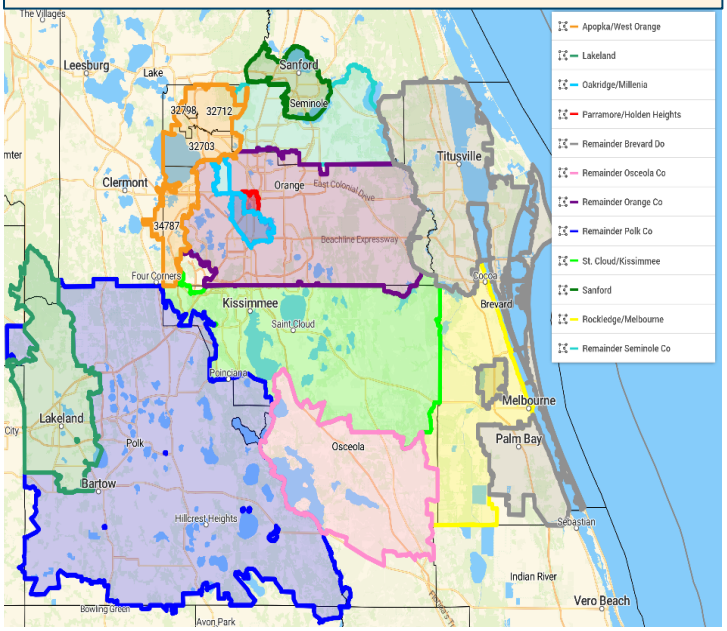
Definition of the Community

The community for the purposes of this needs assessment is defined as the residents of five counties in Central Florida (Pop. 3,855,780, based on 2023 estimates).

Central Florida includes all communities within Brevard, Orange, Osceola, Polk and Seminole counties. We recognize health outcomes and social drivers of health vary considerably across and within these counties and it is critical to analyze health needs at a more granular level than county boundaries alone can provide. To support this, specific zip code regions have been highlighted where applicable due to their unique demographic profiles and the impact those variables can have on health outcomes.

We divided each county into distinct survey regions. These regions are delineated using zip code clusters to reflect residential areas that share similar population characteristics:

Figure 1. CHNA Service Area, with Community Survey Zip Code Regions Outlined, 2025



- **Brevard County**
  - Rockledge/Melbourne – 32901, 32094, 32922, 32935, 32940, 32955
  - Remainder Brevard County – 32754, 32780, 32796, 32903, 32905, 32907, 32908, 32909, 32920, 32925, 32926, 32927, 32931, 32934, 32937, 32949, 32950, 32951, 32952, 32953, 32976
- **Orange County**
  - Apopka/West Orange – 32798, 34787, 32703, 32712
  - Oakridge/Millenia - 32809, 32811, 32818, 32839
  - Parramore/Holden Heights - 32805
  - Remainder Orange County - 32709, 32751, 32789, 32792, 32801, 32803, 32804, 32806, 32807, 32808, 32810, 32812, 32814, 32817, 32819, 32820, 32821, 32822, 32824, 32824, 32824, 32825, 32826, 32827, 32828, 32829, 32831, 32832, 32833, 32834, 32835, 32836, 32837, 34734, 34761, 34786
- **Osceola County**
  - St. Cloud/Kissimmee – 34741, 34743, 34744, 34746, 34747, 34758, 34759, 34769, 34771, 34772 34773
  - Remainder Osceola County – 34739

- **Polk County**
    - Lakeland – 33801, 33803, 33805, 33809, 33810, 33811, 33812, 33813, 33815
    - Remainder Polk County - 33823, 33827, 33830, 33837, 33838, 33839, 33841, 33843, 33844, 33849, 33850, 33853, 33859, 33860, 33867, 33868, 33880, 33881, 33884, 33896, 33897, 33898
- **Seminole County**
    - Sanford – 32771, 32773
    - Remainder Seminole County - 32701, 32707, 32708, 32714, 32730, 32732, 32746, 32750, 32765, 32766, 32779

Report Insights

To support accurate interpretation of data presented in this report, common visual cues are used throughout the report's charts, graphs, and tables. These cues are designed to highlight key trends, benchmarks, and/or significant differences across the data.

All data figures are labeled with the type of data shown (e.g., percentages, counts, rates), the year(s) collected, and the population or region represented. When applicable, indicators are compared to state or national benchmarks to highlight disparities or progress. Various visual elements have been applied to patterns in findings that may warrant further analysis or action. This key helps ensure consistent understanding of these visuals across all sections of the report.

Visual Cue	Description	Where it Appears
	A green shaded circle indicates the value is >/= 2 units of measurement* better than the comparison group.	Table
	A red shaded circle indicates the value is >/= 2 units of measurement worse than the comparison group.	Table
	A yellow shaded circle indicates the value differs by < 2 units of measurement from the comparison group (similar).	Table
	A purple data line indicates a Healthy People 2030 target value.	Graph
X	A dark blue X indicates the value does meet the corresponding Healthy People 2030 target (worse than).	Table
	A green check mark indicates the value meets or exceeds the corresponding Healthy People 2030 target goal.	Table
	A gray data line benchmarks the top-reported value based on the most recent available data.	Graph

*Differences *of ~2 percentage points/units (rate) or more were used to indicate likely statistical significance (p<.05) based on large sample size conventions.*

Process and Methods

Approach

To build a comprehensive portrait of child, family, and community health needs, Nemours Children's partnered with Strategy Health, a Nashville-based consultancy, to facilitate our 2025 Community Health Needs Assessment (CHNA) together with both our Florida and Delaware Valley hospitals. Now in our fifth cycle, this collaboration marked a significant shift toward shared learning and systemwide alignment, with CHNA teams from each region codeveloping a process that harnessed their collective expertise while honoring the distinct needs of the communities they serve. The result is a process that is both cohesive and community-driven — amplifying shared strengths while preserving the nuances that make each region unique.

Our approach integrated both quantitative and qualitative methods, leveraging lessons learned from prior assessments while advancing how we engage communities, structure data collection, and frame priorities. Each component of the process was designed to uncover gaps, lift community strengths, and ensure that health equity, prevention, and upstream solutions remain central to our organizational strategy.

Community Engagement

Community voice was central to this assessment. We conducted interviews with key informants representing multiple sectors of the workforce in each area, utilizing the Essential Public Health Services (EPHS) framework to guide conversations. These informants represented a range of sectors — health care, education, social services, advocacy, government, and business — and were invited to share perspectives on priority health needs, barriers to care, and opportunities for responsive strategies at the systems level.

In addition to these one-on-one interviews, we also convened two regional community summits — one in Orlando and one in Poinciana, Florida. These events brought together a diverse cross-section of the community, including healthcare professionals, educators, concerned parents, youth advocates, employers, and community-based organizations. Participants were invited to respond to data trends, identify top needs in their communities, and propose real-world solutions. The summits created space for honest dialogue, community connection, and alignment around the health challenges most urgent to Central Florida families.

Survey and Data Collection

We surveyed 1,591 households across Central Florida to gather insights into health status, health needs, and barriers to well-being. The sample was drawn to represent geographic, racial, and socioeconomic diversity, with an error rate of +/- 2.46%. To ensure findings reflect regional variation, Central Florida was divided into 11 areas for reporting purposes, with results grouped accordingly. Secondary data sources — such as County Health Rankings and National Survey of Children's Health — were also used to round out our understanding of trends and disparities.

Survey questions covered a broad range of topics, from chronic conditions and mental health to access to care, community safety, and child development. The survey instrument was designed with input from internal leaders and external partners and was informed by real-time data emerging from SDOH screening within our clinical settings.

Guiding Framework: Social Determinants of Health (SDOH)

Nemours Children's has taken steps to ground its CHNA work in the Social Determinants of Health (SDOH) framework, reflecting a sustained commitment to understanding and addressing the structural and environmental conditions that shape child and family well-being. Beginning in 2019 in Delaware Valley and fully incorporated in Florida in 2025, this enterprise wide approach is a testament to not only embrace SDOH as a guiding lens but also deepening and scaling its application across geographies and within its application across assessment, care delivery, and strategic planning.

Recognizing the importance of addressing upstream drivers of health outcomes, we have continued to refine our approach by distinguishing SDOH-related needs from clinical outcomes, health behaviors, and other community priorities. This separation enables a more nuanced understanding of the root causes of disparities and the ways in which environmental and social conditions impact overall health.

Integrating SDOH more intentionally into our care delivery model, including the implementation of a screening tool across various clinical settings, has helped Nemours Children's identify and address social needs at the point of care. Since implementation in 2019, we've completed over 182,254 screens in the Delaware CHNA service area, over 26,249 screens in Florida's CHNA service area, and nearly 333,500 enterprise wide (based on annual distinct patient screens). The data gathered through these screenings, along with insights from community engagement and national indicators, now inform every stage of our CHNA process in Delaware and Florida — from the development of survey instruments to leadership prioritization and strategy alignment. Through this ongoing evolution, we have embedded SDOH into both philosophy and practice, leveraging it as a framework for equity, a tool for discovery, and a foundation for action.

A Foundation for Action

In 2025, the assessment process evolved from simply soliciting community input in the identification of top health needs, to incorporating their voices into the development of actionable solutions as well. Nemours Children's continues to explore ways to elevate the value of the community experience and perspective(s). With a clearer picture of how social and environmental conditions interact with health outcomes, Nemours Children's is better positioned to invest in upstream strategies that improve well-being and close equity gaps. By aligning across regions, integrating clinical and community insights, and amplifying the voices of those most impacted, the 2025 CHNA process provides a strong foundation for the next phase of population health and community engagement work.

Primary Data Collection

Primary data collection utilized online surveys with small numbers of landlines and cell phones added in — a community survey (n=1,565 English, n=26 Spanish) (Appendices C, D, and E), and 13 key stakeholder interviews (Appendices B and F). We used Wilkins Research Services in Chattanooga, Tennessee to perform random dial landline and cell phone surveys as well as online surveys from throughout the five counties based on population. We employed a stratified sampling strategy that divided each county into two distinct survey regions based on unique demographic, socioeconomic, and health profiles. These regions were delineated using zip codes or zip code clusters to reflect residential areas that share similar population characteristics. This subcounty regionalization allows for more nuanced analysis and ensures that underrepresented and disproportionately impacted communities are not masked by aggregate county-level data. Our approach was informed by both public data sources and local contextual knowledge to ensure that the defined regions capture the lived realities of Central Florida residents. In total, we surveyed 1,591 households in the five-county service area for their input on health status and health needs in their communities. This sample size yielded an error rate of +/- 2.46%.

Additionally, we deployed a robust multilevel marketing strategy to expand our reach that involved email, social media, flyers with QR codes, patient and family advisory group outreach, and promotion across community partner networks. This engagement reached an estimated more than 250,000 patients and families, and many more in the broader community footprint.

The survey data and some census data were cross tabulated by geography using the regional designations defined in Figure 2 below. We divided the counties into regions, resulting in 12 areas of survey results. However, due to the largely rural nature of Osceola County outside of Kissimmee/St. Cloud, no surveys were completed, leaving 11 regions in the analysis. Wherever data allows, findings in this report are disaggregated by these regions to elevate geographic differences and inform place-based interventions.

Figure 2. CHNA Service Area Surveys, by Zip Code Region Totals, 2025			
County	**Community Survey Region**	**Zip Code Definition**	**Sample (% of total)**
Brevard	Rockledge/Melbourne	32901, 32094, 32922, 32935, 32940, 32955	129 (8.1%)
	Remainder Brevard County	32754, 32780, 32796, 32903, 32905, 32907, 32908, 32909, 32920, 32925, 32926, 32927, 32931, 32934, 32937, 32949, 32950, 32951, 32952, 32953, 32976	140 (8.8%)
Orange	Apopka/West Orange	32798, 34787, 32703, 32712	134 (8.4%)
	Oakridge/Millenia	32809, 32811, 32818, 32839	169 (10.6%)
	Parramore/Holden Heights	32805	37 (2.3%)
	Remainder Orange County	32709, 32751, 32789, 32792, 32801, 32803, 32804, 32806, 32807, 32808, 32810, 32812, 32814, 32817, 32819, 32820, 32821, 32822, 32824, 32824, 32825, 32826, 32827, 32828, 32829, 32831, 32832, 32833, 32834, 32835, 32836, 32837, 34734, 34761, 34786	283 (17.8%)
Osceola	St. Cloud/Kissimmee	34741, 34743, 34744, 34746, 34747, 34758, 34759, 34769, 34771, 34772 34773	173 (10.9%)
	Remainder Osceola County	34739	0 (0%)
Polk	Lakeland	33801, 33803, 33805, 33809, 33810, 33811, 33812, 33813, 33815	156 (9.8%)
	Remainder Polk County	33823, 33827, 33830, 33837, 33838, 33839, 33841, 33843, 33844, 33849, 33850, 33853, 33859, 33860, 33867, 33868, 33880, 33881, 33884, 33896, 33897, 33898	163 (10.2%)
Seminole	Sanford	32771, 32773	62 (3.9%)
	Remainder Seminole County	32701, 32707, 32708, 32714, 32730, 32732, 32746, 32750, 32765, 32766, 32779	145 (9.1%)
Total			**1,591 (100%)**

The community survey sample was designed to approximate Central Florida's county population distribution — with over half of survey participants residing in Orange County including the Apopka/West Orange, Oakridge/Millenia, Parramore/Holden Heights and Remainder Orange County (623, 39%), followed by Lakeland and Remainder Polk County (319, 20%), then Rockledge/Melbourne and Remainder Brevard County (269, 17%), then Sanford and Remainder Seminole County (207, 13%) and lastly Kissimmee/St. Cloud in Osceola County (173, 11%).

Survey respondents were asked questions about the following topics:

1. Demographics
2. Socio-economic status
3. Access to and utilization of services
4. Health status and health literacy
5. Other social drivers of health

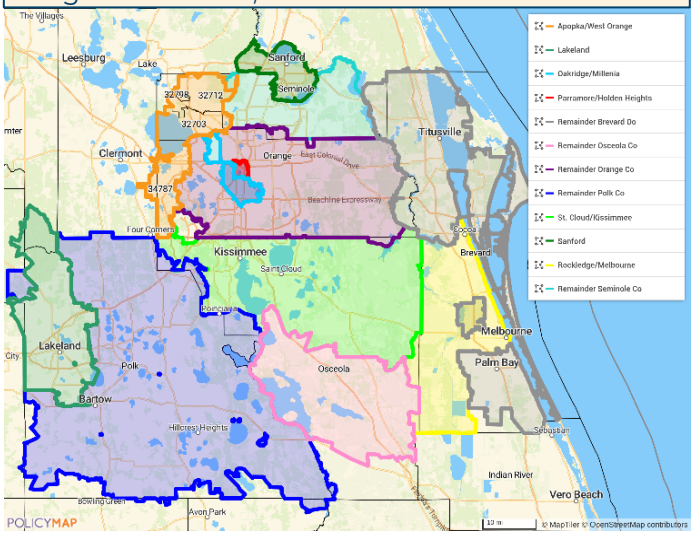
We also engaged in primary research, collecting qualitative data from the community during key informant interviews and community summit breakout sessions.

Engagement Process

The process centered on gathering and analyzing data, as well as receiving input from people who represented the broad interests of the community, to provide direction for the community and the health system to create a plan to improve the health of the communities.

We interviewed 11 community experts and stakeholders for their input using key aspects of the Essential Public Health Services (EPHS) framework. Participants from these areas are not only engaged in the work from previous CHNA cycles, they also are uniquely connected to other community initiatives and, as such, are acutely aware of the breadth of needs of the patients, clients, students, and their communities, as well as where key gaps exist.

Figure 3. CHNA Service Area Survey Zip Code Regions Outlined, 2025



Additionally, we conducted two community health summits to share the primary and secondary data gathered to build a common database of understanding. Then the participants prioritized the most significant health needs based on the data presented. There were 71 attendees at the summits.

Secondary Data Collection

In addition to primary data collection efforts, existing data drawn from the most up-to-date national, state, and local sources were reviewed. Sources of data included the American Community Survey and the National Survey of Children's Health, among others. Types of data included self-report of health behaviors from large, population-based surveys such as the Youth Risk Behavior Surveillance System, as well as vital statistics. It should be noted that in these existing reports and data sets, data on race and ethnicity were gathered through self-report.

Secondary data were collected from a variety of sources to present community demographics, social and economic factors, health access, birth characteristics, chronic disease, and health behaviors. Analysis was conducted using data from:

- The County Health Rankings (CHR) Program provides data measuring vital health factors in nearly every county in America. University of Wisconsin Population Health Institute. County Health Rankings & Roadmaps 2025 (countyhealthrankings.org). Any graphs using CHR used the year the data was released as the x-axis label. The actual year and source of the data will be in the source note below the graph.
- The annual American Community Survey (ACS), conducted by the U.S. Census Bureau, provides vital information about our nation and its people.
- CDC 500 Cities Project is a collaboration between the CDC, the Robert Wood Johnson Foundation, and the CDC Foundation. The purpose of the 500 Cities Project is to provide city- and census tract-level small area estimates for chronic disease risk factors, health outcomes, and clinical preventive services use for the largest 500 cities in the United States.
- The National Survey of Children's Health (NSCH) provides rich data on multiple, intersecting aspects of children's lives — including physical and mental health, access to quality health care

and the child's family, neighborhood, school, and social context.

- The Youth Risk Behavior Surveillance System (YRBSS) monitors six categories of health-related behaviors that contribute to the leading causes of death and disability among youth and adults, including behaviors that contribute to unintentional injuries and violence; sexual behaviors related to unintended pregnancy and sexually transmitted diseases, including HIV infection; alcohol and other drug use; tobacco use; unhealthy dietary behaviors; and inadequate physical activity. YRBSS also measures the prevalence of obesity and asthma and other health-related behaviors plus sexual identity and sex of sexual contacts.
- KIDS COUNT®, a project of the Annie E. Casey Foundation that produces a comprehensive report — the KIDS COUNT® Data Book — that assesses child well-being in the United States.
- Calls to 2-1-1: Brevard and Heart of Florida (2025). 2-1-1 provides one central resource for access to health and human service organizations offering support to make a difference.
- Demographics from Esri, a global market leader in geographic information systems and demographic data, and the U.S. Census Bureau.

Summary of Key Findings

The following provides a brief overview of key findings that emerged from this assessment.

Community Survey

Figure 4. Nemours Children's Community Survey Top Health Needs,* Central Florida, 2025

Rank	Health Status, Behaviors and Outcomes	Totals	Rank	Social Determinants of Health	Totals
1	Asthma	18%	1	Affordable health care	47%
1	Stress and/or anxiety	18%	2	Affordable health insurance	33%
3	Mental/behavioral health	17%	3	Access to mental and behavioral health services/providers	21%
3	Attention-Deficit/Hyperactivity Disorder	17%	4	Access to primary care services/providers	18%
5	Food and/or medication allergies	16%	5	Access to dental services	14%
5	Airborne and/or skin allergies	16%	6	Affordable fresh/natural foods	11%
7	Developmental delays/disabilities	13%	7	Safe, affordable housing	9%
8	Respiratory conditions other than asthma	11%	8	Crisis intervention and support	7%
9	Screen time	8%	8	Access to specialty care/providers	7%
10	Overweight/obesity	7%	10	Affordable quality education	6%
11	Unhealthy diet	6%	10	Positive Youth Development Programs and Activities	6%
11	Dental health	6%	10	Availability of care — office hours, accepting insurance/payment methods	6%
13	Hearing and/or vision impairments	5%	10	More urgent care, walk-in clinics, after hours care	6%

**Community members were asked to rank health status, behaviors, and outcomes separately from SDOH. The goal in having two different categories of need is to focus on a more comprehensive model — designing interventions that treat symptoms and conditions while investing in upstream strategies that address root causes.*

Key Informant Interviews

Figure 5. Top Health, Safety, and Well-Being Challenges, Key Informant Interviews, Central Florida, 2025*

Prenatal care in first trimester
Provider shortage
Lack of funding for programs to help people, such as STD surveillance
Workforce shortage
Uninsured
Food insecurity
Safety for kids
Racial and ethnic health disparities
Cost of health care, affordability
Cost of living due to inflation
Transportation
Language differences
Lack of awareness of appropriate health care and availability
Up-to-date well-visits, vaccinations
Population experiencing homelessness
Affordable, safe housing
Chronic diseases — high obesity leading to diabetes, hypertension, heart disease, cancer
Lifestyle choices
Single parent households
Teen pregnancy
Drug use, substance use
Social media, peer influence
Allergies, asthma
Women's period poverty

**This list was generated from key informant responses to the following question: ""In your opinion, what are the top three challenges affecting the overall health, safety, and well-being in your service area?" See Appendix F for a complete list of key informant interview questions.*

Secondary Data Highlights — County, State, National Comparisons

Differences of ~2 percent points/units (rate) or more were used to indicate likely statistical significance (p<.05) based on large sample size conventions.

Figure 6. Secondary Data Highlights, by County, Florida, U.S.

Percent of children (<18) in poverty,* (2023 and 2019–2023)[1]

	Brevard	Orange	Osceola	Polk	Seminole	Fla.	U.S.
Value	15.0	15.2	14.2	18.1	10.6	16.0	16.0
vs. Fla. avg.*	🟡	🟡	🟡	🔴	🟢	-	🟡
vs. U.S. avg.	🟡	🟡	🟡	🔴	🟢	🟡	-
HP2030 Target (≤8%)	X	X	X	X	X	X	X

Children in poverty include those people under the age of 18 who live in households with income below the federal poverty threshold.

Percent of households who are ALICE* (2022)[2]

	Brevard	Orange	Osceola	Polk	Seminole	Fla.	U.S.
Value	30.0	33.0	39.0	33.0	29.0	33.0	29.0
vs. Fla. avg.	🟢	🟡	🔴	🟡	🟢	-	🟡
vs. U.S. avg.	🟡	🔴	🔴	🔴	🟡	🔴	-

ALICE stands for Asset Limited, Income Constrained, Employed and refers to households that earn above the Federal Poverty Level (FPL) but still struggle to afford basic necessities like housing, child care, food, transportation, and health care.

Percent of population (14+) who do not speak English, (2019–2023)[3]

	Brevard	Orange	Osceola	Polk	Seminole	Fla.	U.S.
Value	3.4	14.7	20.9	9.3	7.1	11.9	8.4
vs. Fla. avg.	🟢	🔴	🔴	🟢	🟢	-	🟡
vs. U.S. avg.	🟢	🔴	🟢	🟡	🟡	🔴	-

Percent of total population who are food insecure,* (2022)[4]

	Brevard	Orange	Osceola	Polk	Seminole	Fla.	U.S.
Value	12.1	12.4	13.7	13.7	11.2	13.2	14.0
vs. Fla. avg.	🟡	🟡	🟡	🟡	🟢	-	🔴
vs. U.S. avg.	🟡	🟡	🟡	🟡	🟢	🟡	-
HP2030 Target (≤6%)	X	X	X	X	X	X	X

Food insecure is defined as a lack of access, at times, to enough food for an active, healthy life or with uncertain availability of nutritionally adequate foods.

Percent of disconnected youth* ages 16–19, (2019–2023)[5]

	Brevard	Orange	Osceola	Polk	Seminole	Fla.	U.S.
Value	7.3	4.2	5.4	9.1	3.2	6.9	7.0
vs. Fla. avg.	🟡	🟢	🟡	🔴	🟢	-	🟡
vs. U.S. avg.	🟡	🟢	🟡	🔴	🟢	🟡	-
HP2030 Target (11.2%)**	✓	✓	✓	✓	✓	✓	✓

*Disconnected youth is defined as young people ages 16–19 who are not enrolled in school or are not currently employed. **HP2030 defines this indicator as youth ages 16 to 24 who are not enrolled in school or are not currently employed.*

1 Centers for Disease Control and Prevention, BRFSS Data Quality Report Handbook (2004), V.3.2.0. cdc.gov/brfss/annual_data/pdf/2004DQRHandbook.pdf. Accessed August 12, 2025.
2 United Way 2022
3 American Community Survey (ACS) 2019–2023
4 CHR, 2025; Feeding America, Map the Meal Gap, 2022
5 CHR, 2025; ACS, 2019–2023

Percent of households with at least 1 of 4 housing problems,* (2017–2021)[6]							
	Brevard	Orange	Osceola	Polk	Seminole	Fla.	U.S.
Value	14.8	20.3	21.9	16.9	16.0	19.0	17.0
vs. Fla. avg.						-	
vs. U.S. avg.							-

**Housing problems in this measure include overcrowding, high housing costs, lack of kitchen facilities, and/or lack of plumbing facilities.*

Percent of households spending 30% or more of monthly income on housing (2023)[7]							
	Brevard	Orange	Osceola	Polk	Seminole	Fla.	U.S.
Value	23.0	26.0	30.6	24.2	23.0	26.1	28.6
vs. Fla. avg.						-	
vs. U.S. avg.							-
HP2030 Target (n/a)	-	-	-	-	-	-	-

Percent of uninsured children (2022)[8]							
	Brevard	Orange	Osceola	Polk	Seminole	Fla.	U.S.
Value	6.0	7.4	5.8	6.8	6.3	7.3	5.0
vs. Fla. avg.						-	
vs. U.S. avg.							-
HP2030 Target (n/a)	-	-	-	-	-	-	-

Percent of children who received recommended vaccinations (2021)[9]							
	Brevard	Orange	Osceola	Polk	Seminole	Fla.	U.S.
Value	-	-	-	-	-	95.3	86.2
vs. Fla. avg.	-	-	-	-	-	-	
vs. U.S. avg.	-	-	-	-	-		-

Percent of children (9–35 months*) whose parent/caregiver completed a developmental screening tool in the past year (2022–2023)[10]							
	Brevard	Orange	Osceola	Polk	Seminole	Fla.	U.S.
Value	-	-	-	-	-	32.8	35.6
vs. Fla. avg.	-	-	-	-	-	-	
vs. U.S. avg.	-	-	-	-	-		-
HP2030 Target (35.8%)	-	-	-	-	-	X	X

**Based on guidelines from the American Academy of Pediatrics recommending developmental screenings at 9, 18, and 24. or 30 months during well-child visits.*

Teen Birth Rate* (2017–2023)[11]							
	Brevard	Orange	Osceola	Polk	Seminole	Fla.	U.S.
Value	13.2	12.9	14.3	20.5	8.5	15.0	16.0
vs. Fla. avg.						-	
vs. U.S. avg.							-
HP2030 Target (31.4)	✓	✓	✓	✓	✓	✓	✓

6 CHR, 2025; U.S. Dept of Housing and Urban Development, 2017–2021
7 ACS, 2023
8 CHR, 2025; US Census Bureau's Small Area Health Insurance Estimates, 2022
9 CDC, ChildVaxView, 2021
10 National Survey of Children's Health, 2022–2023
11 CHR, 2025; National Center for Health Statistics, National Vital Statistics System, 2017–2023

*Number of births per 1,000 female population ages 15–19.

Percent of adolescents (grades 9–12) who currently* vape (2023)[12]**

	Brevard	Orange	Osceola	Polk	Seminole	Fla.	U.S.
Value	21.9	9.4	17.9	16.5	42.0	36.4	23.5
vs. Fla. avg.	🟢	🟢	🟢	🟢	🔴	-	🟡
vs. U.S. avg.	🟡	🟢	🟢	🟢	🔴	🔴	-

*Current vape use is defined as those who report vaping at least 1 day out of the last 30 days. **A vape or an electronic vapor product is defined as any device that delivers nicotine, flavorings, and other substances in vapor form, often including e-cigarettes.

Percent of adolescents (grades 9–12) who currently* drink alcohol (2023)[13]

	Brevard	Orange	Osceola	Polk	Seminole	Fla.	U.S.
Value	12.6	9.1	12.2	13.0	15.8	10.2	22.1
vs. Fla. avg.	🔴	🟡	🔴	🔴	🔴	-	🟡
vs. U.S. avg.	🟢	🟢	🟢	🟢	🟢	🟢	-

*Current alcohol use is defined as consuming at least 1 alcoholic drink during the last 30 days.

Percent of adolescents (grades 9–12) who currently use marijuana* (2023)[14]

	Brevard	Orange	Osceola	Polk	Seminole	Fla.	U.S.
Value	21.9	11.0	16.0	15.9	29.6	29.5	17.0
vs. Fla. avg.	🟢	🟢	🟢	🟢	🟡	-	🟡
vs. U.S. avg.	🔴	🟢	🟡	🟡	🔴	🔴	-

*Current marijuana use is defined as using marijuana 1 or more times during the last 30 days.

Percent of adolescents (grades 9-12) who do not eat breakfast* (2023)[15]

	Brevard	Orange	Osceola	Polk	Seminole	Fla.	U.S.
Value	-	-	-	-	-	20.1	17.8
vs. Fla. avg.	-	-	-	-	-	-	🟡
vs. U.S. avg.	-	-	-	-	-	🔴	-

* Includes students who reported eating breakfast 0 days out of the previous 7 days.

Infant death (mortality) rate* (2016–2022)[16]

	Brevard	Orange	Osceola	Polk	Seminole	Fla.	U.S.
Value	6.0	6.2	4.6	7.5	5.5	6.0	6.0
vs. Fla. avg.	🟡	🟡	🟡	🔴	🟡	-	🟡
vs. U.S. avg.	🟡	🟡	🟡	🔴	🟡	🟡	-
HP2030 Target (5.0)	X	X	✓	X	X	X	X

*Number of infant deaths (under 1 year of age) per 1,000 live births.

Child and teen death (mortality) rate* (2023)[17]

	Brevard	Orange	Osceola	Polk	Seminole	Fla.	U.S.
Value	33.8	27.9	23.3	46.3	30.2	29.4	29.3
vs. Fla. avg.	🟡	🟡	🟢	🔴	🟢	-	🟡
vs. U.S. avg.	🔴	🔴	🟢	🔴	🟢	🔴	-

12 YRBS, 2023
13 YRBS, 2023
14 YRBS, 2023
15 YRBS, 2023
16 CHR, 2025; National Center for Health Statistics, National Vital Statistics System, 2016–2022
17 Florida Department of Health, Bureau of Community Health Assessment, 2023

HP2030 Target (18.4)	X	X	X	X	X	X	X

**Number of deaths among per 100,000 children aged 1-19 years*

Percent of children (4 mo.–17 yrs.) who get sufficient sleep,* 2020–2021[18]

	Brevard	Orange	Osceola	Polk	Seminole	Fla.	U.S.
Value	-	-	-	-	-	65.8	64.8
vs. Fla. avg.	-	-	-	-	-	-	
vs. U.S. avg.	-	-	-	-	-		-
HP2030 Target (70.6%)**	-	-	-	-	-	X	X

Children are considered to get insufficient sleep if parents report they get less sleep than the recommended hours for their age. HP2030 defines this indicator as children ages 4 months to 14 years who are considered to get insufficient sleep if parents report they get less than the recommended hours for their age.*

Percent of adults (18+) diagnosed with asthma* (2023)[19]

	Brevard	Orange	Osceola	Polk	Seminole	Fla.	U.S.
Value	10.6	9.3	5.3	12.5	10.5	9.3	10.3
vs. Fla. avg.						-	
vs. U.S. avg.							-

**Diagnosis is defined as ever told by a doctor, nurse or other health professional that they have asthma.*

Ambulatory Care Sensitive Hospitalizations From Asthma Ages 0–4 Years (2022)[20]

	Brevard	Orange	Osceola	Polk	Seminole	Fla.	U.S.
Value	349.5	415.7	644.1	414.1	373.4	487.4	
vs. Fla. avg.						-	

Population per mental health provider * (2024)[21]

	Brevard	Orange	Osceola	Polk	Seminole	Fla.	U.S.
Value	522.0	347.0	561.0	834.0	475.0	486.0	320.0
vs. Fla. avg.						-	
vs. U.S. avg.							-

**Mental health providers are defined as professionals who offer services to improve an individual's mental health and well-being or treat mental health conditions, including psychiatrists, psychologists, social workers, therapists, and advanced practice nurses specializing in mental health care.*

Percent of adults (18+) who report frequent mental distress* (2022)[22]

	Brevard	Orange	Osceola	Polk	Seminole	Fla.	U.S.
Value	17.7	17.3	17.3	19.6	16.8	16.0	16.0
vs. Fla. avg.						-	
vs. U.S. avg.							-

**Frequent mental distress is defined as 14 or more poor mental health days in past 30 days (age-adjusted).*

18 U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau, National Survey of Children's Health, 2022–2023
19 America's Health Rankings BRFSS, 2023
20 Florida Agency for Health Care Administration, 2023
21 CHR, National Provider Identification Registry, 2024
22 CHR, BRFSS, 2022

Nemours Children's Patient Data: Social Determinants of Health Screening

Figure 7. Number of Positive SDOH Screens in Nemours Patients ages 0–18, by Screening Domain and County of Residence, Florida, January 1–May 31, 2025

	Brevard	Orange	Osceola	Polk	Seminole	Total Fla.
Positive - FOOD	12	46	29	25	9	**172**
Positive - HOUSING	3	64	20	13	18	**236**
Positive – TRANSPORTATION	16	44	27	27	13	**165**
Positive – FINANCIAL	121	214	172	120	47	**915**

Prioritization

Themes Across the Data

All primary and secondary data were compiled and presented at two community summits in the spring of 2025. Following the presentation, a comprehensive list of 21 needs was shared with participants that summarized themes across the data (below).

Access to mental health services/providers	Access to primary care services/providers (locations, hours, flexible payment methods, etc.)	Affordable/quality education (includes early education)	Affordable/ accessible quality food (fresh, natural, nutritional)	Affordable health care
Affordable insurance	Allergies (food, medication, airborne, skin)	Asthma or other respiratory conditions	Attention-deficit/hyperactivity disorder (ADHD)	Crisis and trauma intervention and support
Developmental delays/disabilities	Employment/ workforce challenges and economic opportunity	Health and in-home services for seniors	Mental/behavioral health	Positive youth development program and opportunities
Safe, affordable housing	Sedentary lifestyle/screen time	Sexual and reproductive health	Stress and/or anxiety	Substance use disorder — drugs
Transportation				

Participating community members were asked to use this list to rank the top three health needs in their community. This essential component of the CHNA process facilitates a community-driven, region-specific list of top health needs that is utilized during strategic planning discussions.

Top Community Health Needs

The highest-ranking results from both summits were placed in the following list of Top Community Health Priorities. These priorities will be the foundation of our internal strategic development process and implementation plan.

Figure 8. Top Community Health Priorities, Florida, 2025

Rank	Community Health Priority	Vote (%)
1	Affordable health care	50.7%
2	Mental/behavioral health	39.4%
3	Safe, affordable housing	32.4%
4	Access to mental health services/providers	28.2%
5	Access to primary care services/providers	16.9%
5	Affordable quality education (incl. early education)	16.9%
6	Positive youth development programs and opportunities	14.1%
7	Affordable accessible quality food	12.7%
7	Affordable insurance	12.7%
8	Employment/workforce challenges and economic opportunity	9.9%
9	Stress and anxiety	5.6%
9	Crisis and trauma intervention and support	5.6%

Once voting results were tallied, summit participants engaged in group breakout sessions to identify strategies to address priorities. This information has been incorporated in the following section ("Recommendations").

Recommendations

This assessment report develops a social, economic, and health portrait of our priority communities. The data highlighted, and the community confirmed, the health issues and concerns that Central Florida children and families are most affected by, which include: access to affordable health care and insurance; mental and behavioral health conditions including stress/anxiety and crisis and trauma intervention and support; safe, affordable housing; access to mental health care; access to primary care; affordable, quality education including early education; positive, youth development programs and opportunities; affordable, accessible quality food; employment/workforce challenges and economic opportunity.

Community Health Priorities — Impact and Opportunity

In addition to grounding the Recommendations section in community-identified priorities, we have also incorporated community-driven solutions collected during the engagement process. While some of the information has been embedded within other proposed approaches (Opportunities), other more direct input has been italicized to distinguish those unique and valuable insights.

1) Affordable and Accessible Health Care and Insurance

Impact:

- U.S. health expenditures per person have skyrocketed from $353 in 1970 to $14,570 in 2023, far outpacing income growth. [23]
- Children in the CHNA service area without health insurance ranges from 5.3% to 7.0%. [24]
- Delayed or forgone care results in avoidable hospitalizations, unmet chronic needs, and greater long-term costs.

Opportunities:

- Embed financial navigators in care locations to support enrollment in Medicaid, CHIP, and other plans.
- Utilize community health workers to provide culturally responsive navigation.
- Expand systemwide infrastructure — such as EMR-embedded screenings for financial strain — to link families to cost-relief programs.
- *Increase navigation services to improve awareness of what is available.*
- *Healthy literacy programming: in trusted community partner locations; reach people where they are (grocery stores, bus stops); educate youth on insurance and transition of care as they age.*

2) Mental/Behavioral Health Challenges

Impact:

Focus 1: Stress and Anxiety

- Mental health conditions can begin in early childhood and are more common with increased age.[25]
- 11% of U.S. children ages 3–17 had current, diagnosed anxiety (2022–2023) and 20% of adolescents reported symptoms of anxiety in the past two weeks (2021–2023).[26]

Opportunities:

Focus 1: Stress and Anxiety

- Implement early intervention and prevention strategies like universal screening in schools, promote early identification and intervention programs, and educate parents and teachers on recognizing early signs.

23 Peterson-KFF Health System Tracker (2024). "Health Expenditures Over Time." https://www.healthsystemtracker.org
24 FL Health Charts. Children Without Health Insurance (Aged 0-18 Years) https://www.FLHealthCharts.gov
25 CDC Children's Mental Health
26 Mental Health America (2024). Youth Mental Health Ranking. 2024-State-of-Mental-Health-in-America-Report.pdf

Focus 2: Crisis and Trauma Intervention and Support

- Orange County youth compared to Florida youth have similar or more exposure to trauma-related experiences — including violence, abuse, and parental substance use.[27]
- Youth exposed to trauma are at greater risk of developing PTSD, anxiety, suicidality, and academic disengagement. Trauma-specific interventions are scarce, particularly outside of crisis stabilization units. School staff, pediatricians, and caregivers lack proper tools to respond effectively.

- Normalize communication; use peer-led programs like Sources of Strength.
- Parent/caregiver awareness and education to understand and support child behavior.
- Expand opportunities in schools, out-of-school programs, and outreach events to help youth develop and practice healthy coping and resiliency skills.

Focus 2: Crisis and Trauma

- Embed trauma-informed care and crisis response protocols across clinical and educational settings.
- Expand mobile crisis teams and access to trauma-specific therapy.
- Scale up training frontline professionals (health care, education, public safety) in trauma recognition and response.
- Work with school districts, public health, and local mental health providers to offer education on prevention and management of mental health issues.

- Safe, Affordable Housing

Impact:

- 82% of Florida and nearly 90% of the Orlando Metro Statistical Area of extremely low-income renter households are severely cost-burdened, paying over half their income on housing. Families facing high eviction rates, substandard conditions (mold, lead), and overcrowding — all linked to asthma, developmental delays, and school absenteeism.[28]
- Housing instability also increases ER visits and family stress, undermining child development and recovery from illness.

Opportunities:

- Expand housing-related screening.
- Strengthen medical-legal partnerships for families facing unsafe housing conditions.
- Collaborate on state and local housing policy advocacy and anchor institutional investments in housing infrastructure.
- Support community-led solutions to neighborhood safety and stability.
- Establish first/last month's rent programs partnering with businesses and faith-based organizations.
- Transform existing communities with affordable housing through community buy-in and civic action to "put unity back in community."
- Community Development Funding

3) Access to Mental Health Services and Providers

Impact:

- Florida ranks 40th nationally in overall access to mental health care and 43rd mental health workforce availability and

Opportunities:

- Scale cross-sector behavioral health integration and delivery (schools, child care, tele-behavioral health).

27 CDC HS YRBS, 2021
28 National Low Income Housing Coalition (2023). "Florida Housing Profile."

nearly half of Florida's youth with a major depressive episode reported an unmet need for treatment.[29]

- Rural youth and youth of color face significant disparities in access, compounded by provider shortages and cultural barriers. Mental health challenges — left unaddressed — are linked to suicide risk, school absenteeism, youth justice involvement, and lifelong chronic disease.[30] Lack of access prolongs suffering, increases ER visits, and worsens long-term educational and health outcomes.

- Invest in workforce development and pipelines to recruit and retain diverse pediatric mental/behavioral health professionals.
- Partner with trusted community organizations to deliver peer-led programming and culturally relevant mental health education and trauma-informed care.
- Partner with state agencies to improve pediatric reimbursement rates and incentives for rural practice.
- *Involve nonmental health partners in mental health services/increase access to events.*

4) Access to Primary Care Services and Providers

Impact:

- Over 56% of Florida children lack a medical home, undermining continuity of care and early intervention.[31]
- Delayed access to vaccinations, well-visits, and developmental screenings increases risk for preventable illness, missed diagnoses, and developmental delays.

Opportunities:

- Expand telehealth, mobile units, and school-based care.
- Invest in rural recruitment, training, and retention pipelines.
- Partner with community clinics and FQHCs to close care gaps.
- Partner with ride share companies like UberHealth to address transportation barriers to access.
- *Extend/adjust hours for primary care providers like those of urgent cares (ex: 10 a.m. to 7 p.m.); build into their contracts for evening, weekend hours.*

5) Quality Education Including Early Education

Impact:

- Only 59% of Florida's preschoolers complete the state-funded VPK program and 51% of Florida's children are ready for kindergarten.[32]
- While improving, Florida's high school graduation rate remains under 90%.[33]

Opportunities:

- *Increase access to Nemours Children's Reading BrightStart! curriculum.*
- *Community collaboration to fund Reach Out and Read to promote early literacy and healthy parent-child relationships.*
- *Collaborate to develop work opportunities for youth in partnership with businesses, community partners, career centers; develop healthcare employment internship track.*

29 Mental Health America (2024). Youth Mental Health Ranking. 2024-State-of-Mental-Health-in-America-Report.pdf
30 CDC, Children's Mental Health, 2025
31 National Survey of Children's Health, 2022–2023
32 Florida Department of Education, 2024
33 U.S. Department of Education, EDFacts, 2022

6) Positive Youth Development Programs and Opportunities

Impact:

- Youth in under-resourced neighborhoods lack safe, supportive environments after school.
- Stakeholders emphasized collaboration to develop work opportunities for youth and support health and wellness life skills development.

Opportunities:

- Collaborate with community youth organizations and schools to enhance opportunities for more afterschool and summer programs.
- Elevate youth voice in civic health initiatives and youth-led advisory boards.
- Expand family strengthening programs.
- Expand safe zones through parks, libraries, and recreation center partnerships.

7) Access to Quality Affordable Food

Impact:

- Food insecurity affects 1 in 7 people in the Central Florida region, especially in Black, Latino, and rural communities.[34]
- Food insecurity also impacts 1 in 6 Central Florida children, contributing to increased risk for obesity, diabetes, and anemia.[35]
- Childhood hunger has far-reaching consequences hampering a child's ability to learn, grow, and thrive, affecting their health, emotional development, and education success.[36]

Opportunities:

- Embed food insecurity screening and WIC/SNAP enrollment into clinical visits.
- Partner with local food banks and pantries to develop pediatric-focused referral loops.
- Expand food-as-medicine interventions and produce prescription programs for at-risk children.
- *Increase school-based education programs for nutrition and cooking skills.*

8) Employment/Workforce Challenges and Economic Opportunity

Impact:

- Of Florida's children, 16.0% live in poverty.[37]
- Youth in poverty are more likely to experience food insecurity, housing instability, and poor academic outcomes.
- Parental unemployment and unstable jobs reduce access to health benefits and increase toxic stress within the household.

Opportunities:

- Support family economic mobility via workforce development partnerships.
- Align early care and education access with job training.
- Use anchor strategies to increase local hiring and support community investment.

34 Second Harvest Food Bank of Central Florida. Map the Meal Gap 2025 (2023 data). Map the Meal Gap 2025 - Second Harvest Food Bank of Central Florida
35 Second Harvest Food Bank of Central Florida. Map the Meal Gap 2025 (2023 data). Map the Meal Gap 2025 - Second Harvest Food Bank of Central Florida
36 No Kid Hungry
[37] *U.S. Census Bureau Small Area Income and Poverty Estimates; American Community Survey, 2019–2023*

Nemours Children's Identified Priorities for Implementation

Senior leaders at Nemours Children's examined this information in conjunction with primary and secondary data that informed top community health priorities to identify the top three focus areas to be incorporated into the 2026–2028 Implementation Plan. Leadership considered the magnitude and severity of issues, the impact of these issues on the most vulnerable populations, resources available, areas in which we should be partnering with other key stakeholders, feasibility of addressing these issues over the next three years, and potential alignment with broader organizational strategies and efforts. The following table was used as a discussion prompt during the prioritization exercise:

Magnitude	How big is the problem? How many people does the problem affect/potentially affect?
Seriousness of the Consequences	What would happen if the issue were not made a priority?
Equity	Does this affect one group more than others?
Feasibility	Is the problem preventable? How much change can be made? Is there capacity to address it?
Alignment (added in 2025)	Are there opportunities for alignment with other strategic initiatives? Could an integrated approach to this issue improve health outcomes and operational efficiency?

The fourth criteria, alignment, was added in 2025 to underscore the evolution of the CHNA into a dynamic and integrated piece of the health system's mission. By aligning the CHNA with broader organizational strategies, we can improve operational efficiencies and streamline efforts; and, by integrating community health priorities with strategic goals, we are better positioned to address the needs of the communities we serve, contributing to better health outcomes. This is just another way to ensure that CHNA priorities remain relevant and effective overtime.

This is the first iteration of the Florida CHNA that incorporated data from the SDOH Screening tool. This is in alignment with the Delaware CHNA efforts, which have now been scaled enterprise wide. From January 1, 2025-May 31, 2025, Nemours Children's collected 3,357 completed screens from patients in Florida of which 2,318 were from the five-county CHNA area. Among these completed screens in the five-county CHNA area approximately 45% (n=1,040) screened positive with a need in one or more areas. Additionally, the data revealed financial-related challenges (n= 674) as the top indicated area of need by families as an area during the same time period, followed by transportation(n=127), food (n=121), and housing (n=118). These data reinforce community priorities and strengthen the scope of our response.

The final three priority areas chosen were:

Affordable Health Care

Access to Healthcare Services

Affordable, Accessible, Quality Foods

While Nemours Children's chose these three priorities in 2025, the full set of findings and recommendations will continue to inform our own strategic conversations. We also encourage partners and organizations across the state to draw on this information as they build their own strategic roadmaps.

We are engaged in the implementation planning process, and the 2026–2028 plan will be approved and formally adopted on or before May 15, 2026. A copy of the Implementation Plan will be published on Nemours.org by June 30 of the same year.

Limitations

As with all research efforts, there are several general limitations of CHNA research methods that should be acknowledged:

- It should be noted that for secondary data analyses in several instances current neighborhood level data were not available. Data access and analysis remain a challenge in Florida, especially below the county level, which poses a challenge for strategic planning and tailored interventions.
- While the surveys conducted for this CHNA provide valuable insights, results are not statistically representative of a larger population due to nonrandom recruiting techniques and a small sample size.
- Data based on self-reports should be interpreted with caution. In some instances, respondents may over- or underreport behaviors and illnesses based on fear of social stigma or misunderstanding the question being asked.
- Respondents may be prone to recall bias — that is, they may attempt to answer accurately but remember incorrectly, especially when serving as a proxy for their child/ren.
- Finally, it is important to note that data were collected at one point in time, so findings, while directional and descriptive, should not be interpreted as definitive.

Data Findings

Obtaining information from multiple sources, known as triangulation, helps provide context for information and allows researchers to identify results that are consistent across more than one data source. The following section includes both primary and secondary and quantitative and qualitative data to provide a comprehensive snapshot of the population in five-county CHNA region of Central Florida.

The State of Health

This section presents key indicators that reflect the current state of health in the community, including life expectancy, self-reported health status, mortality rates, and birth outcomes. Together, these measures provide a snapshot of population well-being and longevity – how healthy people feel, how long they live, and how life begins.

Life Expectancy

Life expectancy in both the United States and Florida experienced a sharp decline in 2020 due to the COVID-19 pandemic, which caused unprecedented mortality, especially among older adults and vulnerable populations. In the U.S., life expectancy dropped from 78.8 years in 2019 to 77.0 years in 2020, the largest single-year decline since World War II. Florida followed a similar pattern, falling from 79.0 years in 2019 to 77.5 years in 2020.[38] [39]These decreases were driven not only by COVID-19 itself, but also by increases in deaths related to substance use, chronic conditions exacerbated by pandemic disruptions, and delayed access to care. As the immediate mortality burden of the pandemic began to subside and vaccination, treatment, and public health measures improved, life expectancy began to rebound. Between 2021 and 2022, both the U.S. and Florida saw measurable gains in life expectancy, moving closer to—but still below—their pre-pandemic baselines.[40] [41]

Life expectancy in the U.S. increased 0.9 years from 2022 (77.5 years) to 2023 (78.4 years)[42]. Life expectancy in Florida increased 1.1 years during that same time period to 77.5 in 2022, which is the same as the national average. The life expectancy in three of the five counties is slightly higher than the national average, and Brevard and Polk are below the national average.

Figure 9. Average Number of Years of Life Expectancy at Birth, by County, Florida, 2023

	Brevard	Orange	Osceola	Polk	Seminole	Fla.	U.S.
Life Expectancy (years)	76.2	78.9	79.6	76.2	79.8	78.6	78.4

Source: FL Health Charts; Florida Bureau of Vital Statistics. Population data are from the Florida Legislature Office of Economic and Demographic Research and National Center for Health Statistics, Mortality in the United States, 2023.

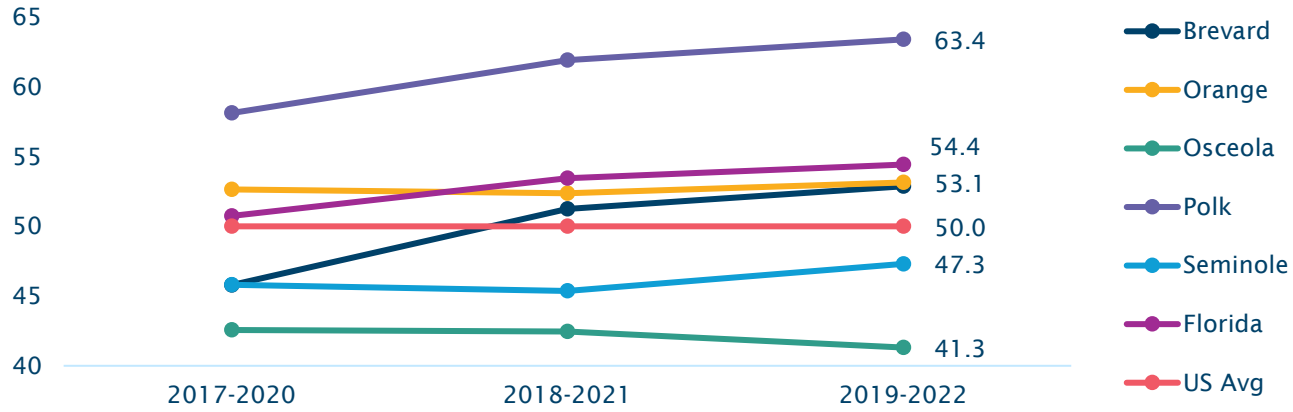
**Life expectancy at birth is defined as how long, on average, a newborn can expect to live, if current death rates do not change (CDC).*

Understanding these trends in life expectancy is critical for contextualizing progress in public health. While the upward shift reflects a hopeful trajectory, it also underscores the importance of addressing persistent health inequities, chronic disease, and behavioral health risks that the pandemic amplified.

The youth mortality rate in children and adolescents under age 18 in Florida is generally similar to national trends, though disparities exist by region, race, and socioeconomic status. As part of a broader view of vital statistics, youth mortality highlights the underlying social, economic, and environmental factors that affect well-being.[43,44]

38 Arias E, Xu JQ. United States Life Tables, 2019. National Vital Statistics Reports; vol 70 no 19. Hyattsville, MD: National Center for Health Statistics; 2022. Available from: cdc.gov/nchs/data/nvsr/nvsr70/nvsr70-19.pdf
39 USAFacts. Health in Florida: Life Expectancy Over Time. Updated 2024. Available from: usafacts.org/topics/health/state/florida
40 Arias E, Tejada-Vera B, Ahmad F, Kochanek KD. Mortality in the United States, 2023. NCHS Data Brief No. 521. Hyattsville, MD: National Center for Health Statistics; 2024. Available fromcdc.gov/nchs/products/databriefs/db521.htm
41 National Center for Health Statistics. U.S. State Life Tables, 2022. National Vital Statistics Reports; 2024. Available from: cdc.gov/nchs/data/nvsr/nvsr73/nvsr73-07.pdf
42 Murphy SL, Kochanek KD, Xu JQ, Arias E. Mortality in the United States, 2023. NCHS Data Brief, no 521. Hyattsville, MD: National Center for Health Statistics. 2024. DOI: dx.doi.org/10.15620/cdc/170564
43 Centers for Disease Control and Prevention (CDC). Child and Adolescent Mortality, 2023. cdc.gov/nchs/fastats/infant-health.htm
44 Florida Department of Health, Division of Public Health Statistics and Performance Management, 2023

Figure 10. Youth Mortality Rate per 100,000 Population Under Age 18, by County, Florida, 2017–2022



Source: National Center for Health Statistics, National Vital Statistics System, 2017-2022

Polk County had the highest child mortality rate (63) followed by Orange and Brevard (53) and Osceola had the lowest (41). In Polk and Brevard, the trend has been increasing.

Unintentional injuries are the leading cause of death in Florida among those 1-year-old to 24 years old (20.0 per 100,000). This can include traffic accidents, falls, drowning, poisoning and others.

Figure 11. Mortality Rate per 100,000 Population Ages 1–24 by Cause, Florida, 2020–2023

Cause of Death Ages 1–24	Fla.	U.S.
Accidents (unintentional injuries)	20.0	17.9
Assault (homicide)	7.1	7.1
Intentional self-harm	5.7	6.7
Malignant neoplasms	2.7	2.5
Diseases of heart	1.2	1.2
Congenital malformations, deformations & chromosomal abnormalities	1.3	1.2

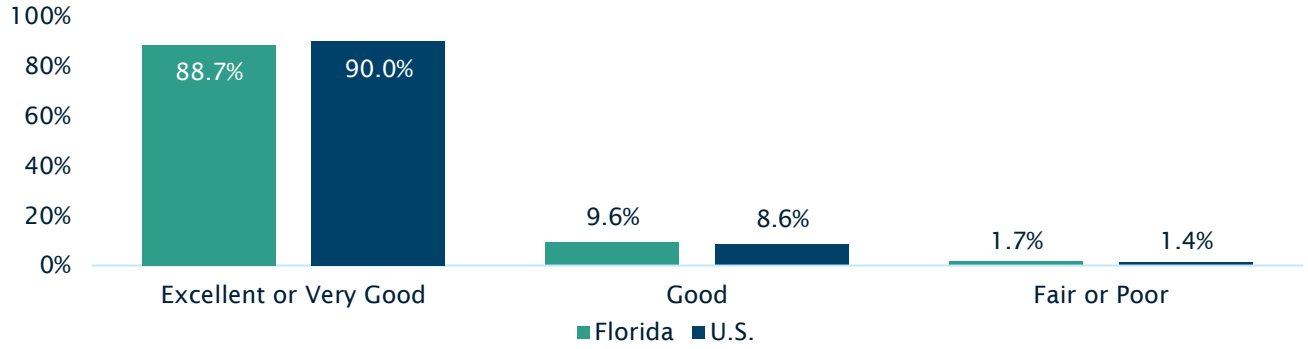
Source: CDC Wonder, crude mortality rates, 2020–2023

Health Status

Self-reported/proxy-reported health is a valid measure of a variety of physical and emotional dimensions of child and adolescent well-being.[45] In Florida, 88.7% of children and adolescents are reported to be in excellent or very good health, which is slightly lower than the national average (90.0).[46]

45 Fosse NE, Haas SA. Validity and stability of self-reported health among adolescents in a longitudinal, nationally representative survey. Pediatrics. 2009 Mar;123(3):e496-501. doi: 10.1542/peds.2008-1552
46 Child and Adolescent Health Measurement Initiative. 2022-2023 National Survey of Children's Health (NSCH) data query. Data Resource Center for Child and Adolescent Health supported by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB). Retrieved [05/03/25] from [childhealthdata.org]

Figure 12. Percentage of Children Ages 0–17 by Reported Health Status,* Florida, 2022–2023

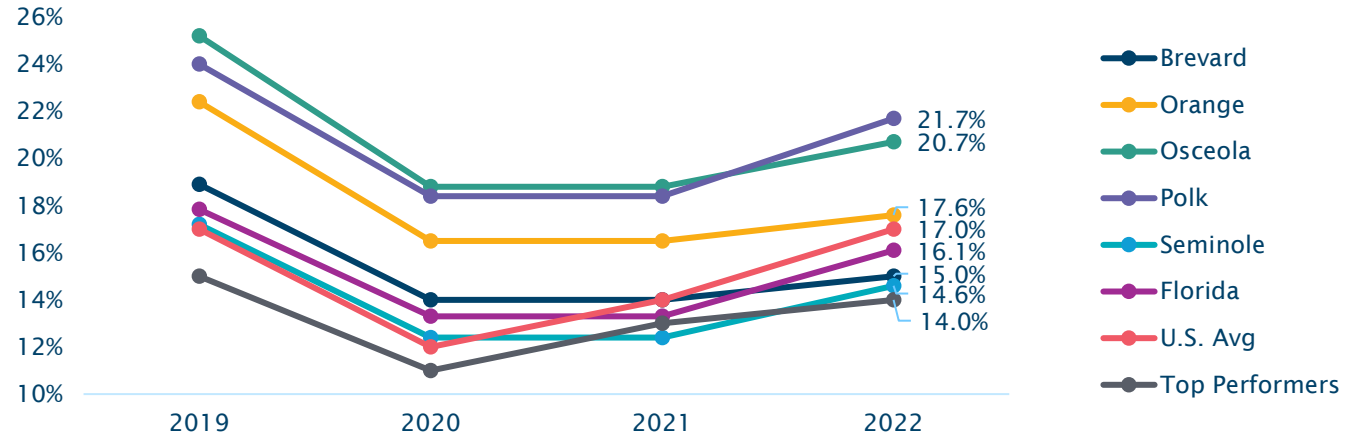


Source: National Survey of Children's Health, Health Resources and Services Administration, Maternal and Child Health Bureau, 2022–2023

**Based on parent (proxy)-reported general health status of survey respondents.*

Between 2019 and 2020, the percentage of adults aged 18 and older reporting fair or poor health declined unexpectedly, according to the Behavioral Risk Factor Surveillance System (BRFSS). While this might seem counterintuitive given the onset of the COVID-19 pandemic, researchers suggest that shifts in health behaviors (such as increased hygiene, reduced exposure to other illnesses, or postponed medical visits) and changes in health perception during a public health crisis may have influenced how people rated their own health.[47] However, by 2021 and 2022, the percent of adults reporting fair or poor health rose again, returning to levels similar to those in 2019—suggesting a reversion to baseline as the pandemic evolved and health care access resumed.[48]

Figure 13. Percentage of Adults 18+ Who Reported They Were in Fair or Poor Health, by County, Florida, 2019–2022



Source: CHR, 2025; Behavioral Risk Factor Surveillance System (BRFSS), 2019–2022

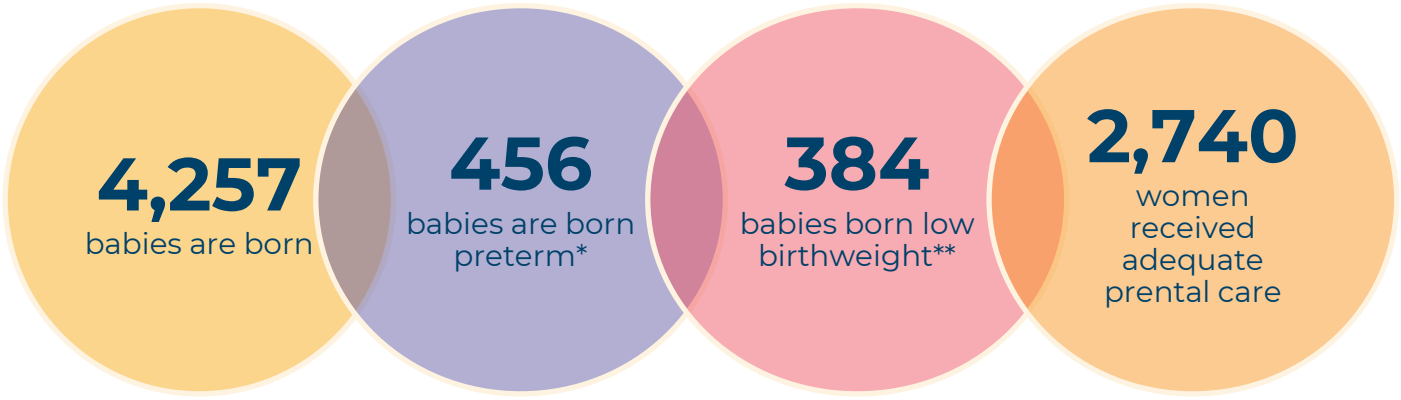
> *Polk, Osceola, and Orange counties (21.7%, 20.7%, and 17.6%) had higher percentages of those in poor or fair health than the U.S. and Florida.*

Birth Outcomes

Birth outcomes include low birthweight, premature birth, and infant mortality. They are an important measure of the health of the baby, the amount and quality of prenatal care, and the health of the mother. Poor birth outcomes have adverse consequences for children and families, and society. The annual societal cost of preterm birth in the United States is over $26.2 billion.[49]

47 CDC Disability & Health Data System. Fair or Poor Self Rated Health, BRFSS 2019–2022. cdc.gov/dhds
48 County Health Rankings & Roadmaps. Poor or Fair Health Among Adults, BRFSS. countyhealthrankings.org/explore-health-rankings/measures-data-sources/county-health-rankings/poor-or-fair-health
49 Institute of Medicine (U.S.) Committee on Understanding Premature Birth and Assuring Healthy Outcomes (2007)

In an average week in Florida: [50]



**Preterm is less than 37 weeks of pregnancy.*

***Low birthweight refers to infants weighing less than 2,500 grams at birth.*

Children born too early or too small have a greater risk of death and disability than full-term and within normal range infants.[51] Preterm and low-birth-weight infants have significantly more hospitalizations than full-term and normal-birth-weight infants, particularly for respiratory illness and infection.[52] While preterm and low-birth-weight infants account for a small percentage of all infant hospitalizations, they constitute almost half of all infant hospitalization costs.[53]

Prenatal care is critical for identifying medical risks, supporting healthy pregnancy behaviors, and connecting families to supportive services. Timely prenatal care is associated with lower rates of preterm birth, low birthweight, and infant mortality,[54] while receiving little or no prenatal care is a significant risk factor for adverse birth outcomes. In Florida and nationally, Black mothers are less likely than White mothers to receive adequate prenatal care.[55]

	Indicator	Black (Non-Hispanic)	White (Non-Hispanic)	Hispanic (All races)
	Early Prenatal Care*	**58.7%**	74.2%	67.2%
	Late or No Prenatal Care**	**13.8%**	7.9%	10.3%
	Preterm Births	**14.8%**	9.6%	9.6%
	Low Birthweight	**14.7%**	7.3%	NS

Source(s): March of Dimes PeriStats, 2023) [prenatal care, preterm birth, low birthweight by race]; Centers for Disease Control and Prevention, National Vital Statistics Systems, Birth Data, 2023 [preterm birth by race].

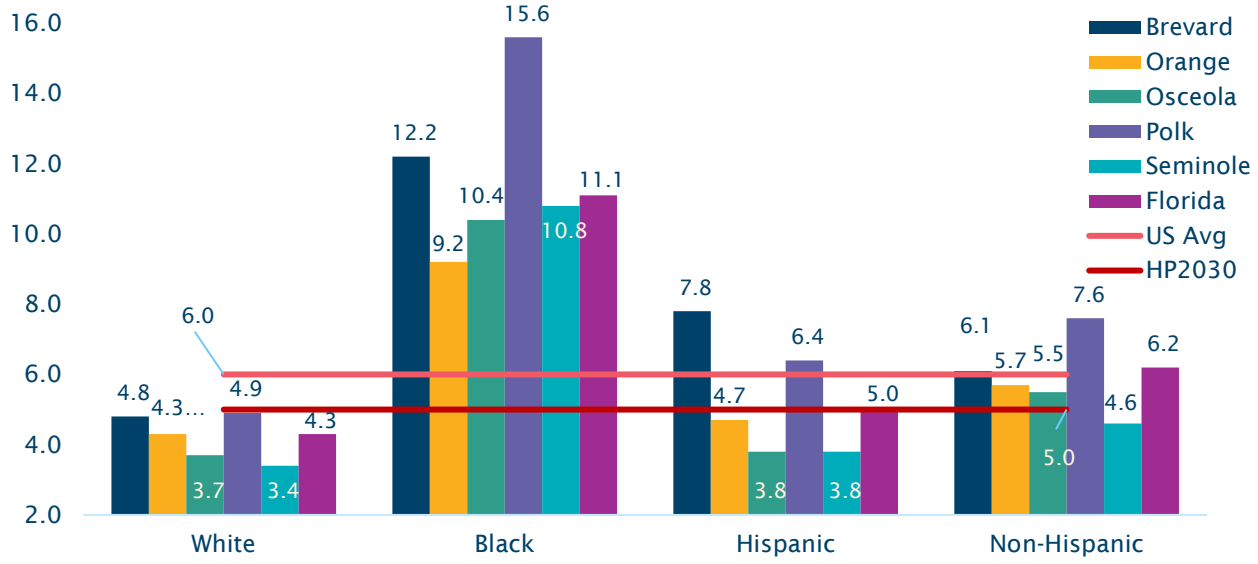
**Early Prenatal Care Initiation is defined as pregnant individuals who received their first prenatal care visit during the first trimester (weeks 1–12 of gestation). **Late or no prenatal care is defined as pregnant individuals who either began prenatal care after the first trimester or did not receive any prenatal care during pregnancy. ***Data by race are not included if data is not sufficient (NS), or sample sizes are unreliable for an entire racial/ethnic category. These groups are represented in national datasets but are suppressed at the state level to maintain statistical reliability.*

50 March of Dimes PeriStats: State Summary for Florida, 2023. marchofdimes.org/peristats/state-summaries/florida?lev=1&obj=3&reg=99&slev=4&sreg=12&stop=55&top=3. Accessed August 25, 2025
51 Martin et al. (2017); Matthews, MacDorman, and Thoma (2015); Institute of Medicine (U.S.) Committee on Understanding Premature Birth and Assuring Healthy Outcomes (2007)
52 Yüksel and Greenough (1994); Cunningham, McMillan, and Gross (1991); Lamarche-Vadel et al. (2004); Doyle, Ford, and Davis (2003)
53 Mariel Sparr, Alexandra Joraanstad, Grace Atukpawu-Tipton, Nicole Miller, Julie Leis, and Jill Filene (2017). Promoting Prenatal Health and Positive Birth Outcomes: A Snapshot of State Efforts. OPRE Report 2017-65. Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services
54 CDC. Prenatal Care: Why It's Important. cdc.gov
55 March of Dimes. PeriStats: Distribution of gestational age categories: Florida, 2023 | PeriStats | March of Dimes

Black mothers in Florida have the lowest rate of early prenatal care initiative (58.7%) and the highest rate of late or no prenatal care (13.8%) compared to other racial/ethnic groups in the state. Nationally, Black mothers also have the lowest rate of early prenatal care initiation (67.9%) and the highest rate of late or no prenatal care (10.0%). Black infants in Florida have substantially higher rates of both preterm birth (14.8%) and low birthweight (14.7%) than White or Hispanic infants. Florida's overall rates (10.7% and 9%, respectively) are similar to U.S. averages (10.4% and 8.2%, respectively), but disparities by race are pronounced.

These disparities are linked to systemic barriers including limited access to providers, transportation challenges, insurance gaps, and experiences of racism within healthcare systems.[56] These barriers contribute to higher rates of adverse birth outcomes among Black infants, highlighting the need for targeted interventions to improve equity in maternal and infant health. Infant mortality — the number of infant deaths per 1,000 live births before the first birthday — is one of the most widely used measures of a community's health. It reflects not only the health of mothers and infants, but also broader conditions such as access to quality health care, socioeconomic stability, and structural inequities.[57] Florida's infant mortalilty rate (IMR) is slightly higher than the national average (6.0 vs. 5.6 per 1,000 live births, respectively). These values do not meet the Healthy People 2030 goal of reducing infant mortality to 5 infant deaths per 1,000 live births.

Figure 14. Infant Mortality Rate per 1,000 Live Births,* by Race/Ethnicity and County, Florida, 2023



Source: FL Health Charts; National Center for Health Statistics, National Vital Statistics System

**Deaths occurring in infants under 1 year of age per 1,000 live births. The data are reported by place of residence, not place of death.*

*Across the country, infant mortality rates vary significantly by race. The 2023 average IMR for Black infants was 11.6 – nearly **three times** the rate for White infants (4.2) and more than double the rate for Hispanic infants (5.3).*

Because infant mortality is closely tied to factors like prenatal care, maternal health, and safe living environments, it serves as a sentinel indicator of how well a community supports its youngest and most vulnerable residents. Tracking IMR by race provides important insight into health disparities and how to target interventions where they are needed most.[58]

[56] *Petersen EE, et al. Racial/Ethnic Disparities in Pregnancy-Related Deaths – United States, 2007-2016. MMWR Morb Mortal Wkly Rep. 2019;68:762–765*
[57] *MacDorman MF, et al. Trends in infant mortality in the United States, 2005–2014. NCHS Data Brief, No. 279. Hyattsville, MD: National Center for Health Statistics*
[58] *CDC. Infant Mortality in the United States, 2023: Data from the Period Linked Birth/Infant Death File. NVSR 74(7)*

The leading cause of death in infants was congenital malformations, deformations, and chromosomal abnormalities also referred to as birth defects. They may be environmental or genetic, based on diagnosis. The secondary cause of infant death was disorders related to short gestation and, low birthweight, and prematurity (113.8 per 100,000).

Figure 15. Infant Mortality Rate per 100,000 Population, by Cause, Florida, 2020–2023

Cause of Death	Fla.	U.S.
Congenital malformations, deformations and chromosomal abnormalities*	109.3	109.2
Disorders related to short gestation & low birthweight	82.9	81.3
Accidents (unintentional injuries)	47.4	35.2
Newborn affected by maternal complications of pregnancy**	46.2	31.3
Sudden infant death syndrome	27.9	39.8
Newborn affected by complications of placenta, cord, and membranes	24.8	17.7
Bacterial sepsis of newborn	24.0	16.1

Source: CDC Wonder, crude mortality rates, 2020–2023

**A malformation refers to the abnormal development of embryonic tissue, such as a congenital heart defect.*[59]

***Maternal complications of pregnancy can have adverse effects on the newborn, including but not limited to gestational diabetes, high blood pressure, Group B Streptococcus, and Fetal Alcohol Syndrome.*

In addition to foundational indicators that reflect the overall state of health of the population, this report includes evidence-based indicators that describe economic, environmental, and social or cultural conditions that contribute to the health and well-being of the community. These indicators are paramount to capturing a comprehensive community health profile of Central Florida that reflects the purpose and goals of the CHNA process.

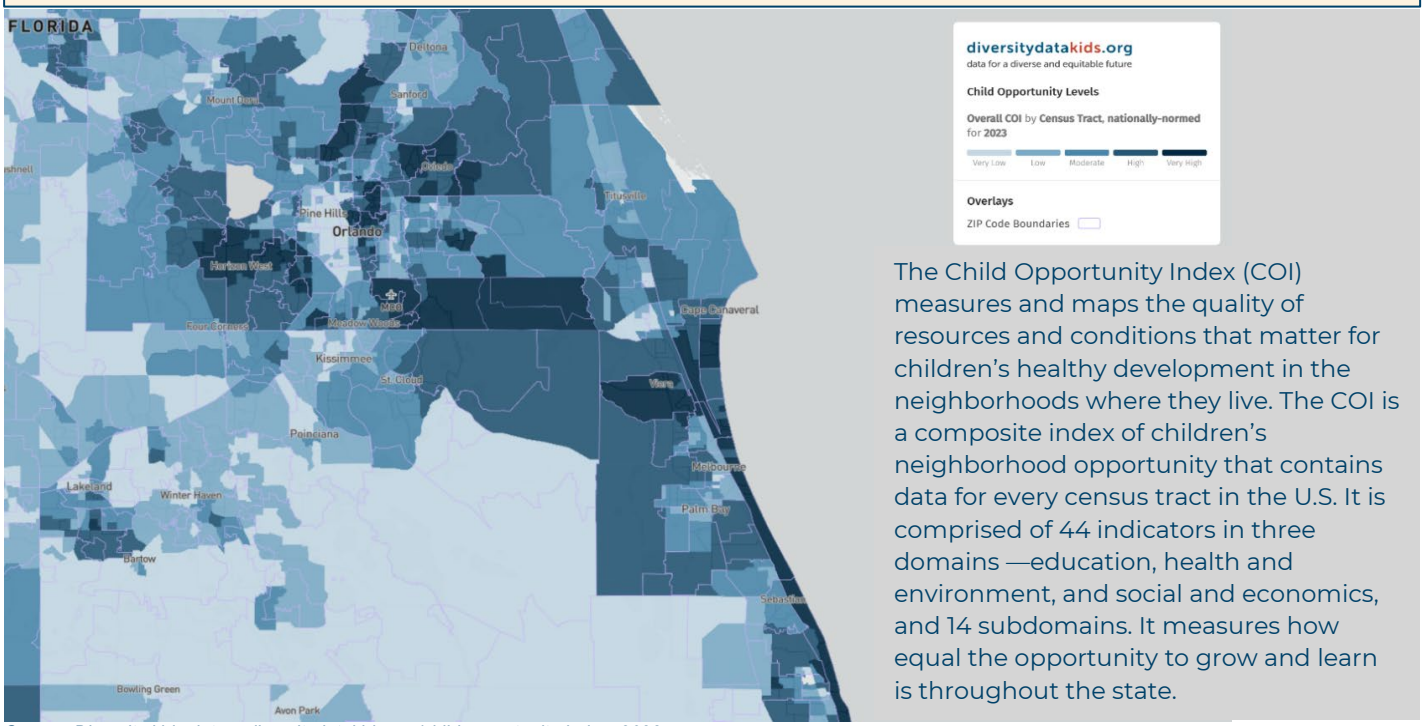
Community Social and Economic Context

Efforts to improve the health of our communities have traditionally focused on expanding access to quality medical care. This is an important piece of the puzzle, but medical care alone cannot address what makes us sick. Increasing health care costs and worsening life expectancy are the result of a "frayed social safety net, economic challenges, insecure housing, racism and discrimination, disparities in education and nutrition, as well as risks within the physical environment. These factors impact our health long before and after the healthcare system. [60]

[59] *Wojcik M, Agrawal PB. Congenital Anomalies. In: Jain L, Suresh GK. eds. Clinical Guidelines in Neonatology. McGraw-Hill Education; 2019. Accessed May 06, 2025. accesspediatrics.mhmedical.com/content.aspx?bookid=2671&sectionid=218700686*

60 "Health Affairs: Meeting Individual Social Needs Falls Short of Addressing Social Determinants of Health," de Beaumont, accessed August 25, 2022, debeaumont.org/news/2019/meeting-individual-social-needs-falls-short-of-addressing-social-determinants-of-health/?gclid=EAIaI QobChMIx7rj567i-QIVU8yzCh2P8AWWEAAYASAAEgJQIvD_BwE

Figure 16. Child Opportunity Levels, by Census Tract, Central Florida, 2023



The Child Opportunity Index (COI) measures and maps the quality of resources and conditions that matter for children's healthy development in the neighborhoods where they live. The COI is a composite index of children's neighborhood opportunity that contains data for every census tract in the U.S. It is comprised of 44 indicators in three domains —education, health and environment, and social and economics, and 14 subdomains. It measures how equal the opportunity to grow and learn is throughout the state.

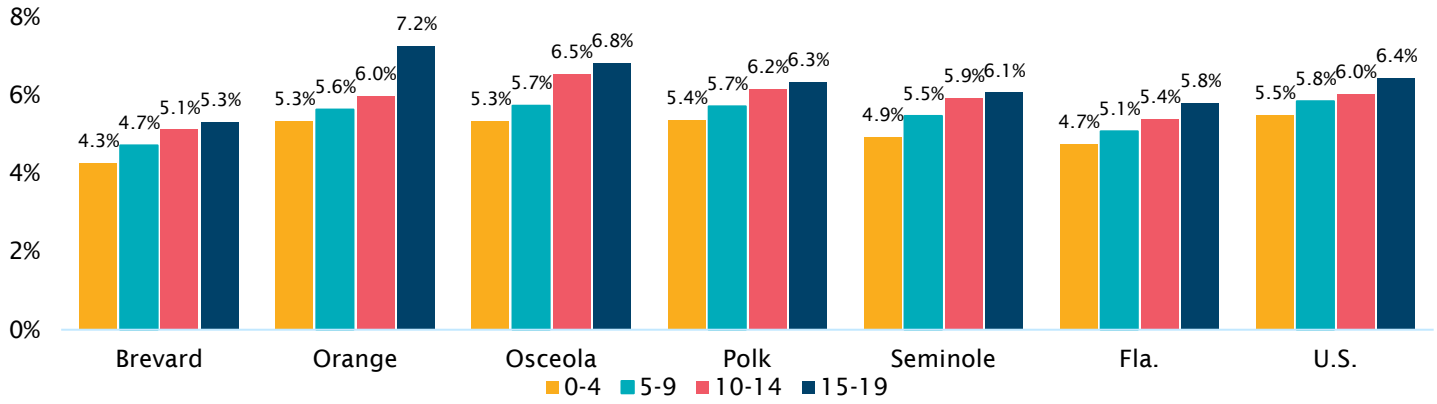
Source: Diversity kids data – diversitydatakids.org/child-opportunity-index, 2023

Higher opportunity neighborhoods are concentrated around suburban and more affluent regions, whereas parts of Orange and Seminole counties, as well as rural communities in Polk and Osceola counties, exhibit lower levels. This geographic pattern underscores disparities in access to resources related to education, health, environment, and social and economic conditions across the state, emphasizing the need for targeted strategies to improve equitable child development opportunities.

Demographic Characteristics

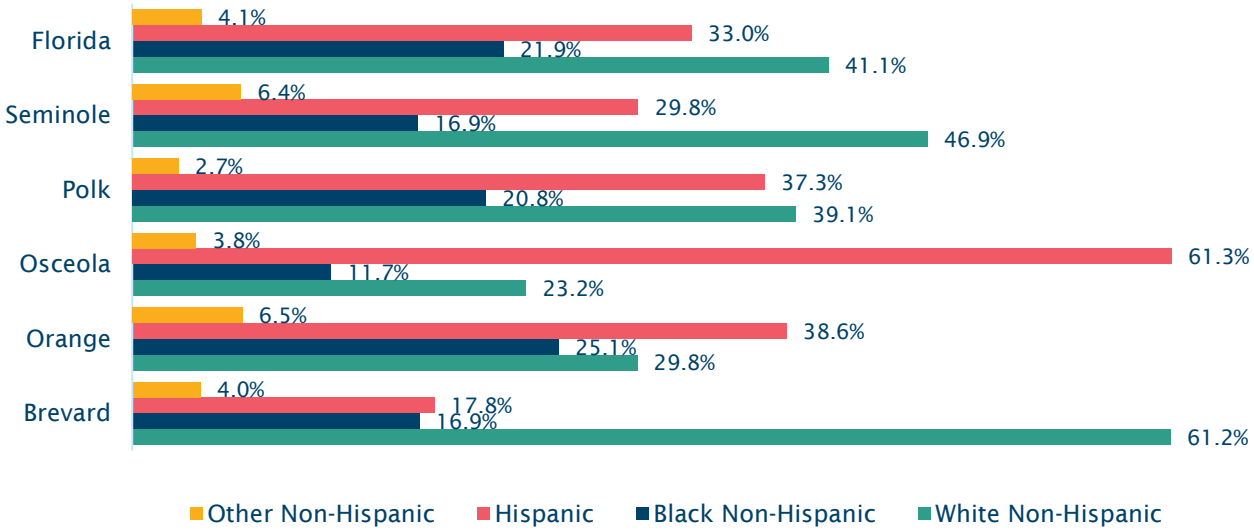
There are 902,533 children and teens ages 0–19 living in Central Florida. This accounts for 23.1% of the total population. Fifty-five percent of the child population are ages 10–19 years old, followed by those ages 9 and under (45.9%). See Appendix E for this and other demographic data below the county level.

Figure 17. Percent of Total Population Under Age 20, by County, Florida, 2024



Source: Esri, 2024

Figure 18. Percent Race and Ethnicity* of Children Under Age 18, by County, Florida, 2023



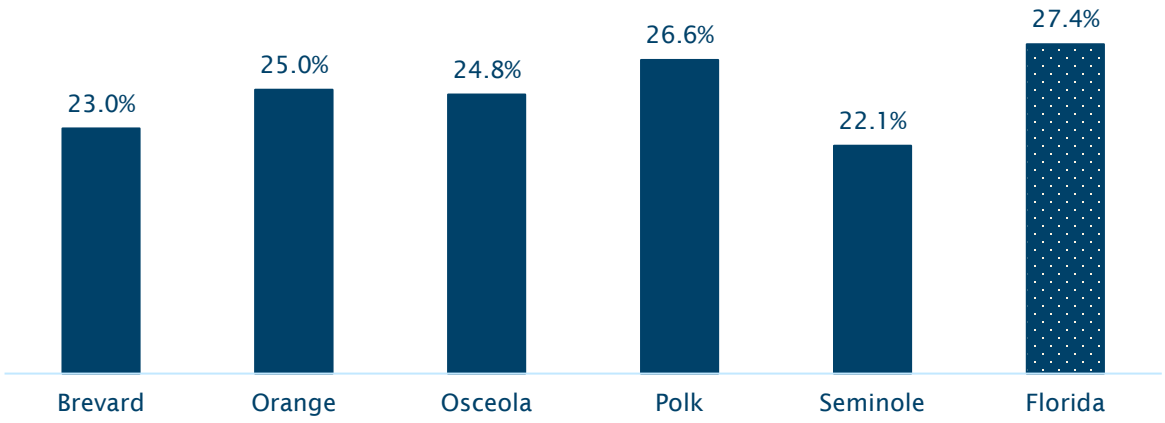
Source: Florida Policy Institute, 2023.

**Persons of Hispanic origin may be of any race*

Brevard County has the largest percentage of white residents (61.2%), while Osceola County has the lowest percentage (23.2%). Osceola had the highest percentage of Hispanic population (61.3%) followed by Orange County (38.6%) and Polk (37.3%). There are similar proportions of Black residents in Brevard, Seminole, and Polk Counties (16.9%, 16.9%, 20.8%).

Family structure is an important factor in understanding child and family well-being. Families led by one parent may experience added financial and time constraints, which can influence children's access to resources that support healthy development.[61] In Florida, nearly one-third (27.4%) of households are run by a single parent, which is higher than the U.S. overall (20.7%).

Figure 19. Percent of Single-Parent Households of Total Households With One or More People Under 18 Years of Age, by County, Florida, 2019–2023



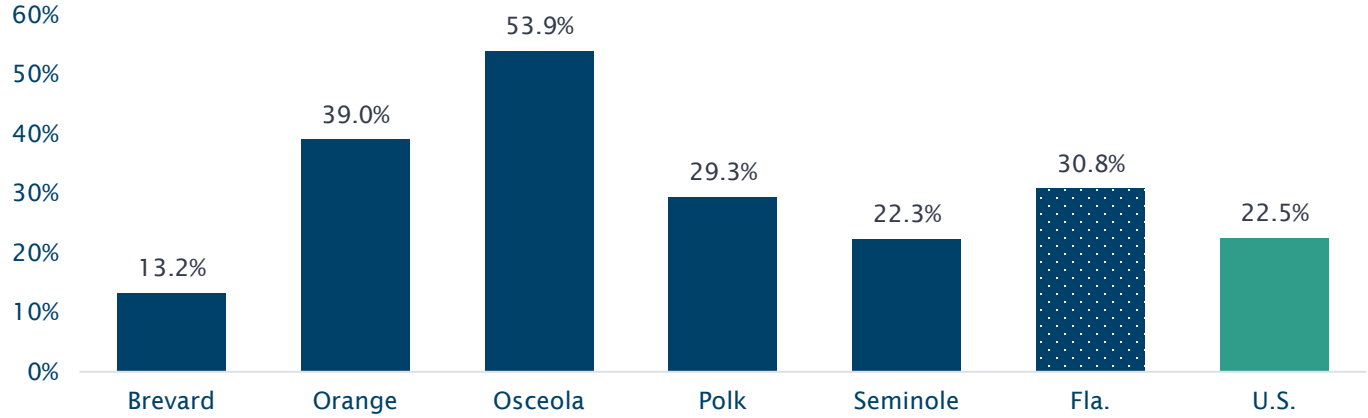
Source: U.S. Census Bureau. American Community Survey. 2019–2023

Polk County had the highest percentage of single-parent households (26.6%) followed by Orange (25.0%) and Osceola (24.8%). Seminole County had the lowest at 22.1%.

[61] *Amato PR. The impact of family formation changes the cognitive, social, and emotional well-being of the next generation. Future of Children. 2005;15(2):75–96*

Language spoken in the home is a key factor in children's health and development. Families who speak a language other than English may face additional challenges accessing health care, educational resources, and community supports, particularly when translation or culturally appropriate services are limited.[62, 63] These challenges can also impact literacy, school readiness, and overall family well-being. Approximately 31% of Floridians report some language other than English being spoken in their home, compared to 22.5% nationwide.

Figure 20. Percent of Population Ages 5 and Older With Language Other Than English Spoken at Home, by County, Florida, 2023



Source: U.S. Census Bureau. American Community Survey. One-year Estimates (2023)

Osceola County had the highest percentage of the population who lives in a home in which a language other than English is spoken (53.9%), followed by Orange (39.0%) and Polk (29.3%) counties. Comparatively, only 13.2% of Brevard County speaks a language other than English at home.

"Language and cultural differences," are barriers community members face. - Stakeholder

Young people who are immigrants or are a part of immigrant families may also face challenges related to economic hardship, limited access to health insurance, or fear of engaging with public systems.[64, 65] These factors can compound stress within households and influence health outcomes, even when children themselves are U.S. citizens. Approximately 873,000 (31%) youth and young adults (ages 14 to 24) living in Florida are immigrants or live in immigrant families, compared to 23% (10,777,000) nationally. In addition, children in immigrant families are far more likely to live in linguistically isolated households — where no one over the age of 14 speaks English "very well" — compared with children in U.S.-born families. This creates more significant barriers to accessing health care, understanding public health messaging, and navigating community resources. Children in immigrant families are 13 times more likely to be linguistically isolated, and 16 times more likely to experience linguistic isolation nationwide.

Figure 21. Percent of Children (<18) Living in Linguistically Isolated* Households, by Family Nativity, Florida, 2023

	Florida	U.S.
Children in immigrant families	**18%** (n=265,000)	**16%** (n=3,012,000)
Children in U.S.-born families	1% (n=29,000)	1% (n=406,000)

[62] *Flores G. Language barriers to health care in the United States. New England Journal of Medicine. 2006;355(3):229-231*
[63] *Zong J, Batalova J. The Limited English Proficient Population in the United States. Migration Policy Institute. 2015. migrationpolicy.org*
[64] *Perreira KM, Yoshikawa H, Oberland J. A new threat to immigrants' health – the public-charge rule. New England Journal of Medicine. 2018;379(10):901–903.*
[65] *Capps R, Fix M, Van Hook J. Immigrant Families and Child Health. The Future of Children. 2019;29(1):65–92.*

Source: PRB analysis of data from the U.S. Census Bureau, Census Supplementary Survey & American Community Survey, 2023.

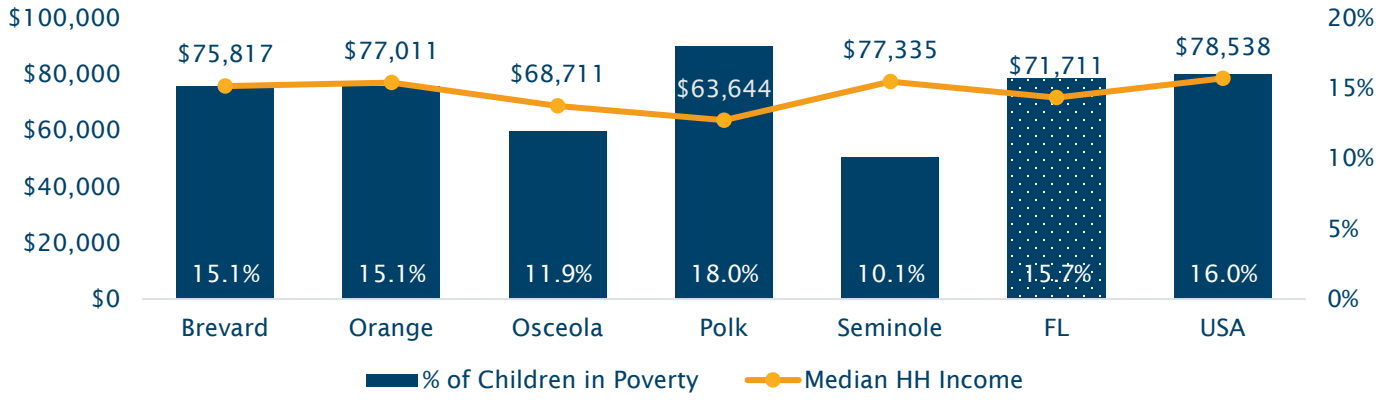
**A linguistically isolated household is defined as a household in which no person 14 years old and over speaks only English, and no person 14 years old and over who speaks a language other than English speaks English "very well." All members of a linguistically isolated household are tabulated as linguistically isolated, including members under 14 years old who may speak only English.*

Income and Poverty

Economic hardships can harm health and family relationships, as well as make it more difficult to afford things that impact health such as safe housing, nutritional meals, and medical costs. Children living in low socioeconomic conditions are more likely to be exposed to adverse childhood experiences (ACEs) that can cause adverse health outcomes across the lifespan.

Nearly 1 in 6.5 (15.7%) children in Florida live below the poverty level. The median household income in the state was $71,711 per year.

Figure 22. Percent of Children Under 18 Living Below Poverty Level* and Median Household Income, by County, Florida, 2018–2023

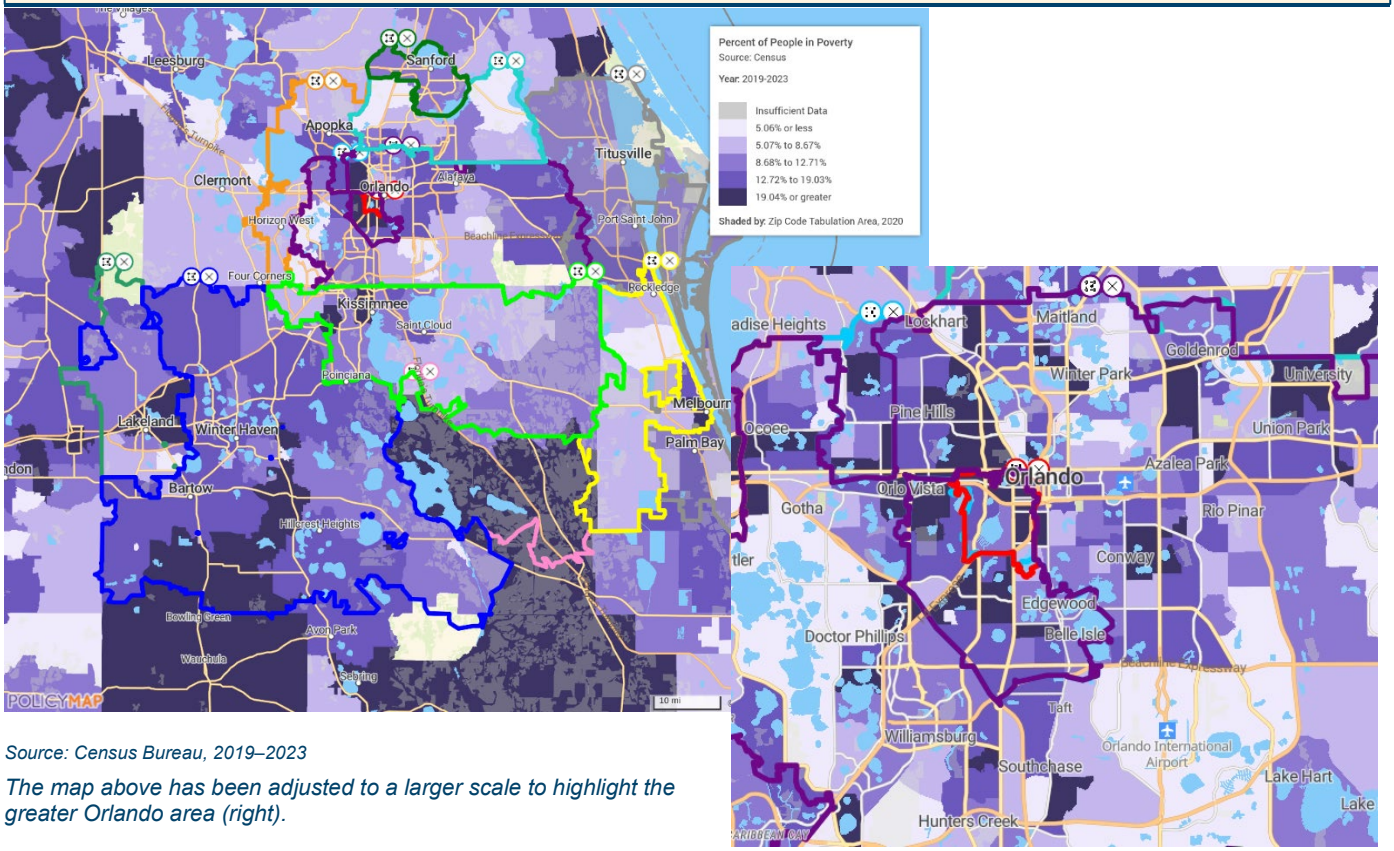


Source: U.S. Census Bureau. American Community Survey. 2018–2023

**The Census Bureau poverty definition — Following the Office of Management and Budget's (OMB) Statistical Policy Directive 14, the Census Bureau uses a set of money income thresholds that vary by family size and composition to determine who is in poverty. If a family's total income is less than the family's threshold, then that family and every individual in it is considered in poverty. The official poverty thresholds do not vary geographically, but they are updated for inflation using Consumer Price Index (CPI-U). The official poverty definition uses money income before taxes and does not include capital gains or noncash benefits (such as public housing, Medicaid, and food stamps).*

The proportion of children living below the poverty level ranges from 10.1% in Seminole County, to 18% in Polk County. Similarly, the highest median household income is in Seminole County ($77,335) and the lowest is Polk County. ($68,711).

Figure 23. Percent of People in Poverty, by Census Tract, Florida, 2019–2023



Source: Census Bureau, 2019–2023

The map above has been adjusted to a larger scale to highlight the greater Orlando area (right).

"Costs increasing due to inflation and medicine will take a backseat to food and rent."
- Community member

This map illustrates the distribution of poverty across Central Florida by census tract, with darker shading representing higher poverty levels. Census tracts where 20% or more residents live in poverty are shown in the darkest shade, while lighter areas indicate tracts with lower rates of poverty (under 5%).

Poverty is not evenly distributed across the region. Concentrations of higher poverty are most evident in and around greater Orlando, where several census tracts report poverty rates exceeding 30%. Smaller but notable clusters of elevated poverty are also seen in portions of Brevard, Polk, and Seminole counties. By contrast, many suburban and coastal areas show relatively low levels of poverty.

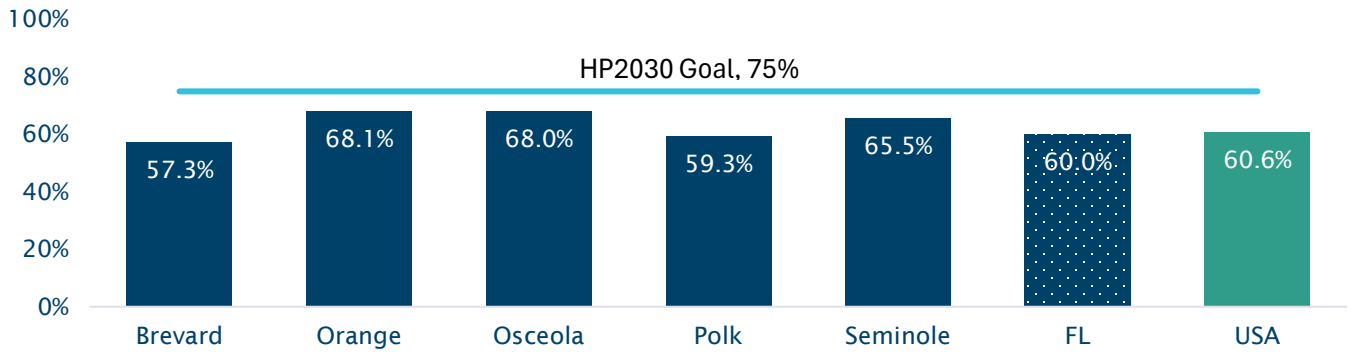
These patterns highlight the geographic disparities in economic well-being across the region. Areas with high poverty often overlap with communities that face additional barriers to health, including limited access to safe housing, nutritious food, and healthcare services. Addressing poverty and its associated risks is central to advancing health equity and improving overall community health outcomes.

Employment

Employment is a key determinant of health that shapes long-term outcomes for children. Caregiver employment supports access to health insurance, stable housing, nutritious food, and other essentials that promote healthy development. Research shows that unemployment and underemployment are linked with increased risks for poor child health, behavioral concerns, and barriers to academic success.[66, 67] Florida, nor any CHNA county, meets the Healthy People 2030 goal to increase employment in working-age people to 75%.

[66] *Robert Wood Johnson Foundation. Why Does Employment, or the Lack of It, Affect Health? Issue Brief. Princeton, NJ: Robert Wood Johnson Foundation, 2013*
[67] *Anne Case and Christina Paxson, "Economic Status and Health in Childhood: The Origins of the Gradient," American Economic Review 100, no. 5 (2010): 1909–1929. doi.org/10.1257/aer.100.5.1909*

Figure 24. Percent of Population 16 Years and Older in the Labor Force, by County, Florida, 2023

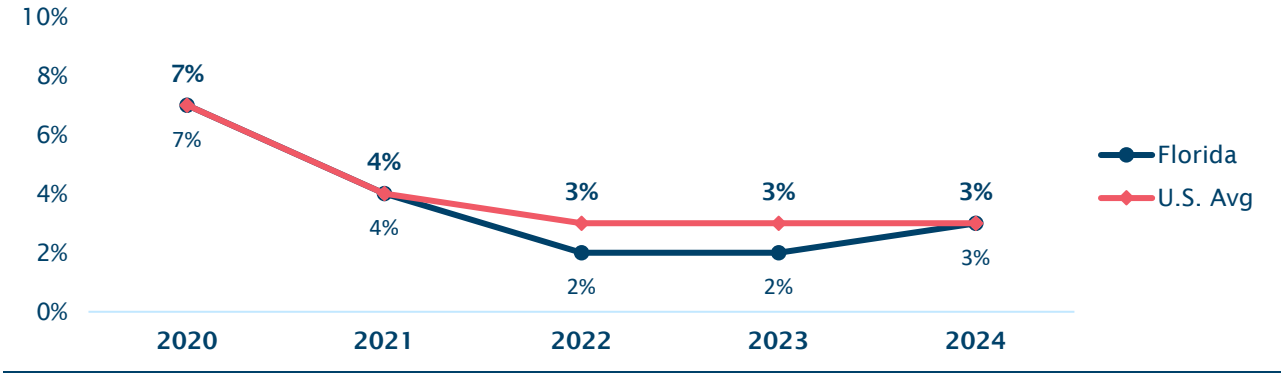


Source: U.S. Census Bureau. American Community Survey. One-year estimates (2023).

> *Orange County has the highest percentage of the population 16 years and older in the labor force (68.1%), followed closely by Osceola (68.0%). Brevard County has the lowest (57.3%).*

Children living in families lacking secure parental employment are vulnerable. Without at least one parent employed full-time, children are more likely to fall into poverty.[68] In 2024, approximately 3% of Florida parents are unemployed, which is consistent with the national average. This represents a 3–5% decrease, dependent on year, since 2020.

Figure 25. Percent of Unemployed Parents,* Florida, 2020–24



Source: Unemployment rate of parents | KIDS COUNT Data Center, 2020–2024

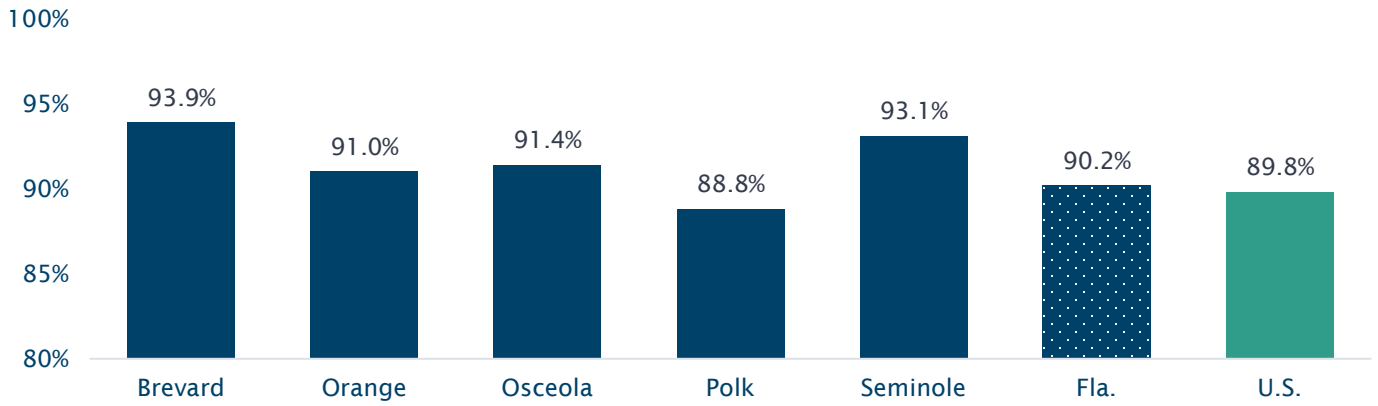
Education

Health benefits of education include better jobs, higher earnings, and thus, increased resources for good health. There are also social and psychological benefits to education such as reduced stress, improved social and psychological skills, and larger social networks. An individual's knowledge and skill level can impact their ability to learn healthy behaviors, understand their own health needs, follow instructions, advocate for themselves/families, and communicate effectively with providers.[69]

Parent education levels are among the best predictors of student success.[70] Over 90% of Florida residents ages 25 and older have at least a high school degree, compared to 89.8% nationwide.

[68] *KIDS COUNT Data Book: datacenter.kidscount.org/publications. Accessed August 22, 2025*
[69] *"Why Education Matters to Health: Exploring the Causes," Virginia Commonwealth University: Center on Society and Health, accessed September 9, 2022, societyhealth.vcu.edu/work/the-projects/why-education-matters-to-health-exploring-the-causes*
[70] *"Geographic Disparity: States with the best (and worst) schools," Delaware Online, 2018, accessed September 9, 2025, delawareonline.com/story/money/economy/2018/02/08/geographic-disparity-states-best-and-worst-schools/1079181001*

Figure 26. Percent of Population Ages 25 and Older With a High School Degree or Higher, by County, Florida, 2023



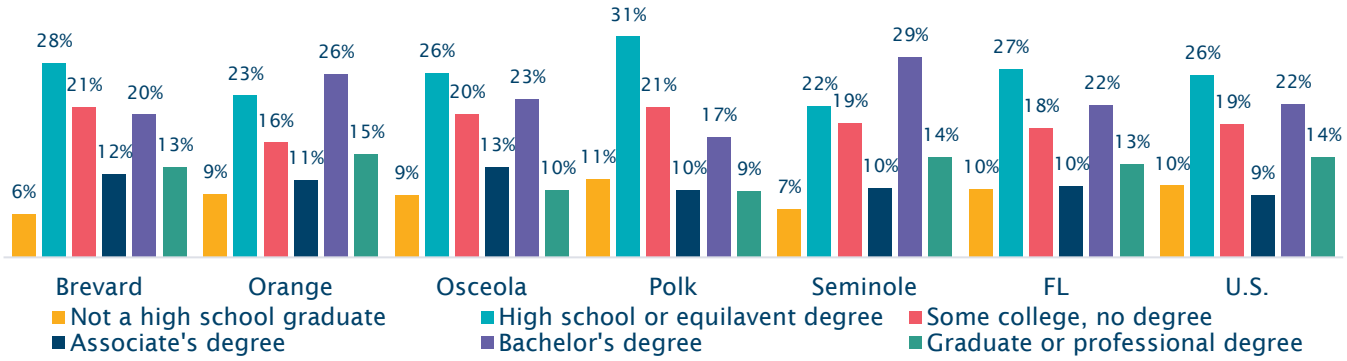
Source: U.S. Census Bureau. American Community Survey. One-year estimates (2023).

Brevard County had the highest proportion of adults ages 25 and over with a high school degree or higher (93.9%), followed by Seminole (93.1%) and Osceola (91.4%) counties. Polk County had the lowest percentage of adults with a high school degree or higher (88.8%). Florida had a higher high school degree percentage than the U.S.

Educational attainment influences health well beyond high school completion. Higher education levels are linked to lower rates of chronic disease, better health behaviors, increased economic stability, and improved health literacy. Communities with higher educational attainment often see better health outcomes across generations, as education shapes access to resources, opportunities, and social support that promote well-being.[71, 72, 73]

While 63% of the Florida adult population has earned at least some postsecondary education,* only 45% of Florida's adult population has received a two-year, four-year, or graduate degree.** National data from the Bureau of Labor Statistics show lower levels of educational attainment are correlated with lower earnings and higher unemployment rates[74] — which is linked to adverse health outcomes across the lifespan.

Figure 27. Educational Attainment,* by County, Florida, 2023



Source: U.S. Census Bureau, Educational attainment Population over 25, American Community Survey One-Year estimates, 2023

** Postsecondary educational attainment includes some college, a two-year, four-year, or professional degree. This data does not include*

[71] *Zimmerman, E.B., & Woolf, S.H. (2014). Understanding the Relationship Between Education and Health. Institute of Medicine. Retrieved from http://nam.edu/wp-content/uploads/2015/06/BPH-UnderstandingTheRelationship1.pdf*
[72] *Braveman, P., & Gottlieb, L. (2014). The social determinants of health: It's time to consider the causes of the causes. Public Health Reports, 129(Suppl 2), 19-31. Retrieved from https://pubmed.ncbi.nlm.nih.gov/24385661*
[73] *Cutler, D. M. & Lleras-Muney, A. (2006). Education and health: Evaluating theories and evidence. National Bureau of Economic Research Working Paper No. 12352. Retrieved from https://www.nber.org/papers/w12352*
74 U.S. Bureau of Labor Statistics. (2020). Unemployment rates and earnings by educational attainment, 2019; U.S. Department of Labor. (2020). Current population survey. Bureau of Labor Statistics.

populations that have attained a nondegree postsecondary education such as a credential, or an apprenticeship.

***This data does not include populations that have attained a nondegree postsecondary education such as a credential, or an apprenticeship.*

Reading together or encouraging children to read independently several times a week is strongly linked to early literacy and long-term educational success. Shared reading builds language skills, vocabulary, and comprehension, while independent reading fosters critical thinking, confidence, and sustained attention as a learner. Children who are regularly read to before kindergarten are more likely to demonstrate school readiness, enter formal education with stronger pre-literacy skills, and sustain higher levels of academic achievement across subjects. Approximately 33% of survey respondents report reading to their child and/or their older child reading independently every day, while 11% report no reading time at all.

Early enrollment in high-quality early education programs further enhances these benefits — children who attend preschool or pre-kindergarten at age 3 or 4 demonstrate stronger language development, math and literacy skills, and are more likely to sustain higher academic achievement throughout school.[75, 76, 77] Three in four (75%) survey respondents report their child's first enrollment in an education program was at or before the age of 4. Still, 11% report their child is not enrolled at all — with 13% of those responses indicating that their child was/is homeschooled.

Figure 28. Percent of Child Reading Time With Parent or Independently in Past 7 Days, by Frequency, Central Florida, 2025

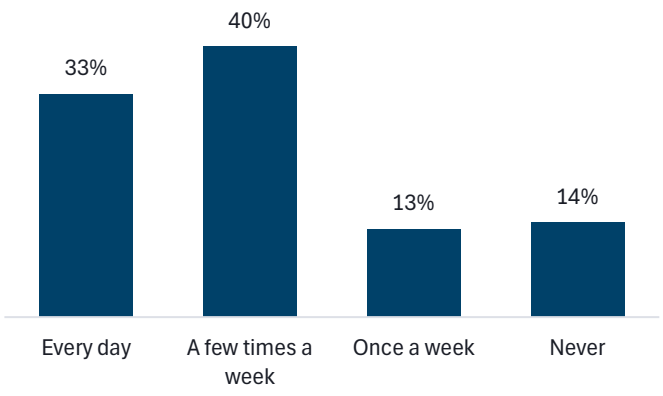
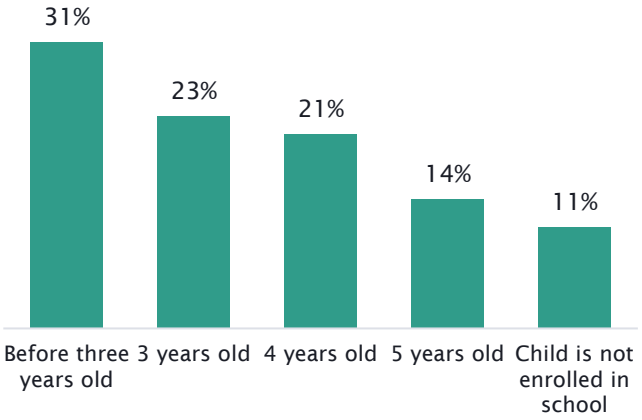


Figure 29. Percent of Children in Formal Education, by Age at Earliest Enrollment,* Central Florida, 2025



Source: Nemours Children's Community Survey, 2025

**Of the 11% (n=175) of children not enrolled in school, 77% was because child is not old enough for school and 13% are homeschooled.*

***We asked two questions about children's education in the community survey. One regarding how often the respondent reads books or stories with this child or how often the child has read on their own in the past 7 days. We also asked at what age the child began their earliest formal education program.*

Early Care and Education (ECE) encompasses the learning time that occurs between birth and the age of 8. These years are critical for a child's long-term intellectual and social-emotional development. Despite the importance of these early years, Florida has seen a decline in enrollment in the state's free pre-K program since 2019/2020 where the state ranked fourth in access with 72% of the 4-year-old population enrolled to now ranked seventh in access with roughly 66% in 2023/2024.[78]

Without publicly funded care, in 2023, the average annual cost of full-time center-based care for a 4-year-old in Florida was $9,139 per year — an amount comparable to annual in-state college tuition, or several months of housing payments — making ECE accessible primarily to higher-income households.

[75] *National institute for Literacy. Developing Early Literacy: Report of the National Early Literacy Panel. Washington, DC: National Institute for Literacy; 2008*
[76] *Magnuson KA, Waldfogel J. Early Childhood Care and Education: Effects on Ethnic and Racial Gaps in School Readiness. Future Child. 2005; 15(1):169–196*
[77] *Annie E. Casey Foundation. Early Warning! Why Reading by the End of Third Grade Matters. Baltimore, MD: Annie E. Casey Foundation; 2010*
[78] *National Institute for Early Education Research (2024). The State of Preschool Yearbook 2020–2024*

Such financial barriers limit participation for children from lower-income families, delaying school readiness and exacerbating disparities in educational, developmental, and long-term health outcomes.[79]

> *Florida spends less per student than the U.S. and has higher percentages of students not meeting the basic level of achievement. Most children are read to or read a few times a week or every day (73%). Most children are enrolled in formal education by 3 years old (54%)*

According to the Department of Education, Florida allocated approximately $12,415 per K–12 pupil, which is much lower than the national average ($17,277). The state ranks 44th in spending and 45th in funding (federal, state, local). There is significant variation across states — with some spending as little as around $9,000 per pupil and others exceeding $33,000 per pupil — which is primarily due to differences in factors such as local wealth, state policies, and cost of living.[80]

In 2024, Florida's average eighth grade reading score was 253, below the national average of 257 (≥262 considered proficient). The average eighth-grade mathematics score was 267, compared to the national average of 272 (≥282 considered proficient).[81] The decrease in proficiency from fourth to eighth grade mirrors national trends and reflects multiple underlying factors, including social determinants such as neighborhood resources and educational inequities.[82] The gaps in Florida are especially concerning, indicating that students may not have equitable access to high-quality instruction and supports, and emphasizing the importance of early interventions, particularly in literacy and numeracy.[83]

Figure 30. NAEP* Proficiency Scores, Florida.

	Florida	U.S.
4th Grade: NAEP reading (ELA) score/Percent of students below proficiency	218 / 67%	214 / 70%
4th Grade: NAEP math score/Percent of students below proficiency	243 / 55%	237 / 60%
8th Grade: NAEP reading (ELA) score/Percent of students below proficiency	253 / 74%	257 / 71%
8th Grade: NAEP math score/Percent of students below proficiency	267 / 78%	272 / 73%

Sources: Education Data org. Public Education Spending Statistics, 2024. educationdata.org/public-education-spending-statistics; U.S. Department of Education, National Center for Education Statistics, National Assessment of Educational Progress (NAEP). Available online at http://nces.ed.gov/nationsreportcard/. 2024; U.S. Department of Education. Institute of Education Sciences, National Center for Education Statistics; Revenues and Expenditures for Public Elementary and Secondary Education: School Year 2021–2022 (Fiscal Year 2022),

**NAEP stands for the National Assessment of Educational Progress. Proficiency is determined by thresholds established for each subject and grade and represents a solid academic performance and competency over challenging subject matter, not just minimal skills. Score below proficiency indicate students are basic or below basic, meaning that partial mastery of the skills expected at that grade level.*

In **2023–2024**, the average expenditure per pupil* current spending

$11,862 per Fla. student

$16,526 per U.S. student

Enrollments used to calculate per pupil amounts represent fall 2022 collected by NCES.

Source: 2023 Annual Survey of School System Finances

**Expenditure per pupil (also called per-student spending) is the total amount of money a school district or state spends on public K-12*

[79] *Child Care Aware of America. Child Care at a Standstill: 2023 Affordability Analysis; 2023*
[80] *Hanson, Melanie. "U.S. Public Education Spending Statistics" EducationData.org, February 8, 2025, educationdata.org/public-education-spending-statistics*
[81] *National Center for Education Statistics. NAEP 2024 Delaware State Snapshot, Grades 4 and 8. nces.ed.gov/nationsreportcard/subject/publications/stt2024*
[82] *Reardon, S.F. (2011). The widening academic achievement gap between the rich and the poor: New evidence and possible explanations. Whither Opportunity? Rising Inequality, Schools, and Children's Life Chances, 91–116*
[83] *National Center for Education Statistics. NAEP 2024 Reading & Mathematics Assessments, U.S. Results for Grade 4 and 8. nces.ed.gov/nationsreportcard*

education divided by the number of students enrolled. The figure reflects the average investment in each student and is commonly used to compare funding levels across districts, states, and the nation. Per-pupil expenditures generally cover instruction, support services, operations and maintenance, extracurricular programs and food services, and capital outlay/debt service.

Addressing educational disparities as a component of public health is critical, as academic achievement strongly correlates with long-term health outcomes, economic opportunity, and overall well-being. Student-centered investments in early education, supplemental literacy and math programs, and equitable resource allocation are effective in transforming outcomes in the classroom and beyond.[84]

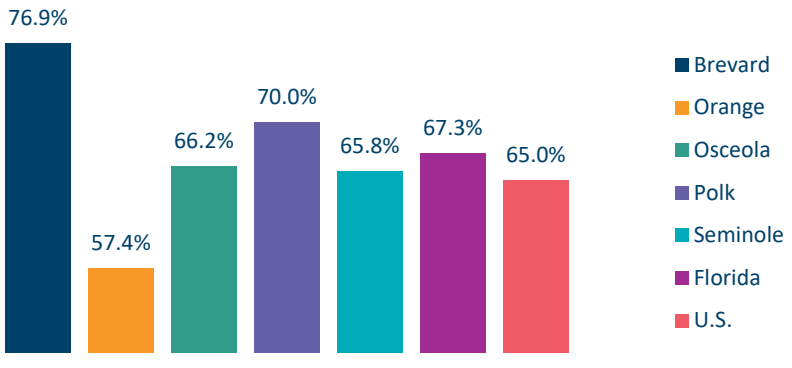
While educational outcomes impact the broader conditions in which we live, those same conditions deeply influence education as well. Stable housing is one of the most critical measures when demonstrating this reciprocal relationship. Children experiencing homelessness face significant barriers to learning, including higher rates of absenteeism, difficulty concentrating, and lower academic performance compared to peers in stable homes. Nationally, students experiencing homelessness are more than twice as likely to be chronically absent and less than one-third achieve academic proficiency in reading and math compared to their peers.[85]

*In Florida, **94,899 students were identified as experiencing homelessness during the 2022–2023 school year,** representing roughly 3% of the K–12 student population. Among Central Florida students, **1,625 (2.1%) were homeless in Brevard; 7,903 (3.5%) in Orange; 3,777 (4.5%) in Osceola; 4,664 (3.9%); and 2,686 (3.8%) in Seminole.**[86]* These realities highlight the inextricable link between housing and education and underscore how social determinants shape opportunity from an early age.

Housing and Living Conditions

Beyond educational implications, housing is a fundamental building block for health and well-being. Safe, stable, and affordable housing provides not only shelter but also a foundation for physical and mental health, security, and the ability to thrive. Conversely, housing instability, substandard housing conditions, and homelessness are associated with higher risks of chronic disease, injury, poor mental health, and negative outcomes across the lifespan.[87] The majority of Floridians are homeowners (67.3%), which is higher than the national rate (65%). Close to half (49.3%) of Florida residents who rent their homes are spending 30% or more of their household income on their rent payments.

Figure 31. Percent of Homeownership, by County, Florida, 2019–2023

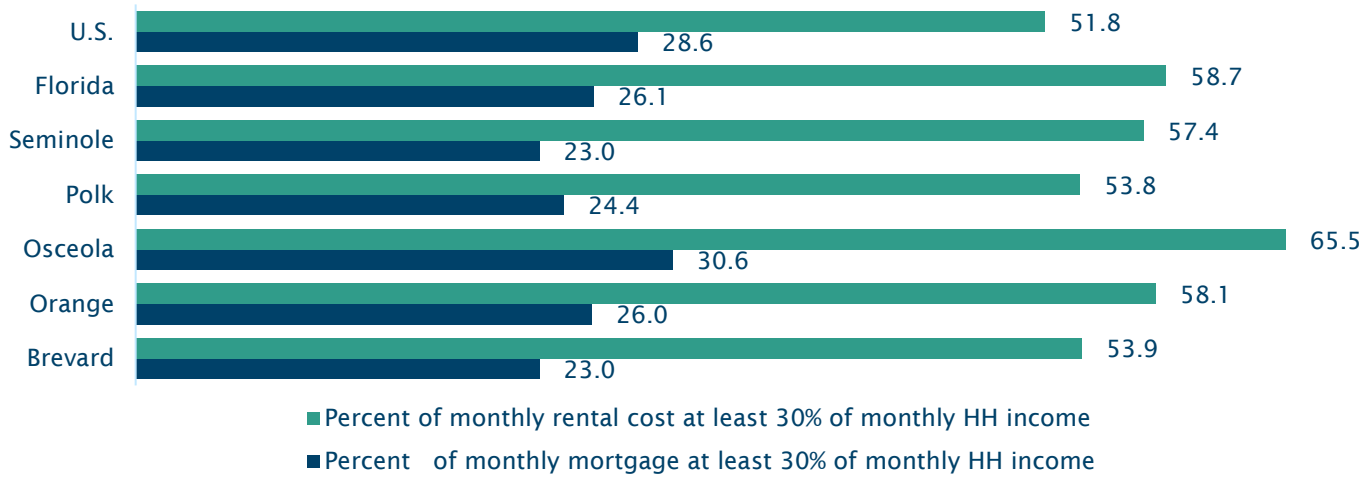


One-third (33%) of all survey respondents rent, while just over half (52%) own a home which is less than the state and nationally

Source: Census Bureau, American Community Survey, 2019–2023; Nemours Children's Community Survey, 2025

[84] *Duncan, G.J., & Magnuson, K. (2011). The long reach of early childhood poverty. Pathways, Summer 2011, 22–27*
[85] *National Center for Homeless Education. Federal Data Summary: School Years 2018–19 to 2020–21. University of North Carolina at Greensboro; 2022*
[86] *Florida Department of Education. 2022–2023 Homeless Student Count*
[87] *Office of Disease Prevention and Health Promotion. Healthy People 2030: Housing and Homes. U.S. Department of Health and Human Services*

Family income is only one factor of financial security; the cost of basic expenses also matters. Housing is typically one of the largest expenses that families face. Low-income families are unlikely to be able to meet all their basic needs if housing consumes nearly one-third or more of their income.[88]



Source: U.S. Census Bureau. American Community Survey. 1-year Estimate, 2023

> *Brevard County had the highest percentage of home ownership (77%) while Orange County had the lowest (57%). Osceola County had the highest percentage of housing costs at least 30% of monthly household income (30.6) followed by Orange County (26%) and Polk (24.2%). Brevard and Seminole counties were lowest with 23% of housing costs 30% and over monthly household income. Rental costs at least 30% of monthly income were extremely high, all over 50%, with Osceola County at 66% spending at least 30% of their income on rental costs.*

When households spend a sizeable share of income on housing, children are more likely to experience unstable living situations, overcrowding, or unmet needs like health care, nutrition, and school supplies. These conditions disrupt healthy development and educational success, making housing affordability not just an economic issue, but a child health and equity issue. In Florida, nearly 2 in 5 children live in households with a high housing cost burden.

Figure 33. Percent of Children (< 18) Living in Households With a High Housing Cost Burden,* Florida, 2023

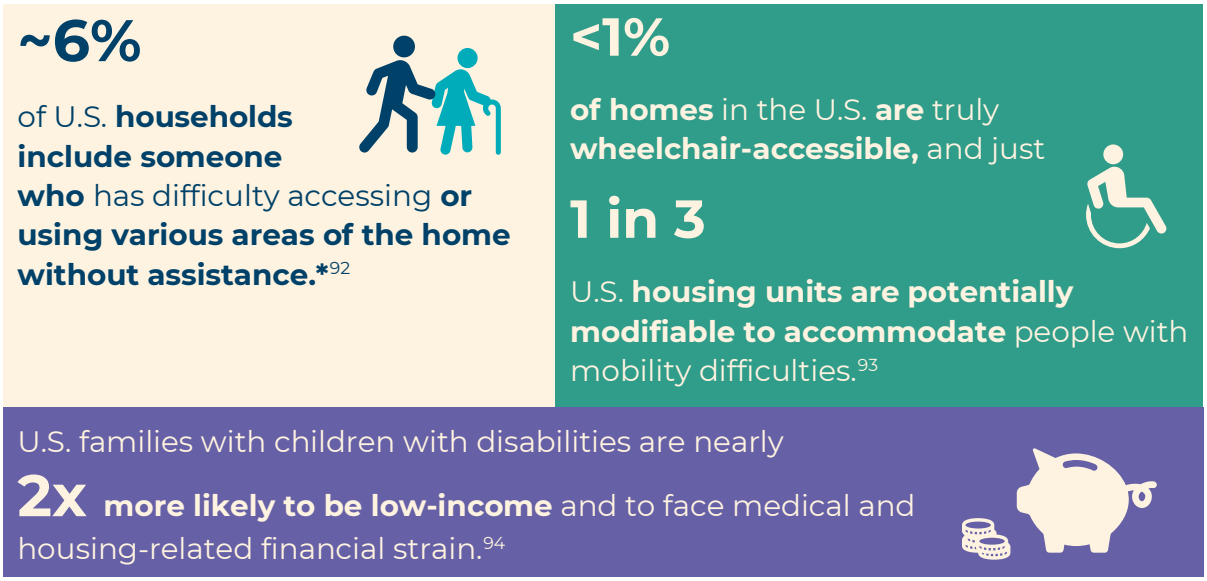
Source: PRB Analysis of data from the U.S. Census Bureau, American Community Survey, 2023.

**High housing cost burden is defined as households where more than 30% of the monthly income was spent on rent, mortgage payments, taxes, insurance, and/or related expenses.*

[88] *The Anne E. Casey Foundation. Kids Count Data Center: datacenter.aecf.org/data/tables/7244-children-living-in-households-with-a-high-housing-cost-burden?loc=9&loct=2#detailed/2/9/true/2545/any/14287,14288. Accessed August 31, 2025*

According to one stakeholder, "There is not enough housing and not enough at an affordable price and not located where services are. Many people are housing insecure and not wanting to identify as homeless, but sharing residences."

Economic trends, like increases in housing costs, affect people with and without disabilities differently. Nationally, families of children with disabilities are disproportionately burdened by housing costs, with many spending more than 50% of their income on rent or mortgages.[89] These disparities are not only about income — they translate directly to barriers to securing stable and accessible housing. Families raising children with disabilities often face higher out-of-pocket healthcare costs and caregiving responsibilities that limit work opportunities, leaving fewer resources to afford housing.[90] At the same time, accessible housing is in short supply: homes with features such as first-floor bathrooms, widened doorways, or modified entries are scarce and more expensive. This is compounded by policy gaps in the federal Fair Housing Act with design requirements that only apply to newer multi-family buildings (first occupied after March 13, 1991), leaving many single-family and older homes outside of those standards.[91]

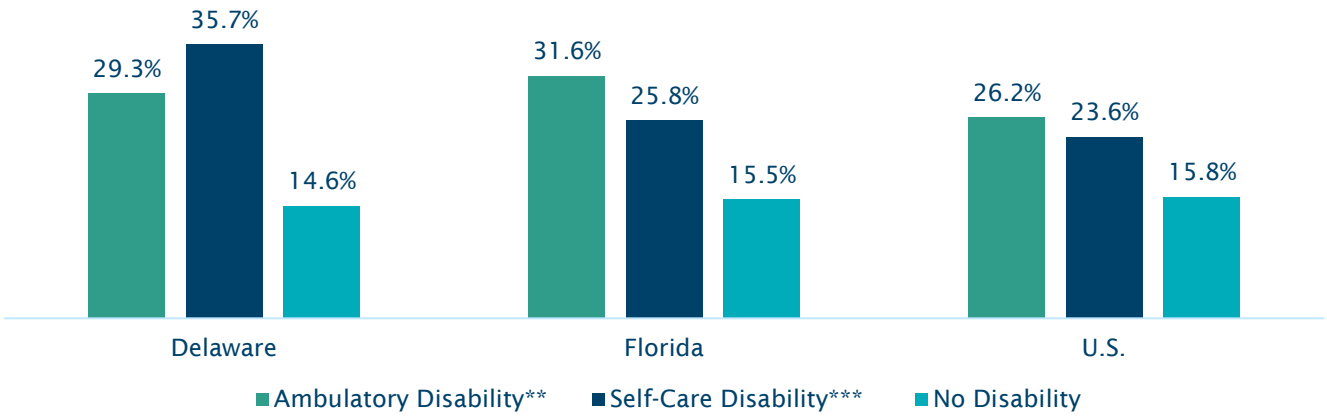


**This indicator includes households that have 1 or more people who have difficulty entering the home or accessing or using a kitchen, bathroom, or bedroom due to a disability.*

For caregivers of children with medical complexities or special healthcare needs, the result is a frequent trade-off between affordability, accessibility, and proximity to services. Across the U.S., and in our Delaware and Florida regions, children with ambulatory or self-care disabilities are far more likely to live in poverty than children without disabilities. In Florida, more than one in three children with self-care disabilities (25.8%) live below the poverty line, compared to just 15.5% of their peers without disabilities.[95]

[89] *Cooper, E., & Himmelstein, G. (2020). The Housing Crisis for People with Disabilities. Urban Institute*
[90] *National Low Income Housing Coalition. (2023). The Gap: A Shortage of Affordable Homes*
[91] *U.S. Department of Housing and Urban Development and U.S. Department of Justice, Joint Statement of the Department of Housing and Urban Development and the Department of Justice: Accessibility (Design and Construction) Requirements for Covered Multifamily Dwellings Under the Fair Housing Act (Washington, DC: HUD/DOJ, April 30,2013), hud.gov/sites/documents/JOINTSTATEMENT.PDF*
[92] *U.S. Department of Housing and Urban Development (HUD), Accessibility in Housing: Findings from the 2019 American Housing Survey, March 17, 2022, huduser.gov/portal/sites/default/files/pdf/accessibility-in-housing-report.pdf*
[93] *Harvard Joint Center for Housing Studies, How Well Does the Housing Stock Meet Accessibility Needs? (Cambridge, MA: Harvard University, 2016), jchs.hardvard.edu/research-areas/working-papers/how-well-does-housing-stock-meet-accessibility-needs*
[94] *U.S. Census Bureau, "United States Childhood Disability Rate Up in 2019 from 2008," Census.gov, March 2021, census.gov/library/stories/2021/03/united-states-childhood-disability-rate-up-in-2019-from-2008.html*
[95] *Thomas, N., Bach, S., & Houtenville, A (2025). Annual Disability Statistics Compendium: 2023 (Custom Table). Durham, NH: University of New Hampshire, Institute on Disability. Source: U.S. Census Bureau, American Community Survey 1-year estimates. data.census.gov. Based on a sample and subject to sampling variability*

Figure 34. Percent of Population (<18) Living in Poverty,* by Disability Status, Delaware, Florida, U.S., 2023



Source: U.S. Census Bureau, American Community Survey, 2023

**Poverty (ACS): The Office of Management and Budget in Statistical Policy, Directive 14 makes income thresholds, called poverty lines, based on the prices of a standard set of goods and services that families need. Different income thresholds are created based on family size and age of people (like the number of people under age 18 or the number of people over age 65 and older). In the ACS, details about income, family size, and age are used to figure out if someone's family income is below the poverty line.*
***Ambulatory disability (ACS): An ambulatory disability is when a person responds "yes" when asked in the American Community Survey if they have "serious difficulty walking or climbing stairs." This question is only asked of people ages 5 years or older.*
****Self-care disability (ACS): In the American Community Survey, people who said "yes" when asked, if they "have difficulty dressing or bathing." This question is only asked of people ages 5 years or older.*

Families with limited income are faced with restricted ability to move to or retrofit an accessible home, as well as the reality of living in inaccessible housing (e.g., a child with mobility challenges navigating stairs to reach the only bathroom) further jeopardizing their health, safety, and daily functioning. In Florida, where the poverty gap for children with disabilities is higher than the national average, this means many families are simultaneously coping with economic strain and housing environments that fail to meet their children's basic needs for accessibility and safety.
When poverty intersects with disability, children face compounded disadvantages that can hinder development, increase social isolation, and perpetuate intergenerational inequity. These data highlight housing accessibility (not just crowding, lead, mold, or affordability) as a health equity issue and demonstrate the need for targeted interventions — such as retrofit funding, prioritizing accessible units in voucher programs, and partnership with state public housing authorities to track and expand accessible stock — to mitigate the disproportionate burden on families raising children with disabilities.

Substandard housing conditions are associated with a wide range of health conditions, including respiratory infections, asthma, lead poisoning, injuries, and mental health.[96] We asked community members specific survey questions about their living conditions.

96 Chakraborty, Ougni, Kacie L. Dragan, Ingrid Gould Ellen, et. al, Health Affairs, Vol. 43, no. 2. "Housing-Sensitive Health Conditions Can Predict Poor-Quality Housing, February 2024

Figure 35. Percent of Survey Respondents Who Report Living in Adverse Conditions, by Issue Type, Central Florida, 2025	
	**9%** of survey respondents live in a place that currently needs a **roof repair**.
	**9%** of survey respondents live in a place that currently has **plumbing a water leaks** that need repair.
	**11%** of survey respondents live in a place that currently has an **inadequate heating and cooling system**.
	**14%** of survey respondents live in a place that has **mold or mildew**.
	**12%** of survey respondents live in a place that has **rodents or pests**.

Source: Nemours Children's Community Survey, 2025

Elevated Lead Levels

Lead exposure is particularly harmful to children under 6 years old due to the high vulnerability of their developing brains and nervous systems. Even low levels of lead can impair cognitive development, reduce IQ, cause attention and behavioral problems, and negatively affect academic achievement.[97, 98] Young children are also more likely to ingest lead through hand-to-mouth behavior, making early prevention and screening critical. Long-term consequences can include learning disabilities, delayed growth, and increased risk of behavioral and health problems later in life.

Poor housing conditions, such as aging homes with lead-based paint or deteriorating plumbing, disproportionately expose children in low-income or older housing to lead, contributing to health inequities and higher rates of elevated blood lead levels in these populations.[99] Nationally, lead exposure tends to be highest among Black children and those living in areas of high poverty.

Florida law requires healthcare providers and laboratories to report all blood lead level results to the Florida Department of Health. Additionally, all children enrolled in Medicaid are required to be screened for lead at ages 12 and 24 months and between 36 and 72 months if not previously tested. The national standard for a blood lead reference value (BLRV) is now ≥ 3.5 micrograms per deciliter (µg/dl).[100]

97 CDC. Blood Lead Reference Value and Blood Lead Testing. Centers for Disease Control and Prevention, 2023. cdc.gov/lead
98 Lanphear BP, Hornung R, Khoury J, et al. Low-level environmental lead exposure and children's intellectual function: An international pooled analysis. Environ Health Perspect.. 2005; 113(7):894–899
99 WHO. Childhood Lead Poisoning. World Health Organization. 2020. who.int/news-room/fact-sheets/detail/lead-poisoning-and-health
100 Childhood Lead Poisoning Screening and Case Management Guide Revised 2022, Bureau of Epidemiology, Division of Disease Control and Health Protection Florida Department of Health

Figure 36. Lead Poisoning,* Rate per 100,000 Population, by County, Florida, 2023			
County	**Rate of lead poisoning**	**County**	**Rate of lead poisoning**
Brevard	6.7	Polk	12.3
Orange	9	Seminole	3.9
Osceola	6.1	Florida	11.8

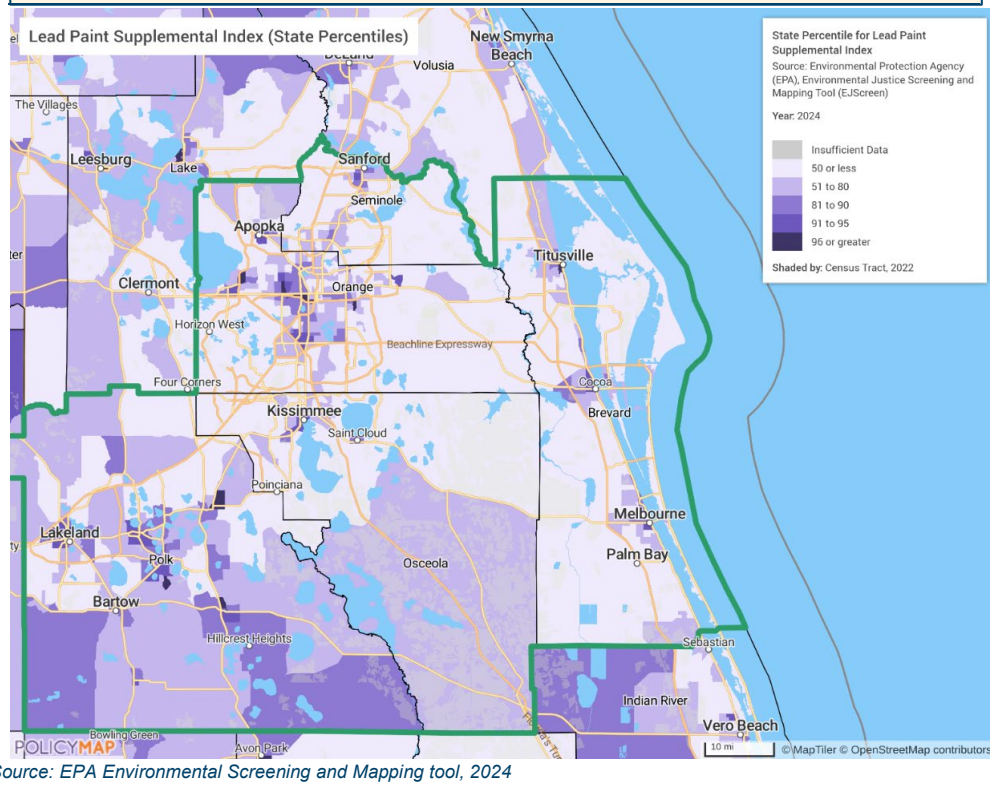
*Source: FL Health Charts, Florida Department of Health, Division of Public Health Statistics and Performance Management*A patient's Blood Lead Level for (BLL) lead poisoning is measured in micrograms of lead per deciliter of blood (mg/dL) with the national standard for an elevated blood lead reference value (BLRV) is now >= 3.5 µg/dl.*[101]

> *Polk County had a higher rate of lead poisoning (12.3) than any other county and Florida as a whole. Seminole County had the lowest rate (3.9).*

Environmental Justice

Environmental justice (EJ) ensures that communities historically overburdened by environmental hazards have equitable protection and access to healthy environments. Tools like the Environmental Protection Agency's (EPA) Environmental Justice Screening and Mapping Tool (EJSCREEN) help identify populations disproportionately exposed to pollution, hazardous sites, or other environmental risks, which are key social determinants of health influencing outcomes such as asthma, lead exposure, and cardiovascular disease.[102]

Figure 37. Percent of Nationwide Census Tracts With Less Lead Paint Exposure, Supplemental Index, by Census Tract, Florida, 2024



Source: EPA Environmental Screening and Mapping tool, 2024

[101] Lead Poisoning Prevention, Centers for Disease Control and Prevention: CDC Updates Blood Lead Reference Value (2021). cdc.gov/lead-prevention/php/news-features/updates-blood-lead-reference-value.html. Accessed: August 31, 2025

[102] U.S. Environmental Protection Agency. Environmental Justice. 2023. epa.gov/environmentaljustice

> *Central Florida had three census tracts that scored 96 or greater on the EJ Index — meaning 96% of census tracts nationwide have less potential exposure to lead paint. These three tracts are in Polk, Orange and Brevard counties.*

The EPA's EJScreen provides a nationally consistent dataset and approach to present three kinds of information: environmental burden indicators, socioeconomic indicators, and EJ/Supplemental Indexes.[103] EJScreen combines demographic and environmental indicators to highlight places that may have environmental quality issues, higher environmental burdens, and vulnerable populations.

When examining the Lead Paint EJ Index (national percentiles) on the tract level, a lead paint EJ Index percentile of 80 means that 80% of tracts in the nation have less potential exposure to lead paint than the tract of interest, and that 20% of tracts in the nation have greater potential exposure to lead paint. The state percentiles use the state population as the basis of comparison.

Incorporating EJ data into strategic planning efforts facilitates targeted interventions and resources in communities facing systemic environmental and health inequities.[104]

Noise Pollution

Noise pollution is more than a nuisance — it is a measurable health risk. Defined as chronic unwanted or disturbing sound in the environments where people live, work, or travel. It's measured in decibels (dB) using day–evening–night (L_den) and night (L_night) averages; health risk typically increases with each +10 dB step.[104, 105] The World Health Organization (WHO) advises keeping average daytime levels ≤55 dB and nighttime ≤40 dB to protect sleep, learning, and cardiovascular health.[105, 106] Disparities arise where exposures cluster: transportation noise (highways, rail, aircraft) disproportionately affects low-income and minority neighborhoods; neighborhood noise (sirens, horns, amplified music, shouting) adds sustained 70–100+ dB peaks in dense urban areas; industrial noise (construction, plants, ports, logistics yards) can layer on chronic exposure near facilities and freight corridors.[107, 108]

Across studies, noise harms health via sleep disruption, stress-hormone activation, oxidative stress, and vascular dysfunction.[110] A meta-analysis found aircraft noise ↑ depression risk ~12% per +10 dB(A);[109] longitudinal work links noise annoyance to later depression/anxiety;[110] and a national cohort showed ~4% higher suicide risk per +10 dB road-traffic noise — even after adjusting for air pollution and greenness.[111] Because depression and psychological distress elevate cardiovascular disease (CVD) risk, these mental-health pathways help explain consistent associations between noise and heart attack, stroke, hypertension, and premature mortality.[112]

---

[103] *U.S. Environmental Protection Agency. Environmental Justice Screening and Mapping Tool (EJSCREEN). 2023. epa.gov/ejscreen*
[104] *Marmot M, Allen J. Social Determinants of Health Equity. Am JPublic Health. 2014; 104(S4): S517–S519*
[105] *World Health Organization, Environmental Noise Guidelines for the European Region (Copenhagen: WHO Regional Office for Europe, 2018), euro.who.int/en/health-topics/environment-and-health/noise/publications/2018/environmental-noise-guidelines-for-the-european-region-2018*
[106] *Thomas Münzel et al., "Transportation Noise Pollution and Cardiovascular Disease: A Review," Circulation Research 134, no. 8 (2024): 591–610, doi.org/10.1161/CIRCRESAHA.123.323584*
[107] *CDC, "What Noises Cause Hearing Loss?" last modified 2020, cdc.gov/nceh/hearing_loss/what_noises_cause_hearing_loss.html*
[108] *European Environment Agency, "Exposure of Europe's Population to Environmental Noise," December 13, 2024, eea.europa.eu/en/analysis/indicators/exposure-of-europe-population-to-noise*
[109] *Johannes Hegewald et al., "Traffic Noise and Mental Health: A Systematic Review and Meta-Analysis," International Journal of Environmental Research and Public Health 17, no. 17 (2020): 6175, doi.org/10.3390/ijerph17176175*
[110] *Manfred E. Beutel et al., "Noise Annoyance Is Associated with Depression and Anxiety in the General Population—The Gutenberg Health Study," European Journal of Public Health 30, no. 3 (2020): 507–512, doi.org/10.1093/eurpub/ckz243*
[111] *Beat Wicki et al., "Suicide and Transportation Noise: A Prospective Cohort Study," Environmental Health Perspectives 131, no. 10 (2023): 107001, doi.org/10.1289/EHP11675*
[112] *Andrew Steptoe and Mika Kivimäki, "Stress and Cardiovascular Disease," Nature Reviews Cardiology 9, no. 6 (2012): 360–370, doi.org/10.1038/nrcardio.2012.45*

What is noise pollution?	How is it measured?	What is the source?	What is the impact?	What are the levers?
Unwanted or disturbing sound that interferes with normal activities such as sleeping or conversation or disrupts or diminishes one's quality of life.*	**Decibels (dB)** Risk increases with each incremental increase of +/= 10dB	**Transit** Roads/highways, railways, aircraft **Industrial** construction/ development, plants, ports, logistics yards **Neighborhood** Sirens, horns, shouting, music	**Overall Population** Sleep loss, stress, depression, anxiety, suicide risk, CVD, hypertension, heart attack, and stroke **Children** Sleep deprivation, disrupted focus, delays in cognitive development	**Quieter Infrastructure** e.g., low-noise roads, speed control Noise Barriers e.g., plant buffers, sound walls **Operational Controls** e.g., flight-path changes, restrict construction hrs. **Community** Planning e.g., noise mapping, local ordinances, zoning

**Noise pollution refers broadly to sound that is unwanted or harmful — especially when it interferes with normal life, such as disturbing sleep, conversational comfort, or general well-being. This definition aligns with both EPA's legal framing[113] and APHA's public health perspective.[114]*

Noise control levers include quiet road surfaces, speed management, flight-path optimization, operational limits, building insulation, and highway noise barriers.

Natural Environment

The natural environment — including air, water, land — directly shapes pediatric health.

Ozone develops in the atmosphere from gases that come out of tailpipes, smokestacks, and many other sources. When these gases come in contact with sunlight, they react and form ozone smog. This can inflame and damage cells that line your lungs and reduce the immune system's ability to fight off certain bacterial infections, among others.[115]

Figure 38. Grade of Air Quality,* by County, Florida, 2021–2023

County	Ozone Grade	Particle Pollution
Brevard	A	A
Orange	A	NA
Osceola	A	NA
Polk	A	A
Seminole	A	A

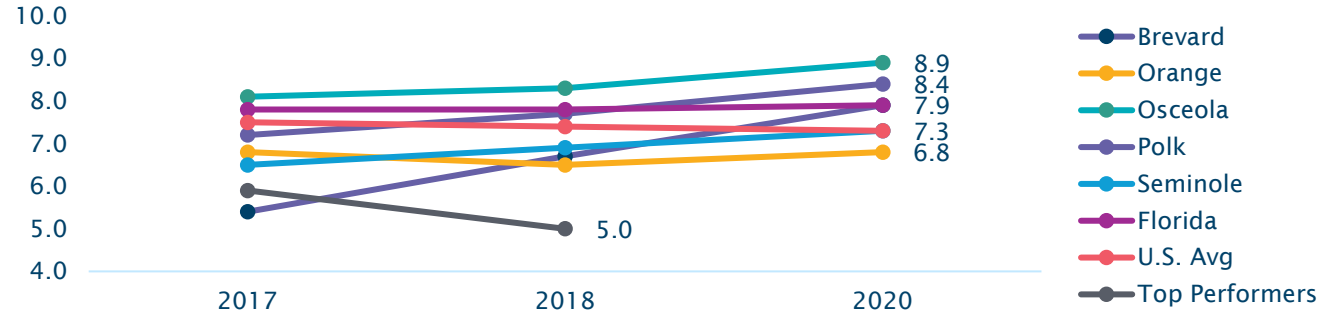
Source: U.S. Environmental Protection Agency: Air Quality System (AQS), 2021–2023[116]
**The American Lung Association contracted with Dr. Allen S. Lefohn, A.S.L. & Associates, Montana, to characterize the hourly averaged ozone concentration information and the 24-hour averaged PM2.5 concentration information for the three-year period for 2021–2023 for each monitoring site.*

According to County Health Rankings, the relationship between elevated air pollution (especially fine particulate matter and ozone) and compromised health has been well documented.[117]

[113] U.S. Environmental Protection Agency, "Clean Air Act Title IV – Noise Pollution," in Clean Air Act Overview: epa.gov/clean-air-act-overview/clean-air-act-title-iv-noise-pollution. Accessed September 2025
[114] American Public Health Association, "Noise is defined in this policy statement as 'unwanted and/or harmful sound,'" Noise as a Public Health Hazard (2021). apha.org/policy-and-advocacy/public-health-policy-briefs/policy-database/2022/01/07/noise-as-a-public-health-hazard. Accessed September 2025
[115] "Ozone," American Lung Association, accessed August 24, 2022, lung.org/clean-air/outdoors/what-makes-air-unhealthy/ozone
[116] U.S. Environmental Protection Agency: Air Quality System (AQS) 2021-2023. lung.org/research/sota/city-rankings/states/florida.
117 Pope CA, Dockery DW, Schwartz J. Review of epidemiological evidence of health-effects of particulate air-pollution. Inhalation Toxicology. 1995;7(1):1–18

Negative consequences of ambient air pollution include decreased lung function, chronic bronchitis, asthma, and other adverse pulmonary effects. Long-term exposure to fine particulate matter increases premature death risk among people age 65 and older, even when exposure is at levels below the National Ambient Air Quality Standards.[118]

Figure 39. Average Daily Density of Fine Particulate Matter in Micrograms per Cubic Meter (PM2.5), Florida, 2017–2020



Source: CDC's National Environmental Public Health Tracking Network, 2020

Osceola County had the highest density of particulate matter of the five counties (8.9); Orange County had the lowest (6.8). Florida is in the middle at 7.9.

Minority populations and those living in poverty are more likely to be exposed because of historic practices like redlining, which segregated neighborhoods and limited housing choices for these groups. Formerly redlined neighborhoods are more likely to include environmental health hazards such as coal-fired power plants.[119] In 2010, approximately 164,000 premature U.S. deaths were related to fine particulate matter (PM 2.5) exposure and immigrants experienced 2.11 more deaths per 100,000 population than the U.S.-born.[120]

Figure 40. Drinking Water Violations, by County, 2021–2023

	Brevard	Orange	Osceola	Polk	Seminole
2021	Yes	Yes	Yes	Yes	Yes
2022	Yes	Yes	Yes	Yes	Yes
2023	Yes	No	Yes	Yes	Yes

Source: CHR, 2025; Safe Drinking Water Information System, EPA, 2021–2023

One Stakeholder remarked, "Florida will probably remove fluoride from the water. We will have to invest more in a tooth sealant program in the schools."

Water violations are a common occurrence in the five counties from 2021 to 2023. Only Orange had one year with no water violations, 2023.

Effective July 1, 2025, Florida removed fluoride from the water when the bill became law on May 15, 2025.[121]

118 Harvard T.H. Chan School of Public Health. More evidence of causal link between air pollution and early death. Boston. 2020. Accessed February 2, 2023. hsph.harvard.edu/news/press-releases/more-evidence-of-causal-link-between-air-pollution-and-early-death
119 Braveman PA, Arkin E, Proctor D, Kauh T, Holm N. Systemic and structural racism: Definitions, examples, health damages, and approaches to dismantling. Health Affairs. 2022;41(2):171–178
120 Fong KC, Bell ML. Do fine particulate air pollution (PM2.5) exposure and its attributable premature mortality differ for immigrants compared to those born in the United States? Environmental Research. 2021;196:110387.
121 "Online Sunshine, "The 2024 Florida Statutes 381.958

Disaster Preparedness

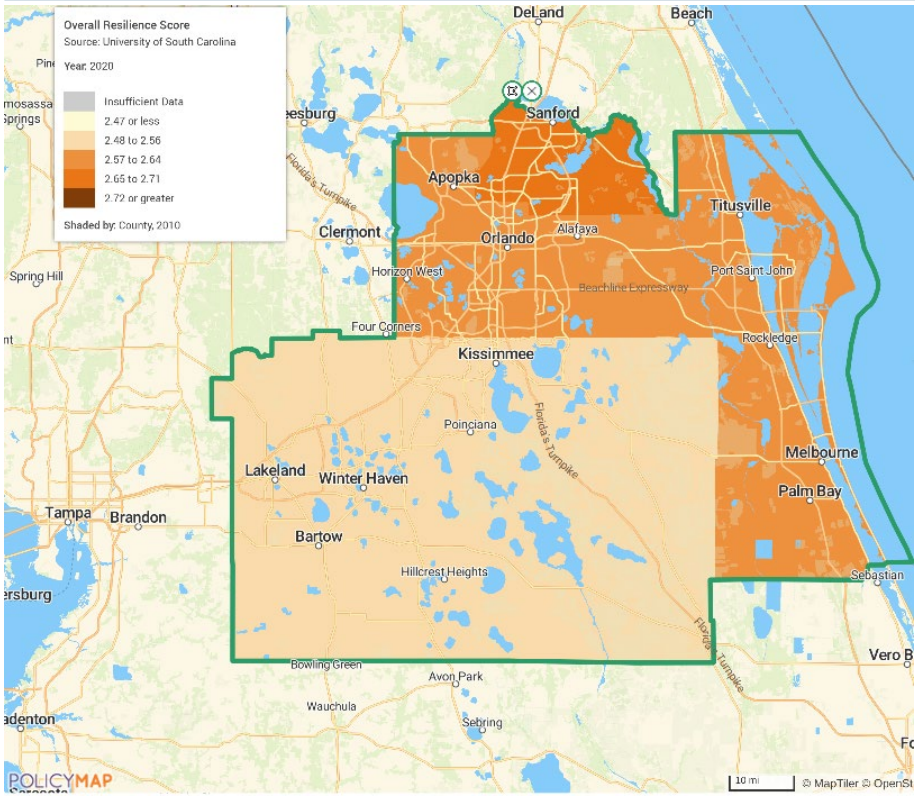
Florida's vulnerability to natural disasters, especially hurricanes causing flooding and wind damage, affect not just coastal locations but inland communities. Such events disrupt schooling, damage homes, and elevate stress among children and youth. Research shows that youth exposed to climate-related disasters are at higher risk for anxiety, depression, and post-traumatic stress.[122]

The Community Resilience Score reflects a community's capacity to prepare for, respond to, and recover from natural and human-caused disasters, based on indicators related to social, economic, housing, and healthcare infrastructure. Higher scores indicate greater resilience and a stronger foundation for community health and recovery.

In 2020, Seminole County had the highest resilience in Central Florida, followed by Orange County then Brevard County. Osceola and Polk counties are less resilient. This mirrors broader patterns in infrastructure and opportunity.

Understanding community resilience is essential because areas with lower resilience are more likely to experience prolonged health impacts from disasters, including disruption of medical care, displacement, and increased mental health burden. Improving resilience is a proactive strategy to protect community well-being, reduce health inequities, and enhance recovery capacity.

Figure 41. Community Resilience Score,* by County, Florida, 2020



Source: PolicyMap, University of South Carolina HVRI, BRIC

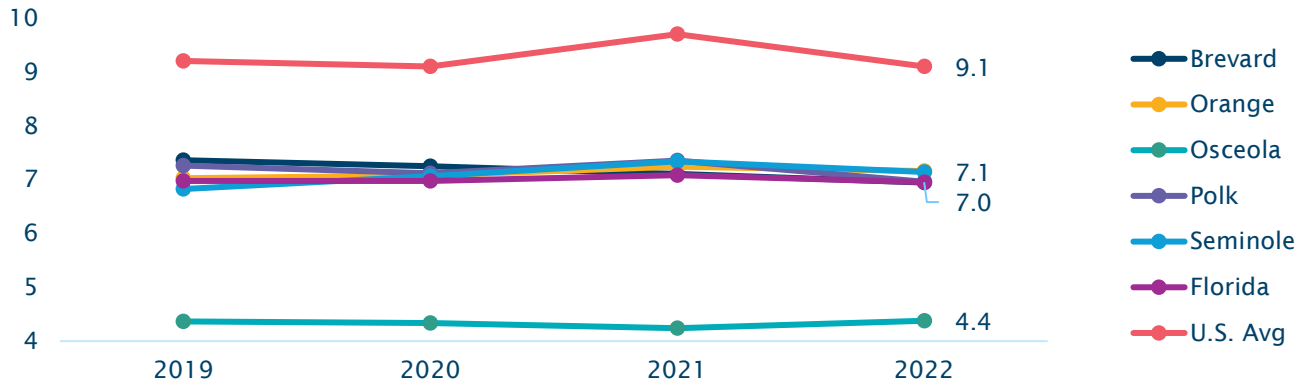
**University of South Carolina, Hazards and Vulnerability Research Institute, Baseline Resilience Indicators for Communities is a score of overall resilience to natural hazards as of 2020. The Baseline Resilience Indicators for Communities (BRIC) index considers six categories of community disaster resilience: social, economic, community capital, institutional, infrastructural, and environmental. Resilience refers to the ability to prepare and plan for, absorb, recover from, and more successfully adapt to adverse events. Such events may include floods or hurricanes in the context of BRIC. The overall resilience score is calculated by summing the category scores. Overall resilience scores can range from 0 to 6, where higher scores correspond to higher overall resilience.*

[122] *Burke, Susie E., et al. "Children and Youth in the Climate Crisis: Understanding Risks and Promoting Resilience." Annual Review of Public Health 43 (2022): 143–160*

Social Capital

Social capital characterizes the relations and interactions between individuals and groups. It has been suggested that social capital affects health through several mechanisms: norms and attitudes that influence health behaviors, psychosocial networks that increase access to health care and psychosocial mechanisms that enhance self-esteem.[123] Health is relative to feeling connected to others in the community, to participate in community activities where they can feel emotional support.

Figure 42. Number* of Membership Associations** per 10,000 Population, by County, Florida, 2019–2022



Source: Census Bureau, County Business Patterns

**The numerator is the total number of membership associations in a county. The denominator is the total resident population of a county.*

***The membership organizations (NAICS code) in this measure include civic organizations (813,410), bowling centers (713,950), golf clubs (713,910), fitness centers (713,940), sports organizations (711,211), religious organizations (813,110), political organizations (813,940), labor organizations (813,930), business organizations (813,910), and professional organizations (813,920). The denominator is the total resident population of a county.*

> *Orange County had the highest rate of social associations (7.2) followed closely by Seminole County (7.1), then by Polk and Brevard counties (7.0, 6.9). Osceola County had the lowest rate (4.4).*

Voting influences the health of our communities and healthier communities are more likely to vote.[124] Studies show that communities with higher voter turnout tend to also have better self-reported general health,[125, 126] fewer chronic health conditions,[127] and less depression.[128] Moreover, the census is critical for public health. The census provides a basis for the socioeconomic indicators used to monitor disparities — including formal categories for counting and sorting by race, ethnicity, household income, and poverty.

123 Martin Lindström, Psychosocial work conditions, social participation and social capital: A causal pathway investigated in a longitudinal study, Social Science & Medicine, Volume 62, Issue 2, 2006, Pages 280–291
124 Healthy Democracy, Healthy People. Health & Democracy Index. 2021. democracyindex.hdhp.us
125 Blakely TA, Kennedy BP, Kawachi I. Socioeconomic inequality in voting participation and self-rated health. American Journal of Public Health. 2001;91(1):99—104
126 Kim D, Kawachi I. A multilevel analysis of key forms of community- and individual-level social capital as predictors of self-rated health in the United States. Journal of Urban Health. 2006;83(5):813-826.
127 Gollust SE, Rahn WM. The bodies politic: chronic health conditions and voter turnout in the 2008 election. Journal of Health Politics, Policy and Law. 2015;40(6):1115-1155.
128 Ojeda C. Depression and political participation. Social Science Quarterly. 2015;96(5):1226–1243

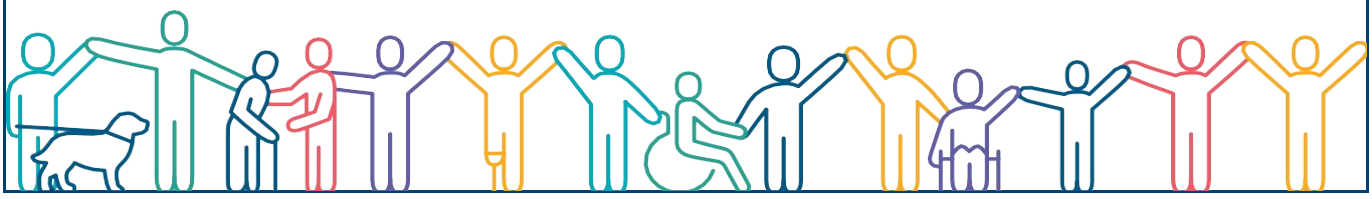
Figure 43. Percent of Population Who Participate in Civic Engagement Activities, by County, Florida, 2020							
Voting participation* (2020)[129]							
	Brevard	Orange	Osceola	Polk	Seminole	Fla.	U.S.
Value	76.8	68.9	71.0	66.7	75.4	72.4	67.9
vs. Fla. avg.	🟢	🔴	🟡	🔴	🟢	-	🟡
vs. U.S. avg.	🟢	🟡	🟢	🟡	🟢	🟢	-
** Percent of Population ages 18 or older who voted in the 2020 U.S. Presidential election*							
Census participation* (2020)130							
	Brevard	Orange	Osceola	Polk	Seminole	Fla.	U.S.
Value	70.6	62.9	56.7	61.0	72.0	-	67.9
vs. U.S. avg.	🟢	🔴	🔴	🔴	🟢	-	-
** Percent of Households that responded to the 2020 census by internet, paper questionnaire, or telephone*							

Evidence shows that participating in our communities strengthens our social connections and sense of belonging, which in turn, benefits our physical and mental health.[131]

Polk County had the highest percentage of lack of social and emotional support (26.9%) and Brevard had the lowest (21.4%). Essentially 1 in 4 to 5 people lack social and emotional support throughout the service area. Florida had high voter turnout compared to the U.S. and Brevard and Seminole had higher voter turnout percentage than Florida. Polk County had the lowest turnout (66.7%). Census participation was higher in Seminole and Brevard (72% and 70.6%) and lowest in Polk (62%).

Figure 44. Survey Respondents and Perceived Community Belonging, Central Florida, 2025

9%	of survey respondents "somewhat or strongly disagree" they belong in their community/ neighborhood	**5x**	as many respondents in Parramore/Holden Heights (16%) do not feel like they belong in their community, compared to other zip code regions surveyed such as the remainder of Seminole County at 3% outside of the Sanford area.
9%	of survey respondents "somewhat or strongly disagree" that people in their community are willing to help each other	**1 in 6**	respondents in Sanford (16%) disagree that people in their community are willing to help each other, a proportion of 1.5x higher than Remainder Brevard, Parramore/Holden Heights, Remainder Orange and Lakeland (11%).



Source: Nemours Children's Community Survey, 2025

Community Safety

Community members cannot thrive or enjoy good health unless they are safe. Exposure to violence in a community can be experienced at various levels, including victimization, directly witnessing acts of

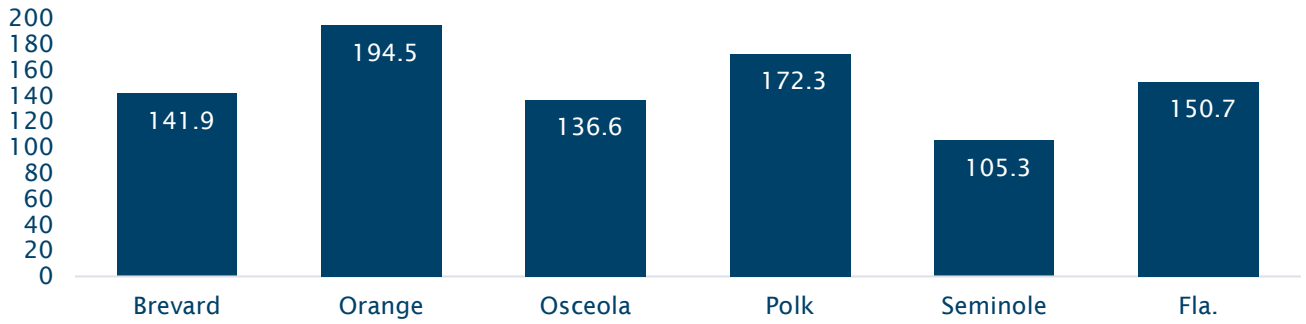
129 CHR, 2025; MIT Election Data and Science Lab, Citizen Voting Age and Ethnicity
130 CHR, 2025; US Census Bureau
131 University of Wisconsin Population Health Institute. County Health Rankings & Roadmaps 2025. countyhealthrankings.org

violence, or hearing about events from other community members. It can also include property crimes that result in damage to the built environment. Children and adolescents exposed to violence are at risk for poor long-term behavioral and mental health outcomes regardless of whether they are victims, direct witnesses, or hear about the crime.[132, 133]

Crime rates in the U.S. have declined from their post-COVID peaks — particularly homicide and other violent offenses — but overall levels remain elevated compared to pre-pandemic norms. A report by the Council on Criminal Justice shows that although homicide fell in 2023 compared to 2022, "most violent offenses remained higher in 2023 compared to 2019, the year prior to the outbreak of COVID and the widespread social unrest of 2020."[134]

The violent crime rate in the state of Florida — which includes murder and non-negligent manslaughter, rape, robbery, and aggravated assault — is 151 violent crime offenses per 100,000 population. This is significantly lower than the U.S. at 363.8.

Figure 45. Rate of Violent Crime* per 100,000 Population, by County, Florida, 2023



Source: FL Health Charts

**Violent crime includes four offenses: murder and non-negligent manslaughter, rape, robbery and aggravated assault.*

Orange County had the highest crime rate (195 per 100,000), followed by Polk County (172.3 per 100,000) and Brevard County (142 per 100,000).

Of the community survey respondents that indicated they feel somewhat or very unsafe when their child plays outside during the day, walks to or from school or a park, or is outside after dark:

34% attributed their lack of perceived safety to **fear of crime.**

23% to the **presence of strangers** or unfamiliar people in the area

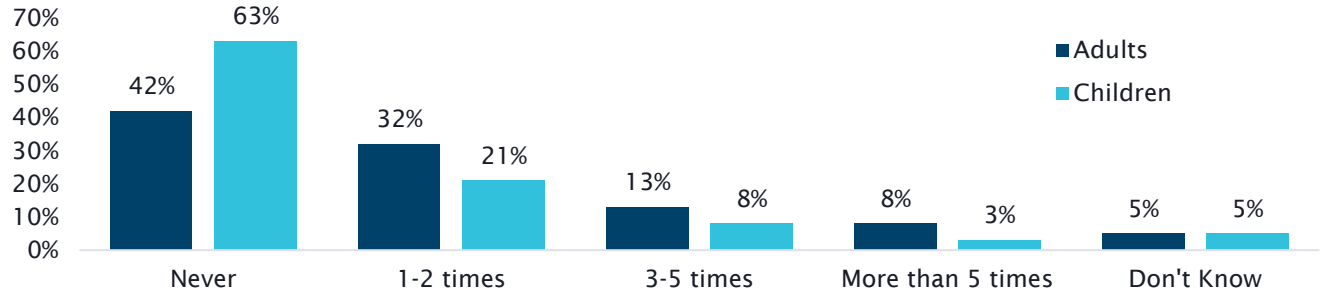
Other top categories were related to community infrastructure:
Traffic safety (20%)
Inadequate sidewalks, crosswalks, streetlights (8%)
Lack of safe spaces to play (6%)

Children and adolescents exposed to violence are at risk for poor long-term behavioral and mental health outcomes regardless of whether they are victims, direct witnesses, or hear about the crime.[135, 136] More than 1 in 5 (21%) survey respondents report having witnessed violence in their home or community on three or more occasions in the last 12 months. Contrastingly, survey respondents believe the child/children in their household witness violence less frequently and are

[132] *Jones-Webb, R., & Wall, M. (2008). Neighborhood racial/ethnic concentration, social disadvantage, and homicide risk: An ecological analysis of 10 U.S. cities. Journal of Urban Health: Bulletin of the New York Academy of Medicine, 85(5), 662–676. doi: 10.1007/s11524-008-9302-yThis link is external to odphp.health.gov*
[133] *Fowler, P. J., Tompsett, C. J., Braciszewski, J. M., Jacques-Tiura, A. J., & Baltes, B. B. (2009). Community violence: A meta-analysis on the effect of exposure and mental health outcomes of children and adolescents. Development and Psychopathology, 21(1), 227–259. doi: 10.1017/S0954579409000145*
[134] *Council on Criminal Justice. (2025, July 24). Violent crime continues to drop across U.S. cities, report shows. Stateline. stateline.org/2025/07/24/violent-crime-continues-to-drop-across-us-cities-report-shows/. Accessed August 18, 2025*
[135] *Jones-Webb, R., & Wall, M. (2008). Neighborhood racial/ethnic concentration, social disadvantage, and homicide risk: An ecological analysis of 10 U.S. cities. Journal of Urban Health: Bulletin of the New York Academy of Medicine, 85(5), 662–676. doi: 10.1007/s11524-008-9302-yThis link is external to odphp.health.gov.*
[136] *Fowler, P. J., Tompsett, C. J., Braciszewski, J. M., Jacques-Tiura, A. J., & Baltes, B. B. (2009). Community violence: A meta-analysis on the effect of exposure and mental health outcomes of children and adolescents. Development and Psychopathology, 21(1), 227–259. doi: 10.1017/S0954579409000145*

very safe or somewhat safe (86%) playing outside during the day.

Figure 46. Percent of Survey Respondents Who Reported Having Witnessed Violence* in Their Home or Community in the Last 12 Months, by Frequency, Central Florida, 2025*



Source: Nemours Children's Community Survey 2025

**Witness violence is defined as having seen or heard violence in your home or community. Violence is the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment, or deprivation.*[137]

Nearly one quarter of survey respondents in Oakridge/Millenia (23%) and Parramore/Holden Heights (24%) report witnessing violence three or more occasions in the last 12 months. This is nearly double among all the zip code areas with a rate of 13% and is nearly 6 times that of Apopka/West Orange at 4%.

Trust in neighbors is a powerful reflection of how safe families feel in their daily environments. Communities with higher levels of social trust are more likely to have stronger networks of support, greater cooperation, and lower rates of violence.[138] When trust is low, families often experience increased stress, social isolation, and weaker resilience to health challenges, making it a valuable marker for both community safety and well-being.[139]

1 in **6** or nearly 17% of survey participants in Lakeland do not trust their neighbors.* This is the greatest among all zip code regions.

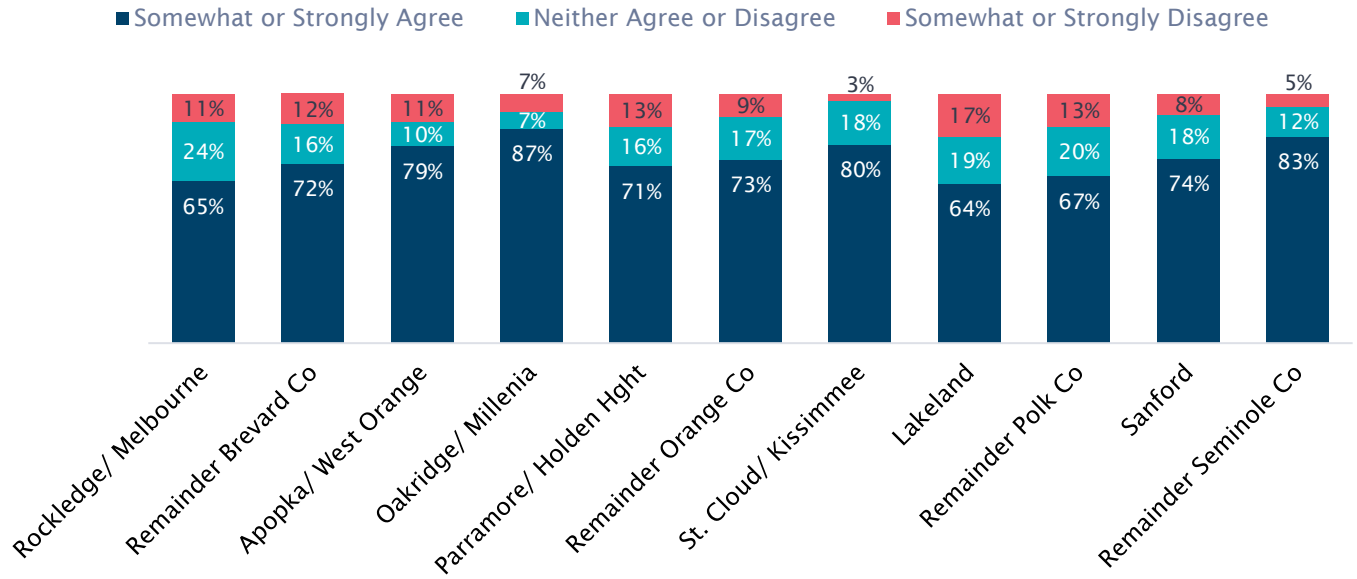
13 percent of survey participants in the Remainder of the Polk County and Parramore/Holden Heights feel the same.

**Somewhat disagree or strongly disagree that people in your neighborhood can be trusted.*

Despite some communities lacking trust with their community, a large percentage residents across the zip code region have some level of agreeance they can trust people in their community — ranging as low as 6.5 in 10 survey respondents in Lakeland (64%) and Rockledge/Melbourne (65%) having trust in their community to as high as almost 9 in 10 respondents in Oakridge/Millenia (85%) having trust in their community. While none of these indicators should be examined in isolation, the data findings when paired with other sources of information, could suggest a more targeted approach is warranted in some counties like Polk and Brevard, while broader efforts may be more effective in Orange or Seminole counties.

[137] *J Epidemiol Community Health. 2007 Aug; 61 (8):676-680. Doi:10.1136/jech.2005.043711*
[138] *Sampson, et al., "Neighborhoods and Violent Crime: A multilevel Study of Collective Efficacy," Science 277, no. 5328 (1997): 918–924*
[139] *Ichiro, et al., "Social Cohesion, Social Capital, and Health," in Social Epidemiology, 2nd ed. (New York: Oxford University Press, 2014), 290–319*

Figure 47. Percent of Respondents Who Agree* People in the Community Can Be Trusted, by Zip Code Region, Florida, 2025

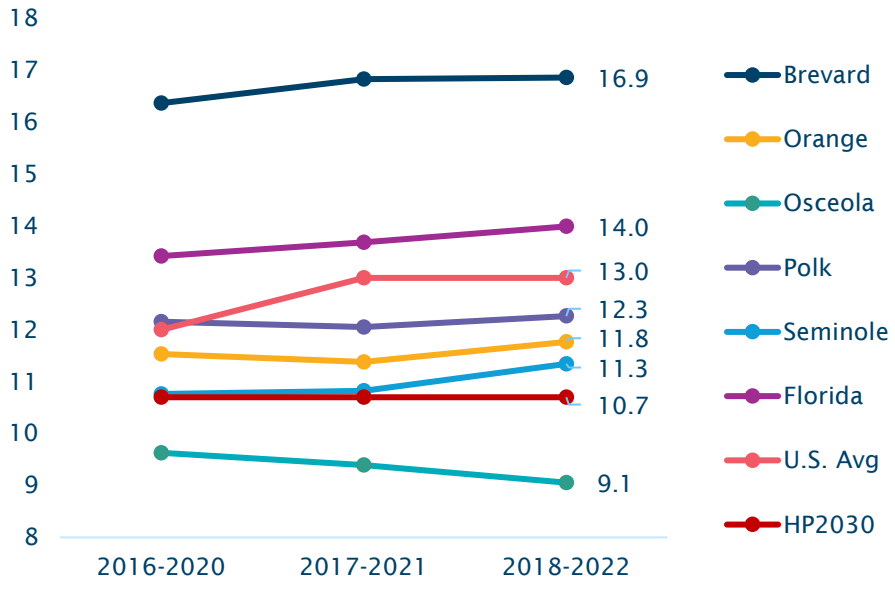


Source: Nemours Children's Community Survey, 2025

Community safety not only shapes how families trust their neighbors or cope with violence, but it also impacts other factors like student success in school. Districts with high crime rates show significantly higher absenteeism among students, underscoring the impact of community safety on educational and health outcomes.[140]

Firearm-related injuries are a major cause of death in the United States across all age groups, including deaths from homicides, suicides, and unintentional injuries.

Figure 48. Firearm-Related Deaths Per 100,000 Population, by County, Florida, 2016–2022



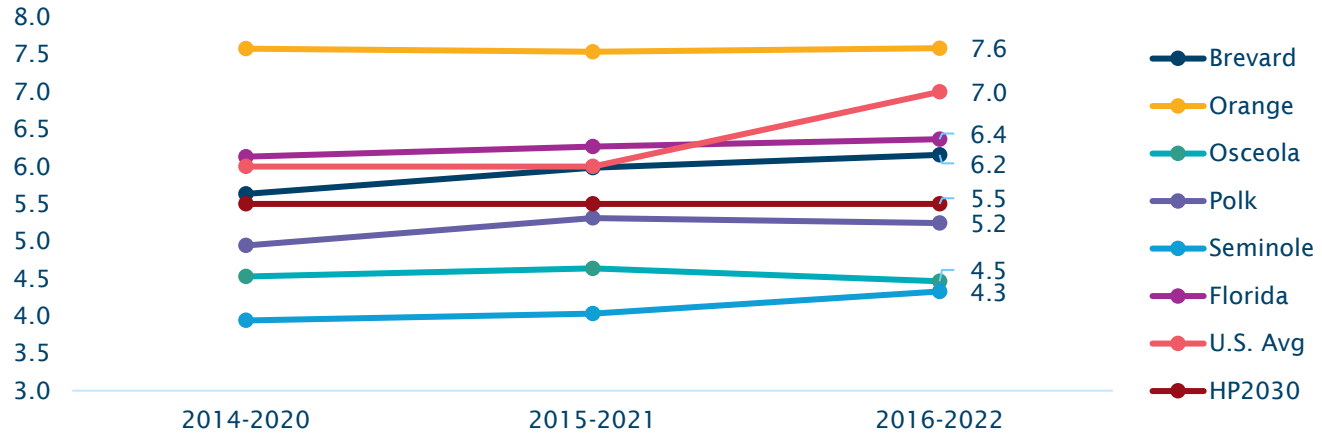
While firearm-related deaths and the age-adjusted homicide rate in Osceola County (9.1 and 4.3, respectively) not only meet but exceed the Healthy People 2030 targets for both indicators, **more than half** of survey participants in Osceola (55%) report having witnessed violence in their home or community on more than one occasion over the last 12 months.

This variance emphasizes that mortality data alone does not capture the full impact of violence on daily life. Exposure — even without fatalities — carries deep consequences for mental health, child development, and community well-being, underscoring the importance of weighing lived experience alongside traditional health metrics.

[140] *Opara et al., "School Absenteeism and Neighborhood Deprivation and Crime: A multilevel Analysis of Urban Youth," Journal of Community Psychology 50, no. 6 (2022): 2271–2287.*

Source: National Center for Health Statistics, National Vital Statistics System, 2016–2022

Figure 49. Age-Adjusted Death Rate Due to Homicide per 100,000 Population, by County, Florida, 2014–2022



Source: National Center for Health Statistics, National Vital Statistics System, 2014–2022

Orange County had the highest homicide rate of 7.6 per 100,000 population, followed by Brevard (6.2 per 100,000 population) and Polk (5.2 per 100,000 population). Osceola and Seminole had the lowest rates (4.5, 4.3). Polk, Osceola and Seminole counties met the Healthy People 2030 goal of 5.5.

Firearm injuries impose long-term costs on communities, not only in lost lives but also in the form of lasting disability, trauma, and healthcare expenditures. National data show that firearm-related injuries generate an estimated $2.8 billion annually in direct hospital costs, disproportionately affecting younger populations and communities already experiencing health inequities.[141] Recent analyses show that nonfatal firearm injury rates, while declining nationally from over 100 per 100,000 population in 2015 to about 54 per 100,000 in 2020, remain significantly higher than the Healthy People 2030 target of 10.1 per 100,000 population[142] — with national advocacy groups noting that roughly twice as many Americans are wounded by firearms as are killed each year.[143]

Both firearm injuries and deaths represent a major public health burden across the general population, with their impact especially stark among children. Firearms have now surpassed motor vehicle crashes as a leading cause of death for youth in the United States, underscoring the urgency of examining child-specific firearm mortality as an essential piece of the broader safety challenges communities face.[144]

Research shows that children as young as 3 years old may be strong enough to pull the trigger on a handgun, underscoring the urgency of secure firearm storage practices.[145] Secure storage – defined as keeping firearms unloaded, locked, and stored separately from ammunition – has been shown to reduce youth firearm fatalities by up to 32%.[146] Despite this evidence, an estimated 4.6 million children live in homes with at least one unlocked, loaded firearm.[147] Moreover, four in five adolescent suicides involving firearms use a gun belonging to a family member, making anticipatory guidance and resources especially critical in preventing impulsive tragedies.[148]

[141] *Song, et al., "Impact of Firearm Injuries on Health Care Costs and Utilization in the United States," Health Affairs 39, no. 11 (2020): 1941015–1949, doi.org/10.1377/hlthaff.2020.01520*
[142] *Chen, et al., "Trends in Firearm Injuries in the United States, 2009-2020, "Injury Prevention 31, no. 3 (2025): 253–259, injuryprevention.bmj.com/conetent/31/3/253*
[143] *Everytown Research & Policy, "Nonfatal Firearm Injury Rate by State," updated 2025, everytownresearch.org/graph/nonfatal-firearm-injury-rate-by-state*
[144] *Centers for Disease Control and Prevention (CDC), National Center for Health Statistics, "Underlying Cause of Death, 1999–2022, CDC WONDER Online Database," released 2023, wonder.cdc.gov*
[145] *E. Grossman et al., "Gun Storage Practices and Risk of Youth Suicide and Unintentional Firearm Injuries," JAMA Pediatrics 172, no. 5 (2018): 463–470*
[146] *D.C. Webster et al., "Evidence Concerning the Regulation of Firearms Design, Sale, and Carrying on Firearm Violence," Annual Review of Public Health 42 (2021): 359–379*
[147] *M.S. Azrael, D. Cohen, and D. Miller, "Firearm Storage in Gun-Owning Households with Children: Results of a 2015 National Survey," Journal of Urban Health 95, no.3 (2018): 295–304*
[148] *C. Fowler et al., "Childhood Firearm Injuries in the United States," Pediatrics 140, no. 1 (2017):e20163486*

*Source: Nemours Children's Health and **Coalition for a Safer Delaware**, 2024/2025 Secure Storage Education Campaign. Access is available here: coalitionforasaferdelaware.org/secure-storage.*

In addition to trusted community leaders, pediatricians play a unique role in prevention, as they are often the most consistent point of contact for families with children. Clinical encounters provide trusted opportunities to educate parents on the risks of unsecured firearms and to counsel them on practical secure storage methods.

The American Academy of Pediatrics (AAP) recommends that pediatricians incorporate firearm safety counseling as a routine part of well-child visits. This approach mirrors other health and safety conversations (e.g., car seats, safe sleep) and is an effective, evidence-based strategy to reduce preventable injuries and deaths.

At the time of this report being developed, the state of Florida ruled that its long-standing ban on open carry is unconstitutional and as of September 25, 2025, open carry is permitted with exceptions and restrictions in Florida. The potential impact this has on children's health and safety is:

- Increased exposure to firearms where children may encounter visible arms in everyday settings such as grocery stores, parks, and public sidewalks thus, normalizing gun presence and affecting their perception of safety
- Risk of injury may rise due to accidental discharge or mishandling — especially in crowded or family-oriented areas, and children are vulnerable due to their natural curiosity and lack of understanding about firearm safety
- Increase in mental health concerns as exposure to firearms in environments perceived as safe can increase anxiety and fear in children, and just the presence of guns may heighten stress levels particularly in communities already affected by gun violence
- Parents and educators may feel increased pressure to educate children about firearm safety and how to respond if they see a gun which could result in more frequent lockdown drills, changes in school policies, and heightened vigilance in public spaces

Access to Care

Access to affordable, timely, and high-quality health care is a cornerstone of community health. Limited access contributes to unmet medical needs, delayed treatment, and higher rates of preventable conditions, disproportionately affecting children, rural residents, and families with low incomes.[149] Nationally, more than one in 10 individuals report lacking a usual source of health care, with barriers such as cost, workforce shortages, and geographic distance continuing to widen disparities in outcomes.[150]

Economic Barriers

Figure 50. Percent of Survey Respondents Who Indicated They Had Difficulty Accessing Care, Central Florida, 2025

	**More than 1** in **4** of survey respondents (27% overall) indicated one or more instances in the last year that they **did not seek health care** for their sick or injured child/children with **53%** identifying cost as the primary reason.
	**Of the 1** in **5** survey respondents who reported their child/children went without needed mental or behavioral health care in the last year, more than half, or **56%,** identified **cost** as the driving factor.
	**Nearly half** of survey respondents (16% overall) revealed gaps in their ability to effectively manage their child's/children's health identified healthcare/treatment options as the missing link.

Source: Nemours Children's Community Survey, 2025

In addition to **cost,** the following barriers to care were mentioned most often by survey respondents:

- Availability of appointments
- Insurance barriers
- Stigma associated with the health condition

Insurance Status

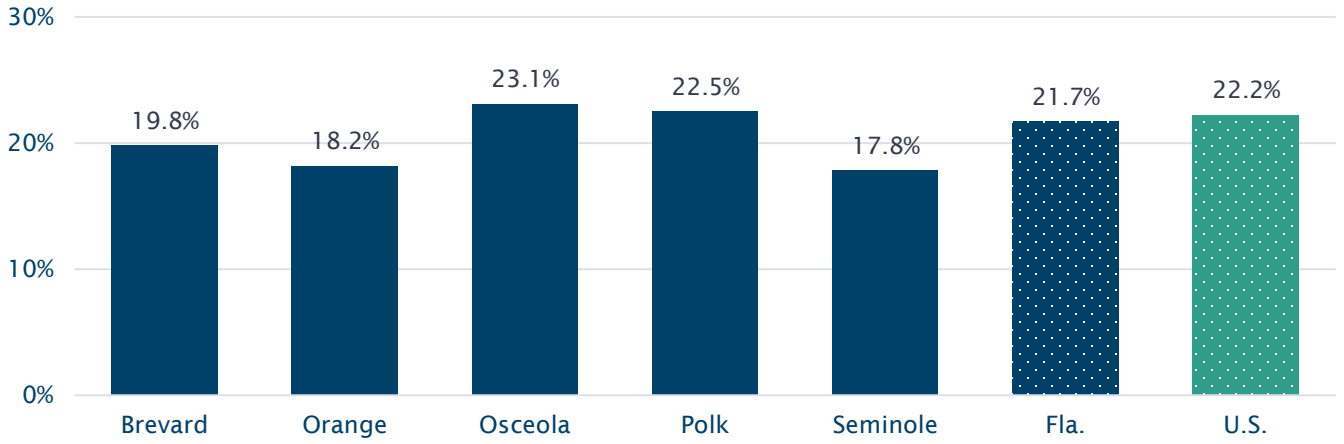
Insurance coverage is a critical indicator of access to care, shaping whether individuals can obtain timely, affordable, and comprehensive health services. Without coverage, people are more likely to delay or forgo necessary medical care due to cost, which can lead to worse health outcomes and higher long-term expenditures.[151]

Public insurance programs — such as Medicaid, Medicare, the Children's Health Insurance Program (CHIP), and VA Health Care — play an especially important role in filling coverage gaps for children, low-income families, older adults, and individuals with disabilities.[152] For many Floridians, public coverage represents the only pathway to primary and preventive care, behavioral health services, and life-saving treatment.[153]

[149] *Agency for Healthcare Research and Quality (AHRQ), 2022 National Healthcare Quality and Disparities Report (Rockville, MD: U.S. Department of Health and Human Services, 2022), ahrq.gov/research/findings/nhqrdr/nhqdr22/index.html*
[150] *Centers for Disease Control and Prevention (CDC), National Center for Health Statistics, "National Health Interview Survey: Percentage of Persons of All Ages Who Delayed or Did Not Receive Medical Care Due to Cost, 2022," Health, United States Spotlight (Hyattsville, MD: U.S. Department of Health and Human Services, 2023)*
[151] *Centers for Disease Control and Prevention (CDC), National Health Interview Survey: Percentage of Persons All Ages Who Delayed or Did Not Receive Medical Care Due to Cost, 2022 (Hyattsville, MD: U.S. Department of Health and Human Services, 2023)*
[152] *Medicaid and CHIP Payment and Access Commission (MACPAC), Report to Congress on Medicaid and CHIP, March 2023 (Washington, DC: MACPAC, 2023)*
[153] *Agency for Healthcare Research and Quality (AHRQ), 2022 National Healthcare Quality and Disparities Report (Rockville, MD: U.S. Department of Health and Human Services, 2022)*

About one in five Floridians (22%) have public health insurance only. This is compared to 22.2% nationwide.

Figure 51. Percent of Persons With Public Health Insurance Only,* by County, Florida, 2023



Source: U.S. Census Bureau. American Community Survey, 2023.

**This indicator shows the percentage of persons who have public health insurance only. Public health coverage includes the federal programs Medicare, Medicaid, and VA Health Care (provided through the Department of Veterans Affairs); the Children's Health Insurance Program (CHIP); and individual state health plans.*

"The rate of uninsured continues to rise, highest rate of enrollment into ACA, but continue to see declines. There is a consistent rate of uninsured due to lack of Medicaid expansion which means lack of access." - Stakeholder

At the county level, Osceola had the highest proportion of people using public health insurance as their only source of health coverage (23.1%), followed by Polk (22.5%) and Brevard (19.8%) counties. However, in Orange and Seminole counties only 18.2% and 17.8% relied only on public health insurance.

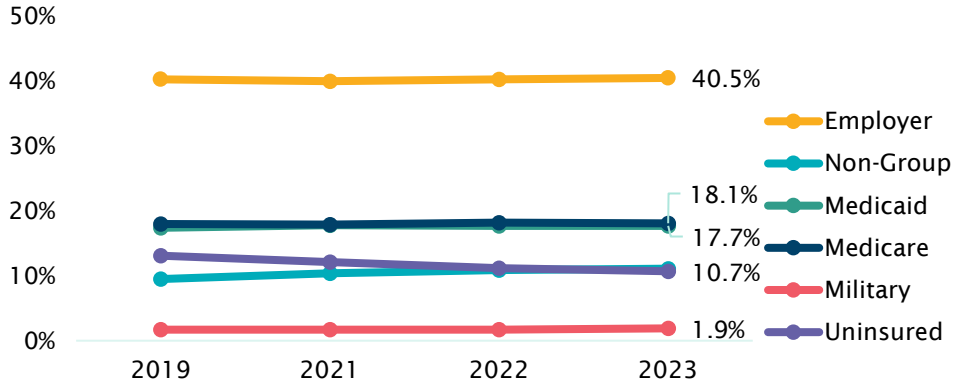
Figure 52. Percent of Survey Respondents Who Indicated Their Child Had Insurance and Were on Medicaid, Central Florida, 2025

	**94 percent** of survey respondents report their child is covered under a (any) health plan.
	**44 percent** of survey respondents report their child was on Medicaid.

Source: Nemours Children's Community Survey 2025

Forty percent of Floridians have insurance coverage through their employer, which has remained relatively unchanged since 2019. Close to 20% have Medicare coverage, followed by Medicaid at 17.7%. About one tenth (10.7%) have nongroup insurance (i.e., through the marketplace) or are insured through the military (1.9%). Approximately 11% of people living in Florida remain uninsured.

Figure 53. Percent of Health Insurance Coverage, by Payer, Florida, 2019–2023



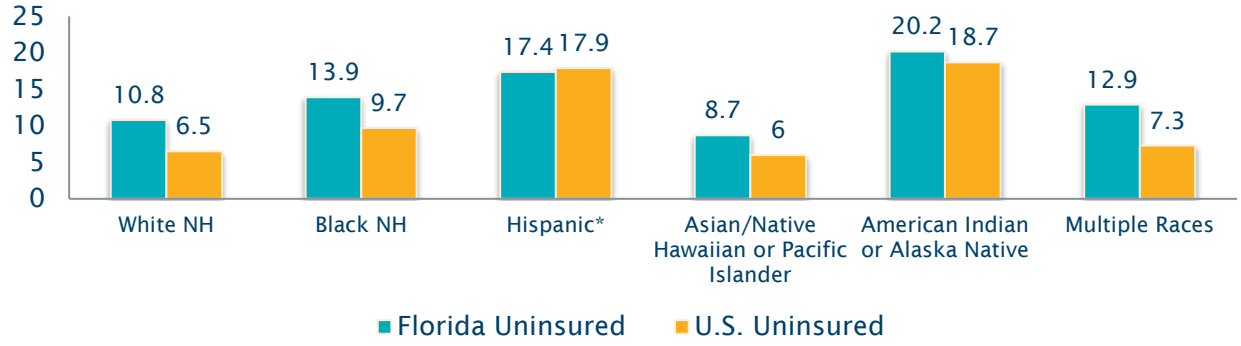
One stakeholder observed, businesses are interested in health insurance. Before we talk about access, we have to talk about the cost.
- Stakeholder

Source: KFF; American Community Survey, 2019–2023

Over the past 15 years, while the proportion of children insured has expanded, there has been a steady growth in the number of children enrolled in high-deductible health plans (HDHPs). A data analysis by HealthCore found that the use **of high-deductible plans increased from 0.5% of the study population with commercial insurance in 2006 to 26% in 2021**.[154] This increase was also reported in another 2021 study which used data from the National Health Interview Survey to examine pediatric enrollment in HDHPs and associations with health service use.[155] The data revealed substantial growth in high-deductible plans (those with a minimum deductible of $2,700 per family per year) in the last decade — with the proportion of children with private insurance who were enrolled in these plans increasing from 18% in 2007 to 49% in 2018. They also found that **compared with children with conventional private insurance, those with HDHPs were more likely to forgo needed medical care and reported problems paying medical bills**.

Studies have found that uninsured children are five times more likely than insured peers to have an unmet medical need and three times more likely to lack a usual source of care.[156] Gaps in coverage can also increase school absenteeism, worsen behavioral and mental health outcomes, and deepen family financial strain due to out-of-pocket costs.[157] Florida's uninsured across all race/ethnicities except Hispanic/Latino residents is greater compared to the national level. This leaves many children without regular preventive care.

Figure 54. Percent Uninsured* Ages 0–64, by Race/Ethnicity, Florida, 2023



Source: American Community Survey, 2023 (KFF).

**Uninsured includes those without health insurance and those who have coverage under the Indian Health Service only.*
***Persons of Hispanic origin may be of any race; all other racial/ethnic groups are non-Hispanic (NH).*

[154] *National Academies of Sciences, Engineering, and Medicine. 2023. The Future Pediatric Subspecialty Physician Workforce: Meeting the Needs of Infants, Children, and Adolescents. Washington, DC: The National Academies Press. doi.org/10.17226/27207.*
[155] *Larson K, Gottschlich EA, Cull WL, Olson LM. High-deductible health plans for U.S. children: Trends, health service use, and financial barriers to care. Academic Pediatrics. 2021;21(8):1345–135.*
[156] *K. Kenny et al., "Uninsured Children: Who Are They and Where Do They Live?" Urban Institute, August 2012*
[157] *American Academy of Pediatrics, "Providing Care for Children in Immigrant Families," Pediatrics 144, no. 3 (2019): e20192077*

Research from the Kaiser Family Foundation reveals that 13.5% of Hispanic children in non-Medicaid expansion states are uninsured, highlighting how policy decisions compound inequities.[158] Structural barriers — such as immigration-related fears, language barriers, and limited provider availability in Latino-majority neighborhoods — lead to a cycle of exclusion from essential care. This cycle is reinforced by underenrollment in programs like Medicaid and CHIP, even when children qualify, often due to distrust or fear of the system.[159]

Without addressing these structural and cultural barriers, efforts to achieve equitable health access will fall short. By understanding who is covered, who is not, and why — health systems and policymakers can design targeted outreach, enrollment supports, and culturally responsive services that truly reach underserved children and families.

Transportation Challenges

Transportation barriers are consistently linked to missed visits, delayed care, and gaps in preventive services and chronic disease management. In pediatrics, nonattendance rates of 20%–35% are reported in outpatient clinics; travel time and mobility barriers are associated with no-shows, which means lost opportunities for immunizations, developmental screening, and specialty follow-up. National child health surveys also record transportation/child-care problems among reasons children do not receive needed services.[160, 161, 162, 163, 164, 165]

As the third most populous state in the country, Florida continues to grow at A record pace and the state's transportation system is strained to accommodate the growth without strategic planning with Florida's diverse regions of densely populated coastal communities, areas impacted with seasonal and visitor populations, and agricultural and rural communities. MetroPlan Orlando 2024 Survey[166] reports:

- **One in four residents in their survey had skipped or missed a doctor's appointment** in the past year because they did not have reliable transportation — a seven-point increase from 2021.
- **Transit riders (36%) have missed doctor's appointments three times more** often than nontransit riders (11%).
- **Missed doctor's appointments are at higher rates for Osceola residents** (at 40%) than Orange (21%) or Seminole (20%) county residents.
- Over half of respondents use public transportation and **would use it more if there were more destinations and improved connectivity.**

For health systems, these findings point to opportunities to align services with transit expansion, advocate for equitable coverage, and strengthen school-based, mobile, and nonemergency medical transportation programs in the highest-need tracts.

Provider Supply and Availability

Provider availability is a fundamental driver of access to care because the number and distribution of clinicians in a community directly shape whether patients can secure timely appointments.[167] In pediatrics, limited availability can translate to long waits for well-child visits, delayed vaccinations, or missed opportunities to detect developmental or behavioral concerns during critical stages of growth.[168] Even when providers are present, if families cannot schedule an appointment when needed, access is

[158] *K. Orgera and A. Damico, "Health Coverage by Race and Ethnicity, 2010-2023," Kaiser Family Foundation (Feb. 13, 2025)*
[159] *J. Flores and H. Tomany-Korman, "The Language Spoken at Home and Disparities in Medical and Dental Health, Access to Care, and Use of Services in US Children," Pediatrics 121, no.6 (2008): e1703-e1714*
[160] *M. H. Hauschild et al., "Transportation Barriers in Pediatric Orthopaedic Clinic Visits," Journal of Pediatric Orthopaedics (2024), abstract via PubMed.*
[161] *D. J. Wallace et al., "Transportation Characteristics Associated with Non-Arrivals to Pediatric Appointments," BMC Health Services Research 17 (2017).*
[162] *S. T. Syed, B. S. Gerber, and L. K. Sharp, "Transportation Barriers to Health Care Access," Journal of Community Health 38, no. 5 (2013): 976–93*
[163] *Data Resource Center for Child & Adolescent Health, "NSCH 2020: Problems with Getting Transportation or Child Care Contributed to Child Not Receiving Needed Services," accessed September 6, 2025*
[164] *Roy Grant et al., "Better Transportation to Health Care Will Improve Child Health and Lower Costs," Advances in Pediatrics 63, no. 1 (2016): 389–401*
[165] *Roy Grant et al., "Transportation Barriers to Child Health Care Access Remain After Health Reform," JAMA Pediatrics 168, no. 4 (2014): 385–86*
[166] *MetroPlan Orlando 2024 Regional Transportation Survey Report. Accessed September 2025*
[167] *U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. Access to Primary Care: Healthy People 2030 Literature Summary. odphp.health.gov/healthypeople/priorityareas/social-determinants-health/literature-summaries/access-primary-care*
[168] *National Academies of Sciences, Engineering, and Medicine. Achieving Rural Health Equity and Well-Being: Proceedings of a Workshop. Washington, DC: The National Academies Press, 2018*

functionally restricted — showing how provider supply and appointment availability are key measures of access to care.[169]

Florida is the 23rd highest state for availability of General Pediatrics with 64.5 (2,824 providers total across the state) general pediatricians (age 70 and under) currently certified by the American Board of Pediatrics (ABP) per 100,000 children ages 0–17. **The rate in Florida is lower than the U.S average of 65.9 per 100,000 children.**[170]

Figure 55. Distribution of Those Certified in General Pediatrics (Alone) by Pediatricians* per 100,000 Children (0–17), by County, Florida, 2024

Location	Pediatrician Count	Rate per 100,000 Children	Children per Pediatrician
Brevard	56	48.4	2,066
Orange	284	91.3	1,095
Osceola	34	32.7	3,057
Polk	42	23.4	4,282
Seminole	77	78.0	1,282

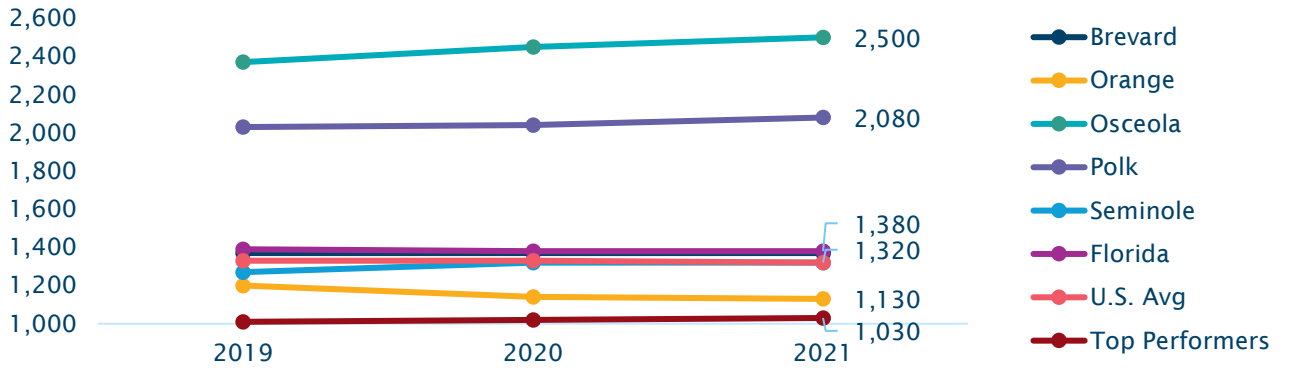
Source: American Board of Pediatrics (ABP), Certification Management System, 2024

**Sample includes U.S.-based diplomates currently certified, age 70 and under.*

> *There is a maldistribution of pediatricians in Central Florida with highest rate of general pediatricians located in Orange County at 91.3 per 100,000 children or approximately 1,095 children to one provider. Osceola and Polk counties are the most underserved.*

Primary care is the entry point to prevention, early detection, and chronic disease management. In the Central Florida region, persistent gaps in primary care access remain a significant driver of health inequity. In 2021, Florida had a statewide average of 1,380 residents per primary care physicians, compared with the U.S. average of 1,320, and county-level variation reveals important disparities.

Figure 56. Population* per Primary Care Physician,** by County, Florida, 2019–2021



Source: County Health Rankings. 2025; Area Health Resource File Area Health Resources Files (AHRF) 2022–2023. US Department of Health and Human Services, Health Resources and Services Administration, Bureau of Health Workforce, Rockville, MD; /American Medical Association, Physician Masterfile, 2021

**Lower ratios reflect relatively better access to primary care physicians.*

***Primary care providers include practicing physicians specializing in general practice medicine, family medicine, internal medicine, and pediatrics.*

[169] *Anne S. O'Malley, Johanna Samuelson, and Robert S. Haber. "Continuity of Care and the Use of Health Care Services in Older Adults with Complex Care Needs." Health Services Research 46, no. 5 (2011): 1616–1638. doi.org/10.1111/j.1475-6773.2011.01262.x*

[170] *ABP Certification Management System (8/21/2024), American Board of Medical Specialties (June 2024), and the U.S. Census Bureau Population Estimates (2023). abp.org/dashboards/general-pediatricians-us-state-and-county-maps. Accessed September 2025*

Osceola County had the highest population per primary care physician (2,429) and Orange County had the lowest with 1,080 population per primary care provider.

"Providers are choosing to not be in insurance networks. There are long waits to see some providers. Some can't find a provider at all." – Stakeholder

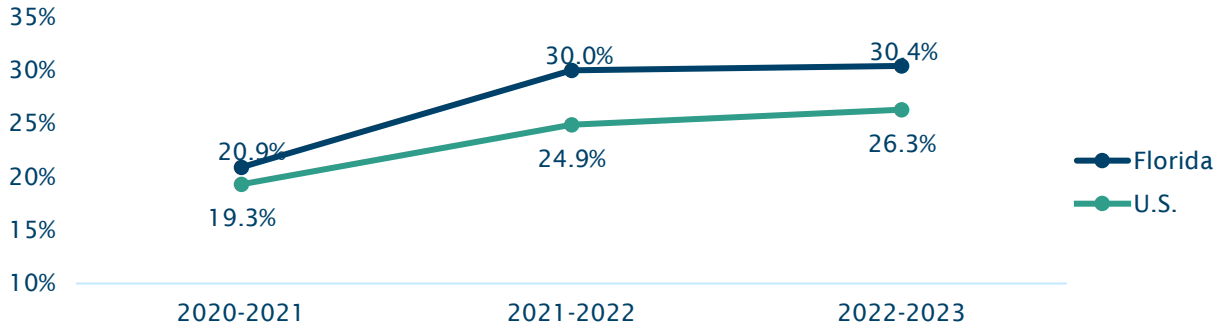
Primary care is the first point of contact for many children, providing preventive care, early detection, and ongoing management. For a lot of conditions, however, primary care alone is not enough, and children may require referral to pediatric subspecialists for diagnosis treatment, or ongoing management of complex or chronic needs. The bridge between primary and specialty care is important: how well these systems connect often determines whether families receive timely, coordinated services or face delays or fragmentation. In fact, evidence shows that when primary care providers and subspecialists work together, children experience **fewer preventable hospitalizations, less emergency department use, and better continuity of care**.[171]

Children with special health care needs have, or are at high risk for, chronic physical, developmental, or behavioral conditions and require more health services than most children. These children are a diverse group with varying degrees of health care needs. Families who have children with special health care needs may also:

- Require complex and long-term health services
- Spend more on health care
- Experience disparities in accessing care[172]

Approximately 14.1 million children — or 21% of children in the United States — have special health care needs. In Florida, this rate is slightly higher at 23.3% and children with Medicaid/CHIP who have special health care needs is 36.4%.

Figure 57. Percent of Children Ages 0–17 With Special Health Care Needs,* Florida, 2020–2023



Source: FL Health Charts, 2021–2023; U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau, National Survey of Children's Health, 2020–2023

**Special health care needs can include "physical, intellectual, and developmental disabilities, as well as long-standing medical conditions such as asthma, diabetes, a blood disorder, or muscular dystrophy."[173]*

[171] *Homer, Charles J., et al. "The Medical Home: A Review of the Evidence." Pediatrics 113, no.5 (2004): 1478–1485. doi.org/10.1542/peds.113.5.S1.1478*
[172] *America's Health Rankings analysis of U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau, National Survey of Children's Health, United Health Foundation, AmericasHealthRankings.org, accessed 2025*
[173] *cdc.gov/childrenindisasters/children-with-special-healthcare-needs.html#:~:text=Children%20and%20youth%20with%20special%20healthcare%20needs%20(CYSHCN)%2C%20also,than%20their%20typically%20developing%20peers*

Children and families rely on specialists for a wide spectrum of services — from vision care and orthopedics, to endocrinology, cardiology, and beyond.[174] Subspecialty consultation and referral demand can be driven by patients, families, or primary care clinicians who perceive a need for consult with a subspecialist. When specialty services are limited or difficult to reach, preventable problems can escalate into costly, complex conditions that undermine health, school readiness, and family stability.[175] When specialists are out of reach — especially for underserved communities — the pressure shifts back onto primary care, or worse it goes unmet.

The National Picture

1 in 5 Children	Growing Complexity	Inequitable Distribution	Coverage on Paper
~10%–20% of U.S. children see a subspecialist each year.*	Multi-subspecialty care rose from 4.7% → 5.9% over a decade reflecting a 25% relative growth in complex care needs (CCNs).**	Most pediatric subspecialists are concentrated in metropolitan areas because the likelihood of any one rural community adequately supporting a subspecialty practice is very low.	Children enrolled in Medicaid/CHIP are 2x more likely to see multiple subspecialists than commercially insured peers→ Subspecialists limit their participation due to lower reimbursement rates.

Source: National Academies of Sciences, Engineering, and Medicine. 2023. The Future Pediatric Subspecialty Physician Workforce: Meeting the Needs of Infants, Children, and Adolescents. Washington, DC: The National Academies Press. doi.org/10.17226/27207.

**The percentage range of annual outpatient use of pediatric subspecialists was developed from data across three major U.S. data sources — including commercial insurance (Elevance Health), Medicaid/CHIP (T-MSIS), and pediatric academic medical centers (PEDSnet). Temporal trends vary significantly by subspecialty type and payer.*

***Children's CCNs refer to multidimensional health and social care needs in the presence of a recognized medical condition or where there is no unifying diagnosis. They are present across a range of settings, impacted by family and healthcare structures.[176]*

The Florida Context

~1 in 4 Children	Family Burden	Geographic Gaps	Equity Challenge
23% of children in the state of Florida have special healthcare needs.*	Travel time, wait times, and missed school/work compound stress for families managing complex needs.	Brevard and Polk counties face fewer subspecialists and longer travel distances to centralized pediatric care centers.	Over 60% of Florida's children rely on Medicaid. Access is disproportionately difficult for Florida's low income/high Medicaid populations, children with complex needs, and rural families.

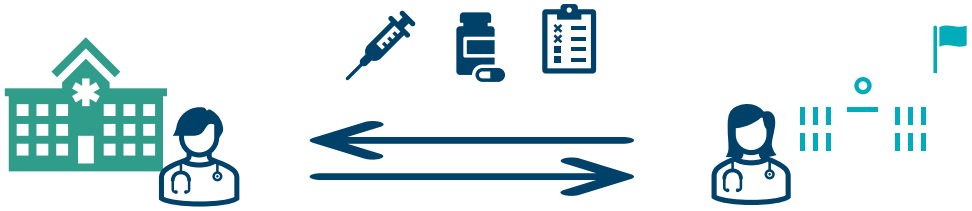
[174] *National Academies of Sciences, Engineering, and Medicine. Essential Health Benefits: Balancing Coverage and Cost. Washington, DC: The National Academies Press, 2012*
[175] *U.S. Department of Health and Human Services. Oral Health in America: A Report of the Surgeon General. Rockville, MD HHS, 2000*
[176] *Brenner M, Kidston C, Hilliard C, Coyne I, Eustace-Cook J, Doyle C, Begley T, Barrett MJ. Children's complex care needs: a systematic concept analysis of multidisciplinary language. Eur J Pediatr. 2018 Nov;177(11):1641-1652. doi: 10.1007/s00431-018-3216-9. Epub 2018 Aug 8. PMID: 30091109*

During the 2017–2018 school year, 21.4% of children with special healthcare needs missed seven or more days of school due to illness or injury, compared with 6.4% of children without special healthcare needs.[177] Access to specialty care services is a crucial dimension of health because many conditions and preventive needs cannot be addressed by primary care alone.

In Florida schools, student health services are provided in accordance with a local school health services plan and jointly developed by the county health department, school district, school health advisory committee (SHAC), and public/private partners. Direct services vary by county school district and are staffed by ANPs, RNs, LPNs, or School Health Aides/Health Room Assistants while other schools have school-based health centers (SBHCs). School nurses are the daily front line, administering medications, responding to emergencies, and conducting screenings that connect students to broader systems of care. Their consistent presence makes them a trusted link between families, educators, and health providers. SBHCs, by contract, operate as on-site clinics staffed by nurse practitioners, physicians, and behavioral health specialists. They provide comprehensive services that go beyond the scope of school nursing, including physical exams, immunizations, mental health counseling, and acute care for illness and injury. Together, these two resources ensure that immediate needs are met while also addressing deeper barriers to access.

Research shows the SBHCs not only improve access to preventive and acute care, but also play a vital role in managing chronic conditions and coordinating referrals to subspecialists.[178] For children with asthma, diabetes, behavioral health needs, or developmental concerns, SBHCs provide ongoing management during the school day (e.g., medication administration), reducing missed school time and helping families navigate the continuum of care.[179] From national studies, SBHCs have a documented positive impact on students' physical and behavioral health. A 2016 systematic review of 46 studies on SBHCs impact on academic and health outcome across SBHCs in K–12 schools catalog this impact: [180]

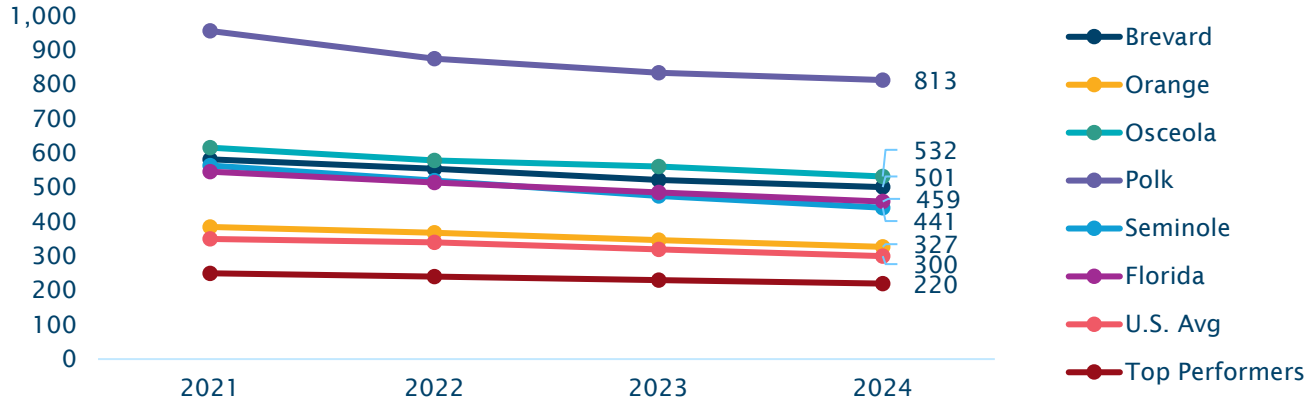
- A median reduction of 51.6% in non-asthma-related hospitalizations
- A median reduction of 40.0% in teen pregnancy among females
- A median reduction of 5.7% in self-reported mental health problems
- A median reduction of 15.7% in any reported substance use (including tobacco and alcohol)



Behavioral health services offered through SBHCs are credited with reducing violent student behaviors and absenteeism and improving school achievement, attention, and social skills. The availability of these services in the school setting is invaluable where concerns around access to mental and behavioral health services, particularly for children and adolescents, are always at the forefront of health needs conversations. Demand for services continues to rise, but the availability and distribution of providers remains uneven, limiting access for many families. In 2024, mental health provider ratios at the state level were greater than national averages (300:1) and show sharp county-level disparities.

[177] *America's Health Rankings analysis of U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau, National Survey of Children's Health, United Health Foundation, AmericasHealthRankings.org, accessed 2025*
[178] *Keeton, Victoria, Smaira Soleimanpour, and Claire D. Brindis. "School-Based Health Centers in an Era of Health Care Reform: Building on History." Current Problems in Pediatric and Adolescent Health Care 42, no. 6 (2012): 132–156. doi.org/10.1016/j.cppeds.2012.03.002*
[179] *Alison, M.A. et al., "School-Based Health Centers and Pediatric Practice." Pediatrics 129, no. 2 (2012): 387–393. doi.org/10.1542/peds.2011-3443*
[180] *Knopf, Johanna A., Sarah M. Finnie, Robert S. Peng, et al. "School-Based Heatlh Centers to Advance Health Equity: A Community Guide Systematic Review." American Journal of Preventive Medicine 51, no. 1 (2016): 114-126. doi.org/10.1016/j.amepre.2016.01.009*

Figure 58. Population per Mental Health Provider, by County, Florida, 2024



Source: National Provider Identification (NPI) registry, 2024

Polk County had the highest population per mental health provider (813), followed by Osceola (532). Orange County had the lowest with 327 population per primary care provider.

"Mental health is the biggest challenge. The mental health networks are ghost networks. Providers are choosing not to be in network because the reimbursement is so low. Many can't find a mental health provider at all."

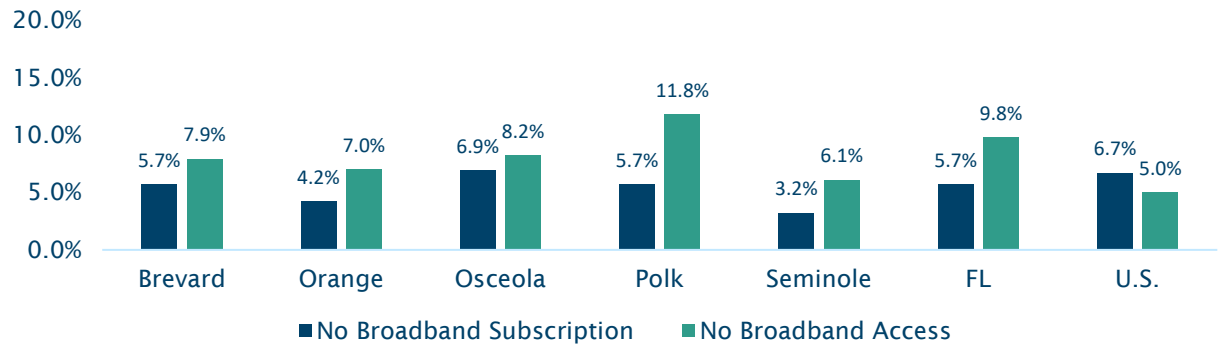
Florida and the Central Florida region's challenges reflect broader national patterns. More than 60% of federally designated mental health professional shortage areas are in rural communities, similarly challenged as Polk, Osceola, and Brevard. Behavioral health is a state priority with a focus on increasing access to behavioral health care for all children statewide, especially with children and youth with special healthcare needs. The state's Children's Medical Services approach this through Integrated Behavioral Healthcare and a statewide behavioral health network, the Florida Pediatric Mental Health Collaborative which includes regional hubs that build capacity of pediatric providers in their community through skill-building training, technical assistance, evidence-based treatment, telehealth consultations, and a referral network of local behavioral health providers to address the range of treatment needs of children and youth.[181]

Expanding psychiatry and behavioral health through telehealth has been a lifeline for many Floridians. However, access to virtual care is only as strong as a family's ability to connect. Broadband coverage is uneven across the state, and this digital divide introduces a new layer of inequity in behavioral health access.

Florida compares much worse to the nation in infrastructure, with nearly 10% [182] of households lacking broadband availability, compared to 5% nationally.[183] Approximately 6.0 percent of Florida households do not subscribe to broadband despite having service available[184] — demonstrating that availability does not guarantee use.[185]

[181] *Florida Department of Health, Title V Program, 2025*
[182] *U.S Census Bureau. American Community Survey, 1-Year estimates, 2023: Table S2802, Types of Internet Subscriptions by Household. Department of Commerce, 2024. data.census.gov*
[183] *Federal Communications Commission, "Broadband Data Collection Shows Access to High-Speed Internet Services." FCC News & Events Blong, May 20, 2025*
[184] *U.S. Census Bureau, U.S. Department of Commerce. "Types of Computers and Internet Subscriptions." American Community Survey, ACS 1-Year Estimates Subject Tables, Table S2801, data.census.gov/table/ACSST1Y2023.S2801?q=s2801&g=040XX00US10$0500000. Accessed on 10 Sep 2025*
[185] *Federal Communications Commission. Fixed Broadband Deployment Data: County Summary, December, 2023. broadbandmap.fcc.gov/data-download/nationwide/dec2023/summary/fixed_broadband_summary_county.csv*

Figure 59. Percent Broadband Access and Subscription Gaps by County, Florida, 2023



Source(s): FL Health Charts, 2023; Federal Communications Commission (FCC), 2023; U.S. Census Bureau, ACS, 2023

The adoption gap is larger in magnitude than the access gap, underscoring that **affordability and digital inclusion — not just infrastructure — are central to ensuring equitable access to telehealth and behavioral health services.**

Just as provider distribution and adoption barriers shape access to care in other areas, the same dynamics affect children's access to oral health services. Dental care is an essential part of overall health — early prevention and treatment influence everything from nutrition to school readiness. According to the Florida Department of Health Workforce Survey of Dentists, there are 556 dentists specializing in pediatrics across the state.

Figure 60. Number of Dentists* With Pediatric Dentistry Specialty, by County, Florida, 2019–2020

Brevard	11	Polk	11
Orange	38	Seminole	10
Osceola	9	Florida	556

Source: Florida Department of Health. Florida Workforce Survey Report of Dentists 2019–2020.

**Dentists who self-identified as having specialty board or specialty certification and selected Pediatric Dentistry. Dentists could select more than one specialty certification and county of practice.*

The variability in the workforce produces a mixed system with direct implications for families. With only 79 pediatric dental specialists in the Central Florida region, most patients depend on general dentists who are willing to see children. **Only 83% of generalists report serving pediatric patients, the level of training, equipment, and comfort with very young children can vary significantly.** Families with infants, children and special healthcare needs, or those requiring sedation dentistry may struggle to find appropriate providers nearby. Only 43.5% of dentists in Florida serve children (1–18 years) with special healthcare needs.

In addition to challenges related to general appointment availability across all patients, families relying on public coverage still face narrower provider networks and longer waits for appointments. **Almost 3 in 4 (70.4%) dentists do not serve Medicaid patients.** For children in low-income households — already at higher risk for dental disease — these limitations translate into a higher likelihood of untreated decay, missed preventive visits, and downstream health issues.

Health literacy is the bridge between available services and meaningful use of care. On paper, families may have the resources they need to access appropriate, timely care, but without the skills to understand and act on health information, access remains incomplete. Health literacy — the ability to find, process, and apply health information to make appropriate decisions — determines whether preventive care is sought, treatment plans are followed, and chronic conditions are managed effectively.

Limited health literacy can create barriers as significant as provider shortages, cost barriers, or transportation gaps. The modern focus on health literacy began with the Institute of Medicine's

landmark 2004 report, Health Literacy: A Prescription to End Confusion, which reframed it as not simply an individual challenge but a systemic one.[186] The report revealed that nearly half of U.S. adults at the time lacked the skills needed to understand and act on health information, a gap that undermined prevention, treatment adherence, and health equity. Cited in the report is the 2003 National Assessment of Adult Literacy (NAAL), which remains the only large-scale, nationally representative assessment of adult health literacy. NAAL defines four levels of health literacy proficiency that are still used today as a measure and critical determinant of health outcomes and equity.[187]

Proficient	**Intermediate**	**Basic**	**Below Basic**
skills for complex and challenging tasks.	skills for moderately challenging tasks.	skills for simple, everyday health tasks.	or no more than simple, concrete literacy skills.
Examples: calculate an employee's share of health insurance costs using a table; interpret differences between two insurance plans	Examples: use a BMI chart to determine a healthy weight range; find the age range for childhood vaccinations in brief text	Examples: read a short pamphlet and give two reasons to get screened; identify how often a test should be done	Examples: circle the date of a medical appointment; identify what you can drink before a test from a short instruction sheet

Today, issues of health equity remain pervasive, with an estimated 9 in 10 U.S. adults experiencing some level of difficulty using everyday health information that is routinely available at healthcare facilities, retail outlets, and in our communities. [188] These limitations contribute to higher hospitalization rates, reduced use of preventive services, and poorer outcomes in chronic disease management.

Nearly
9 in 10
U.S. adults have difficulty using the everyday health information that is routinely available in our health care facilities, retail outlets, media, and communities.[189]

12%
of U.S. adults are at a proficient health literacy level

14%
are below basic proficiency.[190]

Florida-specific findings mirror these challenges. Results from the Nemours Children's community survey in 2025 indicate that nearly **one-third of respondents (30%) reported "sometimes," "often," or "always" having difficulty understanding information or instructions** from their healthcare provider, and **over one-quarter (29%) expressed less than full confidence in using health information to make decisions about their health.**

These self-reported challenges aligned with modeled estimates from University of North Carolina at Chapel Hill's Health Literacy Data Map, which illustrates that large portions of Florida fall into the lowest two quartiles of health literacy, particularly in southern and rural regions. Figure 61 depicts a map of Florida's health literacy levels provided by the University of North Carolina Chapel Hill. The map utilizes the 2010 U.S. Census Bureau data and American Community Survey summary files to calculate health literacy estimates by state and zoomed into Central Florida region.

186 Institute of Medicine (US) Committee on Health Literacy. Health Literacy: A Prescription to End Confusion. Nielsen-Bohlman L, Panzer AM, Kindig DA, editors. Washington (DC): National Academies Press (US); 2004. PMID: 25009856
187 U.S. Department of Education, Institute of Education Sciences, National Center for Education Statistics. National Assessment of Adult Literacy (NAAL), 2003. nces.ed.gov/naal
188 U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. (2010). National Action Plan to Improve Health Literacy. Washington, DC:
189 U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. (2010). National Action Plan to Improve Health Literacy. Washington, DC:
190 Claude Lopez, Bumyang Kim, and Katherine Sacks, Health Literacy in the United States: Enhancing Assessments and Reducing Disparities. Milken Institute, 2022. https://milkeninstitute.org/sites/default/files/2022-05/health_literacy_united_states_final_final_report.pdf.

Figure 61. Health Literacy Levels, Florida, 2023

Source: University of North Carolina at Chapel Hill, 2023[191]

Health literacy levels range from 235 or lower to 254 or higher at the state quartile level, with **higher scores indicating higher health literacy** and displayed as quartiles three and four. **Lower scores indicate lower health literacy** and are displayed as quartiles one and two. All health literacy estimates were divided evenly into four quartiles based on the range for scores calculated for the specific state.

- Quartile 1 (lowest): 229 or lower
- Quartile 2: 230–241
- Quartile 3: 242–249
- Quartile 4: (highest) 250 or over

Taken together, these findings underscore that more work is needed to address the deficits in health literacy across parts of each Central Florida county.

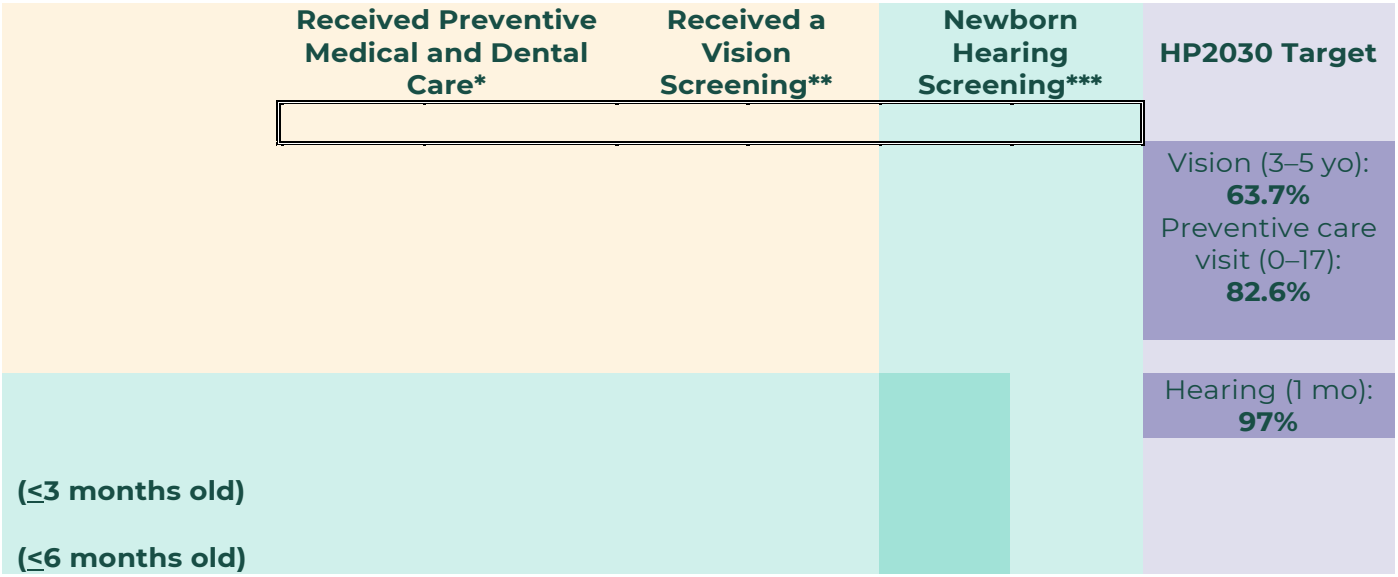
[191] *University of North Carolina at Chapel Hill, 2023. healthliteracymap.unc.edu*

Preventive Screening and Immunizations

Preventive screening and immunizations are among the most effective strategies in medicine to reduce illness, disability, and premature death. Screenings identify health conditions or developmental concerns early — before symptoms arise — allowing for timely intervention when treatment is most effective. For children, this includes vision and hearing tests, developmental and behavioral assessments, and monitoring growth milestones. Immunizations prepare the immune system to fight off infectious diseases that once carried high risks of severe illness or death, such as measles, polio, or meningitis. In pediatrics, these services are especially critical because children's bodies and brains are rapidly developing, and early detection or prevention ensures they remain on track for healthy growth. For example, routine developmental screening can identify autism or speech delays early, when interventions are most effective.[192] Likewise, vaccines given to children born in the past 30 years are estimated to have prevented more than 21 million hospitalizations and 732,000 premature deaths in the United States.[193]

The pediatric "periodicity schedule" (well-child visits) is the backbone of this system; it is where vision, hearing, developmental screening, fluoride varnish/oral risk checks, caregiver guidance, and immunizations happen in a single, coordinated touchpoint.[194] Preventive benefits compound over time: screening or vaccinating on-time reduces missed opportunities later, lowers downstream costs, and improves school readiness and long-term health.[195]

Florida's utilization of well-child and other preventive services is strong in the early years and more variable later in childhood.



Source(s): (1) National Survey of Children's Health, Health Resources and Services Administration, Maternal and Child Health Bureau. 2022–2023; mchb.hrsa.gov/data/national-surveys. (2) National Survey of Children's Health, Health Resources and Services Administration, Maternal and Child Health Bureau. mchb.hrsa.gov/data/national-surveys; (3) Centers for Disease Control and Prevention. (2025, March 25). 2022 Annual summary data: Early Hearing Detection and Intervention (EHDI) Program. National Center on Birth Defects and Developmental Disabilities. cdc.gov/ncbddd/hearingloss/ehdi-data.html

**Child (0–17) received both preventive medical and dental care in past 12 months*

***Child received a vision screening from a provider other than eye doctor ever (children age 0–5 years)/in the past 2 years (for children age 6–17 years)*

****1-3-6 Benchmarks: all infants should have their hearing screened by 1 month of age, all infants who do not pass their hearing screening (or are directly referred to an audiologist) should receive a confirmed diagnosis by 3 months of age, all infants diagnosed as deaf or hard of hearing (DHH) should be enrolled in early intervention (EI) by 6 months of age*

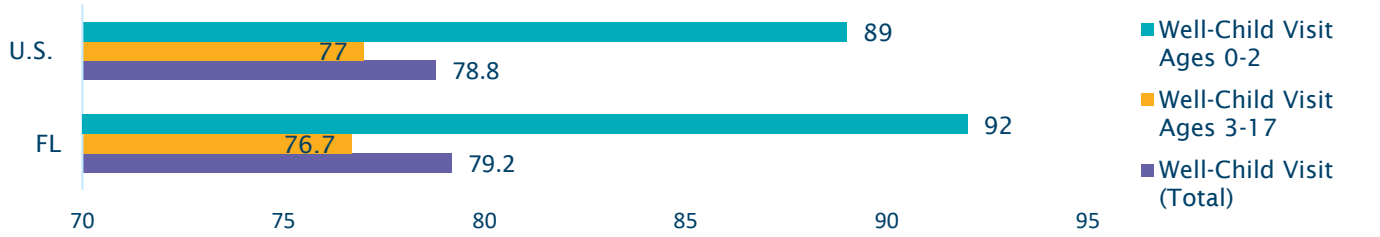
Florida's infants receive their first newborn hearing screening at very high, on-time rates — above

[192] *Centers for Disease Control and Prevention (CDC). "Developmental Monitoring and Screening." Updated April 2023. cdc.gov/ncbddd/actearly/screening.html*
[193] *Centers for Disease Control and Prevention (CDC). "Benefits from Immunization During the Vaccines for Children Program Era — United States, 1994–2013." MMWR 62, no. 16 (2013): 352–355. cdc.gov/mmwr/preview/mmwrhtml/mm6216a4.htm*
[194] *American Academy of Pediatrics, Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents, 4th ed. (Elk Grove Village, IL: AAP, 2017; periodicity schedule updated annually).*
[195] *Centers for Disease Control and Prevention (CDC), "Childhood Preventive Care and Lifelong Health," in Healthy People 2030 Framework (Washington, DC: U.S. Dept. of Health and Human Services, 2020).*

95% and aligned with national performance — meeting or approaching HP2030 targets for universal screening and rapid follow-up.[196] Vision screening in early childhood is comparable to U.S. averages, while well-child and preventive dental care show drop-offs in school-age years, signaling missed opportunities for anticipatory guidance, behavioral health surveillance, fluoride application, and catch-up vaccines.[197, 198] These patterns echo a national reality: **once children age out of frequent infant visits, transportation, work schedules, competing demands, and coverage nuances begin to shape access and adherence**.[199]

In 2022–2023, Florida's 0–2 well-child visit rate at 92% is above the U.S., while rates for school-age youth (3–17) are modestly lower than for toddlers, but on par or marginally better than U.S. peers.

Figure 62. Percent of Children Ages 0–17 Who Received One or More Preventive Visits in the Past 12 Months, by Age Group, Florida, 2022–2023



Source: U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau, National Survey of Children's Health, 2022–2023; retrieved from American Health Rankings, 2022–2023.

Because well-child care is the delivery vehicle for immunizations and screenings, maintaining high attendance through adolescence is a primary access lever for prevention.

Developmental screening during well-child care identifies children at risk for delay and triggers referral to Early Intervention (EI) or other supports — interventions that are time-sensitive for language, social-emotional, and learning outcomes.[200] Florida's parent-reported screening completion (34%) trails the U.S. (35.6%) and misses the HP2030 goal (35.8%).[201]

Figure 63. Percent of Parents Completing a Developmental Screening*, Florida, 2022–2023

	Parent completed developmental screening	Parent **did not** complete developmental screening	Meets Healthy People 2030 Target (35.8%)
Florida	34.0%	66.0%	No
Nationwide	35.6%	64.4%	No
HRSA Region IV**	37.4%	62.6%	No

Source: Child and Adolescent Health Measurement Initiative. National Survey of Children's Health (NSCH), 2022–2023.

**This indicator is defined as parent reported completion of a developmental screening tool at any time in the past 12 months*

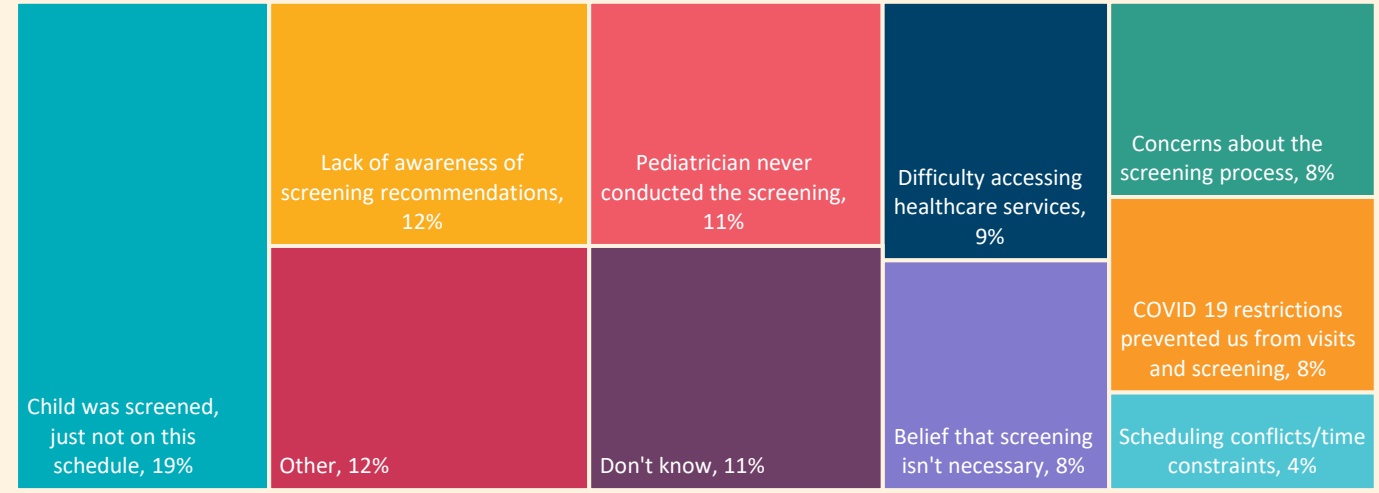
***Health Resources & Services Administration Region 4 includes Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, and Tennessee*

[196] *CDC, "Early Hearing Detection and Intervention (EHDI) – 1-3-6 Benchmarks," updated 2024*
[197] *American Academy of Pediatrics, Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents, 4th ed. (Elk Grove Village, IL: AAP, 2017; periodicity schedule updated annually)*
[198] *U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), National Survey of Children's Health (NSCH) 2022–2023: Preventive Visits and Developmental Screening Indicators (Rockville, MD: HRSA, 2024)*
[199] *Agency for Healthcare Research and Quality (AHRQ), "Barriers and Facilitators to Well-Child Care," EvidenceNOW Issue Brief, 2022*
[200] *CDC, "Developmental Monitoring and Screening," updated April 2023*
[201] *"Strengthening the Developmental Screening Process," National Institute of Children's Health Quality, accessed September 2, 2025. nichq.org/insight/strengthening-developmental-screening-process*

Gaps here do not imply parental indifference; they point to system friction — inconsistent provider workflows, limited appointment time, uncertainty about who administers screens, and referral bottlenecks.[202] Florida community survey data underscore that reality: the most-cited reason for missed screening is children being screened but not at the recommended time (19%), followed by lack of awareness of screening recommendations (12%), and pediatrician never conducted screening (11%).

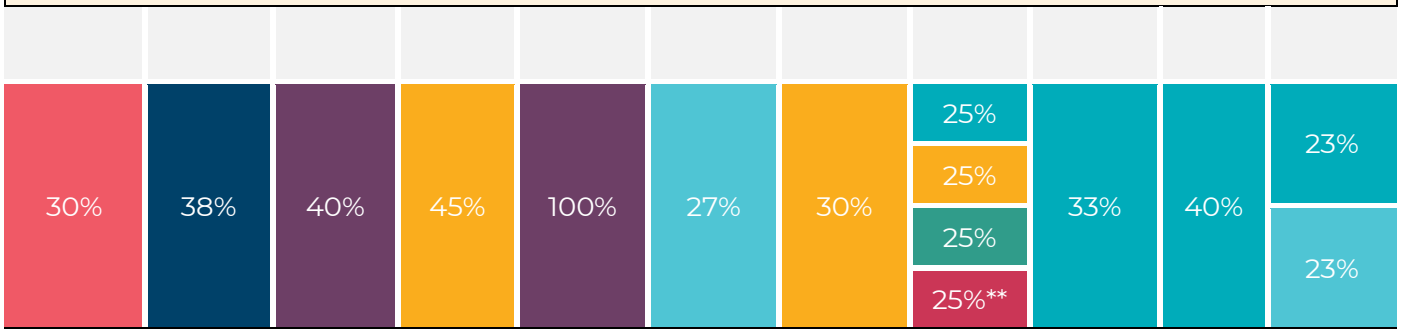
Approximately 21% of survey respondents overall were asked this follow-up question because they indicated their child did not receive a developmental screening at or around 9, 18 and 30 months of age.

Figure 64. Percent of Survey Respondents Who Provided the Primary Reason Their Child Did NOT Receive Developmental Screening at or Around the Recommended Ages,* by Response Type, Central Florida, 2025



While overall Central Florida averages highlight broad barriers to developmental screening, the zip code breakdown reveals important geographic variation.

Figure 65. Primary Reason Most Often Cited by Survey Respondents in Each Zip Code Region,



Source: Nemours Children's Community Survey, 2025

**Colors in the table correspond with response categories in the pie chart above.*

***Respondents in Lakeland had equal distribution of top reasons with "other" as a response and therefore could not select the next largest portion to report.*

In Rockledge/Melbourne, the top reason (30%) was the pediatrician never conducted the screening — reflecting clinic workflow reliability. In the remainder of Brevard County, 38% reported difficulty accessing healthcare services which may point to structural access barriers or travel/time costs. Apopka/West Orange (40%) and Parramore/Holden Heights (100%) residents remarked they didn't know — which could reflect not recalling reason for screening lapse. Respondents in Oakridge/Millenia (45%) and St. Cloud/Kissimmee (30%) stated the leading issue was lack of awareness of screening

[202] *Camden et al., "Workflow and Referral Challenges to Universal Developmental Screening," Academic Pediatrics 21, no. 5 (2021): 820–828*

recommendations, indicating a communication problem rather than capacity. The remainder of Orange County's primary reason was impact of COVID-19 restrictions on appointments and screenings — a reflection of families not seeking health care unless medically necessary. Lakeland respondents were equally split among four top reasons — off-schedule screening, lack of awareness, believe it is not necessary, and other — indicating adherence challenges with schedule intervals, family-facing education, and misconceptions about the screening purpose and benefits. Remainder Polk County and Sanford both indicated screening was done but had difficulty with schedule adherence. The remainder of Seminole County, two reasons tied at 23% — and again were schedule adherence gaps and COVID-19 restrictions.

These variations suggest region-specific solutions:

- Expand access (mobile/after-hours) where services are hard to reach;
- Strengthen recall systems and standardized workflows where timing and provider follow-through lag; and
- Deploy plain-language, culturally tailored communication through child care, WIC, and schools where awareness is lowest.[203]

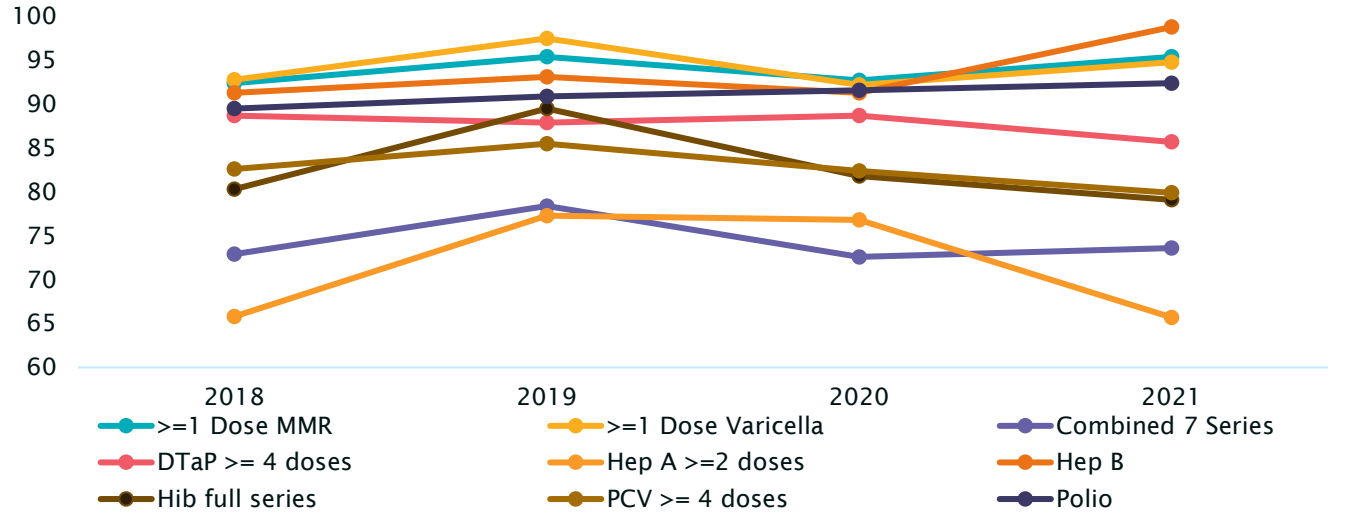
The same access, timing, and awareness factors also shape on-time vaccination for infants and toddlers — setting up the next analysis of 0–35-month vaccine coverage. **Vaccines** are one of the most powerful and cost-effective public health interventions ever developed. By priming the immune system before exposure, they prevent not only individual illness but also the spread of disease across families, schools, and communities. Routine childhood vaccines in the United States are estimated to prevent more than 400 million illnesses and $1.7 trillion in societal costs for each birth cohort vaccinated.[204] The stakes are particularly high for infants and toddlers, who are more vulnerable to complications from measles, pertussis, influenza, and other vaccine-preventable diseases. For this reason, both the CDC and the American Academy of Pediatrics recommend an intensive vaccination schedule in the first two years of life, when protection against these threats is most urgent.[205]

In Florida, as in the nation, monitoring coverage in this age group provides an early indicator of how well the system is protecting its youngest residents. It monitors the same indicators through both state immunization information systems (FL SHOTS) and periodic surveys, producing an early barometer of whether children are getting protected on time.[206]

Coverage among young children in the state has generally remained fairly high — often above 80%–95% depending on vaccine type — but showed a slight downward trend or flattened from 2019 to 2020, and seemed to recover in 2021 especially with an uptick in Hep B, but a big drop in Hep A vaccinations. Even a 2–3 percentage point decline translates into hundreds of children unprotected, leaving space for outbreaks of measles, pertussis, and varicella. Tracking coverage in this age group is essential because it reflects both care access (Do families get to visits on time?) and provider workflow (Are all indicated vaccines delivered without missed opportunities?).[207]

[203] *Centers for Disease Control and Prevention, "Developmental Monitoring and Screening," updated April 2023, U.S. Department of Health and Human Services*
[204] *Whitney, Cynthia G., Fangjun Zhou, James Singleton, and Anne Schuchat. "Benefits from Immunization during the Vaccines for Children Program Era — United States, 1994–2013." MMWR 63, no. 16 (2014): 352–355*
[205] *American Academy of Pediatrics. Red Book: 2024 Report of the Committee on Infectious Diseases. Elk Grove Village, IL: AAP, 2024*
206 Florida Department of Health. (n.d.). Immunization Program. floridahealth.gov/programs-and-services/immunization/index.html
[207] *Whitney, Cynthia G., Fangjun Zhou, James Singleton, and Anne Schuchat. "Benefits from Immunization during the Vaccines for Children Program Era — United States, 1994–2013." MMWR 63, no. 16 (2014): 352–55*

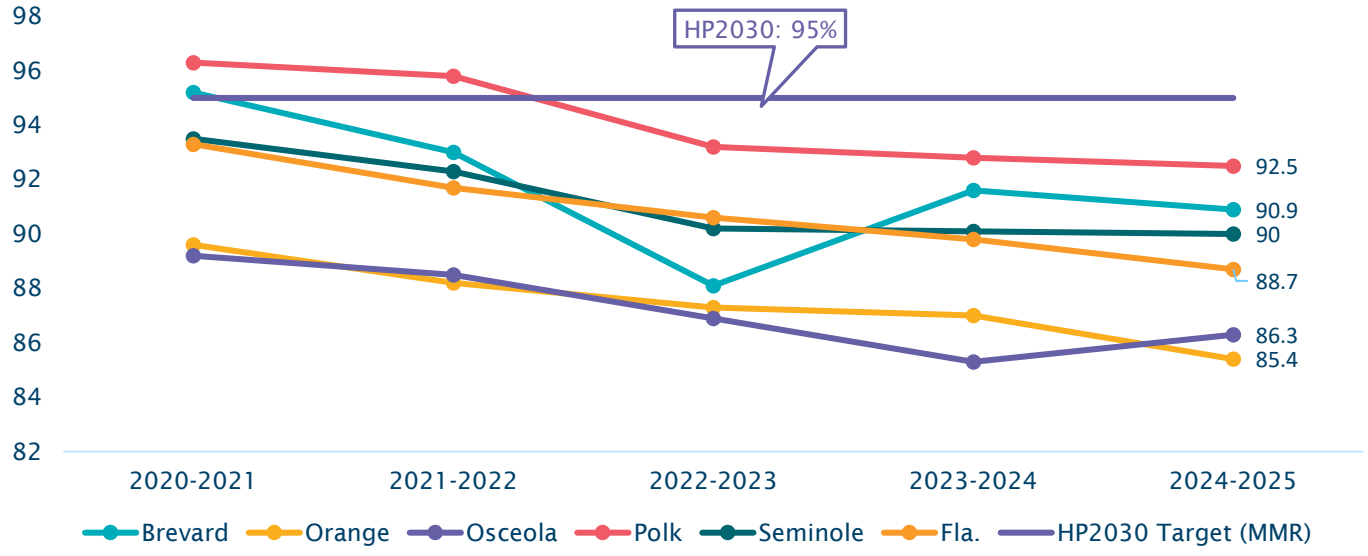
Figure 66. Percentage of Children Vaccinated Ages 0–35 Months, Florida, 2018–2021



Source: CDC.Vaccinations and Immunizations, ChildVaxView, 2018–2021

Annually, all Florida public and private schools with a kindergarten or seventh grader submit a report to the state indicating the immunization and exemption status providing a standardized, comparable dataset to monitor coverage at the point of school enrollment.[208] This measure is critical: kindergarten requirements are often the last backstop ensuring children complete missed doses before joining group learning environments. Florida's kindergarten coverage has been consistently declining with most vaccines (DTaP, MMR, polio, varicella) well below 95%, the HP2030 target.

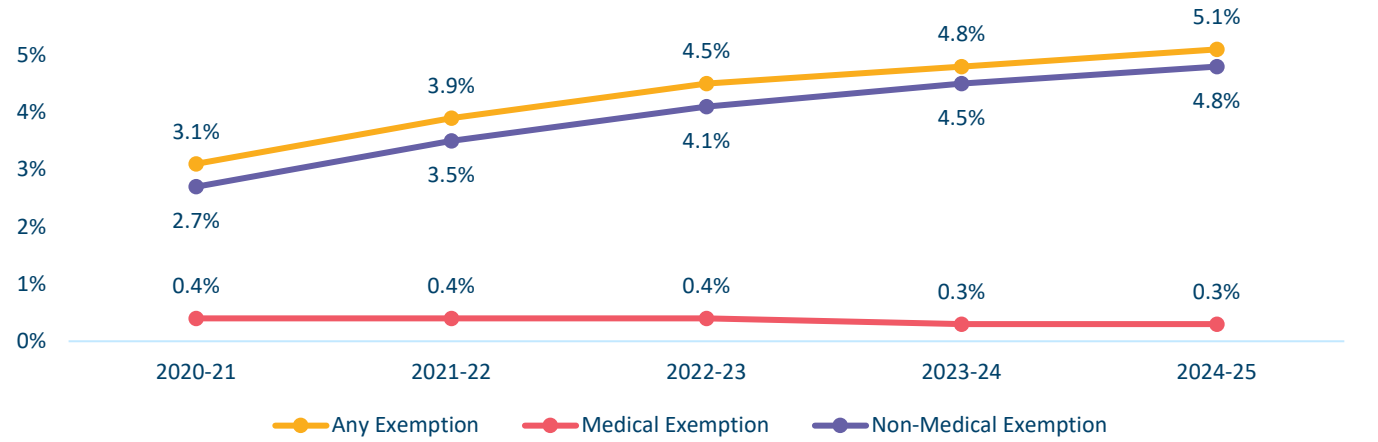
Figure 67. Percent of Immunization Levels in Enrolled Kindergarten Students, by Academic Year and County, Florida, 2020–2024



Source: FL Health CHARTS, Immunization Levels in Kindergarten, 2020–2024

[208] *Florida Department of Education. School Health Services. Accessed September 24, 2025, from fldoe.org/schools/k-12-public-schools/sss/sch-health-serv.stml*

Figure 68. Percent of Kindergartners With Vaccination Exemption,* by Type and Academic Year, Florida, 2020–2025



Source: CDC SchoolVaxView, 2020–2025

**Exemption is from one or more vaccines*

Data reveals that the share of students fully immunized continues to steadily decline and the exemptions of any type and nonmedical steadily rise. This signals both record-keeping gaps and hesitancy behaviors that can cluster geographically and undermine herd immunity.[209]

These concerns mirror national trends. In 2024–2025, the CDC reported that kindergarten coverage decreased in more than half of states and that exemptions increased in 36 states and DC, with 17 states exceeding the critical threshold of 5%.[210] At the same time, the U.S. experienced a measles resurgence: 1,491 cases in the first nine months of 2025, 86% outbreak-associated, with 12% hospitalized and three confirmed deaths. Nearly all cases (92%) occurred in children who were unvaccinated or of unknown status.[211]

[209] *Omer, Saad B., Daniel A. Salmon, Walter A. Orenstein, M. Patricia deHart, and Neal Halsey. "Vaccine Refusal, Mandatory Immunization, and the Risks of Vaccine-Preventable Diseases." New England Journal of Medicine 360, no. 19 (2009): 1981–88*
[210] *CDC. "Vaccination Coverage and Exemptions among Kindergartners — United States, 2024–25 School Year." MMWR 73, no. 30 (July 2025): 685–89*
[211] *CDC. "Measles Cases and Outbreaks — United States, January–September 2025." Surveillance Summary. Atlanta: CDC, 2025.*

The National Picture in 2024/2025

Vaccination coverage among kindergartners in the U.S. decreased for all reported vaccines from the year before, ranging from 92.1% for diphtheria, tetanus, and acellular pertussis vaccine (DTaP) to 92.5% for measles, mumps, and rubella vaccine (MMR) and polio vaccine.

Coverage with MMR, DTaP, poliovirus vaccine (polio), and varicella vaccine (VAR) **decreased in more than half of states**, compared with coverage the year before.

Exemptions increased in 36 states and D.C.

17 states reporting **exemptions exceeding 5%**

U.S. Measles Cases in 2025
(January – September only):

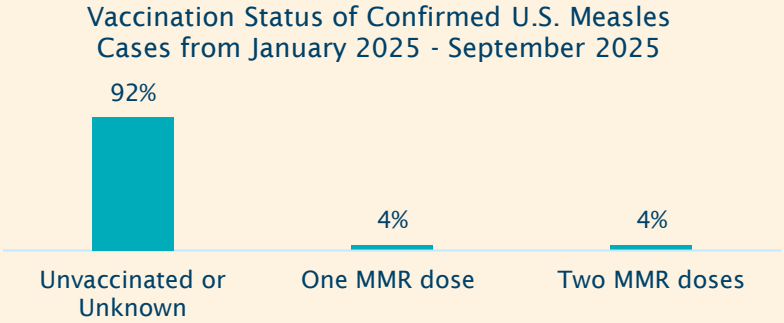
1,491 total cases**
(compared to 285 in 2024 and 59 in 2023)

12% hospitalized

3 confirmed deaths

There have been **38 Measles outbreaks* reported in 2025** (so far), and 86% of confirmed cases (1,284 of 1,491) are outbreak associated.

For comparison, **16 outbreaks were reported during 2024** and 69% of cases (198 of 285) were outbreak associated.



Source: (1) Centers for Disease Control and Prevention. (2025, July 31). Vaccination coverage and exemptions among kindergartners: 2024–2025 school year. SchoolVaxView. U.S. Department of Health & Human Services. Retrieved from cdc.gov; (2) Centers for Disease Control and Prevention. (2025, September 17). Measles cases and outbreaks in the United States – 2025 update. U.S. Department of Health & Human Services. cdc.gov/measles/cases-outbreaks.html

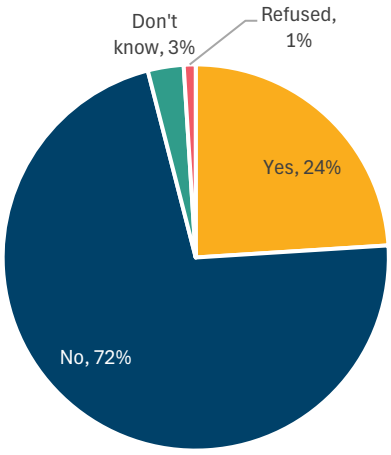
**CDC reports the cumulative number of measles outbreaks (defined as 3 or more related cases) that have occurred this year in the U.S.; states have the most up-to-date information about cases and outbreaks in their jurisdictions.*
***CDC is aware of probable measles cases being reported by jurisdictions. However, the data on this page only includes confirmed cases jurisdictions have notified CDC.*

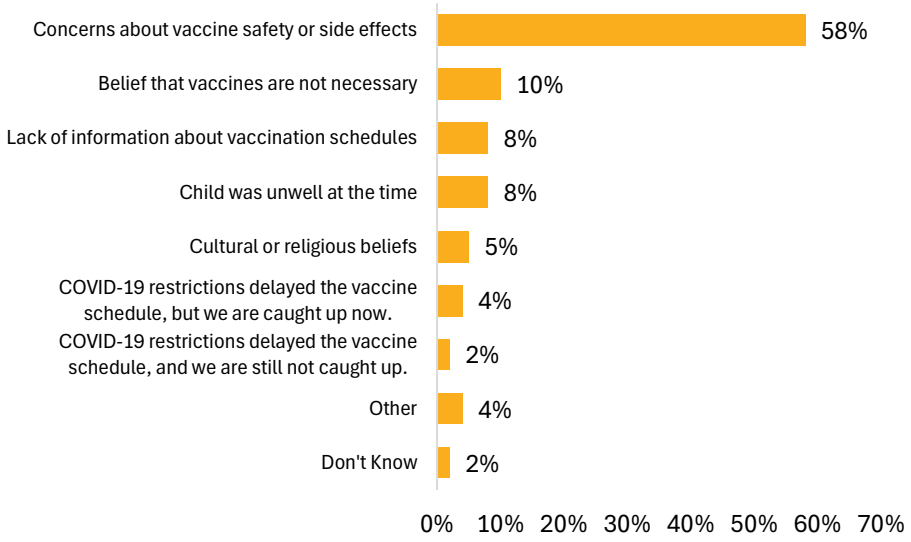
For Florida, these figures underscore why maintaining high coverage and tight exemption processes is essential — small drops at the population level can reopen outbreak risk even in states with generally high compliance. However, at the time of this report, the state's Department of Health proposed a rule change that would no longer require vaccines for chickenpox, hepatitis B, and two vaccines that protect against certain bacterial infections. All other vaccines required for school entry would remain in place unless updated through legislation.[212]

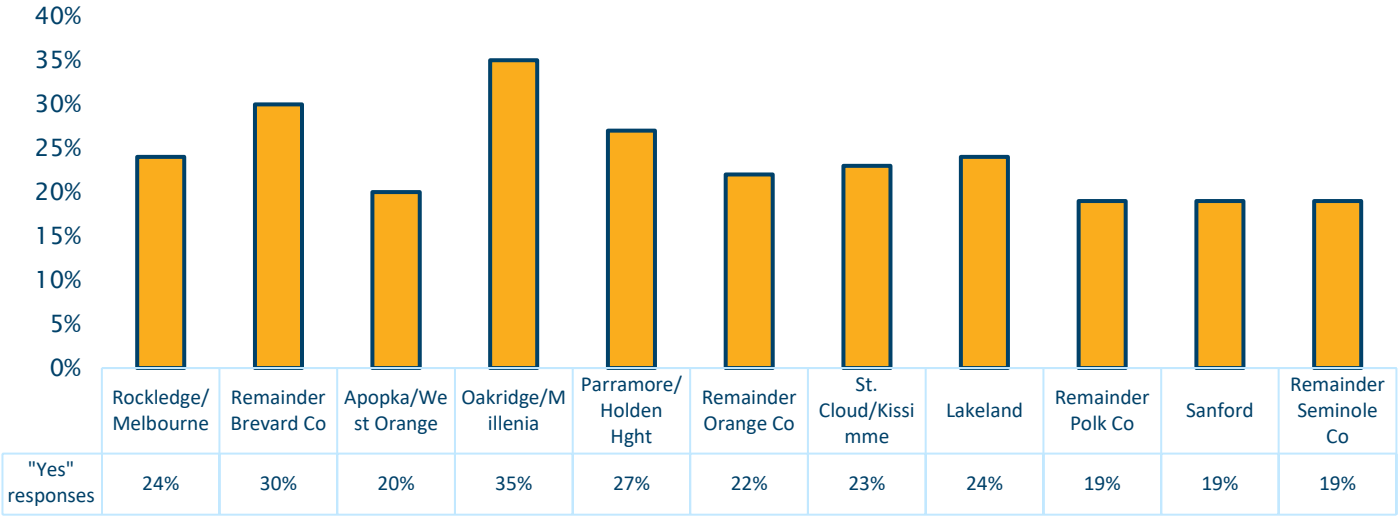
Nemours Children's community survey adds further nuance. Nearly 1 in 4 parents (24%) reported delaying or skipping at least one recommended vaccine for their child. Among these, the five most common reasons were concerns about safety or side effects (58%), followed by the belief vaccines are not necessary (10%), lack of information about schedules and child unwell at the time (tied, 8%), and cultural or religious beliefs (5%).

[212] *Jenco, M. (2025, September 3). Florida efforts to end vaccine mandates endanger children, will have 'ripple effects.' American Academy of Pediatrics. aap.org*

Figure 69. Percent Survey Respondents Who Ever Delayed or Skipped a Recommended Vaccination for Their Child, by Reason and Zip Code Region, Central Florida, 2025







	Rockledge/ Melbourne	Remainder Brevard Co	Apopka/West Orange	Oakridge/Millenia	Parramore/ Holden Hght	Remainder Orange Co	St. Cloud/Kissimme	Lakeland	Remainder Polk Co	Sanford	Remainder Seminole Co
"Yes" responses	24%	30%	20%	35%	27%	22%	23%	24%	19%	19%	19%

Source: Nemours Children's Community Survey, 2025

Regional patterns highlight that hesitancy is not uniform. **These findings reinforce that hesitancy is both an attitudinal issue (safety concerns, necessity beliefs) and an access issue (time constraints, provider communication), requiring multipronged solutions.**

Unlike most childhood vaccines, the Human Papillomavirus (HPV) vaccine is recommended in adolescence (ages 9–12 optimal, catch-up through 26) and is therefore a sensitive marker of preventive care continuity into the teen years. The HPV vaccine protects against six cancers, including cervical and oropharyngeal cancers, and is safe and effective in preventing >90% of HPV-related cancers when given on time.[213]

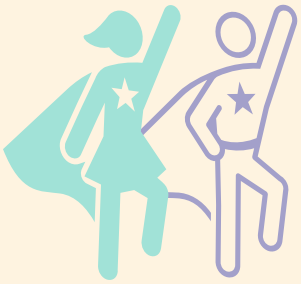
[213] *President's Cancer Panel. HPV Vaccination for Cancer Prevention: Progress, Opportunities, and a Renewed Call to Action. Bethesda, MD: National Cancer Institute, 2024*

HPV Vaccine Facts

Every year, **37,000** people in the U.S. develop HPV-related cancer.

HPV causes more **mouth and throat cancers** than smoking.

79 million Americans are infected with HPV. Some infections can go away on their own, but others may lead to cancer.



The HPV vaccine protects against **6 kinds of cancer.**

HPV vaccine is very safe and can prevent over **90%** of all HPV cancers.

9–12 years is the optimal age for the vaccine because it is more effective during the preteen years than when given later.

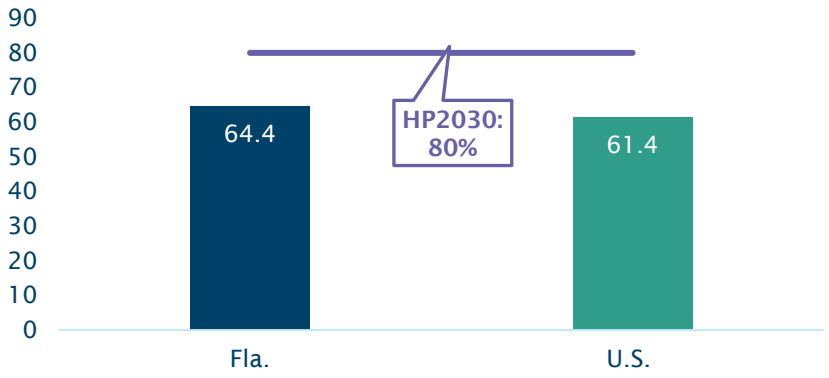
Source: Adapted from cdc.gov/hpv/parents/about-hpv.html and thevaccinepage.org

Adolescents remain the focus of HPV immunization in the United States. HPV infections happen quickly and reduce the efficacy of the HPV vaccine, so it is essential to immunize youth before they become sexually active. **Populations of teens with higher HPV immunization coverage include:** [214]

- American Indian/Alaska Native, Asian and non-Hispanic Black teens compared with non-Hispanic white and multiracial teens
- Teens with health insurance compared with uninsured teens
- Teens living in metropolitan areas compared with those living in nonmetropolitan areas

Florida's series-complete coverage stands at 64.4%, slightly outperforming the U.S. average (61.4%) but still falling short of the HP2030 target (80%). Community survey findings reveal wide regional variation. Among the zip code region, respondents indicated their child has had a least one dose and is following the recommended schedule for remaining dose(s) is highest in Lakeland (76%), Apopka/West Orange (75%), Oakridge/Millenia (71%), and Remainder Orange and Polk Counties (both 70%) while lowest adherence with no vaccine initiation is in Parramore/Holden Heights (42%) and Remainder of Brevard County (41%).

Figure 70. Percent of Adolescents (13–17 years) Who Received All Recommended Doses of the Human Papillomavirus (HPV) Vaccine, Florida, 2023



Nearly **1 in 4** (24%) survey respondents reported their teen **has not had at least 2 doses of the HPV vaccine**.

Source: CDC, National Immunization Survey – Teen (NIS – Teen), 2023 (Retrieved from America's Health Rankings)

Disparities reflect both access barriers and hesitancy drivers — families uncertain about safety, unaware of cancer-prevention benefits, or lacking strong provider recommendations. **Research confirms that a clear, strong provider recommendation is the single most important factor**

[214] *America's Health Rankings analysis of U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Immunization and Respiratory Diseases, National Immunization Survey-Teen, United Health Foundation, AmericasHealthRankings.org, accessed 2025*

in HPV uptake,[215] underscoring the need to strengthen communication in primary care, embed reminder/recall in FL SHOTS, and expand school-based vaccination efforts.

Aligning DOH, health systems, and community partners around evidence-based strategies from The Community Guide (reminder/recall, standing orders, school/child care requirements, provider assessment and feedback) yields reliable gains, particularly when paired with trust-building communication where hesitancy is highest. Additional evidence-based best practices include:

- Client reminder/recall and provider reminders increase on-time vaccination and developmental screening completion — effective across age, setting, and socioeconomic groups.[216, 217]
- Standing orders and vaccination at every opportunity (sick visits, sports physicals) reduce missed opportunities, including for HPV[218, 219]
- School/child care requirements with limited nonmedical exemptions preserve high coverage and reduce outbreaks.[220]
- Integrated screening in child care/WIC/Head Start and electronic screening tools raise developmental screening rates, particularly where well-child attendance is inconsistent.[221]
- Reduced practical barriers — transportation, evening/weekend hours, mobile teams — raise completion among families facing time and access constraints.[222, 223]

The habits established in childhood form the foundation for lifelong health behaviors. Children who grow up receiving consistent preventive care are more likely to engage in adult screenings such as mammograms, Pap smears, colonoscopies, and blood pressure checks, which are designed to catch cancer and chronic conditions early when treatment is most effective. This continuity reduces the risk of missing lifesaving services later in life, helping to prevent complications from heart disease, diabetes, and cancer — the leading causes of morbidity and mortality in the U.S. In this way, pediatric preventive services do more than protect children in the present; they shape long-term health trajectories that lessen the burden of chronic disease across the lifespan.

Screening finds precancers or early cancers — when treatment is most effective — and some tests (like colonoscopy) prevent cancer entirely by removing polyps. Current recommendations reflect where risk and test performance balance best: colorectal cancer screening for ages 45–75[224], biennial mammography from 40–74[225], cervical screening from 21–65 (via Pap and/or HPV testing)[226], and low-dose CT (LDCT) for lung cancer among adults 55–80 with a ≥20 pack-year smoking history who currently smoke or quit within the last 15 years.[227] Healthy People 2030 sets targets to move systems toward equitable, routine uptake of these services. For the indicators used in the table below, the HP2030 targets are 72.8% (colorectal), 80.3% (breast), 79.2% (cervical), and 7.5% (lung screening; target set on the earlier 2013 criteria).

[215] *Gilkey, Melissa B., et al. "Provider Communication and HPV Vaccine Uptake: A Meta-Analysis." Vaccine 34, no. 5 (2016): 604–12*
[216] *Community Preventive Services Task Force, "Increasing Appropriate Vaccination: Client Reminder and Recall Systems," The Community Guide, updated 2023*
[217] *Szilagyi et al., "Effect of Patient Reminder/Recall Interventions on Immunization Rates: Updated Review," American Journal of Preventive Medicine 49, no. 6 (2015): 917–931*
[218] *Community Preventive Services Task Force, "Provider Assessment and Feedback; Standing Orders; IIS-Based Interventions; School/Childcare Requirements," The Community Guide, updated 2022–2024*
[219] *Gilkey et al., "Provider Communication and HPV Vaccine Uptake: A Meta-Analysis," Vaccine 34, no. 5 (2016): 604–612*
[220] *Community Preventive Services Task Force, "Increasing Appropriate Vaccination: Client Reminder and Recall Systems," The Community Guide, updated 2023*
[221] *National Institute for Children's Health Quality (NICHQ), "Improving the Developmental Screening Process," 2022*
[222] *Agency for Healthcare Research and Quality (AHRQ), "Barriers and Facilitators to Well-Child Care," EvidenceNOW Issue Brief, 2022*
[223] *Starfield et al., "Continuity and Access in the Medical Home and Preventive Service Use," Pediatrics 127, no. 2 (2011): 521–528*
[224] *U.S. Preventive Services Task Force (US PSTF). "Recommendation: Colorectal Cancer: Screening," 2021 uspreventiveservicestaskforce.org/uspstf/recommendation/colorectal-cancer-screening*
[225] *U.S. PSTF "Recommendation: Breast Cancer: Screening," 2024. uspreventiveservicestaskforce.org/uspstf/recommendation/breast-cancer-screening*
[226] *U.S. PSTF. "Recommendation: Cervical Cancer: Screening," 2018. uspreventiveservicestaskforce.org/uspstf/recommendation/cervical-cancer-screening*
[227] *U.S. PSTF. "Recommendation: Lung Cancer: Screening," March 9, 2021. uspreventiveservicestaskforce.org/uspstf/recommendation/lung-cancer-screening*

Figure 71. Percent of Recommended Population (Adults) Up to Date on Preventive Screenings, by Screening Type, Florida, 2020, 2022*

Screening Type	Recommended Population**	Florida (% of recommended population up to date[a])	U.S. (% of recommended population up to date)	Healthy People 2030 Target (population, %)
Colorectal Cancer Screening	Adults age 45+	**67.1%** (2022)[228]	**61.4%** (2022)[229]	45–75 years old: **72.8%**
Florida's 2022 prevalence of adults aged 45–75 who are up to date on colorectal screening (67.1%) is higher than the U.S. benchmark used here (61.4%) but less than the HP2030 target (72.8%).[230, 231] The 2021 USPSTF age expansion to begin at 45 lowered national "up-to-date" percentages in the short term by adding newly eligible 45–49 year olds — an age group with historically low prior screening — which is why the U.S. estimate appears lower than many pre-2021 figures.[232, 233] This context underscores a near-term need for outreach tailored to adults in their late 40s.				
Breast Cancer Screening (Mammography)	Women age 50+	**78.0%** (2022)[234]	**76.3%** (2022)	50-74 years old: **80.3%**
Florida's 2022 mammography (women 50+) reaches 78%, outperforming the U.S. 76.3% and nearly meeting the HP2030 target (80.3% for women 50–74).[235] The 2024 USPSTF shift to start at 40 biannually amplifies the importance of reminder-recall and navigation supports for women in their 40s — groups that show larger gains when systems reduce scheduling and cost frictions.[236, 237]				
Cervical Cancer (Pap/HPV)	Women age 21+	**76.7%** (2020)[238]	**77.7%** (2020)	21–65 years old: **79.2%**
In 2020, Florida (76.7%) approximated the U.S. (77.7%) but remained below HP2030 (79.2%).[239] Cervical screening is highly sensitive to coverage and continuity: extending primary-care access, co-testing options, and reminder systems is associated with higher adherence and fewer "screening deserts," especially for postpartum and low-income patients.[240]				
Lung Cancer (Low-dose CT)	Adults 55–80 (smoking history)	**15.8%** (2022)[241]	**18.1%** (2022)[242]	55–80 years old**:** **7.5%**
Lung cancer (LDCT): Florida's LDCT screening among those at high risk (15.87% in 2022, ACR registry) is double the HP2030 target of 7.5% (which used the earlier 2013 eligibility), but below national registry-based estimates, though reported national rates vary by method and time window.[243] This is promising but still leaves most eligible adults unscreened. Primary-care prompts tied to smoking history, streamlined coverage (particularly in Medicaid), and removal of prior authorization are documented facilitators of higher LDCT uptake.				

**To enable valid Florida-U.S. comparisons, all indicators use the most recent year shared by both Florida and U.S. sources with the same measure definition. CRC and mammography values are from 2022 BRFSS; cervical screening is from 2020 BRFSS (latest*

[228] National Cancer Institute and CDC. State Cancer Profiles: Colorectal Cancer Screening, Up to Date, Ages 45–75, Delaware, 2022. statecancerprofiles.cancer.gov/quick-profiles/index.php?statename=florida#t=Riskfactors&v=colorectal
[229] Centers for Disease Control and Prevention (CDC). "Baseline Estimates of Colorectal Cancer Screening Among Adults Aged 45 to 75 Years—United States, 2022." Preventing Chronic Disease 22 (2025). cdc.gov/pcd/issues/2025/25_0175.htm
[230] King, S. C., et al. "Baseline Estimates of Colorectal Cancer Screening Among Adults Aged 45 to 75 Years—United States, 2022 BRFSS." Preventing Chronic Disease 22 (2025). cdc.gov/pcd/issues/2025/25_0175.htm
[231][231] National Cancer Institute and CDC. State Cancer Profiles, "Colorectal Cancer Screening, Up to Date, Ages 45–75, 2022—Florida." statecancerprofiles.cancer.gov/quick-profiles/index.php?statename=florida#t=Riskfactors&v=colorectal
[232] U.S. Preventive Services Task Force. "Recommendation: Colorectal Cancer: Screening." May 18, 2021. uspreventiveservicestaskforce.org/uspstf/recommendation/colorectal-cancer-screening
[233] King, S. C., et al. "Baseline Estimates of Colorectal Cancer Screening Among Adults Aged 45 to 75 Years—United States, 2022 BRFSS." Preventing Chronic Disease 22 (2025). cdc.gov/pcd/issues/2025/25_0175.htm
[234] National Cancer Institute and CDC. State Cancer Profiles: Mammogram in Past 2 Years, Ages 40+, Florida and United States, 2022. statecancerprofiles.cancer.gov/quick-profiles/index.php?statename=florida#t=Riskfactors&v=mammogram
[235] National Cancer Institute and CDC. State Cancer Profiles, "Mammogram in Past 2 Years, Ages 40+, 2022—Florida and U.S." statecancerprofiles.cancer.gov/quick-profiles/index.php?statename=delaware#t=Riskfactors&v=mammogram
[236] Community Preventive Services Task Force. "Breast Cancer Screening: Client Reminders." thecommunityguide.org/findings/cancer-screening-client-reminders-breast-cancer.html
[237] Tian, L., et al. "Impact of Patient Navigation on Breast Cancer Screening." Cancer Medicine 11, no. 16 (2022)
[238] National Cancer Institute and CDC. State Cancer Profiles: Pap Test in Past 3 Years, Ages 21–65, Florida and United States, 2020. statecancerprofiles.cancer.gov/risk/index.php?risk=v17&type=risk
[239] National Cancer Institute and CDC. State Cancer Profiles, "Pap Test in Past 3 Years, Ages 21–65, 2020—Florida and U.S." statecancerprofiles.cancer.gov/risk/index.php?risk=v17&type=risk
[240] Baron, R. C., et al. "Client-Directed Interventions to Increase Community Demand for Breast, Cervical, and Colorectal Cancer Screening." American Journal of Preventive Medicine 35, no. 1 (2008)
[241] American Lung Association. "State of Lung Cancer: Florida." American Lung Association Research, 2023. lung.org/research/state-of-lung-cancer/states/florida
[242] American Lung Association. State of Lung Cancer 2023. Chicago: American Lung Association, 2023. lung.org/getmedia/186786b6-18c3-46a9-a7e7-810f3ce4deda/SOLC-2023-Print-Report.pdf
[243] American Lung Association. State of Lung Cancer 2023 (methodology and registry source: ACR Lung Cancer Screening Registry, 2022). lung.org/getmedia/186786b6-18c3-46a9-a7e7-810f3ce4deda/SOLC-2023-Print-Report.pdf

*aligned year available for both jurisdictions with the defined measure); lung cancer screening uses 2022 ACR Lung Cancer Screening Registry estimates reported by the American Lung Association. U.S. comparators use national BRFSS pooled estimates (not the U.S. median) where available; when national sources report multiple statistics for the same indicator and year, we use the definition that matches Florida's measure. Differences from other dashboards reflect alternate denominators (e.g., U.S. median vs. national estimate), eligibility updates (USPSTF 2013 vs. 2021 lung screening criteria), and data systems (survey vs. registry).[244] **Screening recommendations vary by age, race, and medical history: (1) Colorectal Tests: Men and women age 45 and older should have regular colorectal cancer screening tests, as recommended by their doctor or healthcare professional. These tests may include colonoscopy, sigmoidoscopy, or home-test kits (called FIT, for Fecal Immunochemical Test), (2) Breast Exams: All women should have their breasts examined by a doctor or other health professional once a year/ Mammograms: Women age 40 and older should have regular mammograms, as recommended by their doctor or health professional. (3) Pap Tests: All women age 21 and older, especially if they are active sexually, should have regular Pap tests and pelvic exams, and (4) Lung Test: Men and women who are 55–80 years of age may be eligible for a lung cancer screening if they: currently smoke or have quit smoking during the past 15 years; and smoke or smoked a pack a day for 30 or more years, or two packs a day for 15 or more years. Talk with your doctor about individual screening recommendations.*

[a]Up to date with screening includes those screened by any of the screening tests recommended by US Preventive Services Task Force within the suggested screening interval.

Adult vaccines protect families by preventing severe disease, hospitalization, and long-term disability — the very complications that destabilize caregiving, employment, and finances. Recommendations vary by age and risk because immune responses, baseline disease risk, and vaccine effectiveness shift across the life course. National surveillance through the National Health Interview Survey (NHIS) and Florida's Behavioral Risk Factor Surveillance System (BRFSS) together provide insight into how coverage has shifted over time.

Influenza vaccination remains the most widely used adult vaccine but shows persistent gaps.

⇨ Coverage among all U.S. adults aged ≥19 hovered around 45–50% from 2017 to 2022, while high-risk adults (chronic condition or older age) reached higher coverage levels of about 60–65%. *In Florida, 39% of adults reported a flu shot in the past year (2022), aligning closely with the national average but falling short of Healthy People goals.*[245] This means **nearly 60% of Florida adults remain unprotected** each influenza season, a concern given the virus's annual toll of hospitalizations and deaths, especially among seniors and those with chronic conditions.[246]

Pneumococcal vaccination demonstrates a widening gap between older and younger at-risk populations.

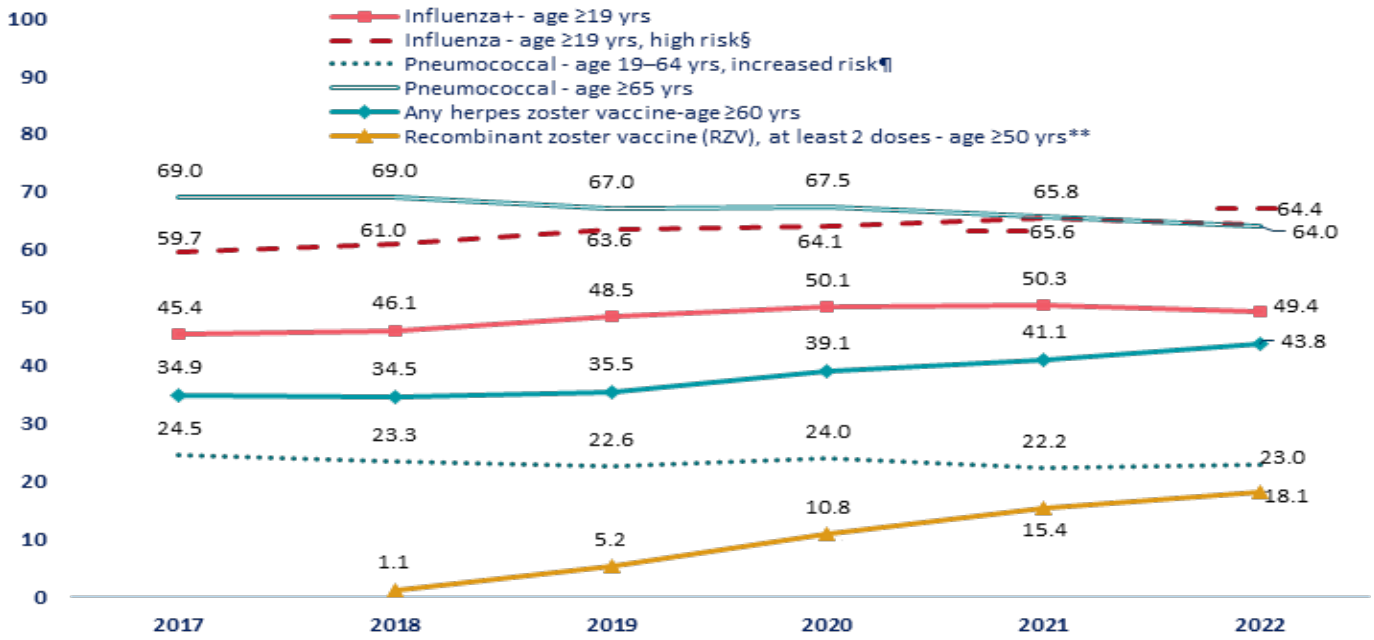
⇨ Coverage among U.S. adults ≥65 increased steadily, from about 35% in 2017 to 44% in 2022. *Florida outperforms this benchmark: 65.5% of adults ≥65 reported ever receiving a pneumonia vaccine in 2022.* [247] **Coverage among younger adults with risk factors (ages 19–64 with chronic disease) remains low** nationally (~24%) and in Florida, reflecting insurance and access barriers.

Herpes zoster (Shingles) vaccination uptake accelerated following the introduction of recombinant zoster vaccine (RZV, Shingrix) in 2017.

⇨ Coverage among U.S. adults ≥60 climbed from ~35% in 2017 to ~49% in 2022, while RZV two-dose completion among adults ≥50 increased from 1% to 18%.[248] *Florida mirrors this growth with: 34.2% of adults overall and 38.3% of those ≥65 reported ever having received a shingles vaccine in 2020.*[249] This suggests **improving adoption** but also highlights **gaps in completing the recommended two-dose regimen.**

[244] *American Lung Association. "Florida—State Data (Screening, High Risk)." lung.org/research/state-of-lung-cancer/states/florida*
[245] *Florida Department of Health, Division of Public Health Statistics and Performance Manager. Behavioral Risk Factor Surveillance System (BRFSS) 2022. Retrieved from FLHealthCHARTS.gov*
[246] *Centers for Disease Control and Prevention (CDC). AdultVaxView: Vaccination Coverage among Adults in the United States, NHIS 2017–2022. Atlanta: U.S. Department of Health and Human Services, 2023. cdc.gov/vaccines/imz-managers/coverage/adultvaxview/index.html*
[247] *Centers for Disease Control and Prevention. (n.d.). General population: About adult vaccination coverage. U.S. Department of Health & Human Services. Vaccination Coverage among Adults | cdc.gov/adultvaxview/about/general-population.html*
[248] *Centers for Disease Control and Prevention. (2024, October 4). Vaccination coverage among adults in the United States, National Health Interview Survey, 2022. U.S. Department of Health and Human Services. cdc.gov/adultvaxview/publications-resources/adult-vaccination-coverage-2022.html*
[249] *Centers for Disease Control and Prevention. (n.d.). General population: About adult vaccination coverage. U.S. Department of Health & Human Services. Vaccination Coverage among Adults | cdc.gov/adultvaxview/about/general-population.html*

Figure 72. Estimated Proportion of Adults Ages ≥19 Years Who Received Selected Vaccines,* by Age Group and Risk Status, United States, 2017–2022



Source: Centers for Disease Control and Prevention (CDC), National Health Interview Survey (NHIS), AdultVaxView, 2017–2022
**Trends in adult vaccination were assessed from 2017 through 2022, including influenza, pneumococcal, and herpes zoster vaccinations. For herpes zoster vaccine, in 2017, ACIP preferentially recommended recombinant zoster vaccine (RZV) for use in immunocompetent adults ages ≥50 years over zoster vaccine live (ZVL) due to higher and longer-lasting efficacy and recommended RZV vaccination of persons who previously received ZVL. +Estimates are season specific. Year 2022 corresponds to the 2021–22 influenza season. § Adults were categorized as being at increased risk for influenza-related complications if they had ever been told by a doctor or other health professional that they had diabetes, emphysema, chronic obstructive pulmonary disease, chronic bronchitis, coronary heart disease, angina, or heart attack; had a diagnosis of cancer during the previous 12 months (excluding nonmelanoma skin cancer); had ever been told by a doctor or other health professional that they had lymphoma, leukemia, or blood cancer; had ever been told by a doctor or other health professional that they had weak or failing kidneys; had an asthma episode or attack during the preceding 12 months; or were current smokers. ¶Adults were categorized as being at increased risk for pneumococcal disease if they had ever been told by a doctor or other health professional that they had diabetes, emphysema, chronic obstructive pulmonary disease, chronic bronchitis, coronary heart disease, angina, or heart attack; had a diagnosis of cancer during the previous 12 months (excluding nonmelanoma skin cancer); had ever been told by a doctor or other health professional that they had lymphoma, leukemia, or blood cancer; had ever been told by a doctor or other health professional that they had weak or failing kidneys, cirrhosis or any other chronic liver condition; had an asthma episode or attack during the preceding 12 months; or were current smokers. **Two doses of recombinant zoster vaccine (RZV) have been recommended for all adults ≥50 years since 2018.*

Together, these findings demonstrate that Florida tracks closely with national averages for influenza vaccination, surpasses the U.S. in pneumococcal coverage for older adults, and shows promising though incomplete progress on shingles vaccination. Gaps remain in extending protection to younger high-risk groups, maintaining consistent influenza uptake, and ensuring adherence to multidose regimens. Addressing these will require strategies proven effective in both pediatric and adult populations: reminder-recall systems, standing orders in clinics and pharmacies, reducing out-of-pocket costs, and embedding provider prompts within electronic health records.[250]

Pediatric prevention lays the groundwork for lifelong risk reduction. When children receive on-time screenings and complete vaccine series, families build habits of preventive care and remain tethered to systems that can detect hypertension, diabetes, breast/cervical/colorectal and lung cancers earlier — where outcomes and costs are better.[251, 252] In short, strong pediatric prevention today is a first defense against the chronic conditions covered in the next section; the same access levers (coverage, convenience, reminder systems, trusted messengers) will drive Florida's progress on chronic disease tomorrow.

[250] *Community Preventive Services Task Force. "Increasing Appropriate Vaccination: Client Reminder and Recall Systems; Standing Orders; Provider Assessment and Feedback." The Community Guide, updated 2023. thecommunityguide.org*
[251] *Centers for Disease Control and Prevention (CDC), "Childhood Preventive Care and Lifelong Health," in Healthy People 2030 Framework (Washington, DC: U.S. Dept. of Health and Human Services, 2020)*
[252] *U.S. Preventive Services Task Force (USPSTF), recommendations for CRC (ages 45–75), breast cancer (50–74), cervical cancer (21–65), and lung cancer LDCT (ages 50–80 with 20 pack-years, current or quit <15 years), 2021–2024*

Physical Health and Lifestyle

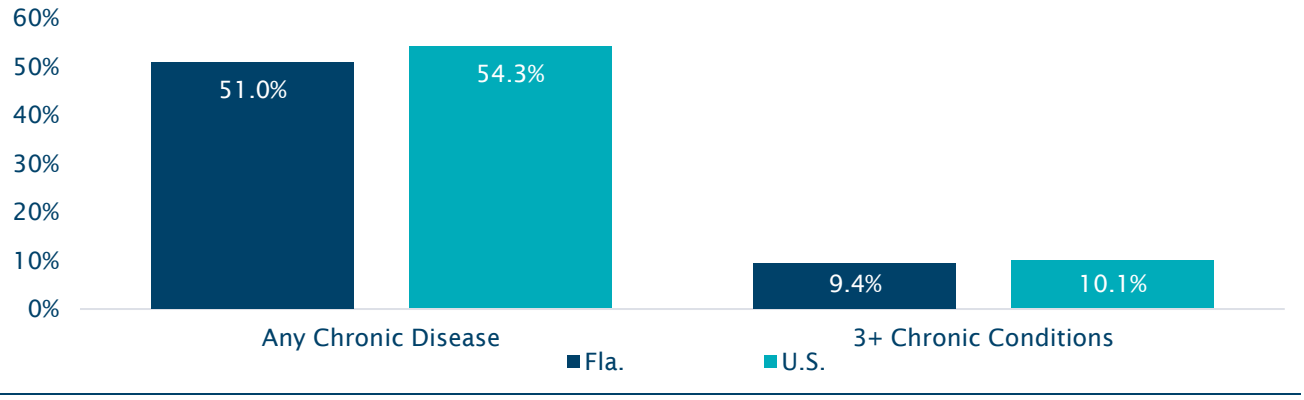
Physical health and lifestyle factors — such as diet, physical activity, sleep, and avoidance of harmful behaviors — are key determinants of overall health. National research shows that these behaviors directly affect growth, development, and the risk of chronic disease across the lifespan. For children, healthy habits established early influence physical and cognitive development, school performance, and long-term well-being, while unhealthy patterns contribute to preventable illness and disparities in health outcomes.

Chronic Health Conditions

Chronic diseases are a leading driver of poor health and health care costs in the United States, and many are directly linked to lifestyle behaviors such as diet, physical activity, and tobacco use. According to CDC, six in 10 U.S. adults live with at least one chronic disease, and four in 10 live with two or more, conditions that often begin with risk factors established in childhood.[253] For children, chronic conditions such as asthma, obesity, and diabetes not only affect immediate health and development but also increase the likelihood of persistent health challenges into adulthood. Addressing chronic disease early in life is therefore critical to improving population health and reducing long-term disparities.

Florida had a lower percent of adults with at least one chronic disease (51%) as well as three or more chronic conditions (9.4%) than the U.S.

Figure 73. Percent of Adults With 1 or 3+ Chronic Conditions,* Ages 18–64, Florida, 2023



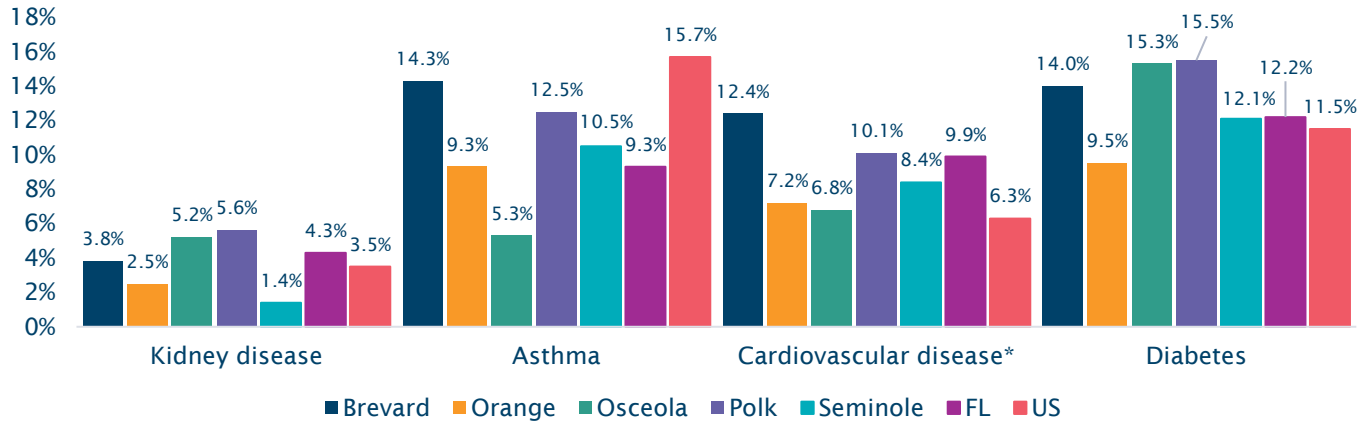
Source: BRFSS, 2023

**Chronic conditions included are hypertension, diabetes, cancer, arthritis, asthma, COPD, depression, and kidney disease.*

Florida has more adults diagnosed with kidney disease (4.3%), heart disease (9.9%), and diabetes (12.2%) compared to adults nationally (3.5%, 6.3%, and 11.5% respectively).

[253] *Centers for Disease Control and Prevention: About Chronic Diseases. U.S. Department of Health and Human Services, 2023*

Figure 74. Percent of Adults Age 18 and Older Who Report Ever Having Been Told by a Health Professional They Have Kidney Disease, Asthma, Cardiovascular Disease,* or Diabetes, by County, Florida, 2022



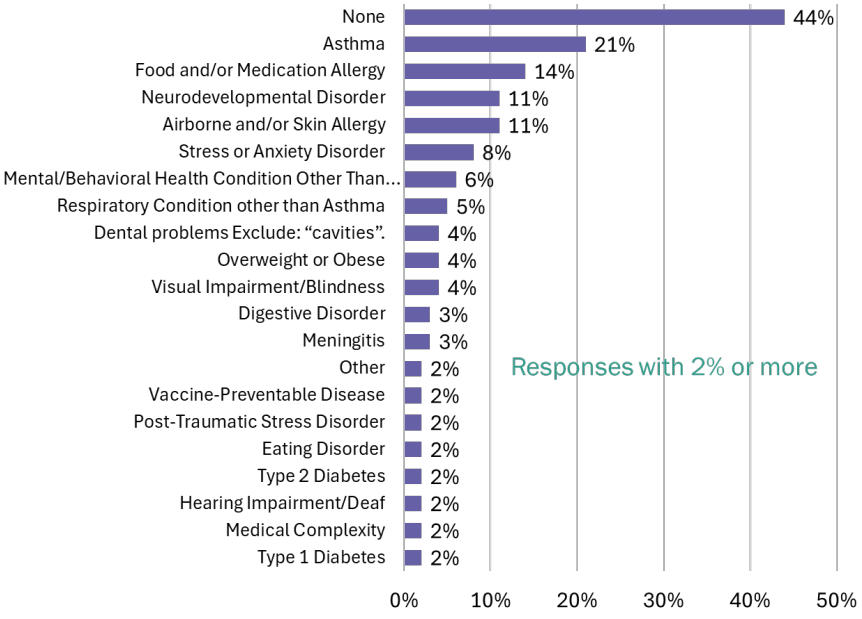
Source: FL Health Charts, BRFSS, 2022

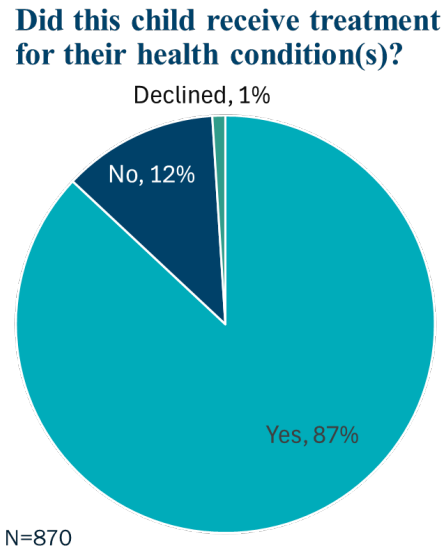
**Cardiovascular disease includes coronary heart disease or heart attack (myocardial infarction).*

> *Polk County had the higher percentage of kidney disease and diabetes (5.6%, 15.5%). Brevard County had the highest percentage of current asthma and cardiovascular disease (14.3%, 12.4%).*

While adult health indicators underscore the burden of chronic conditions such as kidney disease, heart disease, asthma, and diabetes across Central Florida counties, the outlook for children demonstrates challenges and opportunities. According to the Nemours Children's 2025 Community Survey, 44% of respondents report their child does not have a chronic health condition. However, of the 59% (1% refusal) that do, the most common conditions reported include asthma, food and medication allergies, neurological disorders, and airborne or skin allergies. Nearly nine in 10 (87%) of children with a health condition reportedly receive/received treatment for it. However, the 12% of children not receiving treatment for their condition highlight persistent gaps in access, awareness, and resources.

Figure 75. Percent of Children With a Health Condition (by Type) and Treatment Behaviors, Central Florida, 2025





Source: Nemours Children's Community Survey, 2025

Survey respondents in Central Florida indicated their child being diagnosed with asthma (21%) when compared to other conditions. Food and/or medication allergies (14%), neurodevelopmental disorder (11%), airborne and/or skin allergy (11%), and stress or anxiety disorder (8%) round out the top five diagnostic conditions. Vaccine-preventable disease, PTSD, eating disorders, diabetes (type 1 and 2), hearing impairment, and medical complexity were mentioned the least at just 2%. Some 12% of respondent's children did not receive treatment for their condition.

Respiratory Conditions

Asthma is a chronic respiratory disease that causes inflammation and narrowing of the airways, leading to recurrent episodes of coughing, wheezing, chest tightness, and shortness of breath. Both genetic and environmental factors contribute to its prevalence and when environmental triggers interact with genetic susceptibility it further increases risk and severity.

Asthma is one of the most **common chronic conditions in childhood affecting nearly**

5 million

children in the U.S.[254]

Children with one parent with asthma are

3x

more likely* to develop the disease.[255]

Children with both parents with asthma are

6x

more likely* to develop the disease.[256]

Asthma is also triggered by factors in the environment, like:

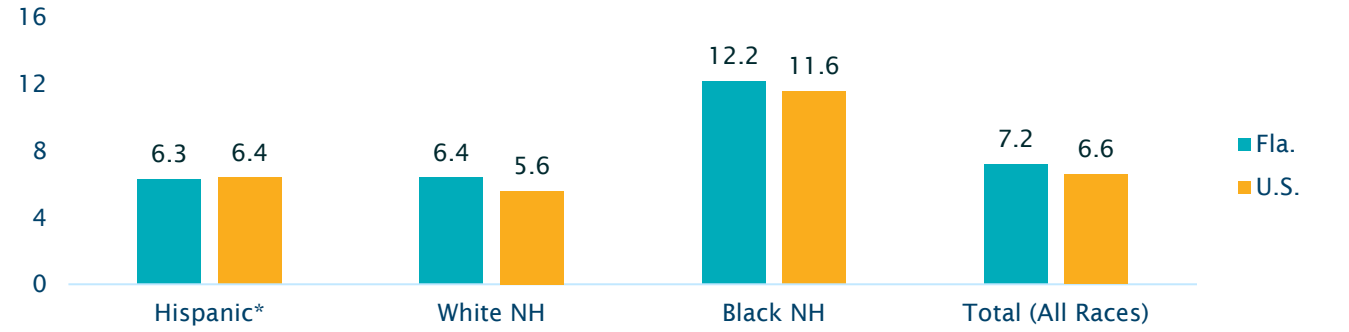
poor housing conditions, dust mites, mold, secondhand smoke, and outdoor air pollution.

**Compared to children with no parental history.*

Nationally, about **39% of children with asthma experienced at least one asthma attack in the past year** versus 25.4% of Florida's children — making it a leading cause of emergency department visits, hospitalizations, and missed school days.[257]

In Florida, childhood asthma prevalence (7.2%) is **consistently higher than national averages** (6.6%), with notable disparities by race, ethnicity, and socioeconomic status.

Figure 76. Percent of Children (Ages 0–17) Who Currently Have Asthma, by Race/Ethnicity, Florida, 2022–2023



Source: NSCH, 2022–2023

**Hispanic includes all races. NH = non-Hispanic*

[254] *Asthma and Allergy Foundation of America (AAFA). "Asthma Facts." 2023. aafa.org/asthma/asthma-facts*
[255] *Björkstén, Bengt, et al. "Risk Factors for Childhood Asthma in a Birth Cohort Study: Family History and Environmental Exposures." The Journal of Allergy and Clinical Immunology 102, no. 6 (1998): 111–16. pubmed.ncbi.nlm.nih.gov/9655726*
[256] *Yang, Huixia, et al. "Parental Asthma and the Risk of Childhood Asthma: A Family-Based Cohort Study." Frontiers in Pediatrics 9 (2021): 720273. doi.org/10.3389/fped.2021.720273*
[257] *Centers for Disease Control and Prevention. "Most Recent National Asthma Data." 2023. cdc.gov/asthma/most_recent_national_asthma_data.htm*

Non-Hispanic Black children in Florida report lifetime asthma rates twice those of their White and Hispanic peers. **These inequities reflect the combined influence of environmental exposures, structural conditions such as housing and neighborhood quality, and limited access to preventive care.**

For children, the consequences of asthma extend beyond immediate breathing difficulties. Poorly controlled asthma is strongly associated with:

Chronic school absenteeism

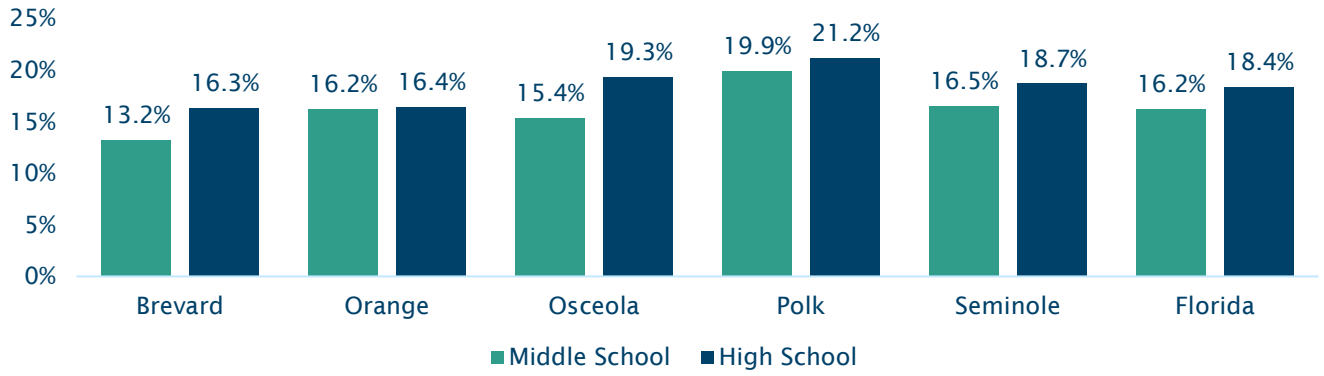
Reduced participation in physical activity

Lower quality of life

… and can lead to impaired lung development and increased vulnerability to other chronic conditions.

Asthma prevalence among adolescents is a critical measure because symptoms often intensify during periods of rapid growth, increased physical activity, and exposure to environmental triggers common in middle and high school settings. In Florida, 16.2% of middle school students and 18.4% of high school students report having been diagnosed with asthma. Central Florida's high school students have a lower prevalence of self-reported asthma compared with the U.S. overall (27.6%).

Figure 77. Percent of Middle and High School Students Who Have Been Diagnosed With Asthma, by County, Florida, 2024



Source(s): FL Health Charts, Florida Youth Tobacco Survey, 2024

Self-reported data provide valuable insight into lived experiences but can underrepresent the true burden due to underdiagnosis, lack of medical follow-up, or disparities in healthcare access. Medication management is a particular challenge for adolescents, as proper use of inhalers and adherence to daily controller medications often decline with age, leading to preventable exacerbations and school absenteeism.[258] Understanding asthma prevalence in these age groups is essential for tailoring school-based health interventions, improving medication adherence, and reducing the long-term impact of uncontrolled asthma on academic achievement and overall quality of life.

Addressing asthma through both **medical management and environmental improvements** is essential to reducing preventable illness and advancing health equity for children in Florida and across the United States. The immune system is designed to protect the body, but in children with **allergies** it becomes oversensitive, reacting to everyday foods, medications, or environmental exposures as a threat. These exaggerated responses can lead to skin conditions like eczema, respiratory problems triggered by pollen or mold, or even life-threatening reactions to certain foods or medications. Allergies in children are shaped by a mix of inherited and environmental influences.

[258] *Centers for Disease Control and Prevention. Most Recent National Asthma Data, 2023. cdc.gov/asthma/most_recent_national_asthma_data.htm*

A child with one allergic parent is approximately **30-50%** more likely to develop allergies themselves.

The risk of developing allergies increases to **60-80%** in children with both parents affected.[259]

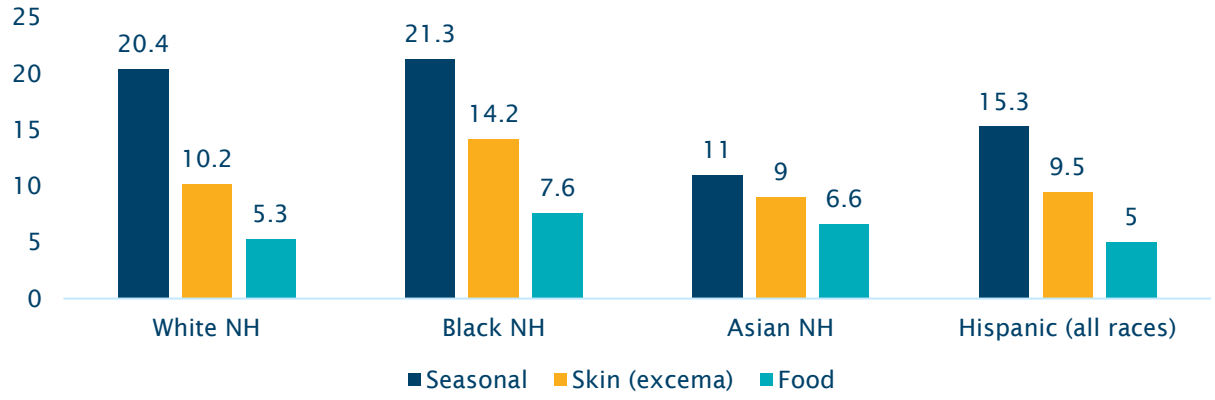
Early-life microbial exposures, urban air quality, dietary patterns, and household conditions such as mold, cockroach allergens, or dust mites further shape the risk of developing allergic disease.[260]

According to a 2023 data brief from the National Center of Health Statistics: [261]

* **27.2% of U.S. children had one or more selected allergic conditions**.
  - **~1 in 5 children had a seasonal allergy** (18.9%)
  - **1 in 10 had eczema** (10.8%), and
  - **1 in 20 had a food allergy** (5.8%)

Racial and ethnic disparities in allergic conditions are well-documented. **Non-Hispanic Black children** are **1.5x as likely to develop eczema** when compared to children from other racial/ethnic groups (14.2% vs. ~9-10%, respectively), and they also **experience higher rates of food and seasonal allergies**.

Figure 78. Percent of Children Ages 0-17 Years With a Diagnosed Allergy, by Type and Race/Ethnicity, U.S., 2021



Source: National Center for Health Statistics, National Health Interview Survey, 2021.

National survey data show food allergy prevalence at 7.6 percent among Black children compared to 6.6 percent among Asian children, 5.3 percent among White children, and 5% percent among Hispanic children. Over 20% of Black and White children experience seasonal allergies, with Black children still coming in slightly higher at 21.3% vs. 20.4% in White children — proportions nearly 2 times the rate of Asian children, and 1.5 times the rate of Hispanic children. These differences are not explained by genetics alone.

Structural inequities — such as greater exposure to environmental pollutants, higher rates of poor housing quality, and reduced access to dermatology and allergy specialists — in worsening allergic conditions among Black children.[262] Disparities in access to allergen-safe foods and inequities in diagnosis and treatment contribute to higher risk of severe reactions and poorer management outcomes.

Allergic conditions in childhood illustrate how a common chronic health issue reflects broader inequities in living conditions and healthcare access. Reducing disparities requires both clinical care and upstream interventions to address the environments in which children live, learn, and grow.

---

[259] Centers for Disease Control and Prevention. Allergies and Hay Fever: Risk Factors. Last reviewed May 9, 2023. https://www.cdc.gov/nchs/fastats/allergies.htm.
[260] National Institutes of Health. Environmental Influences on Child Health Outcomes (ECHO) Program. Updated 2022. echochildren.org
[261] Zablotsky B, Black LI, Akinbami LJ. Diagnosed allergic conditions in children aged 0–17 years: United States, 2021. NCHS Data Brief, no 459. Hyattsville, MD: National Center for Health Statistics. 2023. DOI: dx.doi.org/10.15620/cdc:123250
[262] Jonathan I. Silverberg. "Disparities in Atopic Dermatitis and Allergic Disease." Journal of Allergy and Clinical Immunology 143, no. 6 (2019): 2149–2155. doi.org/10.1016/j.jaci.2019.03.017

Neurodevelopmental disorders (NDs) are conditions that affect brain growth and development, leading to difficulties with learning, behavior, and social interaction. Some of the most common diagnoses in childhood include **attention-deficit/hyperactivity disorder (ADHD)**, **autism spectrum disorder (ASD)**, **cerebral palsy, intellectual disability, and learning disorders**. These conditions often emerge early in life and can persist into adulthood, influencing educational achievement, employment opportunities, and long-term health outcomes. The causes of neurodevelopmental disorders are complex and multifactorial: genetics, prenatal and perinatal health, environmental exposures, and early childhood experiences all play a role.[263]

Attention-deficit/ hyperactivity disorder

is the most prevalent ND, affecting

9.8%

of U.S. children ages 3–17 years old.[264]

Learning disorders and intellectual disabilities* are reported in approximately

8.7%

of U.S. children ages 3–17 years old.[265]

Autism spectrum disorder (ASD)

affects an estimated

2.8%

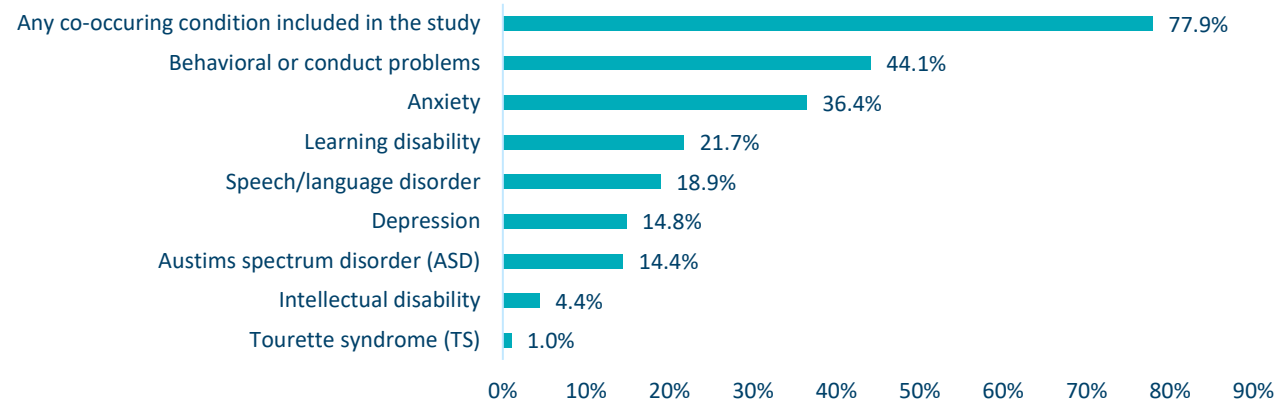
of U.S. children ages 3–17 years old.[266]

**For reporting purposes, learning disorders and intellectual disabilities were combined into a single statistic. While both involve challenges in academic or adaptive functioning, they are distinct conditions with different diagnostic criteria, causes, and long-term prognoses. Intellectual disabilities (1%) reflect global limitations in cognitive and adaptive skills, whereas learning disorders (7.7%) involve specific deficits (e.g., reading, math, writing) in the context of average intelligence. This consolidation reflects the way data are aggregated in some surveys but does not diminish the importance of addressing each condition with tailored interventions.*

NDs often overlap, with children experiencing more than one diagnosis, further complicating care and educational needs. According to a national 2022 parent survey, nearly **78% of children with ADHD** had at least **one other co-occurring condition: [267]**

* Almost half of the children with ADHD had a behavior or conduct problem.
* About four in 10 of the children with ADHD had anxiety.
* Other conditions affecting children with ADHD include depression, autism spectrum disorder, and Tourette syndrome.

Figure 79. Percent of Children With ADHD and a Co-Occurring Condition, by Condition Type, U.S., 2022



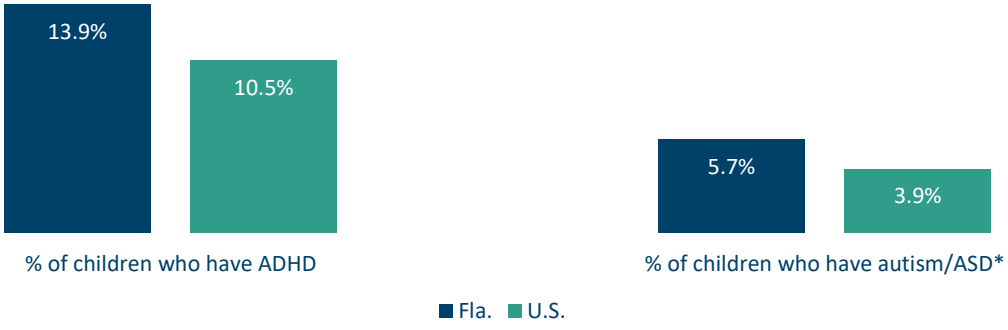
Source: J Clin Child Adolesc Psychol. 2024 May 22;53(3):343–360. doi: 10.1080/15374416.2024.2335625 (NSCH, 2022)

[263] *National Institutes of Health. Child Development and Developmental Disorders. Updated 2023. nichd.nih.gov/health/topics/child-development*
[264] *Centers for Disease Control and Prevention. Data and Statistics on ADHD. Last reviewed October 6, 2023. cdc.gov/adhd/data/?CDC_AAref_Val= cdc.gov/ncbddd/adhd/data.html*
[265] *Centers for Disease Control and Prevention. Facts About Developmental Disabilities. Last reviewed April 6, 2023. cdc.gov/ncbddd/developmentaldisabilities/facts.html.*
[266] *Centers for Disease Control and Prevention. Data and Statistics on ADHD. Last reviewed October 6, 2023. cdc.gov/adhd/data/?CDC_AAref_Val= cdc.gov/ncbddd/adhd/data.html*
[267] *Danielson ML, Claussen AH, Bitsko RH, et al. ADHD Prevalence Among U.S. Children and Adolescents in 2022: Diagnosis, Severity, Co-Occurring Disorders, and Treatment. J Clin Child Adolesc Psychol. Published online May 22, 2024*

The clustering of disorders not only complicates diagnosis and treatment, but also intensifies the impact on school performance, peer relationships, and family stress. Children with ADHD and co-occurring conditions are more likely to require individualized education plans (IEPs), behavioral health interventions, and medication management, often spanning multiple specialists — emphasizing the importance of integrated systems of care that bridge pediatrics, behavioral health, and education settings. Without effective coordination, families may struggle to manage fragmented services, and children risk poorer outcomes across health, education, and social domains.

Florida trends closely align with the national picture. According to the National Survey of Children's Health, 13.9% of Florida children ages 3–17 have ADHD, which is higher than the national average (10.5%). In Florida, 5.7% of children ages 3–17 were reported to have autism/ASD including Asperger's disorder, pervasive developmental disorder in 2022–2023, greater than the national prevalence (3.9 %). While lower in prevalence than ADHD, autism/ASD represent some of the most impactful childhood conditions due to their effects on communication, learning, and adaptive functioning. Children with autism/ASD often require coordinated care, specialized educational support, and early intervention services. Delays in recognition or access to treatment can significantly affect developmental trajectories.

Figure 80. Percent of Children Ages 3–17 Who Have ADHD or Autism/ASD,* Florida, 2022–2023



Source: Child and Adolescent Health Measurement Initiative. National Survey of Children's Health (NSCH), 2022–2023

**On the National Survey of Children's Health (2022–present) autism/ASD includes Asperger's disorder, pervasive developmental disorder.*

The burden of neurodevelopmental disorders underscores the importance of early screening, access to diagnostic services, and strong systems of educational and therapeutic support. **Addressing disparities in recognition and care is critical** to ensuring that all children, regardless of race, income, or geography, can reach their full developmental potential.

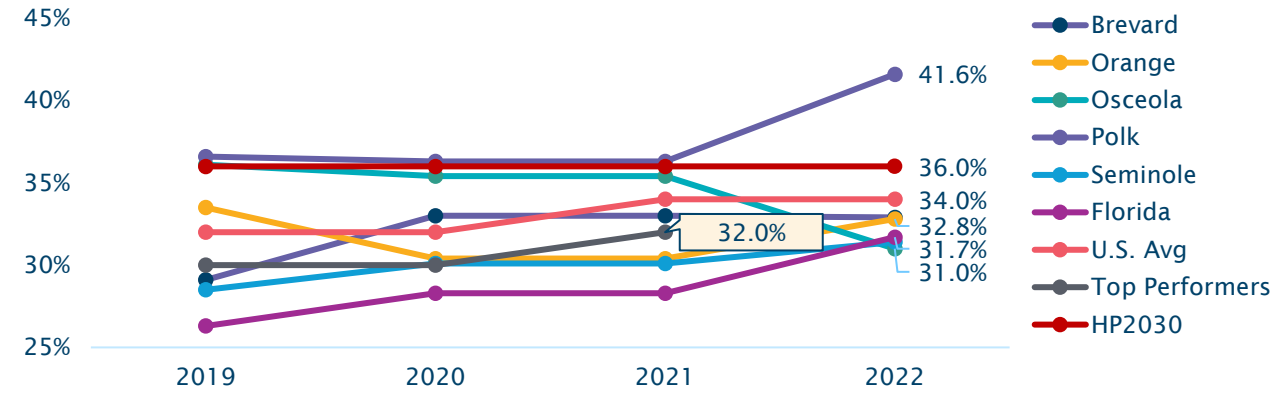
Overweight and Obesity

According to the National Institutes of Health, obesity is associated with increased morbidity and mortality. There is strong evidence that weight loss in overweight and obese individuals reduces diabetes, heart disease, and high blood pressure.[268]

Nearly one in three (31.7%) adults (18+) in Florida are obese, compared to 34% nationwide. Florida does not meet the Healthy People 2030 goal to reduce the proportion of adults with obesity to 36.0%.

[269] *Braveman, Paula, and Laura Gottlieb. "The Social Determinants of Health: It's Time to Consider the Causes of the Causes." Public Health Reports 129, no. 1_suppl (2014): 19–31. doi:10.1177/00333549141291S206*

Figure 81. Percent of Population (Age 18+) Who Are Obese,* by County, Florida, 2022



Source: CHR 2025; CDC. Behavioral Risk Factor Surveillance System (BRFSS), 2019–2022.

** In adults 18 years of age and older, obese is defined as a BMI** of 30.0 or higher.*

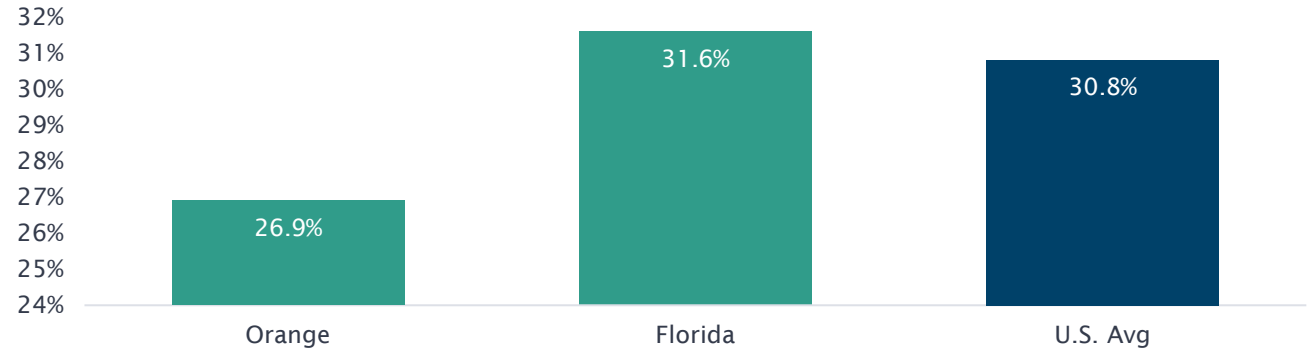
***BMI or Body Mass Index is calculated from self-reported height and weight using the following formula: (weight in pounds /[height in inches x height in inches]) x 703.*

Adolescents' perceptions of their weight often differ from their actual weight status, and this mismatch
has important implications for health.

Teens who **perceive themselves as overweight** – regardless of their true weight – are at a greater risk for low self-esteem, unhealthy dieting, and disordered eating behaviors. Conversely, youth who **underestimate their weight** may be less likely to adopt healthy habits or seek support for weight management.

Understanding how teens view their own bodies alongside objective measures of weight is critical for identifying risks to both physical and mental health.

Figure 82. Percent of High School Students Who Reported They Were Slightly and Very Overweight,* Orange County School District, Florida, 2021



Source: CDC. Youth Risk Behavior Surveillance System, 2021
**Overweight is defined as BMI in the 85th to <95th percentile for age and sex, and Obese is defined as BMI >95th percentile for age/sex. These two categories are distinct and do not include an overlap in population.*
***This indicator is defined as teens who describe themselves as slightly/very overweight compared to teens who are overweight or obese (overweight and obese are calculated body mass index from self-reported height and weight).*

Addressing these issues requires strategies that promote **positive body image, support healthy behaviors, and account for gender differences in both perceptions and health risk.**

Healthy Living

Healthy living encompasses the daily practices that influence long-term health — such as nutrition, physical activity, hygiene, sleep, and avoidance of tobacco — but these practices are not shaped by individual choice alone. Social and economic circumstances, such as food insecurity, housing conditions, neighborhood safety, and access to recreational space or dental care, strongly determine whether people can maintain healthy routines.[269] For example, families facing food insecurity may struggle to access nutritious foods despite knowledge of their importance, while adolescents in high-stress or unsafe environments may find it difficult to prioritize sleep or physical activity.[270]




Nationally, three modifiable lifestyle factors — poor diet, physical inactivity, and tobacco use — are estimated to account for nearly one-third of all deaths in the United States.[271] Yet these behaviors are deeply influenced by structural inequities that disproportionately affect children and adolescents in under-resourced communities. Patterns of healthy living established, or disrupted, during childhood and adolescence often persist into adulthood, underscoring the importance of creating environments that enable, rather than hinder, healthy choices.[272]

Nutrition

The foods children and adolescents consume set the trajectory for health and well-being across their lives. Nutrition shapes growth and brain development in early years, fuels learning and behavior in school, and lays the foundation for chronic disease risk in adulthood.[273] Diets rich in fruits, vegetables, and whole grains are linked to lower rates of obesity, diabetes, and cardiovascular disease, while regular intake of sugar-sweetened beverages and highly processed foods increases the likelihood of preventable illness.[274] Globally, poor diet is now one of the leading drivers of death and disability, responsible for an estimated 14% of all deaths each year.[275]

Nutrition at the very start of life lays a foundation for lifelong health and development. The foods and feeding practices infants and young children experience shape growth, immune resilience, and risk for chronic disease later in life.[276] Breastfeeding is widely recognized as the gold standard for infant feeding. Breast milk provides antibodies, hormones, and nutrients that help protect infants from infections and chronic conditions, while also supporting maternal health.[277] Infants who are breastfed have lower risks of respiratory illness, ear infections, sudden infant death syndrome (SIDS), and later obesity, among other outcomes.[278]

While breastfeeding offers unique health benefits, it is also critical to emphasize that "fed is best." Every family's feeding journey is different, and barriers such as medical complications, return-to-work timelines, structural inequities, and mental health needs can make exclusive breastfeeding unattainable. Formula and other supplemental feeding options provide safe and reliable nutrition that supports healthy growth, ensuring that all infants — regardless of feeding method — can thrive when given

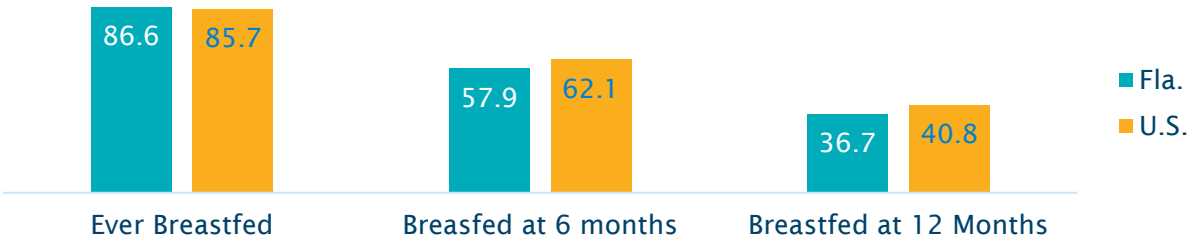
---

[269] *Braveman, Paula, and Laura Gottlieb. "The Social Determinants of Health: It's Time to Consider the Causes of the Causes." Public Health Reports 129, no. 1_suppl (2014): 19–31. doi:10.1177/00333549141291S206*
[270] *Gundersen, Craig, and James P. Ziliak. "Food Insecurity and Health Outcomes." Health Affairs 34, no. 11 (2015): 1830–1839. doi:10.1377/hlthaff.2015.0645*
[271] *Mokdad, Ali H., James S. Marks, Donna F. Stroup, and Julie L. Gerberding. "Actual Causes of Death in the United States, 2000." JAMA 291, no. 10 (2004): 1238-1245. doi: 10.1001/jama.291.10.1238*
[272] *Sawyer, Susan M., et al. "Adolescence: A Foundation for Future Health." The Lancet 379, no. 9826 (2012): 1630–1640. doi:10.1016/S0140-6736(12)60072-5*
[273] *U.S. Department of Agriculture (USDA) and U.S. Department of Health and Human Services (HHS). Dietary Guidelines for Americans, 2020–2025. 9th ed. December 2020. dietaryguidelines.gov*
[274] *World Health Organization (WHO). "Healthy Diet." 2023. who.int/news-room/fact-sheets/detail/healthy-diet*
[275] *Afshin, Ashkan, et al. "Health Effects of Dietary Risks in 195 Countries, 1990–2017: A Systematic Analysis." The Lancet 393, no. 10184 (2019): 1958–1972. doi:10.1016/S0140-6736(19)30041-8*
[276] *U.S. Department of Agriculture (USDA) and U.S. Department of Health and Human Services (HHS). Dietary Guidelines for Americans, 2020–2025. 9th ed. December 2020. dietaryguidelines.gov*
[277] *CDC. "National Immunization Survey–Child (NIS-Child): 2023 and 2024 Data Among Children Born in 2022." Centers for Disease Control and Prevention. Accessed September 2025. cdc.gov/breastfeeding/data/nis_data/index.htm*
[278] *Kramer, Michael S., and Ruth A. Kakuma. "Optimal Duration of Exclusive Breastfeeding." Cochrane Database of Systematic Reviews 2012, no. 8 (2012): CD003517. doi.org/10.1002/14651858.CD003517.pub2*

adequate nutrition.[279] Recognizing this nuance is essential in pediatric and community health contexts, where **equitable support means meeting families where they are.**

In Florida, most families initiate breastfeeding, but continuation is more challenging. As shown in Figure 83, 86.6% of infants born in 2022 were ever breastfed, compared to 85.7% nationally. However, the percentage continually declines at 6 months with only 57.9% still breastfed and then at 12 months the percentage drop more than half from initiation to only 36.7% being breastfed at their first birthday and slightly below the national average of 40.8%.[280] This indicates that while many families start out breastfeeding, far fewer are able to sustain it through the first year of life, missing out on benefits associated with longer duration.[281]

Figure 83. Percent of Infants That Are Breastfed, by Incidence and Duration, Florida, 2022



Source: CDC National Immunization Survey – Child (NIS-Child) 2023 and 2024, among children born in 2022.

Supports for infant feeding — such as maternity care practices, early care and education (ECE) policies, and paid family leave — play a vital role in helping families achieve their goals. CDC's Maternity Practices in Infant Nutrition and Care (mPINC) survey highlights that Delaware scored 93 out of 100 in 2024, reflecting strong maternity care practices, but Florida (85) and nationally (82) have room for improvement. State ECE licensing standards also matter: while Delaware fully meets standards for encouraging breastfeeding in center-based care, not all states — including Florida, achieve this level of support. Similarly, access to paid family and medical leave gives parents time to establish feeding routines and bond with infants, but Florida — like many states —still has gaps in ensuring comprehensive coverage.[282]

Location	Total mPINC Score, 2024 (out of 100)[a, 283]	Weeks of Paid Family/Medical Leave for Care of New Child, 2025[b,284, 285]	*Encourage and Support Breastfeeding*: State Center-Based ECE Licensing Standard, 2023[c,286]	*Statewide Breastfeeding Recognition Program*[287]
Delaware	93	12 weeks*	Fully met	Yes
Florida	85	7 weeks**	Partially met	Yes
Nationwide	82	-	-	-

[a] Possible mPINC scores are 0 to 100, with higher scores indicating better maternity care practices and policies.

[b] Among states with enacted legislation, the number of weeks presented are those that can be claimed by eligible employees for the care of a new child by birth, adoption, or foster care. Weeks may also be used for other family and medical leave events as specified by the state (e.g., a serious health condition of a qualified family member); in some states, additional weeks of benefits may be available for other needs.

[279] Brown, Amy, and Natalie Shenker. "Infant Feeding and Health Inequalities." Journal of Health Visiting 6, no. 9 (2018): 446–52. https://doi.org/10.12968/johv.2018.6.9.446
[280] CDC. "National Immunization Survey–Child (NIS-Child): 2023 and 2024 Data Among Children Born in 2022." Centers for Disease Control and Prevention. Accessed September 2025. cdc.gov/breastfeeding/data/nis_data/index.htm
[281] Centers for Disease Control and Prevention. Early Childhood Nutrition Report 2025. Atlanta, Georgia. 2025
[282] CDC. Maternity Practices in Infant Nutrition and Care (mPINC) Survey, 2024. Atlanta, GA: Centers for Disease Control and Prevention. cdc.gov/breastfeeding/data/mpinc/index.htm
[283] Maternity Practices in Infant Nutrition and Care (mPINC) Survey, 2024. cdc.gov/breastfeeding-data/mpinc/index.html
[284] Congressional Research Service Report: Paid Family and Medical Leave in the United States as of March 26, 2025. (Donovan, SA). Paid Family and Medical Leave in the United States (CRS Report No. R44835). congress.gov/crs_external_products/R/PDF/R44835/R44835.30.pdf
[285] Executive Office of Governor Ron DeSantis. (2023, September 18). Governor Ron DeSantis expands maternity and family leave for state employees. flgov.com
[286] University of Colorado College of Nursing. 2023 Supplement: Achieving a State of Healthy Weight. State Profile Pages: Child Care Centers. University of Colorado Anschutz Medical Campus; 2024 nursing.cuanschutz.edu/research/healthy-weight
287 Child Care Aware® of America. (n.d.). Health and Wellness Recognition Program. childcareaware.org/our-issues/health-nutrition/health-wellness-recognition-program

Employees must meet eligibility requirements to claim benefits; requirements vary across state programs. Voluntary paid family and medical leave programs in New Hampshire and Vermont are not included.

[c] States can include high-impact obesity prevention standards in their ECE licensing and administrative regulations. Family child care homes are not included. This indicator reports whether states fully met, partially met, did not address, or contradicted, the standard Encourage and Support Breastfeeding: Encourage and support breastfeeding and feeding of breast milk by making arrangements for mothers to feed their children on-site.

**State has enacted legislation to create a paid family and medical leave insurance program, but the program is not currently paying benefits. Paid leave benefits for eligible employees in Delaware, Maine, Maryland, and Minnesota will be available in 2026.*

***Florida law does not require private employers to provide paid family leave. However, in September 2023 the Florida governor expanded maternal/family leave for eligible state employees: 7 weeks paid maternity leave and 2 weeks paid parental leave.*

Together, these patterns demonstrate how infant nutrition is deeply connected to systems of care. While biological advantages of breastfeeding are well established, ensuring that all children receive safe and adequate nutrition requires community-wide commitment: from supportive hospital policies to equitable workplace protections, from culturally responsive education to the recognition that nourishing infants — by breast, bottle, or both — is fundamental to health equity.

Once children transition to solid foods, their eating habits begin to set the trajectory for health throughout adolescence and into adulthood. The 2020–2025 Dietary Guidelines for Americans provide age-specific targets: toddlers need about 1 cup total of each per day, elementary-age children 1–1½ cups fruit and 2 cups vegetables, and teens up to 2 cups fruit and 3–4 cups vegetables daily. Meeting these targets helps prevent chronic disease, supports healthy growth, and contributes to cognitive and academic outcomes.

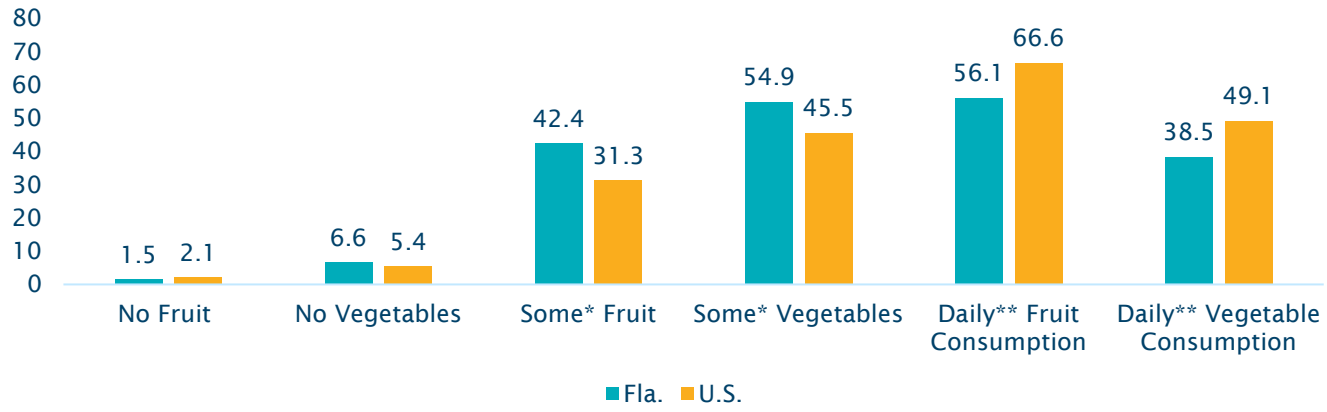
Children and adolescents are encouraged to eat about **5 servings of fruits and vegetables daily**, which translates to roughly 2 cups of fruit and 2½–3 cups of vegetables depending on age and sex.[288, 289]

The 2020–2025 **Dietary Guidelines for Americans** provide age-specific targets (**daily**): [290]	**Toddlers**	**Elementary age**	**Teens**
	~1 cup of fruit **~1 cup** of veggies	**1–1½ cups** fruit **2 cups** veggies	up to **2 cups** fruit **3–4 cups** veggies

In practice, however, most children and adolescents fall far short of these recommendations. Nationally, fewer than one in 10 adolescents consume the recommended five daily servings of fruits and vegetables.[291] In Florida, 56.1% of children ages 1–5 consumed fruit daily, less than 40% half (38.5%) consumed vegetables daily, rates similar to U.S. averages (66.6% fruit; 49.1% vegetables).[292]

[288] CDC. "Fruit and Vegetable Intake Among Children and Adolescents." 2022
[289] USDA & HHS. Dietary Guidelines for Americans, 2020–2025. 9th ed
[290] USDA. "MyPlate Fruit and Vegetable Group Recommendations."
[291] CDC. Adolescent Fruit and Vegetable Consumption. National Center for Chronic Disease Prevention and Health Promotion, 2023. cdc.gov/healthyyouth/data/yrbs/national-and-state-surveys.htm
[292] National Survey of Children's Health (NSCH), 2022–2023. Health Resources and Services Administration (HRSA) & Child and Adolescent Health Bureau. childhealthdata.org

Figure 84. Percent of Children Ages 1-5 Who Consumed a Fruit or Vegetable in the Past Week, by Frequency and Race/Ethnicity, Florida, 2022–2023



	Hispanic (%)		White, NH (%)		Black, NH (%)		Other, NH (%)	
	Fla.	U.S.	Fla.	U.S.	Fla.	U.S.	Fla.	U.S.
No fruits	2.3	2.3	1.8	1.8	0	2.9	0	1.6
No vegetables	11.4	6.5	4.4	4.6	5.8	6.8	1.3	4.6
Some fruit	45.3	33.9	30.7	26.7	61.3	46.6	47.9	30.1
Some vegetables	54.4	48.8	48.5	42.5	64.8	53.6	66.2	43
Daily fruit consumption	52.5	63.7	67.4	71.5	38.7	50.5	52.2	68.4
Daily vegetable consumption	34.1	44.7	47.1	52.9	29.3	39.6	32.6	52.4

Source: National Survey of Children's Health, Health Resources and Services Administration, Maternal and Child Health Bureau., 2022–2023

**"Some" fruit/vegetables is defined as reported intake of 1–6 times in the last week. The NSCH categories "1–3 times" and "4–6 times" were condensed into one with includes all intake less than 7 (1–6 times) when daily intake could not be reasonably assumed.*

***"Daily" fruit/vegetable consumption is defined as reported daily intake of fruits/vegetables at least once daily. The NSCH categories "1 time per day", "2 times per day", and "3 or more times per day" were condensed into one overall daily intake category.*

Stark disparities also exist: ***only 29.3% of Black non-Hispanic children in Florida ate vegetables daily, compared to nearly half (47.1%) of White non-Hispanic peers.***[293]

The proportion of children consuming no fruit or vegetables at all in the past week — though small overall — was significantly higher among Hispanic children than other groups, underscoring inequities in food access and dietary quality.[294]

Sugary drink consumption compounds these concerns. Nationally, six in 10 adolescents report drinking at least one sugar-sweetened beverage daily.[295]

In Florida, ***children under age 5 who are Black non-Hispanic were nearly five times as likely as White peers to consume three or more sugary drinks per day.***

[293] *National Survey of Children's Health (NSCH), 2022–2023. Health Resources and Services Administration (HRSA) & Child and Adolescent Health Bureau. childhealthdata.org*
[294] *National Survey of Children's Health (NSCH), 2022–2023. Health Resources and Services Administration (HRSA) & Child and Adolescent Health Bureau. childhealthdata.org*
[295] *CDC. Adolescent Fruit and Vegetable Consumption. National Center for Chronic Disease Prevention and Health Promotion, 2023. gov/healthyyouth/data/yrbs/national-and-state-surveys.htm*

These products contribute substantially to added sugar intake and displacement of healthier beverages like water and milk.

Patterns of broader diet quality also reveal challenges. While fruit and vegetable intake is a critical marker of diet quality, a comprehensive look at children's eating patterns requires examining the full range of food groups. Data from the Nemours Children's Community Survey (2025), which relied on parent proxy reporting for children under 18, highlights both strengths and areas of concern across major dietary categories:

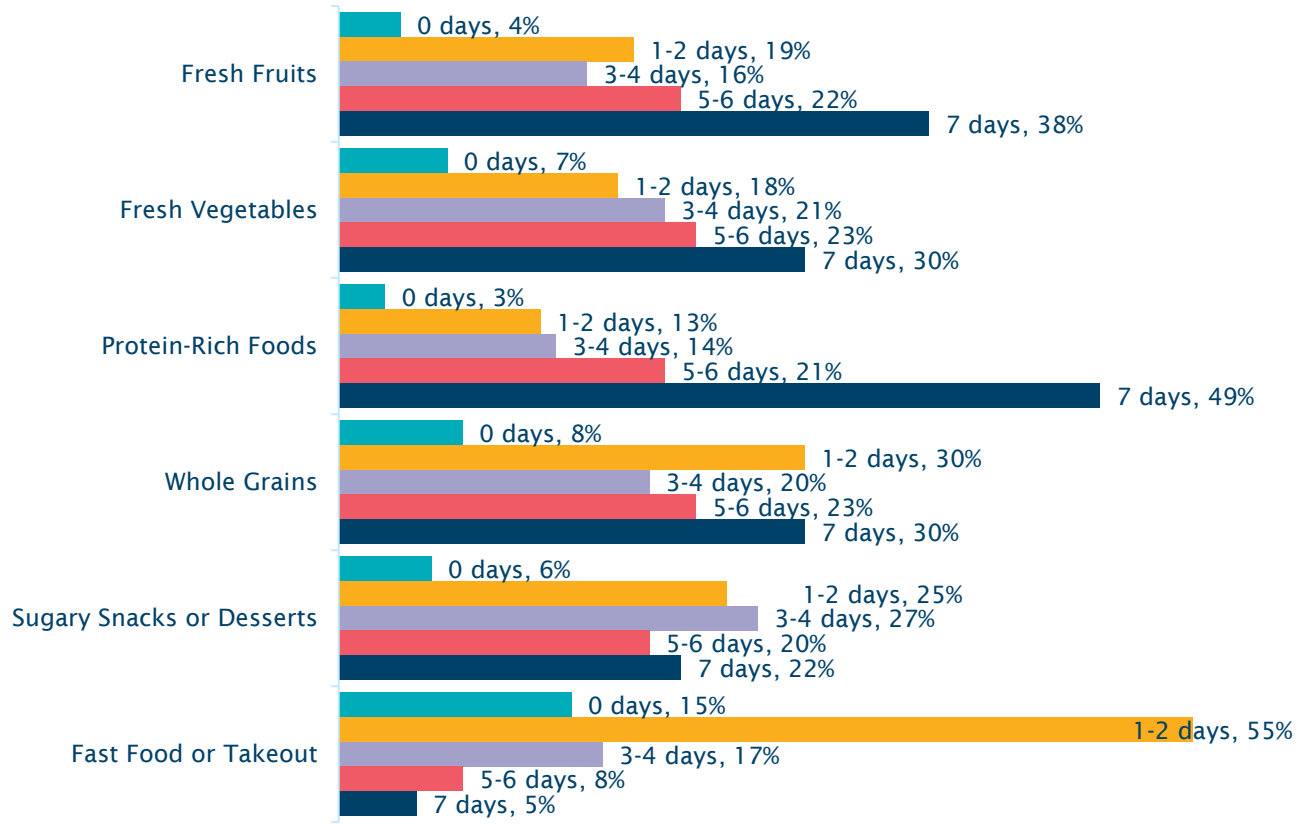
- 38% of children ate fresh fruit daily, and 30% ate fresh vegetables daily, with an estimated one-quarter only eating these foods 5–6 days per week.
- Almost half of the children reported eating protein-rich foods every day, and 30% consumed whole grains daily.

These are encouraging indicators that a substantial proportion of children are receiving the building blocks needed for growth and development, including fiber, vitamins, minerals, and protein. However,

- Almost one in four children ate sugary snacks or desserts every day, and another 47% consumed them at least 3–6 days per week.
- Only 5% reported eating it daily, more than half (55%) ate fast food one to two days per week.

These patterns reflect national evidence that diets high in added sugars, sodium, and saturated fats contribute disproportionately to childhood obesity, type 2 diabetes, and cardiovascular risk later in life.[296]

Figure 85. Percent of Weekly Food Consumption in Children (<18), by Food Group and Number of Days, Florida, 2022–2023



Source: Nemours Children's Community Survey, 2025

[296] *Feeding America. Map the Meal Gap. 2023. map.feedingamerica.org*

Self- or proxy-reported survey data can introduce recall bias or social desirability bias meaning respondents overestimate “healthy” foods or underreport “unhealthy” foods. Even so, proxy surveys provide valuable insights when combined with national surveillance systems like NHANES or YRBS, because they ground the numbers in local context and highlight both alignment with national trends and unique state and community-level challenges. When examining the Nemours community survey data below the county level, geographic variability offers key insights into the specific challenges behind the outcomes:

- Survey respondents across the region reported few having no fresh fruits (6% or less) while nearly one in 10 children in Apopka/West Orange, St. Cloud/Kissimmee, Lakeland/Remainder of Polk and Sanford reported having no fresh vegetables.
- 1 in 4 children in Brevard and nearly 1 in 3 children in Polk counties ate sugary snacks or desserts every day in the week prior to the survey.
- While most of Central Florida residents surveyed report eating takeout or fast food 1–2 days a week, roughly 1 in 5 respondents or 21% in the Remainder of Brevard and Seminole counties cited “0” days most often.
- The highest incidence of fast food and takeout all seven days of the prior week was from residents in Parramore/Holden Heights — highlighting the differences that can present themselves below the county level.

Diet quality consistently worsens as children get older. While more than 90% of young children ages 2–5 eat fruit daily, this declines to just 64% in teens. These declines are mirrored in vegetable intake and in the tendency for older youth to consume more processed and energy-dense foods. Skipping breakfast becomes common in adolescence, with three in four middle and high school students not eating breakfast daily — an important concern given links between breakfast and both academic outcomes and metabolic health. Fast food and “empty calories” also dominate youth diets. Nationally, nearly 40% of calories for children ages 2–19 come from added sugars and solid fats, with fast food contributing 8.5% of calories per day for younger children and 14.6% for teens.

Dietary Characteristics of Children, Teens, and Adolescents in the United States

Diet quality tends to decline with age.[297, 298]

Who eats fruit daily?

>90% of young kids (2–5)
80.6% of adolescents (6–11)
~64% of teens (12–19)[302]

Skipping breakfast is common.

3 in 4 middle and high school students do not eat breakfast daily.[304]

Males tend to have lower diet quality than females.

Boys eat fewer fruits and vegetables and more sugar than girls on average.[306]

Black high school students report lower fruit, vegetable, and water intake than peers from other racial/ethnic groups.[308]

Consumption of ***sugary beverages and sports drinks*** *starts early.*

~15% *of teens and adolescents (ages 6–17) drink* ***soda*** *and* ***~11%*** *drink* ***sports drinks*** *daily.*[299]

vs.

Water intake *is inadequate.*

44.2% *of high school students drank* ***less than 3 glasses*** *of plain water daily.*[300]

Fast food and empty calories dominate.

~40% of daily calories (ages 2–19) are from **added sugars and solid fats.**[301]

Ages 2–11:
8.5% of calories/day come from **fast food.**

Ages 12–19:
14.6% of calories/day come from **fast food.**[303]

Fruit and vegetable intake is low. About **half** of teens eat fruit or vegetables less than once/day.[305]

Nutrition impacts academic performance.

Students who ate breakfast every morning and included fruit and vegetables in their daily diet were more likely to get A's.[307]

School-based interventions show promise.

School programs that improve cafeteria offerings alongside nutrition education saw increases in fruit and vegetable intake among students.[309]

---

[297] *da Costa, L. C., Silva, L. B., & Fisberg, R. M. (2024). Longitudinal changes in diet quality from childhood to adolescence. Appetite, 196, 107633. doi.org/10.1016/j.appet.2024.107633*
[298] *Uzhova, I., Buck, C., & Hebestreit, A. (2023). Assessment of diet quality in children and adolescents: A review of methodological aspects. Nutrients, 15(13), 2921. doi.org/10.3390/nu15132921*
[299] *CDC. "Youth Risk Behavior Survey—United States, 2019." MMWR Surveillance Summary 69(1): 1–83. cdc.gov/mmwr/volumes/69/su/su6901a8.htm*

[301] *CDC. "Facts about Child Nutrition." Centers for Disease Control and Prevention, 2022. cdc.gov/school-nutrition/facts/index.html*
[302] *CDC. "Youth Risk Behavior Survey—United States, 2019." MMWR Surveillance Summary 69(1): 1–83. cdc.gov/mmwr/volumes/69/su/su6901a8.htm*
[303] *Fryar, Cheryl D., et al. "Fast Food Consumption Among Children and Adolescents in the United States, 2015–2018." NCHS Data Brief No. 375. cdc.gov/nchs/products/databriefs/db375.htm*
[304] *CDC. "Youth Risk Behavior Survey—United States, 2019." MMWR Surveillance Summary 69(1): 1–83. cdc.gov/mmwr/volumes/69/su/su6901a8.htm*
[305] *Centers for Disease Control and Prevention. (2023). Youth Risk Behavior Survey data summary & trends report: 2011-2021. U.S. Department of Health and Human Services. cdc.gov/mmwr/volumes/72/su/su7201a9.htm*
[306] *Scaglioni, Silvia, et al. "Factors Influencing Children's Eating Behaviours." Nutrients 10, no. 6 (2018): 706. doi.org/10.3390/nu10060706*
[307] *CDC. "Healthy Students Are Better Learners: Diet and Academic Performance." 2019. cdc.gov/healthy-schools/health-academics/diet-grades.html*
[308] *CDC. "Youth Risk Behavior Survey – United States, 2019." MMWR Surveillance Summary 69, no. 1 (2020): 1–83. cdc.gov/mmwr/volumes/69/su/su6901a8.htm*
[309] *Micha, Renata, et al. "School Food Policy and Childhood Obesity: A Systematic Review." American Journal of Clinical Nutrition 103, no. 2 (2016): 505–522. doi.org/10.3945/ajcn.115.112904*

Sports drinks are often overlooked as a type of sugary beverage that threatens child nutrition.

Sports drinks are widely marketed as performance-enhancing or hydrating options for youth, but many contribute to **large amounts of added sugar**, **unnecessary calories**, and **acids that damage teeth**, while offering **little nutritional benefit** outside of high-intensity athletic activity.[310]

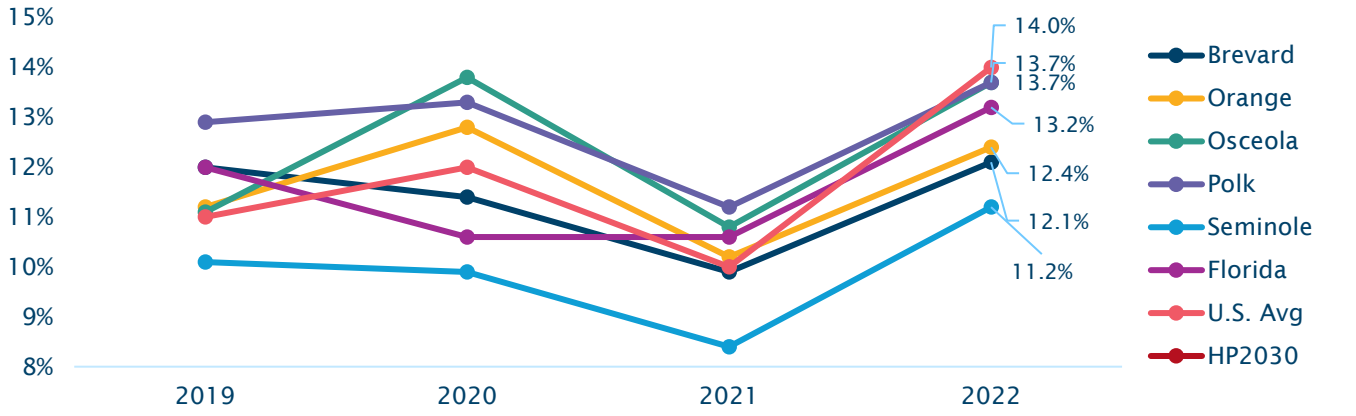
Research shows that overconsumption of sugar-sweetened beverages — including sports drinks — drives risk for obesity, type 2 diabetes, and cardiovascular disease across the lifespan.[311] Yet policies to limit or discourage sports drink consumption lag behind those targeting soda, signaling an area for stronger pediatric and community intervention.

The consequences of poor diet quality extend beyond physical health. Students who eat breakfast consistently and incorporate fruits and vegetables into their daily meals are significantly more likely to earn mostly A's in school, highlighting the role of nutrition in shaping academic opportunity and long-term success. Community and school-based interventions provide opportunities for change. Programs that combine improvements in cafeteria offerings with nutrition education have been shown to increase fruit and vegetable intake among students. Policies that limit availability of sugary drinks in schools, expand access to free breakfast and lunch, and create healthier food environments in childcare and after-school settings remain critical levers for improving nutrition in Florida's youth.

Together, these findings underscore that pediatric nutrition cannot be assessed only by fruit and vegetable consumption. A balanced perspective requires attention to the overall dietary pattern: whether children are eating enough whole grains, protein-rich foods, and fresh produce, while limiting intake of processed snacks, sugary drinks, and fast food. These behaviors are shaped not just by individual choice but by broader community conditions — such as **access to affordable groceries, availability of healthy options in schools and childcare, and marketing of unhealthy foods to children**. Addressing these upstream factors is central to improving nutrition equity across the state and beyond.

In Central Florida, food insecurity affected between 11.2% and 13.7% of the population between 2019 and 2022, with important county-level differences. These numbers place Central Florida residents close to the national average, but far from the Healthy People 2030 target of eliminating food insecurity. Families with children are disproportionately represented within these statistics, underscoring the link between stable access to healthy food and pediatric well-being.

Figure 86. Percent of the Population Who Lack Access to Healthy Foods or Food Insecure,* by County, Florida, 2019–2022



Source: Feeding America, Map the Meal Gap

[310] *American Academy of Pediatrics Committee on Nutrition and Council on Sports Medicine and Fitness. "Sports Drinks and Energy Drinks for Children and Adolescents: Are They Appropriate?" Pediatrics 127, no. 6 (2011): 1182–1189. doi.org/10.1542/peds.2011-0965*

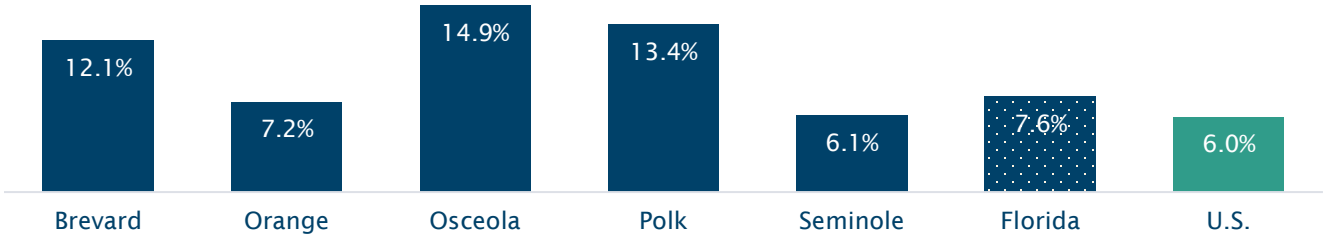
[311] *Malik, Vasanti S., et al. "Sugar-Sweetened Beverages and Risk of Metabolic Syndrome and Type 2 Diabetes." Diabetes Care 33, no. 11 (2010): 2477–2483. doi.org/10.2337/dc10-1079*

The U.S. Department of Agriculture (USDA) defines food insecurity as limited or uncertain availability of nutritionally adequate foods or uncertain ability to acquire these foods in socially acceptable ways.

> *Polk County had the highest percentage of population who lack adequate access to healthy foods (14%) followed by Orange (12.4%), and lastly Seminole (11%).*

Food insecurity is rarely the result of a single barrier. Instead, it reflects an intersection of structural factors that constrain families' ability to reliably access healthy foods. Florida data illustrate how geography, affordability, and income stability shape household food environments. In 2019, residents in Brevard, Osceola, and Polk counties (12.1%, 14.9%, and 13.4%, respectively) were nearly or more than double the state (7.6%) and U.S. (6%) of being both low-income and living far from a supermarket or large grocery store — defined as more than one mile in urban areas or 10 miles in rural areas. Orange and Seminole counties were similar to the state and U.S. average.

Figure 87. Percent of the Population Who Are Low-Income and Do Not Live Close to a Grocery Store,* by County, Florida, 2019



Source: Source: U.S. Department of Agriculture

**Percentage of individuals living more than one mile from a supermarket or large grocery store if in an urban area, or more than 10 miles from a supermarket or large grocery store if in a rural area. Low income is 200% of poverty.*

> *Fifteen percent of Osceola County were low income and did not live close to a grocery store. Seminole had the lowest percentage (6.1%).*

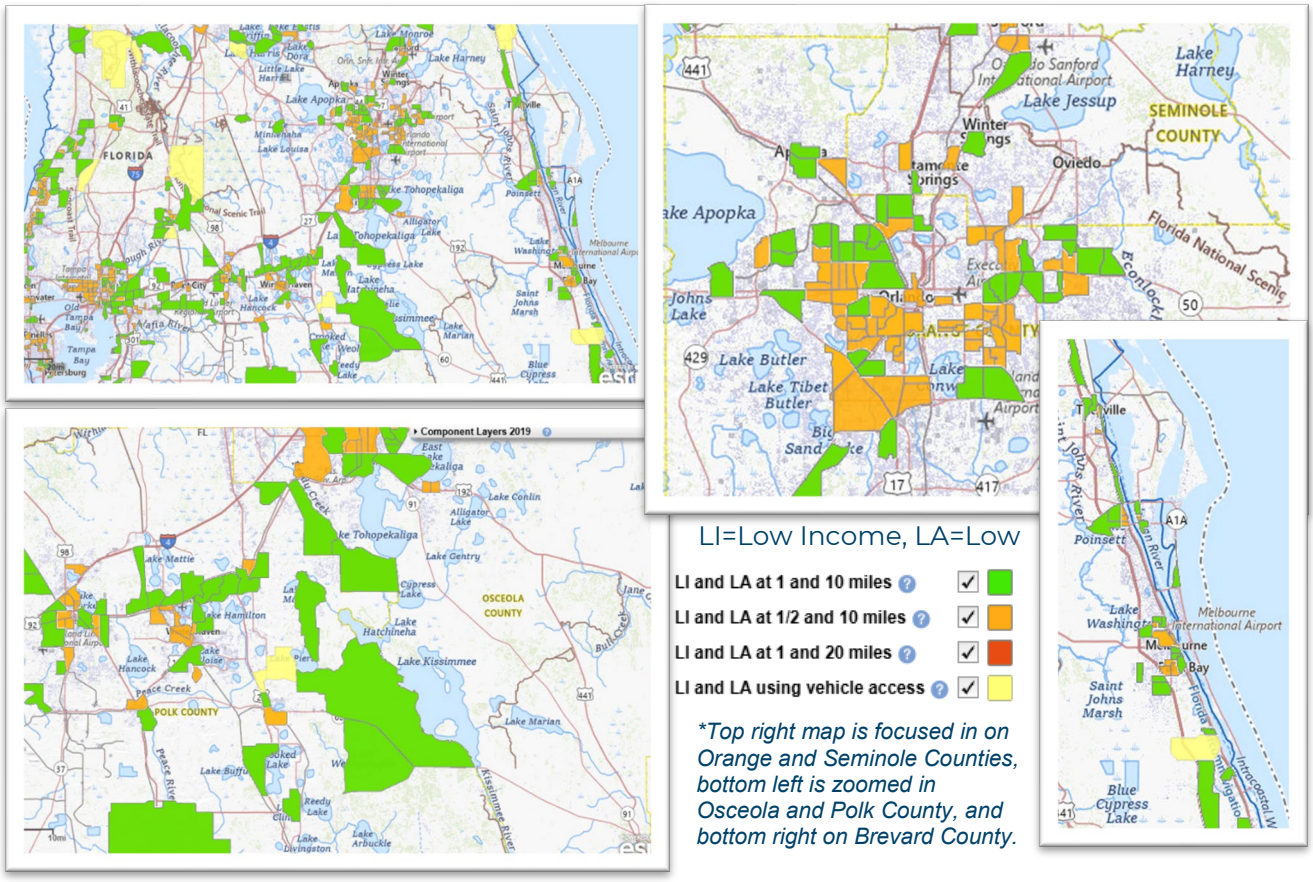
One stakeholder stated, "Food insecurity is a big issue. The number of kids who have nothing in their home is too large and kids can't learn or behave if they're

Census data from 2019–2023 show that higher concentrations of **children living in households under 200% of the federal poverty level are often the same areas with fewer supermarkets or farmer's markets**.[312]

Maps of Central Florida census tracts show that families who are both low-income and live far from grocery stores face heightened barriers to healthy eating. Figure 88 layers low-income data with low access to grocery stores to demonstrate potential relationships between the two. In the Central Florida region, there are census tracts with green which indicate low income: 1) live within one mile of a grocery store in a nonrural area, or 2) live within 10 miles of a grocery store in a rural area. The orange areas show the low income and live more than ½ mile in a nonrural areas and 10 miles in a rural area.

[312] *U.S. Census Bureau. American Community Survey, 2019–2023. data.census.gov*

Figure 88. Low Income and Low Access to Grocery Stores, by Census Tract, Florida, 2019



Source: U.S. Department of Agriculture, Economic Research Service

In 2019, 12.06% of Brevard, 7.18% of Orange, 14.88% of Osceola, 13.44% of Polk, and 6.13% of Seminole residents fell into this "low-income and low-access" category.[313] These numbers translate into specific neighborhoods where children face increased risk of food deserts. Figure 88 layers low-income data with low access to grocery stores to demonstrate potential food deserts and areas of food insecurity.

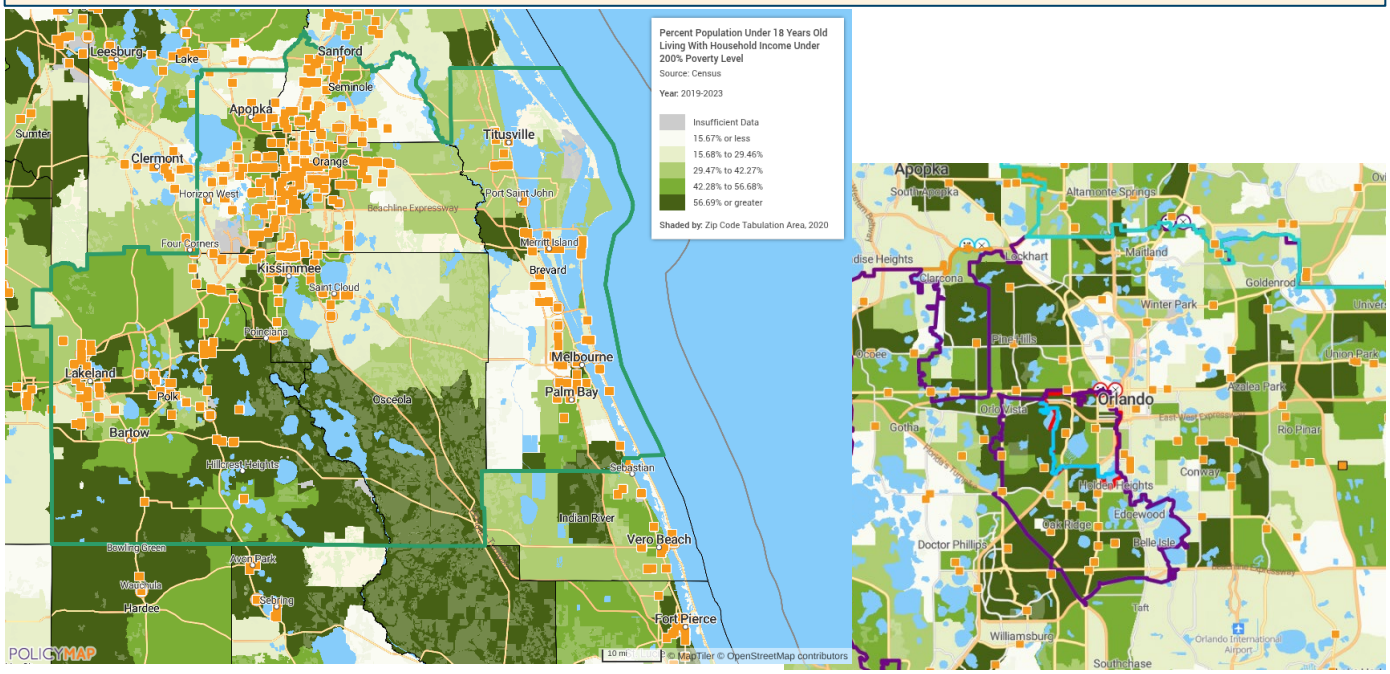
These overlapping patterns suggest that economic vulnerability and geographic isolation compound food access challenges, particularly for children. Areas with higher poverty rates often lack the infrastructure, transportation, and retail density needed to support consistent access to healthy, affordable food. This reinforces the need for **place-based interventions**—such as:

- Mobile markets
- Produce prescription programs
- School-based nutrition supports
- Transportation solutions for grocery access

Food insecurity directly shapes diet quality. Families experiencing these barriers often turn to cheaper, energy-dense foods that are widely available but poor in nutritional value. Over time, this deepens the same diet-related risks—obesity, diabetes, and other chronic conditions—that already appear in childhood nutrition data.

[313] *USDA Food Environment Atlas. 2019. ers.usda.gov/data-products/food-environment-atlas*

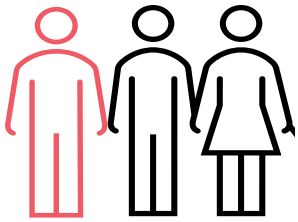
Figure 89. Percent of Population Under Age 18 Living With HH Income <200% of Poverty Level and Locations of Farmers' Markets and Grocery Stores, by Census Tract, Florida, 2019–2023



Source: Census Bureau, 2019–2023 and Nielsen IQ, 2022

**Points displayed on PolicyMap include the following store types from that database: supermarkets, supercenters, limited assortment stores, natural food stores, and grocery warehouses. As part of their Limited Supermarket Access analysis, Reinvestment Fund defines a store service level – Full Service or Non-Full Service. Full Service grocery stores include Supercenters and Conventional Supermarkets. Non-Full-Service grocery stores include Limited Assortment Supermarkets, Natural/Gourmet Food Stores and Grocery Warehouses.*

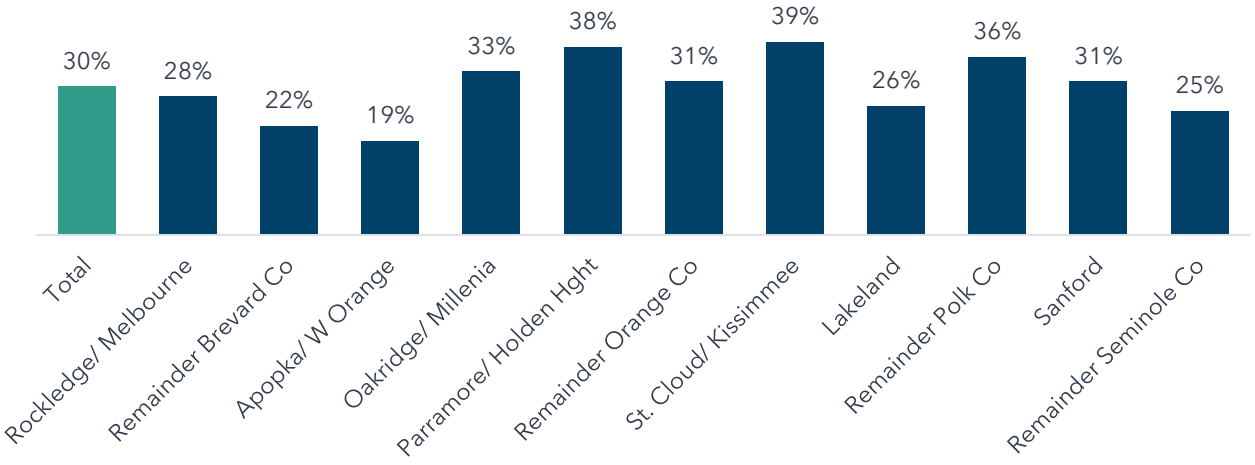
Cost is the most cited barrier to food access in Florida. In the 2025 Nemours Children's Community Survey, 30% of respondents statewide reported that in the past year their family was unable to access enough food because of cost.



Nearly **1 in 3** (30%) survey respondents cited **cost as a barrier to food access** over the past 12 months.

These rates were even higher in Parramore/Holden Heights (38%), St. Cloud/Kissimmee (39%), and Remainder of Polk County (36%) while similar in Oakridge/Millenia (33%), Remainder of Orange County (31%) and Sanford (31%). This suggests that **economic pressure, rather than availability alone, remains a key driver of food insecurity across both urban and rural contexts.**

Figure 90. Percent of the Survey Respondents Who Indicated Cost of Food Was the Reason They Could Not Access Enough Food, by Zip Code Region, Central Florida, 2025



Source: Nemours Children's Community Survey, 2025

Families also identified additional challenges:

Transportation

14% of respondents reported difficulty getting to a grocery store or food source with the highest rates in Oakridge/Millenia (21%) and Parramore/Holden Heights (27%).

Limited Food Options

10% of respondents cited lack of stores that sell fresh or healthy food, a concern particularly noted in Remainder of Orange County (14%), and Oakridge/Millenia (17%).

Time Constraints

13% of respondents reported limited time to shop or prepare meals as a primary barrier, with higher rates in Oakridge/Millenia (18%) followed by Remainder of Orange County (21%).

Food insecurity in Florida and the region is not simply about the absence of food, but about the affordability and accessibility of healthy foods that prevent and manage chronic disease. Addressing cost barriers is essential not just for meeting basic needs, but for advancing health equity and preventing diet-related illnesses.

Stakeholders remarked that the secret to success in the future is children. However, there is a large percentage who are not fed properly and not financially stable at home.

Evidence shows that nutrition interventions work. Medically tailored meals, produce prescription programs, and "food farmacy" models have been associated with improvements in dietary behaviors, reductions in chronic disease risk, and lower healthcare costs.[314] Locally, since 2016, the Health and Hunger Task Force of Central Florida has convened as a coalition of healthcare providers and nutrition-focused organizations including the regional food bank to identify opportunities to measurably impact health by using Food is Medicine strategies.[315]

At the same time, nutrition policy has become a critical lever. Universal free school lunch has long been championed by healthcare systems, educators, and public health advocates, and **while Florida students currently have access to free breakfast, gaps remain in ensuring that every child**

[314] *Berkowitz SA, Terranova J, Hill C, et al. "Meal Delivery Programs Reduce the Need for Costly Health Care." Health Affairs, 2018*
[315] *Health and Hunger Task Force of Central Florida. healthandhungercfl.com*https://healthandhungercfl.com/

receives nutritious lunch at no cost.[316] Expanding these programs represents a tangible, evidence-based step to reduce child hunger and promote equity across income and racial groups.




Protecting foundational supports like the Women, Infants, and Children (WIC) program is also essential. **Nearly half of eligible young children in Florida — 47.5% as of 2024 — are enrolled in WIC**, which provides critical nutritional benefits during pregnancy, infancy, and early childhood.[317] Participation in WIC is consistently linked to healthier birth outcomes, reduced infant mortality, and improved child-growth trajectories, with long-term returns in education and economic stability.[318] Yet because WIC is federally funded and subject to annual appropriations, proposed cuts or benefit restrictions would leave more families facing the cost barriers already driving food insecurity.

Looking ahead, Florida needs to:

- **Secure sustainable Medicaid and state reimbursement** for food-as-medicine interventions
- **Embed food insecurity screening** in all clinical settings
- **Expand free school breakfast** to include universal lunch
- **Ensure WIC benefits are protected and modernized**

Aligning agriculture, retail, and food systems with health goals — and tailoring interventions to zip code-level disparities will be key. By pairing evidence-based healthcare interventions with bold nutrition policies, Florida and the region can shift from treating hunger as a symptom to treating nutrition as a foundation of health and prevention.

Physical Activity

Physical activity is a powerful determinant of child health, linked with lower risks of obesity, type 2 diabetes, cardiovascular disease, hypertension, and even certain cancers. Active lifestyles in childhood not only reduce immediate health risks but also set the foundation for healthier patterns into adulthood. Children who engage in regular movement demonstrate stronger bone and muscle development, improved mental health, and better academic performance. Conversely, being inactive or sedentary raises the likelihood of excess weight gain and chronic disease later in life. Importantly, the environments where children live — such as neighborhoods with accessible sidewalks, parks, and recreational facilities — play a critical role in enabling consistent opportunities for physical activity.[319]

National guidelines outline clear activity goals for children across developmental stages. These activities not only support healthy physical development but also improve attention, reduce stress, and build resilience.

Physical Activity Recommendations by Age[320]

Ages 3–5

- Should be physically active throughout the day for growth and development — about 15 minutes for every waking hour
- Adult caregivers should encourage children to be active when they play, for example by jumping, throwing or riding a tricycle.

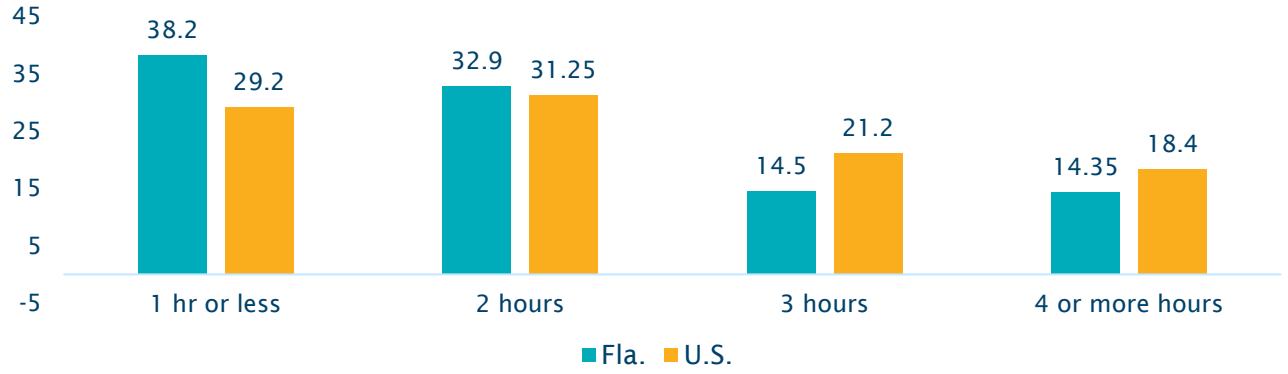
Ages 6–17

- 60 min. or more of moderate-to-vigorous physical activity each day, including:
  - Aerobic activity: walking, running (anything to raise heart rate)
  - Muscle-strengthening: climbing, doing pushups
  - Bone-strengthening: jumping, running

[316] *Food Research & Action Center. "School Meals are Essential for Student Health and Learning." 2024. frac.org/research/resource-library/school-meals*
[317] *America's Health Rankings. "2024 Health of Women and Children Report: Florida." 2024. americashealthrankings.org/learn/reports/2024-health-of-women-and-children-report/state-summaries-florida*
[318] *U.S. Department of Agriculture, Food and Nutrition Service. "WIC 2022 Eligibility and Coverage Rates." 2023. fns-prod.azureedge.us/sites/default/files/resource-files/wic-eer-2022-report.pdf*
[319] *University of Wisconsin Population Health Institute. County Health Rankings & Roadmaps 2025. Available at: countyhealthrankings.org*
[320] *Centers for Disease Control and Prevention. (2024, January 8). Physical Activity Basics: Child Activity Overview. U.S. Department of Health & Human Services. Retrieved from cdc.gov/physicalactivity/basics/children/index.htm*

The data shows how Florida children compare to their peers nationwide in meeting these recommendations. Among children ages 3–5, time spent playing outdoors in a typical week is distributed fairly evenly across categories, with about 40% in Florida and 30% in the U.S. spending one hour or less per day outdoors, and just over one-seventh spending four or more hours daily. These figures highlight that while some young children have frequent access to active play, many are limited in outdoor time during critical developmental years.

Figure 91. Percent of Children Ages 3–5 and Time Spent Playing Outdoors in an Average Week,* Florida, 2022–2023

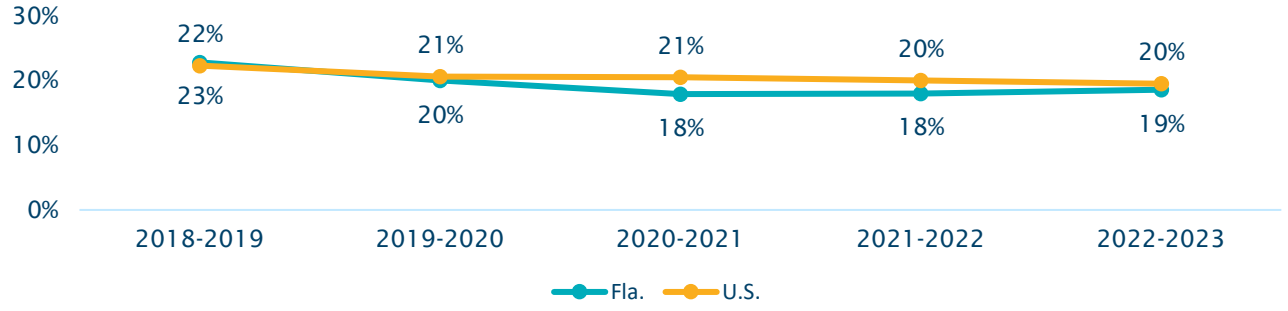


Source: U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau, National Survey of Children's Health, 20222–2023

**NSCH weekend and weekday data were combined into one category that represents all days in an average week.*

For youth ages 6–17, the percentage meeting the daily 60-minute physical activity recommendation remains low and relatively flat over the past five years. In Florida, rates declined from 22.8% in 2018–2019 to 18.6% in 2022–2023, mirroring U.S. trends.

Figure 92. Percent of Children Ages 6–17 Who Were Physically Active at Least 60 Minutes Every Day in the Past Week, Florida, 2018–2023



Source: U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau, National Survey of Children's Health, 2018□2023

Community survey findings show 29% of children were reported being physically active every day, while 22% reported five to six days, and 14% reported just three to four days. A small but notable share (8%) were active for only one to two days or not at all, underscoring inequities in consistent access to movement opportunities.

Children Ages 6–17 Engaged in Physical Activity for at Least 60 Minutes in the Last Week

0 Days	1–2 Days	3–4 Days	5–6 Days	7 Days
1%	**7%**	**14%**	**22%**	**29%**

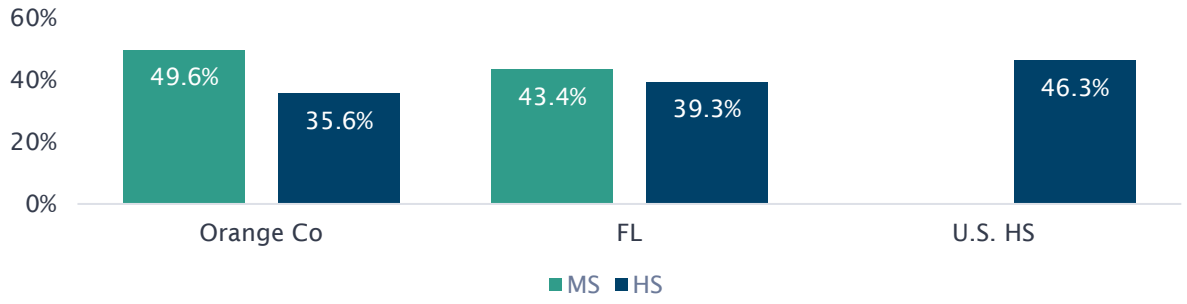
This is just shy of the Healthy People 2030 goal of ~30% of youth (6–13 and high school age) engaged in 60 minutes or more of aerobic physical activity.

Source: Nemours Children's Community Survey, 2025

**7% reported that their child was not able to be physically active and 17% did not know the amount of days their child was physically active in the last week.*

Differences emerge by age group and school level. In Florida, 43.4% of middle school students reported at least 60 minutes of activity on five or more days in the past week compared with 39.3% of high school students, below the U.S. average of 46%. Nearly half of Orange County middle school students fair better being physically active on five or more days compared to their state peers, but the county's high school students are less active than their state and national peers.

Figure 93. Percentage of Middle and High School Students Who Were Physically Active* at Least 60 Minutes per Day on 5 or More Days, Orange County School District, Florida, 2021



Source: CDC YRBSS, 2021; FL Health CHARTS, MS-YRBS and HS-YRBS, 2021

**In any kind of physical activity that increased their heart rate and made them breathe hard some of the time, during the 7 days before the survey.*

When examining physical activity, it is important to recognize that outcomes vary not only by age group but also by the type of activity measured. To support healthy growth and long-term fitness:

- Younger children may meet recommendations through active play, whereas
- Adolescents are expected to balance aerobic movement with muscle-strengthening and bone-strengthening activities.

Measures such as daily minutes of movement, frequency of muscle-strengthening exercise, and participation in school or community sports teams each capture different dimensions of activity and highlight the multiple pathways through which young people can stay healthy. Beyond aerobic minutes, teens are expected to include **muscle-strengthening activity on at least 3 days each week** (e.g., push-ups, sit-ups, resistance training) because it builds peak bone mass, improves insulin sensitivity and cardiometabolic health, supports healthy weight, and contributes to mental health and academic focus.[321]

[321] *U.S. Department of Health and Human Services. Physical Activity Guidelines for Americans, 2nd ed. Benefits for youth include stronger bones and muscles, better cardiometabolic health, and improved cognition. health.gov/sites/default/files/2019-09/Physical_Activity_Guidelines_2nd_edition.pdf*

In 2023, **51.1%** of U.S. high school students met the muscle-strengthening guideline — which is down from 55.6% in 2011.[322]

Only about 1 in 6 U.S. students met both the daily aerobic and 3-day muscle-strengthening standards in 2023, **underscoring why schools, families, and community programs need to protect time and access for resistance-type activities — not just "cardio."**[323]

Longitudinal data suggest a broader national decline in structured activity, such as participation in sports teams, with fewer adolescents playing on at least one team compared to previous decades.[324] This trend contributes to reduced opportunities for regular, organized exercise and highlights the need for community and school supports to keep adolescents engaged.

Figure 94. Percent of Children (Ages 3–5 and Ages 6 and Older) Who Were Physically Active 5 or More Days,* Central Florida, 2025

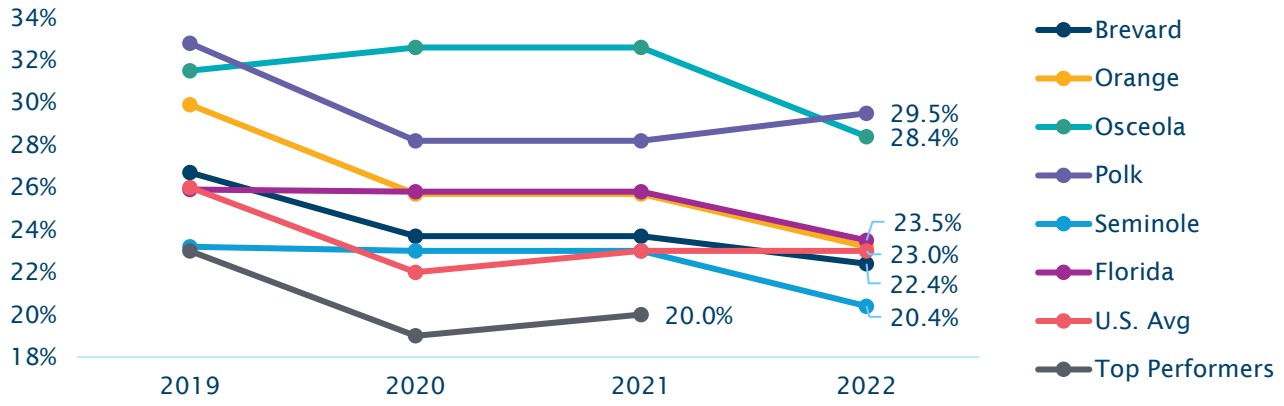
Source: Nemours Children's Community Survey, 2025
**Physically active for children ages 3–5 is defined as a total of at least 3 hours or about 15 minutes every hour they are awake on a given day. For children ages 6 or older, physically active is defined as a total of at least 60 minutes of moderate to vigorous activity on a given day.*

As children move into adulthood, the habits formed in youth often persist, making early activity patterns a predictor of lifelong health. The same challenges seen among adolescents — insufficient daily movement, inconsistent engagement in muscle-strengthening, and declining participation in organized sports — are mirrored in Florida's adult population. Looking at adult trends provides a broader view of how inactivity carries across the life course and reinforces the need for interventions that support active lifestyles from childhood onward.

In 2022, about 23.5% of Florida adults reported no leisure-time physical activity, a rate slightly higher than the U.S. average (22.4%) and significantly above "top performing" counties nationwide, where inactivity rates fall closer to 20%. Within Central Florida, there are notable county-level differences: Polk County had the highest proportion of adults reporting no activity (29.5%) and regressed from prior year, but all other counties in the region improved showing decreased percentage of adults not being active ranging from 20.4% to 28.4% and straddling the U.S. average at 23%.

[322] *CDC Youth Online, Florida — High School YRBS (2021) (state results page; muscle-strengthening indicator available in 2021 cycle). nccd.cdc.gov/youthonline/app/Results.aspx?LID=FL*
[323] *Cornett K, et al. Physical Activity Behaviors and Negative Safety and School Experiences — U.S. High School Students, 2023. MMWR Suppl. 2024;73(Suppl-4). Notes 16.5% met both aerobic and muscle-strengthening guidelines. cdc.gov/mmwr/volumes/73/su/su7304a11.htm*
[324] *Centers for Disease Control and Prevention. Youth Risk Behavior Survey, 2023. cdc.gov/yrbs*

Figure 95. Percent of Adults Age 18 and Over Reporting No Leisure-Time Physical Activity (Age Adjusted), by County, Florida, 2022



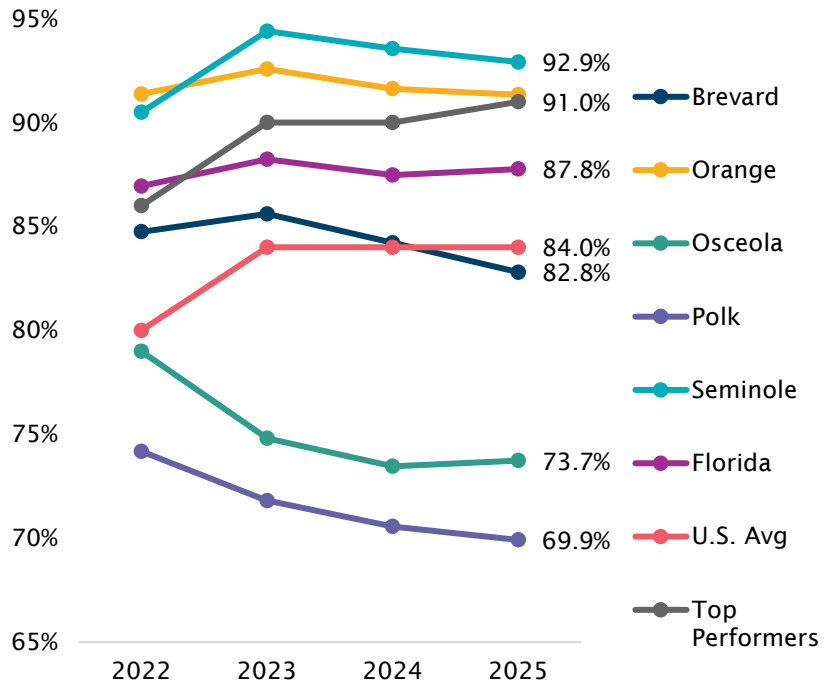
Source: CHR, 2025; BRFSS

Polk County had the highest percentage of population with no leisure time physical activity (29.5%), followed by Osceola County (28%). Seminole County had the lowest percentage with no leisure time physical activity (20%).

Adults who do not engage in regular physical activity face higher risks of obesity, cardiovascular disease, diabetes, and premature death. When combined with the earlier data showing low adherence to youth activity guidelines, the continuity is clear: Florida residents are entering adulthood without a strong foundation of physical fitness, which has cascading effects on health outcomes and healthcare costs. **Addressing these gaps requires strategies that bridge childhood and adulthood — ensuring that opportunities for daily movement are accessible, culturally relevant, and sustained across the lifespan.** Access to safe and supportive environments shapes whether both youth and adults can realistically meet recommendations. Having parks, sidewalks, and recreational facilities nearby is critical, but proximity alone does not guarantee that families feel safe or able to use these spaces consistently. Florida's data show that the availability of opportunities varies significantly by geography and that perceptions of safety often determine whether spaces are used.

Across the state, 88% of residents report living reasonably close to places for physical activity. Yet disparities emerge: only 70% of residents in Polk County followed closely behind Osceola County with 74% saying they live near an exercise opportunity, compared with 83% in Brevard County, and 91% and 93% in Orange and Seminole counties, respectively.

Figure 96. Percent of Individuals Who Live Reasonably Close to Exercise Opportunities,* by County, Florida, 2024



- 6% of respondents in Central Florida feel their child is somewhat unsafe or very unsafe playing outside during the day.
- 16% feel their child is somewhat unsafe or very unsafe walking to or from school or a park.
- 33% feel their child is somewhat unsafe or very unsafe being outside after dark.

So, although exercise opportunities exist and a large proportion of the state live reasonably close to them, it's important to look closer to understand how accessible/useful parks are and how safety varies by community.

Sources: County Health Rankings, 2025, ArcGIS Pro, USA Parks data, YMCA, TIGER/Line Shapefiles. The 2025 data release used data from 2024, 2022, & 2020 for this measure. 2020= population, 2022 = ArcGIS TIGER/Line Shapefiles, 2024 = ArcGIS Places

**Access to Exercise Opportunities measures the percentage of individuals in a county who live reasonably close to a location for physical activity. Locations for physical activity are defined as parks or recreational facilities. Generic 6-digit SIC codes were used to identify these locations. In addition. Individuals are considered to have access to exercise opportunities if they: (1) reside in a census block that is within a half mile of a park, or (2) reside in an urban census block that is within one mile of a recreational facility, or (3) reside in a rural census block that is within three miles of a recreational facility.*

> *Disparities exist at the county level, where 93% of Seminole County residents live reasonably close to exercise opportunities, 74% in Osceola County and 70% in Polk County live reasonably close to exercise opportunities.*

These patterns show that while proximity is necessary, it is not sufficient. Even when families live close to parks or recreational spaces, safety concerns — ranging from crime to traffic to lack of sidewalks — limit whether those opportunities are actually used. **Accessibility, therefore, is shaped not only by proximity but by whether families feel their children can safely walk, play, and be active in those spaces.**

Hygiene

Hygiene is an essential component of child and adolescent health. Good hygiene practices reduce the spread of infectious diseases, strengthen self-esteem during critical developmental years, and establish behaviors that influence health across the life course. For young people, hygiene extends beyond handwashing; it includes oral health, personal care (including menstrual hygiene), digital hygiene, and sleep hygiene. These domains are interrelated and strongly shaped by environmental, social, and economic conditions. Deficits in any area can have cascading effects on health, education, and psychosocial outcomes.

Oral hygiene refers to daily practices such as toothbrushing, flossing, and dental visits that prevent cavities and gum disease. It is one of the most widely recognized hygiene domains in childhood and adolescence, with clear links to long-term health outcomes.[325] The American Dental Association and

[325] *Centers for Disease Control and Prevention (CDC). "Oral Health: At a Glance." National Center for Chronic Disease Prevention and Health Promotion, 2022. cdc.gov/chronicdisease/resources/publications/factsheets/oral-health.htm*

CDC emphasize oral hygiene as foundational to child health and disease prevention.

Daily hygiene

Brushing twice a day for 2 minutes with fluoride toothpaste reduces risk of cavities.

Professional bodies recommend parent-supervised fluoride toothpaste (smear/rice-grain for under age 3; pea-size for ages 3–6, and establishing a dental home by age 1.[326, 327, 328, 329]

Fluoride (population and clinical)

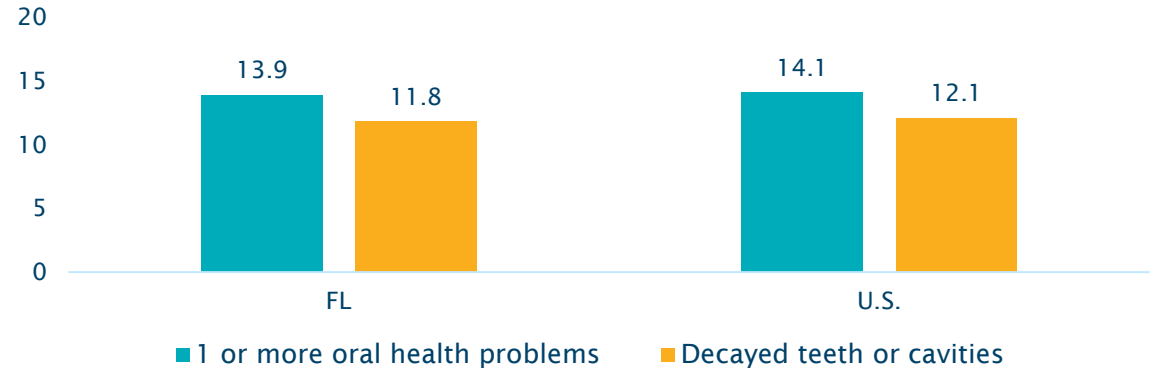
Community water fluoridation reduces cavities by ~25% across age groups and saves families and systems money.[330, 331]

Clinical fluoride varnish and supplements (if water is not fluoridated) are USPSTF "B" recommendations in primary care for children.[332]

Poor oral health limits a person's ability to eat, learn, and work; left untreated it causes pain, infection, tooth loss, and death in rare cases.[333] Each year in the U.S., oral disease leads to an estimated **34 million school hours lost** for children and adolescents,[334] and **320.8 million work hours lost** among adults,[335] disproportionately impacting low-income families.

Children in Florida are not immune to these challenges. Recent data show that 13.9% of children ages 1–17 in Florida experienced one or more oral health problems in the past year, and 11.8% had untreated tooth decay or cavities. Nationally, the burden is even higher, with 14.1% of children reporting oral health problems and 12.1% reporting untreated cavities. These findings illustrate that Florida performs slightly better than the national average yet still leaves more than one in 10 children facing preventable oral health issues.

Figure 97. Percent of Children (1–17) With Any Oral Health Problems and Decayed Teeth or Cavities in the Last 12 months, Florida, 2022–2023



Source: National Survey of Children's Health, Health Resources and Services Administration, Maternal and Child Health Bureau., 2022–2023

[326] *American Academy of Pediatric Dentistry (AAPD). "Best Practices: Fluoride Therapy." Updated 2023. aapd.org/research/oral-health-policies–recommendations/fluoride-therapy*
[327] *AAPD. "Policy on the Use of Fluoride." 2022. aapd.org/research/oral-health-policies–recommendations/use-of-fluoride*
[328] *AAPD. "Best Practices: Infant Oral Health Care." 2019. aapd.org/research/oral-health-policies–recommendations/infant-oral-health-care*
[329] *American Academy of Pediatrics. "Maintaining and Improving the Oral Health of Young Children." Pediatrics 134, no. 6 (2014): 1224–29. doi.org/10.1542/peds.2014-2984*
[330] *Griffin, Susan O., et al. "Effectiveness of Fluoride in Preventing Dental Caries in Adults." Journal of Dental Research 86, no. 5 (2007): 410–15. doi.org/10.1177/154405910708600502*
[331] *CDC. "Community Water Fluoridation: A Cost-Saving, Effective Public Health Strategy." Division of Oral Health, 2022. cdc.gov/fluoridation/index.html*
[332] *U.S. Preventive Services Task Force. "Fluoride Varnish and Oral Fluoride Supplementation for Young Children." JAMA 325, no. 21 (2021): 2171–79. doi.org/10.1001/jama.2021.4760*
[333] *American Dental Association. "Oral Health Topics: Dental Caries (Tooth Decay)." ADA, 2023. ada.org/resources.research/science-and-research-institute/oral-health-topics/dental-cavities*
[334] *Centers for Disease Control and Prevention (CDC). "Children's Oral Health: Fast Facts." National Center for Chronic Disease Prevention and Health Promotion, 2022. cdc.gov/oralhealth/fast-facts/childrens-oral-health.html*
[335] *U.S. Department of Health and Human Services. Oral Health in America: Advances and Challenges. National Institutes of Health, National Institute of Dental and Craniofacial Research, 2021. nidcr.nih.gov/research/oral-health-in-america*

Untreated dental cavities cause pain, missed school days, and nutritional issues. These disparities mirror broader inequities: children in low-income households and racial/ethnic minority groups have higher rates of untreated decay.

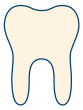
School-based oral health screenings reinforce these concerns. In 2021–2022, 29.3% of Florida's third graders had untreated decay nearly triple the Healthy People 2030 target of 10.2%. Sealant coverage also falls short, with only 36.9% of third graders protected compared to the national target of 42.5%.[336]

2021–2022 Florida School Screening Findings:	
~30%	of 3rd graders had untreated decay. This **does not meet** the Healthy People target: 10.2%.
~37%	of 3rd graders had dental sealants. This **does not meet** the Healthy People target: 42.5%.
71%	of Florida children received a preventive dental service in 2020–2021.[337]

Source: Florida Department of Health, Dental Health Reports.

There are encouraging signs: 71% of Florida children received a preventive dental service between 2020 and 2021, demonstrating that many families are engaging in care when access is available. [338]

Oral health outcomes in childhood have lasting consequences. Cavities in primary teeth predict higher risk of decay in permanent teeth and into adolescence,[339,340] linking untreated disease to growth, weight, and long-term educational outcomes.



- ~**21%** of U.S. adults age 20–64 have untreated decay.[341]
- **~42%** of U.S. adults ≥30 have periodontitis. [342]
- **~8.9%** of U.S. adults ≥45 have lost all their teeth (HP2030 target 5.4%).[343]

In 2023, 65.5% of U.S. adults reported a dental visit in the past year, Florida adults were slightly below at 61.2%.[344]

Community water fluoridation coverage provides a strong foundation for prevention and historically has been one of the most effective public health strategies to reduce children's tooth decay. Florida's fluoridation coverage at 77.8% of residents on community water systems receiving fluoridated water in 2018 is slightly better than the national average of 72.7%.[345, 346] But fluoride alone is not enough especially as a new Florida law went into effect July 1, 2025, prohibiting local governments from unilaterally adding fluoride to public drinking water. This makes other preventive treatment essential.[347] Oral health should be embedded in a broader hygiene framework that also addresses handwashing, acne, and menstrual health. School-based programs that combine brushing, sealants, and fluoride varnishes with education

[336] *Florida Department of Health. (n.d.). Dental Health Reports. FloridaHealth.gov. floridahealth.gov/programs-and-services/dental-health/reports/index.html*
[337] *The Annie E. Casey Foundation. (2025, April). Children who have received preventive dental care in the past year. KIDS COUNT Data Center. datacenter.aecf.org/data/tables/9696-children-who-have-received-preventive-dental-care-in-the-past-year*
[338] *Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau. National Survey of Children's Health (NSCH) 2020–2021: Preventive Dental Services Data. childhealthdata.org*
[339] *Broadbent, Jonathan M., W. Murray Thomson, Terrie E. Moffitt, et al. "Dental Caries and Oral-Health Practices in Childhood Are Associated with Caries in Adulthood." Journal of Dental Research 92, no. 4 (2013): 323–29. https://doi.org/10.1177/0022034513481190*
[340] *Mejàre, Ingegerd, Gösta Stenlund, and Ulf Larsson. "Caries Incidence among Schoolchildren—A 4-Year Longitudinal Study." Community Dentistry and Oral Epidemiology 26, no. 1 (1998): 12–18. https://doi.org/10.1111/j.1600-0528.1998.tb01920.x*
[341] *Fleming, Elyse, and Robin A. Cohen. "Dental Caries and Tooth Loss in Adults in the United States, 2015–2018." NCHS Data Brief no. 368 (2020). cdc.gov/nchs/products/databriefs/db368.htm*
[342] *Eke, Paul I., et al. "Update on Prevalence of Periodontitis in Adults in the United States: NHANES 2009 to 2012." Journal of Periodontology 86, no. 5 (2015): 611–22. https://doi.org/10.1902/jop.2015.140520.*
[343] *Office of Disease Prevention and Health Promotion. "Healthy People 2030 Objective OH-06: Reduce Total Tooth Loss in Adults Aged 45 or Older." U.S. Department of Health and Human Services, 2020. https://health.gov/healthypeople/objectives-and-data/browse-objectives/oral-conditions.*
[344] *Florida Department of Health (n.d.). Florida Behavioral Risk Surveillance System Dashboard. FLHealthCHARTS.gov*
[345] *Centers for Disease Control and Prevention (CDC). "2018 Fluoridation Statistics—United States." Division of Oral Health, 2019. cdc.gov/fluoridation/statistics/2018stats.htm*
[346] *Centers for Disease Control and Prevention (CDC). "Community Water Fluoridation Coverage, 2018." Division of Oral Health, 2019. cdc.gov/fluoridation/statistics/2018stats.htm*
[347] *Executive Office of the Governor. (2025, May 6). Governor Ron DeSantis celebrates action to protect Floridians from chemical and technological interference. flgov.com/eog/news/press/2025/governor-ron-desantis-celebrates-action-protect-floridians-chemical-and*

on daily hygiene reduce infection, stigma, absenteeism, and long-term disparities.[348, 349, 350]

Personal hygiene encompasses daily care of the body, skin, hair, and nails, as well as handwashing and safe grooming practices. In adolescence, puberty introduces additional needs, including body odor management, acne prevention, and menstrual hygiene, or menstrual hygiene management (MHM), which the World Health Organization (WHO) defines as using clean materials to absorb menstrual blood, changing them in privacy, and having access to soap and water for washing.[351] Deficits in personal or menstrual hygiene can lead to infections, stigma, and absenteeism from school.[352]

Acne is one of the most common health conditions of adolescence, with studies estimating that up to 87% of teenagers experience acne at some point.

Acne is the prevalent skin condition.[353]

It affects nearly **50 million people** annually.

Acne is strongly associated with **poor self-esteem, anxiety, depression, and social withdrawal.**[355]

Acne can cause permanent **scarring, post-inflammatory pigmentation,** and secondary **infection**.[354]

Skin hygiene is **not a cosmetic concern**, but a **health and psychological issue.**

What adolescents can do:

- **Perform mild cleansing** 2x daily.
- **Avoid** squeezing or picking pimples.
- **Protect** skin from sun.
- **Moisturize** appropriately (lightweight/oil free).
- Use over-the-counter **topical treatments** (benzoyl peroxide/ salicylic acid).
- Seek **medical care** when needed.

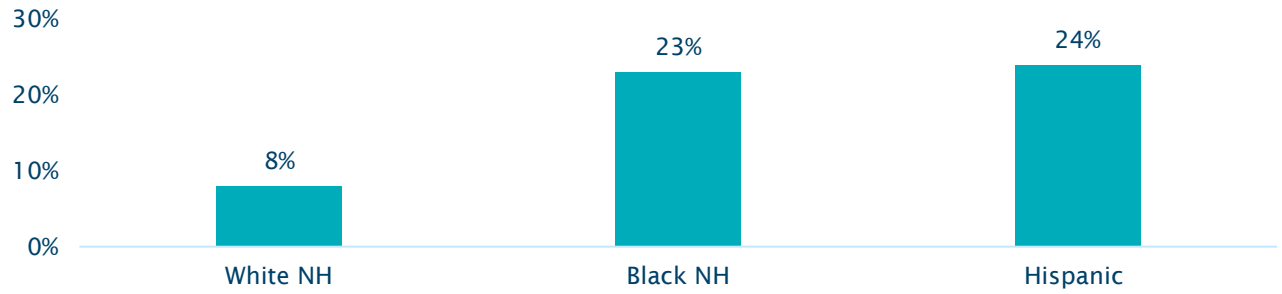
Menstrual hygiene insecurity — or period poverty — is defined as limited or inadequate access to menstrual products or education due to financial constraints or sociocultural stigma. Period poverty affects nearly one in five U.S. adolescents.[356]

- 1 in 4 U.S. students struggle to afford period products.
- 44% of teens feel stress/embarrassment due to lack of access.
- 92% believe periods should be seen as a sign of health.
- 78% support menstrual health education in core curriculum.[357]

These challenges **disproportionately affect low-income and minority youth** with one study noting that 23% of Black and 24% of Latino respondents experienced product insecurity compared with 8% of White respondents.

[348] *U.S. Preventive Services Task Force. "Fluoride Varnish and Oral Fluoride Supplementation for Young Children." JAMA 325, no. 21 (2021): 2171–79. doi.org/10.1001/jama.2021.4760*
[349] *UNICEF. Guidance on Menstrual Health and Hygiene. New York: UNICEF, 2019. https://www.unicef.org/documents/guidance-menstrual-health-and-hygiene*
[350] *Sommer, Marni, et al. "A Comparison of the Menstrual Beliefs and Practices of Ghanaian and American Adolescent Girls." Journal of Adolescent Research 30, no. 1 (2015): 74–95. doi.org/10.1177/0743558414559770*
[351] *World Health Organization (WHO). "Adolescent Health: Menstrual Hygiene Management." 2020. who.int/health-topics/adolescent-health#tab=tab_1*
[352] *Sommer, M., et al. "A Comparison of the Menstrual Beliefs and Practices of Ghanaian and American Adolescent Girls." Journal of Adolescent Research 2015*
[353] *American Academy of Dermatology Association. "Acne: Facts and Statistics." 2023. aad.org/media/stats-numbers*
[354] *Borowski, Julia, et al. "Period Poverty and Its Reach Across the U.S." Brookings Institution, 2023. brookings.edu/articles/period-poverty-and-its-reach-across-the-us*
[355] *Magin, Parker, et al. "The Psychological Impact of Acne Vulgaris." British Journal of Dermatology 155, no. 4 (2006): 725–30. doi.org/10.1111/j.1365-2133.2006.07418.x*
[356] *Borowski, Julia, et al. "Period Poverty and Its Reach Across the U.S." Brookings Institution, 2023. brookings.edu/articles/period-poverty-and-its-reach-across-the-us*
[357] *Thinx Inc. & PERIOD. (2023). State of the Period 2023. Survey conducted by SKDK, September 5–10, 2023. Retrieved from Thinx.com*

Figure 98. Percent of Youth Who Experienced Menstrual Product Insecurity, by Race, United States, 2023



Source: Borowski, Julia, et al. "Period Poverty and Its Reach Across the U.S." Brookings Institution, 2023

One stakeholder remarked a top three barrier to getting help or resources is not having supplies for personal hygiene. There is a period poverty for women … so now a dignity issue on top of a financial situation.

Puberty also brings physiological changes in sweat and body odor. New compounds in adolescent sweat, metabolized by skin bacteria, produce strong odors.[358] While body odor is a normal part of puberty, stigma or teasing about odor can reduce school and social participation, especially if youth lack access to deodorant, showers, or private facilities.

Together, acne, body odor, and menstrual hygiene highlight how personal hygiene intersects with both physical health and social determinants. Poor hygiene access can fuel infections, stigma, and absenteeism, while adequate hygiene supports adolescent health, self-confidence, and school engagement.

Locally, we can address these challenges using evidence-based best practice:

Supply school-based hygiene kits to reduce resource barriers, including products like soap, menstrual products, acne-friendly cleanser, deodorant, etc.[359]	**Restroom infrastructure** for safe hygiene management without stigma, including privacy, soap, running water, disposal bins, etc.[360]	**Integrate hygiene education** into school health curricula/ normalize topic, including puberty changes, menstrual hygiene, and body odor management[361]	**Train school nurses/health staff** to identify and address barriers by connecting students to needed hygiene-related supplies or referrals.[362]	**Conduct local hygiene surveys** with school nurses or students to generate more Florida-specific data on access gaps, absenteeism, product affordability.

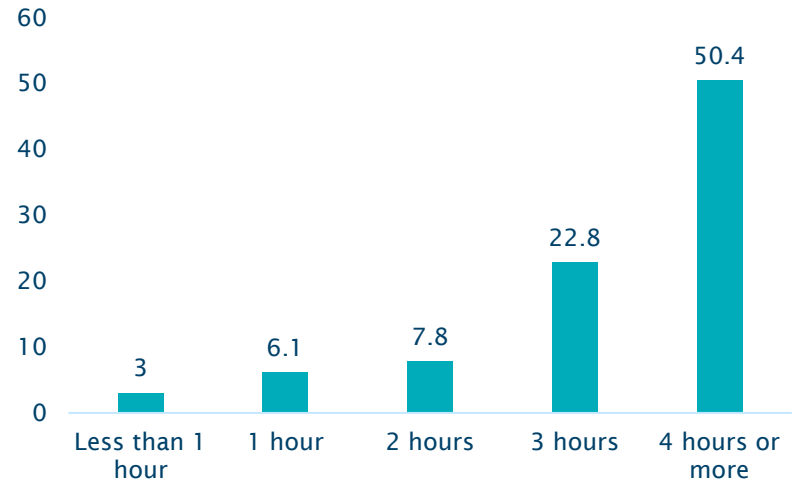
Practices like handwashing, dental care, and menstrual hygiene support physical health and social well-being in the offline world, the concept of hygiene increasingly extends into the digital environment.

[358] *Sommer, Marni, et al. "A Comparison of the Menstrual Beliefs and Practices of Ghanaian and American Adolescent Girls." Journal of Adolescent Research 30, no. 1 (2015): 74–95. doi.org/10.1177/0743558414559770*
[359] *UNICEF. Guidance on Menstrual Health and Hygiene. New York: UNICEF, 2019. unicef.org/documents/guidance-menstrual-health-and-hygiene*
[360] *UNICEF. Guidance on Menstrual Health and Hygiene. New York: UNICEF, 2019. unicef.org/documents/guidance-menstrual-health-and-hygiene*
[361] *American Academy of Pediatrics. "Puberty: Normal Growth and Development in Boys and Girls." Pediatrics in Review 41, no. 4 (2020): 189–201. doi.org/10.1542/pir.2018-0056*
[362] *National Association of School Nurses. "Hygiene Resource Access and School-Based Supports." NASN Issue Brief, 2022. nasn.org/nasn-resources/practice-topics/student-hygiene*

Digital hygiene — sometimes framed as digital wellness — describes the set of practices that promote safe, balanced, and healthy use of digital devices and online platforms. It includes managing screen time, limiting device use before bed, maintaining online privacy, and avoiding harmful content.[363] In adolescent health literature, digital hygiene is often linked to sleep, mental health, and academic performance.[364]

Most U.S. teenagers ages 12–17 report high daily screen use. Just 3% spend less than one hour per day, while over half (50.4%) spend four or more hours per day on screens. Moderate use is less common: 6.1% spend one hour, 7.8% two hours, and 22.8% three hours daily.

Figure 99. Percent Distribution of Teenagers Ages 12–17, by Hours of Daily Screen Time, United States, 2021–2023



Four or more hours of screen time varies by age, race, and income.

- **Teenagers ages 15–17** (55%) were more likely than those ages 12–14 (45.6%).
- **Black non-Hispanic teens** (60.4%) were more likely than their peers from other racial groups (47.9–52.8%).
- **Teens living in households with income <200% FPL** (51.7%) were more likely than those ≥ 200% FPL (49.6%).

Source: National Center for Health Statistics, National Health Interview Survey – Teen, July 2021–December 2023

Teens reporting four or more hours of daily screen time were more common among ages 15–17 (55%), Black non-Hispanic youth (60.4%), and those in households below 200% Federal Poverty Level (FPL), compared with younger teens (45.6%), other racial groups (47.9–52.8%), and higher income peers (49.6%). These patterns underscore clear disparities in digital hygiene that may shape broader health and academic outcomes.

While these disparities highlight how screen use varies among adolescents, patterns also emerge much earlier. A 2023 systematic review of screen time among school-age children (6–14 years) found:

- Average screen time in this age group is approximately 2.77 hours/day.
- 46.4% of children exceeded 2 hours/day.
- Screen time increased significantly after COVID-19.
- Before January 2020: 41.3% ≥ 2 hours/day → after January 2020: 59.4% ≥ 2 hours/day

These data demonstrate that high levels of screen time begin in early childhood, shaping habits and risks well before the teen years.

Healthy practice focuses less on a single "hour limit" and more on **balancing screen time with sleep, school, physical activity, and offline relationships** via a structured family media plan from the American Academy of Pediatrics (AAP) Center of Excellence (CoE) on Social Media and Youth Mental Health.[365]

[363] *Montag, C., & Hegelich, S. "Understanding Digital Hygiene: How to Protect Mental Health in the Age of Screens." Frontiers in Psychology 2020*
[364] *UNICEF. "Digital Literacy and Digital Hygiene." UNICEF Office of Global Insight and Policy, 2021. unicef.org/globalinsight/reports/digital-literacy-digital-hygiene*
[365] *American Academy of Pediatrics (AAP) Center of Excellence (CoE) on Social Media and Youth Mental Health. Family Media Plan and Guidance on Healthy Digital Practices. Itasca, IL: AAP, 2022. healthychildren.org/English/fmp/Pages/MediaPlan.aspx*

Florida's Digital Hygiene*

75.1% of high school students reported spending an average of three or more hours per day on a screen on most days (excluding schoolwork).

>1 in 3 or 35.2% of high school students emailed or texted while driving during the 30 days before the survey.

~1 in 2 or an overall estimated 47.7% of high school students spend 3 or more hours playing video or computer games on a standard school day.**

Source: Florida Department of Health, Division of Community Health Promotion, Florida High School Youth Risk Behavior Survey, 2021

**This is the latest year of data from the Youth Risk Behavior Survey as the state opted out to participate in the CDC state-level survey in 2022.*

***This data is from 2019 which is the last documented year collecting data on this topic for the Florida High School Youth Risk Behavior Survey.*

The YRBS indicator for texting or emailing while driving in the past 30 days remains a key risky behavior tracked nationally.[366] **Florida law prohibits texting while driving since 2011**; state safety materials echo NHTSA's risk framing: reading or sending a text takes your eyes off the road for ~5 seconds — covering about the length of a football field at 55 mph.[367]

While overall screen time carries risks for health and safety, social media use adds another layer, shaping teens' daily routines and amplifying concerns about well-being. Nationally, social media use is nearly universal among teens, with ~95% reporting use and 77% using it several times per day or more and about 29.5% using it more than once an hour.[368]

~95% of teens report **social media use.**

77% of teens report using social media **several times a day or more.**

29.5% of teens report using social media **more than once an hour.**

Pew finds **teens broadly acknowledge the pull of platforms**:

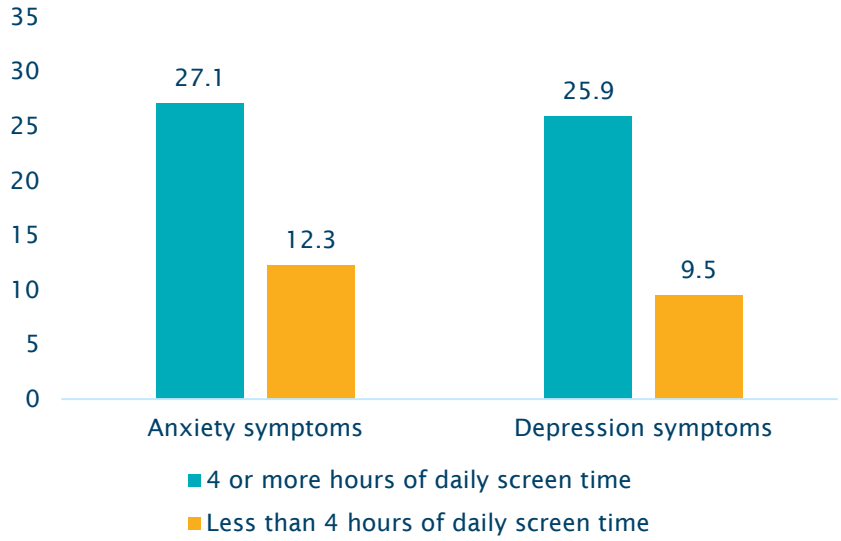
- 36% say they spend too much time on social media
- 54% say giving it up would be hard.[369]

Heavy evening screen and social media use exacerbate the normal adolescent "phase delay" in circadian rhythm, undercutting the recommended 8–10 hours of sleep for ages 13–18 and impairing attention, grades, and safety.[370] The U.S. Surgeon General warns that while evidence is still developing, **high-intensity social media use is associated with poor sleep, body-image concerns, and depressive symptoms, especially among females.[371]**

These concerns are reflected in national data, which show that teens with higher daily screen use are significantly more likely to report symptoms of anxiety and depression compared with peers who spend less time on screens.

[366] *Centers for Disease Control and Prevention (CDC). Youth Risk Behavior Survey (YRBS), 2021 Results: Health-Related Behaviors and Texting While Driving Indicator. Atlanta, GA: Division of Adolescent and School Health, 2022. cdc.gov/yrbs*
[367] *National Highway Traffic Safety Administration. Distracted Driving. U.S. Department of Transportation, 2024. https://www.nhtsa.gov/risky-driving/distracted-driving*
[368] *Rideout, Victoria, and Michael Robb. Common Sense Census: Media Use by Tweens and Teens, 2021. San Francisco, CA: Common Sense Media, 2022. commonsensemedia.org/research*
[369] *Pew Research Center. "Teens, Social Media and Technology 2022." Pew Research Center, 2022. pewresearch.org/internet/2022/08/10/teens-social-media-and-technology-2022*
[370] *Centers for Disease Control and Prevention (CDC). Youth Risk Behavior Survey (YRBS), 2021 Results: Health-Related Behaviors and Texting While Driving Indicator. Atlanta, GA: Division of Adolescent and School Health, 2022. cdc.gov/yrbs*
[371] *Centers for Disease Control and Prevention (CDC). Youth Risk Behavior Survey (YRBS), 2021 Results: Health-Related Behaviors and Texting While Driving Indicator. Atlanta, GA: Division of Adolescent and School Health, 2022. cdc.gov/yrbs*

Figure 100. Percent of Teenagers Ages 12–17 Who Had Depressive Symptoms of Anxiety or Depression in the Past 2 Weeks, by Daily Screen Time, United States, 2021–2023



Alongside mental/behavioral health and stress and/or anxiety, Nemours Children's community survey respondents placed **screen time in the top 10 most important health needs or concerns to prioritize** for the health and well-being of youth in Florida.

Source: National Center for Health Statistics, National Health Interview Survey–Teen, 2021–2023.

Nemours Children's community survey participants prioritized screen time (8%) more than concerns around any other lifestyle-related factor — including unhealthy diet (6%), oral health (6%), inactive lifestyle (4%), sleep health (4%), and e-cigarette use (3%). Screen time was mentioned most often in respondents from the Remainder of Seminole County (14%), Parramore/Holden Heights and the Remainder of Orange County (11% each), and the Remainder of Brevard County (10%).

The Surgeon General's Advisory synthesizes converging signals: exposure to harmful content, social comparison, disrupted sleep, and harassment are credible pathways of harm — balanced against some benefits (connection, identity exploration) when use is moderated and supported by adults.[372]

For health systems and schools, best practice emphasizes:

- Family media plans and device-free time (meals, 1 hour before bed),
- Sleep protection (no phones overnight in bedrooms; night-shift settings),
- Platform literacy (privacy settings, harassment reporting),[373] and
- Safety norms (no phone use when driving; passenger empowerment to intervene).[374]

Embedding digital wellness alongside physical activity, nutrition, and personal hygiene keeps the focus on whole-child health and equity.[375]

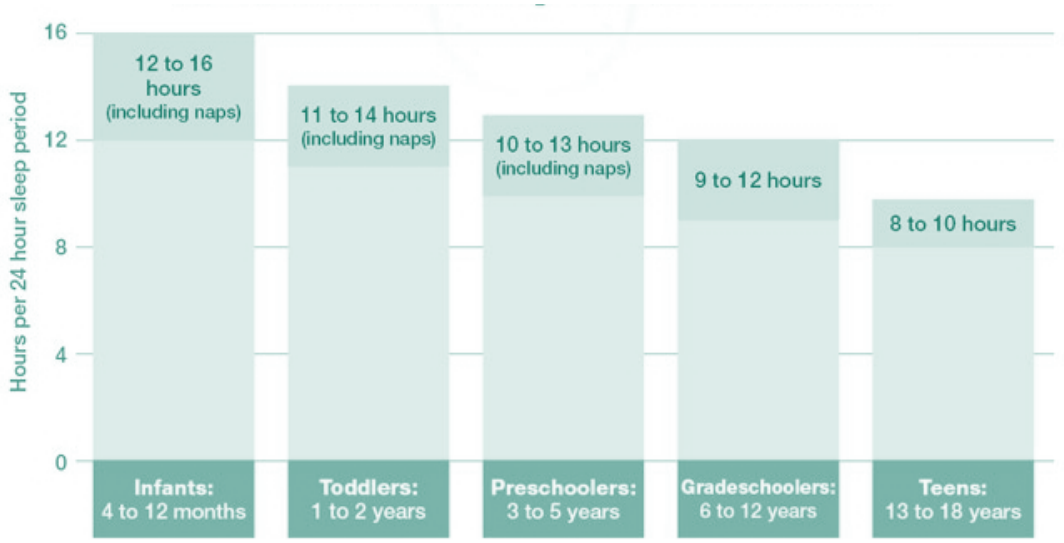
Sleep habits play a critical role in supporting growth, learning, and mental health. Sleep hygiene refers to behaviors (habits) and environmental conditions that support consistent, high-quality sleep, such as going to bed at the same time each night, avoiding screens before sleep, and creating a quiet, dark environment. The American Academy of Sleep Medicine highlights sleep hygiene as critical for children and adolescents, given links to obesity, learning, and mental health.[376]

Insufficient sleep is one of the most common health challenges for adolescents. The nightly duration of

[372] *U.S. Surgeon General. Social Media and Youth Mental Health: The U.S. Surgeon General's Advisory. Washington, DC: U.S. Department of Health and Human Services, 2023. hhs.gov/surgeongeneral/priorities/youth-mental-health/social-media/index.html*
[373] *American Academy of Pediatrics (AAP) Center of Excellence (CoE) on Social Media and Youth Mental Health. Family Media Plan and Guidance on Healthy Digital Practices. Itasca, IL: AAP, 2022. healthychildren.org/English/fmp/Pages/MediaPlan.aspx*
[374] *Centers for Disease Control and Prevention (CDC). Youth Risk Behavior Survey (YRBS), 2021 Results: Health-Related Behaviors and Texting While Driving Indicator. Atlanta, GA: Division of Adolescent and School Health, 2022. yrbs-explorer.services.cdc.gov/#*
[375] *U.S. Surgeon General. Social Media and Youth Mental Health: The U.S. Surgeon General's Advisory. Washington, DC: U.S. Department of Health and Human Services, 2023. hhs.gov/sites/default/files/sg-youth-mental-health-social-media-advisory.pdf*

[376] *American Academy of Sleep Medicine. "Sleep Hygiene for Children and Adolescents." 2021. aasm.org/resources/factsheets/sleep-hygiene*

healthy sleep needed by children varies by age and individual biology. In general, the American Academy of Sleep Medicine recommends that children get the following amounts of sleep on a regular basis to promote optimal health, daytime alertness, and school performance.[377]

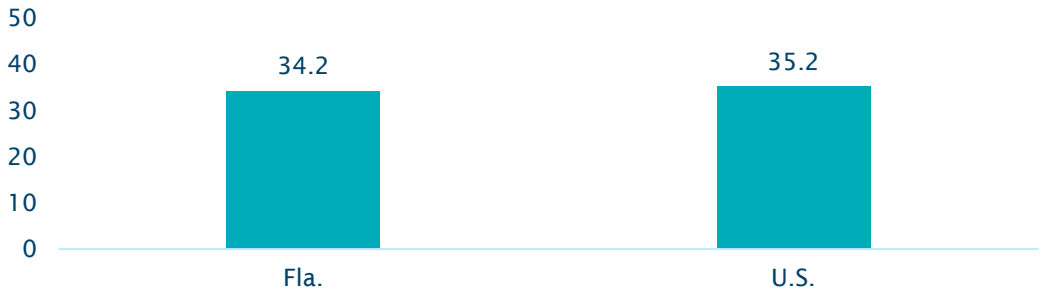


Source: Paruthi S, Brooks LJ, D'Ambrosio C, Hall W, Kotaeal S, Lloyd RM, Malow B, Maski K, Nichols C, Quan SF, Rosen CL, Troester MM, Wirse MS. Recommended Amount of Sleep for Pediatric Populations: A Statement of the American Academy of Sleep Medicine. J Clin Sleep Med. 2016 May 25. pii: jc-00158-16. PubMed PMID:27250809

**The American Academy of Pediatrics (AAP) has issued a Statement of Endorsement supporting these guidelines from the American Academy of Sleep Medicine (AASM).*

While recommended sleep duration varies by age, many children and adolescents fall short of these targets. As shown in Figure 101, more than one in three youth in Florida sleep less than the recommended hours per day — a rate slightly lower than the U.S. average.

Figure 101. Percent of Children Ages 4 Months–17 Years Who Sleep Less Than the Recommended Hours Per Day,* Florida, 2022–2023



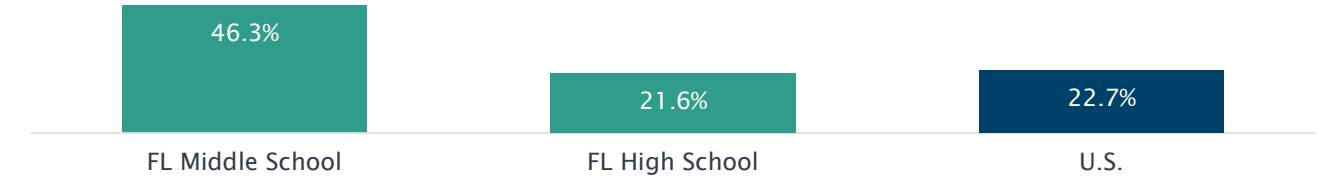
Source: National Survey of Children's Health (NSCH), 2022–2023

**Sleep hours for children 0–5 include daytime naps and nighttime sleep. Sleep hours for children 6+ includes nighttime sleep only.*

Nationally, only about one in four U.S. high school students report achieving the recommended hours of sleep at night. Local Youth Risk Behavior Survey (YRBS) data show similar patterns in high school students, with under 22% reporting adequate sleep, while middle school students get 8 or more hours of sleep at more than double these rates (46.1%).

[377] *American Academy of Sleep Medicine (AASM). Sleep Education: Sleep Hygiene for Children and Teens. Darien, IL: AASM, 2021. sleepeducation.org/healthy-sleep/healthy-sleep-habits/children-and-teens*

Figure 102. Percentage of Middle School and High School Students Who Slept for 8 or More Hours Per Night, Florida, 2021



Source: YRBSS, 2023

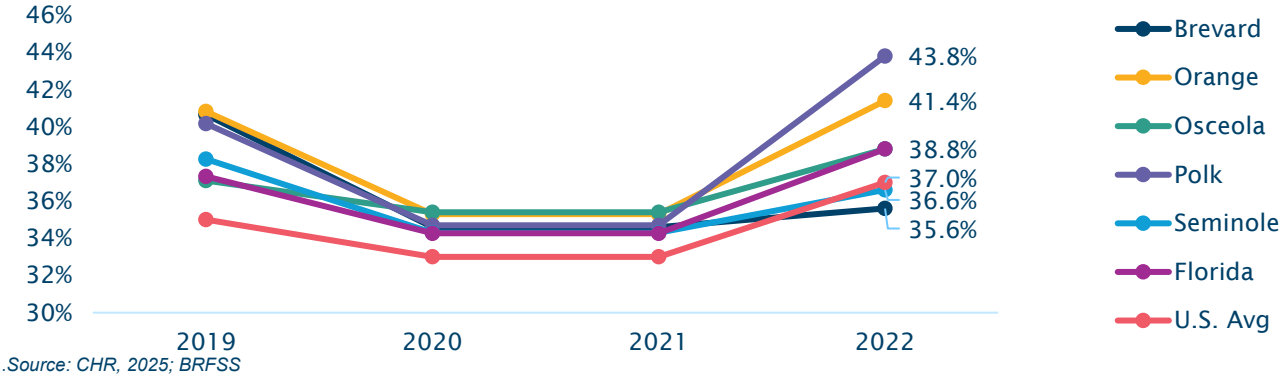
Multiple factors contribute to chronic sleep deprivation, including:

- Early school start times
- Increased academic demands
- Extracurricular activities
- Part-time work
- Screen time and social media use late into the night
- Physiological changes in circadian rhythm that naturally delay sleep onset during puberty[378]

Ongoing sleep deficiency has been linked to chronic health conditions, including cardiovascular disease and stroke, as well as psychiatric disorders such as depression and anxiety, risky behavior, and even suicide.[379] Sleepiness can lead to motor vehicle crashes and put the lives of others in jeopardy.[380] Sleep duration has also been found to be inversely related to diabetes mellitus.[381]

Sleep challenges are not limited to youth — adult sleep patterns across Florida also show concerning gaps. In 2022, more than one-third of adults reported sleeping fewer than seven hours per night, with notable county differences.

Figure 103. Percentage Adults Who Report Fewer Than 7 Hours of Sleep on Average (Age Adjusted), by County, Florida, 2022



.Source: CHR, 2025; BRFSS

> *Polk County had the highest percentage of adults reporting fewer than 7 hours sleep (44%), followed by Orange (41.4%) and Osceola (39%). Brevard County reported the lowest percentage getting fewer than 7 hours sleep (36%).*

[378] *American Academy of Sleep Medicine (AASM). Sleep Education: Sleep Hygiene for Children and Teens. Darien, IL: AASM, 2021. sleepeducation.org/healthy-sleep/healthy-sleep-habits/children-and-teens*
[379] *Seixas AA, Gyamfi L, Newsome V, et al. Moderating effects of sleep duration on diabetes risk among cancer survivors: Analysis of the National Health Interview Survey in the USA. Cancer Management and Research. 2018;10(1):4575–4580*
[380] *Harris LM, Huang X, Linthicum KP, Bryen CP, Ribeiro JD. Sleep disturbances as risk factors to suicidal thoughts and behaviours: A meta-analysis of longitudinal studies. Scientific Reports. 2020;10(13888)*
[381] *Tefft BC. Acute sleep deprivation and culpable motor vehicle crash involvement. Sleep. 2018;41(10)*

Safety

Sleep hygiene is not just about duration and quality of sleep; it is also about safety. Safe sleep practices in infancy remain a cornerstone of early prevention that carry over as children grow and safety concerns expand to include biking, swimming, driving, and protecting skin from harmful UV exposure. These behaviors may seem routine yet lapses carry life-altering consequences.

	National Evidence	Florida Context	Countermeasure/Guidance
Safe Sleep (Infants)	**~3,500 infant deaths** annually are sleep-related (SIDS, suffocation, etc.).[382]	**Nearly every month in Florida, an infant dies** from unsafe sleep conditions.[383]	Infants should sleep alone, on their back, in an empty crib, in a smoke-free area.
Bicycle Safety	In 2023, 1,168 pedal cyclist fatalities; **41 were children** ≤ age 14.[384]	**Florida leads the nation in bicycle fatalities** equal to an average of 18 crashes/day.[385]	Helmet distribution program and Alert Today Florida initiative to achieve zero traffic fatalities.[386]
Swim Safety	**~945 children (0–19) die from drowning** annually; **leading injury death** for ages 1–4.[387]	There are enough children in Florida under age 5 lost to drowning to fill 3–4 preschool classes.[388]	WaterSmartFL Campaign promotes layers of protection with supervision, barriers, and preparedness including a swim lesson voucher program.
Driving Safety	In 2023, **1,019 child fatalities** (≤ age14); car seats reduce fatal injury by 71% (<1 yr) and 54% (ages 1–4).[389]	Minors under 18 account for **10%–12% of the motor vehicle fatalities in Florida.**[390]	Correct car seat/booster use, graduated driver licensing (GDL) laws, and bans on handheld phone use.
Skin Safety	**Skin cancer is the most common U.S. cancer**; ~1 in 3 White HS students report ≥1 sunburn annually.[391]	The skin cancer rate (Melanoma of the skin) in Florida is **26 per 100,000 population**, compared to 22.7 nationwide.[392]	Broad spectrum SPF 30+ sunscreen, sun protective clothing, hats and sunglasses, avoid tanning beds, seek shade during peak sun, and know the ABCDEs of early detection.[393]
Playground Safety	**Each year, 200,000 kids are treated in hospital ERs** for playground-related injuries.[394]	Under Florida's **licensing regulations** for Early Care and Education/School-Age Centers, there are safety requirements for **outdoor play areas**.[395]	Adult supervision, educate kids on playground safety — especially on swings, slides, and climbing equipment, follow safe equipment and fall surfacing guidelines.[396]

*For more health and safety information and resources tailored to parents, children and teens alike — visit kidshealth.org.

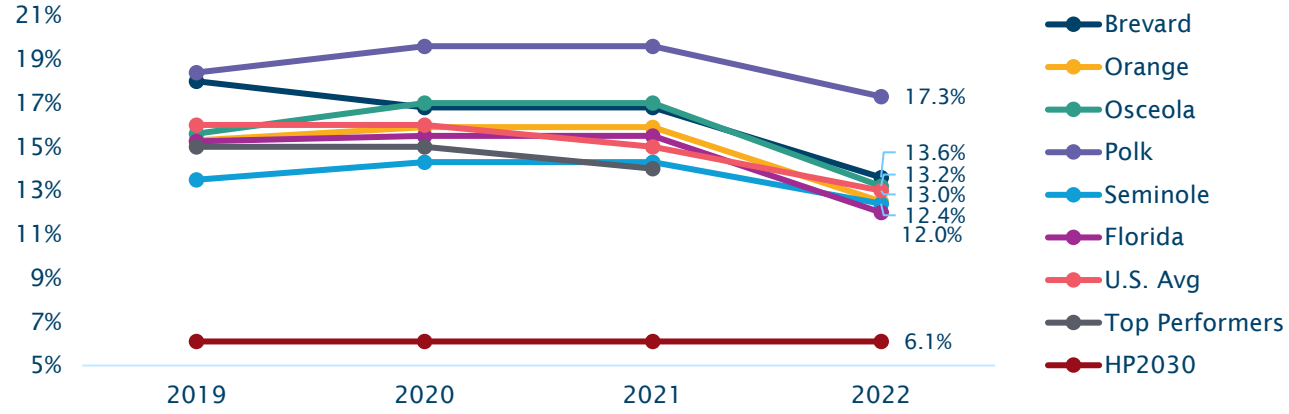
[382] *Centers for Disease Control and Prevention (CDC). "Sudden Unexpected Infant Death and Sudden Infant Death Syndrome (SUID/SIDS)." Updated 2023. cdc.gov/sids/index.htm*
[383] *Florida Department of Health. FLHealthCharts.gov*
[384] *National Highway Traffic Safety Administration (NHTSA). Traffic Safety Facts: Bicyclists and Other Cyclists, 2023 Data. Washington, DC: U.S. Department of Transportation, 2024. crashstats.nhtsa.dot.gov/Api/Public/Publication/813712*
[385] *Florida leads the nation in bicycle deaths, report reveals*
[386] *Florida Department of Transportation (n.d.). Pedestrian and Bicycle Safety Program. FDOT. fdot.gov/safety/programs/pedestrian-and-bicycle-safety*
[387] *Children's Safety Network. "Childhood Drowning Facts." 2023. childrenssafetynetwork.org/infographics/facts-childhood-drowning*
[388] *Florida Department of Health. (n.d.) Drowning Prevention. FloridaHealth.gov/programs-and-services/prevention/drowning-prevention/index.html*
[389] *National Highway Traffic Safety Administration (NHTSA). 2022 Child Passenger Safety Fact Sheet. Washington, DC: U.S. Department of Transportation, 2023. codot.gov/safety/shift-into-safe-news/2024/july/2022-child-traffic-safety-facts-nhtsa*
[390] *Florida Department of Highway Safety and Motor Vehicles. (2024). Florida Traffic Crash Facts Annual Report 2023 [PDF]. flhsmv.gov/pdf/crashreports/crash_facts_2023_ada.pdf*
[391] *Kann, Laura, et al. "Youth Risk Behavior Surveillance—United States, 2019." MMWR Surveillance Summaries 69, no. 1 (2020): 1–83. cdc.gov/yrbs.*
[392] *National Cancer Institute. "State Cancer Profiles: Florida." State Cancer Profiles, U.S. Department of Health and Human Services, National Institutes of Health, September 27, 2025. https://statecancerprofiles.cancer.gov/.(2017–2021)*
[393] *University of Delaware. "Skin and Sun Safety." Student Wellbeing, Division of Student Life, University of Delaware. Accessed September 27, 2025. sites.udel.edu/studentwellbeing/skin-and-sun-safety*
[394] *The Nemours Foundation. (2023, April). Playground Safety. Nemours® KidsHealth®. Retrieved from kidshealth.org*
[395] *Florida Department of Children and Families. (n.d.). Child care laws and requirements. MyFLFamilies.com. myflfamilies.com/services/child-family/child-care/child-care-laws-and-requirements*
[396] *Ragali, A. (2024, April 17). Exploring Playground Safety: Facts, Figures, and Strategies. HAI Group. Retrieved from haigroup.com*

Risk behaviors that threaten safety include tobacco use that presents a parallel threat to immediate health and long-term outcomes.

Tobacco Use

Tobacco use remains one of the most significant preventable causes of disease and death in the United States. Adult cigarette smoking continues to contribute to heart disease, stroke, lung disease, and certain cancers. In Florida, county-level smoking rates remain higher than the Healthy People 2030 target of 6.1%. These figures underscore that while adult smoking has declined over time, it persists at levels that maintain considerable health risk.

Figure 104. Percent of Adults Age 18 and Older Who Currently Smoke, by County, Florida, 2022



Source: CHR, 2025; BRFSS

> *The downward trends on adult smoking are positive. However, given the impact smoking has on health, 17% of Polk County smokes, 14% of Brevard County, and 13.2% of Osceola smokes, all higher than the US smoking percentage (13%). Seminole had the lowest percentage of smoking with 12.4%.*

The impact of tobacco use extends beyond the individual smoker through secondhand smoke exposure in the home. According to the National Survey of Children's Health, 11.1% of Florida children live in households where someone smokes, compared to 11.5% nationally. This falls short of the Healthy People 2030 goal to increase the proportion of smoke-free homes to 92.9%. Such exposure in early life increases the risk of respiratory illness, ear infections, and asthma exacerbations, creating a compounding burden for children already experiencing health inequities.[397]

Figure 105. Percent of Children Ages 0–17 Who Live in Households Where Someone Smokes, 2022–2023

Florida		Nationwide
11.1%	%	11.5%

This does not meet the Healthy People 2030 goal of increasing the proportion of smoke-free homes to 92.9%.

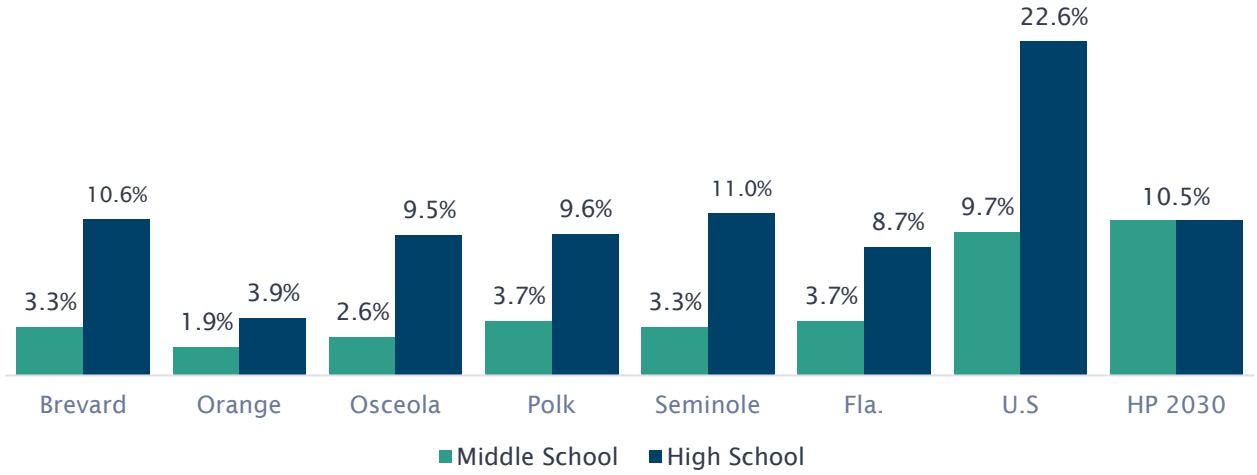
Source: National Survey of Children's Health (NSCH), 2022–2023

People who start smoking at an early age are more likely to develop a severe addiction to nicotine than those who start at a later age.[398] Vapor products or e-cigarettes are considered tobacco products because most of them contain nicotine as well as other harmful ingredients. Nicotine exposure during adolescence can cause addiction and harm to the brain. The use of these vapor products has grown over

[397] *U.S. Department of Health and Human Services, The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General, 2006*
[398] *American Legacy Foundation. 2000. National Youth Tobacco Survey. 2001*

the past several years.[399]

Figure 106. Percent of Youth in Middle and High School Who Reported Electronic Vapor Products* Use in the Past 30 Days, by County, Florida, 2024



Source: FL Health Charts, Florida Department of Health, Division of Health Promotion, Florida Youth Substance Abuse Survey.2024

**Electronic vapor products include e-cigarettes, e-cigars, e-pipes, vape pipes, vaping pens, e-hookahs and hookah pens. Current use is defined as on at least one day during the 30 days before the survey.*

While some declines in cigarette and combustible product use are evident, the rise of vaping products among youth reflects shifting trends rather than the elimination of risk.

Among **high school students**, **statistically significant declines** ($p<0.05$) occurred in current use of:

- **Any tobacco product** (from 16.5% to 12.6%)
- **E-cigarettes** (from 14.1% to 10.0%)
- **Cigars** (from 2.8% to 1.8%)
- **Any combustible tobacco product** (from 5.2% to 3.9%)

Among **middle school students**, **statistically significant increases** ($p<0.05$) occurred in current use of:

- **Any tobacco product** (from 4.5% to 6.6%)
- **Multiple tobacco products** (from 1.5% to 2.5%)[400]

These data reinforce nicotine dependence during adolescence and increase the likelihood of continued use into adulthood, perpetuating cycles of risk and poor health outcomes.[401] Patterns that define physical health and lifestyle are deeply interconnected with long-term outcomes. While many factors are described as "modifiable," they are strongly influenced by circumstances such as food security, neighborhood safety, access to care, and socioeconomic stressors that shape whether healthy choices are possible. **Addressing these drivers requires not only individual education but also community and policy change that create environments where healthy living is realistic and sustainable**.

Tobacco use highlights the bridge between physical and behavioral health. Smoking and vaping are both biological risk factors for disease and behavioral responses shaped by stress, addiction, and social context. This overlap underscores that physical health cannot be fully separated from mental health, trauma, and substance use. The following section on Behavioral Health continues this progression, exploring how stress, mental well-being, and addiction intersect with the lifestyle and chronic disease patterns.

[399] *Know the Risks: E-cigarettes and Young People, Get the Facts," U.S. Department of Health and Human Services, accessed May 26,2025, e-cigarettes.surgeongeneral.gov/getthefacts.html*
[400] *Birdsey J, Cornelius M, Jamal A, et al. Tobacco Product Use Among U.S. Middle and High School Students — National Youth Tobacco Survey, 2023. MMWR Morbidity Mortal Weekly Rep 2023;72:1173–1182. DOI: dx.doi.org/10.15585/mmwr.mm7244a1*
[401] *U.S. Department of Health and Human Services, Preventing Tobacco Use Among Youth and Young Adults: A Report of the Surgeon General, 2012*

Behavioral Health

Behavioral health describes the interplay between emotions, thoughts, and actions, including mental health conditions, substance use, and the ways people cope with stress and trauma. For children and adolescents, behavioral health is foundational to learning, social development, and physical well-being. When these needs are unmet, the consequences can reverberate across school performance, relationships, and future health.

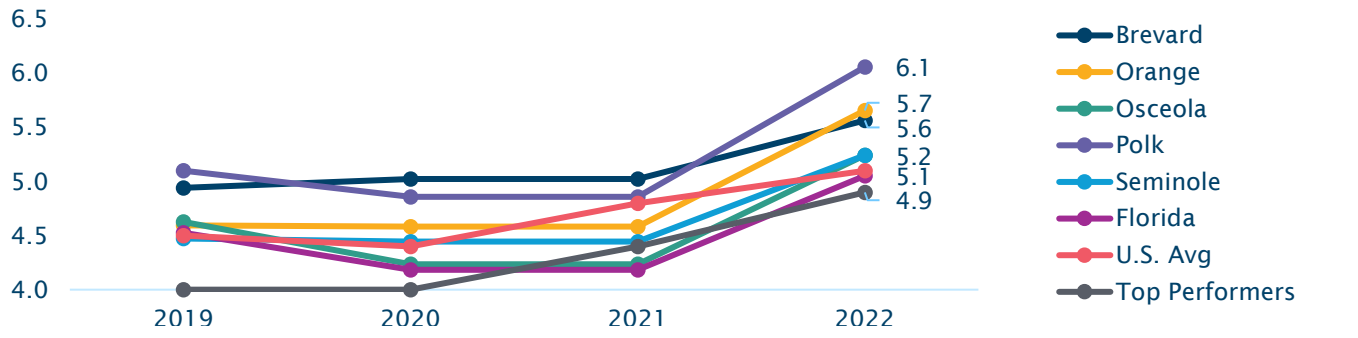
Research shows that one in five young people experiences a mental health disorder each year, and nearly half of all lifetime mental health conditions emerge by mid-adolescence.[402, 403] These challenges are not confined to the individual child — family dynamics, parental stress, and untreated adult behavioral health issues can profoundly shape a child's development and resilience.[404] Left unaddressed, behavioral health concerns in youth increase the likelihood of chronic disease, substance use, justice system involvement, and reduced opportunity later in life. Because adolescence is both a vulnerable and formative period, it offers a critical window for prevention and intervention. Addressing behavioral health in youth is therefore not just about treatment, but about creating pathways to healthier families and stronger communities across the lifespan.[405]

Mental Health

Mental health is inseparable from physical health and social development, shaping how children and adolescents learn, form relationships, and respond to challenges. For young people, it is the scaffolding on which future health and opportunity are built. The well-being of children is also profoundly tied to the well-being of their caregivers. Research demonstrates that when parents or guardians struggle with depression, anxiety, or other mental health conditions, the effects reverberate through the household. Children of parents with untreated depression are more likely to exhibit emotional and behavioral problems, fall behind academically, and experience long-term health risks that stretch into adulthood.[406, 407] Adult psychological distress is therefore not only a matter of individual burden, but a key determinant of pediatric health.

Adults across the state report high levels of psychological distress, with Polk County residents averaging 6.1 mentally unhealthy days in the past month — more than top-performing states nationally and higher than the state and the other four counties. This matters because children raised in households marked by caregiver distress often face disrupted routines, heightened stress, and diminished capacity for support at home.

Figure 107. Average Number of Mentally Unhealthy Days Reported in the Last 30 Days in Adults 18+, by County, Florida, 2022



Source: CHR, 2025, Behavioral Risk Factor Surveillance System Survey

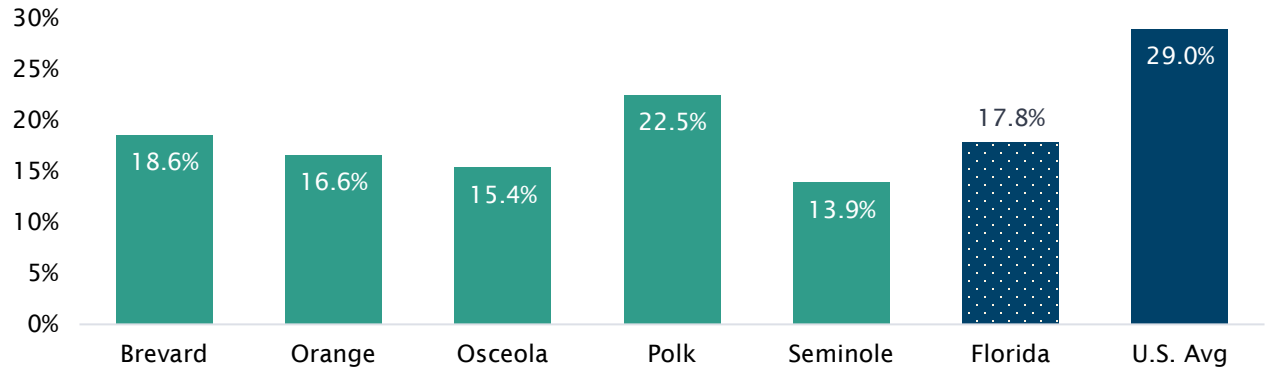
[402] *Centers for Disease Control and Prevention (CDC). Youth Data: Mental Health. Atlanta, GA: U.S. Department of Health and Human Services, 2023. cdc.gov/healthyyouth/mental-health/index.htm*
[403] *Kessler, Ronald C., et al. "Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey Replication." Archives of General Psychiatry 62, no. 6 (2005): 593–602*
[404] *National Research Council and Institute of Medicine. Depression in Parents, Parenting, and Children: Opportunities to Improve Identification, Treatment, and Prevention. Washington, DC: National Academies Press, 2009*
[405] *U.S. Department of Health and Human Services. Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health. Washington, DC: HHS, 2016*
[406] *National Research Council and Institute of Medicine. Depression in Parents, Parenting, and Children: Opportunities to Improve Identification, Treatment, and Prevention. Washington, DC: National Academies Press, 2009*
[407] *Goodman, Sherryl H., and Ian H. Gotlib. "Risk for Psychopathology in the Children of Depressed Mothers: A Developmental Model for Understanding Mechanisms of Transmission." Psychological Review 106, no. 3 (1999): 458–90*

Polk had the highest number of poor mental health days at 6.1 followed by Orange County, then Brevard, then Seminole and Osceola. These five counties had higher poor mental health days than Florida and the U.S.

"There's prevalence of stigma regarding mental health. I stopped saying mental health and say mental well-being. How is your mental well-being today? It's a good question that makes mental health accessible." - Stakeholder

More than one in six adults in Florida report ever having been diagnosed with a depressive disorder, well below the national average. This gap between experienced distress and recorded diagnosis suggests that some adults — and by extension their families — may be living with unmet need, shaped by barriers such as access, stigma, or lack of screening.

Figure 108. Percent of Adults Ever Diagnosed with a Depressive Disorder by County, Florida, 2023

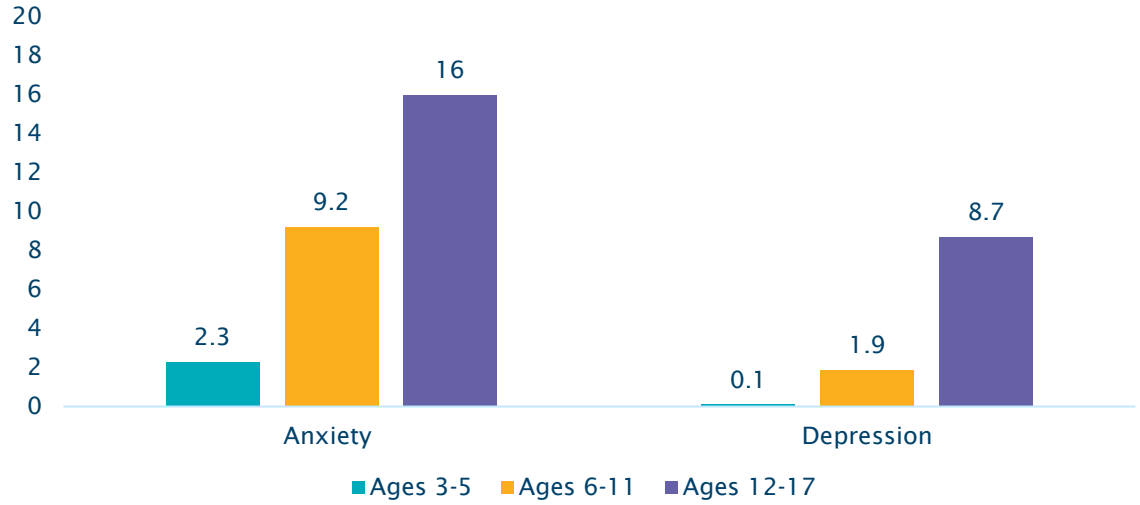


Source: Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System (BRFSS), 2023.

As adult mental health challenges persist, childhood mental health concerns are rising nationally and locally. Anxiety is the most common diagnosis among children, affecting 11% overall, while depression affects 4%.[408] Both conditions become far more common with age: by adolescence, nearly one in six teens lives with anxiety and nearly one in 10 with depression.[409] Gender differences add another important dimension. Girls are more likely than boys to be diagnosed, with 12% of females and 9% of males experiencing anxiety, and 6% of females compared to 3% of males diagnosed with depression. These disparities suggest that biological, social, and environmental factors may shape how mental health concerns emerge and are recognized across childhood and adolescence.

[408] *Child and Adolescent Health Measurement Initiative. National Survey of Children's Health (NSCH) 2022–2023. Data Resource Center for Child and Adolescent Health. nschdata.org*
[409] *Ibid*

Figure 109. Percent of Children Ages 3–17 With Anxiety and/or Depression, by Age, United States, 2022–2023



Diagnosis	Male	Female	Total
Anxiety	9%	**12%**	11%
Depression	3%	**6%**	4%

Source: Child and Adolescent Health Measurement Initiative. National Survey of Children's Health (NSCH), 2022–2023

Rising rates of anxiety among children and adolescents are increasingly linked not only to trauma and household stressors, but also to the **pressures of overperformance** in school, sports, and extracurricular activities. Studies show that high-achieving students and competitive athletes are at elevated risk for anxiety disorders, with symptoms driven by perfectionism, fear of failure, and chronic stress from intensive schedules.[410, 411]

The American Psychological Association (APA) reports nearly **1 in 3 teens cite academic pressure as a major source of stress**, a burden that has been rising over the past decade.[412]

Research on *youth athletics* finds that **competitive pressure, long practice hours, and the pursuit of scholarships or elite performance can contribute to burnout, sleep disruption, and anxiety**, particularly when performance is closely tied to identity and family expectations.[413]

These findings suggest that while achievement can foster resilience and skill-building, the intensity of modern youth environments may also be fueling the anxiety trends reflected in the data.

Community survey participants underscore these concerns, with 8% of respondents reporting a stress or anxiety disorder in their child, and 6% revealing another mental/behavioral health diagnosis.

[410] *Wood, Jillian J., et al. "Academic Performance and Anxiety in Children: A Meta-Analysis." Child Psychiatry & Human Development 50, no. 8 (2019): 1381–1402*
411 Rice, Simon M., et al. "Sport-Related Pressure and Mental Health in Elite Young Athletes: A Systematic Review." International Review of Sport and Exercise Psychology 9, no. 1 (2016): 133–52
[412] *American Psychological Association. Stress in America: The Impact of Stress on Youth. Washington, DC: APA, 2019*
[413] *Gerber, Markus, et al. "Burnout in Young Athletes: Risk and Protective Factors." European Journal of Sport Science 13, no. 5 (2013): 499–508*

We asked community survey participants:
Have you ever been told by a doctor, nurse, or other health professional that this **child*** has any of these conditions, diseases, or challenges?

8% Stress or anxiety disorder

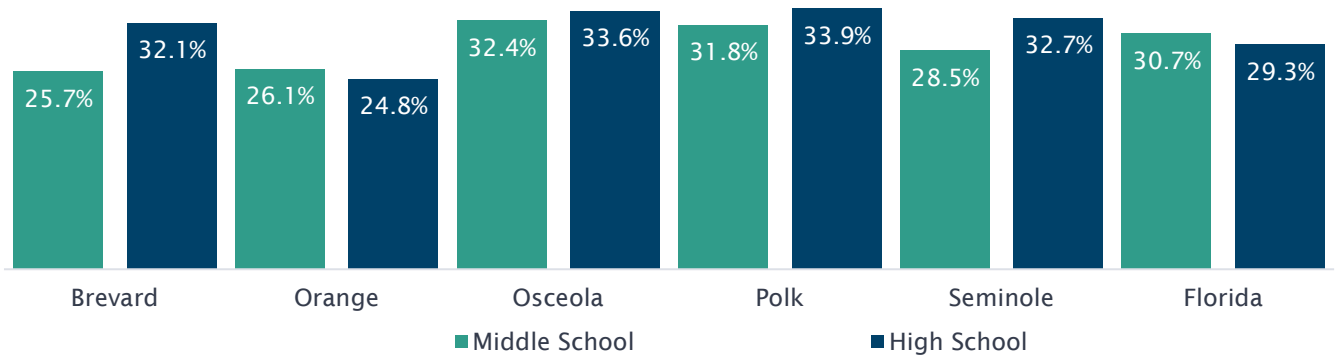
6% Mental/behavioral health condition
(excluding PTSD, anxiety, or eating disorders)

Source: Nemours Children's Community Survey, 2025

** "This child" was language used when asking the parent-proxy about the specific child from their household who was determined as the subject of all pediatric questions in the survey. Child subjects were randomly selected using the last-birthday (LB) method.*

This broader burden of mental health becomes especially clear when looking beyond diagnoses to how young people describe their own experiences. Self-reported measures of sadness and hopelessness capture the depth of distress that may never result in a clinical diagnosis but still profoundly affects day-to-day functioning and long-term well-being — with sadness and hopelessness in adolescence serving as strong predictors of academic disengagement, substance use, and suicide risk, as well as linkages to chronic disease and diminished economic opportunity in adulthood.[414] Some 31% of middle school students and almost 30% of high school students in Florida reported feeling sad or hopeless for two or more consecutive weeks over the past year. While the national percentages are slightly higher (40% and 39.7%, respectively), these proportions are still concerning, especially as they continue to trend up.

Figure 110. Percent of Middle and High School Feelings of Sadness or Hopelessness, by County, Florida, 2024



Source: FL Health Charts, Florida Department of Health, Division of Health Promotion, Florida Youth Substance Abuse Survey, 2024

What emerges from both the survey and national data is that **adolescence is a period of intensification**. Symptoms that may have been intermittent in childhood become more frequent and more impairing as teens navigate academic pressure, social stress, and identity formation. Within these patterns are disparities that sharpen focus. Nationally:

- Adolescent girls are far more likely than boys to report sadness and hopelessness, a gap that has widened in the past decade.[415]
- LGBTQ+ youth are significantly more likely to report persistent sadness, anxiety, and suicidal ideation than their peers, often reflecting the compounded stress of stigma, discrimination, and rejection.[416]
- Youth of color frequently experience disproportionate exposure to adversity, including racism, economic hardship, and community violence, which manifests as elevated rates of distress.[417]

These disparities underscore that youth mental health cannot be understood apart from the social and structural environments in which children live.

[414] *Fergusson, David M., and L. John Horwood. "Early Onset of Depression and Later Health Outcomes." Psychological Medicine 31, no. 6 (2001): 959–67*
[415] *Centers for Disease Control and Prevention (CDC). Youth Risk Behavior Survey Data Summary & Trends Report, 2011–2021. Atlanta, GA: U.S. Department of Health and Human Services, 2023*
[416] *Johns, Michelle M., et al. "Trends in Violence Victimization and Suicide Risk by Sexual Identity Among High School Students—Youth Risk Behavior Survey, United States, 2015–2019." Morbidity and Mortality Weekly Report 69, no. 1 (2020): 19–27*
[417] *Alegría, Margarita, et al. "Disparities in Child and Adolescent Mental Health and Mental Health Services in the U.S." Journal of Adolescent Health 49, no. 5 (2011): 477–94*

Youth also tell us how they cope. A 2023 Nemours Children's KidsHealth poll found 86% of children worry; parents are the first line of support (67%), but help from peers, creative outlets, and online spaces is common, with uneven effectiveness.[418] These insights point to where to build capacity: families, schools, and youth-friendly community anchors.

86% Children report that they worry	Children most commonly turn to their parents in times of worry, but this appears to diminish with age.
67% Turn to parents for information or advice when they worry	More than nine in 10 children who talk to someone or do something creative when they are worried, like paint or play music, say it makes them feel better.
55% Children worry about being bullied	Distracting oneself through social media and other technology is common — yet this often doesn't make children feel better.
36% Kids report being sad or miserable when they worry	More than half of children think adults don't really understand what they worry about.
	Some children feel like they worry more than peers and that no one usually notices when they do.

Source: Nemours KidsHealth. What's Worrying America's Kids: A National Survey, 2023.

**The research was conducted online from January 12–24, 2023, in the United States. The poll surveyed 504 youth ages 9–13, with permission to participate from their parent or legal guardian.*

Understanding why kids worry, and the signs to look for, can help with prevention and early intervention — the most effective ways of creating long-term wellness.[419] It starts with recognizing how distress manifests in real life.

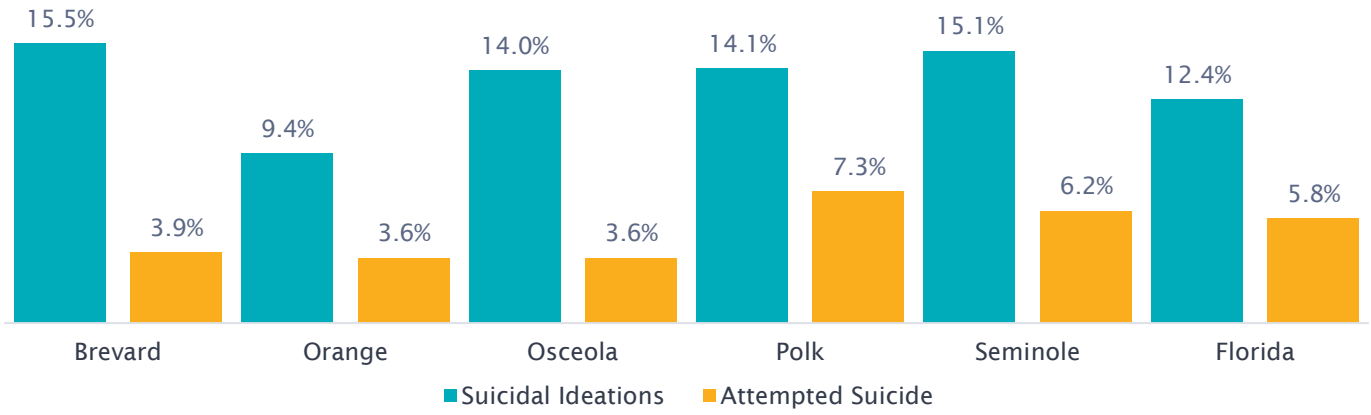
In kids, warning signs are often behavioral and functional (sleep changes, irritability or withdrawal, declining grades, school avoidance, somatic complaints, social conflict) rather than adult-style verbal reports of "depression."[420]

When parents, teachers, and pediatric clinicians are primed to notice these patterns and respond early with brief supports, safety checks, and warm handoffs, risk falls long before a crisis emerges. Large studies show that school connectedness — having even one trusted adult — protects against depression, substance use, and suicide-related behaviors,[421] and national recommendations endorse routine screening for adolescent depression and anxiety in healthcare settings when systems are in place for timely evaluation and follow-up, precisely to capture the many youths whose symptoms have not yet become diagnoses.[422] These approaches align with suicide-prevention evidence — earlier identification plus immediate access to help (24/7) — reduce distress[423] and can interrupt the pathway from persistent hopelessness to suicidal thinking and attempts.[424] Together, they translate what we hear from children into concrete, upstream prevention that reduces the probability of crisis and fatal outcomes.

[418] *Nemours Children's Health, KidsHealth. What Kids Worry About: A National Survey, 2023*
[419] *Nemours KidsHealth®. (2023). What's Worrying America's Kids: A National Survey. Conducted by The Harris Poll. The Nemours Foundation. Retrieved from nemours.org/WhyKidsWorry. Accessed September 18, 2025*
[420] *Alegría, Margarita, et al. "Disparities in Child and Adolescent Mental Health Services in the U.S." Journal of Adolescent Health 49, no. 5 (2011): 477–94*
[421] *Centers for Disease Control and Prevention (CDC). Youth Risk Behavior Survey Data Summary & Trends Report, 2011–2021. Atlanta, GA: U.S. Department of Health and Human Services, 2023*
422 U.S. Preventive Services Task Force (USPSTF). Screening for Depression and Suicide Risk in Children and Adolescents: U.S. Preventive Services Task Force Recommendation Statement. JAMA 328, no. 15 (2022): 1536–44
[423] *Hoffberg, A. S., et al. "Effectiveness of Crisis Line Services: A Systematic Review." Frontiers in Public Health 8 (2020): 190*
[424] *Pfeiffer, Peggy N., et al. "Peer Support for Mental Health and Substance Use: Evidence, Challenges, and Future Directions." Psychiatric Services 72, no. 6 (2021): 601–07*

Suicidal ideation demonstrates the urgency of these findings. In 2024, 12.4% of Florida high school students reported experiencing suicidal ideations, and nearly 6% reported attempted suicide. The state rate for 2024 did decrease from 2023 for both ideations (13.7%) and attempts (6.9%) and remains below national data even in 2023 where 20% of U.S. high school students had ideations and 9.5% had attempts. Not every young person who thinks about suicide will attempt it, but with suicidal ideation at approximately twice the rate of attempted suicide at the state and national level, the data demonstrate a critical window for intervention. Rather than waiting for crises to escalate, we have an opportunity to detect distress early, strengthen protective environments, and build pathways to care.

Figure 111. Percent of High School Suicidal Ideations* and Attempts, by County, Florida, 2024



Source: FL Health Charts, Florida Department of Health, Division of Health Promotion, Florida Youth Substance Abuse Survey, 2024

**Suicidal Ideation data includes the percentage of respondents who seriously considered attempting suicide.*

Nationally, suicide is now the second leading cause of death for adolescents, and rates have been rising for over a decade. In Florida, more than half of suicide deaths involve firearms.[425] The evidence is clear: **access to lethal means, particularly firearms, dramatically increases the likelihood that an attempt will result in death.**[426]

In Florida's recent violent death reporting, firearms were the most common mechanism among suicide decedents; more than one-third had a documented mental health problem; more than a quarter had a history of suicidal ideation; and almost one in six had a history of attempting suicide. The rates are even higher for those 19 or younger with half having a current mental health problem, nearly one in three with suicidal ideations and close to a quarter with a history of suicide attempts.[427]

The rate of **suicide deaths** in Florida is **13.8 per 100,000** population.

Firearms were the most common mechanism.

More than 1 in 3 total **(37%) had a mental health challenge.**

More than 1 in 4 (27%) **had a history of suicidal ideations.**

Almost 1 in 6 (16%) had a **history of attempted suicide.**

Among those 19 and younger:

- 50% had a current mental health problem.
- 31% had suicidal ideations.
- 23% had history of suicide attempts.

Source: CDC Web-based Injury Statistics Query and Reporting System (WISQARS), 2022

There is a growing body of evidence around crisis intervention. In addition to clinical inpatient/ED crisis stabilization, studies of community-based approaches demonstrate positive outcomes. For example, crisis hotlines show immediate reductions in distress during and after calls, with callers reporting greater

[425] *CDC. Web-based Injury Statistics Query and Reporting System (WISQRS), 2023*
[426] *Miller, Matthew, et al. "The Case for Firearm Access Prevention in Suicide Prevention." New England Journal of Medicine 380, no. 10 (2019): 895–97*
[427] *Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. (2022). Web-based Injury Statistics Query and Reporting System (WISQARS) – National Violent Death Reporting System (NVDRS) [online database]*

feelings of safety and reduced hopelessness.[428] Peer support models, particularly those designed for teens and young adults, increase engagement because young people often prefer to talk first with someone close to their own age.[429]

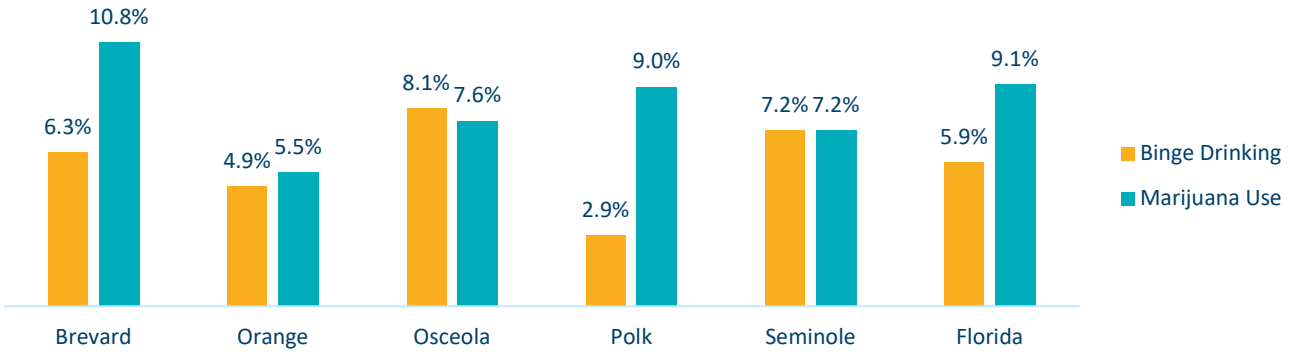
Florida's data and national evidence converge on a single conclusion: **children's mental health is at once fragile and foundational.** It is influenced by the mental health of parents, shaped by social environments, and too often under-recognized until symptoms escalate. The persistence of sadness, the disparities across gender and identity, the reliance on informal supports, and the prevalence of suicidal ideation all underscore that **mental health in childhood is not a side issue but a central determinant of health and outcomes over the lifespan.**

Substance Use

Substance use among youth is both a behavioral health issue and a window into the deeper struggles children face. For many young people, early encounters with alcohol or drugs are not about recreation alone but about coping— with sadness, stress, trauma, or instability at home. The pediatric stakes are high: adolescent substance use can disrupt brain development, impair learning and memory, and increase the risk of accidents, chronic disease, and premature death.[430] And because substance use is closely interwoven with mental health, it both reflects and amplifies the distress already evident in Florida's young people.

Florida data shows that alcohol and cannabis remain the most commonly used substances among teens. In 2024, 5.9% of Florida high school students reported binge drinking and 9.1% used marijuana. The prior year's most recent data reported 8.8% of high school students nationally binge drink and 17% used marijuana. Florida high school students report **binge drinking and marijuana use at nearly twice than the Healthy People 2030 goals for each indicator** (3.1%, and 5.8%, respectively).[431,432]

Figure 112. Percent of Reported Current Binge Drinking* and Current Marijuana Use** in High School Students (Grades 9–12), by County, Florida, 2024



Source: FL Health Charts, Florida Department of Health, Division of Health Promotion, Florida Youth Substance Abuse Survey, 2024

**Reported current binge drinking: four or more drinks of alcohol in a row (if they were female) or five or more drinks of alcohol in a row (if they were male), within a couple of hours.*

***Current marijuana use is defined as having used marijuana one or more times during the 30 days before the survey.*

[428] *Gould, Madelyn S., and Anthony F. Kleinman. "Suicide Hotlines and Crisis Centers." Suicide and Life-Threatening Behavior 21, no. 2 (1991): 195–209*
[429] *Pfeffer, Peggy N., et al. "Peer Support for Mental Health and Substance Use: Evidence, Challenges, and Future Directions." Psychiatric Services 72, no. 6 (2021): 601–07*
[430] *National Institute on Drug Abuse (NIDA). "Adolescent Substance Use and Its Impact on Brain Development." National Institutes of Health, 2020. nida.nih.gov*
[431] *Healthy People 2030. "Reduce the Proportion of Adolescents Aged 12 to 17 Years Engaging in Binge Drinking—SU-10." Office of Disease Prevention and Health Promotion, U.S. Department of Health and Human Services, 2020. health.gov/healthypeople*
[432] *Healthy People 2030. "Reduce the Proportion of Adolescents Aged 12 to 17 Years Who Use Marijuana—SU-09." Office of Disease Prevention and Health Promotion, U.S. Department of Health and Human Services, 2020. health.gov/healthypeople*

The data demonstrates a potential link to mental health burden. National YRBS analyses reveal: [433]

*Students experiencing persistent sadness or hopelessness are **twice as likely to drink alcohol and three times as likely to use marijuana** as their peers without such symptoms.*

How early use begins, or "early initiation", adds an additional layer of risk:

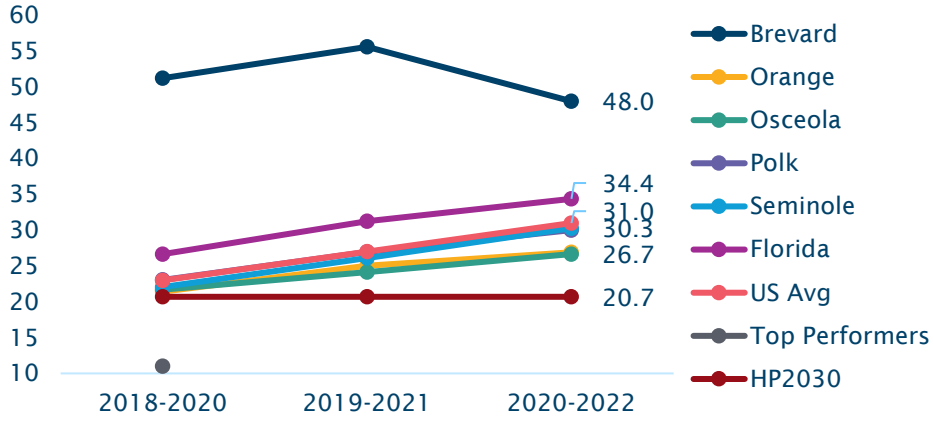
In 2021, approximately **14% of Florida high school students said they had their first drink before age 13,** compared to 15% nationally and **5.6% of Florida's high school students had tried marijuana before age 13** compared to 4.9% nationally.

Children who begin using alcohol or drugs before mid-adolescence (<age 15) are significantly more likely to develop a substance use disorder, have mental health problems, engage in risky sexual behaviors, and struggle academically. [434, 435, 436]

"Drug use, substance use is a concern in the county," said one stakeholder. Another worried about the drugs kids were seeing as they walked through neighborhoods.

These implications are critically relevant when examining potential upstream factors related to Florida's overdose rates. While most overdose deaths occur among adults, the relevance to pediatrics is evident. Children in households affected by parental substance use are at elevated risk of neglect, housing instability, and foster care entry. These exposures are strongly linked to higher rates of anxiety, depression, and substance use during adolescence, perpetuating an intergenerational cycle.[437, 438] Thus, the overdose epidemic is not only an adult mortality issue; it is a pediatric health crisis reverberating through families and shaping children's futures.

Figure 113. Rate of Unintentional Drug Overdose Deaths (All) per 100,000 Population, by County, Florida, 2018–2022



Brevard County had 48 drug deaths per 100,000 population compared to Orange and Osceola counties at 26.9 and 26.7.

Source: CHR, 2025; National Center for Health Statistics-Mortality Files, 2018–2022

Between 2018 and 2022, overdose mortality increased across all Central Florida counties except Brevard where it decreased, with the statewide rate reaching nearly 34.4 deaths per 100,000 residents, just above

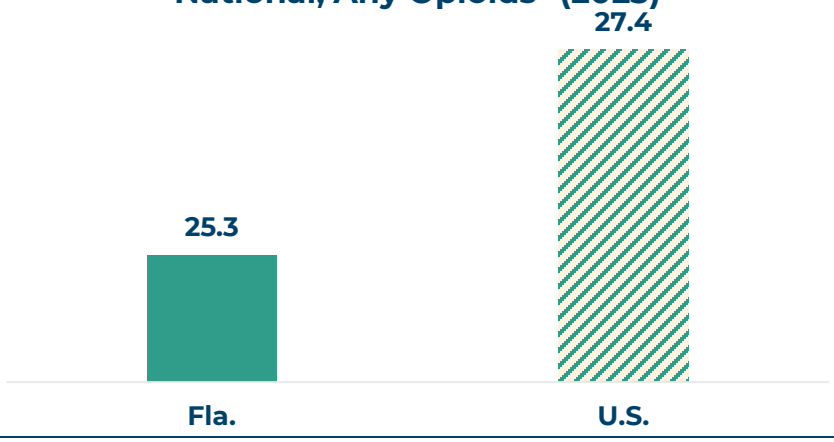
[433] *Centers for Disease Control and Prevention (CDC). Youth Risk Behavior Surveillance System (YRBSS): 2023 Results. U.S. Department of Health and Human Services, 2023*
[434] *Hingson, Ralph W., and Aaron White. "New Research Findings Since the 2007 Surgeon General's Call to Action to Prevent and Reduce Underage Drinking: A Review." Journal of Studies on Alcohol and Drugs 75, no. 1 (2014): 158–169*
[435] *National Institute of Drug Abuse (NIDA). Principles of Adolescent Substance Use Disorder Treatment: A Research-Based Guide. National Institutes of Health, 2020*
[436] *Windle, Michael, and Richard W. Zucker. "Redefining Adolescent Substance Use: Developmental Perspectives." Psychological Science in the Public Interest 11, no. 3 (2010): 1–23*
[437] *Bridget, Maria, et al. "Parental Substance Use, Child Abuse, and Child Welfare Involvement: Findings from the National Survey of Child and Adolescent Well-Being." Child Maltreatment 24, no. 3 (2019): 26*
[438] *U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation (ASPE). The Relationship Between Substance Use Indicators and Child Welfare Caseloads. Washington, DC: HHS, 2021*

the U.S. average (~31 per 100,000) and more than 1.5 times the Healthy People 2030 target of 20.7. **By 2023, the state's total drug-related deaths decreased** 5% from the prior year**, and the first time since 2015 that it is lower than the U.S. death rate**, and opioid-caused deaths decreased by 11%.

A young person's perception of the risk associated with a behavior can be a protective factor. In Florida youth, pain reliever misuse rate increased from 1.9 in 2022 to 2.1 in 2023.[439] This erosion of risk perception is alarming in an era when opioids and stimulants are potent, available, and deadly. Evidence shows:

Adolescents who minimize the risks of prescription misuse are more likely to initiate *nonmedical use, to combine substances, and ultimately to experience overdose.*[440] What begins as curiosity or casual misuse can evolve into dependence, especially when layered onto existing sadness, trauma, or family instability.

Rates of Overdose Deaths, Fla. and National, Any Opioids* (2023)



Source: FL Health CHARTS Substance Abuse Dashboard 2023, CDC SUDORS, 2023; CDC National Center for Injury Prevention and Control; FL Health CHARTS MS-YRBS, HS-YRBS 2021

**According to SUDORS, "Any Opioids" includes deaths that had at least one opioid listed as a cause of death. The "Any Opioids" category includes illegally-made fentanyl, heroin, prescription opioids, and any other opioids involved in overdose deaths.*

Prescribing Trends

The rate of people in Florida filling an opioid prescription has declined since 2019, **decreasing from 45.5 to 37.4 people** per 100 residents in 2023.

Youth Misuse

13.7% of high school students (grades 9–12) and 8.6% of middle school students (grades 6–8) reported taking pain medicine without a doctor's prescription or differently than how a doctor told them to use it.

Large-scale reviews show that prevention programs anchored in schools — especially those that build social-emotional skills, involve parents, and deliver accurate information about risk — significantly delay initiation and reduce misuse.[441] **What protects most consistently, however, is connection.** Adolescents who feel close to at least one parent, teacher, or mentor are less likely to use alcohol, cannabis, or prescription drugs, even when exposed to adversity.[442]

Treatment

Timely access to treatment is the bridge between identifying a behavioral health concern and preventing it from escalating into crisis. For children and adolescents, early treatment is especially critical: untreated depression, anxiety, or substance use not only disrupt daily life but can set a trajectory for chronic health problems, school failure, and even premature mortality later in adulthood.[443] Yet across the U.S., and in Florida, gaps in access remain wide.

National benchmarks show the scope of the challenge. According to the National Survey of Children's Health (NSCH), more than one in five U.S. children (ages 3–17) has a diagnosable mental, emotional,

[439] *Hackworth, B.T. (2025). 2025 Patterns of and Trends in Substance Use in Florida Annual Report. cdn.ymaws.com fadaa.org/resource/resmgr/files/resource_center/reports/PatternsofAndTrendsinSUinFlo.pdf*
[440] *Johnston, Lloyd D., et. al., Monitoring the Future National Survey Results on Drug Use, 1975–2022. Key Findings on Adolescent Drug Use. Institute for Social Research, University of Michigan, 2023*
[441] *National Institute on Drug Abuse (NIDA). Principles of Adolescent Substance Use Disorder Treatment: A Research-Based Guide. Bethesda, MD: National Institutes of Health, 2020. nida.nih.gov/publications/principles-adolescent-substance-use-disorder-treatment-research-based-guide/introduction*
[442] *Resnick, Michael D., et al. "Protecting Adolescents from Harm: Findings from the National Longitudinal Study on Adolescent Health." JAMA 278, no. 10 (1997): 823–32. doi.org/10.1001/jama.1997.03550100049038*
[443] *National Institute on Drug Abuse (NIDA). Principles of Adolescent Substance Use Disorder Treatment: A Research-Based Guide. Bethesda, MD: National Institutes of Health, 2014. nida.nih.gov/publications/principles-adolescent-substance-use-disorder-treatment-research-based-guide/introduction*

developmental, or behavioral disorder, yet only about half receive treatment from a mental health professional.

More than half (55%)

of U.S. adolescents reported **discussing their mental and emotional health** with a health care professional.

Therapy and Medication

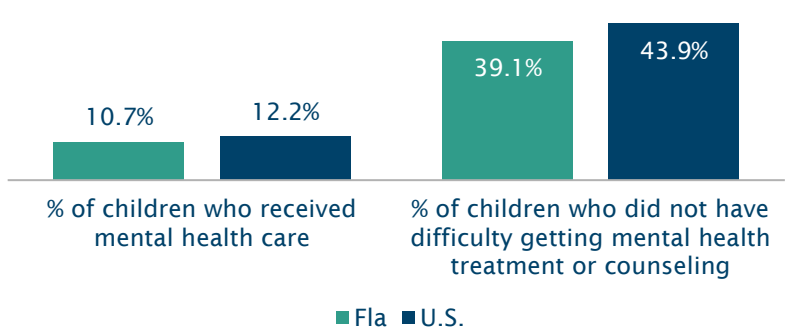
- **16%** of adolescents reported taking **prescription medication** to help regulate emotions, concentration, behavior, or mental health.
- **1 in 5** adolescents reported receiving **mental health therapy**.

20% of adolescents reported having **unmet mental health care needs**.

Source: National Center for Health Statistics. Interactive Summary Health Statistics for Teens. National Health Interview Survey—Teen. CDC, 2021–2023

Florida-specific data demonstrates a similar story. Only 10.7% of children ages 3–17 received mental/behavioral health care when they needed it, compared to 12.2% children nationally. Nearly two in five Florida parents said their child did not have difficulty getting treatment (39.1%), compared to 43.9% nationally. These figures show that Florida, like the U.S. overall, is falling short of meeting basic thresholds for accessible and equitable pediatric behavioral health care.

Figure114. Percent of Children Ages 3–17 Who Needed Mental/Behavioral Health Treatment and Received It, Florida, 2022–2023



"There are little to no resources for people with severe mental illness. Mental health issues have been identified in younger children and there is a significant shortage for psychiatry, psychology, and other mental health resources as it relates to pediatrics." – Stakeholder

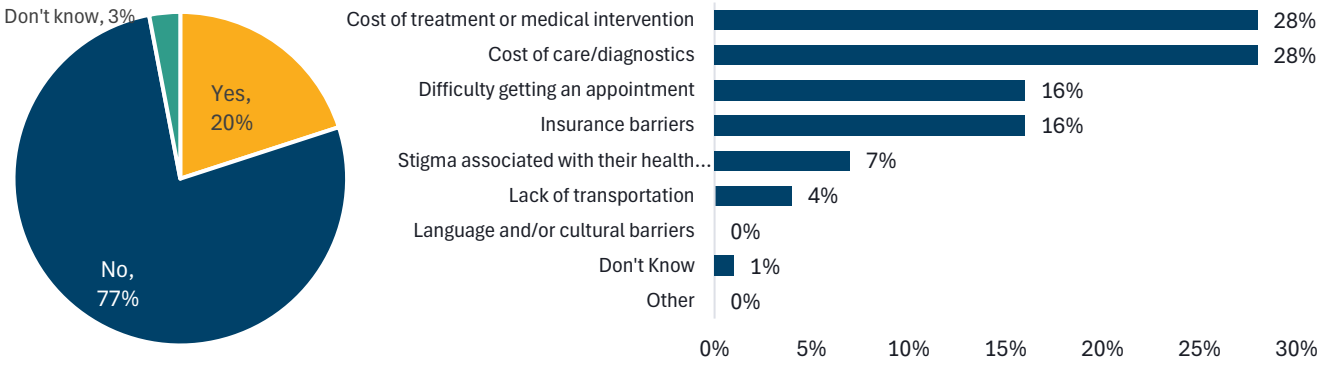
Source: Child and Adolescent Health Measurement Initiative. National Survey of Children's Health (NSCH), 2022–2023

Healthy People 2030 set a target that 51.4% of children and adolescents who need mental health services receive them, but current U.S. estimates hover well below this benchmark. In addition, studies report the odds of unmet mental health care needs are even higher for children of color, children in low-income households, and those living in rural areas.[444,445]

To understand the perspectives behind these numbers, the Nemours Children's community survey asked parents whether their child had needed mental or behavioral health care in the past 12 months but did not receive it. Over 15% of families said yes. Among those reporting unmet needs, the most common barriers were cost of treatment and the cost of diagnostics (tied 28%) while difficulty getting an appointment and insurance barriers (tied 16%). Families also noted stigma (7%) and transportation (4%) as additional obstacles.

[444] *Whitney, David G., and Mark D. Peterson. "US National and State-Level Prevalence of Mental Health Disorders and Disparities of Mental Health Care Use in Children." JAMA Pediatrics 173, no. 4 (2019): 389–91. https://doi.org/10.1001/jamapediatrics.2018.5399*
[445] *Perou, Ruth, et al. "Mental Health Surveillance Among Children — United States, 2005–2011." Morbidity and Mortality Weekly Report 62, no. 2 (2013): 1–35. Centers for Disease Control and Prevention. https://www.cdc.gov/mmwr/preview/mmwrhtml/su6202a1.htm*

Figure 115. Percent of Survey Respondent's With a Child That Did Not Get Needed Mental and/or Behavioral Health Care and the Primary Reason Why, Central Florida, 2025



Source: Nemours Children's Community Survey, 2025

Community members described the frustration of knowing their child needed help but being unable to secure a timely appointment, noting that existing providers are often booked months in advance. Others emphasized how insurance limitations and out-of-pocket costs put services out of reach, even when children were in acute distress.

These lived experiences echo what national studies have consistently shown: structural barriers—cost, wait times, and insurance coverage—outweigh individual reluctance in preventing children from accessing care.

When children's mental/behavioral health needs go unaddressed, the consequences extend well beyond the immediate crisis. Untreated conditions are linked to **poorer academic performance, higher rates of school dropout, and greater involvement with the juvenile justice system**. Over time, these unresolved challenges contribute to chronic health problems, and premature mortality in adulthood. Early intervention is therefore not only about reducing short-term distress but about protecting long-term trajectories for health, education, and social outcomes.[446]

Trauma and Emotional Well-being

Youth mental health challenges and early substance use are deeply connected to trauma and social-emotional wellbeing of children. Stressful and traumatic events in childhood create the conditions under which both mental health symptoms and substance use are more likely to take root. Conversely, when children have the supports to navigate adversity in healthy ways, they are more resilient and less likely to develop lasting behavioral health problems.

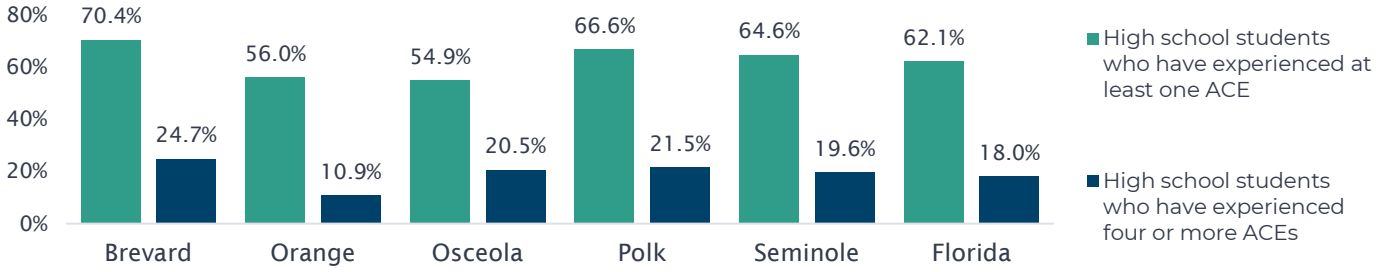
Research in neuroscience and developmental psychology is clear: what happens to us in childhood shapes health across the lifespan. Experiences of adversity, especially when severe or prolonged, activate the body's stress response systems in ways that alter brain architecture, immune functioning, and hormonal balance.[447]This "toxic stress" can impair emotional regulation, learning, and decision-making, leaving youth more vulnerable to depression, anxiety, and risky behaviors. Over time, the cumulative impact of trauma increases the likelihood of substance use and mental health disorders, chronic disease, and premature mortality.[448] In this way, the trauma of today's children is directly connected to the health and social outcomes we see in Florida's adults tomorrow.

[446] *National Research Council and Institute of Medicine. Preventing Mental, Emotional, and Behavioral Disorders among Young People: Progress and Possibilities. National Academies Press, 2009. https://doi.org/10.17226/12480*
[447] *Shonkoff, Jack P., and Andrew S. Garner. "The Lifelong Effects of Early Childhood Adversity and Toxic Stress." Pediatrics 129, no. 1 (2012): e232–46. https://doi.org/10.1542/peds.2011-2663.*
[448] *Felitti, Vincent J., Robert F. Anda, Dale Nordenberg, David F. Williamson, Alison M. Spitz, Valerie Edwards, Mary P. Koss, and James S. Marks. "Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults: The Adverse Childhood Experiences (ACE) Study." American Journal of Preventive Medicine 14, no. 4 (1998): 245–58. https://doi.org/10.1016/S0749-3797(98)00017-8*

ACEs are generally grouped into three categories: (1) abuse (2) neglect, and (3) household challenges. Studies show that ACEs are not rare, and more importantly, they are graded: the more ACEs a child experiences, the greater their risk for negative outcomes.[449] For example, children exposed to four or more ACEs are several times more likely to develop depression, misuse alcohol or drugs, or attempt suicide compared with those with none.[450]

In Florida, the scope of ACEs is comparable to children nationwide with 17.3% respectively having experienced two or more ACEs compared to 17.2% nationally.[451] Then among Florida's high school students in 2024, 62.1% reported having experienced at least one ACE, but 18.2% have experienced four or more. The most common ACEs included Parents separated or divorced, mental illness in household, and emotional neglect.[452]

Figure 116. Percent of High School Students Who Have Experienced Adverse Childhood Events,* by County, Florida, 2024



Source: FL Health Charts, Florida Youth Substance Abuse Survey, 2024

**There are 10 Adverse Childhood Experiences (ACEs) that include: Emotional, Physical, and Sexual Abuse; Parents Separated or Divorced; Physical Abuse in Household; Substance Abuse in Household; Mental Illness in Household; Incarcerated Household Member; Emotional Neglect; Physical Neglect.*

> *Brevard had the highest percentage of high school students who have experienced at least one ACE (70.4%), followed by Polk, then Seminole (66.6%, 64.6%). Osceola had the lowest percentage (54.9%). Brevard also has the highest percentage of four or more ACEs (24.7%) Orange County had the lowest percentage (10.9%).*

These findings illustrate the tight overlap between trauma exposure and intersecting behavioral health concerns: bullying increases the risk of depression, anxiety, and suicidality; parental substance use raises the likelihood of early initiation into alcohol or drugs; and family mental illness increases vulnerability to emotional distress.

Without intervention, the impact of ACEs persist into adulthood, driving higher rates of chronic disease, disability, and early death. Research shows that stable, supportive relationships with adults, early identification of distress, and access to safe environments can buffer the effects of trauma and equip children to thrive despite adversity.[453] **This makes ACEs not only a measure of harm, but also a clear call to action: reduce preventable trauma where possible, and surround children with protective factors where it cannot be avoided.**

The stressful life events reported by high school students can provide critical context for understanding patterns of behavior. More than one in five teens lived with a household member with mental illness (21.5%), and nearly one in five with substance use problems (17.5%). These two household conditions — mental illness and substance use — are among the most common exposures.

[449] *Merrick, Melissa T., Derek C. Ford, Katie A. Ports, and Angie S. Guinn. "Prevalence of Adverse Childhood Experiences from the 2011–2014 Behavioral Risk Factor Surveillance System in 23 States." JAMA Pediatrics 172, no. 11 (2018): 1038–44. doi.org/10.1001/jamapediatrics.2018.2537*
[450] *Bethell, Christina D., Narangerel Gombojav, Robert C. Whitaker, and Christina D. Johnson. "Adverse Childhood Experiences, Resilience, and Mindfulness-Based Approaches." Academic Pediatrics 19, no. 7 (2019): 793–801. doi.org/10.1016/j.acap.2019.05.003*
[451] *Child and Adolescent Health Measurement Initiative. 2022–2023 National Survey of Children's Health (NSCH) data query*
[452] *Florida Department of Children & Families. Florida Youth Substance Abuse Survey 2024 State Report. myflfamilies.com/services/samh/fysas/2024-Survey*
[453] *Bethell, Christina D., et al. "Positive Childhood Experiences and Adult Mental and Relational Health in a Statewide Sample." JAMA Pediatrics 173, no. 11 (2019): e193007*

Teens ages 12–17 years reported experiencing the following stressful life events:

Divorced or separated parents: **31.7%**	Household member with mental illness: **21.5%**	Household member with substance use: **17.5%**
Discrimination: **18.0%** (race/ethnicity) **13.8%** (SOGI*)	Emotional abuse from parent or guardian: **16.4%**	Victim or witness of community violence: **14.4%**
Incarcerated parent(s): **10.9%**	Death of a parent or guardian: **7.3%**	Unmet basic needs: **6.9%**

Source: National Center for Health Statistics. Interactive Summary Health Statistics for Teens. National Health Interview Survey—Teen. CDC, 2021–2023
**SOGI stands for sexual orientation, gender identity.*[454]

Discrimination is another significant stressor, reported by 18.0% of teens for race/ethnicity and 13.8% for sexual orientation or gender identity (SOGI).

Research shows that **experiences of discrimination** predict higher rates of depressive symptoms, suicidal ideation, and substance use among youth, independent of household adversity.[455],[456]

This demonstrates that **trauma is both interpersonal and structural**—it comes from within homes, schools, and neighborhoods, but also from systemic inequities that leave children of color and LGBTQ+ youth carrying disproportionate risk.

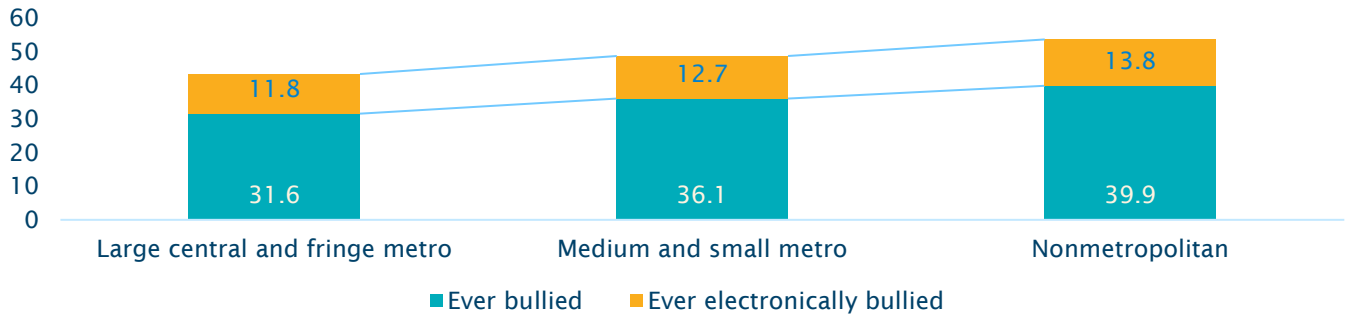
Within this broader landscape of stressors, bullying has continued to be a consistent and pervasive issue for youth. Unlike household adversity, bullying is peer-driven, repeated, and often public, undermining a child's sense of safety and belonging in environments that should nurture them**.**

Victims of bullying are at increased risk for **depression, anxiety, sleep disturbances, and suicidality**, while perpetrators show higher rates of **aggression, externalizing behavior, and substance use** later on.[457,458]

National data indicates that bullying prevalence is higher in small towns and rural areas than in metropolitan schools, suggesting that community context — including access to prevention programs and supports —shapes risk.

[454] *GLAAD Media Reference Guide: 11th Edition. Glossary of Terms: LGBTQ. glaad.org/reference/terms. Accessed September 17, 2025*
[455] *English, Devin, et al. "Racial Discrimination, Mental Health Symptoms, and Substance Use in Adolescents." Cultural Diversity and Ethnic Minority Psychology 26, no. 2 (2020): 207–17.*
[456] *Johns, Michelle M., et al. "Disparities in Violence Victimization and Bullying among Sexual Minority Youth." MMWR 68, no. 11 (2019): 241–46.*
[457] *Gini, Gianluca, and Tiziana Pozzoli. "Association between Bullying and Psychosomatic Problems: A Meta-Analysis." Pediatrics 123, no. 3 (2009): 1059–65.*
[458] *Holt, Melissa K., et al. "Bullying and Suicidal Ideation and Behaviors: A Meta-Analysis." Pediatrics 135, no. 2 (2015): e496–509.*

Figure 117. Percent of Adolescents Ages 12–17 Who Were Ever Bullied in the Past 12 Months, by Urbanicity*, United States, 2021–2023



Source: CDC: National Center for Health Statistics (NCHS), National Health Interview Survey (Teen), 2021–2023

**Urbanicity—Based on the 2013 NCHS Urban-Rural Classification Scheme for Counties which groups U.S. counties and county-equivalent entities into six urban-rural categories: large central metro, large fringe metro, medium metro, small metro, micropolitan, and noncore. For Interactive Summary Health Statistics for Teens, these six categories were collapsed into 3 groups: 1) Large central and fringe metros are defined as counties in Metropolitan statistical areas (MSAs) of 1 million or more population that contain the entire population of the largest principle city of the MSA, or have their entire population contained in the largest principle city of the MSA, or contain at least 250,000 inhabitants of any principle city of the MSA (large central) plus counties in MSAs of 1 million or more population that did not qualify as large central metro counties (large fringe metro – Orange, Osceola and Seminole counties). 2) Medium and small metros are defined as counties in MSAs of populations of 250,000 to 999,999 (medium metro – Brevard and Polk Counties), plus counties in MSAs of populations less than 250,000 (small metro). 3) Nonmetropolitans are defined as counties in micropolitan statistical areas (micropolitan), plus nonmetropolitan counties that did not qualify as micropolitan (noncore).*[459]

Research shows that children and teens who feel hopeful about their future are more resilient against adversity and less likely to engage in risky behaviors.[460] In contrast, those who feel powerless or lack optimism are at higher risk of depression, disengagement from school, and substance use. Nationally, disparities by race, ethnicity, and gender reveal that children from marginalized groups often report lower levels of hope and well-being, reflecting the added burden of discrimination and inequity layered onto trauma.[461]

What children live through — at home, in their communities, and among peers — shows up directly in their health outcomes, risk behaviors, and overall well-being. Stressors such as household mental illness, substance use, divorce, discrimination, and bullying are not side issues; they are central determinants of whether children thrive. For Florida, where more than one in four youth already report perceived levels of being a failure, these exposures carry heightened urgency.[462] The evidence is clear that trauma is graded and cumulative — the more exposures, the greater the risk. But research also demonstrates that prevention and early intervention can bend the curve. Trauma-informed schools, anti-bullying initiatives, peer-led supports, and accessible 24/7 crisis response (such as 988 or youth-based peer crisis models) are evidence-based strategies that not only reduce acute distress but also build resilience that lasts into adulthood. The task now is ensuring that these supports are equitable, consistent, and embedded in the places children spend their time — homes, schools, and communities — so today's exposures do not harden into tomorrow's disparities.

[459] Ingram DD, Franco SJ. 2013 NCHS urban–rural classification scheme for counties. National Center for Health Statistics. Vital Health Stat 2(166). 2014
[460] Masten, Ann S. Orginary Magic: Resilience in Development. New York: Guilford Press, 2014
[461] National Academies of Sciences, Engineering, and Medicine. The Promise of Adolescence: Realizing Opportunity for All Youth. Washington, DC: The National Academies Press, 2019. doi.org/10.17226/25388
462 Florida Department of Health, Division of Community Health Promotion, Florida Youth Substance Abuse Survey, 2024

Sexual and Reproductive Health

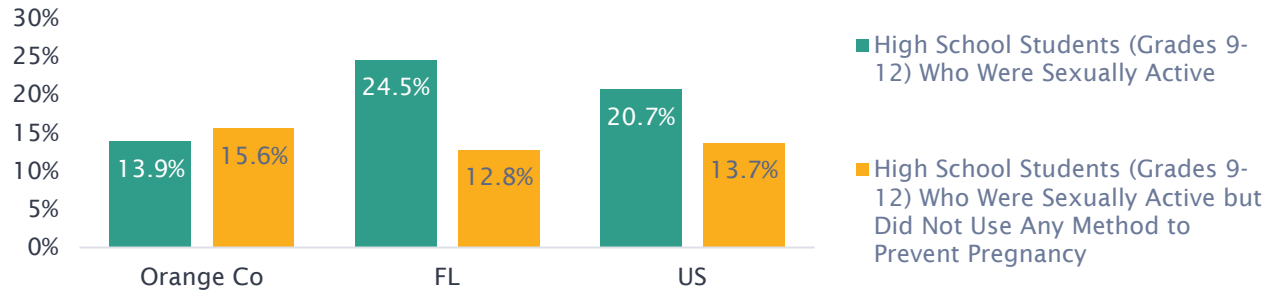
Improving sexual and reproductive health is crucial to eliminating health disparities, reducing rates of infectious diseases and infertility, and increasing educational attainment, career opportunities, and financial stability.[463]

Sexual Well-Being

Adolescence is a pivotal stage for developing lifelong patterns of sexual and reproductive health. For teens, sexual well-being means having the knowledge, resources, and support to make safe, informed choices about relationships, contraception, and prevention of sexually transmitted infections (STIs). Early experiences in this domain often shape health trajectories into adulthood, influencing future fertility, pregnancy outcomes, and overall well-being.[464] Preventive measures such as HPV vaccination, confidential and accessible contraception, and routine screening for STIs are especially important during adolescence, when experimentation and risk-taking behaviors can intersect with limited access to care or education.[465]

For adolescents who are sexually active, whether or not they use contraception has profound implications for sexual and reproductive health. Teens who do not use contraception remain at elevated risk for unintended pregnancy, which can disrupt educational attainment, increase economic hardship, and perpetuate cycles of poor health for both mother and child.[466] In Florida, 24.5% of high school students (grades 9–12) reported being sexually active in 2021, higher than the national average of 20.7%. Among those students, 12.8% reported using no method of contraception, compared to 13.7% nationally.

Figure 118. Percent Sexually Active High School Students, Orange County, Florida, 2021

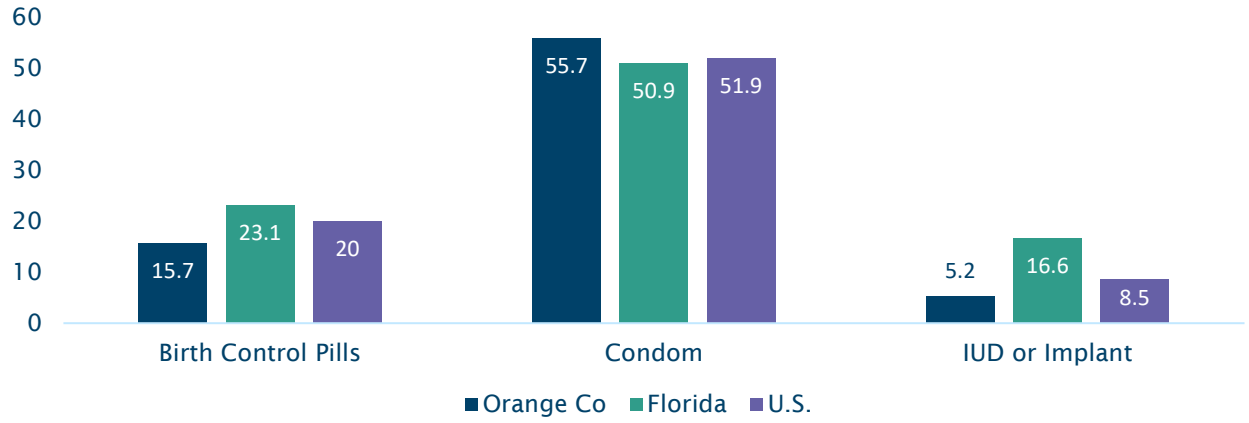


Source: CDC. Youth Risk Behavior Surveillance System, 2021

Method choice also differs slightly from national patterns: 23% of sexually active Florida high school students used birth control pills (similar to the U.S. at 20%), 50.9% used condoms (vs. 51.9% nationally), and 16.6% reported using an IUD or implant, compared to 8.5% nationally.

[463] *"Reproductive and Sexual Health," Healthy People 2020, accessed August 30, 2019, healthypeople.gov/2020/leading-health- indicators/2020-lhi-topics/Reproductive-and-Sexual-Health*
[464] *World Health Organization. Adolescent Health. Geneva: WHO, 2023. who.int/health-topics/adolescent-health*
[465] *Centers for Disease Control and Prevention (CDC). "Youth Risk Behavior Surveillance — United States, 2021." MMWR Surveillance Summaries 72, no. 1 (April 2023): 1–72. cdc.gov/healthyyouth/data/yrbs/index.htm*
[466] *Hoffman, Saul D., and Rebecca A. Maynard. Kids Having Kids: Economic Costs and Social Consequences of Teen Pregnancy. Washington, DC: Urban Institute Press, 2008*

Figure 119. Percent Contraceptive Use of High School Students Grades 9–12 Before Last Sexual Intercourse With Opposite-Sex Partner,* by Contraceptive Type, Orange County, Florida, 2021



Source: CDC, Youth Risk Behavior Surveillance System (YRBS), 2021

While Orange County students self-report greater usage of condoms compared to their state and national peers, Florida teens mirror their U.S. peers in condom use. Orange County students lag in pill use and uptake of Long-Acting Reversible Contraception — the most effective methods of pregnancy prevention (LARCs) —compared to their Florida and U.S. peers where Florida student use of pills and LARCs are greater than their national peers.[467]

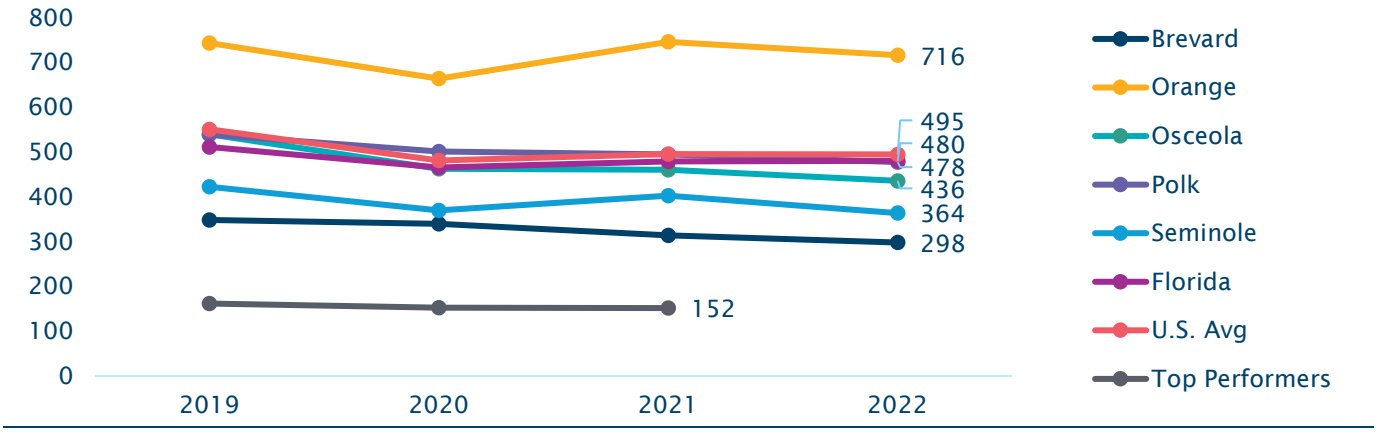
Adolescents and young adults are at disproportionate risk for sexually transmitted diseases (STDs), accounting for nearly half of all new infections in the United States each year, despite representing only about one-quarter of the sexually active population.[468] Many of these infections, including chlamydia and gonorrhea, are often asymptomatic, making routine testing the only way to detect and treat them. Without early detection, untreated STDs can lead to serious long-term health consequences such as infertility, chronic pelvic pain, increased risk of HIV acquisition, and adverse pregnancy outcomes.[469] For youth, who may face barriers such as stigma, lack of confidential services, or limited access to health care, ensuring access to screening and treatment is essential to supporting both immediate and lifelong sexual well-being.[470]

Data suggests that Florida's high school students are engaging in HIV testing which is higher (8.2%) than the U.S. comparison (5.8%) overall. While Florida youth may be somewhat more likely to access testing for HIV than the average high school student across the U.S., the vast majority still go untested, leaving infections undetected.

County-level data further underscore the need for routine testing. In 2022, Orange County (716 per 100,000) had the highest rates of newly diagnosed chlamydia whereas the remaining counties are below the state and U.S. average (480 and 495 per 100,000, respectively).

[467] *Hoffman, Saul D., and Rebecca A. Maynard. Kids Having Kids: Economic Costs and Social Consequences of Teen Pregnancy. Washington, DC: Urban Institute Press, 2008*
[468] *Centers for Disease Control and Prevention (CDC). "STDs in Adolescents and Young Adults." Sexually Transmitted Disease Surveillance 2022. Atlanta: U.S. Department of Health and Human Services, 2023. cdc.gov/std/statistics/2022/figures/adolescents.htm*
[469] *Workowski, Kimberly A., et al. "Sexually Transmitted Infections Treatment Guidelines, 2021." MMWR Recommendations and Reports 70, no. 4 (July 2021): 1–187*
[470] *American Academy of Pediatrics. "Condom Use by Adolescents." Pediatrics 138, no. 2 (August 2016): e20161896. doi.org/10.1542/peds.2016-1896*

Figure 120. Number of Newly Diagnosed Chlamydia per 100,000 People, by County, Florida, 2022

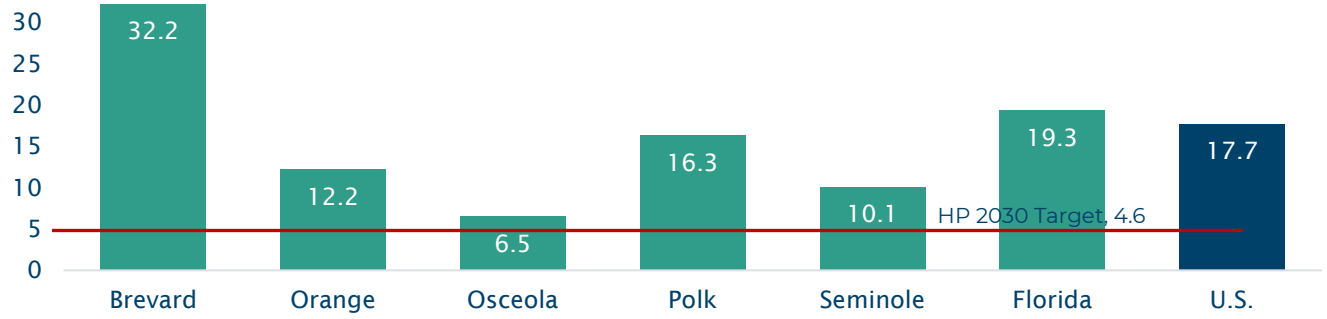


Source: CHR, 2025; National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention

> *Orange County (716) had the highest rate of chlamydia followed by Polk (478), Osceola (436), Seminole (364) and the lowest rate was Brevard (298).*

Syphilis data show similar geographical disparities: among women ages 15–44, Brevard County (32.2 per 100,000) had much higher rates — and in some instances three to five times greater — than all remaining counties and almost double the U.S. average (17.7 per 100,000). Rates nationwide, statewide, and county-level do not meet Healthy People 2030's goal of 4.6 per 100,000.

Figure121. Rate of Primary and Secondary Syphilis Rates Among Women Ages 15-44 per 100,000 Population, by County, Florida, 2023



Source: CDC STI Statistics, 2023

These infections are particularly concerning given their link to congenital syphilis, which **can result in miscarriage, stillbirth, or severe lifelong complications for infants**.

For many people, the most significant risk factor for contracting an STD is living in a community with high rates of them. **Considering geographic risk in addition to individual behaviors can help reduce stigma and bias in screening**.

Expanding routine, confidential STD testing in adolescent care settings is essential to addressing these risks early and promoting preventative behaviors across the life span.

Screening not only helps youth protect their own health but also interrupts transmission, reduces disparities, and aligns with Healthy People 2030 goals to reduce STD rates and expand access to preventive services for adolescents.[471]

[471] *Office of Disease Prevention and Health Promotion. "Sexually Transmitted Infections — Objectives." Healthy People 2030. U.S. Department of Health and Human Services. health.gov/healthypeople/objectives-and-data/browse-objectives/sexually-transmitted-infections*

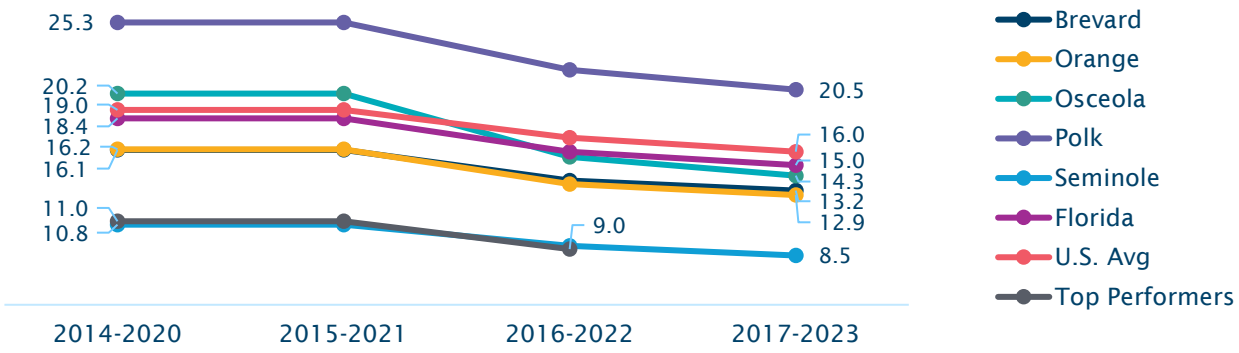
Maternal and Child Health

Sexual and reproductive health extends beyond contraception and STI prevention to encompass the health of women during and after pregnancy, as well as the profound interconnection between maternal health and child outcomes that directly shape a child's growth, development, and long-term well-being.

Teen pregnancy rates are a core marker of sexual and reproductive health, reflecting access to contraception, sexual health education, and preventive care. Teen pregnancy is not just an adolescent issue; it has ripple effects on maternal and child health outcomes. For example, young mothers are more likely to experience complications during pregnancy and birth, including preterm delivery and low birthweight, and are at higher risk for maternal morbidity.[472] Children of teen mothers face increased risks of infant mortality, developmental delays, and limited social and economic resources, linking teen birth rates directly to long-term child well-being.[473] Moreover, teen pregnancies often disrupt education and economic stability for young parents, reinforcing cycles of poverty and health inequity.

In 2023, the teen birth rate in Florida was 15.0 per 1,000 live births in females ages 15–19, slightly lower than the national average of 16.0 per 1,000.

Figure 122. Teen Birth Rate per 1,000 Live Births in Females Ages 15–19, by County, Florida, 2014–2023



Source: National Center for Health Statistics, National Vital Statistics System

> *Polk County had the highest teen birth rate at 20.5 per 1,000 live births, while Seminole County had the lowest (8.5 per 1,000 live births).*

"Teen pregnancy rates have dropped." - Stakeholder

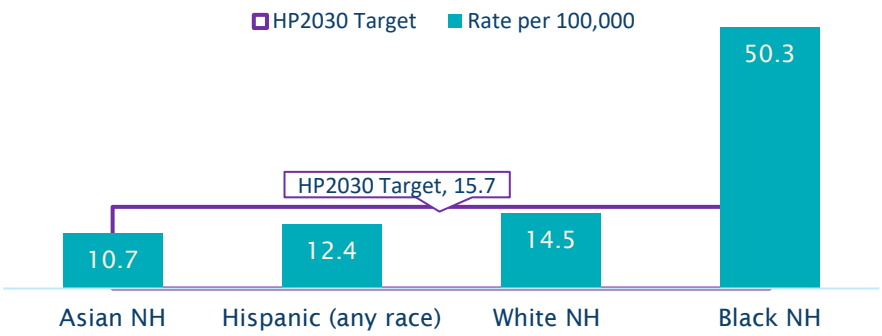
These geographic differences highlight how local conditions— such as healthcare access, socioeconomic opportunity, and community norms — shape adolescent reproductive outcomes. **Investments in prevention and support for adolescent parents advance equity by improving outcomes for mothers while laying stronger foundations for the health and stability of their children.**

Maternal morbidity and mortality are associated with preterm birth, infant mortality, and developmental delays in children, underscoring that **protecting women's health is inseparable from protecting child health**.[474] Despite advances, the United States continues to face serious challenges in maternal health. In 2023, the U.S. maternal mortality rate was 18.6 deaths per 100,000 live births, significantly higher than other high-income nations.[475] This rate fails to meet the Healthy People 2030 goal of reducing maternal deaths to 15.7 per 100,000.

[472] *Chen, Xiaozhong, et al. "Teenage Pregnancy and Adverse Birth Outcomes: A Large Population-Based Retrospective Cohort Study." International Journal of Epidemiology 46, no. 1 (2017): 168–177*
[473] *Hoffman, Saul D., and Rebecca A. Maynard. Kids Having Kids: Economic Costs and Social Consequences of Teen Pregnancy. Washington, DC: Urban Institute Press, 2008*
[474] *Venkatesh, Kartik K., and others. "Maternal Health and Child Outcomes: A Systematic Review." International Journal of Maternal and Child Health (2024)*
[475] *Tikkanen, Roosa, and Munira Z. Gunja. "Insights into the U.S. Maternal Mortality Crisis: An International Comparison." Commonwealth Fund, June 2024. commonwealthfund.org/publications/issue-briefs/2024/jun/insights-us-maternal-mortality-crisis-international-comparison*

Black women, in particular, experience disproportionate risk, with mortality rates (50.3 per 100,000) more 3–4 times that of White, Hispanic, or Asian women. These inequities reverberate into child health, as infants born to mothers with chronic illness, mental health challenges, or limited access to prenatal and postpartum care face increased risks of morbidity and mortality.

Figure 123. Rates of Maternal Mortality* per 100,000 Population, by Race/Ethnicity, United States, 2023



In Florida,
Black women
have
DOUBLE
the rate of
Severe Maternal Morbidity**
(17.9 vs. 8.8) and
QUADRUPLE
the rate of
Maternal Mortality
than White women
(48.5 vs. 12.0).

Source: Centers for Disease Control and Prevention (CDC). Maternal Mortality Rates in the United States, 2023.

**Maternal mortality is defined as the death of a woman while pregnant or within 42 days of the termination of a pregnancy, from any cause related to or aggravated by pregnancy or its management, but not due to accidental or incidental causes of death.*[476]

***Severe Maternal Morbidity is the presence of a complication during a delivery hospitalization.*

Disparities in maternal morbidity and mortality among Black women reflect multiple systemic factors. Research suggests that structural racism, chronic stress, inequities in access to quality prenatal and postpartum care, and implicit bias in the healthcare system all contribute to higher rates of severe complications and preventable deaths.

These inequities persist even after controlling for income and education, underscoring that the disparity is not solely driven by socioeconomic status but also by differential treatment and barriers within the health system itself.[477]

Maternal mental health is another critical dimension of reproductive health. Untreated postpartum depression impairs mother-infant bonding and is linked to poorer child cognitive and emotional outcomes, as well as long-term stress within the caregiving environment.[478] Addressing maternal mental health therefore supports both maternal recovery and child development.

[476] *World Health Organization. International statistical classification of diseases and related health problems, 10th revision (ICD–10). 2008 ed. Geneva, Switzerland. 2009*
[477] *Venkatesh, Kartik K. – A 2024 article in the International Journal of Maternal and Child Health that reviews maternal mortality inequities*
[478] *Binda, Valeria, et al. "Effects of Postpartum Depression on Mother-Infant Bonding and Child Development." Lancet Regional Health – Americas 5, no. 4 (2021)*

Nationally, as many as

1 in 7

women **experience perinatal depression.**[479]

In Florida,

11.9%

of mothers report **postpartum depressive symptoms.**[480]

Healthy People 2030 underscores the importance of screening and detection with a developmental objective (MICH-D04) to

Increase the proportion of women who are screened for depression during pregnancy and the postpartum period.[481]

This means the indicator is recognized as essential for public health progress, but standardized, reliable data to track progress are not yet available nationally.

Without universal or standardized screening, many **women experiencing depression symptoms go unrecorded,** revealing gaps in identification, and likely underrepresentation of high-risk groups.

Pediatrics provides a unique entry point for intervention, since mothers are consistently engaged in their child's care.

Pediatric well-child visits create multiple opportunities for providers to screen for maternal depression, inquire about postpartum hypertension, or share resources on contraception and preventive health services. Studies show that screening for maternal conditions during pediatric visits leads to **earlier detection and improved referral outcomes**.[482]

Nurse-Family Partnership programs and interconception care models demonstrate that integrating maternal health supports into pediatric systems **reduces unintended pregnancies, improves maternal health behaviors, and strengthens child outcomes**.[483, 484]

Even when pediatricians are not managing maternal conditions directly, they can act as liaisons of information and connection, linking mothers to primary care, obstetrics/gynecology, WIC, behavioral health, and community resources. **This role recognizes the mother-child dyad as a unit**: healthier mothers create healthier environments, and pediatric care settings are trusted hubs where both needs can be identified and addressed.

Sexual and Intimate Partner Violence

Violence in adolescent and young adult relationships — including physical dating violence, sexual dating violence, forced sex, sexual violence by anyone, reproductive coercion, and abuse in nonintimate settings — is a major sexual and reproductive health issue. These experiences are linked to increased risk of sexually transmitted infections (STIs), unintended pregnancy, adverse maternal outcomes, mental health disorders, and school disengagement. They disproportionately burden girls, LGBTQ+ youth, and other marginalized groups, underscoring equity concerns that extend beyond individual relationships to broader community health.[485, 486]

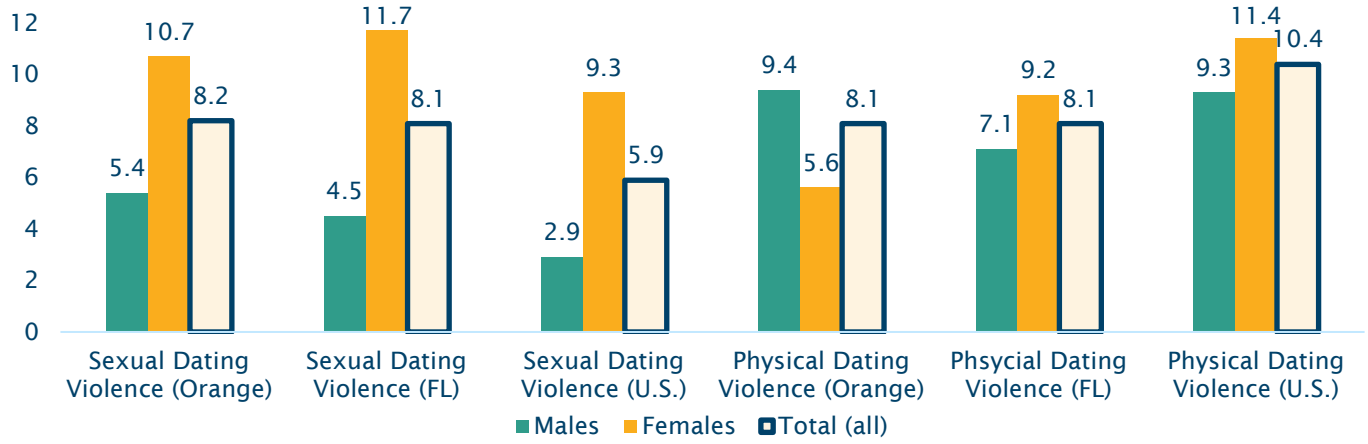
Many adolescents are physically or sexually abused by a dating partner. Dating violence can lead to physical and mental health problems. Teaching adolescents safe and healthy relationship skills and

[479] *O'Hara, Michael W., and Annette M. Wisner. "Perinatal Depression: Prevalence, Course, and Consequences." National Center for Biotechnology Information (NCBI) Bookshelf, 2022. ncbi.nlm.nih.gov/books/NBK519070*
[480] *Florida Department of Health, Division of Public Statistics and Performance Management. FLHealthCharts.gov Pregnancy Risk Assessment Monitoring System (PRAMS), 2022*
[481] *Office of Disease Prevention and Health Promotion. Healthy People 2030: Increase the proportion of women who are screened for depression during pregnancy and the postpartum period (MICH-D04). U.S. Department of Health and Human Services. Accessed September 17, 2025. health.gov/healthypeople/objectives-and-data/browse-objectives/pregnancy-and-childbirth/increase-proportion-women-who-are-screened-depression-during-pregnancy-and-postpartum-period-mich-d04*
[482] *Amro, Abeer, et al. "Maternal Evaluation During Pediatric Visits for Early Detection of Postpartum Preeclampsia." JAMA Network Open 7, no. 3 (2024)*
[483] *Olds, David L., et al. "Effects of Nurse Home Visiting on Maternal and Child Outcomes: A Randomized Trial." JAMA Pediatrics 168, no. 5 (2014)*
[484] *Children's Hospital of Philadelphia PolicyLab. "Improving Maternal and Child Health through Interconception Care." PolicyLab, 2024. policylab.chop.edu/project/improving-maternal-and-child-health-through-interconception-care*
[485] *CDC. "About Teen Dating Violence." Updated Jan 14, 2025. cdc.gov/intimate-partner-violence/about/about-teen-dating-violence.html*
[486] *CDC. "About Intimate Partner Violence." Updated May 16, 2024. cdc.gov/intimate-partner-violence/about/index.html*

creating safe environments where youth live, learn, and play are examples of strategies that can help prevent dating violence.

In 2021, 8.1% of Florida high school students reported sexual dating violence, with striking gender differences: 11.7% of females compared to 4.5% of males. Nationally, the rate was 9.3%. Physical dating violence affected 8.1% of Florida students overall (9.2% of females, 7.1% of males), just below the U.S. average of 10.4%.

Figure 124. Percent of Youth (Grades 9–12) Who Experienced Sexual* and/or Physical** Dating Violence in the Previous 12 Months, by Gender, Orange County, Florida, 2021



Source: CDC Youth Risk Behavior Surveillance System, 2021

** Sexual Dating Violence is defined as being forced to do sexual things (counting things as kissing, touching, or being physically forced to have sexual intercourse) they did not want to do by someone they were dating or going out with, one or more times during the 12 months before the survey, among students who dated or went out with someone during the 12 months before the survey.*

***Physical Dating Violence is defined as being physically hurt on purpose (counting things as being hit, slammed into something, or injured with an object or weapon) by someone they were dating or going out with, one or more times during the 12 months before the survey, among students who dated or went out with someone during the 12 months before the survey).*

Sexual violence — including being forced to engage in sexual acts against one's will and physically forced sexual intercourse — remains a serious threat to adolescent health and well-being. These experiences often occur outside of dating relationships, underscoring that risk extends beyond intimate partners. Such violence is strongly associated with immediate harms like injury and trauma, as well as long-term consequences.[487] For youth, especially females and LGBTQ+ students who experience these forms of violence at disproportionately high rates, the impacts can disrupt schooling, erode trust in relationships, and create lasting health disparities.[488]

Percent of high school students who experienced **sexual violence (by anyone).***

11.0% vs. 11.1% vs. 14.9%

Nationwide vs. Florida vs. Orange County

Percent of high school students ever **physically forced to have sexual intercourse.****

8.5% vs. 8.0% vs. 10.3%

Nationwide vs. Florida vs. Orange County

Females and LGBTQ+ students experience sexual violence at a rate

~3-4x higher

than males and heterosexual students.

Females and LGBTQ+ students experience forced sexual intercourse at a rate

3-4x higher

than male and heterosexual students.

Source: Centers for Disease Control and Prevention (CDC). 1991–2023 High School Youth Risk Behavior Survey Data. Available at yrbs-explorer.services.cdc.gov

**Sexual violence includes such things as kissing, touching, or being forced to have sexual intercourse that they did not want to do, one or*

[487] *Centers for Disease Control and Prevention (CDC). Youth Risk Behavior Survey Results — United States and Florida, 2021. Atlanta: U.S. Department of Health and Human Services, 2024. cdc.gov/yrbs/results/2021-yrbs-results.html*

[488] *Clayton, H. B., et al. "Youth Risk Behavior Survey — United States, 2021." MMWR Supplements 72, no. 1 (2023): 1–20. cdc.gov/mmwr/volumes/72/su/su7201a8.htm*

*more times during the 12 months before the survey.***

Note: The data above reflects data from 2021 which is the last year Florida and any of its school districts participated in the CDC Youth Risk Behavior Survey.

Both sexual and physical dating violence are strongly linked to depression, anxiety, suicidality, substance use, and school disengagement — factors that shape long-term health and opportunity.[489] Survivors are more likely to experience inconsistent condom use, higher rates of STIs, and unintended pregnancies — often driven by reproductive coercion such as pregnancy pressure or sabotage of birth control.[490, 491] Pregnancies linked to violence carry higher risks of preterm birth, low birthweight, and maternal complications.[492]

Despite these risks, gaps persist in how sexual and intimate partner violence is addressed:

- **Screening and referral in pediatric, school-based, and community settings remain inconsistent**, and trauma-informed approaches are not universally implemented.
- **Services for youth are often fragmented**, with sexual health, behavioral health, Interpersonal Violence (IPV) advocacy, and legal support operating in silos that can be difficult for young people to navigate.[493]

Prevention education (healthy relationship/consent curricula, digital abuse awareness) remains essential. **Promoting adolescent sexual well-being** provides opportunities to strengthen communication, model healthy relationships, and reduce stigma around seeking care.

- When **pediatric providers engage with teens on these issues**, they not only help protect against immediate health risks, but also lay a foundation for healthier futures — including healthier pregnancies and maternal outcomes later in life.[494]
- **Addressing disparities in access to sexual health resources** ensures that all young people, regardless of background, have the tools to thrive.[495]

[489] *Clayton, H. B., et al. "Youth Risk Behavior Survey — United States, 2021." MMWR Supplements 72, no. 1 (2023): 1–20. cdc.gov/mmwr/volumes/72/su/su7201a8.htm.*
[490] *Miller, Elizabeth, et al. "Pregnancy Coercion, Intimate Partner Violence, and Unintended Pregnancy." Contraception 81, no. 4 (2010): 316–322*
[491] *Willie, Tiara C., et al. "Reproductive Coercion and Unintended Pregnancy Among Adolescents and Young Adults." Journal of Interpersonal Violence (2019)*
[492] *Miller, Elizabeth, et al. "Pregnancy Coercion, Intimate Partner Violence, and Unintended Pregnancy." Contraception 81, no. 4 (2010): 316–322*
[493] *CDC. "About Intimate Partner Violence." Updated May 16, 2024. cdc.gov/intimate-partner-violence/about/index.html*
[494] *American Academy of Pediatrics. "Promoting Healthy Sexual Development and Sexuality in Children and Adolescents." Pediatrics 138, no. 2 (August 2016): e20161348. doi.org/10.1542/peds.2016-1348*
[495] *Centers for Disease Control and Prevention (CDC). "Sexual Health of Adolescents and Young Adults in the United States." Atlanta: U.S. Department of Health and Human Services, 2022. cdc.gov/sexualwellness/data-research/adolescents-young-adults.html*

Resource Awareness and Utilization

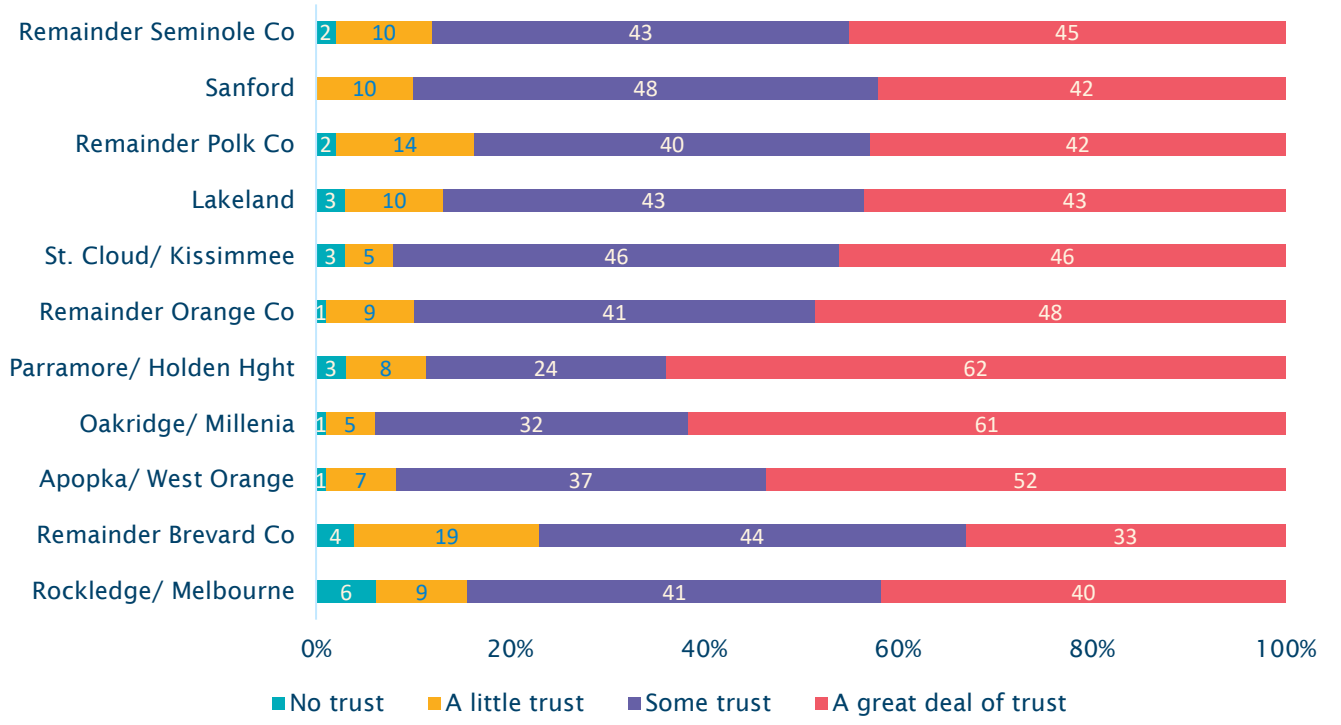
Institutional Trust and Care Utilization

Community perceptions of local hospitals, health centers, and clinics play a crucial role in whether people use them — and how they use them. Nationally, trust in physicians and hospitals in the U.S. fell from about 71.5% in April 2020 to 40.1% by January 2024,[496] with those reporting lower trust being significantly less likely to be vaccinated.[497] When patients and families believe providers are competent, responsive, and respectful, preventive care, treatment adherence, utilization increases; when trust erodes — because of past negative experiences, privacy concerns, cultural disconnects, or perceived inequities — people may delay or avoid care.[498]

In 2025, **Florida ranked No. 12 in the nation for hospital quality** as well as overall healthcare quality. These rankings are driven by strong hospital performance, nursing home quality, and reduced preventable admissions.[499] These indicators support community trust by reinforcing the perception of high standards of care. Patient experience scores echo this — with health systems reporting high ratings in teamwork, respect, and communication.[500] However, these positive scores coexist with safety concerns related to hand hygiene and postsurgical complications based on various external reviews of Florida hospitals.[501]

Regional differences deepen perceptions. Hospitals in more urban areas tend to report stronger patient experience scores, while residents in rural communities have expressed lower satisfaction with the range of health and social services available locally. While the majority of survey respondents across the state (87%) reported "some trust" (41%) or a "great deal of trust" (46%) in their local hospital or health center to provide high-quality care, results vary by geography.

Figure 125. Percent Trust in Local Hospital or Health Center to Provide High-Quality Care, by Level of Trust and Zip Code Region, Central Florida, 2025



[496] *Roy H. Perlis, Jon Green, Alexi Quintana, et al. "Trust in Physicians and Hospitals During the COVID-19 Pandemic." JAMA Network Open 7, no. 5 (May 6, 2024): e2411916. jamanetwork.com/journals/jamanetworkopen/fullarticle/2821693*
[497] *Vasiliki Souvatzi, Ioannis A. Kosmidis, Athanasios Mouratidis, and George Rachiotis. "Trust in Healthcare, Medical Mistrust, and Health Outcomes." Societies 14, no. 12 (2024): 269. doi.org/10.3390/soc14120269*
[498] *Dereje Tefera, Yihenew Worku, and Habtamu M. Beyene. "Exploring Lack of Trust and Its Impact on Access and Utilization of Healthcare Services in Ethiopia: A Qualitative Study." BMC Health Services Research 24, no. 1 (2024): 11798. bmchealthservres.biomedcentral.com/articles/10.1186/s12913-024-11798-z*
[499] *U.S. News & World Report.2025 Rankings: Health Care - States With the Best Health Care. usnews.com/news/best-states/rankings/health-care*
[500] *Newsweek and Statista. America's Best-in-State Hospitals 2025: Delaware. Newsweek/Statista Rankings, 2024, rankings.newsweek.com/americas-best-state-hospitals-2025/florida. Accessed 15 Sept. 2025*
[501] *Florida Department of Health. Annual Health Care-Associated Infections Report 2022. floridahealth.gov/diseases-and-conditions/health-care-associated-infections/_documents/fl-hai-annual-2022-report1.pdf*

Source: Nemours Children's Community Survey, 2025

> *Residents in Orange County (Parramore/Holden Heights, Oakridge/Millenia, and Apopka/West Orange) report the highest trust levels compared to other regions, with a majority (62%, 61%, and 52%) expressing a great deal of trust in local hospitals and health centers. Brevard's residents in Rockledge/Melbourne and Remainder Brevard Co) report the lowest overall trust, followed by Polk and Seminole residents. These trends in fragmented trust suggest less certainty in local healthcare quality.*

Hospitals across state, like many around the nation, are increasingly looking beyond their clinical walls to address the broader conditions that shape health. By engaging in community partnerships and programs that target root causes, health systems can **reduce preventable illness, lower readmissions, and improve long-term sustainability** while also strengthening trust and equity.

In the state and regionally in Central Florida, many hospitals are major employers, landowners, purchasers of services, and have social reach which is why these efforts not only improve population health, but also build community confidence in healthcare systems as responsive and relevant partners. **A broader, community-facing role is essential to ensuring hospitals are seen not only as providers of clinical care, but as trusted champions of well-being.**

Survey results show most respondents recognize Nemours Children's as playing an important role beyond the walls of the hospital.

48% or nearly half of community survey respondents believe that Nemours Children's works with the community "a great deal" to address broader issues such as *safety, food insecurity, education, and housing*.

... and another

33%

said the organization does so "somewhat" or "a little."

Source: Nemours Children's Community Survey, 2025.

While these findings may point to the acknowledgement of Nemours Children's community presence from ~81% of survey participants, they also **demonstrate an opportunity to do better**. To truly serve as an anchor institution — a stabilizing force that extends beyond clinical care to strengthen the social and economic conditions that shape child health — we remain dedicated to nurturing community-facing efforts and partnerships to achieve universal confidence in advancing health and equity, both inside and outside of clinical spaces.

Referral Hubs

2-1-1 is a nationwide information and referral system that serves as a centralized access point for individuals and families seeking help with basic needs and community resources. By dialing the simple three-digit number, residents are connected with trained specialists who provide information on local services such as food assistance, housing and shelter, transportation, utilities support, child care, employment, mental health resources, and crisis response. Operated locally, but coordinated through United Way Worldwide, 2-1-1 covers more than 95% of the U.S. population and fields millions of calls annually, with demand increasing significantly during public health emergencies and natural disasters.

Tracking the types of services people request through 2-1-1 gives insight into what the most urgent needs in the community are, sometimes before they show up in other health data. By analyzing what people ask for, health systems can tailor their outreach, prevention, and support efforts, especially around social determinants of health, and better anticipate surges in nonmedical needs that directly affect health.[502]

Between June 2024 and June 2025, the Central Florida region's 2-1-1 call centers received 223,619

[502] *United Way Worldwide. "Americans Continue to Struggle with Housing and Utility Costs Post-COVID, According to New 211 Survey from United Way Worldwide." United Way, 16 Mar. 2023, unitedway.org/news/americans-continue-to-struggle-with-housing-and-utility-costs-post-covid-according-to-new-211-survey-from-united-way-worldwide-301774065.html*

combined requests serviced by 2-1-1 Brevard, Heart of Florida United Way (Orange, Osceola, Seminole), and United Way of Central Florida (Polk).

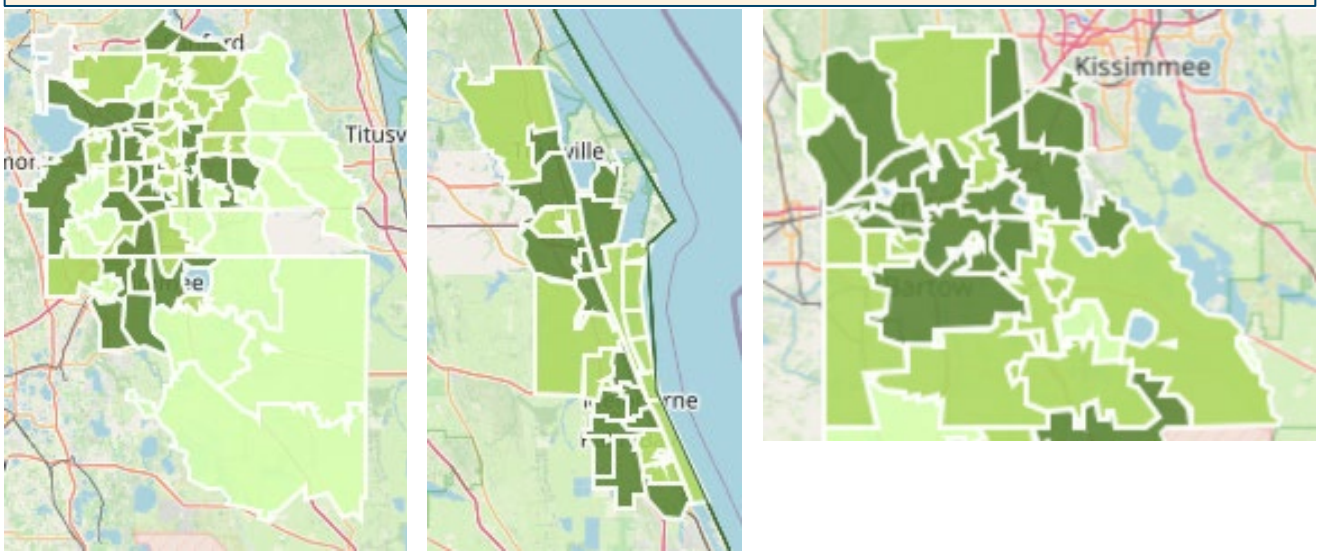
Figure 126. Top Service Requests to 2-1-1 Call Centers, by Category of Need, Central Florida, June 2024–June 2025.

	2 1 1 Brevard		Heart of Florida United Way (Orange, Osceola, Seminole)		United Way of Central Florida (includes Polk)	
	Requests	% of Total	Requests	% of Total	Requests	% of Total
Housing and shelter assistance	13,440	26.9%	53,962	40.8%	15,839	38.3%
Food assistance	3,285	6.6%	9,011	6.8%	3,746	9.1%
Utility-related assistance	3,481	7.0%	23,584	17.8%	7,476	18.1%
Healthcare and COVID-related assistance	5,856	11.9%	8,881	6.7%	2,534	6.1%
Mental health and addictions	10,402	20.8%	8,393	6.3%	1,561	3.8%
Employment and Income	1,517	3.0%	8,511	6.4%	3,156	7.6%
Clothing and Household	452	<1%	2,499	1.9%	738	1.8%
Child Care and Parenting	363	<1%	1,516	1.1%	384	<1%
Government and Legal	2,888	5.8%	4,914	3.7%	1,548	3.7%
Transportation	1,171	2.3%	2,104	1.6%	638	1.5%
Education	236	<1%	667	<1%	176	<1%
Disaster	2,499	5.0%	3,473	2.6%	2,130	5.1%
Other	4,287	8.6%	4,766	3.6%	1,455	3.5%

Source: 2-1-1 Counts, June 12, 2024–June 11, 2025, brevard.211counts.org, hfuw.211counts.org, and uwcf.211counts.org

Overwhelmingly, needs concentrated on the basics of daily survival with the majority of Central Floridians interested in resources for housing with 26.9% in Brevard, 40.8% in Heart of Florida, and 38.3% in Polk. Mental health and addictions (20.8%), health care (11.9%), utilities (7%), and food (6.6%) round out the top five in Brevard whereas, utilities (17.8%), food (6.8%), health care (6.7%) and employment (6.4%)round out the top five for Heart of Florida and utilities (18.1%), food (9.1%), employment (7.6%) and health care (6.1%) round out Polk's top five needs. It should be noted, however, that in Brevard, the "other" category constituted 8.6% of all requests.

Figure 127. Volume of Service Requests (All) to 211 by Zip Code, Central Florida, 2024–2025



Source: Heart of Florida 2-1-1 (left), 2-1-1 Brevard (middle), United Way of Central Florida (right)

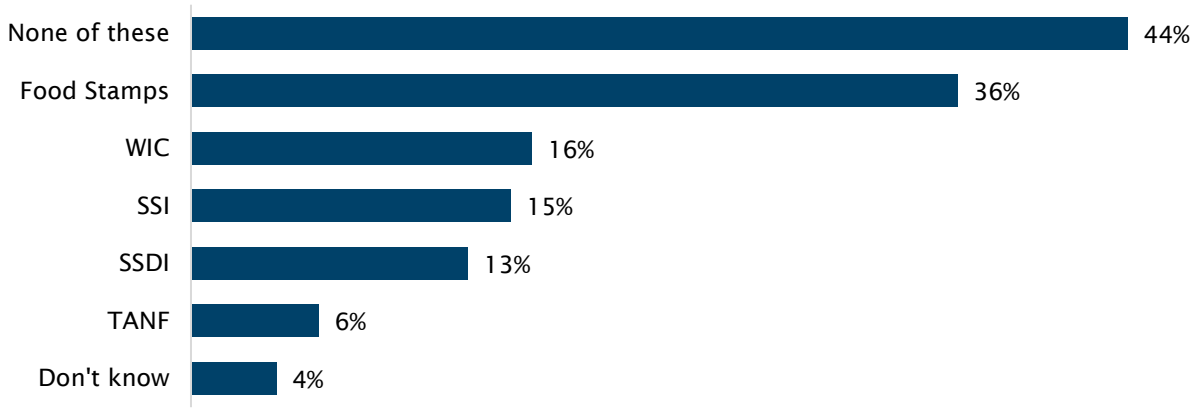
For Brevard 2-1-1, of those who requested housing needs 39.8% was for rental assistance followed with low-cost housing (31.4%) and shelters (22.1%). Mental health and addiction requests were mostly focused on crisis intervention and suicide (69.4%) followed by mental health services (13.4%) and substance abuse and addictions (11.6%). Of those who had housing needs in Heart of Florida, 40.3% was for rental assistance, 39% for shelters, and low-cost housing (13.3%). Utilities-related needs were most concentrated on electricity (84.6%), while food-related service requests were dispersed primarily with food pantries (64.1%) and help buying food (17.4%).

Public Assistance

Public assistance refers to government-funded programs that help individuals and families meet basic needs such as food, housing, health care, and income support. Examples include the Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), housing subsidies, and Medicaid supports. These programs are more than financial lifelines; they function as health interventions by reducing food insecurity, stabilizing housing, and improving access to medical care and medications. In Florida, for instance, about 2.98 million residents or 12.7% of the state's population and Delaware's 117,700 residents or 11.2% of the state's population received SNAP benefits in FY 2024, helping to offset household food insecurity.[503] Florida's Housing Assistance Waiver pilot, which connects up to 4,000 people annually to supportive housing and related services, has been shown to reduce overdoses by 57%, suicide ideation by 14%, and inpatient admissions by 29%.[504] Looking at public assistance in this way underscores its role as a determinant of health, shaping the conditions that allow families and children to thrive or, when absent, placing them at greater risk for adverse outcomes.

Survey results show that Central Florida households rely on a range of public assistance programs. Food stamps (36%) were most commonly reported, followed by WIC program benefits (16%), SSI (15%), SSDI (13%), and TANF (6%). These findings indicate that families often draw on multiple supports to cover basic needs, **underscoring the interdependence of nutrition, income, and disability programs in promoting stability**. Nearly 2.25 in five households (44%) reported receiving none of these benefits, while 4% were unsure. This pattern highlights both the reach of public assistance and the proportion of households not connected to such supports despite potential eligibility.

Figure 128. Percent of Survey Respondents With a Household Member Currently Receiving Government Assistance, by Type, Central Florida, 2025



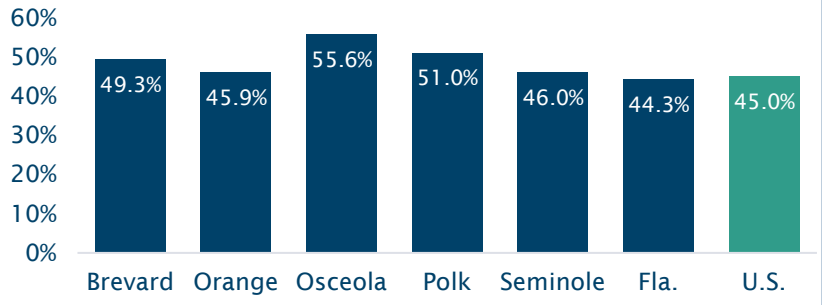
Source: Nemours Children's Community Survey, 2025

The Supplemental Nutrition Assistance Program is the largest of the public assistance programs nationally, serving approximately 41–42 million people monthly, or about 12% of the U.S. population.[505] Nearly four in five SNAP households nationwide include children, older adults, or people with disabilities. Florida reflects similar patterns, with roughly 44.4% of households with children under 18 participating in

[503] *USAFacts. "How many people receive SNAP benefits in the U.S. every month? Delaware." Accessed September 2025. usafacts.org/answers/how-many-people-receive-snap-benefits-in-the-us-every-month/state/delaware*
[504] *Florida Agency for Health Care Administration. "Housing Assistance Waiver." Accessed September 2025. ahca.myflorida.com/medicaid/statewide-medicaid-managed-care/housing-assistance-waiver*
[505] *USDA Food and Nutrition Service. "Characteristics of Supplemental Nutrition Assistance Program Households, FY 2023." fns.usda.gov/research/snap/characteristics-fy23*

SNAP, compared to 45% nationally.[506]

Figure 129. Percent of Households With Children Under Age 18 Participating in the Supplemental Nutrition Assistance Program (SNAP), by County, Florida, 2023



Fifty-one percent of survey respondents from Parramore/ Holden Heights received SNAP benefits, followed by 45% Remainder Polk, 42% Remainder Brevard, 41% Lakeland. Only 28% of Oakridge/Millenia had received SNAP benefits.

Source: U.S. Census Bureau. American Community Survey. One-year estimates (2023); Nemours Children's Community Survey, 2025

Alongside nutrition and income supports, Medicaid plays a pivotal role in ensuring access to health care. In Florida, approximately 3.85 million people — about 18% of the population — are enrolled in Medicaid or CHIP, with nearly 91% of eligible children covered.[507, 508]

Medicaid and CHIP enrollment reached **78.1 million** people in the U.S., and nearly **1 in 2** of those enrollees are **children**.[509]

Approximately **1 in 10** (10.4%) of all **children in Florida** are enrolled in Medicaid/CHIP.[510]

Medicaid not only expands access to primary and preventive care but also helps reduce uncompensated care costs and stabilizes health outcomes in low-income communities.

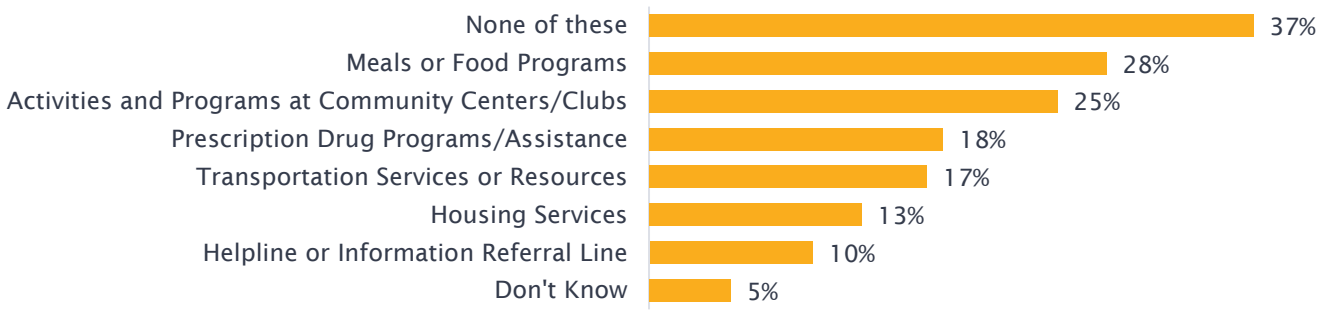
The future of public assistance programs remains uncertain. The 2025 federal budget reconciliation, known as the "One Big Beautiful Bill Act," proposed expanding SNAP work requirements, shifting a greater share of administrative costs to states, and introducing new income-verification requirements for Medicaid.[511, 512] The Congressional Budget Office has projected that these changes could reduce federal SNAP funding by nearly $300 billion through 2034, leading to narrower eligibility and fewer benefits.[513] For Medicaid, more frequent eligibility checks and new cost-sharing requirements may increase disenrollment among eligible populations, particularly children. Together, these policy shifts could weaken the protective role of public assistance programs and exacerbate inequities for families already vulnerable to food insecurity, unstable housing, and barriers to healthcare access.

Community Supports and Assets

Community survey responses highlight that families most often look for resources that meet basic needs such as meals or food programs (28%), activities and programs at community centers or clubs (25%), prescription drug assistance (18%), and transportation services (17%). Additional needs identified included housing services (13%) and helplines or referral lines (10%).

[506] *U.S. Census Bureau, American Community Survey 5-year estimates, 2019–2023*
[507] *Florida Insurance Media Guide, Medicaid/CHIP enrollment data (2022). healthjournalism.org/wp-content/uploads/2023/12/Florida-Insurance-Media-Guide.pdf*
[508] *Senate Special Committee on Aging. "Florida Medicaid Fact Sheet." aging.senate.gov/download/florida-medicaid-fact-sheet?download=1*
v
[510] *Pew Research Center. "What the data says about Medicaid." June 24, 2025. pewresearch.org/short-reads/2025/06/24/what-the-data-says-about-medicaid*
[511] *National Association of Counties. "The One Big Beautiful Bill Act and SNAP: What Counties Need to Know." https://www.naco.org/resource/one-big-beautiful-bill-act-and-supplemental-nutrition-assistance-program-snap-what*
[512] *Kaiser Family Foundation. "Tracking the Medicaid Provisions in the 2025 Budget Bill." kff.org/medicaid/tracking-the-medicaid-provisions-in-the-2025-budget-bill/*
[513] *Congressional Budget Office. "Budgetary Effects of Supplemental Nutrition Assistance Program Changes." 2024. cbo.gov*

Figure 130. Percent of Survey Respondents With a Household Member Who Has Utilized Community-Based Supports?", Central Florida, 2025



Source: Nemours Children's Community Survey, 2025

These findings emphasize that community-based supports — such as food pantries, after-school clubs, recreational centers, and transportation services — remain critical for families not only to manage immediate challenges but also to strengthen overall well-being. Moreover, community assets, including established networks of centers, faith-based organizations, and referral systems, are examples of existing infrastructure that can help meet their needs.

Figure 131. Community Assets*, by County, Florida

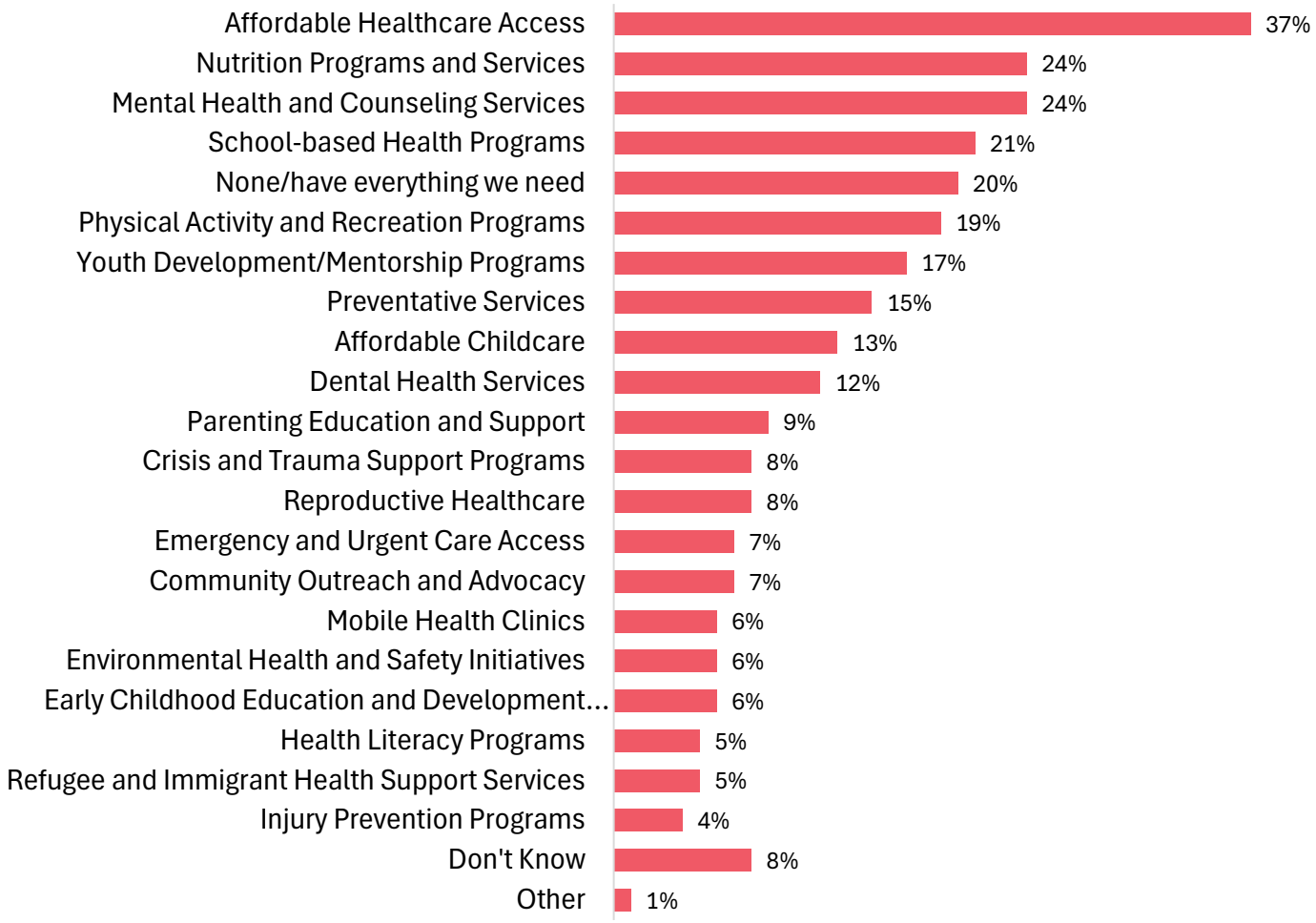
Average number of vehicles per meter of daily traffic (2020)[514]							
	Brevard	Orange	Osceola	Polk	Seminole	Fla.	U.S.
Value	87.7	168.0	89.1	72.4	130.5	144.9	108.0
vs. Fla. avg.	🟢	🔴	🟢	🟢	🟢	-	🟢
vs. U.S. avg.	🟢	🔴	🟢	🟢	🔴	🔴	-
Average number of annual library visits per person living within the library service area,* (2022)[515]							
	Brevard	Orange	Osceola	Polk	Seminole	Fla.	U.S.
Value	2	1	1	2	2	2	2
vs. Fla. avg.	🟡	🟡	🟡	🟡	🟡	-	🟡
vs. U.S. avg.	🟡	🟡	🟡	🟡	🟡	🟡	-
**The library service area is the legal service area (LSA) for which the public library has been established to offer services and from which (or on behalf of which) the library derives revenue, plus any areas served under contract for which the library is the primary service provider. (Public Libraries Survey, 2022)*							
Percent of population who live close (</= ½ mile) to a local, state, or national park* (2024)[516]							
	Brevard	Orange	Osceola	Polk	Seminole	Fla.	U.S.
Value	12.0	22.1	16.0	10.9	41.1	39.7	51.0
vs. Fla. avg.	🔴	🔴	🔴	🔴	🟡	-	🟢
vs. U.S. avg.	🔴	🔴	🔴	🔴	🔴	🔴	-
Number of child care centers per 1,000 population under 5 years old (2020–2022)[517]							
	Brevard	Orange	Osceola	Polk	Seminole	Fla.	U.S.
Value	4.3	4.2	4.1	4.4	5.4	5.7	7.0
vs. Fla. avg.	🟡	🟡	🟡	🟡	🟡	-	🟡
vs. U.S. avg.	🔴	🔴	🔴	🔴	🟡	🟡	-

**See Appendix A for a more comprehensive list of resources by county.*

[514] *CHR, 2025; Environmental Justice Screening and Mapping Tool (EJSCREEN, 2020*
[515] *CHR, 2025; The Institute of Museum and Library Services*
[516] *CHR, ArcGISPro Living Atlas, USA Parks Data*
[517] CHR, *Homeland Infrastructure Foundation-Level Data*

By aligning identified resource gaps with existing assets, Nemours Children's and its partners can amplify the impact of what is already working while addressing persistent barriers that limit equitable access to essential supports. We asked survey respondents to identify the health care, health education, or public health services or programs they'd like to see offered in their community. Their responses are reflective of assets that, to their knowledge, are not currently available or there is not enough of. Overall, the data points to strong community emphasis on affordable healthcare access, mental health, nutrition, recreation/physical activity, and school/youth supports.

Figure 132. Percent of Survey Respondents With Perceived Gaps in Health Care, Health Education, or Public Health Service or Program Needs in Their Community, by Type, Central Florida, 2025



Source: Nemours Children's Community Survey, 2025

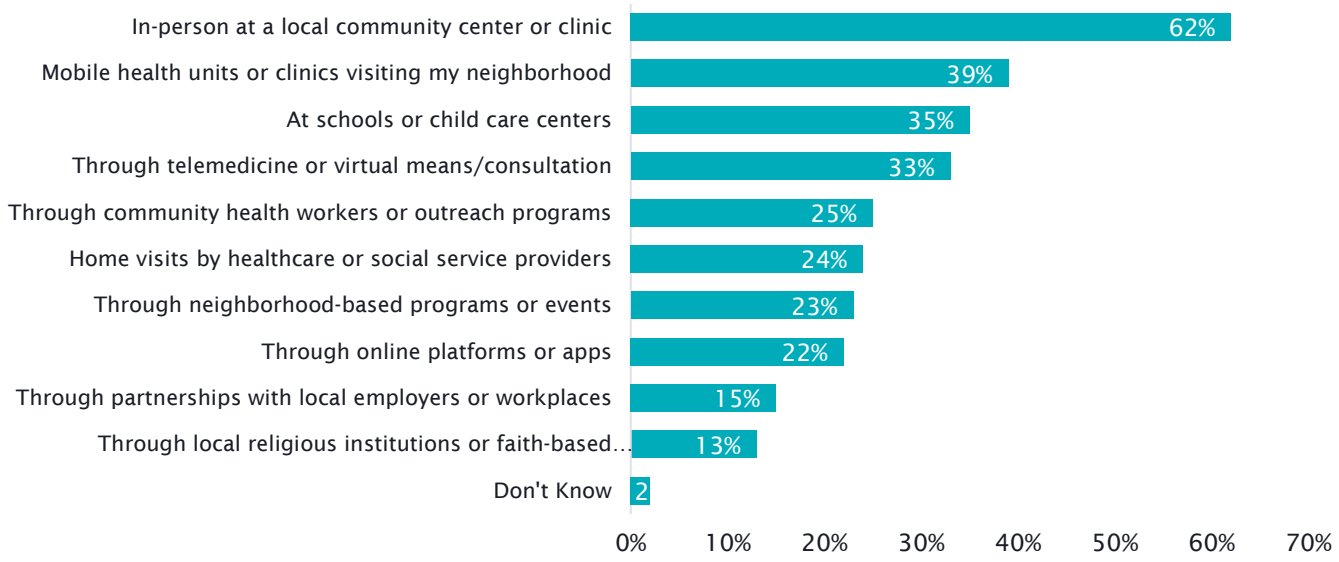
Still one in five household respondents feel their needs are already met, suggesting perceptions of access vary significantly across the population. This layered perspective underscores the importance of tailoring interventions to both universal and population-specific needs in order to build a more equitable health system.

Communication Preferences

Strategies for communicating and disseminating credible health and social services information in a way that community members prefer and understand are essential to expanding the reach and improving outcomes. Meeting patient populations where they are is a key step to tailoring educational resources and information more effectively. Looking at this information by age, race, gender, and geographic location is also recommended in campaigns that are targeted to specific groups — however, more robust data collection would be required to draw accurate conclusions in those aggregate groups.

Overall, the majority of CHNA community survey respondents prefer to receive information about health and social services available in their community in person at a local community center or clinic, followed by at schools or child care centers, and via mobile health units or clinics visiting my neighborhood. Through partnerships with local employers or workplaces and through local religious institutions preferred the least by this group.

Figure 133. Percentage of Survey Respondents' Preference to Receive Health Care, Health Education, or Public Health Services or Programs, Central Florida, 2025



Source: Nemours Children's Community Survey, 2025

Communities in Central Florida overwhelmingly prefer information and services be made available in the spaces they frequent most often in their daily lives – bridging gaps where they live, learn, and play.

2022 CHNA: Implementation Plan and Progress

In response to the 2022 CHNA findings, Nemours Children's developed and formally adopted a three-year (2023–2025) Implementation Plan in April of 2023. The plan outlines initiatives, programs, and/or services that target access to health services, infant health, and mental health — the top three priority areas Nemours Children's selected from a list of community-identified health needs.

This section includes the most up-to-date information on implementation status from our 2024 Progress Report which is published annually on our website.

Access to Health Services

Overview

According to our 2022 assessment, 54.8% of respondents in our Total Service Area (TSA) reported experiencing some difficulties or delays in accessing care for their children in the past year, which is higher than the national average.

Initiative

- Provide coordinated, comprehensive, and culturally appropriate care to children and families of Central Florida in a way they can understand.

Goals

- **Programs and Initiatives** to increase access to specialty and subspecialty care
- **Expand and maintain Satellite Operations** to extend specialty care into the community
- **Provide and expand Unique Service Offerings and Subspecialty Care** that are not otherwise accessible in the Central Florida community

Metrics

- # of patients seen at Nemours Children's primary care locations
  - **158,580 encounters among 57,126 patients**
- # of patients seen at Nemours Children's specialty clinics including urgent care locations
  - **394,061 specialty encounters among 164,394 patients**

Nemours Children's, Florida is dedicated to ensuring access to pediatric health care at all levels of care — from minor injuries to the most complex conditions. We provide patient-centered medical services, biomedical research, education, prevention, and advocacy. We are committed to ensuring our patients experience care that is reliable, responsive, integrated, and consistently 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

Our 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 Nemours Children's 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, we established an ever-growing network of pediatric primary care practices in 15 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. Nemours Children's is helping children — from the tiniest newborns through age 18 — reach their full potential. Sick care is also available on Saturdays, 8 a.m. to noon at select locations.

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 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.

Urgent Care Video Visits

When their regular pediatrician is not available, parents can receive care from a board-certified pediatrician or advanced practice registered nurse through the Nemours app. Care for minor illnesses and injuries is available Monday–Friday 7 a.m. to 10 p.m. and weekends and holidays 8 a.m. to 9 p.m. 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. Our urgent care telemedicine is one more way to help children feel better faster and to avoid unnecessary visits to the Emergency Room. The Nemours app makes 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.

Hospital Partners

To further demonstrate our organizational commitment to provide access to world-class pediatric health care for all children and families in Central Florida, Nemours Children's partners 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.

Other Programs

Pediatric Critical Care Transport

We offer 24/7 neonatal and pediatric intensive care transport. Our transport program plays a vital role in getting infants and children to and from our hospital by 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 vehicles allow 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 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, we remain committed to providing our patients and families with the care that they need and want, when they need and want it. Nemours Children's provides charity care services in Florida so that children needing care can receive it without financial barriers.

Inpatient Rehabilitation Unit

Our Inpatient Rehabilitation Unit is currently a five-bed unit. It's the first pediatric inpatient rehabilitation unit at a free-standing children's hospital in Florida. The unit admits patients from three months to age 17. Our unit offers intensive physical, speech, and occupational therapy, as well as 24-hour inpatient medical and nursing care.

Language/Interpreter Services

We believe 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 offer a variety of language and interpreter services, including:

- **Video remote interpreting service:** iPad carts stationed throughout the hospital can be used to reach 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):** We also meet the communication needs of deaf children and families, providing an ASL interpreter when needed.
- **Board-certified medical interpreters:** These interpreters provide in-person support for complex medical conversations.

Community Initiatives

Shepherd's Hope

Nemours Children's 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 during the annual back-to-school physicals. Through this work, many of our physicians have been inspired and continue to volunteer at the medical clinics regularly.

Central Florida School Districts — School Nurse Training

Our 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. Nemours Children's 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.

Infant Health

Overview

The infant mortality rate in our TSA is higher than both the Florida and national averages at 6.1 per 1,000 live births and higher in Polk County at 7.5 per 1,000 live births, respectively.

Initiative

- Increase education and awareness of infant health issues among families and health care providers in Central Florida

Goals

- **Provide Prenatal Education** to moms, families and providers that promote healthy pregnancies and safe deliveries
- **Provide Infant Health Programs and Outreach** that provide services, education, and support to families and providers

Metrics

- # of patients seen at Nemours Children's Center for Fetal Care
  - **9,553 completed visits among 3,902 patients**
- # of opportunities for newborn education facilitated by our experts
  - **Engaged in seven community partner events and/or hosted webinars to provide newborn and infant health education for families**
  - **Conducted eight neonatal resuscitation and simulation training's along with nearly 50 newborn and infant health trainings with partner hospital staff**
- # of lactation consultant appointments conducted at primary care clinics
  - **224 lactation visits were conducted**

Education and Support

KidsHealth.org — Pregnancy and Newborn Center

Nemours KidsHealth 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. KidsHealth.org is free to use, requires no registration, and is free of advertising.

NICU Discharge Education

We focus 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. We 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.

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. Our Center for Fetal Care 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 Children's does not deliver babies, we comanage care with each mother's doctor and coordinate services focused on her baby's health before, during, and after birth. Our center 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.

Promoting Maternal Breast Milk

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 can also 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, we provide an International Board-Certified Lactation Consultant, a dedicated neonatal dietician, support a donor milk program, and serve as a storage location to support milk banks. Nemours Children's offers video visits and in person lactation clinics in primary care for mothers after discharge to ensure successful and sustained breastfeeding. To further support breastfeeding and infant health, we promote Breastfeeding Awareness month in August to inform and educate our associates and patient families about breastfeeding and lactation support resources within Nemours Children's 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 AHA 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)

We offer 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.

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 our 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 in the proper techniques for holding and rocking to soothe and comfort our tiniest patients. The program is especially important to soothe babies with neonatal abstinence syndrome (NAS), who may be experiencing elevated stress and discomfort.

Primary Care

Our primary care has improved data analytics to assess gaps in infant care and improve care by reaching out to parents for such things as scheduling their infants' immunizations. Additionally, our primary care practices have added lactation consultations, including video visit 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.

Mental Health

Overview:

A total of 20% of our TSA parents reported that their child has received mental health services in the last year which is higher than the national percentage and a significant increase from previous assessments.

Initiative

- Increase awareness of, and participation in, community initiatives and programs to improve mental, emotional, behavioral, and developmental health among children and adolescents

Goals

- **Provide Mental, Emotional, and Behavioral Health Education** to patients and families
- **Implement targeted Mental, Emotional, and Behavioral Health Initiatives** to serve the needs of the community

Metrics

- # of health care providers trained to build capacity for managing their patient's mental, emotional, and behavioral health
  - **7 training opportunities offered by the Central Florida Behavioral Health Hub allowed for 98 providers to learn about various mental, emotional, developmental, and behavioral health topics**
- # of participants engaged in community-based programs to support children and adolescent's mental, emotional, and behavioral health
  - **1,614 participants engaged in our community-based programs and events**
- # of referrals to the Central Florida Behavioral Health Hub
  - **691 referrals were made for mental, emotional, or behavioral health care coordination and/or consultation**
- # of patients seen for behavioral health visits at our primary care clinics
  - **1,097 unique patients were served by the Primary Care Behavioral Integration team**

Central Florida Behavioral Health Hub

Nemours Children's, Florida is a recipient of a multiyear state contract with the Florida Department of Health's Title V program to expand their statewide behavioral health network, the Florida Pediatric Mental Health Collaborative, into Central Florida. The goal is to improve access to pediatric mental health services by expanding primary care provider capacity and effectively integrating behavioral health services through consultation and/or care coordination based on regional needs.

Parent Management Trainings

Caregivers have two unique opportunities to receive training to help understand and manage their child's challenging behaviors.

- **STEP UP:** an eight-week Strategies and Tools to Empower Parents Using Positivity (STEP UP) training is offered to families of elementary-age children who are diagnosed with or suspect ADHD. These trainings are conducted in the fall, winter, and spring at the hospital and/or in community settings in partnership with schools. Sessions are facilitated by our Developmental Behavioral Pediatrician and physician residents-in-training in partnership with the Behavioral Health Hub team.
- **PMT:** monthly parent management training (PMT) groups for parents with children age 6 or younger with behavioral difficulties can participate in virtual sessions with a psychologist.

Integrated Primary Care and Behavioral Health

We launched a children's mental health pilot program for three years with initial funding from TD Charitable Foundation and the Martin Andersen-Gracia Andersen Foundation to embed behavioral health providers in Nemours Children's primary care practices. This approach gives children access to mental health care in the setting where they receive most of their care.

Sources of Strength

The innovative, evidence-based upstream prevention program provides peer-led programming for suicide, violence, bullying, and substance abuse. By training, supporting, and empowering both student peer leaders and caring adults, they can impact their world through the power of connection, hope, help, and strength.

© 2025. The Nemours Foundation. Nemours Children's Health® is a registered trademark of The Nemours Foundation. All rights reserved. MCT5385 (08/25)

Appendix A – Community Assets

This section includes resources (programs, services, organizations, facilities) available in your community to support identified health and social needs in this report. This list should not be considered exhaustive or all-inclusive. The information is current as of September 2025.

At the top of many asset categories, you will notice that we have listed **directories** or resource hubs in **bold.** These comprehensive sources are meant to connect you to additional information about programs and providers that may not be individually named here, offering a broader entry point to support services. Following those, you'll find specific organizations by county to help you more easily identify local assets that meet your immediate needs.

Nemours Children's main website and telephone number are listed in **bold** in the asset categories that match the wide range of services we provide at our hospital and satellite locations. Whether your child needs a check-up, follow-up care, therapy services, or a visit with an expert in areas like behavioral health, audiology, ophthalmology, allergy medicine, and beyond, our team is here to help. By calling the main number, you'll be connected with an operator who can guide you to the right department and help you schedule the care your child needs — quickly and easily.

Mental Health/Substance Use Disorder Services			
Organization/Service	County	Website	Phone
Nemours Children's Hospital, Florida	**Central Fla.**	**Nemours.org**	**689.273.9333**
Mental Health Facilities	Brevard	Mental Health Clinics in Brevard Co	855.453.8985
Abuse Hotline	Statewide		800.962.2873
Adapt Behavioral Services	Orange	Adapt Services	407.622.0444
AdventHealth	Central Fla.	AdventHealth	Online
Aspire Health Partners	Central Fla.	Aspire Health Partners Programs	407.875.3700
Big Bear Behavioral Health	Orange		800.840.2528
Boys Town Central Florida	Central Fla.	Boys Town Central FL	407.588.2170
Brevard Health Alliance	Brevard	Brevard Health Services	321.241.6800
CDC	Nationwide	CDC Mental Health	
Center for Discovery Orlando	Orange	Center for Discovery eating disorders	833.628.7693
Central Florida Behavioral Health Hub	Central Fla.	Central Florida Behavioral Health Hub	Online
Central Florida Treatment Centers	Brevard	Central Florida Treatment Centers	321.631.4578
Children's Cabinet	Osceola	Osceola Children's Cabinet	
Children's Home Society	Brevard	Children's Home Society	321.752.3170
Children's Medical Services	Brevard		321.639.5888
Circles of Care	Brevard	Circles of Care	321.634.6264
Connections Program - Mental Health Association of Central FL	Central Fla.	Connections Program Mental Health	407.898.0110
Department of Children and Families	Brevard	Dept of Children Offices	321.757.9828
Devereux Advanced Behavioral Health	Brevard, Orange	Devereux Behavioral Health	800.338.3738, ext. 176422
Domestic Violence			800.500.1119
Drug Rehab Center Orlando	Orange		407.567.7210
FL Steps	Brevard, Orange, Osceola, Seminole	FL Steps	407.522.2144

Free Rehab Centers	Orange	Government assisted rehab centers	
Free Rehab Florida	Central Fla.	Government assisted rehab centers	855.956.5034
Hope for Tomorrow Mental Health Services	Seminole	Hope 4 Tomorrow	407.834.0942
Howard Phillips Center for Children and Families	Orange	Howard Phillips Center	407.317.7430
Impower	Orange, Seminole	Impower FL	321.639.1224
Kid's House	Orange, Seminole	Kid's House	407.324.3036
Kinder Konsulting	Brevard, Orange	kinderkonsulting.com	407.657.6692, 321.433.1111
La Amistad	Brevard, Orange	lamistad.com	407.647.0660
Lakeland Regional Health	Polk	mylrh.org	863.687.1100
LiveWell Behavioral Health	Brevard	livewellbehavioralhealth.com	321.259.1662
Lotus Behavioral Health	Seminole	lotusbh.org	321.281.3905
Mental Health Association of Central FL	Orange	mhacf.org	407.898.0110
National Alliance on Mental Illness Greater Orlando	Orange	namigo.org	407.253.1900, 321.345.6353
No Limit Health and Education	Seminole	nlcounseling.org	407.906.0139
Opioid Task Force Council	Statewide	doseofrealityfl.com/opioid-task-force.html	800.662.HELP(4357)
Orange County Drug-Free Coalition	Orange	Orange Co Drug Free Coalition	
Orange County Government	Orange	orangecountyfl.net	Online
Orange County Public Schools	Orange	www.ocps.net/about_us	Online
Orlando Health	Orange	www.orlandohealth.com	Online
Orlando Psychiatric Associates	Orange	opabh.com	407.851.5121
Park Place Behavioral Health Care	Osceola	ppbh.org	407.846.0023
Peace River Center	Polk	peacerivercenter.org	863.519.0575 (Bartow), 863.275.0272 (Haines City), 863.248.3311 (Lakeland)
Positive Behavioral Solutions	Seminole	pbsfl.org	321.972.4265
Premiere Addiction Recovery	Brevard	premiereaddictionrecovery.com	321.386.2510
Recovery Connections Center Seminole County	Seminole	Recovery Connections	407.732.6837
Residing Hope	Osceola	Residing Hope	Online
Seminole Prevention Coalition	Seminole	Seminole Prevention Coalition	Online
Sheriff's Department	Statewide	Brevard: 321.264.5214, 321.868.1113, 321.264.5201; Orange: 407.254.7000, 407.836.7370, 407.836.0800; Polk: 863.439.4357, 863.577.1600, 407.348.2222; Osceola: 407.348.2222, 407.348.1193; Seminole: 386.437.4116	
Students With Emotional/Behavioral Disabilities Network	Online	sednetfl.com	Online
Substance Abuse and Mental Health Services Administration	Statewide	FL Dept of Children & Families	850.487.1111
Suicide Prevention	Nationwide		988
The Center for Drug Free Living	Orange	Aspirehealthpartners.org	407.249.6560
The Healing Tree	Osceola	The Healing Tree	407.204.9068
Tobacco Free Florida	Statewide		
Tri-County Human Services	Polk	tchsonline.org/locations	863.533.4139
UCF Lake Nona Hospital	Orange	UCF Lake Nona Hospital	689.216.8000
Victoria's Voice Foundation	Orange	victoriasvoice.foundation	Online
Winter Haven Hospital Center for Behavioral Health	Polk	Winter Haven Hospital Ctr for Behavioral Health	863.294.7062

Medical Care			
Organization/Service		Website	Phone
Nemours Children's Health	**Central Fla.**	**nemours.org**	**689.273.9333**
AdventHealth	Central Fla.	adventhealth.com	Online
Allergy Asthma Specialists	Orange	allergycfl.com	407.339.3002
Aspire Allergy & Sinus	Seminole	aspireallergy.com/clinics/sanford	561.220.5434
Aspire Health	Central Fla.	Aspire Health programs	407.875.3700
Asthma, Allergy, & Immunology	Osceola	drahmed.com	407.846.4000
Brevard ENT Center	Brevard	brevardentcenter.com	321.632.6900
Central Florida Audiology & Hearing	Orange	cflhearing.com	407.413.5680
Central Florida Eye Specialists	Seminole	theeyespecialists.com	386.734.2931
Children's Medical Services	Brevard	sunshinehealth.com/members/cms.html	321.639.5888
Community Health Centers	Orange	chcfl.org	407.905.8827
Department of Health Seminole Co	Seminole	Dept of Health Seminole	407.665.3705
Florida Department of Health	Statewide	floridahealth.gov	850.245.4444
Florida Dept. of Health in Brevard Co	Brevard	brevard.floridahealth.gov	321.454.7111
Florida Dept. of Health in Orange Co	Orange	orange.floridahealth.gov	407.858.1400
Florida Dept. of Health in Osceola Co	Osceola	osceola.floridahealth.gov	407.343.2000
Florida Dept. of Health in Polk Co	Polk	polk.floridahealth.gov	863.519.7900
Florida Dept. of Health in Seminole Co	Seminole	seminole.floridahealth.gov	407.665.3700
Florida Dermatology Associates	Brevard	fldermatology.com	321.768.1600
Florida Eye Associates	Brevard	floridaeyeassociates.com	321.7272020
Florida Eye Clinic	Orange, Osceola, Seminole	floridaeyeclinic.com	386.668.4332, 352.708.7080, 407.933.2908
Florida Voices for Health (FQHCs)	Central Fla.	healthyfla.org/fqhcs	850.270.3492
Grace Medical Home	Orange	gracemedicalhome.org	407.936.2785
Harbor House	Orange	harborhousefl.com	407.886.2244
Kissimmee Dermatology	Osceola	dermorlando.com	800.827.7546
Matthew's Hope	Brevard, Orange	Matthew's Hope	407.905.9500
Melbourne Allergy & Asthma	Brevard	melbourneallergist.com	321.985.4200
Nemours Children's Health, Alafaya	Orange	Primary Care Locations	407.380.9115
Nemours Children's Health, Celebration	Orange	Primary Care Locations	407.650.7988
Nemours Children's Health, Downtown Orlando	Orange	Primary Care Locations	407.650.7033
Nemours Children's Health, Horizon West	Orange	Primary Care Locations	407.217.7979
Nemours Children's Health, Indialantic	Brevard	Primary Care Locations	321.821.4882
Nemours Children's Health, Kissimmee	Osceola	Primary Care Locations	407.847.2050
Nemours Children's Health, Lake Nona	Orange	Primary Care Locations	407.243.2040
Nemours Children's Health, Lake Nona Boulevard	Orange	Primary Care Locations	407.567.4022
Nemours Children's Health, Maitland	Orange	Primary Care Locations	407.636.6520
Nemours Children's Health, Oviedo	Seminole	Primary Care Locations	407.542.1733

Nemours Children's Health, Oviedo South	Seminole	Primary Care Locations	407.365.4499
Nemours Children's Health, Palm Bay	Brevard	Primary Care Locations	321.802.6590
Nemours Children's Health, Sanford	Seminole	Primary Care Locations	407.915.6150
Nemours Children's Health, St. Cloud	Osceola	Primary Care Locations	407.556.9898
Nemours Children's Health, Windermere	Orange	Primary Care Locations	407.351.0082
Nemours Children's Health, Winter Haven	Polk	Primary Care Locations	863.299.4567
Orange Blossom Family Health Clinics	Orange, Osceola	obfh.org	407.428.5751
Orlando Dermatology Center	Orange, Seminole	orlandodermatologycenter.com	
Orlando Eye Associates	Orange	orlandoeyeassociates.com	407.351.3880
Orlando Health	Central Fla.	orlandohealth.com	321.843.800
Osceola Community Health Services	Osceola	osceolahealthcare.org	407.943.8600
Pathways to Care	Seminole	pathwaystocare.org	407.388.0245
Primary Care Access Network (PCAN)	Central Fla.	pcanorangecounty.com	407.836.7226
Service and Love Together (SALT)	Central Fla.	serviceandlovetogether.org	866.237.2589
Shepherd's Hope	Orange, Seminole	shepherdshope.org	407.876.6699
Spectrum Health		abaserviceswfl.com	239.276.2964
Howard Phillips Center Teen Xpress	Central Fla.	Howard Phillips Center Teen Xpress	321.842.1763
True Health	Orange, Seminole	mytruehealth.org	407.322.8645
Watson Clinic – Ophthalmology, Dermatology, Allergy, Audiology	Polk	watsonclinic.com/specialties	863.580.7000

Dental Care

Organization/Service	County	Website	Phone
Community Partnership Schools	Polk	southmckeel.com/contact	863.510.0044
Florida Department of Health	Statewide	floridahealth.gov	850.245.4444
Grace Medical Home	Orange	gracemedicalhome.org	407.936.2785
Orange Blossom Family Health Clinics	Orange, Osceola	obfh.org/locations	407.428.5751
Orange County Dental Society	Orange	ocds.org	714.634.8944
Osceola Community Health Services	Osceola	osceolahealthcare.org/services/dental	407.943.8600
Seminole County Government	Seminole	seminolecountyfl.gov	407.665.0000
True Health	Orange, Seminole	mytruehealth.org	407.322.8645

Emergency Food/Food Pantry

Organization/Service	County	Website	Phone
A Grateful Mind International - Emergency Food	Central Fla.		407.900.5558
Anointed Victorious Outreach Services	Osceola	avoshelps.org	407.519.0164
Blessings & Hope Food Pantry	Polk	blessingsandhope.org	863.698.7512
Church and Community Assistance Program, Inc.	Osceola	ccapflorida.org	407.572.8023
Dream Center of Lakeland	Polk	dreamcenterlakeland.org	863.413.0088
Emergency Food Pantry - Sharing Center of Central Brevard	Brevard	sharingcenter.org	321.631.0306

Farm Share - Emergency Food Distribution	Central Florida	Food Distribution FL	305.246.3276
First Baptist Church Lake Alfred	Polk	FBC Food Pantry	863.956.1477
Food Bank Central Florida	Orange	Food Bank of Central FL	407.295.1066
Food Pantry - First Baptist Church of Titusville	Brevard	fbctitusville.org	321.267.7125
Food Pantry - Hummingbird Pantry, Inc.	Brevard	hummingbirdpantry.org/events	843.478.2753
Grace Fellowship of Brevard Food Pantry	Brevard	gracebrevard.org	321.636.3051
Grace United Methodist Church of Merritt Island	Brevard	GUMC Outreach	321.452.2420
Harvest Time International	Seminole	harvesttime.org	407.328.9900
Hope Helps	Seminole	hopehelps.org	407.366.3422
Hope Partnership Resource Guide	Osceola	Hope Partnership	321.677.0245
Human Crisis Center, Inc.	Orange	5514 Edgewater Drive	407.521.7750
Impact Food Pantry - New Life Christian Fellowship	Brevard	newlifespacecoast.com/ministries	321.269.7578
Mulberry Community Service Center	Polk	mulberrycsc.org	863.425.1523
No One Hungry - Food Pantry	Brevard	No One Hungry Food Pantry	321.567.4408
North Brevard Charities Sharing Center	Brevard	North Brevard Charities	321.269.6555
Osceola Council on Aging	Osceola	Council on Aging	407.846.8532
Palm Bay Seventh-Day Adventists Church Food Pantry	Brevard	palmbaysdachurch.com	321.768.1462
Polk DSA Food Bank List	Polk	Food Bank List	828.894.2100
Second Harvest Food Bank Food Locator		Food Bank Locator	407.295.1066
Second Harvest Food Bank of Central Florida	Central Fla.	feedhopenow.org	407.295.1066
The Manna Program - Salvation Army	Brevard, Polk	Manna Salvation Army	321.632.6060
The Mission of Winter Haven	Polk	themissionwh.org	863.299.2348
The Salvation Army	Seminole	Salvation Army	407.322.2642
The Sharing Center	Seminole	thesharingcenter.org	407.260.9155
U.S. Hunger	Nationwide	ushunger.org	
United Food Bank and Services	Polk	ufbpc.org	813.764.0625
United Way of Central Florida	Polk	United Food Bank	863.648.1500
WAYS for Life	Brevard	Ways for Life	321.204.4577

Meal Service

Organization/Service	County	Website	Phone
Lasagna Love - Once a month	Statewide	lasagnalove.org/zip-code	
Meals on Wheels Brevard	Brevard	mealsonwheelsbrevard.org	321.209.3778
Medicaid Meal delivery - Home Style Direct	Statewide	homestyledirect.com/medicaid	866.735.0921
Sunshine Meals	Brevard	sunshinemeals.com	

Farmer's Markets/Produce Stands

Organization/Service	County	Website	Phone
4Roots Farmer's Market	Orange	4rootsfarm.org	407.422.6105
Apopka Farmers Market	Orange	10 N Forest Ave. Apopka, FL 32703	
Brevard County Farmer's Market	Brevard		321.633.1702
Chuluota Farmers Market	Seminole		407.459.5375
Colonial Farmers Market	Orange	colonialwilliamsburg.org	407.295.8516
Goldenrod Farmers Market	Orange	6820 Hoffner Ave. Orlando, FL 32822	
Hebni Nutrition Consultants	Central Fla.	hebninutrition.org	407.872.1333
Longwood Farmers Market	Seminole		407.571.9318
Orlando Farmers Market	Orange	Orlandofarmersmarket.com	321.202.5855

Maitland Farmers Market	Brevard	itsmymaitland.com	407.539.6268
Rockledge Farmer's Market	Brevard	Brevardfarmersmarkets.com	321.917.0721
Sanford Farmers Market	Seminole		407.328.1521
Space Coast Farmer's Market	Brevard	spacecoastfarmersmarket.com	321.960.2060
Windermere Farmers Market	Orange		407.625.3818
Winter Park Farmers Market	Orange	cityofwinterpark.org	407.599.3341

Allergy and Asthma Services (see also Medical Care)			
Organization/Service	County	Website	Phone
Nemours Children's Health	**Central Fla.**	nemours.org	**689.273.9333**
AdventHealth	Brevard, Orange, Polk, Osceola, Seminole	adventhealth.com	Online
Allergy & Asthma Center of Orlando	Orange	aacorlando.com	407.777.8794
Allergy & Asthma Consultants of Central Florida	Orange	www.orlandoallergy.com	407.366.7387
Allergy Asthma Specialists	Orange, Seminole	allergycfl.com	407.351.4328
American Lung Association	Nationwide	action.lung.org	800.586.4872
Aspire Allergy & Sinus	Seminole	aspireallergy.com/clinics/sanford	561.220.5634
Asthma Allergy and Immunology, P.A.	Osceola	drahmed.com	407.846.4000
Asthma Allergy Care Center	Seminole	asthmaallergydr.com	407.804.6002
Asthma Allergy Care Center	Orange	asthmaallergydr.com	386.774.1221
Brevard Public Schools	Brevard	brevardschools.org	321.633.1000, ext. 11500
Florida Asthma Coalition	Statewide	asthmacommunitynetwork.org/programs/florida-asthma-coalition	Online
Florida Department of Health	Statewide	floridahealth.gov	850.245.4444
GuideWell Emergency Doctors	Orange, Osceola	Guidewell Locations	Online
Innovation Allergy and Wellness	Orange	innovationallergy.com	407.584.5901
Lakeland Allergy, Asthma & Immunology	Polk	lakelandallergy.com	863.213.1010
Let's Kick Asthma	Statewide	letskickasthma.com/home	407.435.7513
Melbourne Allergy and Asthma	Brevard	melbourneallergist.com	321.985.4200
Orange County Public Schools	Orange	ocps.net	407.317.3200
Nemours Children's Health, Downtown Orlando	Orange	Allergy Providers	407.650.7715
Nemours Children's Health, Lake Mary	Seminole	Allergy Providers	407.650.7715
Nemours Children's Health, Winter Garden	Orange	Allergy Providers	407.650.7715
Orlando Health	Orange	orlandohealth.com	386.201.9100
Orlando Health Arnold Palmer Hospital for Children	Orange	arnoldpalmerhospital.com	407.649.9111
Polk County Public Schools	Polk	polkschoolsfl.com	863.534.0500
Pollen Tracker Online Resources	Nationwide	pollen.com	
Seminole County Public Schools	Seminole	scps.k12.fl.us	407.320.0000.
The School District of Osceola County	Osceola	osceolaschools.net	407.870.4600
Total Allergy, Asthma, & Immunology	Orange	totalallergyandasthma.com	407.636.2437
Watson Clinic	Polk	watsonclinic.com	863.680.7000

Cognitive and Behavioral Problems			
Organization/Service	County	Website	Phone
Nemours Children's Health	**Central Fla.**	**nemours.org**	**689.273.9333**
Nemours Children's Behavioral Health	**Central Fla.**	**Nemours Child Psychology**	**407. 650.7715**
Aspire Health	Central Fla.	Aspire Programs	407.875.3700
Central Florida Behavioral Health Hub	Central Fla.	Central Florida Behavioral Health Hub	Online
Children's Cabinet	Osceola	osceolachildrenscabinet.com	407.591.7546
Children's Home Society	Central Fla.	chsfl.org/locations/greater-orlando	407.896.2323
Devereux Advanced Behavioral Health	Brevard, Orange	Devereux Behavioral Health	800.338.3738, ext. 176422
The Early Learning Coalition of Brevard Co	Brevard	elcbrevard.org	321.567.1800
The Early Learning Coalition of Orange Co	Orange	elcoforangecounty.org	407.841.6607
The Early Learning Coalition of Osceola Co	Osceola	elcosceola.org	321.219.6300
The Early Learning Coalition of Polk Co	Polk	elcpolk.org	863.577.2450
The Early Learning Coalition of Seminole Co	Seminole	www.seminoleearlylearning.org	407.960.2460
Federally Qualified Health Centers	Statewide	healthyfla.org/fqhcs	321.722.5910
Florida Behavioral Health	Orange	behavioralhealthflorida.com	407.537.9451
Hispanic Family Counseling	Osceola	hispafam.com	407.382.9079
Kinder Konsulting	Orange, Brevard	kinderkonsulting.com	407.657.6692, 321.433.1111
Lakeland Regional Health	Polk	mylrh.org	863.687.1100
Lotus Behavioral Health	Seminole	lotusbh.org	321.281.3905
Mindful Behavioral Healthcare	Osceola	mindfulbehavioralcare.com	407.846.0533
North Star Counseling of Central Florida	Osceola, Orange, Polk	northstarcounselingfl.com	407.930.4711
Orange County Public Schools	Orange	ocps.net	407.317.3200
Park Place Behavioral Health Care	Osceola	ppbh.org	407.846.0023
Peace River Center	Polk	peacerivercenter.org	863.519.0575 (Bartow), 863.275.0272 (Haines City), 863.248.3311 (Lakeland)
Reed Foundation	Orange	reedcharitablefoundation.org	800.435.7352
Santiago and Friends	Orange	santiagoandfriends.com	info@santiagoandfriends.com
Students with Emotional/Behavioral Disabilities Network (SEDNET)	Online	sednetfl.com	Online
Seminole County Public Schools	Seminole	scps.k12.fl.us	407.320.7550
Serenity Healthcare	Central Fla.	serenityhealthcare.com	801.630.9533
The Development Center for Infants and Children	Polk	uwcf.org/resourcecenter	863.648.1500
UCF Medical School	Orange	UCF Wellness	407.266.1000, 407.266.3627
United Cerebral Palsy School	Orange	www.ucpcfl.org	407.852.3300
University Behavioral Services	Orange	universitybehavioral.com/contact-us	407.934.0021
Victim Services of Central Florida	Orange	victimservicecenter.org	407.500.HEAL(4325)
Winter Haven Hospital for Behavioral Health	Polk	Winter Haven Hospital Behavioral Health	863.294.7061

Injury and Violence			
Organization/Service	County	Website	Phone
Central Florida Victims Services Network	Orange	victimservicecenter.org	407.500.HEAL(4325)
Children's Cabinet	Osceola	osceolachildrenscabinet.com	407.742.2275
Department of Children's and Families	Brevard	dcfoffices.org/city/fl-melbourne	321.757.9828
Harbor House	Orange	harborhousefl.com	407.886.2244
Howard Phillips Center for Children and Families	Orange	Howard Phillips Center	407.317.7430
Intervention Program	Statewide	Florida Intervention Program	850.245.4455
Kid's House	Orange, Seminole	kidshouse.org	407.324.3036
Sheriff's Department	Statewide	Brevard: 321.264.5100; Orange: 407.836.4357; Polk: 863.298.6200; Osceola: 407.348.2222; Seminole: 407.665.6650	

Diabetes			
Organization/Service	County	Website	Phone
Nemours Children's Health	**Central Fla.**	nemours.org	**689.273.9333**
AdventHealth	Central Fla.	adventhealth.com	Online
Brevard Health Alliance	Brevard	Brevard Health Alliance	321.241.6800
Hebni Nutrition Consultants, Inc.	Orange	hebninutrition.org	407.872.1333
Nemours Children's Diabetes Program	Orange, Seminole	Nemours Diabetes Program	407.650.7715
Nemours Children's Health, Lake Mary	Seminole	Endocrinology Providers	407.650.7715
Nemours Children's Health, Lakeland	Polk	Endocrinology Providers	407.650.7715
Nemours Children's Health, Winter Garden	Orange	Endocrinology Providers	407.650.7715
Winter Park Health Foundation	Orange	wphf.org	407.644.2300
YMCA	Polk	ymcawcf.org/find-your-y/lfy	863.267.9622
Florida Health	Statewide	Florida Health Diabetes	850.245.4330
OMNI Healthcare Center for Diabetes Care	Brevard	omnihealthcare.com/diabetes-care	321.722.9731
American Diabetes Association	Nationwide	diabetes.org/local/florida	407.660.1926
Florida Diabetes Alliance Inc	Statewide	floridadiabetesalliance.org	Online
My Diabetes	Nationwide	My Diabetes	Online
Orlando Health	Central Fla.	Orlando Health	321.842.4964

Nutrition, Physical Activity, & Weight			
Organization/Service	County	Website	Phone
Boys and Girls Clubs	Central Fla.	Bgccf.org	407.601.6064
Brevard Health Alliance	Brevard	Brevard Health Wellness	321.241.6800
Catholic Charity	Brevard, Orange, Osceola, Polk, Seminole,	cflcc.org	407.658.1818
Florida Blue	Statewide	floridablue.com	855.897.4002
Hebni Nutrition Consultants, Inc.	Orange	hebninutrition.org	407.872.1333
Orlando Health Arnold Palmer Hospital for Children	Central Fla.	arnoldpalmerhospital.com	407.649.9111
Parks and Recreation	Brevard	brevardfl.gov/ParksAndRecreation	
Salvation Army	Nationwide	orlando.salvationarmyflorida.org	800.SAL.ARMY
Second Harvest Food Bank of Central Florida	Central Fla.	feedhopenow.org	800.955.8771
University of Florida Family Nutrition Program	Statewide	familynutritionprogram.org	352.392.1761
WIC	Nationwide	floridahealth.gov/programs-and-services/wic/index.html	800.342.3556

YMCA	Orange, Brevard, Osceola, Polk	ymcacf.org	407.896.6901

Prenatal & Infant Health			
Organization/Service	County	Website	Phone
Nemours Children's Fetal Medicine Program	**Central Fla.**	**nemours.org**	**689.305-2603**
AdventHealth	Central Fla.	adventhealth.com	Online
Florida Department of Health	Statewide	floridahealth.gov	850.245.4444
Florida Dept. of Health in Brevard Co	Brevard	brevard.floridahealth.gov	321.454.7111
Florida Dept. of Health in Orange Co	Orange	orange.floridahealth.gov	407.858.1400
Florida Dept. of Health in Osceola Co	Osceola	osceola.floridahealth.gov	407.343.2000
Florida Dept. of Health in Polk Co	Polk	polk.floridahealth.gov	863.519.7900
Florida Dept. of Health in Seminole Co	Seminole	seminole.floridahealth.gov	407.665.3700
Healthy Start Coalition	Statewide	healthystartflorida.com/coalition-map	855.889.1090
Orlando Health	Central Fla.	orlandohealth.com	321.841.5111
Orlando Health Winnie Palmer Hospital for Women and Babies	Orange	Winnie Palmer Hosp for Women & Babies	321.843.9792
Planned Parenthood of Florida	Osceola, Polk, Orange	Planned Parenthood	800.230.7526
The Midwife Bus	Central Fla.	themidwifebus.org	321.354.6844
The Pregnancy Center	Orange, Seminole	thepregnancycenters.com	407.790.7411 407.323.3384
True Health	Orange, Seminole	mytruehealth.org	407.322.8645
WIC	Nationwide	Florida Health WIC	800.342.3556

Healthcare Affordability and Financial Assistance			
Organization/Service	County	Website	Phone
Nemours Children's Health	**Central Fla.**	**Nemours Financial Assistance**	**844.551.2065**
ACA Healthcare Marketplace	Statewide	healthcare.gov	800.318.2596
ADAP (AIDS Drug Assistance Program	Statewide	floridahealth.gov/diseases-and-conditions/aids/adap/index.html	850.245.4422
AdventHealth	Statewide	Financial Assistance	850.245.4444
FloridaHealth Dept of Health	Statewide	floridahealth.gov/programs-and-services/wic/links.html	800.451.2229
Florida KidCare Children's Health Insurance Program (CHIP)	Statewide	floridakidcare.org	888.540.5437
Florida Medicaid	Statewide	AHCA Medicaid	877.254.1055
Florida Rx Card	Statewide	floridarxcard.com	850.764.1919
NeedyMeds	Nationwide	needymeds.org	800.503.6897
Orlando Health	Central Fla.	Financial Assistance	321.454.7111
The Assistance Fund	Statewide	tafcares.org	855.845.3663
UCF Lake Nona	Orange	Financial Assistance	689.216. 8000
Winter Haven Hospital	Polk	baycare.org/billing-and-insurance/financial-assistance	855.233.1555

Stable Housing and Safe Environment			
Organization/Service	County	Website	Phone
Florida Housing Finance Corporation	Statewide	Florida Housing Finance Corporation	850.488.4197
Healthy Housing Foundation	Statewide	healthyhousingfoundation.net/florida-locations	213.642.3976
Orlando Housing Authority	Orange	orlandohousing.org/housing-choice-voucher	407.985.3300

Florida Housing Coalition	Statewide	flhousing.org	850.878.4219
The Florida Housing Coalition Resource Guide		FL Housing Coalition Resource Guide	
Lakeland Housing Authority	Polk	lakelandhousing.org	863.687.2911
Orange County Housing Authority	Orange	orangecountyfl.net/NeighborsHousing/RentalAssistance.aspx	
Polk County Housing Authority	Polk	polk-county.net/services/housing-and-neighborhood-development	
Seminole County Housing Authority	Seminole	schafla.org	407.356.3621
US Department of Housing and Urban Development	Statewide	hud.gov/states/florida	866.698.6155

Appendix B – Key Informant Representation

Key informants represented a cross-section of industries across Florida's five-county CHNA region, speaking to a broad range of experiences and perspectives within and across the systems that enable or inhibit the health and safety of children and families. Below is a list of key informant affiliations:

1. Florida Department of Health in Seminole County
2. Mental Health Association of Central Florida
3. Boys & Girls Club of Central Florida
4. Black Chamber of Commerce
5. My True Health
6. Orange County Head Start
7. Second Harvest Food Bank of Central Florida
8. Seminole State College
9. Florida Department of Health in Polk County
10. Orange County Public Schools
11. School District of Osceola County
12. Florida Alliance for Healthcare Value
13. Hispanic Chamber of Commerce

Appendix C– Prioritized Results by Zip Code Region

Survey respondents selected their top three health needs and below are the areas that rose to the top broken out by zip code region. While the priorities related to general health status, behaviors and outcomes varied by region, the majority of the social determinants or root cause needs were consistent across geographies.

Figure 134. Prioritized List of Health Needs (Outcomes, Behaviors, Conditions) From the Community Survey by Zip Code Region, Central Florida, 2025

Rank	Rockledge/ Melbourne	Remainder Brevard Co	Apopka/ West Orange	Oakridge/ Millenia	Parramore/ Holden Hghts	Remainder Orange Co	St. Cloud/ Kissimmee	Lakeland	Remainder Polk Co	Sanford	Remainder Seminole Co
1	Mental/ behavioral health	ADHD	ADHD	Food and/or medication allergies	Asthma	Asthma	Asthma	ADHD	ADHD	ADHD	Airborne and/or skin allergies
2	Stress and/or anxiety	Mental/ behavioral health	Stress and/or anxiety	Asthma	Airborne and/or skin allergies	Stress and/or anxiety	Food and/or medication allergies	Asthma	Asthma	Stress and/or anxiety	Stress and/or anxiety
3	ADHD	Stress and/or anxiety	Airborne and/or skin allergies	Airborne and/or skin allergies	Food and/or medication allergies	Mental/ behavioral health	Airborne and/or skin allergies	Mental/ behavioral health	Stress and/or anxiety	Asthma	Mental/ behavioral health

Source: Nemours Children's Community Survey, 2025

Question: Thinking about the health and well-being of youth (ages 0–17) in your community, what are the top 3 most important health needs or concerns to prioritize?

Figure 135. Prioritized List of Health Needs (Social Determinants of Health) From the Community Survey by Zip Code Region, Central Florida, 2025

Rank	Rockledge/ Melbourne	Remainder Brevard Co	Apopka/ West Orange	Oakridge/ Millenia	Parramore/ Holden Hghts	Remainder Orange Co	St. Cloud/ Kissimmee	Lakeland	Remainder Polk Co	Sanford	Remainder Seminole Co
1	Affordable health care	Affordable health care	Affordable health care	Affordable health care	Affordable health care	Affordable health care	Affordable health care	Affordable health care	Affordable health care	Affordable health care	Affordable health care
2	Affordable health insurance	Affordable health insurance	Affordable health insurance	Affordable health insurance	Affordable health insurance	Affordable health insurance	Affordable health insurance	Affordable health insurance	Affordable health insurance	Affordable health insurance	Affordable health insurance
3	Access to mental/ behavioral health services/ providers	Access to mental/ behavioral health services/ providers	Access to mental/ behavioral health services/ providers	Access to mental/ behavioral health services/ providers	Access to primary care services/pro viders	Access to mental/ behavioral health services/ providers	Access to mental/ behavioral health services/ providers	Access to mental/ behavioral health services/pro viders	Access to mental/ behavioral health services/ providers	Access to primary care services/pro viders	Access to mental/ behavioral health services/ providers

Source: Nemours Children's Community Survey, 2025

Question: Thinking about the root causes impacting top health needs or concerns among youth (ages 0–17) in their households and in the community, please select three critical social, economic, and/or environmental factors most important to address.

Appendix D – Community Survey Demographics

The results of the community survey demographic questions are below. At the end of the demographics, there is a link to the tables of the survey for the remainder of the questions. The table below shows the total number of surveys and surveys from each CHNA zip code region in Central Florida. It shows the number of responses, the percentage of total, and any variation between values.

Difference Between Proportions vs. Each

Each column is compared to the other columns in the same banner heading. Each column is identified by a letter shown under the banner. When the test shows that a column is significantly* different from another column, the other column's letter will appear below the data for the first column. An uppercase letter indicates the columns are different at the .01 significance level. A lowercase letter indicates the columns are different at the .05 significance level.

For example, if "ABd" appears in a Data Cell, it indicates that the Column Percentage in this cell is significantly different from the Column Percentages in banner columns A and B in the same Row at the 99% Confidence Level (since "A" and "B" are uppercase), and is significantly different from the Column Percentage in Column D at the 95% Level (since d is lowercase).

*The 99% (.01) and 95% (.05) levels are defaults.

The mathematics behind this test also require that the two groups being compared in each test be composed of separate people. Normally banner columns do show different groups of people, but if a banner variable allows multiple responses or you are using a multi-total banner in which the same people might appear in different columns, you should consider the test only a general indication, rather than a precise measure.

Nemours Children's Hospital, Florida 2025

Table 1: SOURCE

AREA	Total	Rockledge/ Melbourne	Remain Brevard Co	Apopka / West Orange	Oakridge / Millenia	Parramore / Holden Hghts	Remain Orange Co	St. Cloud/ Kissimmee	Lakeland	Remain Polk Co	Sanford	Remain Seminole Co
Un-weighted Base	1,591	129	140	134	169	37	283	173	156	163	62	145
		8%	9%	8%	11%	2%	18%	11%	10%	10%	4%	9%
		(A)	(B)	(C)	(D)	(E)	(F)	(G)	(I)	(J)	(K)	(L)
Web	1,546	126	136	130	166	37	263	171	152	160	61	144
	97%	98%	97%	97%	98%	100%	93%	99%	97%	98%	98%	99%
					f		dGijL	F	f	f		F
Landline	2	0	0	0	0	0	0	1	0	0	1	0
	0%	0%	0%	0%	0%	0%	0%	1%	0%	0%	2%	0%
							k				f	
Cell	43	3	4	4	3	0	20	1	4	3	0	1
	3%	2%	3%	3%	2%	0%	7%	1%	3%	2%	0%	1%
					f		dGijkL	F	f	f	f	F

Table 2: SEX

	Total	Rockledge/ Melbourne	Remain Brevard Co	Apopka/ West Orange	Oakridge/ Millenia	Parramore/ Holden Hghts	Remain Orange Co	St. Cloud/ Kissimmee	Lakeland	Remain Polk Co	Sanford	Remain Seminole Co
Unweighted Base	1,591	129	140	134	169	37	283	173	156	163	62	145
		8%	9%	8%	11%	2%	18%	11%	10%	10%	4%	9%
		(A)	(B)	(C)	(D)	(E)	(F)	(G)	(I)	(J)	(K)	(L)
Male	617	43	47	44	100	12	149	57	40	46	27	52
	39%	33%	34%	33%	59%	32%	53%	33%	26%	28%	44%	36%
		DF	DF	DF	ABCEGIJkL	Df	ABCeGIJL	DF	DFK	DFk	dIj	DF
Female	974	86	93	90	69	25	134	116	116	117	35	93
	61%	67%	66%	67%	41%	68%	47%	67%	74%	72%	56%	64%
		DF	DF	DF	ABCEGIJkL	Df	ABCeGIJL	DF	DFK	DFk	dIj	DF

Table 3: Q1: Which of the following ranges includes your age?

	Total	Rockledge/ Melbourne	Remain Brevard Co	Apopka/ West Orange	Oakridge/ Millenia	Parramore/ Holden Hghts	Remain Orange Co	St. Cloud/ Kissimmee	Lakeland	Remain Polk Co	Sanford	Remain Seminole Co
Unweighted Base	1,591	129	140	134	169	37	283	173	156	163	62	145
		8%	9%	8%	11%	2%	18%	11%	10%	10%	4%	9%
		(A)	(B)	(C)	(D)	(E)	(F)	(G)	(I)	(J)	(K)	(L)
18 to 24	240	15	17	23	24	6	31	27	27	28	19	23
	15%	12%	12%	17%	14%	16%	11%	16%	17%	17%	31%	16%
		K	K	k	K		K	k	k	k	ABcDFgijl	k
25 to 34	435	42	44	38	68	3	55	44	38	42	17	44
	27%	33%	31%	28%	40%	8%	19%	25%	24%	26%	27%	30%
		EF	EF	def	cEFGIJ	ABcDgijkL	ABcDl	De	De	De	e	Ef
35 to 44	517	43	45	41	53	17	104	57	47	55	19	36
	32%	33%	32%	31%	31%	46%	37%	33%	30%	34%	31%	25%
						I	I					ef
45 to 54	278	24	18	17	19	10	70	32	29	29	6	24
	17%	19%	13%	13%	11%	27%	25%	18%	19%	18%	10%	17%
			eF	eF	eF	bcdk	BCDK				eF	
55 to 64	86	3	13	14	3	1	15	11	9	3	0	14
	5%	2%	9%	10%	2%	3%	5%	6%	6%	2%	0%	10%

		bCl	aDJk	ADJK	BCgL			djk		BCgL	bCgl	aDJk
65 to 74	32	2	2	1	2	0	8	2	4	6	1	4
	2%	2%	1%	1%	1%	0%	3%	1%	3%	4%	2%	3%
75 or older	3	0	1	0	0	0	0	0	2	0	0	0
	0%	0%	1%	0%	0%	0%	0%	0%	1%	0%	0%	0%

Table 5: Q2: What county do you live in?

	Total	Rockledge / Melbourne	Remain Brevard Co	Apopka / West Orange	Oakridge / Millenia	Parramore/ Holden Hghts	Remain Orange Co	St. Cloud/ Kissimmee	Lakeland	Remain Polk Co	Sanford	Remain Seminole Co
Un-weighted Base	1,591	129	140	134	169	37	283	173	156	163	62	145
		8%	9%	8%	11%	2%	18%	11%	10%	10%	4%	9%
		(A)	(B)	(C)	(D)	(E)	(F)	(G)	(I)	(J)	(K)	(L)
Brevard	269	129	140	0	0	0	0	0	0	0	0	0
	17%	100%	100%	0%	0%	0%	0%	0%	0%	0%	0%	0%
		CDEFGIJKL	CDEFGIJKL	AB	AB	AB	AB	AB	AB	AB	AB	AB
Orange	622	0	0	134	169	37	282	0	0	0	0	0
	39%	0%	0%	100%	100%	100%	100%	0%	0%	0%	0%	0%
		CDEF	CDEF	ABGIJKL	ABGIJKL	ABGIJKL	ABGIJKL	CDEF	CDEF	CDEF	CDEF	CDEF
Osceola	175	0	0	0	0	0	0	173	0	2	0	0
	11%	0%	0%	0%	0%	0%	0%	100%	0%	1%	0%	0%
		G	G	G	G	G	G	ABCDEFIJKL	G	G	G	G
Polk	317	0	0	0	0	0	0	0	156	161	0	0
	20%	0%	0%	0%	0%	0%	0%	0%	100%	99%	0%	0%
		IJ	IJ	IJ	IJ	IJ	IJ	IJ	ABCDEFGKL	ABCDEFGKL	IJ	IJ
Seminole	208	0	0	0	0	0	1	0	0	0	62	145
	13%	0%	0%	0%	0%	0%	0%	0%	0%	0%	100%	100%
		KL	KL	KL	KL	KL	KL	KL	KL	KL	ABCDEFGIJ	ABCDEFGIJ

Table 8: Q4: What is your race or ethnicity? Select ALL that apply.

	Total	Rockledge/ Melbourne	Remain Brevard Co	Apopka/ West Orange	Oakridge/ Millenia	Parramore/ Holden Hghts	Remain Orange Co	St. Cloud/ Kissimmee	Lakeland	Remain Polk Co	Sanford	Remain Seminole Co
Unweighted Base	1,591	129	140	134	169	37	283	173	156	163	62	145
		8%	9%	8%	11%	2%	18%	11%	10%	10%	4%	9%

		(A)	(B)	(C)	(D)	(E)	(F)	(G)	(I)	(J)	(K)	(L)
Black or African-American	349	14	18	33	51	16	49	32	40	40	31	25
	22%	11%	13%	25%	30%	43%	17%	18%	26%	25%	50%	17%
		CDEIJK	cDEIjK	AbeK	ABFgKL	ABcFGijL	DEiK	dEK	ABefK	AbeK	ABCDFGIJL	DEK
Asian or Pacific Islander	50	6	3	6	0	0	13	4	3	1	6	8
	3%	5%	2%	4%	0%	0%	5%	2%	2%	1%	10%	6%
		Dj	k	Dj	ACFgKL		Dj	dk	K	acfKl	bDgIJ	Dj
White or Caucasian	981	100	101	75	100	19	178	89	103	95	23	98
	62%	78%	72%	56%	59%	51%	63%	51%	66%	58%	37%	68%
		CDEFGiJK	CdeGjK	ABkl	AbK	Ab	AgK	ABfIL	aGK	AbK	ABcDFIJL	cGK
Native American or Alaskan Native	18	2	7	0	0	0	0	3	1	1	2	2
	1%	2%	5%	0%	0%	0%	0%	2%	1%	1%	3%	1%
		f	CDFij	Bk	Bk		aBgKl	f	b	b	cdF	f
Hispanic or Latino	387	22	22	28	28	2	85	84	26	43	10	37
	24%	17%	16%	21%	17%	5%	30%	49%	17%	26%	16%	26%
		FG	FGjl	efG	FGj	cFGJL	ABcDEGIk	ABCDEFIJKL	FGj	bdEGi	fG	bEG
Other	10	1	4	1	0	0	0	2	0	2	0	0
	1%	1%	3%	1%	0%	0%	0%	1%	0%	1%	0%	0%
			dFil		b		B		b			b

Table 9: Q5: How many children under the age of 18 live in this household?

	Total	Rockledge/ Melbourne	Remain Brevard Co	Apopka/ West Orange	Oakridge/ Millenia	Parramore / Holden Hghts	Remain Orange Co	St. Cloud/ Kissimmee	Lakeland	Remain Polk Co	Sanford	Remain Seminole Co
Un-weighted Base	1,591	129	140	134	169	37	283	173	156	163	62	145
		8%	9%	8%	11%	2%	18%	11%	10%	10%	4%	9%
		(A)	(B)	(C)	(D)	(E)	(F)	(G)	(I)	(J)	(K)	(L)
One	734	73	73	54	56	18	120	78	80	76	33	73
	46%	57%	52%	40%	33%	49%	42%	45%	51%	47%	53%	50%
		CDFg	cD	Ab	ABgIjKL		A	ad	D	d	D	D
Two	591	41	43	54	84	14	112	66	48	62	21	46
	37%	32%	31%	40%	50%	38%	40%	38%	31%	38%	34%	32%
		D	D		ABfgIjkL		d	d	D	d	d	D
Three	198	8	13	18	23	5	46	19	19	19	4	24
	12%	6%	9%	13%	14%	14%	16%	11%	12%	12%	6%	17%
		cdFL		a	a		Ak				f	A
Four	50	4	11	4	5	0	3	8	6	4	3	2
	3%	3%	8%	3%	3%	0%	1%	5%	4%	2%	5%	1%

			FjL				Bgik	f	f	b	f	B
Five	12	2	0	3	0	0	2	1	2	2	0	0
	1%	2%	0%	2%	0%	0%	1%	1%	1%	1%	0%	0%
Six or more	6	1	0	1	1	0	0	1	1	0	1	0
	0%	1%	0%	1%	1%	0%	0%	1%	1%	0%	2%	0%
							k				f	

Table 10: Q6: What is the primary language spoken in your household?

	Total	Rockledge/ Melbourne	Remain Brevard Co	Apopka/ West Orange	Oakridge/ Millenia	Parramore/ Holden Hghts	Remain Orange Co	St. Cloud/ Kissimmee	Lakeland	Remain Polk Co	Sanford	Remain Seminole Co
Unweighted Base	1,591	129	140	134	169	37	283	173	156	163	62	145
		8%	9%	8%	11%	2%	18%	11%	10%	10%	4%	9%
		(A)	(B)	(C)	(D)	(E)	(F)	(G)	(I)	(J)	(K)	(L)
English	1465	126	137	127	150	36	248	142	151	147	61	140
	92%	98%	98%	95%	89%	97%	88%	82%	97%	90%	98%	97%
		DFGj	DFGJ	fG	ABIkL	g	ABcIkL	ABCeIjKL	DFGj	aBgikl	dfGj	DFGj
Spanish	105	2	2	5	14	1	29	27	4	15	1	5
	7%	2%	1%	4%	8%	3%	10%	16%	3%	9%	2%	3%
		dFGJ	DFGJ	fG	aBgi	g	ABcIkl	ABCdeIKL	dFGj	ABikl	fGj	fGj
Haitian Creole	9	1	0	0	5	0	1	2	0	0	0	0
	1%	1%	0%	0%	3%	0%	0%	1%	0%	0%	0%	0%
			d	d	bcfijl		d		d	d		d
Other	12	0	1	2	0	0	5	2	1	1	0	0
	1%	0%	1%	1%	0%	0%	2%	1%	1%	1%	0%	0%

Table 11.1: Q7: About the child who had the most recent birthday. How old are they?

	Total	Rockledge/ Melbourne	Remain Brevard Co	Apopka/ West Orange	Oakridge/ Millenia	Parramore/ Holden Hghts	Remain Orange Co	St. Cloud/ Kissimmee	Lakeland	Remain Polk Co	Sanford	Remain Seminole Co
Unweighted Base	1,591	129	140	134	169	37	283	173	156	163	62	145
		8%	9%	8%	11%	2%	18%	11%	10%	10%	4%	9%
		(A)	(B)	(C)	(D)	(E)	(F)	(G)	(I)	(J)	(K)	(L)
<1	34	8	4	1	2	0	3	3	1	7	2	3
	2%	6%	3%	1%	1%	0%	1%	2%	1%	4%	3%	2%
		cdFgI		a	a		Aj	a	Aj	fi		
1	76	5	9	10	4	2	9	8	12	10	4	3
	5%	4%	6%	7%	2%	5%	3%	5%	8%	6%	6%	2%
				dl	ci		i		dfl			ci

2	84	7	4	3	7	6	14	6	11	9	8	9
	5%	5%	3%	2%	4%	16%	5%	3%	7%	6%	13%	6%
		e	EK	EK	Ek	aBCDFGjl	Ek	EK		e	BCdfG	e
3	69	7	8	2	3	0	11	7	8	11	3	9
	4%	5%	6%	1%	2%	0%	4%	4%	5%	7%	5%	6%
				jl	jl					cd		cd
4	71	11	4	5	9	0	11	6	3	5	5	12
	4%	9%	3%	4%	5%	0%	4%	3%	2%	3%	8%	8%
		bij	al						akl	al	i	bij
5	111	5	8	8	25	1	11	18	9	9	5	12
	7%	4%	6%	6%	15%	3%	4%	10%	6%	6%	8%	8%
		Dg	d	d	AbceFIJ	d	DG	aF	D	D		
6	100	5	15	9	7	0	12	15	11	10	1	15
	6%	4%	11%	7%	4%	0%	4%	9%	7%	6%	2%	10%
		bl	adefk		bl	bl	bl				bl	adefk
7	77	8	7	10	6	3	16	5	5	2	6	9
	5%	6%	5%	7%	4%	8%	6%	3%	3%	1%	10%	6%
		j		J		j	j	k	k	aCefKl	giJ	j
8	92	5	11	12	18	3	17	9	7	3	3	4
	6%	4%	8%	9%	11%	8%	6%	5%	4%	2%	5%	3%
		d	j	Jl	aiJL	j	j		d	bCDef		cD
9	92	10	7	11	15	3	12	8	6	12	1	7
	6%	8%	5%	8%	9%	8%	4%	5%	4%	7%	2%	5%
					f		d					
10	106	7	7	8	11	7	19	11	12	15	3	6
	7%	5%	5%	6%	7%	19%	7%	6%	8%	9%	5%	4%
		E	E	e	e	ABcdfgikL	e	e	e		e	E
11	56	1	4	6	9	0	12	3	4	10	4	3
	4%	1%	3%	4%	5%	0%	4%	2%	3%	6%	6%	2%
		djk			a			j		ag	a	
12	87	9	4	4	9	3	19	8	7	14	1	9
	5%	7%	3%	3%	5%	8%	7%	5%	4%	9%	2%	6%
			j	j						bc		
13	84	7	16	5	8	1	15	12	8	5	0	7
	5%	5%	11%	4%	5%	3%	5%	7%	5%	3%	0%	5%
			cdfiJKl	b	b		b	k	b	B	Bg	b
14	100	8	6	4	6	0	26	14	11	14	5	6
	6%	6%	4%	3%	4%	0%	9%	8%	7%	9%	8%	4%
				fj	f		cd			c		
15	109	3	10	14	14	2	27	11	11	7	4	6

	7%	2%	7%	10%	8%	5%	10%	6%	7%	4%	6%	4%
		CdF		AjI	a		AjI			cf		cf
16	104	11	5	9	8	1	16	15	12	14	2	11
	7%	9%	4%	7%	5%	3%	6%	9%	8%	9%	3%	8%
17	139	12	11	13	8	5	33	14	18	6	5	14
	9%	9%	8%	10%	5%	14%	12%	8%	12%	4%	8%	10%
		j		j	efi	dj	dJ		dJ	aceFIl		j

Table 12: Q7B: What is this child's gender?

	Total	Rockledge/ Melbourne	Remain Brevard Co	Apopka/ West Orange	Oakridge/ Millenia	Parramore/ Holden Hghts	Remain Orange Co	St. Cloud/ Kissimmee	Lakeland	Remain Polk Co	Sanford	Remain Seminole Co
Unweighted Base	1,591	129	140	134	169	37	283	173	156	163	62	145
		8%	9%	8%	11%	2%	18%	11%	10%	10%	4%	9%
		(A)	(B)	(C)	(D)	(E)	(F)	(G)	(I)	(J)	(K)	(L)
Male	838	56	77	85	90	27	149	84	77	86	28	79
	53%	43%	55%	63%	53%	73%	53%	49%	49%	53%	45%	54%
		CE	e	AfGik	e	AbdfGIjKl	ce	CE	cE	e	cE	e
Female	753	73	63	49	79	10	134	89	79	77	34	66
	47%	57%	45%	37%	47%	27%	47%	51%	51%	47%	55%	46%
		CE	e	AfGik	e	AbdfGIjKl	ce	CE	cE	e	cE	e

Table 13: Q8: What is this child's race or ethnicity? Select ALL that apply.

	Total	Rockledge / Melbourne	Remain Brevard Co	Apopka/ West Orange	Oakridge/ Millenia	Parramore / Holden Hghts	Remain Orange Co	St. Cloud/ Kissimmee	Lakeland	Remain Polk Co	Sanford	Remain Seminole Co
Unweighted Base	1,591	129	140	134	169	37	283	173	156	163	62	145
		8%	9%	8%	11%	2%	18%	11%	10%	10%	4%	9%
		(A)	(B)	(C)	(D)	(E)	(F)	(G)	(I)	(J)	(K)	(L)
Black or African-American	406	20	28	37	54	20	52	37	47	47	36	28
	26%	16%	20%	28%	32%	54%	18%	21%	30%	29%	58%	19%
		cDEIJK	dEiK	aEfK	AbeFgKl	ABCdFGIJL	cDEIjK	dEK	AbEFKl	AEfK	ABCDFGIJL	dEiK
Asian or Pacific Islander	52	7	4	6	1	0	12	5	2	1	6	8
	3%	5%	3%	4%	1%	0%	4%	3%	1%	1%	10%	6%
		dij	k	dj	acfKL		dj	k	aKl	acfKl	bDgIJ	Dij
White or Caucasian	999	103	107	73	102	18	183	89	102	95	22	105
	63%	80%	76%	54%	60%	49%	65%	51%	65%	58%	35%	72%
		CDEFGIJK	CDEfGiJK	ABfkL	ABKl	ABL	AbcGK	ABFikL	AbgK	ABKL	ABcDFgIJL	CdEGJK

Native American or Alaskan Native	28	2	9	2	0	0	3	4	2	1	3	2
	2%	2%	6%	1%	0%	0%	1%	2%	1%	1%	5%	1%
		b	acDFiJl	b	BgK		Bk	d	b	Bk	Dfj	b
Hispanic or Latino	421	25	22	33	29	2	94	86	27	52	13	38
	26%	19%	16%	25%	17%	5%	33%	50%	17%	32%	21%	26%
		eFGj	FGJl	eG	FGJ	acFGJkL	ABDEGI	ABCDEFIJKL	FGJ	aBDEGI	eG	bEG
Other	14	1	2	2	1	0	1	3	0	1	0	3
	1%	1%	1%	1%	1%	0%	0%	2%	0%	1%	0%	2%

Table 52: Q47: Has your household utilized any of these resources in the past year?

	Total	Rockledge/ Melbourne	Remain Brevard Co	Apopka/ West Orange	Oakridge/ Millenia	Parramore/ Holden Hghts	Remain Orange Co	St. Cloud/ Kissimmee	Lakeland	Remain Polk Co	Sanford	Remain Seminole Co
Unweighted Base	1,591	129	140	134	169	37	283	173	156	163	62	145
		8%	9%	8%	11%	2%	18%	11%	10%	10%	4%	9%
		(A)	(B)	(C)	(D)	(E)	(F)	(G)	(I)	(J)	(K)	(L)
Activities and Programs at Community Centers/Clubs	391	24	35	36	57	8	82	39	27	34	19	30
	25%	19%	25%	27%	34%	22%	29%	23%	17%	21%	31%	21%
		Df		i	AgIJl		aI	d	cDFk	D	i	d
Meals or Food Programs	453	43	26	37	53	15	84	49	41	50	24	31
	28%	33%	19%	28%	31%	41%	30%	28%	26%	31%	39%	21%
		Bl	AdEfgjK		bl	Bl	b	b		b	BL	adeK
Transportation Services or Resources	272	15	26	19	35	9	54	35	21	30	18	10
	17%	12%	19%	14%	21%	24%	19%	20%	13%	18%	29%	7%
		dgK	L	kl	aL	L	L	aL	K	L	AcIL	BcDEFGJK
Prescription Drug Programs/Assistance	283	23	26	19	31	3	60	37	27	22	14	21
	18%	18%	19%	14%	18%	8%	21%	21%	17%	13%	23%	14%
							j			f		
Helpline or Information Referral Line	160	10	13	8	28	7	29	21	12	19	3	10
	10%	8%	9%	6%	17%	19%	10%	12%	8%	12%	5%	7%
		de		De	aCikL	acikl			de		de	De
Housing Services	206	16	13	20	27	9	44	15	18	23	7	14
	13%	12%	9%	15%	16%	24%	16%	9%	12%	14%	11%	10%
			e		g	bGil	g	dEf	e			e
None of these	582	43	60	45	44	10	108	64	66	53	16	73

	37%	33%	43%	34%	26%	27%	38%	37%	42%	33%	26%	50%
		L	Dk	L	BFgIL	l	Dl	dl	Dk	L	biL	ACDefgJK
	2	0	0	0	0	0	1	1	0	0	0	0
Other	0%	0%	0%	0%	0%	0%	0%	1%	0%	0%	0%	0%
	79	9	9	10	6	2	13	8	9	5	4	4
Don't Know	5%	7%	6%	7%	4%	5%	5%	5%	6%	3%	6%	3%

Table 53: Q48: Has anyone living in your household received any of the following?

	Total	Rockledge/ Melbourne	Remain Brevard Co	Apopka/ West Orange	Oakridge/ Millenia	Parramore/ Holden Hghts	Remain Orange Co	St. Cloud/ Kissimmee	Lakeland	Remain Polk Co	Sanford	Remain Seminole Co
	1,591	129	140	134	169	37	283	173	156	163	62	145
Unweighted Base		8%	9%	8%	11%	2%	18%	11%	10%	10%	4%	9%
		(A)	(B)	(C)	(D)	(E)	(F)	(G)	(I)	(J)	(K)	(L)
SSI	244	14	22	24	41	3	43	24	24	26	16	7
	15%	11%	16%	18%	24%	8%	15%	14%	15%	16%	26%	5%
		DK	L	L	AefgiL	dk	dkL	dkL	dL	L	AefgL	BCDFGIJK
SSDI	201	13	20	16	28	5	33	23	22	22	5	14
	13%	10%	14%	12%	17%	14%	12%	13%	14%	13%	8%	10%
Food Stamps	571	50	55	48	48	19	87	65	62	75	25	37
	36%	39%	39%	36%	28%	51%	31%	38%	40%	46%	40%	26%
		l	dl		bEiJ	DfL	eJ	l	dL	DFL	l	abEgIJk
WIC Program Benefits	250	26	20	30	24	5	41	29	23	25	10	17
	16%	20%	14%	22%	14%	14%	14%	17%	15%	15%	16%	12%
				fl			c					c
TANF	93	6	3	15	17	3	17	9	5	9	5	4
	6%	5%	2%	11%	10%	8%	6%	5%	3%	6%	8%	3%
			CDk	BIL	BiL				Cd		b	CD
None of these	706	54	60	57	72	15	144	71	70	53	21	89
	44%	42%	43%	43%	43%	41%	51%	41%	45%	33%	34%	61%
		L	L	L	L	l	gJkl	fL	jL	FiL	fL	ABCDefGIJK
Other	4	2	1	0	0	0	1	0	0	0	0	0
	0%	2%	1%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Don't Know	56	8	1	10	7	0	8	7	6	5	3	1
	4%	6%	1%	7%	4%	0%	3%	4%	4%	3%	5%	1%
		bl	aC	BfL			c				l	aCk

Table 54: Q49: What is your current housing situation?

	Total	Rockledge/ Melbourne	Remain Brevard Co	Apopka/ West Orange	Oakridge/ Millenia	Parramore/ Holden Hghts	Remain Orange Co	St. Cloud/ Kissimmee	Lakeland	Remain Polk Co	Sanford	Remain Seminole Co
Unweighted Base	1,591	129	140	134	169	37	283	173	156	163	62	145
		8%	9%	8%	11%	2%	18%	11%	10%	10%	4%	9%
		(A)	(B)	(C)	(D)	(E)	(F)	(G)	(I)	(J)	(K)	(L)
Own your home	831	51	73	77	109	14	166	86	69	80	31	75
	52%	40%	52%	57%	64%	38%	59%	50%	44%	49%	50%	52%
		bCDFI	ad	Aei	AbEGIJkl	cDf	AeI	D	cDF	D	d	ad
Rent your home	529	53	51	36	47	18	87	62	45	58	21	51
	33%	41%	36%	27%	28%	49%	31%	36%	29%	36%	34%	35%
		cdfi		ae	ae	cdfi	ae		ae			
Stay with family/friends	146	13	10	16	6	2	15	19	25	19	7	14
	9%	10%	7%	12%	4%	5%	5%	11%	16%	12%	11%	10%
		d	i	Df	aCGIJkl		cgIj	Df	bDF	Df	d	d
Temporary housing	32	4	0	2	2	2	6	4	7	2	0	3
	2%	3%	0%	1%	1%	5%	2%	2%	4%	1%	0%	2%
		b	aEi			B			b			
Unhoused	19	3	2	1	2	0	3	0	5	1	1	1
	1%	2%	1%	1%	1%	0%	1%	0%	3%	1%	2%	1%
		g						ai	g			
Other	2	0	1	0	0	0	0	1	0	0	0	0
	0%	0%	1%	0%	0%	0%	0%	1%	0%	0%	0%	0%
Decline to answer	32	5	3	2	3	1	6	1	5	3	2	1
	2%	4%	2%	1%	2%	3%	2%	1%	3%	2%	3%	1%
		g						a				

Table 55: Q50: What is the highest level of education that you have completed?

	Total	Rockledge/ Melbourne	Remain Brevard Co	Apopka/ West Orange	Oakridge/ Millenia	Parramore/ Holden Hghts	Remain Orange Co	St. Cloud/ Kissimmee	Lakeland	Remain Polk Co	Sanford	Remain Seminole Co
Unweighted Base	1,591	129	140	134	169	37	283	173	156	163	62	145
		8%	9%	8%	11%	2%	18%	11%	10%	10%	4%	9%
		(A)	(B)	(C)	(D)	(E)	(F)	(G)	(I)	(J)	(K)	(L)
Less than high school	40	2	4	2	5	1	4	3	4	10	1	4
	3%	2%	3%	1%	3%	3%	1%	2%	3%	6%	2%	3%
				j			J	j		cFg		
High school	356	26	29	35	31	14	37	39	49	54	18	24

	22%	20%	21%	26%	18%	38%	13%	23%	31%	33%	29%	17%
		eij	efij	F	EIJ	abDFL	bCEGIJK	Fj	abDFL	abDFgL	Fl	EIJk
Trade or technical school or union apprenticeship	70	5	7	6	2	1	7	14	11	6	6	5
	4%	4%	5%	4%	1%	3%	2%	8%	7%	4%	10%	3%
			d		bGIK		GiK	DF	Df		DF	
Some college	242	30	30	18	16	5	39	25	21	25	7	26
	15%	23%	21%	13%	9%	14%	14%	14%	13%	15%	11%	18%
		cDfgi	Df	a	ABl		ab	a	a			d
College (associate's degree)	211	17	28	20	15	0	23	31	20	24	9	24
	13%	13%	20%	15%	9%	0%	8%	18%	13%	15%	15%	17%
		e	DEF	ef	Bgl	aBcGijkL	BcGjL	dEF	e	ef	e	dEF
College (bachelor's degree)	389	30	30	39	46	5	95	39	24	26	14	41
	24%	23%	21%	29%	27%	14%	34%	23%	15%	16%	23%	28%
		f	f	IJ	Ij	f	abegIJ	f	CDFL	CdFL		IJ
Graduate school	260	15	11	13	51	11	74	21	23	16	5	20
	16%	12%	8%	10%	30%	30%	26%	12%	15%	10%	8%	14%
		DEF	DEF	DEF	ABCGIJKL	ABCGiJKl	ABCGIJKL	DEF	DeF	DEF	DEF	DeF
Other	0	0	0	0	0	0	0	0	0	0	0	0
	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Decline to answer	23	4	1	1	3	0	4	1	4	2	2	1
	1%	3%	1%	1%	2%	0%	1%	1%	3%	1%	3%	1%

Table 56: Q51: Which of the following includes your annual household income?

	Total	Rockledge/ Melbourne	Remain Brevard Co	Apopka/ West Orange	Oakridge/ Millenia	Parramore/ Holden Hghts	Remain Orange Co	St. Cloud/ Kissimmee	Lakeland	Remain Polk Co	Sanford	Remain Seminole Co
Unweighted Base	1,591	129	140	134	169	37	283	173	156	163	62	145
		8%	9%	8%	11%	2%	18%	11%	10%	10%	4%	9%
		(A)	(B)	(C)	(D)	(E)	(F)	(G)	(I)	(J)	(K)	(L)
Less than $25,000	229	21	22	19	11	12	24	29	29	33	12	17
	14%	16%	16%	14%	7%	**32%**	8%	17%	19%	20%	19%	12%
		Def	Def	de	ABcEGIJK	abcDFgL	abEGIJk	DeF	DF	DFl	Df	Ej
$25,000 to $49,999	355	31	37	27	28	7	53	46	46	40	15	25
	22%	24%	26%	20%	17%	19%	19%	27%	**29%**	25%	24%	17%
			d		bgl		gl	dfl	DFl			gi
$50,000 to $74,999	262	23	26	23	22	3	36	28	25	38	8	30
	16%	18%	19%	17%	13%	8%	13%	16%	16%	**23%**	13%	21%
					j	j	Jl			deF		f
	203	25	13	18	14	3	34	21	19	16	9	31

$75,000 to $99,999	13%	19%	9%	13%	8%	8%	12%	12%	12%	10%	15%	**21%**
		bDfj	aL		AL		aI	I	I	aL		BDfgiJ
$100,000 to $149,999	307	16	29	19	61	4	72	26	21	24	11	24
	19%	12%	21%	14%	**36%**	11%	**25%**	15%	13%	15%	18%	17%
		DF	D	DF	ABCEfGIJKL	Df	ACdeGIJl	DF	DF	DF	D	Df
$150,000 or more	166	4	8	20	31	8	53	14	10	3	4	11
	10%	3%	6%	15%	18%	**22%**	19%	8%	6%	2%	6%	8%
		CDEF	cDEF	AbiJ	ABGIJkL	ABgIJkl	ABGIJkL	DeFJ	cDEFj	CDEFGil	def	DeFj
Decline to answer	69	9	5	8	2	0	11	9	6	9	3	7
	4%	7%	4%	6%	1%	0%	4%	5%	4%	6%	5%	5%
		D		d	Acgj			d		d		

*Data tables for the remaining survey questions can be made available to you upon request.

Appendix E – Community Survey Instrument

The 2025 CHNA community survey was conducted primarily online, in conjunction with a smaller sample of telephone surveys collected from both landline and cell phone outreach. The telephone survey instrument/guide is included below. The online survey was adapted from this tool with no changes to question content.

SCREENING

-	[RECORD GENDER of head of household, DO NOT ASK]
Male	
Female	

1	Which of the following ranges includes your age?
Under 18 [THANK & TERMINATE]	
18 to 24	
25 to 34	
35 to 44	
45 to 54	
55 to 64	
65 to 74	
75 or older	
Decline to answer	

2	What County do you live in? [DO NOT READ CHOICES]
Kent, DE	
New Castle, DE	
Sussex, DE	
Other	[THANK & TERMINATE]
Decline to answer	[THANK & TERMINATE]

3	What zip code do you live in? [DO NOT READ CHOICES]
Enter zip code	
See spreadsheet for allocations	
Other	[THANK & TERMINATE]
Decline to answer	[THANK & TERMINATE]

4	What is your race or ethnicity? Select ALL that apply (bi-racial and Hispanic origin).
Black or African-American	
Asian or Pacific Islander	
White or Caucasian	
Native American or Alaskan Native	
Hispanic or Latino	
Other, please specify:	
Decline to answer	

5	How many children under the age of 18 live in this household?
One	
Two	
Three	
Four	
Five	
Six	
None (terminate)	
Refuse (terminate)	

6	What is the primary language spoken in your household?
English	
Spanish	
Haitian Creole	
Other, please specify:	
Decline to answer	

HEALTH STATUS

Your responses to these questions will be used by Nemours Children's Hospital, public health departments, and other community organizations to better serve the needs of our community's residents.

7	I would like to ask some questions about the health care of one of your children. In order to randomly select one, please answer the following questions about the child who had the most recent birthday. How old are they?
Enter age	
Decline to answer (terminate)	

8	What is this child's race or ethnicity? Select ALL that apply (bi-racial and Hispanic origin).
Black or African-American	
Asian or Pacific Islander	
White or Caucasian	
Native American or Alaskan Native	
Hispanic or Latino	
Other, please specify:	
Decline to answer	

9	Was there a time in the PAST 12 MONTHS when this child was sick or injured and needed medical care but could not get it?
Yes	
No	
Don't know/not sure	
Refuse	

Ask 10 if answer to question 9 is "Yes"

10	What would you say is the main reason this child was not able to get the care they needed?
Cost of care/diagnostics (includes costs of testing and diagnosis, hospital stays, office visits, follow-ups)	
Cost of treatment or medical intervention (includes surgical intervention, medications, medical devices, therapy, etc.)	
Lack of transportation	
Stigma associated with their health condition/challenge	
Language and/or cultural barriers	
Insurance barriers (no coverage, lack of coverage, intermittent coverage/loss of benefits)	
Difficulty getting an appointment (limited provider availability, inconvenient appointment hours, harsh policies)	
Other (specify)	
Don't know/not sure	
Refuse	

11	Was there a time in the PAST 12 MONTHS when this child needed mental and/or behavioral health care but did NOT get the care they needed?
Yes	
No	
Don't know/not sure	
Refuse	

Ask 12 if the response in question 11 is "yes"

12	What would you say is the main reason this child was not able to get the care they needed?
Cost of care/diagnostics (includes costs of testing and diagnosis, hospital stays, office visits, follow-ups)	
Cost of treatment or medical intervention (includes surgical intervention, medications, medical devices, therapy, etc.)	
Lack of transportation	

Stigma associated with their health condition/challenge
Language and/or cultural barriers
Insurance barriers (no coverage, lack of coverage, intermittent coverage/loss of benefits)
Difficulty getting an appointment (limited provider availability, inconvenient appointment hours, harsh policies)
Other (specify)
Don't know/not sure
Refuse

13	Does this child currently have any type of healthcare coverage or insurance?
Yes, private insurance (e.g., through an employer or purchased directly)	
Yes, public insurance (e.g., Medicaid, CHIP, or other state-sponsored health insurance)	
No	
Don't know/not sure	
Refuse	

Ask 14 if response to question 13 is "no."

14	What is the main reason this child is not currently insured?
Cost is too high	
Ineligible due to income or other factors	
Waiting for coverage to begin	
Don't know/not sure	
Other, please specify:	

15	About how long has it been since this child visited a doctor for a routine checkup or general physical exam, not counting visits for a specific injury, illness or condition?
Within the past year (less than 1 year ago)	
Within the past 2 years (1 year but less than 2 years)	
Within the past 5 years (2 years but less than 5 years)	
5 or more years	
Never	
Don't know/not sure	
Refuse	

16	Have you ever delayed or skipped a recommended vaccination for this child?
Yes	
No (skip next question)	
Don't know/not sure	
Refuse	

Ask 17 if the answer to question 16 is "yes."

17	What is the main reason you have delayed or skipped a recommended vaccination for this child? (select 1)
Concerns about vaccine safety or side effects	
Belief that vaccines are not necessary	
Lack of information about vaccination schedules	
Cultural or religious beliefs	
Child was unwell at the time	
COVID-19 restrictions delayed the vaccine schedule, but we are caught up now.	
COVID-19 restrictions delayed the vaccine schedule, and we are still not caught up.	
Don't know/not sure	
Other, please specify:	

18	Has this child received a developmental screening(s) at or around the recommended ages of 9 months, 18 months, and 30 months?
Yes	
No	
Don't know/not sure	

Ask 20 if the answer to question 19 is "no."

19	What is the main reason this child did not receive developmental screening at or around the recommended ages of 9, 18, and 30 months? (Select 1)
They were screened, just not on this schedule	
Lack of awareness about recommended screenings	
Difficulty accessing healthcare services	
Concerns about the screening process	
Belief that screening isn't necessary	
Scheduling conflicts or time constraints	
The pediatrician never conducted the screening	
COVID-19 restrictions prevented us from attending these visits and being screened	
Don't know/not sure	
Other, please specify:	

Ask the following of those with children ages 11–17

20	The human papillomavirus (pap-uh-loh-muh virus), 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 (guard-uh-sil), or Cervarix (sir-vah-rix). The HPV vaccine is over 99% effective at preventing precancer caused by HPV, which is linked to 70% of cervical cancers. Has this child had at least two shots of the HPV vaccine?
Yes	
No	
Don't know/not sure	
Refuse	

21	Have you ever been told by a doctor, nurse, or other health professional that this child has any of these conditions, diseases, or challenges? [READ LIST and *Select all that apply]*
Asthma	
Respiratory condition other than asthma (cystic fibrosis, RSV, tuberculosis)	
Meningitis (bacterial, viral, fungal)	
Airborne and/or skin allergy (pollen, dust mites, pet dander, mold/nickel, latex, plants)	
Food and/or medication allergy (nuts, shellfish, dairy/sulfa drugs, NSAIDs)	
Hearing impairment/deaf	
Visual impairment/blindness	
Cancer (all types)	
Neurodevelopmental disorder (ASD, ADHD, etc.)	
Type 1 diabetes	
Type 2 diabetes	
Blood disorder (sickle cell, anemia, etc.); high cholesterol	
Digestive disorder (celiac disease, lactose intolerance, IBS, etc.)	
Eating disorder	
Post-traumatic stress disorder (PTSD)	
Stress or anxiety disorder	
Mental/behavioral health condition other than PTSD, anxiety, or eating disorder (bipolar, clinical depression, OCD, schizophrenia, disruptive behavior and dissocial disorders)	
Overweight or obese	
Dental problems (gum disease, infection, abscess, etc.) Exclude: "cavities"	
Medical complexity (multiple chronic conditions plus other factors that make care more difficult)	
Vaccine-preventable disease (VPD) — including: chicken pox, hepatitis (A&B), HiB, HPV, measles, mumps, rubella, tetanus, rotavirus, etc.)	
Substance use disorder	
Sexually transmitted infection (STI)	
Other, please specify:	
None	
Decline to Answer	

Ask 22 if the answer to question 21 was any response EXCEPT "none" or "decline to answer."

22	Did this child receive treatment for their health condition(s)?
Yes	
No	
Decline to Answer	

Ask of ALL

23	Do you feel you have all that you need to manage this child's health?
Yes	
No	
Decline to Answer	

Ask 24 if the response to question 23 is "no."

24	What do you need in order to manage this child's health? [Do not read, *Select all that apply]*
More information/education about my child's condition(s) that is easy to understand, culturally relevant, etc.	
Financial assistance for basic needs (food, shelter, clothing, etc.)	
Affordable health care/treatment options	
Affordable Insurance coverage	
Training/support for parents and caregivers on how to care for these condition(s) outside of the medical environment	
A better support system of family, friends, etc.	
Better coordination of care across all points of care (school nurse, primary care doctor, specialists, etc.)	
Increased appointment availability outside of work/school hours	
Reliable transportation to appointments/other services and supports	
Multilingual services and resources	
Trust in the healthcare system/providers	
Don't Know	
Other, please specify:	

25	How often do you have difficulty understanding information or instructions from your doctor or healthcare provider?
Never	
Rarely	
Sometimes	
Often	
Always	

26	How confident are you in using health-related information (written or verbal) to make decisions about your health?
Very confident	
Somewhat confident	
Not confident at all	

27	How much trust do you have in your local hospital or health center to provide high-quality care to people in your community?
A great deal of trust	
Some trust	
A little trust	
No trust at all	
Don't Know	

28	How much do you think Nemours Children's Health (Delaware prompt only: Formerly AI DuPont Hospital for Children) works with the community to address broader issues such as safety, food insecurity, education, and housing?
A great deal	
Somewhat	
A little	
Not at all	
Don't know/Not aware	

29	In the place you are currently living, are there any of the following problems? [Read, *Select all that apply]*
Leaking roof or ceiling	
Mold or mildew	
Inadequate heating and/or cooling	
Plumbing problems (e.g., leaks, no running water)	
Rodents or pests (e.g., mice, cockroaches)	
Overcrowding (e.g., too many people for the space)	

None of these
Don't Know
Other, please specify:

30	How much do you agree with the following statements about your neighborhood or community? [*Strongly agree =1, Somewhat agree =2, Neither agree nor disagree =3, Somewhat disagree =4, Strongly disagree =5*]
People in my community can be trusted.	
I feel like I belong in my community/neighborhood.	
People in my community are willing to help each other.	
There are adults in my community/neighborhood I can count on to help me or my family if needed.	
My family has close friends or relatives nearby who we can rely on for support.	

31	How safe do you feel this child is when: [*Very safe =1, Somewhat safe =2, Neither safe nor unsafe =3, Somewhat unsafe =4, Very unsafe =5*]
Playing outside during the day	
Walking to or from school or a park	
Being outside after dark	

Ask 32 if the answer to question 31 is "somewhat unsafe" or "very unsafe" in any of the three response categories.

32	What is the reason you feel this child is unsafe in your neighborhood or community?
Fear of crime (e.g., violence, theft, or harassment in the neighborhood)	
Traffic safety issues (e.g., busy streets, reckless driving)	
Lack of safe sidewalks, crossings, or pedestrian infrastructure like ___ and street lights	
Lack of safe spaces to play or unsupervised public areas	
Lack of community support or presence of unsupervised youth	
Environmental hazards (e.g., abandoned buildings, unsafe playgrounds, trash)	
Risk of being approached or harmed by animals	
Concerns about weather or environmental conditions (e.g., extreme cold, heat)	
Presence of strangers or unfamiliar people in the area (e.g., tourism, transient populations, illegal activity, business/commerce traffic)	

33	In the past 12 months, how many times have you seen or heard violence in your home or community?
Never	
1–2 times	
3–5 times	
More than 5 times	
Don't know/not sure	
Refuse	

34	In the past 12 months, how many times has this child seen or heard violence at home or in their community?
Never	
1–2 times	
3–5 times	
More than 5 times	
Don't know/not sure	
Refuse	

Ask the following of those with children ages 6 and older

35	During the past 7 days, on how many days was this child physically active for a total of at least 60 minutes per day?
Enter 0–7	
Child unable to be physically active	
Don't know/not sure	
Refuse	

Ask the following of those with children ages 3–5

36	During the past 7 days, on how many days was this child physically active for a total of at least 3 hours per day or about 15 minutes every hour they are awake?
Enter 0–7	
Child unable to be physically active	

Don't know/not sure
Refuse

37	In the past 12 months, were there times when your family couldn't access enough food because of: (Read, check all that apply)
Cost of food	
Lack of transportation to get to a grocery store or food source	
Lack of stores that sell fresh or healthy food in your area	
Limited time to shop or prepare meals	
Other, please specify:	
Refuse	

38	In the past 7 days, how many days did this child eat the following foods? (Read, record the number of days 0–7)
Fresh fruits (e.g., apples, bananas, berries)	
Fresh vegetables (e.g., carrots, broccoli, leafy greens)	
Protein-rich foods (e.g., meat, eggs, beans, nuts)	
Whole grains (e.g., brown rice, whole-grain bread)	
Sugary snacks or desserts (e.g., candy, cookies, ice cream)	
Fast food or takeout meals	
My child is too young (under 1) or has a complex medical condition that impacts their diet. (EXCLUDE)	

39	In the past 7 days, how often have you read books or stories to your child?
Every day	
A few times a week	
Once a week	
Never	

40	At what age did this child begin their earliest formal education program?
Before 3 years old (e.g., day care, early learning program)	
3 years old (preschool)	
4 years old (preschool)	
5 years old (kindergarten)	
Child is not enrolled in school	

Ask 41 is the answer to question 40 is "child not enrolled in school."

41	What is the reason this child is not enrolled in school?
Child is not old enough for school	
Not enough available spots in local kindergarten programs	
I prefer to homeschool or use alternative education methods	
Financial barriers (e.g., tuition, fees)	
Lack of transportation	
Other, please specify:	
Refused	

Community Health

Now, I would like to ask you some general questions about the health and well-being of your community.

42	Thinking about the health and well-being of youth (ages 0–17) in your community, what are the top three most important health needs or concerns to prioritize. If you think of a health need that is not listed here, please write it in under "other." (Please choose only three.)
HEALTH NEEDS	
Asthma	
Respiratory conditions other than asthma (RSV, cystic fibrosis, etc.)	
Airborne and/or skin allergies (Pollen, dust mites, pet dander, mold/nickel, latex, plants)	
Food and/or medication allergies (nuts, shellfish, dairy/sulfa drugs, NSAIDs, etc.)	
Hearing and/or vision impairments	
Attention-deficit/hyperactivity disorder (ADHD)	
Developmental delays/disabilities (including autism)	
Type 1 diabetes	
Type 2 diabetes	

Stress and/or anxiety
Gender wellness/sexual identity
Eating disorders
Mental/behavioral health
Suicidality (suicide/suicidal ideations)
Overweight/obesity
Dental health
Medical complexities
Vaccination/immunization adherence (common childhood vaccines)
Accidental injury (motor-vehicle crashes, risk-taking behaviors)
Trauma/PTSD
Inactive lifestyle
Unhealthy diet
Screen time
Alcohol use/binge drinking
Drug/substance use
Vaping or e-cigarette use
Cigarette, cigar, cigarillo use
Sexual and reproductive health (sexually transmitted infections, teen pregnancy, contraceptive use)
Infectious diseases (including communicable diseases like influenza or COVID-19 and noncommunicable diseases like tetanus or lyme)
Cancer
Sleep health (quality of sleep, quantity of hours)
Other (please specify):
Don't Know

43	Thinking about the root causes impacting top health needs or concerns among youth (ages 0–17) in their households and in the community, please select three critical social, economic, and/or environmental factors most important to address. If you think of a factor that is not listed here, please write it in under "other." (Please choose only three.)
DRIVERS OF HEALTH	
Affordable health care	
Affordable health insurance	
Access to primary care services/providers	
Access to dental services/dentists	
Access to mental and behavioral health services/providers	
Crisis intervention and support	
Access to specialty care/providers	
Availability of care — office hours, accepting insurance/payment methods	
More urgent care or walk-in clinics, after hours care	
Access to substance abuse services and support	
Access to Physical and occupational therapy services	
Services and programs for individuals with disabilities and special needs	
Food insecurity/food deserts	
Affordable fresh/natural foods	
Affordable, quality education	
Positive youth development programs and activities	
Transportation	
Safe, affordable housing	
Employment/economic opportunity (jobs with living wage)	
Generational poverty	
Social media	
Bullying	
Walkable communities (walking/bike paths and trails, well-lit, crosswalks, handicap accessible, covered bus stops and benches)	
Accessible, affordable, safe spaces for recreation (play, exercise, rest)	
Clean air and/or water	
Sexual violence/abuse (sexual abuse, sexual assault/rape, sexual harassment, exploitation/trafficking)	
Child abuse/neglect (excluding sexual abuse)	
Domestic and intimate partner violence (excluding sexual/child abuse)	
Community Violence (violence in public spaces, gang violence, neighborhood violence, school shootings, violent crime — robbery/assault)	

Structural or institutional violence (racism, poverty, inequitable access to care, educational inequities, discrimination)
Technology-assisted abuse (cyberbullying/stalking)
Culturally and linguistically appropriate health and wellness education and information
Access to affordable, reliable internet
Disaster preparation/relief resources and support
Other (please specify):
Don't Know

RESOURCE UTILIZATION AND SUPPORT

44	What health care, health education, or public health services or programs would you like to see offered in your community? Your answer should reflect services and/or programs that, to your knowledge, are not currently available or there is not enough of. [Do not read, *Select all that apply]*
None/have everything we need	
Affordable healthcare access	
Preventive services (vaccination clinics, health screenings, etc.)	
School-based health programs	
Nutrition Programs and services (food pantries, community gardens, nutritional education, etc.)	
Mental health and counseling services	
Physical activity and recreation programs (safe spaces to play, opportunities to be active)	
Reproductive health care (sexual health, prenatal and postnatal care, etc.)	
Dental health services	
Youth development/mentorship programs	
Emergency and urgent care access	
Environmental health and safety initiatives (healthy homes programs, water and sanitation access programs, etc.)	
Health literacy programs	
Mobile health clinics	
Early childhood education and development programs	
Affordable child care (includes before and aftercare)	
Parenting education and support (skill building, positive relationships)	
Community outreach and advocacy (connection to services)	
Injury prevention programs	
Refugee and immigrant health support services	
Crisis and trauma support programs	
Other, specify:	
Don't Know	

Ask 45 if the response to question 44 is any answer EXCEPT "don't know."

45	How would you prefer these health care, health education, or public health services or programs be delivered in your community? (Select all that apply)
In person at a local community center or clinic	
Mobile health units or clinics visiting my neighborhood	
Through telemedicine or virtual means/consultation	
Home visits by healthcare or social service providers	
Through community health workers or outreach programs	
At schools or child care centers	
Through online platforms or apps (for scheduling, resources, etc.)	
Through local religious institutions or faith-based organizations	
Through neighborhood-based programs or events (e.g., health fairs, community meetings)	
Through partnerships with local employers or workplaces	
Other, specify:	
Don't Know	

46	Has your household utilized any of these resources in the past year? [*Select all that apply]*
Activities and Programs at community centers/clubs	
Meals or food programs	
Transportation services or resources (ParaTransit, medical transportation, public transit discounts)	
Prescription drug programs/assistance	
Helpline or information referral line	
Housing services (energy assistance programs, subsidized housing or home repair programs)	

None of these
Other, specify:
Don't Know

47	Has anyone living in your household received any of the following: [Select all that apply]
SSI (Supplemental Security Income)	
SSDI (Social Security Disability Insurance)	
Food stamps (also known as SNAP benefits)	
WIC ("WICK") Program Benefits (Women, Infant, and Children Food Supplement)	
TANF ("Tan-if": Temporary Aid to Needy Families, formerly known as AFDC)	
None of these	
Other, specify:	
Don't Know	

DEMOGRAPHICS

The last few questions are for classification purposes only. Be assured that your answers will remain confidential.

48	What is your current housing situation?
Own your home	
Rent your home	
Stay with family/friends (not paying rent)	
Temporary housing (e.g., shelter, motel)	
Unhoused (e.g., living in a car, tent, other)	
Other, please specify:	
Decline to answer	

49	What is the highest level of education that you have completed? (*Read choices*)
Less than high school	
High school	
Trade or technical school or union apprenticeship	
Some college	
College (associate's degree)	
College (bachelor's degree)	
Graduate school	
Other, please specify:	
Decline to answer	

50	Which of the following includes your annual household income? (*Read choices*)
Less than $25,000	
$25,000 to $49,999	
$50,000 to $74,999	
$75,000 to $99,999	
$100,000 to $149,999	
$150,000 or more	
Decline to answer	

Those are all my questions. Thank you for your time!

Appendix F – Key Informant Interview Instrument

The purpose of this interview is to understand how different sectors of the workforce across Florida contribute to the health, safety, and well-being of our communities. Your insights will help identify strengths, gaps, and opportunities in the systems that support the everyday lives of children and families. The information gathered will be used to improve collaboration, services, and policies across the state.

While responses specific to the 0–18 population are appreciated, Nemours Children's recognizes that people of all ages, and especially trusted adults, within a child/adolescent's environment play a significant role in their health and well-being — and, information collected on the community as a whole can serve as a powerful tool to inform the needs of the children we currently serve, as well as the needs we can anticipate across the lifespan. Therefore, interview questions are framed in a broader context, providing respondents the opportunity to tailor their answers based on the unique perspectives and expertise of their field (sector) and the population(s) they serve.

SECTION 1: Background and Role

1. Can you describe your role and how your work impacts the population(s) you serve?
2. What population(s) are most impacted by the work your (organization/agency/entity) does?

SECTION 2: Current Strengths and Challenges

3. What services, programs, or policies are currently working well to support the health and safety of the population(s) in your service area?
4. What challenges does your sector face that make it harder to meet community needs in your service area (e.g., workforce, funding, regulations, technology, coordination with others)?

SECTION 3: Addressing Community Needs and Equity

5. In your opinion, what are the top three challenges affecting the overall health, safety, and well-being in your service area?
6. What are the top three barriers community members in your service area face when trying to get the help or resources they need?

SECTION 4: Strengthening Systems for Health, Safety and Well-Being

The following questions are based on the 10 Essential Public Health Services (Revised, 2020), an evidence-based framework within which social determinants of health can be addressed through policies, systems, and overall community conditions that enable optimal health for all.

7. What information do you wish you had access to that would help you better serve the community?
8. How does your (organization/agency/entity) share important information with the community? Are there barriers to reaching certain populations (if so, please describe)?
9. How does your (organization/agency/entity) interact/partner with other entities to address issues affecting health, safety, and well-being of the community? Are there any gaps in or barriers to effective communication/collaboration?
10. How could the system be improved to ensure the population(s) in your service area have access to necessary resources and services when they need it?
11. What would help strengthen the workforce in your sector/field to better support overall health, safety, and well-being of the community?
12. What investments (such as more funding, new policies, or better technology) would make the biggest impact in your community/the communities you serve?

SECTION 5: Closing and Recommendations

13. Do you have any final thoughts or suggestions on how we can work across sectors to make the community a healthier, safer, and more supportive place for children and families?

Appendix G – Community Health Summit(s) Results

At the two community health summits, the attendees prioritized the most significant health issues using Mentimeter. The attendees selected from a list of 20 health needs identified through the community health needs assessment process. After the needs were prioritized, the attendees formed groups around the top priorities and brainstormed how might the community address the health need by creating goals, actions, resources, and collaborators needed. After each group reported, attendees discussed the need. Below is a recounting of the table groups' work. We hope all community organizations may benefit from the suggestions.

Summit 1 Priorities and Suggestions:

1. Affordable health care
2. Mental/behavioral health
3. Access to mental health services/providers
4. Safe, affordable housing
5. Affordable, quality education (includes early education)
6. (tie) Positive youth development programs and opportunities
6. (tie) Affordable, accessible quality food (fresh, natural, nutritional)

Affordable health care

Goal 1: Improve health literacy/education on where to get care

Action 1- Ensure all prospective and new parents are aware of options (insurance, clinics, etc.)
Resources/Collaborators Needed: Navigators at each location
Action 2 – Create a common platform for available resources
Resources/Collaborators Needed: Agree to offer and use the same platform

Goal 2: Create an advocacy plan around education to policymakers

Action 1- Share results of CHNA (Nemours Children's — kids and Central Florida Collaborative — adults) with local, state, and federal officials
Resources/Collaborators Needed: health care, social service organizations, policy makers, elected officials
Action 2 – Share and agree on priorities. Teach advocacy to all who can share the message (like OEP for health)
Resources/Collaborators Needed: All hospitals, all healthcare providers (physical and mental), all employers, lobbyists, schools, government relations

Mental/behavioral health and access to providers (numbers 2 and 3 combined)

Goal 1: Reduce parental stigmas and increase use of services

Action 1- Hold community events and presence
Resources/Collaborators Needed: Community influencers, partnerships/private sector funding, parents/caregivers
Action 2 – Initiate caregiver support groups
Resources/Collaborators Needed: Clergy, sponsor, champions for education and services

Goal 2: Increase remote access to services and providers

Action 1- Tech partnerships
Resources/Collaborators Needed: Big tech companies, internet providers, virtual programs
Action 2 – Change school district policies
Resources/Collaborators Needed: School district leadership, tech experts, computers, tablets access
Other comments: Use the term mental wellness, treat health in a wholistic manner, physical, mental, vision, dental, social, emotional, etc.

Safe, affordable housing

Goal 1: Increase affordable housing options in new and existing communities

Action 1- Develop a plan for new communities based on cruise ship model (or Disney model) where employees and their families can live near large employers

Resources/Collaborators Needed: Developers, government officials, business leaders, community leaders
Action 2 – Identify and transform exiting neighborhoods where there is no low income/affordable housing near large employers
Resources/Collaborators Needed: Same as above

Goal 2: Standard assessment of homes for children with medical issues
Action 1 – Create standardized, statewide home assessments to create a scope of work and to be used by all providers/social workers
Resources/Collaborators Needed – State services, private funding
Action 2 – Community healthcare workers/housing repair service
Resources/Collaborators Needed: Medical providers, contractors
Action 3 – Provide data on houses that don't meet code and landlords. Provide data on physical housing conditions, fall hazards, mold, mildew, accessibility, overcrowding, plumbing, and water facilities.
Action 4 – Provide home improvement resources for parents, elderly, anyone not meeting codes or needing increased accessibility in native language

Goal 3: Coordinate services and funding for better home inventory
Action 1 – Have one point of contact to coordinate all services
Resources/Collaborators Needed: Social workers, state services, private funding
Additional comments: Limit what people can charge for additional services such as pet rent and pet deposits. Provide information to all new parents on housing rights and options.

Affordable, quality education and youth development programs
Goal 1: Every child that lives in counties served will be on reading level by third grade
Action 1- Increase access to Nemours Reading BrightStart! program
Resources/Collaborators Needed: Head start/early intervention, Nemours Children's primary care pediatric practices, pediatric physicians service providers, health service providers
Action 2 – Create a more rigorous implementation of above programs.
Resources/Collaborators Needed: Head start/early intervention, Nemours Children's primary care pediatric practices, pediatric physicians service providers, health service providers

Goal 2: 100% high school graduation with personal life plan with health and wellness skills
Action 1- Develop, collaborative, intervention programs starting in elementary schools
Resources/Collaborators Needed: Mentors, youth development programs, Boys & Girls Clubs, etc.
Action 2 – Collaborate to develop employment for kids ages 14–18
Resources/Collaborators Needed: Community partners, business organizations, career resource center

Affordable, accessible, quality food
Goal 1: Within three years, increase school-based education programs for nutrition and cooking skills
Action 1- Create advocacy plan for nutrition/cooking course requirement
Resources/Collaborators Needed: School boards, kids, PTA, policy makers, school commissions, CBOs to become providers
Action 2 – Create partnerships with local food production/farms to provide food for programs.
Resources/Collaborators Needed: Local farmers, USDA, community gardens, food banks, food policy councils, volunteers

Goal 2: Within two years, increase transportation options to healthy grocery, education, farmers markets
Action 1- Map out local markets/education w/public transportation routes
Resources/Collaborators Needed: DOT offices, DOH, GIS mapping, chambers of commerce
Action 2 – Add more transportation including additional hours available
Resources/Collaborators Needed: Grocers, DOT, Chambers of Commerce, Hebni

Summit 2 Priorities and Suggestions:

1. Affordable health care
2. Safe, affordable housing
3. Mental/behavioral health
4. Access to primary care services/providers (locations, hours, flexible payment methods, etc.)
5. (tie) Affordable insurance
5. (tie) Affordable, quality education (includes early childhood)

Affordable health care and affordable insurance (Combined 1 and 5)

Goal 1: Increase availability of navigation services to improve health literacy

Action 1- Health literacy programming based in the community, hosted in partnership with trusted community partners (go where people are or where they want to be)
Resources/Collaborators Needed: Hospitals, clinics, stores
Action 2 – Utilize mobile clinics
Resources/Collaborators Needed: Hospitals clinics
Action 3 – Simplify the message (create a better brand)
Resources/Collaborators Needed: Hospitals, clinics, specific populations in focus groups

Goal 2: Increase education surrounding appropriate, affordable avenues of care

Action 1- Awareness campaign about when to go to PCP versus urgent care versus Emergency Department
Resources/Collaborators Needed: Social media
Other comments/potential goals and actions:

- Create resources to help people sign up for care. Give people "questions to ask." Ask what the behavioral health coverage is. Keep it simple.
- When you find out what your insurance is, make sure the kids know what it is so they can learn and how to access care.

Safe, affordable housing

Goal 1: Collaborate with local county government to incentivize homeowners and landlords with more than one property to offer long-term affordable housing to local, hardworking residents.

Action 1- Create an incentive program with local government
Resources/Collaborators Needed: Local government, nonprofits, health system, workers, unions, large employers
Action 2 – Allow property owners to homestead second property. Cap insurance with citizens.
Resources/Collaborators Needed: State government

Goal 2: Create a program to assist with first and last month's rent to help get into a rental property

Action 1- Create a program with local and state government
Resources/Collaborators Needed: Local government, nonprofits, health system, workers, unions, large employers
Action 2 – Work with businesses and faith-based organizations to invest and educate for renters program
Resources/Collaborators Needed: Local government, nonprofits, health system, workers, unions, large employers, faith-based organizations
Other comments/potential goals and actions:

- Also include empty office buildings conversion to residences with financial incentives.
- Be able to use H.S.A. funds for first and last month's rent.
- Regulate the out-of-state investors. They have deep pockets and are increasing the cost of housing. Most rental homes owned by private equity firms and LLCs.

Mental/behavioral health

Goal 1: Increase parent/caregiver awareness

Action 1- Observational survey counties in Florida/nation
Resources/Collaborators Needed: online resources

Goal 2: Involve nonmental health partners in mental health services. Increase access to events.

Action 1 – Outreach events along with local neighborhood communities

Resources/Collaborators Needed: DOH, churches, neighborhood associations, vendors, local large community events

Other comments/potential goals and actions:

- Use peers to help educate on mental health — a high school student who can speak out about mental health, start at a younger age with people they look up to.
- Help people understand mental health and mental wellness, I'm not crazy. Don't want anyone to know. Tell kids what mental health is. Recognize a lot of mental health issues are genetic. Not everything has to be pathological, not everything needs a diagnosis and a medication.
- Teach coping skills and resilience.
- Resource mapping in the community and help kids and teens learn that there are outlets for them.
- Science is really clear, age of 6 brain is formed. Kids need early intervention and active, social play. Zoo animals have more government regulated playtime than kindergarteners.
- Anxiety is a common feeling, teach kids and youth how to handle it. Affordable access to quality food

Increase access to primary care for kids

Goal 1: Extend hours with consistent schedules

Action 1- Adjust schedules of primary care providers

Resources/Collaborators Needed: primary care providers, health systems

Action 2 – Utilize mobile units

Resources/Collaborators Needed: UCF, other organizations with mobile clinics, schools, day care, community centers

Goal 2: Encourage more providers to come to or stay in Florida

Action 1- Heads of organizations and clinicians lobby legislators to pass legislation on tort reform

Action 2 – Ensure salaries are competitive with other states

Resources/Collaborators Needed: Organizations, clinicians

Goal 3: Expand Medicaid lowering income level for qualifications

Affordable, quality education (includes early education)

Goal 1: Create more professional development opportunities for educators

Action 1- Collaborate with community partners to assist with developing a series of trainings/PD/certifications

Resources/Collaborators Needed: Nemours Children's, grant writers, childcare providers/educators

Action 2 – Encourage educators to share with families and other community members

Resources/Collaborators Needed: Child care providers/educators

Goal 2: Procure more funding for birth through 3-year-old programs

Action 1- Enact a penny tax that will financially support the birth through three programs (similar to Hillsborough County)

Resources/Collaborators Needed: County government/tax people, the community

Action 2 – Market the importance of birth through 3 education programs to gain community support

Resources/Collaborators Needed: Early childhood organizations

Goal 3: Ensure birth – 3-year-old teachers are qualified and compensated and valued appropriately