2022
CHILD & ADOLESCENT HEALTH NEEDS ASSESSMENT

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

Sponsored by

NEMOURS CHILDREN'S HOSPITAL, FLORIDA

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CHILDREN'S HEALTH

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INTRODUCTION

PROJECT OVERVIEW

Project Goals

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

Methodology

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

PRC Child & Adolescent Health Survey

Survey Instrument

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

Community Defined for This Assessment

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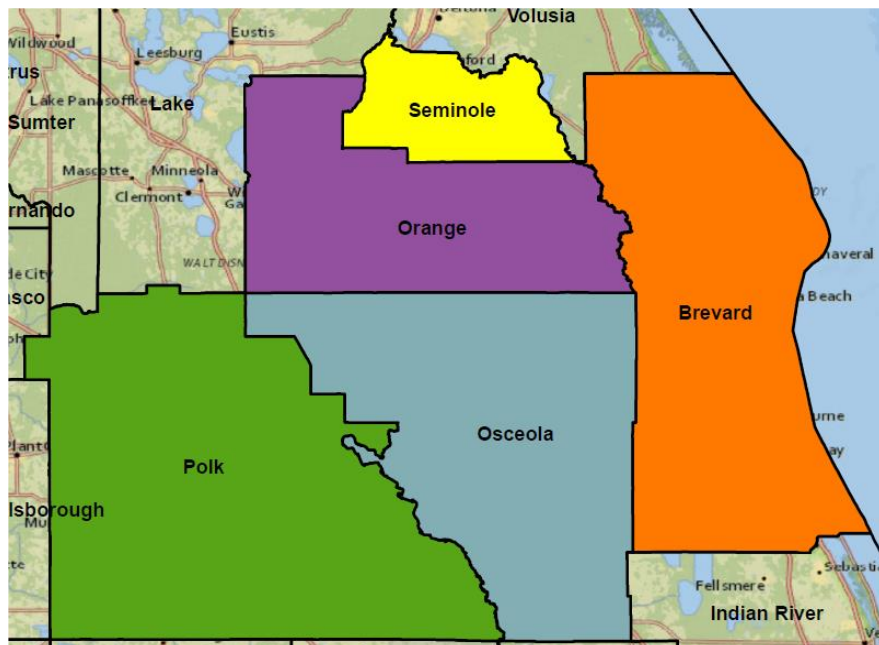
Sample Approach & Design

A precise and carefully executed methodology is critical in asserting the validity of the results gathered in the PRC Child & Adolescent Health Survey. Thus, to ensure the best representation of the population surveyed, a mixed-mode methodology was implemented. This included targeted surveys conducted by PRC via telephone (landline and cell phone) or through online questionnaires, as well as a community outreach component promoted by Nemours Children's Hospital, Florida through social media posting and other communications.

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

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

In all, 1,276 surveys were completed through these mechanisms, including 241 in Brevard County, 407 in Orange County, 194 in Osceola County, 250 in Polk County, and 184 in Seminole County. Once the interviews were completed, these were weighted in proportion to the actual population distribution so as to appropriately represent San Mateo County as a whole. All administration of the surveys, data collection, and data analysis was conducted by PRC.

For statistical purposes, the maximum rate of error associated with a sample size of 1,276 respondents is ±2.7% at the 95 percent confidence level.

Expected Error Ranges for a Sample of 1,276 Respondents at the 95 Percent Level of Confidence
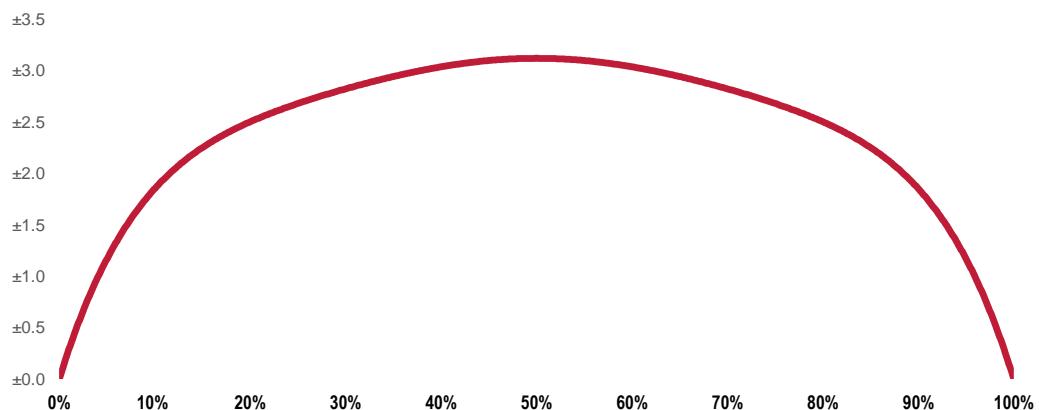
Note:	●	The "response rate" (the percentage of a population giving a particular response) determines the error rate associated with that response. A "95 percent level of confidence" indicates that responses would fall within the expected error range on 95 out of 100 trials.
Examples:	●	If 10% of the sample of 1,276 respondents answered a certain question with a "yes," it can be asserted that between 8.4% and 11.6% (10% ± 1.6%) of the total population would offer this response.
	●	If 50% of respondents said "yes," one could be certain with a 95 percent level of confidence that between 47.3% and 52.7% (50% ± 2.7%) of the total population would respond "yes" if asked this question.

Respondent Selection

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

Sample Characteristics

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

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

Population & Survey Sample Characteristics
(Total Service Area, 2022)

■ Actual Population   ■ Weighted Survey Sample

	Actual Population	Weighted Survey Sample
Boys	51.1%	51.0%
Girls	48.9%	49.0%
0 to 4	26.1%	25.8%
5 to 12	44.7%	44.8%
13 to 17	29.3%	29.4%
White	43.1%	43.5%
Hispanic	30.9%	30.7%
Black*	19.9%	20.0%
<Poverty	24.6%	24.1%
100%-199% FPL	26.6%	26.4%
200%+ FPL	48.8%	49.5%
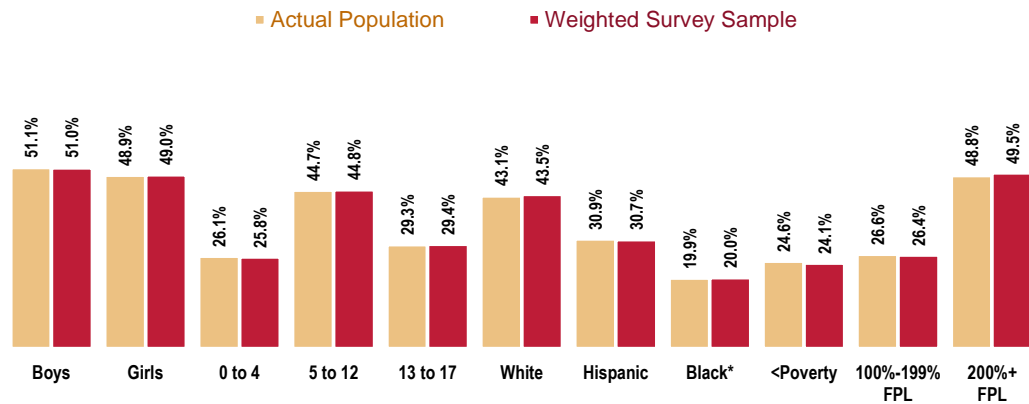
Sources:
- Census 2010, Summary File 3 (SF 3). U.S. Census Bureau.
- 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc.
- *May include Hispanics and therefore is not a mutually exclusive group.

The sample design and the quality control procedures used in the data collection ensure that the sample is representative. Thus, the findings may be generalized to the total child and adolescent population in the defined area with a high degree of confidence.

INCOME & RACE/ETHNICITY

INCOME ▶ Poverty descriptions and segmentation used in this report are based on administrative poverty thresholds determined by the US Department of Health & Human Services. These guidelines define poverty status by household income level and number of persons in the household (e.g., the 2021 guidelines place the poverty threshold for a family of four at $26,500 annual household income or lower). In sample segmentation: "very low income" refers to respondents living in a household with defined poverty status; "low income" refers to households with incomes just above the poverty level and earning up to twice (100%-199% of) the poverty threshold; and "mid/high income" refers to those households living on incomes which are twice or more (≥200% of) the federal poverty level.

RACE & ETHNICITY ▶ In analyzing survey results, mutually exclusive race and ethnicity categories are used and represent the race/ethnicity of the randomly selected child. Hispanic children are grouped, regardless of identity with any other race group. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).

Online Key Informant Survey

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

Key informants were contacted by email, introducing the purpose of the survey and providing a link to take the survey online; reminder emails were sent as needed to increase participation. In all, 63 community stakeholders took part in the Online Key Informant Survey, as outlined below:

ONLINE KEY INFORMANT SURVEY PARTICIPATION	
KEY INFORMANT TYPE	NUMBER PARTICIPATING
Public Health Representatives	13
Physician	4
Other Health Providers	10
Social Services Providers	14
Education Representatives	3
Community/Business Leaders	19

Final participation included representatives of the organizations outlined below.

- Catholic Charities of Florida
- Center for Multicultural Wellness and Prevention
- Central Florida Auto Dealers Association
- Children's Home Society, Early Head Start
- City of Kissimmee
- City of Lakeland
- Community Foundation
- Early Learning Coalition of Polk County
- Edyth Bush Charitable Foundation
- Florida Department of Health
- Florida Department of Health in Orange County
- Florida Department of Health in Osceola County
- Florida Department of Health in Polk County
- Florida Department of Health in Seminole County
- Florida Department of Health Brevard County
- Florida State University - Orlando
- GiveWell Community Foundation
- Hebni Nutrition Consultants, Inc.
- Hope CommUnity Center
- Idea Factory
- Lake Nona Performance Club

- Lakeland Regional Health
- Lakeland Regional Health Medical Center
- Mental Health Association of Central Florida
- Nemours Primary Care
- Nita M. Lowey 21st Century Community Learning Centers
- Orange County
- Orange County Drug Free Living
- Orange County Head Start
- Orange County Medical Clinic
- Orange County Public Schools
- Orange County School District
- Orlando Health
- Osceola Regional Medical Center
- Orlando Utilities Commission (OUC)
- PCAN
- Rollins
- Seminole County Public Schools
- Second Harvest Food Bank of Central Florida
- Seminole County School Board
- Tavistock
- UCP of Central Florida
- Ventanilla de Salud
- Watson Clinic

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

In the online survey, key informants were asked to rate the degree to which various health children's health issues are a problem in their own community. Follow-up questions asked them to describe why they identify problem areas as such and how these might better be addressed. Results of their ratings, as well as their verbatim comments, are included throughout this report as they relate to the various other data presented.

NOTE: These findings represent qualitative rather than quantitative data. The Online Key Informant Survey was designed to gather input regarding participants' opinions and perceptions of the health needs of the residents in the area.

Public Health, Vital Statistics & Other Data

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

- Center for Applied Research and Engagement Systems (CARES) , University of Missouri Extension, SparkMap (sparkmap.org)

- Centers for Disease Control & Prevention, Office of Infectious Disease, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, Division for Adolescent and School Health

- Centers for Disease Control & Prevention, Office of Public Health Science Services, Center for Surveillance, Epidemiology and Laboratory Services, Division of Health Informatics and Surveillance (DHIS)

- Centers for Disease Control & Prevention, Office of Public Health Science Services, National Center for Health Statistics

- ESRI ArcGIS Map Gallery

- Florida Department of Health

- Geolytics Demographic Estimates & Projections

- OpenStreetMap (OSM)

- US Census Bureau, Decennial Census

- US Department of Health & Human Services

Note that secondary data reflect aggregate county-level data.

Benchmark Data

Trending

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

Nationwide Risk Factor Data

National survey data, which are provided in comparison charts, are taken from the *2020 PRC National Child & Adolescent Health Survey*; the methodological approach for the national study is similar to that employed in this assessment, and these data may be generalized to the population of American children and youth with a high degree of confidence. National-level vital statistics are also provided for comparison of secondary data indicators. *(NOTE: The national findings represent data collected prior to the COVID-19 pandemic.)*

Healthy People 2030

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

Healthy People 2030's overarching goals are to:

- Attain healthy, thriving lives and well-being free of preventable disease, disability, injury, and premature death.

- Eliminate health disparities, achieve health equity, and attain health literacy to improve the health and well-being of all.

- Create social, physical, and economic environments that promote attaining the full potential for health and well-being for all.

- Promote healthy development, healthy behaviors, and well-being across all life stages.

- Engage leadership, key constituents, and the public across multiple sectors to take action and design policies that improve the health and well-being of all.

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

Determining Significance

Differences noted in this report represent those determined to be significant. For survey-derived indicators (which are subject to sampling error), statistical significance is determined based on confidence intervals (at the 95 percent confidence level), using question-specific samples and response rates. For the purpose of this report, "significance" of secondary data indicators (which do not carry sampling error but might be subject to reporting error) is determined by a 15% variation from the comparative measure.

Information Gaps

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

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

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

Public Comment

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

IRS FORM 990, SCHEDULE H COMPLIANCE

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

IRS FORM 990, SCHEDULE H (2019)	See Report Page
Part V Section B Line 3a A definition of the community served by the hospital facility	6
Part V Section B Line 3b Demographics of the community	36
Part V Section B Line 3c Existing health care facilities and resources within the community that are available to respond to the health needs of the community	192
Part V Section B Line 3d How data was obtained	6
Part V Section B Line 3e The significant health needs of the community	14
Part V Section B Line 3f Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups	Addressed Throughout
Part V Section B Line 3g The process for identifying and prioritizing community health needs and services to meet the community health needs	16
Part V Section B Line 3h The process for consulting with persons representing the community's interests	9
Part V Section B Line 3i The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)	196

SUMMARY OF FINDINGS

Significant Health Needs of the Community

The following "Areas of Opportunity" represent the significant health needs of the community, based on the information gathered through this Child & Adolescent Health Needs Assessment. From these data, opportunities for children's health improvement exist in the area with regard to the following health issues (see also the summary tables presented in the following section).

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

AREAS OF OPPORTUNITY IDENTIFIED THROUGH THIS ASSESSMENT	
ACCESS TO HEALTH CARE SERVICES	▪ Difficulty Accessing Children's Healthcare ▪ Access to Specialty Care ▪ Outmigration ▪ Specific Source of Ongoing Medical Care ▪ Utilization of Emergency Room ▪ Utilization of Urgent Care Center
ALLERGIES	▪ Respiratory Allergies ▪ Eczema/Skin Allergies ▪ Food/Digestive Allergies
ASTHMA	▪ Prevalence of Asthma ▪ ER/Urgent Care Visits for Asthma ▪ Hospitalizations Due to Asthma ▪ Loss of Productivity Due to Asthma
BONE, JOINT & MUSCLE CONDITIONS	▪ Bone/Joint/Muscle Conditions
COGNITIVE & BEHAVIORAL CONDITIONS	▪ ADD/ADHD Prevalence ▪ Learning Disabilities ▪ Developmental Delays ▪ Behavioral/Conduct Problems ▪ Autism/Spectrum Disorder Prevalence ▪ Key Informants: Cognitive and behavioral conditions ranked as a top concern.
DIABETES	▪ Childhood Diabetes Prevalence
INFANT HEALTH	▪ Infant Mortality ▪ Acceptance of Recommended Childhood Vaccines

— continued on the following page —

AREAS OF OPPORTUNITY (continued)

INJURY & VIOLENCE	▪ Prevalence of Injuries Requiring Treatment
	▪ Mortality
	   – Age 5-9
	   – Age 15-19
	▪ Children Feeling Unsafe at School or Going To/From School
	▪ Bullying

MENTAL HEALTH	▪ "Fair" or "Poor" Mental Health ▪ Depression & Anxiety ▪ Suicide Attempts [Orange County High Schoolers] ▪ Parental Awareness of Local Resources ▪ Children Needing Mental Health Services ▪ Children Taking Rx for Mental Health ▪ Key Informants: Mental health ranked as a top concern.
NEUROLOGICAL CONDITIONS	▪ Children with Migraines/Severe Headaches ▪ Brain Injuries/Concussions ▪ Epilepsy/Seizure Disorder Prevalence
NUTRITION, PHYSICAL ACTIVITY & WEIGHT	▪ Difficulty Accessing Fresh Produce ▪ Food Insecurity ▪ Low Food Access ▪ Frequency of Eating Fast Food ▪ Access to Fast Food ▪ Eating Meals as a Family ▪ Screen Time – Watching TV ▪ Electronic Devices/TV in Child's Bedroom ▪ Overweight & Obesity ▪ Parental Recognition of Child's Overweight Status ▪ Key Informants: Nutrition, physical activity, and weight ranked as a top concern.
ORAL HEALTH	▪ Regular Dental Care
SEXUAL HEALTH	▪ Gonorrhea Incidence [Children/Adults] ▪ Chlamydia Incidence [Children/Adults] ▪ Use of Birth Control [Orange County High Schoolers]

TOBACCO, ALCOHOL & OTHER DRUGS	▪ Lifetime Illicit Drug Use [Orange County High Schoolers]
	   – Prescription Drugs (not Rx)
	   – Ecstasy
	   – Cocaine
	   – Steroids (not Rx)
	   – Methamphetamines
	   – Heroin
	   – Injection Drugs

VISON, HEARING, & SPEECH CONDITIONS	▪ Prevalence of Speech/Language Problems ▪ Hearing Problems ▪ Vision Problems ▪ Recent Eye Exams ▪ Prevalence of Hearing Tests

Community Feedback on Prioritization of Health Needs

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

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

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

Hospital Implementation Strategy

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

- **Access to Healthcare Services**
- **Mental Health**
- **Infant Health**

Note: An evaluation of the hospital's past activities to address the needs identified in prior CHNAs can be found as an appendix to this report.

Summary Tables:
Comparisons With Benchmark Data

Reading the Summary Tables

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

◼ The columns to the left of the Total Service Area column provide comparisons among the five counties, identifying differences for each as "better than" (☀), "worse than" (🦠), or "similar to" (🏠) the combined opposing areas.

◼ The columns to the right of the Total Service Area column provide trending, as well as comparisons between local data and any available national findings and Healthy People 2030 objectives. Again, symbols indicate whether the Total Service Area compares favorably (☀), unfavorably (🦠), or comparably (🏠) to these external data.

> Note that blank table cells signify that data are not available or are not reliable for that area and/or for that indicator.
>
> Tip: Indicator labels beginning with a "%" symbol are taken from the PRC Community Health Survey; the remaining indicators are taken from secondary data sources.

DISPARITY AMONG SUBAREAS / TOTAL SERVICE AREA vs. BENCHMARKS

SOCIAL DETERMINANTS	Brevard County	Orange County	Osceola County	Polk County	Seminole County	Total Service Area	vs. FL	vs. US	vs. HP2030	TREND
Linguistically Isolated Population (Percent)	1.4 (better)	7.2 (worse)	9.4 (worse)	3.6 (similar)	2.8 (better)	5.1	6.2 (better)	4.1 (worse)		
Children Below 100% FPL (Percent)	15.8 (better)	19.5 (worse)	18.0 (similar)	23.4 (worse)	11.9 (better)	18.6	18.7 (similar)	17.5 (worse)		
[Age 16-19] Not in School and Not Working (Percent)	6.3 (similar)	5.6 (better)	11.1 (worse)	9.7 (worse)	3.4 (better)	6.9	7.2 (similar)	6.8 (similar)		
% Food Insecure	46.0 (similar)	44.9 (similar)	46.7 (similar)	51.5 (similar)	43.4 (similar)	46.4		36.6 (worse)		41.0 (worse)

Note: In the section above, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

better (sun)   similar (cloud)   worse (rain)

DISPARITY AMONG SUBAREAS / TOTAL SERVICE AREA vs. BENCHMARKS

OVERALL HEALTH	Brevard County	Orange County	Osceola County	Polk County	Seminole County	Total Service Area	vs. FL	vs. US	vs. HP2030	TREND
% [Age 0-17] Child's Overall Health Is "Fair/Poor"	7.9 (similar)	5.7 (similar)	10.1 (similar)	7.9 (similar)	5.8 (similar)	6.9		2.5 (worse)		4.0 (worse)
% [Age 0-17] Child's Activities/Abilities Limited Due to Health Condition	21.6 (similar)	16.7 (similar)	16.4 (similar)	20.7 (similar)	18.5 (similar)	18.5		7.9 (worse)		8.8 (worse)
% [Age 5-17] Missed 10+ School Days Last Yr Due to Illness/Injury	14.9 (similar)	11.4 (better)	21.5 (similar)	16.9 (similar)	18.1 (similar)	15.1		6.6 (worse)		7.4 (worse)

OVERALL HEALTH (continued)	DISPARITY AMONG SUBAREAS					Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS			
	Brevard County	Orange County	Osceola County	Polk County	Seminole County		vs. FL	vs. US	vs. HP2030	TREND
% [Age 0-17] Child Has Special Health Needs	☁ 78.4	☀ 71.4	☁ 75.1	☁ 78.4	☁ 76.5	75.0		🌧 64.0		🌧 63.1
% [Age 0-17] Chronic Condition Requiring Meds	☁ 38.3	☁ 40.1	☁ 36.9	☁ 36.9	☁ 37.3	38.4		🌧 20.6		🌧 32.7
% [Age 0-17] Chronic Condition Requiring Special Therapy	☁ 27.7	☁ 24.7	☁ 25.7	☁ 20.3	☁ 23.3	24.1		🌧 8.9		🌧 14.5
% [Age 0-17] Chronic Condition Requiring Meds or Special Therapy	☁ 46.2	☁ 39.6	☁ 36.3	☁ 41.7	☁ 40.2	40.7		🌧 24.2		🌧 26.5

Note: In the section above, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

☀	☁	🌧
better	similar	worse

ACCESS TO HEALTH CARE	DISPARITY AMONG SUBAREAS					Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS			
	Brevard County	Orange County	Osceola County	Polk County	Seminole County		vs. FL	vs. US	vs. HP2030	TREND
% [Age 0-17] Child Is Uninsured	☁ 6.5	☁ 6.1	☁ 4.2	☁ 5.6	☁ 6.1	5.8		☁ 4.8		☁ 6.2
% [Age 0-17] Child Has Been Without Insurance At Some Point	☁ 10.4	☁ 13.0	☁ 10.8	☁ 9.5	☁ 10.1	11.3		☁ 10.5		☁ 11.6
% [Age 0-17] Difficulties Accessing Child's Healthcare (Composite)	☁ 54.7	☁ 53.2	☁ 57.7	☁ 57.2	☁ 54.1	54.8		🌧 29.1		🌧 32.3
% [Age 0-17] Difficulty Finding Physician for Child in Past Year	🌧 31.9	☁ 26.0	☁ 26.9	☁ 26.6	☀ 20.6	26.3		🌧 10.7		🌧 10.3

ACCESS TO HEALTH CARE (continued)	DISPARITY AMONG SUBAREAS					Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS			
	Brevard County	Orange County	Osceola County	Polk County	Seminole County		vs. FL	vs. US	vs. HP2030	TREND
% [Age 0-17] Difficulty Getting Appointment for Child in Past Year	(similar) 33.5	(similar) 33.7	(similar) 41.0	(similar) 35.3	(similar) 31.6	34.5		(worse) 13.9		(worse) 14.6
% [Age 0-17] Cost Prevented Child's Dr Visit in Past Year	(similar) 16.0	(similar) 15.5	(similar) 14.1	(similar) 12.9	(similar) 17.9	15.2		(worse) 6.0		(worse) 9.6
% [Age 0-17] Transportation Hindered Child's Dr Visit in Past Year	(similar) 14.0	(similar) 17.3	(similar) 14.4	(similar) 16.6	(similar) 11.9	15.6		(worse) 6.1		(worse) 5.9
% [Age 0-17] Inconvenient Hrs Prevented Child's Dr Visit in Past Year	(similar) 23.0	(similar) 27.8	(similar) 31.3	(similar) 25.7	(similar) 28.2	27.1		(worse) 13.5		(worse) 17.2
% [Age 0-17] Cost Prevented Getting Child's Prescription in Past Year	(similar) 14.5	(similar) 14.5	(similar) 9.8	(similar) 12.0	(similar) 13.1	13.3		(worse) 6.2		(worse) 7.0
% [Age 0-17] Culture Difference Prevented Child's Dr Visit in Past Year	(better) 4.5	(worse) 11.6	(similar) 9.1	(better) 5.8	(similar) 9.3	8.7		(worse) 3.9		(worse) 2.1
% Child Needed to See a Specialist in the Past Year	(similar) 48.8	(similar) 51.4	(similar) 51.0	(similar) 54.3	(similar) 53.2	51.8		(worse) 33.1		(worse) 29.6
% [Child Needing Care] "Major/Moderate" Problem Getting Specialty Care	(similar) 51.2	(similar) 44.2	(similar) 49.9	(better) 35.4	(similar) 46.8	44.3		(worse) 33.2		(worse) 35.6
% [Parents] Feel Need to Leave the Area for Children's Health Svcs	(worse) 57.0	(better) 30.8	(similar) 39.3	(worse) 43.7	(better) 27.1	37.7		(worse) 28.4		(worse) 13.4
% [Age 0-17] Child Has a Specific Source of Ongoing Care	(similar) 77.4	(similar) 75.9	(similar) 71.6	(similar) 78.7	(similar) 80.7	76.9		(worse) 82.3		(worse) 87.3

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(sun) better (cloud) similar (rain) worse

ACCESS TO HEALTH CARE (continued)	Brevard County	Orange County	Osceola County	Polk County	Seminole County	Total Service Area	vs. FL	vs. US	vs. HP2030	TREND
% [Age 0-17] Child Has Had Routine Checkup in Past Year	88.1	90.8	85.7	88.2	90.8	89.3		87.3		86.6
% [Age 2-17] Child Has Had a Dental Visit in Past Year	71.5	72.2	69.0	67.3	78.0	71.6		85.0	45.0	75.4
% [Age 0-17] Child Has Had 2+ ER Visits in Past Year	14.5	15.2	18.8	19.5	14.7	16.4		8.2		9.2
% [Age 0-17] Child Used Some Type of UCC in the Past Year	47.9	48.3	50.1	41.1	45.5	46.7		35.7		38.4
% [Age 0-17] Child Used After-Hours Telephone Svc for Care/Past Yr	14.8	18.9	17.4	16.8	15.7	17.2				8.6
% [Age 0-17] Child Used Telemedicine Services in Past Year	34.7	33.0	35.1	32.7	25.7	32.4				7.1

Note: In the section above, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

better   similar   worse

ALLERGIES

	DISPARITY AMONG SUBAREAS					Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS			
ALLERGIES	Brevard County	Orange County	Osceola County	Polk County	Seminole County		vs. FL	vs. US	vs. HP2030	TREND
% [Age 0-17] Child Has Respiratory Allergies	☁ 23.6	☁ 21.3	🌧 32.2	☁ 24.5	☁ 24.3	23.9		🌧 16.8		🌧 19.1
% [Age 0-17] Child Has Eczema/Skin Allergies	☀ 20.6	☁ 27.6	☁ 31.0	☁ 25.7	☁ 28.6	26.7		🌧 19.0		🌧 18.2
% [Age 0-17] Child Has Food/Digestive Allergies	☁ 15.0	☁ 18.2	☁ 18.0	☁ 15.8	☁ 12.0	16.3		🌧 9.8		🌧 10.8

Note: In the section above, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

☀ better   ☁ similar   🌧 worse

ASTHMA

	DISPARITY AMONG SUBAREAS					Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS			
ASTHMA	Brevard County	Orange County	Osceola County	Polk County	Seminole County		vs. FL	vs. US	vs. HP2030	TREND
% [Age 0-17] Child Currently Has Asthma	☁ 13.8	☁ 16.9	☁ 17.1	☁ 18.0	☁ 16.3	16.6		🌧 9.4		🌧 8.8
% [Age 0-17 With Asthma] ER/Urgent Care for Child's Asthma in Past Year						49.7		🌧 24.1		☁ 40.4
% [Age 0-17 With Asthma] Child Hospitalized for Asthma in Past Year						26.2		🌧 10.1		🌧 8.4
% [Age 5-17 With Asthma] Child Missed School Due to Asthma in Past Year						56.0		🌧 26.6		☁ 64.9
% [Age 0-17 With Asthma] Parent Missed Work Due to Child's Asthma in Past Year						53.2		🌧 36.6		🌧 41.9

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☀ better   ☁ similar   🌧 worse

BONE, JOINT & MUSCLE CONDITIONS

	DISPARITY AMONG SUBAREAS					Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS			
BONE, JOINT & MUSCLE CONDITIONS	Brevard County	Orange County	Osceola County	Polk County	Seminole County		vs. FL	vs. US	vs. HP2030	TREND
% [Age 0-17] Child Has Bone/Joint/Muscle Problems	☁ 13.0	☁ 11.4	☁ 11.2	☁ 14.5	☁ 10.5	**12.1**		🌧 7.4		🌧 5.8

Note: In the section above, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

☀ better ☁ similar 🌧 worse

COGNITIVE & BEHAVIORAL DISORDERS

	DISPARITY AMONG SUBAREAS					Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS			
COGNITIVE & BEHAVIORAL DISORDERS	Brevard County	Orange County	Osceola County	Polk County	Seminole County		vs. FL	vs. US	vs. HP2030	TREND
% [Age 0-17] Child Has ADD/ADHD	🌧 30.5	☁ 23.1	☁ 18.6	☁ 24.1	☁ 23.1	**23.9**		🌧 13.5		🌧 12.1
% [Age 0-17] Child Has Learning Disability	☁ 21.4	☁ 15.9	☁ 16.1	☁ 19.5	☁ 18.4	**17.8**		🌧 11.1		🌧 9.6
% [Age 0-17] Child Has Developmental Delays	☁ 18.8	☀ 13.3	☁ 16.7	🌧 20.9	☁ 14.3	**16.2**		🌧 9.8		🌧 7.7
% [Age 5-17] Child Has Behavioral/Conduct Problems	☁ 14.4	☁ 13.3	☁ 8.0	☁ 14.7	☁ 9.1	**12.6**		🌧 4.4		🌧 4.2
% [Age 5-17] Child Has Autism/Spectrum Disorder	☁ 11.5	☁ 12.2	☁ 10.0	☁ 14.0	☁ 15.2	**12.6**		🌧 3.9		🌧 3.7

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☀ better ☁ similar 🌧 worse

DIABETES	Brevard County	Orange County	Osceola County	Polk County	Seminole County	Total Service Area	vs. FL	vs. US	vs. HP2030	TREND
% [Age 0-17] Child Has Diabetes/High Blood Sugar	☀️ 0.8	☁️ 3.5	☁️ 3.0	☁️ 3.4	☁️ 1.7	2.8		☁️ 1.8		🌧️ 1.3
% [Age 0-17] Child Has Borderline/Pre-Diabetes	☁️ 1.0	☁️ 1.1	☁️ 1.2	☁️ 1.4	☁️ 0.5	1.1		☁️ 1.7		

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☀️ better   ☁️ similar   🌧️ worse

INJURY & SAFETY	Brevard County	Orange County	Osceola County	Polk County	Seminole County	Total Service Area	vs. FL	vs. US	vs. HP2030	TREND
% [Age 0-17] Child Has Sustained Injury Requiring Treatment in Past Year	☁️ 13.3	☁️ 13.1	☁️ 15.9	☀️ 9.9	🌧️ 20.6	13.9		🌧️ 8.8		☁️ 11.9
% [Age 0-17] Neighborhood Is "Slightly" or "Not At All" Safe	☁️ 16.4	☁️ 17.1	☁️ 11.9	☁️ 15.6	☀️ 6.8	14.7		☁️ 15.8		☁️ 15.5
% [Age 5-17] Child Missed School in Past Year Because Felt Unsafe	☁️ 13.6	☁️ 19.6	☁️ 14.8	☁️ 16.8	☁️ 17.0	17.4		🌧️ 8.4		🌧️ 7.5
% [Age 5-17] Bullied on School Property in the Past Year	☁️ 26.8	☁️ 22.7	☁️ 17.9	☁️ 23.4	☁️ 26.9	23.5		🌧️ 18.0		🌧️ 17.3
% [Age 5-17] Child Electronically Bullied in Past Year	☁️ 15.3	☁️ 15.1	☀️ 6.0	☁️ 10.0	☁️ 11.2	12.5		🌧️ 5.5		🌧️ 4.8

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☀️ better   ☁️ similar   🌧️ worse

| MENTAL & EMOTIONAL HEALTH | DISPARITY AMONG SUBAREAS | | | | | Total Service Area | TOTAL SERVICE AREA vs. BENCHMARKS | | | |
	Brevard County	Orange County	Osceola County	Polk County	Seminole County		vs. FL	vs. US	vs. HP2030	TREND
% [Age 5-17] Child's Mental Health Is "Fair/Poor"	similar 21.1	similar 16.3	similar 18.4	similar 20.3	similar 15.5	**17.9**		worse 9.7		worse 7.7
% [Age 5-17] Child Has Depression	similar 19.5	similar 12.2	similar 15.6	similar 15.1	similar 13.4	**14.4**		worse 9.1		worse 5.4
% [Age 5-17] Child Had Symptoms of Depression in Past Year	similar 15.4	similar 12.7	similar 8.2	similar 12.8	similar 11.9	**12.5**		worse 5.1		worse 6.5
[Orange County High Schoolers] Attempted Suicide in Past Year (Percent)						**10.3**	worse 7.9	worse 8.9	worse 2.4	
% [Age 5-17] Child Has Anxiety	worse 34.3	better 18.5	similar 25.1	similar 31.9	similar 31.6	**26.2**		worse 13.4		worse 8.2
% [Age 5-17] Child Worries A Lot	similar 41.0	similar 39.1	similar 38.8	similar 41.9	similar 41.9	**40.3**		worse 29.6		worse 23.0
% [Age 5-17] Child Has Difficulty Sleeping	worse 43.9	better 27.0	similar 33.2	similar 39.6	similar 32.5	**33.5**		worse 20.4		worse 16.1
% [Age 5-17] Parent Aware of Community Mental Health Resources	similar 56.3	worse 45.6	similar 48.2	similar 56.6	similar 53.2	**50.8**		worse 70.2		worse 56.4
% [Age 5-17] Needed Mental Health Svcs in the Past Yr	worse 33.4	similar 22.2	similar 24.0	similar 24.4	similar 23.2	**24.6**		worse 17.1		worse 13.0
% [Age 5-17] Child Rec'd Professional Treatment/Counseling in Past Yr	worse 27.2	similar 17.1	similar 16.5	similar 21.3	similar 21.3	**20.0**		worse 14.3		worse 11.5
% [Age 5-17] Child Has Ever Taken Rx for Mental Health	similar 18.7	similar 14.5	similar 16.6	similar 13.0	similar 17.7	**15.5**		similar 12.5		worse 9.7

Note: In the section above, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

Legend: ☀ better — ☁ similar — 🌧 worse

	DISPARITY AMONG SUBAREAS					Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS			
MORTALITY	**Brevard County**	**Orange County**	**Osceola County**	**Polk County**	**Seminole County**		**vs. FL**	**vs. US**	**vs. HP2030**	**TREND**
[Age 1-4] Mortality Rate per 100,000						**22.5**	☀ better 25.7	☁ similar 23.3	🌧 worse 18.4	
[Age 5-9] Mortality Rate per 100,000						**13.3**	🌧 worse 12.4	🌧 worse 11.3	☀ better 18.4	
[Age 10-14] Mortality Rate per 100,000						**14.4**	☁ similar 14.3	☀ better 15.5	☀ better 18.4	
[Age 15-19] Mortality Rate per 100,000						**46.2**	☀ better 52.6	☀ better 52.2	🌧 worse 18.4	

Note: In the section above, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

☀ better   ☁ similar   🌧 worse

	DISPARITY AMONG SUBAREAS					Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS			
NEUROLOGICAL DISORDERS	**Brevard County**	**Orange County**	**Osceola County**	**Polk County**	**Seminole County**		**vs. FL**	**vs. US**	**vs. HP2030**	**TREND**
% [Age 0-17] Child Has Migraines/Severe Headaches	☁ 11.9	☁ 10.0	☁ 10.1	☁ 12.8	☁ 16.4	**11.8**		🌧 7.9		🌧 6.4
% [Age 0-17] Child Has Brain Injury/Concussion	☀ 2.7	☁ 5.7	🌧 9.9	☁ 5.0	☁ 5.2	**5.5**		☁ 4.6		🌧 2.8
% [Age 0-17] Child Has Epilepsy/Seizure Disorder	☁ 4.1	☁ 6.7	☁ 9.2	☁ 5.2	☁ 4.6	**6.0**		🌧 1.3		🌧 1.1

Note: In the section above, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

☀ better   ☁ similar   🌧 worse

NUTRITION, PHYSICAL ACTIVITY & WEIGHT	Brevard County	Orange County	Osceola County	Polk County	Seminole County	Total Service Area	vs. FL	vs. US	vs. HP2030	TREND
% [Age 2-17] Child Has 5+ Servings of Fruits/Vegetables per Day	(similar) 47.0	(similar) 42.7	(similar) 40.4	(similar) 37.8	(similar) 38.9	41.6		(better) 36.9		(similar) 38.8
% "Very/Somewhat" Difficult to Buy Fresh Produce	(similar) 37.7	(similar) 32.3	(similar) 35.4	(similar) 37.2	(similar) 35.5	34.9		(worse) 22.7		(worse) 29.1
Low Food Access (Percent)	(worse) 41.8	(better) 22.1	(similar) 35.3	(similar) 36.4	(better) 29.3	30.8	(worse) 25.1	(worse) 22.2		
% [Age 2-17] Child Ate 3+ Fast Food Meals in Past Week	(similar) 26.5	(similar) 29.7	(similar) 25.3	(similar) 33.6	(similar) 34.2	30.4		(worse) 19.1		(worse) 19.7
Fast Food Restaurants per 100,000 Population	(better) 69.2	(worse) 103.6	(similar) 89.0	(better) 59.1	(similar) 87.5	84.8	(worse) 74.8	(similar) 82.2		(worse) 61.9
% [Age 2-17] Ate 7+ Meals Together as a Family in Past Week	(similar) 45.2	(similar) 43.7	(similar) 50.9	(similar) 46.0	(similar) 40.4	44.7		(worse) 64.6		(similar) 44.2
% [Age 2-17] Child Was Physically Active One Hour/Day in Past Week	(better) 49.0	(worse) 37.0	(similar) 48.0	(similar) 45.3	(similar) 43.4	42.6		(similar) 44.9	(better) 30.4	(similar) 45.8
% [Age 5-17] Child Watches 3+ Hours of TV per Day	(similar) 48.3	(better) 39.2	(similar) 46.6	(similar) 48.8	(similar) 42.8	43.8		(similar) 43.1		(worse) 26.6
% [Age 5-17] Child Has 3+ Hours of Electronic Use per Day	(similar) 41.3	(similar) 34.7	(similar) 36.8	(similar) 37.2	(similar) 36.4	36.6		(better) 49.8		(similar) 37.9
% [Age 5-17] Child Has 3+ Hours of Total Screen Time per Day	(similar) 68.9	(better) 64.3	(similar) 71.6	(similar) 70.8	(similar) 73.0	68.4		(similar) 70.9		(worse) 60.9

Legend: ☀ better   ☁ similar   🌧 worse

TOTAL SERVICE AREA vs. BENCHMARKS

NUTRITION, PHYSICAL ACTIVITY & WEIGHT (continued)	Brevard County	Orange County	Osceola County	Polk County	Seminole County	Total Service Area	vs. FL	vs. US	vs. HP2030	TREND
% [Age 5-17] Child Has a TV in Bedroom	(worse) 57.3	(better) 43.7	(similar) 53.1	(worse) 58.2	(similar) 46.1	50.0		(worse) 37.0		(similar) 49.3
% [Age 5-17] Has Computer/Device in the Bedroom	(similar) 60.7	(similar) 57.6	(similar) 55.3	(similar) 50.4	(similar) 55.8	56.1		(similar) 52.4		(similar) 56.5
% [Age 5-17] Child Has Own Smartphone	(similar) 60.9	(similar) 52.9	(similar) 54.8	(similar) 57.2	(similar) 56.4	55.7		(similar) 56.2		
% [Age 5-17] Child Is Overweight or Obese	(similar) 33.8	(similar) 37.4	(similar) 30.9	(similar) 40.7	(similar) 28.7	35.6		(similar) 36.9		(worse) 27.5
% [Age 5-17] Child Is Obese	(similar) 20.8	(similar) 19.4	(similar) 19.6	(similar) 22.7	(similar) 19.2	20.3		(similar) 17.8	(worse) 15.5	(worse) 14.0
% [Overweight Kids 5-17] Perceive Child "About the Right Weight"						46.8				(better) 52.7
% [Parents] Have Been Told That Overwt Child [5-17] Is Overweight						30.5		(better) 20.0		(similar) 26.8

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(better) = better (similar) = similar (worse) = worse

PRENATAL & INFANT HEALTH

PRENATAL & INFANT HEALTH	DISPARITY AMONG SUBAREAS					Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS			
	Brevard County	Orange County	Osceola County	Polk County	Seminole County		vs. FL	vs. US	vs. HP2030	TREND
No Prenatal Care in First Trimester (Percent)	31.3	24.0	21.4	31.3	22.4	26.2	28.2	22.3		26.1
Low Birthweight Births (Percent)	8.1	8.7	8.1	9.4	7.4	8.5	8.7	8.3		8.3
% [Age 0-17] Child Was Ever Breastfed	68.0	76.1	72.4	66.6	69.2	71.6		70.5		71.7
% Exclusively Breastfed Until 6 Months	27.1	32.2	31.7	24.4	31.0	29.6		27.7	42.4	29.1
Infant Deaths Rate	6.1	5.7	5.0	7.5	6.1	6.1	5.8	5.5	5.0	7.0
% Would Not Want New Baby to Have All Recommended Vaccines	16.8	19.1	14.6	17.4	22.4	18.4		15.5		9.8

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better   similar   worse

SEXUAL HEALTH

SEXUAL HEALTH	DISPARITY AMONG SUBAREAS					Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS			
	Brevard County	Orange County	Osceola County	Polk County	Seminole County		vs. FL	vs. US	vs. HP2030	TREND
Births to Teenagers (Under Age 20, Percent)	4.1	3.8	4.5	6.0	2.9	4.2	4.4	4.6		7.7
[All Ages] Gonorrhea Incidence per 100,000	81.6	217.7	107.6	126.2	139.6	154.4	155.6	179.1		

SEXUAL HEALTH (continued)

	DISPARITY AMONG SUBAREAS					Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS			
SEXUAL HEALTH (continued)	Brevard County	Orange County	Osceola County	Polk County	Seminole County		vs. FL	vs. US	vs. HP2030	TREND
[All Ages] Chlamydia Incidence per 100,000	☀️ 348.5	🌧️ 732.8	☁️ 480.4	🌧️ 518.0	☀️ 428.2	557.3	🌧️ 499.2	☁️ 539.9		
[Orange County High Schoolers] Currently Sexually Active (Percent)						21.4	☀️ 25.9	☀️ 27.4		
[Sexually Active Orange County High Schoolers] Did Not Use Condom (Percent)						40.3	☁️ 41.5	☀️ 45.7		
[Sexually Active Orange County High Schoolers] Did Not Use Any Birth Control (Percent)						18.1	🌧️ 14.7	🌧️ 11.9		

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☀️ better   ☁️ similar   🌧️ worse

SUBSTANCE ABUSE

	DISPARITY AMONG SUBAREAS					Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS			
SUBSTANCE ABUSE	Brevard County	Orange County	Osceola County	Polk County	Seminole County		vs. FL	vs. US	vs. HP2030	TREND
[Orange County High Schoolers] Drank Alcohol in Past Month (Percent)						23.3	☀️ 26.1	☀️ 29.2	🌧️ 6.3	
[Orange County High Schoolers] Ever Used Marijuana (Percent)						32.3		☀️ 36.8		
[Orange County High Schoolers] Ever Used Prescription Drugs (Not Rx) (Percent)						16.1		🌧️ 14.3		
[Orange County High Schoolers] Ever Used Inhalants (Percent)						6.7		☁️ 6.4		

SUBSTANCE ABUSE (continued)	DISPARITY AMONG SUBAREAS					Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS			
	Brevard County	Orange County	Osceola County	Polk County	Seminole County		vs. FL	vs. US	vs. HP2030	TREND
[Orange County High Schoolers] Ever Used Ecstasy (Percent)						4.7		⛈️ 3.6		
[Orange County High Schoolers] Ever Used Cocaine (Any Form. Percent)						5.8		⛈️ 3.9		
[Orange County High Schoolers] Ever Used Steroids (Not Rx, Percent)						4.1		⛈️ 1.9		
[Orange County High Schoolers] Ever Used Methamphetamines (Percent)						4.0		⛈️ 2.1		
[Orange County High Schoolers] Ever Used Heroin (Percent)						4.0		⛈️ 1.8		
[Orange County High Schoolers] Ever Used Injection Drugs (Percent)						3.3		⛈️ 1.6		
[Orange County High Schoolers] Used Marijuana in Past Month (Percent)						16.5	☀️ 19.6	☀️ 21.7	⛈️ 5.8	

Note: In the section above, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

☀️ better   ☁️ similar   ⛈️ worse

TECHNOLOGY	DISPARITY AMONG SUBAREAS					Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS			
	Brevard County	Orange County	Osceola County	Polk County	Seminole County		vs. FL	vs. US	vs. HP2030	TREND
% Have Access to the Internet	☁️ 98.6	☁️ 98.5	☁️ 98.2	☁️ 98.6	☁️ 99.5	98.6		⛈️ 100.0		☁️ 98.6

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☀️ better   ☁️ similar   ⛈️ worse

TOBACCO

TOBACCO	DISPARITY AMONG SUBAREAS					Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS			
	Brevard County	Orange County	Osceola County	Polk County	Seminole County		vs. FL	vs. US	vs. HP2030	TREND
% [Age 0-17] Household Member Smokes Tobacco Inside the Home	☁ 5.9	☁ 8.5	☁ 8.0	☁ 7.3	☁ 5.4	7.4		☁ 5.9		
% [Age 0-17] Household Member Smokes E-Cigarettes at Home	🌧 17.3	☀ 10.4	☁ 12.2	☁ 10.6	🌧 18.3	12.8				
[Orange County High Schoolers] Smoked Cigarettes in Past Month (Percent)						3.1	☀ 4.8	☀ 6.0	☀ 3.4	

Note: In the section above, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

☀ better ☁ similar 🌧 worse

VACCINATIONS

VACCINATIONS	DISPARITY AMONG SUBAREAS					Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS			
	Brevard County	Orange County	Osceola County	Polk County	Seminole County		vs. FL	vs. US	vs. HP2030	TREND
% [Age 6 Months+] Received Flu Vaccination in Past Year	☁ 49.5	☁ 46.2	☁ 46.1	🌧 38.5	☁ 42.6	44.6				
% [Age 5-17] Received at Least 1 Dose of COVID-19 Vaccine	☁ 43.5	☁ 52.0	☁ 51.3	🌧 37.3	☁ 53.6	48.0				
% [Age 11-17] Received at Least 2 Shots of HPV Vaccine	☁ 57.0	☁ 57.8	☁ 47.3	☁ 53.6	☁ 53.0	54.9				

Note: In the section above, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

☀ better ☁ similar 🌧 worse

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

Note: In the section above, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

Legend: (sun) better   (cloud) similar   (rain) worse

Summary of Key Informant Perceptions

In the Online Key Informant Survey, community stakeholders were asked to rate the degree to which each of 16 health issues is a problem for children and/or adolescents in their own community, using a scale of "major problem," "moderate problem," "minor problem," or "no problem at all." The following chart summarizes their responses; these findings also are outlined throughout this report, along with the qualitative input describing reasons for their concerns. (Note that these ratings alone do not establish priorities for this assessment; rather, they are one of several data inputs considered for the prioritization process described earlier.)

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

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

Health Topic	Major Problem	Moderate Problem
Mental Health	73.3%	15.0%
Nutrition, Physical Activity, & Weight	60.0%	28.3%
Cognitive & Behavioral Conditions	50.0%	38.3%
Oral Health	31.6%	50.9%
Access to Health Services	28.3%	50.0%
Diabetes	25.4%	44.1%
Prenatal & Infant Health	24.6%	45.6%
Asthma & Other Respiratory Conditions	24.1%	48.3%
Tobacco, Alcohol & Other Drugs	22.8%	59.6%
Coronavirus Disease/COVID-19	20.0%	41.7%
Injury & Violence	19.0%	51.7%
Allergies	14.3%	46.4%
Sexual Health	9.4%	52.8%
Neurological Conditions	7.7%	42.3%
Bone, Joint & Muscle Conditions	7.4%	31.5%
Vision, Hearing & Speech Conditions	5.5%	60.0%

COMMUNITY DESCRIPTION

POPULATION CHARACTERISTICS

Race/Ethnicity

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

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

Child Population by Race Alone, Percent
(Age 0-17)
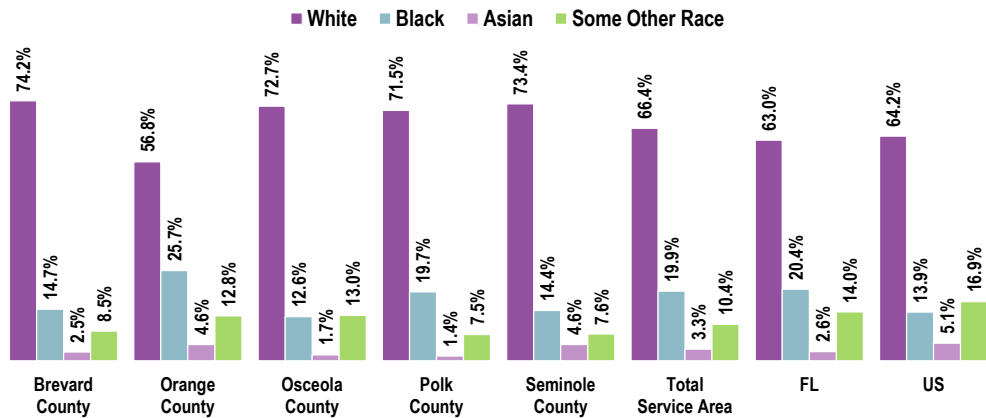
■ White ■ Black ■ Asian ■ Some Other Race

County	White	Black	Asian	Some Other Race
Brevard County	74.2%	14.7%	2.5%	8.5%
Orange County	56.8%	25.7%	4.6%	12.8%
Osceola County	72.7%	12.6%	1.7%	13.0%
Polk County	71.5%	19.7%	1.4%	7.5%
Seminole County	73.4%	14.4%	4.6%	7.6%
Total Service Area	66.4%	19.9%	3.3%	10.4%
FL	63.0%	20.4%	2.6%	14.0%
US	64.2%	13.9%	5.1%	16.9%

Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved May 2022 via SparkMap (sparkmap.org).
- Note that county-level data uses 2011-2015 census estimates, and state and national data use 2016-2020 census estimates.

Ethnicity

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

BENCHMARK ► Higher than found nationally.

DISPARITY ► Highest in Osceola County.

Hispanic Child Population, Percent
(Age 0-17)
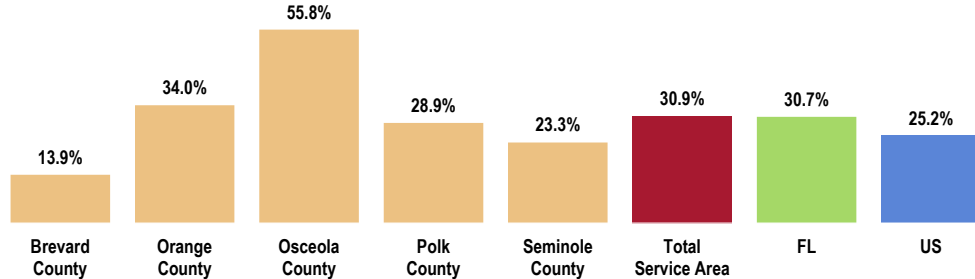
Brevard County	Orange County	Osceola County	Polk County	Seminole County	Total Service Area	FL	US
13.9%	34.0%	55.8%	28.9%	23.3%	30.9%	30.7%	25.2%

Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved May 2022 via SparkMap (sparkmap.org).
- Note that county-level data uses 2011-2015 census estimates, and state and national data use 2016-2020 census estimates.

Age

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

In the Total Service Area, 21.6% of the total population are infants, children, or adolescents (age 0-17); another 62.2% are age 18 to 64, while 16.2% are age 65 and older.

Total Population by Age Groups, Percent
(2016-2020)
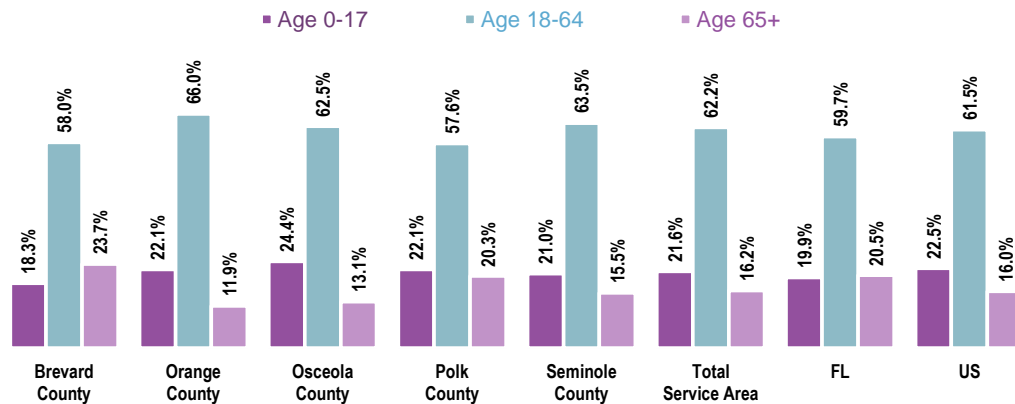
■ Age 0-17   ■ Age 18-64   ■ Age 65+

	Brevard County	Orange County	Osceola County	Polk County	Seminole County	Total Service Area	FL	US
Age 0-17	18.3%	22.1%	24.4%	22.1%	21.0%	21.6%	19.9%	22.5%
Age 18-64	58.0%	66.0%	62.5%	57.6%	63.5%	62.2%	59.7%	61.5%
Age 65+	23.7%	11.9%	13.1%	20.3%	15.5%	16.2%	20.5%	16.0%

Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved May 2022 via SparkMap (sparkmap.org).

Population Age 0-17, Percent by Tract, ACS 2016-20
- Over 26.0%
- 23.1 - 26.0%
- 20.1 - 23.0%
- Under 20.1%
- No Data or Data Suppressed

Report Location, County

Map Legend

SparkMap
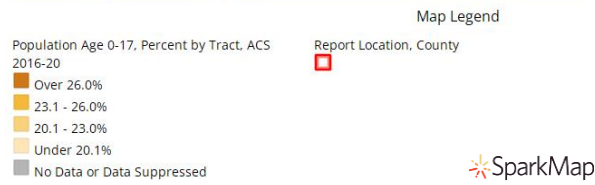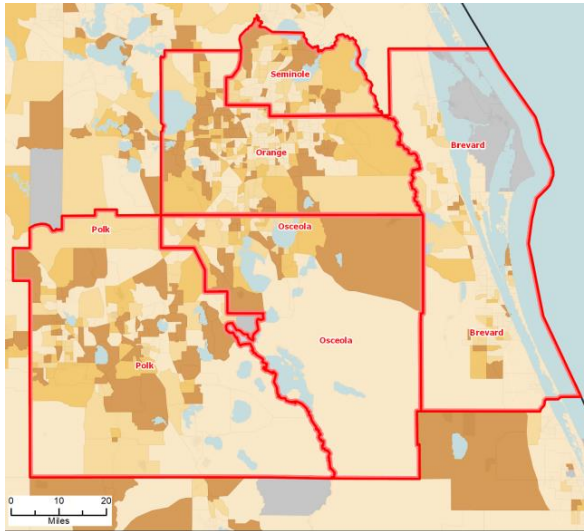
Linguistic Isolation

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

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

DISPARITY ► Highest in Orange and Osceola counties.

Linguistically Isolated Population
(2016-2020)
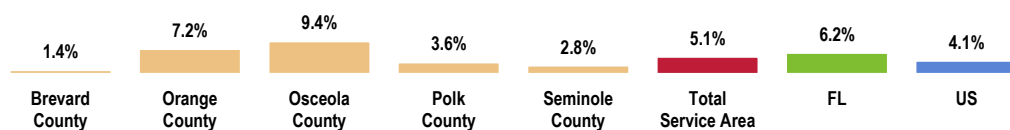
Brevard County	Orange County	Osceola County	Polk County	Seminole County	Total Service Area	FL	US
1.4%	7.2%	9.4%	3.6%	2.8%	5.1%	6.2%	4.1%

Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved May 2022 via SparkMap (sparkmap.org)..

Notes:
- This indicator reports the percentage of the population aged 5 and older who live in a home in which no person 14 years old and over speaks only English, or in which no person 14 years old and over speak a non-English language and speak English "very well."

Population in Linguistically Isolated
Households, Percent by Tract, ACS 2016-20

- Over 3.0%
- 1.1 - 3.0%
- 0.1 - 1.1%
- No Population in Linguistically Isolated Households
- No Data or Data Suppressed

Map Legend

Report Location, County

SparkMap
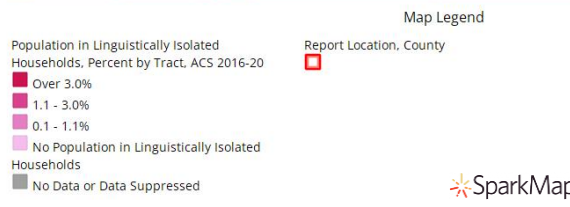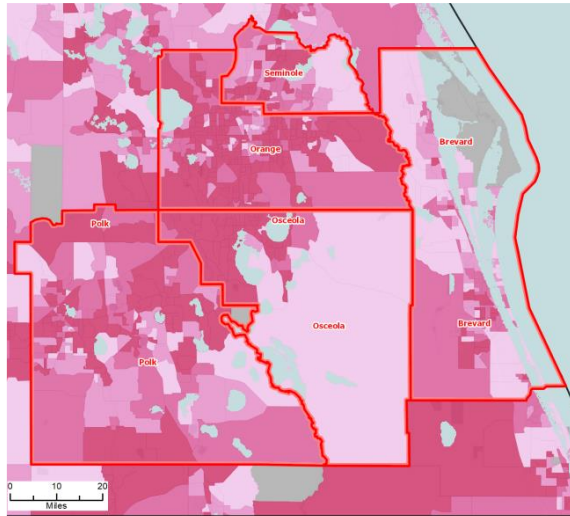
SOCIAL DETERMINANTS OF HEALTH

ABOUT SOCIAL DETERMINANTS OF HEALTH

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

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

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

SDOH also contribute to wide health disparities and inequities.

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

Poverty

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

BENCHMARK ► Worse than the national percentage.

DISPARITY ► Highest in Polk County.

Percent of Children in Low-Income Households
(Children 0-17 Living Below 100% of the Poverty Level, 2016-2020)
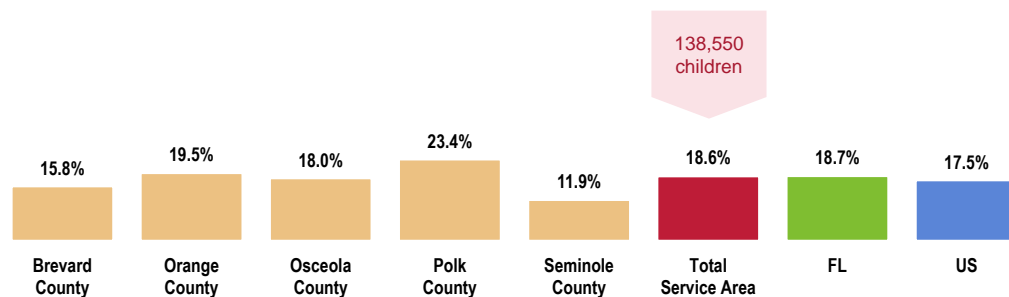
138,550 children

Brevard County	Orange County	Osceola County	Polk County	Seminole County	Total Service Area	FL	US
15.8%	19.5%	18.0%	23.4%	11.9%	18.6%	18.7%	17.5%

Sources: ● US Census Bureau American Community Survey 5-year estimates.
● Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved May 2022 via SparkMap (sparkmap.org).
Notes: ● This indicator reports the percentage of children aged 0-17 living in households with income below 100% of the Federal Poverty Level (FPL). This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.
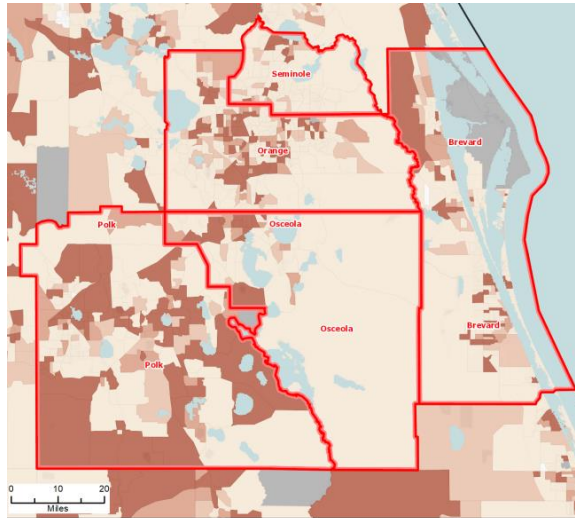
Population Below the Poverty Level, Children (Age 0-17), Percent by Tract, ACS 2016-20

- Over 30.0%
- 22.6 - 30.0%
- 15.1 - 22.5%
- Under 15.1%
- No Population Age 0-17 Reported
- No Data or Data Suppressed

Report Location, County

Map Legend

SparkMap

Food Insecurity

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

Another 33.0% report a time in the past year ("often" or "sometimes") when the food they bought just did not last, and they did not have money to get more.

Food Insecurity
(Total Service Area, 2022)
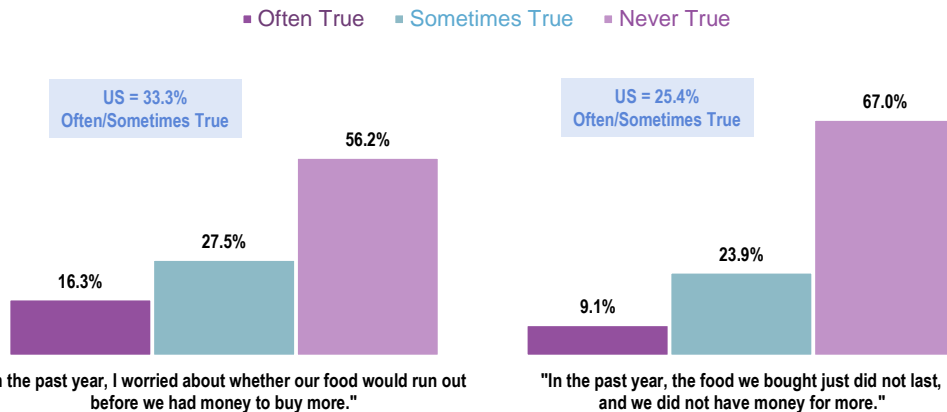
■ Often True ■ Sometimes True ■ Never True

US = 33.3% Often/Sometimes True

US = 25.4% Often/Sometimes True

16.3%
27.5%
56.2%

9.1%
23.9%
67.0%

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

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

Sources: ● 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Items 308-309]
            ● 2020 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
Notes: ● Reflects the total sample of respondents.

Overall, 46.4% of surveyed families are determined to be "food insecure," having run out of food in the past year and/or been worried about running out of food.

BENCHMARK ► Worse than the US percentage.

TREND ► Marks a significant increase since 2019.

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

Food Insecurity

Total Service Area

Brevard County	Orange County	Osceola County	Polk County	Seminole County	Total Service Area	US
46.0%	44.9%	46.7%	51.5%	43.4%	46.4%	36.6%

2019: 41.0% 2022: 46.4%

Sources: ● 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 152]
● 2020 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.
● Includes adults who A) ran out of food at least once in the past year and/or B) worried about running out of food in the past year.

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

Here, "very low income" refers to households with defined poverty status; "low income" refers to households with incomes just above the poverty level and earning up to twice (100%-199% of) the poverty threshold; and "mid/high income" refers to those households living on incomes which are twice or more (≥200% of) the federal poverty level.

In addition, Hispanic children are grouped, regardless of identity with any other race group. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).

Food Insecurity
(Total Service Area, 2022)

Boy	Girl	Age 0 to 4	Age 5 to 12	Age 13 to 17	Very Low Income	Low Income	Mid/High Income	White	Black	Hispanic	TSA
43.4%	48.5%	49.3%	43.5%	47.7%	70.6%	57.0%	29.2%	38.8%	49.9%	55.3%	46.4%

Sources: ● 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 152]
Notes: ● Asked of all respondents.
● Includes adults who A) ran out of food at least once in the past year and/or B) worried about running out of food in the past year.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

PERCEPTIONS OF
TOP HEALTH ISSUES

CHILD HEALTH

Perceived Top Health Issues

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

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

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

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

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

Perceived Number-One Health Issue
Affecting Children Under 12 in the Community
(Among Total Service Area Parents With a Child Age 0-17, 2022)
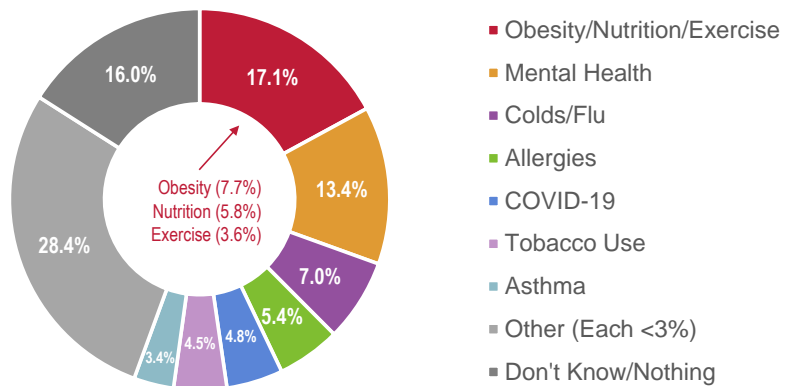
- Obesity/Nutrition/Exercise — 17.1%
- Mental Health — 13.4%
- Colds/Flu — 7.0%
- Allergies — 5.4%
- COVID-19 — 4.8%
- Tobacco Use — 4.5%
- Asthma — 3.4%
- Other (Each <3%) — 28.4%
- Don't Know/Nothing — 16.0%

Obesity (7.7%)
Nutrition (5.8%)
Exercise (3.6%)

Sources: ● 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 5]
Notes: ● Reflects total sample of respondents.

Perceived Availability of Resources

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

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

Perception of Existing Community Resources or Services
for Number-One Health Issue Affecting Children Under 12
(By Perceived Primary Health Issue; Total Service Area, 2022)

■ Sufficient/More Than Sufficient   ■ Insufficient   ■ Not Available

Mental Health
- 21.6%
- 64.3%
- 14.1%

Obesity/Nutrition/Exercise
- 34.8%
- 57.1%
- 8.1%

Colds/Flu
- 79.2%
- 16.3%
- 4.5%

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

ADOLESCENT HEALTH

Perceived Top Health Issues

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

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

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

Perceived Number-One Health Issue
Affecting Adolescents (12-17) in the Community
(Among Total Service Area Parents With a Child Age 0-17, 2022)
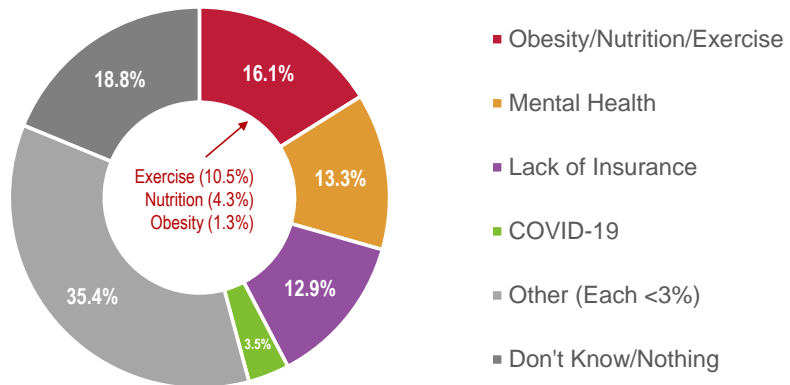
- 16.1% — Obesity/Nutrition/Exercise
- 13.3% — Mental Health
- 12.9% — Lack of Insurance
- 3.5% — COVID-19
- 35.4% — Other (Each <3%)
- 18.8% — Don't Know/Nothing

Exercise (10.5%)
Nutrition (4.3%)
Obesity (1.3%)

Sources: ● 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 7]
Notes: ● Reflects the total sample of respondents.

Perceived Availability of Resources

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

Among those identifying lack of insurance, mental health, or obesity/nutrition/exercise as their top concern for adolescents, most view community resources to address these needs as insufficient (or nonexistent).

Perception of Existing Community Resources or Services for Number-One Health Issue Affecting Adolescents
(By Perceived Primary Health Issue; Total Service Area, 2022)

■ Sufficient/More Than Sufficient   ■ Insufficient   ■ Not Available

Lack of Insurance
- 19.1%
- 69.9%
- 11.0%

Mental Health
- 21.7%
- 65.6%
- 12.7%

Obesity/Nutrition/Exercise
- 25.4%
- 59.9%
- 14.8%

Sources: ● 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 8]
Notes: ● Among respondents who identified a top health concern.

HEALTH STATUS

OVERALL HEALTH STATUS

Evaluations of Child's Overall Health

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

Child's Health Status
(Total Service Area, 2022)
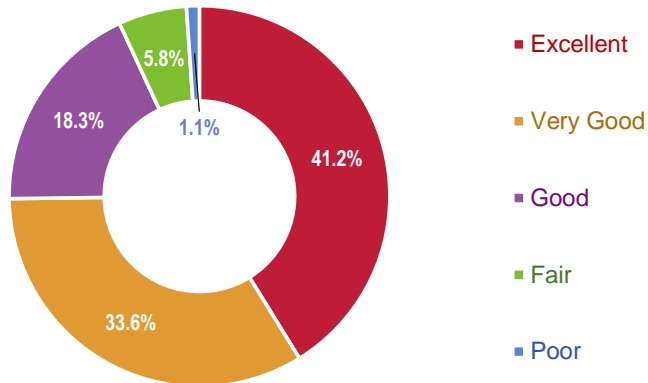
- Excellent — 41.2%
- Very Good — 33.6%
- Good — 18.3%
- Fair — 5.8%
- Poor — 1.1%

Sources: ● 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 16]
Notes: ● Asked of all respondents about a randomly selected child in the household.

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

BENCHMARK ► Worse than the national finding.

TREND ► Represents a significant increase over time.

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

Child Experiences "Fair" or "Poor" Overall Health
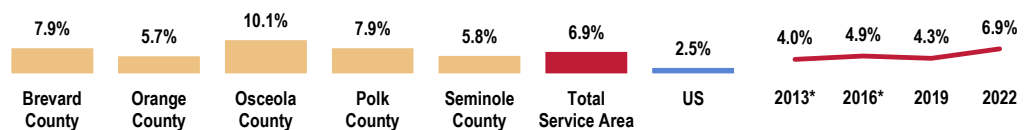
Total Service Area

Brevard County	Orange County	Osceola County	Polk County	Seminole County	Total Service Area	US	2013*	2016*	2019	2022
7.9%	5.7%	10.1%	7.9%	5.8%	6.9%	2.5%	4.0%	4.9%	4.3%	6.9%

Sources: ● 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 16]
● 2020 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents about a randomly selected child in the household.
● *2013 and 2016 results do not include responses from Polk County.

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

7.1%	6.7%	4.5%	7.0%	9.3%	13.1%	5.6%	4.4%	5.9%	7.1%	9.6%	6.9%
Boy	Girl	Age 0 to 4	Age 5 to 12	Age 13 to 17	Very Low Income	Low Income	Mid/High Income	White	Black	Hispanic	TSA

Sources:
● 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 16]
Notes:
● Asked of all respondents about a randomly selected child in the household.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Activity Limitations

A total of 18.5% of Total Service Area children are limited or prevented in some way in his/her ability to do things most children of the same age can do because of a medical, behavioral, or other health condition.

BENCHMARK ► Considerably higher than the US percentage.

TREND ► Marks a significant increase over time.

DISPARITY ► Those more likely to have limitations include children age 13 to 17 and White children.

Prevalence of Activity Limitations

Total Service Area

21.6%	16.7%	16.4%	20.7%	18.5%	18.5%	7.9%	8.8%	10.0%	12.6%	18.5%
Brevard County	Orange County	Osceola County	Polk County	Seminole County	Total Service Area	US	2013*	2016*	2019	2022

Sources:
● 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 66]
● 2020 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
Notes:
● Asked of all respondents about a randomly selected child in the household.
● *2013 and 2016 results do not include responses from Polk County.

Prevalence of Activity Limitations
(Total Service Area, 2022)

Boy	19.2%
Girl	17.6%
Age 0 to 4	17.2%
Age 5 to 12	17.0%
Age 13 to 17	21.8%
Very Low Income	25.7%
Low Income	16.0%
Mid/High Income	16.5%
White	19.9%
Black	12.1%
Hispanic	17.5%
TSA	18.5%

Sources: ● 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 66]
Notes: ● Asked of all respondents about a randomly selected child in the household.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Activity limitations among Total Service Area children are most often attributed to conditions such as **autism**, **ADHD**, and **asthma**.

Description of Activity Limitations
(Among Children With Activity Limitations; Total Service Area, 2022)

9.6% No
90.4% Yes

Activity Limitation Is the Result of a Long-Term Condition

Autism	17.7%
ADHD	11.8%
Asthma	4.2%
Other (Each <3%)	50.7%
Non-Specific	15.6%

Type of Problem that Most Limits Activities

Sources: ● 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Items 67-68]
Notes: ● Asked of respondents for whom the randomly selected child in the household has some type of activity limitation.

School Days Missed Due to Illness or Injury

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

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

TREND ► Denotes a significant increase since 2019.

DISPARITY ► Lowest in Orange County. More prevalent among children in lower-income households, White children, and Hispanic children.

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

- None 31.8%
- One 9.5%
- Two 12.1%
- Three 8.8%
- Four 7.2%
- Five 7.3%
- Six to Nine 8.3%
- 10 or More 15.1%

Sources: ●   2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 94]
Notes: ●   Asked of all respondents for whom the randomly selected child in the household is age 5 to 17.

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

Total Service Area

Brevard County	Orange County	Osceola County	Polk County	Seminole County	Total Service Area	US
14.9%	11.4%	21.5%	16.9%	18.1%	15.1%	6.6%

2019	2022
7.4%	15.1%

Sources: ●   2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 94]
            ●   2020 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
Notes: ●   Asked of all respondents for whom the randomly selected child in the household is age 5 to 17.

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

Boy	Girl	Age 5 to 12	Age 13 to 17	Very Low Income	Low Income	Mid/High Income	White	Black	Hispanic	TSA
14.4%	15.5%	13.5%	16.9%	17.8%	18.3%	12.4%	14.1%	5.3%	20.2%	15.1%

Sources: ● 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 94]
Notes: ● Asked of all respondents for whom the randomly selected child in the household is age 5 to 17.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

MENTAL HEALTH

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ABOUT MENTAL HEALTH

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

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

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

– World Health Organization (https://www.who.int/activities/Improving-the-mental-and-brain-health-of-children-and-adolescents)

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Child's Mental Health Status

"Now thinking about this child's mental health, which includes stress, depression, and problems with emotions, would you say that this child's mental health is: excellent, very good, good, fair, or poor?"

Most Total Service Area parents of children age 5-17 rate their child's mental health — which includes stress, depression, and problems with emotions — as "excellent" (27.7%) or "very good" (31.2%).

Child's Mental Health Status
(Total Service Area Children Age 5-17, 2022)
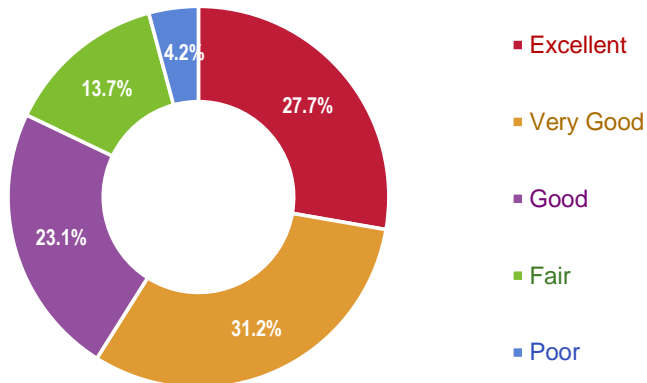
- Excellent — 27.7%
- Very Good — 31.2%
- Good — 23.1%
- Fair — 13.7%
- Poor — 4.2%

Sources: ● 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 77]
Notes: ● Asked of respondents for whom the randomly selected child in the household is between the ages of 5 and 17.

However, 17.9% of Total Service Area parents believe that their school-age child's mental health is "fair" or "poor."

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

TREND ► Marks a significant increase over time.

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

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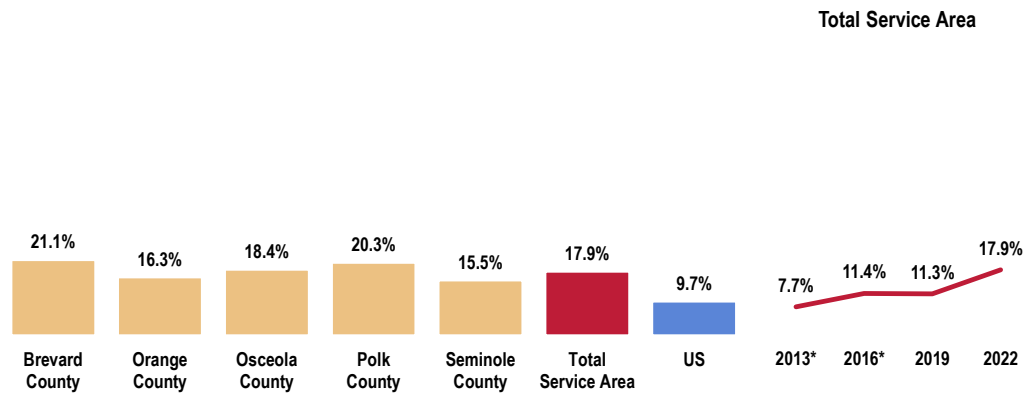
Total Service Area

Brevard County	Orange County	Osceola County	Polk County	Seminole County	Total Service Area	US
21.1%	16.3%	18.4%	20.3%	15.5%	17.9%	9.7%

2013*	2016*	2019	2022
7.7%	11.4%	11.3%	17.9%

Sources: ● 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 77]
● 2020 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of respondents for whom the randomly selected child in the household is between the ages of 5 and 17.
● *2013 and 2016 results do not include responses from Polk County.

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

Boy	Girl	Age 5 to 12	Age 13 to 17	Very Low Income	Low Income	Mid/High Income	White	Black	Hispanic	TSA
15.5%	20.2%	13.0%	25.8%	25.4%	20.4%	13.6%	19.0%	17.4%	16.7%	17.9%

Sources: ● 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 77]
Notes: ● Asked of respondents for whom the randomly selected child in the household is between the ages of 5 and 17.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Depression

Diagnosed Depression

A total of 14.4% of Total Service Area parents report that they have been told by a doctor or other healthcare provider that their school-age child had depression.

BENCHMARK ► Worse than the US finding.

TREND ► Represents a significant increase from previous surveys.

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

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

Total Service Area

Brevard County	Orange County	Osceola County	Polk County	Seminole County	Total Service Area	US	2013*	2016*	2019	2022
19.5%	12.2%	15.6%	15.1%	13.4%	14.4%	9.1%	5.4%	6.6%	7.8%	14.4%

Sources:
- 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 86]
- 2020 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

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

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

Boy	Girl	Age 5 to 12	Age 13 to 17	Very Low Income	Low Income	Mid/High Income	White	Black	Hispanic	TSA
10.3%	18.7%	7.8%	24.4%	19.4%	13.4%	13.2%	14.8%	11.9%	13.9%	14.4%
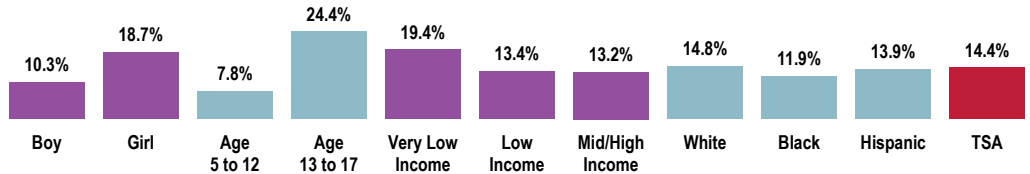
Sources:
- 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 86]

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

Signs of Depression

A total of 12.5% of Total Service Area parents indicate that their school-age child felt so sad or hopeless almost every day for two weeks or more in the past year that the child stopped doing some usual activities.

BENCHMARK ▶ More than two times the national percentage.

TREND ▶ Marks a significant increase over time.

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

Child Felt Sad or Hopeless for Two or More Weeks
in the Past Year and Stopped Performing Usual Activities
(Total Service Area Children Age 5-17, 2022)

Total Service Area

Sought professional treatment for this problem: 78.7%

	Value
Brevard County	15.4%
Orange County	12.7%
Osceola County	8.2%
Polk County	12.8%
Seminole County	11.9%
Total Service Area	12.5%
US	5.1%

Year	Value
2013*	6.5%
2016*	6.6%
2019	9.9%
2022	12.5%

Sources: ● 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Items 84-85]
● 2020 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of respondents for whom the randomly selected child in the household is between the ages of 5 and 17.
● *2013 and 2016 results do not include responses from Polk County.

Child Felt Sad or Hopeless for Two or More Weeks
in the Past Year and Stopped Performing Usual Activities
(Total Service Area Children Age 5-17, 2022)

	Value
Boy	9.9%
Girl	15.0%
Age 5 to 12	8.7%
Age 13 to 17	18.5%
Very Low Income	18.5%
Low Income	11.3%
Mid/High Income	11.8%
White	13.8%
Black	10.0%
Hispanic	10.3%
TSA	12.5%
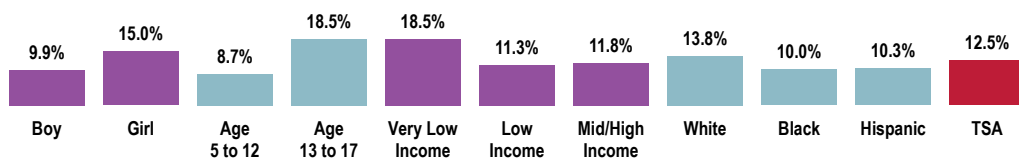
Sources: ● 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 84]
Notes: ● Asked of respondents for whom the randomly selected child in the household is between the ages of 5 and 17.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Suicide Attempts (Adolescents)

Among Orange County high school students, 10.3% report attempting suicide in the past year (2019 Youth Risk Behavior Survey).

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

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

Attempted Suicide in the Past Year
(Among High School Students; Youth Risk Behavior Surveys, 2019)
Healthy People 2030 Target = 2.4% or Lower

Orange County	FL	US
10.3%	7.9%	8.9%

Sources:
- Centers for Disease Control and Prevention (CDC). 2019 High School Youth Risk Behavior Survey Data. Available at http://nccd.cdc.gov/youthonline/. Accessed May 2022.
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

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

Attempted Suicide in the Past Year
(Among High School Students; Youth Risk Behavior Survey, 2019)
Healthy People 2030 Target = 2.4% or Lower

Males	Females	Grade 9	Grade 10	Grade 11	Grade 12	White	Black	Hispanic	Orange County
7.9%	11.0%	11.1%	11.4%	8.6%	8.1%	6.4%	13.9%	10.4%	10.3%

Sources:
- Centers for Disease Control and Prevention (CDC). 2019 High School Youth Risk Behavior Survey Data. Available at http://nccd.cdc.gov/youthonline/. Accessed May 2022.
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov
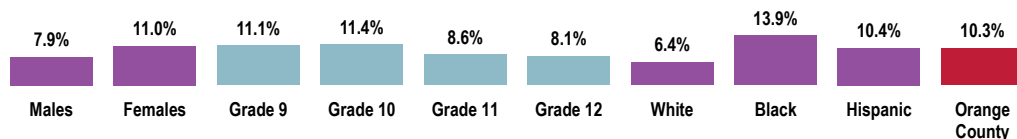
Notes:
- Attempted suicide one or more times during the 12 months before the survey.

Anxiety

Anxiety Disorders

A total of 26.2% of Total Service Area parents report that they have been told by a doctor or other health care provider that their school-age child had anxiety.

BENCHMARK ▶ Almost twice the national finding.

TREND ▶ Denotes a dramatic increase over time.

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

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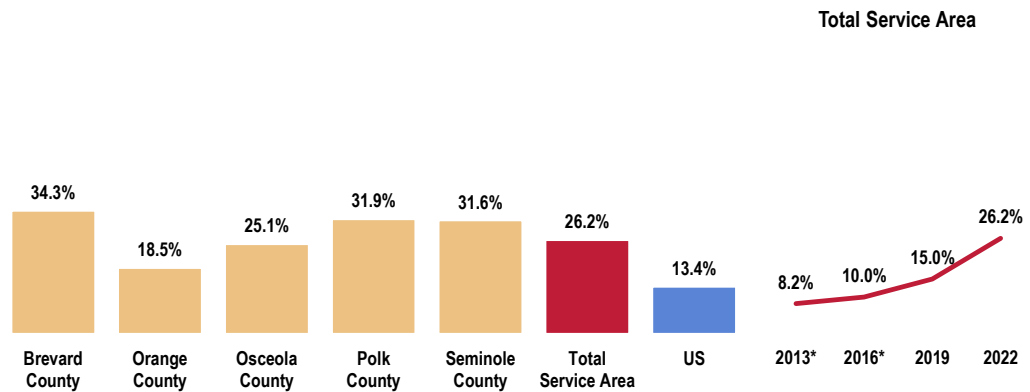
Total Service Area

Brevard County	Orange County	Osceola County	Polk County	Seminole County	Total Service Area	US
34.3%	18.5%	25.1%	31.9%	31.6%	26.2%	13.4%

2013*	2016*	2019	2022
8.2%	10.0%	15.0%	26.2%

Sources: ● 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 89]
● 2020 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of respondents for whom the randomly selected child in the household is between the ages of 5 and 17.
● *2013 and 2016 results do not include responses from Polk County.

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

Boy	Girl	Age 5 to 12	Age 13 to 17	Very Low Income	Low Income	Mid/High Income	White	Black	Hispanic	TSA
21.6%	30.3%	20.5%	35.1%	31.4%	25.4%	24.2%	30.1%	15.4%	25.8%	26.2%
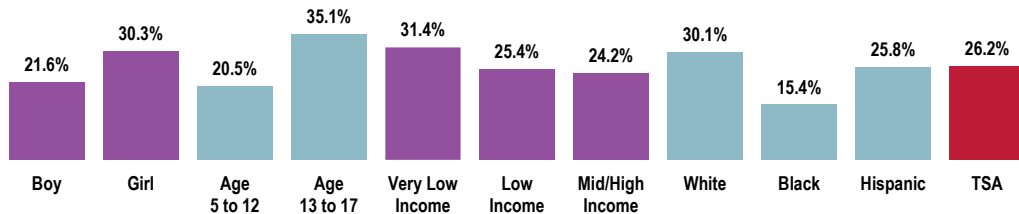
Sources: ● 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 89]
Notes: ● Asked of respondents for whom the randomly selected child in the household is between the ages of 5 and 17.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Worry

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

BENCHMARK ► Higher than the US percentage.

TREND ► Marks a steady and significant increase over time.

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

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

Total Service Area

Brevard County	Orange County	Osceola County	Polk County	Seminole County	Total Service Area	US
41.0%	39.1%	38.8%	41.9%	41.9%	40.3%	29.6%

2013*	2016*	2019	2022
23.0%	27.0%	32.7%	40.3%
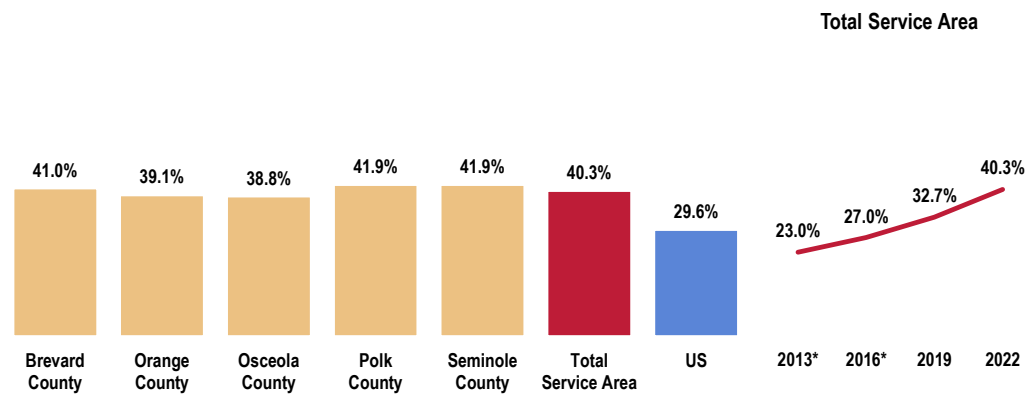
Sources: ● 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 82]
● 2020 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of respondents for whom the randomly selected child in the household is between the ages of 5 and 17.
● *2013 and 2016 results do not include responses from Polk County.

Child Worries a Lot
(Total Service Area Children Age 5-17, 2022)
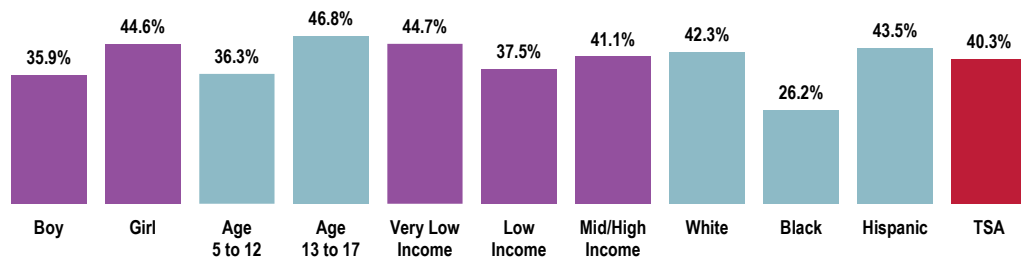
Boy	Girl	Age 5 to 12	Age 13 to 17	Very Low Income	Low Income	Mid/High Income	White	Black	Hispanic	TSA
35.9%	44.6%	36.3%	46.8%	44.7%	37.5%	41.1%	42.3%	26.2%	43.5%	40.3%

Sources: ● 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 82]
Notes: ● Asked of respondents for whom the randomly selected child in the household is between the ages of 5 and 17.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Sleep Difficulties

A total of 33.5% of Total Service Area parents indicate that their school-age child has difficulty falling asleep and/or sleeping through the night.

BENCHMARK ► Worse than the national finding.

TREND ► Marks a significant increase over time.

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

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

Total Service Area

Brevard County	43.9%
Orange County	27.0%
Osceola County	33.2%
Polk County	39.6%
Seminole County	32.5%
Total Service Area	33.5%
US	20.4%

Trend: 2013* 16.1% | 2016* 18.7% | 2019 22.4% | 2022 33.5%

Sources: ● 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 83]
● 2020 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of respondents for whom the randomly selected child in the household is between the ages of 5 and 17.
● *2013 and 2016 results do not include responses from Polk County.

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

Boy	31.1%
Girl	35.8%
Age 5 to 12	31.4%
Age 13 to 17	37.0%
Very Low Income	41.7%
Low Income	33.0%
Mid/High Income	30.6%
White	35.6%
Black	28.1%
Hispanic	33.3%
TSA	33.5%
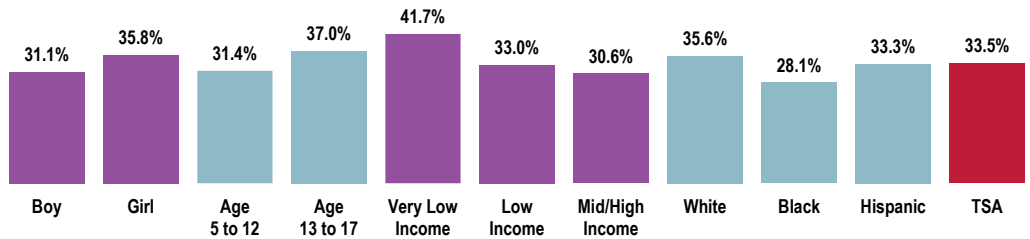
Sources: ● 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 83]
Notes: ● Asked of respondents for whom the randomly selected child in the household is between the ages of 5 and 17.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Cognitive & Behavioral Disorders

Attention Deficit Hyperactivity Disorder (ADHD)

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

BENCHMARK ► Higher than found across the US.

TREND ► Marks a sharp increase from previous survey results.

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

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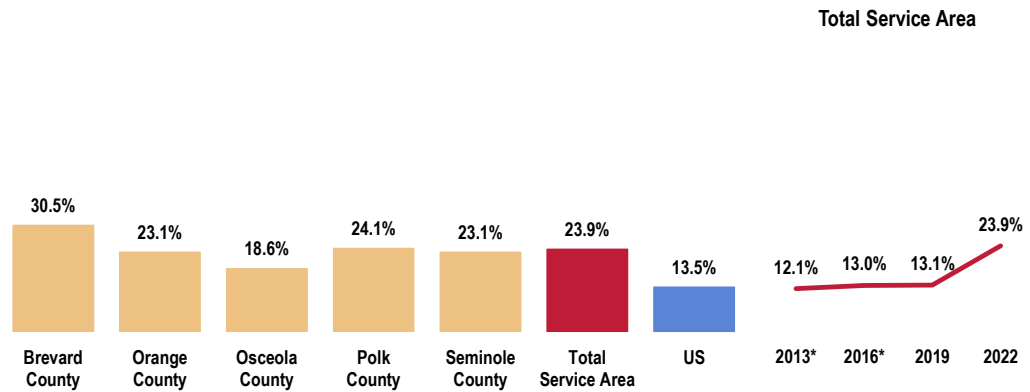
Total Service Area

Brevard County	Orange County	Osceola County	Polk County	Seminole County	Total Service Area	US	2013*	2016*	2019	2022
30.5%	23.1%	18.6%	24.1%	23.1%	23.9%	13.5%	12.1%	13.0%	13.1%	23.9%

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

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

Child Has ADD/ADHD
(Total Service Area, 2022)
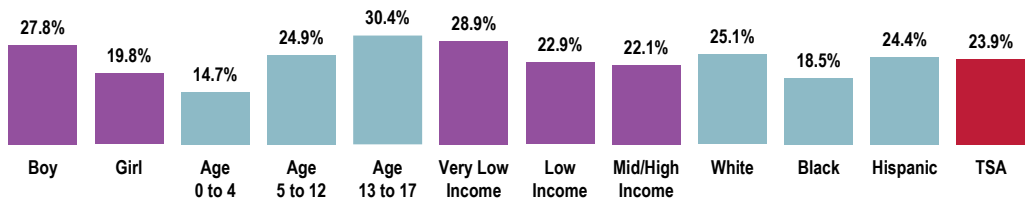
Boy	Girl	Age 0 to 4	Age 5 to 12	Age 13 to 17	Very Low Income	Low Income	Mid/High Income	White	Black	Hispanic	TSA
27.8%	19.8%	14.7%	24.9%	30.4%	28.9%	22.9%	22.1%	25.1%	18.5%	24.4%	23.9%

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

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

Learning Disabilities

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

BENCHMARK ► Less favorable than the national finding.

TREND ► Denotes a significant increase from previous survey results.

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

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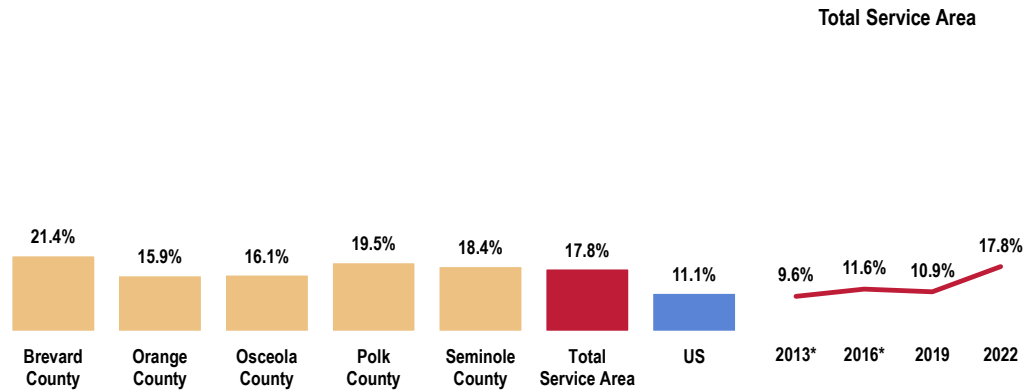
Total Service Area

21.4%	15.9%	16.1%	19.5%	18.4%	17.8%	11.1%	9.6%	11.6%	10.9%	17.8%
Brevard County	Orange County	Osceola County	Polk County	Seminole County	Total Service Area	US	2013*	2016*	2019	2022

Sources: ● 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 62]
● 2020 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents about a randomly selected child in the household.
● *2013 and 2016 results do not include responses from Polk County.

Child Has a Learning Disability
(Total Service Area, 2022)
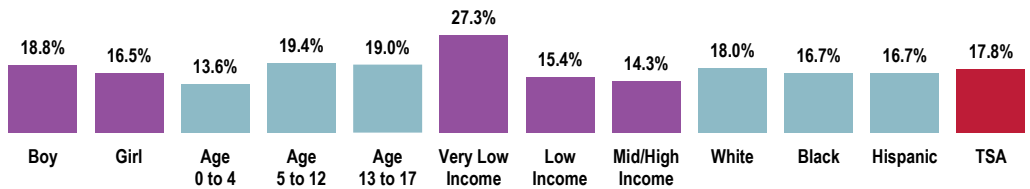
18.8%	16.5%	13.6%	19.4%	19.0%	27.3%	15.4%	14.3%	18.0%	16.7%	16.7%	17.8%
Boy	Girl	Age 0 to 4	Age 5 to 12	Age 13 to 17	Very Low Income	Low Income	Mid/High Income	White	Black	Hispanic	TSA

Sources: ● 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 62]
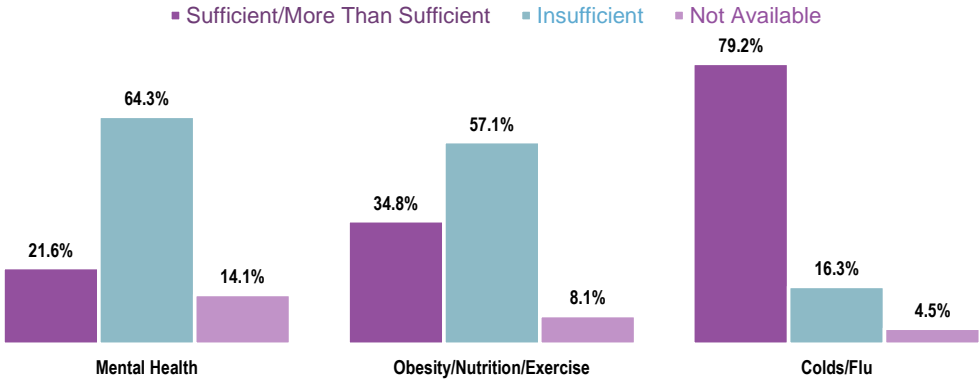Notes: ● Asked of all respondents about a randomly selected child in the household.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Developmental Delays

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

BENCHMARK ► Higher than the US percentage.

TREND ► Represents a significant increase from previous surveys.

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

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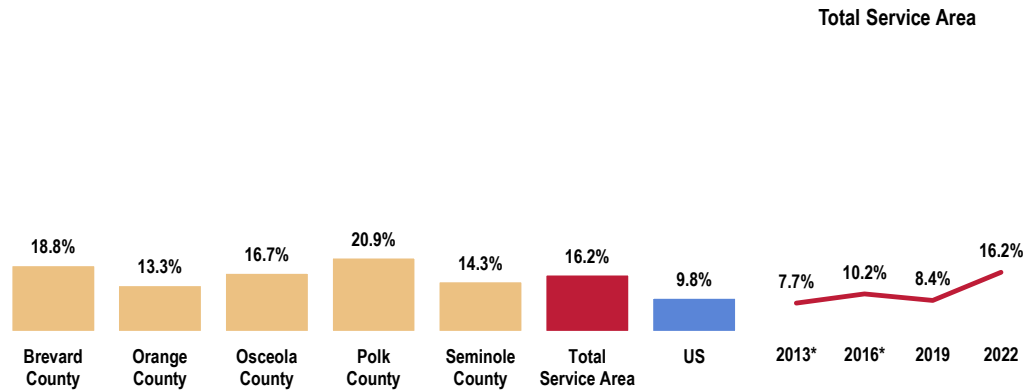
Total Service Area

	Brevard County	Orange County	Osceola County	Polk County	Seminole County	Total Service Area	US
	18.8%	13.3%	16.7%	20.9%	14.3%	16.2%	9.8%

2013*	2016*	2019	2022
7.7%	10.2%	8.4%	16.2%

Sources:
● 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 64]
● 2020 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

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

Child Has a Developmental Delay
(Total Service Area, 2022)
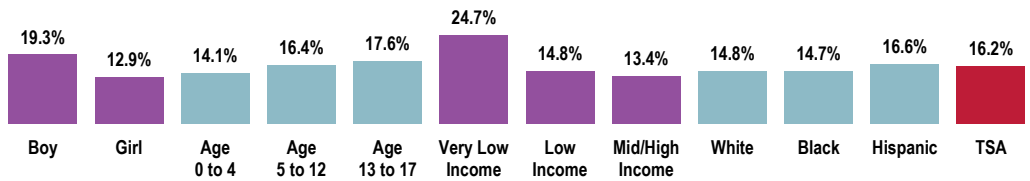
Boy	Girl	Age 0 to 4	Age 5 to 12	Age 13 to 17	Very Low Income	Low Income	Mid/High Income	White	Black	Hispanic	TSA
19.3%	12.9%	14.1%	16.4%	17.6%	24.7%	14.8%	13.4%	14.8%	14.7%	16.6%	16.2%

Sources: ● 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 64]
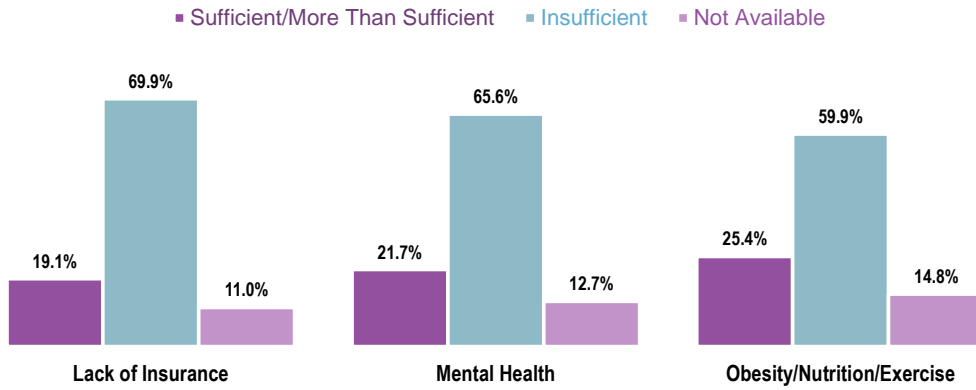Notes: ● Asked of all respondents about a randomly selected child in the household.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Behavioral/Conduct Disorders

Among Total Service Area parents of children age 5-17, 12.6% indicate that a doctor or other health care provider has ever told them that their child has some type of behavioral or conduct disorder, such as oppositional defiant disorder or conduct disorder.

BENCHMARK ► Almost three times the US percentage.

TREND ► Denotes a significant increase over time.

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

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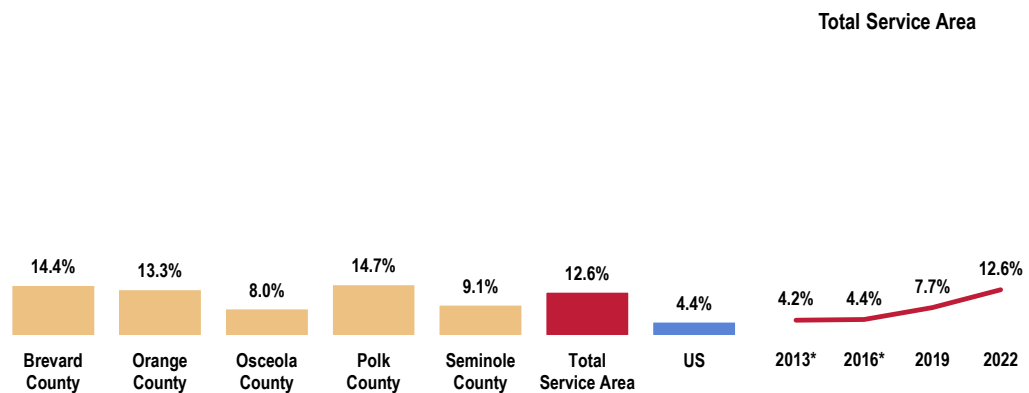
Total Service Area

Brevard County	Orange County	Osceola County	Polk County	Seminole County	Total Service Area	US		2013*	2016*	2019	2022
14.4%	13.3%	8.0%	14.7%	9.1%	12.6%	4.4%		4.2%	4.4%	7.7%	12.6%

Sources: ● 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 87]
● 2020 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of respondents for whom the randomly selected child in the household is between the ages of 5 and 17.
● *2013 and 2016 results do not include responses from Polk County.

Child Has a Behavioral/Conduct Disorder
(Total Service Area Children Age 5-17, 2022)
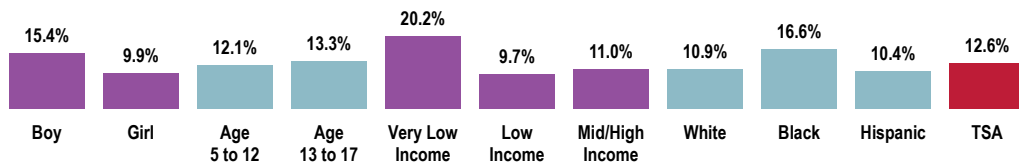
Boy	Girl	Age 5 to 12	Age 13 to 17	Very Low Income	Low Income	Mid/High Income	White	Black	Hispanic	TSA
15.4%	9.9%	12.1%	13.3%	20.2%	9.7%	11.0%	10.9%	16.6%	10.4%	12.6%

Sources: ● 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 87]
Notes: ● Asked of respondents for whom the randomly selected child in the household is between the ages of 5 and 17.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Autism Spectrum Disorders

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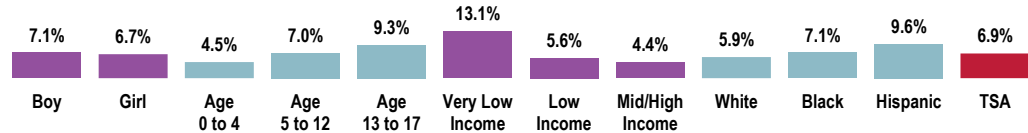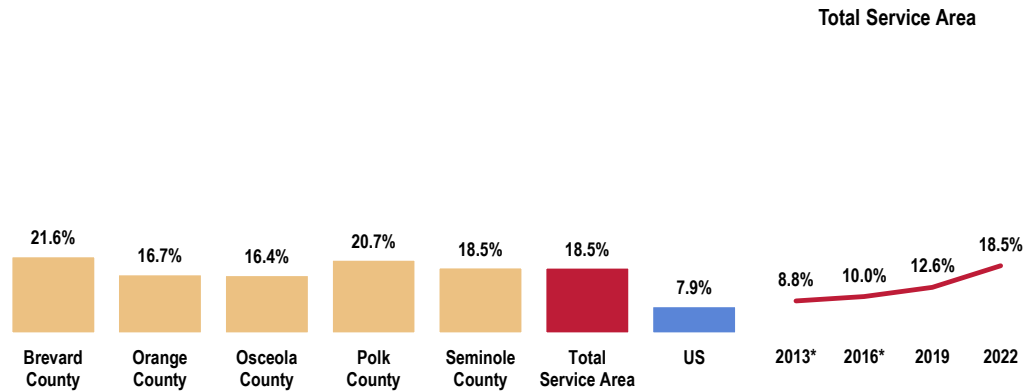
BENCHMARK ► Considerably higher than the national finding.

TREND ► Represents a significant increase over time.

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

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

Total Service Area

Brevard County	Orange County	Osceola County	Polk County	Seminole County	Total Service Area	US	2013*	2016*	2019	2022
11.5%	12.2%	10.0%	14.0%	15.2%	12.6%	3.9%	3.7%	5.1%	7.3%	12.6%

Sources: ● 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 88]
● 2020 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of respondents for whom the randomly selected child in the household is between the ages of 5 and 17.
● *2013 & 2016 data do not specifically include additional diagnoses on the autism spectrum, such as Asperger's disorder, pervasive developmental disorder, or autism spectrum disorder.
● *2013 and 2016 results do not include responses from Polk County.

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

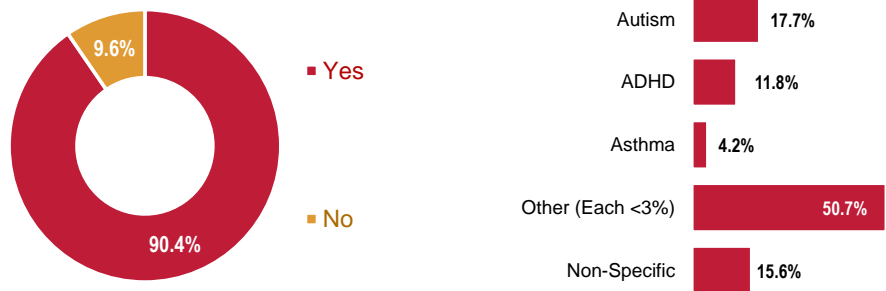| Boy	Girl	Age 5 to 12	Age 13 to 17	Very Low Income	Low Income	Mid/High Income	White	Black	Hispanic	TSA
15.7%	10.0%	12.7%	12.6%	18.3%	11.3%	10.7%	12.2%	10.3%	11.7%	12.6%
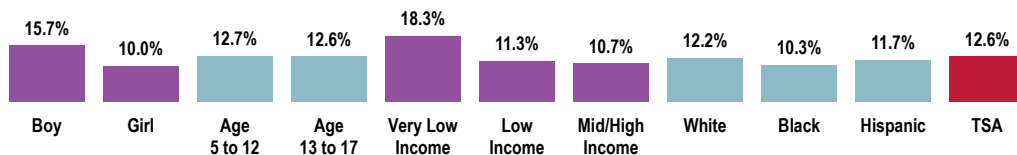
Sources: ● 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 88]
Notes: ● Asked of respondents for whom the randomly selected child in the household is between the ages of 5 and 17.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Key Informant Input: Cognitive & Behavioral Conditions

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

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

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

50.0%	38.3%	8.3%	

3.3%
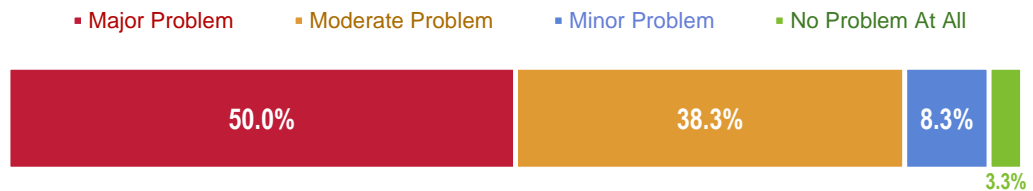
Sources: ● PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

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

Access to Care/Services

Lack of access to specialty care, especially for underinsured and uninsured. Also, parents to recognize their children have a problem. – Public Health Representative

Not enough resources exist in the community for help. – Social Services Provider

Not enough providers or access to providers. – Physician

Families with children with cognitive and behavioral conditions often struggle to access resources. Depending on the conditions, parents or caretakers may have limitations as to what type of jobs they can do due to the time-intensive care their child/children with special needs require. They may have transportation issues and trouble accessing specialists needed to support the care of these children. Finding family and friends that are supportive can also be challenging. This creates tremendous stress for families. – Public Health Representative

Patients and primary care providers are seeking proper diagnosis for ADHD/ADD, autism, and learning disabilities but are having a serious delay in finding the proper evaluators for these conditions. Only two neurologist practices evaluate and diagnose these conditions in central Florida. The psychologists in the area are overburdened. And of course, the insurances limit even more choices on mental health providers for the evaluation. In addition, there are only a handful of public and private schools that are able to provide these children with the proper education; to place them in the right setting. – Physician

Lack of community resources to identify, treat, and support children with cognitive and behavioral conditions. – Other Health Provider

There are few services for kids with autism and learning disabilities, not to mention anger management and kids living in traumatic circumstances that don't have an opportunity for a trauma-focused, evidence-based practice intervention. – Other Health Provider

Diagnosis/Treatment

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

It takes a long time to diagnose and even longer to implement interventions. Processes need to be shorter. It has been further exacerbated by the pandemic. – Community/Business Leader

Children not being diagnosed early and accordingly. – Social Services Provider

Awareness/Education

> Parents do not have educational resources to reach out. It's expensive. Children go undiagnosed. – Social Services Provider

> Number of children not ready for kindergarten. Number of suspensions from childcare. – Community/Business Leader

Prevalence/Incidence

> In Polk, I believe these conditions are being diagnosed with increasing frequency. There are not enough treatment or referral sites within the county. – Public Health Representative

> Growing problem being identified by the media and health community. – Community/Business Leader

Multiple Factors

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

Access to Care for Uninsured/Underinsured

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

Impact on Quality of Life

> Cognitive and behavioral issues make it difficult for our young children ages birth to 3 to learn and develop at a healthy rate. COVID has added stress to parents and children. The effects of virtual learning during the pandemic are still not completely realized, either. – Social Services Provider

> It can pose issues in mental progression and peer relationships. – Community/Business Leader

Due to COVID-19

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

Income/Poverty

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

Isolation

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

Mental Health Services & Treatment

Awareness of Mental Health Services

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

BENCHMARK ► Considerably lower than the US percentage.

TREND ► Denotes a significant decrease since 2019.

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

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

Total Service Area
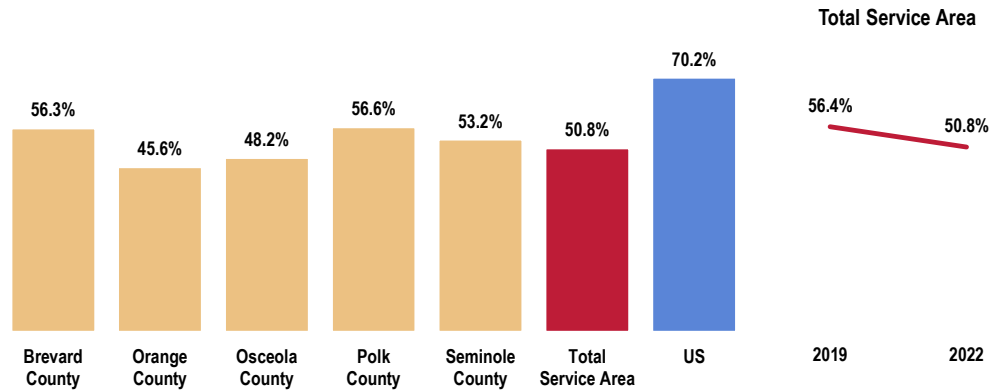
Sources: ● 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 305]
● 2020 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of respondents for whom the randomly selected child in the household is between the ages of 5 and 17.

Aware of Mental Health Resources in the Community
(Among Parents of Total Service Area Children Age 5-17, 2022)
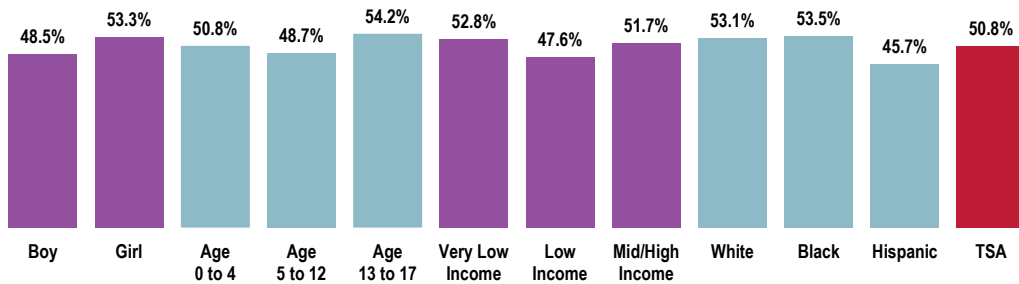
Sources: ● 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 305]
Notes: ● Asked of respondents for whom the randomly selected child in the household is between the ages of 5 and 17.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
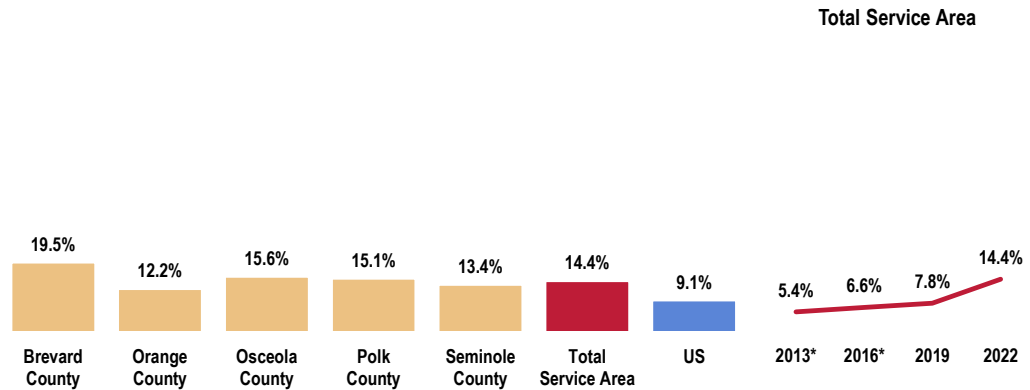
Need for Mental Health Services
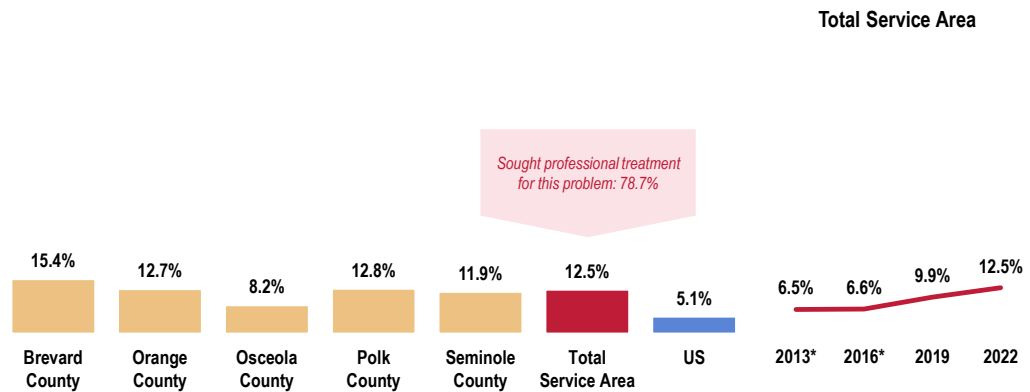
A total of 24.6% of Total Service Area parents report that their child (age 5-17) has needed mental health services in the past year.

BENCHMARK ► Less favorable than found across the country.

TREND ► Marks a significant increase over previous surveys.

DISPARITY ► Highest in Brevard County. More often reported among parents of girls and teens.

Child Needed Mental Health Services in the Past Year
(Total Service Area Children Age 5-17, 2022)

Total Service Area

Brevard County	Orange County	Osceola County	Polk County	Seminole County	Total Service Area	US		2013*	2016*	2019	2022
33.4%	22.2%	24.0%	24.4%	23.2%	24.6%	17.1%		13.0%	14.8%	16.0%	24.6%

Sources: ● 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 78]
● 2020 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of respondents for whom the randomly selected child in the household is between the ages of 5 and 17.
● *2013 and 2016 results do not include responses from Polk County.

Child Needed Mental Health Services in the Past Year
(Total Service Area Children Age 5-17, 2022)

Boy	Girl	Age 5 to 12	Age 13 to 17	Very Low Income	Low Income	Mid/High Income	White	Black	Hispanic	TSA
21.7%	27.9%	18.5%	34.2%	28.4%	21.6%	24.4%	27.2%	21.5%	22.6%	24.6%
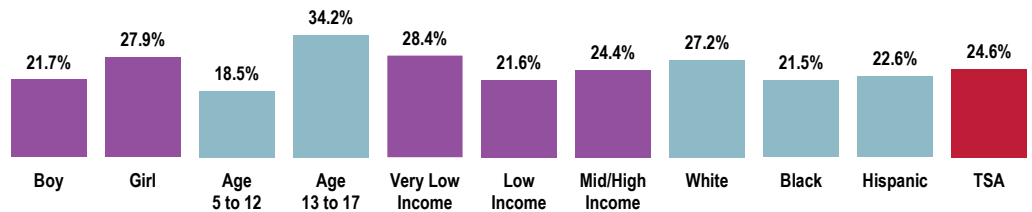
Sources: ● 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 78]
Notes: ● Asked of respondents for whom the randomly selected child in the household is between the ages of 5 and 17.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
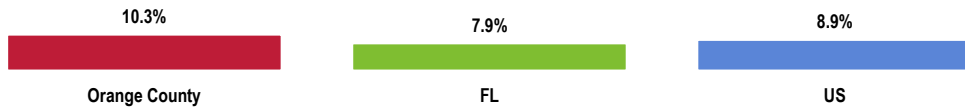
Receipt of Mental Health Services

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

BENCHMARK ► Higher than the US percentage.

TREND ► Marks a significant increase over previous surveys.

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

Child Received Mental Health Treatment in Past Year
(Total Service Area Children Age 5-17, 2022)
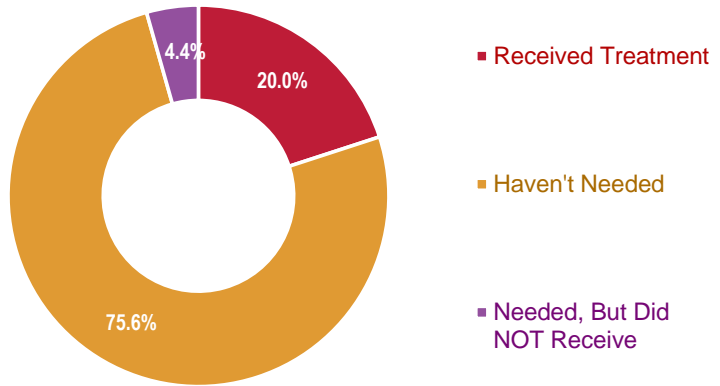
- 4.4%
- 20.0%
- 75.6%

- ■ Received Treatment
- ■ Haven't Needed
- ■ Needed, But Did NOT Receive

Sources: ● 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 79]
Notes: ● Asked of respondents for whom the randomly selected child in the household is between the ages of 5 and 17.

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

Total Service Area

27.2%	17.1%	16.5%	21.3%	21.3%	20.0%	14.3%	11.5%	11.7%	13.7%	20.0%
Brevard County	Orange County	Osceola County	Polk County	Seminole County	Total Service Area	US	2013*	2016*	2019	2022
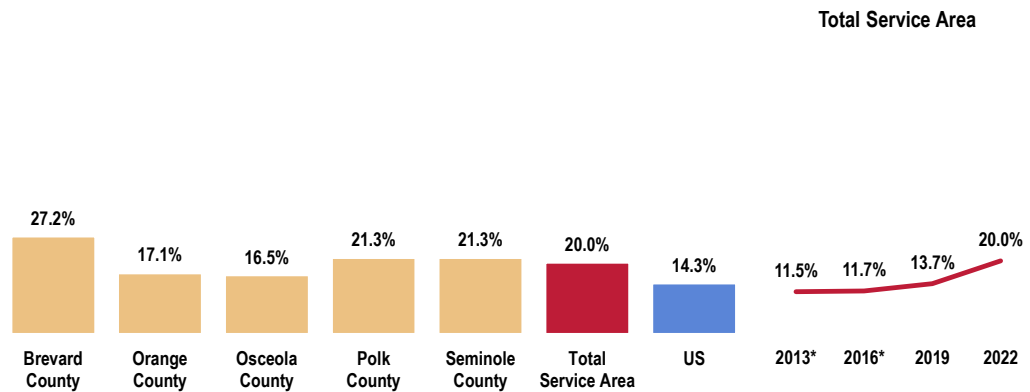
Sources: ● 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 79]
● 2020 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of respondents for whom the randomly selected child in the household is between the ages of 5 and 17.
● *2013 and 2016 results do not include responses from Polk County.

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

Boy	Girl	Age 5 to 12	Age 13 to 17	Very Low Income	Low Income	Mid/High Income	White	Black	Hispanic	TSA
17.0%	23.3%	14.1%	29.3%	24.9%	15.9%	19.8%	21.5%	20.4%	17.9%	20.0%

Sources: ● 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 79]
Notes: ● Asked of respondents for whom the randomly selected child in the household is between the ages of 5 and 17.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Prescriptions for Mental Health

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

TREND ► Denotes a significant increase from previous surveys.

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

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

Total Service Area

Brevard County	Orange County	Osceola County	Polk County	Seminole County	Total Service Area	US	2013*	2016*	2019	2022
18.7%	14.5%	16.6%	13.0%	17.7%	15.5%	12.5%	9.7%	8.3%	12.0%	15.5%

Sources: ● 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 81]
● 2020 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of respondents for whom the randomly selected child in the household is between the ages of 5 and 17.
● *2013 and 2016 results do not include responses from Polk County.

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

Boy	Girl	Age 5 to 12	Age 13 to 17	Very Low Income	Low Income	Mid/High Income	White	Black	Hispanic	TSA
15.1%	16.3%	9.1%	25.2%	22.5%	10.5%	15.7%	17.5%	13.1%	11.6%	15.5%
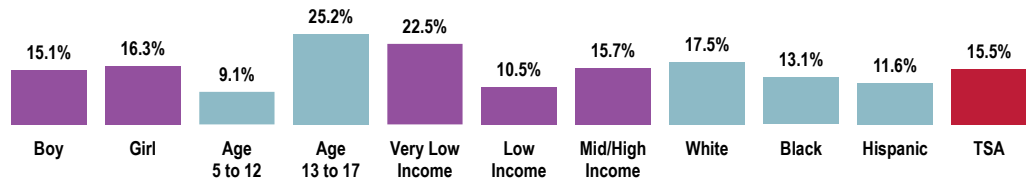
Sources:
- 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 81]

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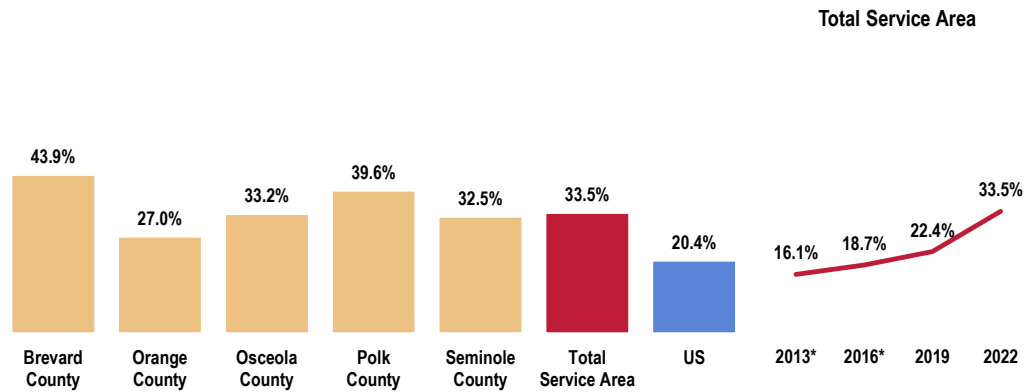
Key Informant Input: Mental & Emotional Health

Nearly three-fourths of key informants taking part in an online survey characterized *Mental & Emotional Health* as a "major problem" for children/adolescents in the community.

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

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

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

Sources:
- PRC Online Key Informant Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

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

Access to Care/Services

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

Difficult to get quick access to specialists. – Physician

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

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

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

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

Lack of community resources. – Other Health Provider

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

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

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

Due to COVID-19

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

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

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

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

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

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

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

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

Prevalence/Incidence

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

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

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

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

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

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

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

Social Media

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

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

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

Diagnosis/Treatment

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

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

Denial/Stigma

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

Income/Poverty

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

Suicide Rates

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

Coping Skills

Coping skills, specifically. Many kids aren't able to handle being told no, have disagreements or interactions with others appropriately. – Social Services Provider

CHRONIC DISEASE & SPECIAL HEALTH NEEDS

PREVALENCE OF SELECTED MEDICAL CONDITIONS

Speech & Language Problems

Chronic Ear Infections

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

TREND ► Marks a significant decrease from the 2013 survey.

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

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

Total Service Area

Brevard County	Orange County	Osceola County	Polk County	Seminole County	Total Service Area	US	2013*	2016*	2019	2022
23.8%	16.5%	20.5%	17.9%	17.9%	18.5%	19.8%	23.5%	16.4%	16.9%	18.5%
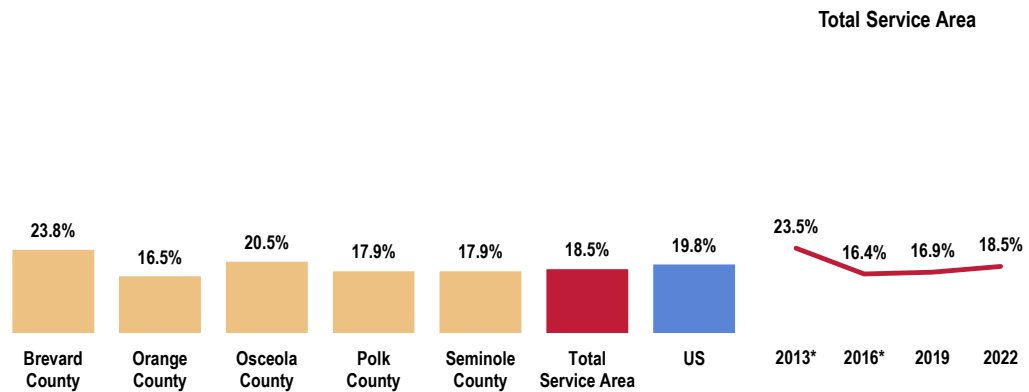
Sources: ● 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 61]
● 2020 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents about a randomly selected child in the household.
● *2013 and 2016 results do not include responses from Polk County.

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

Boy	Girl	Age 0 to 4	Age 5 to 12	Age 13 to 17	Very Low Income	Low Income	Mid/High Income	White	Black	Hispanic	TSA
19.0%	17.9%	23.1%	17.3%	16.3%	18.9%	17.0%	18.7%	21.8%	10.8%	18.2%	18.5%

Sources: ● 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 61]
Notes: ● Asked of all respondents about a randomly selected child in the household.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
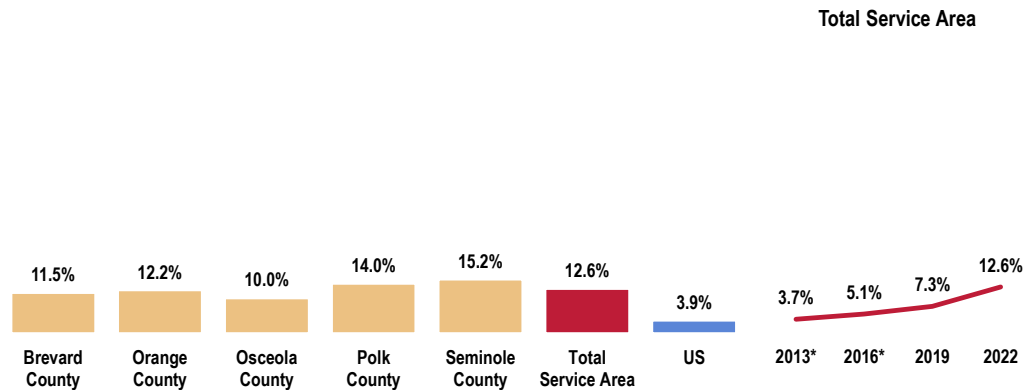
Speech/Language Issues

A total of 20.6% of Total Service Area children have some type of speech or language problem.

BENCHMARK ► Higher than the national percentage.

TREND ► Denotes a significant increase from previous surveys.

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

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

Total Service Area

Brevard County	Orange County	Osceola County	Polk County	Seminole County	Total Service Area	US	2013*	2016*	2019	2022
24.5%	21.0%	17.7%	18.1%	20.8%	20.6%	13.0%	13.9%	16.5%	13.2%	20.6%

Sources: ● 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 63]
● 2020 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents about a randomly selected child in the household.
● *2013 and 2016 results do not include responses from Polk County.

Child Has Speech/Language Problems
(Total Service Area, 2022)
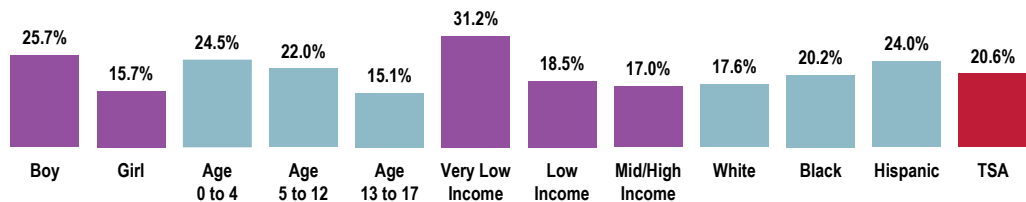
| Boy	Girl	Age 0 to 4	Age 5 to 12	Age 13 to 17	Very Low Income	Low Income	Mid/High Income	White	Black	Hispanic	TSA
25.7%	15.7%	24.5%	22.0%	15.1%	31.2%	18.5%	17.0%	17.6%	20.2%	24.0%	20.6%

Sources: ● 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 63]
Notes: ● Asked of all respondents about a randomly selected child in the household.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Hearing Problems

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

TREND ► Denotes a significant increase since the 2013 survey.

DISPARITY ► More prevalent among boys and younger children.

Child Has Hearing Problems
(Total Service Area, 2022)

Total Service Area

Brevard County	Orange County	Osceola County	Polk County	Seminole County	Total Service Area	US	2013*	2016*	2019	2022
9.0%	8.5%	12.4%	8.1%	7.1%	8.7%	7.0%	4.6%	7.2%	7.5%	8.7%

Sources:
- 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 37]
- 2020 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

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

Child Has Hearing Problems
(Total Service Area, 2022)
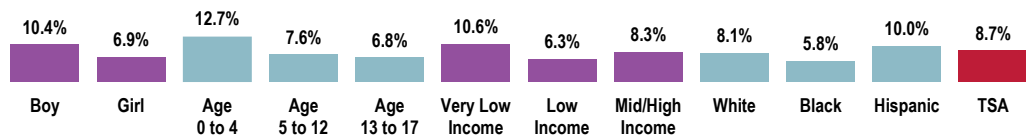
Boy	Girl	Age 0 to 4	Age 5 to 12	Age 13 to 17	Very Low Income	Low Income	Mid/High Income	White	Black	Hispanic	TSA
10.4%	6.9%	12.7%	7.6%	6.8%	10.6%	6.3%	8.3%	8.1%	5.8%	10.0%	8.7%

Sources: 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 37]
Notes:
- Asked of all respondents about a randomly selected child in the household.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Vision Problems

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

BENCHMARK ► Worse than the national finding.

TREND ► Represents a significant increase from previous surveys.

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

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

Total Service Area

8.6%	14.9%	11.2%	10.1%	10.8%	12.0%	7.3%	4.2%	7.2%	6.3%	12.0%
Brevard County	Orange County	Osceola County	Polk County	Seminole County	Total Service Area	US	2013*	2016*	2019	2022

Sources:
● 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 35]
● 2020 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
Notes:
● Asked of all respondents about a randomly selected child in the household.
● *2013 and 2016 results do not include responses from Polk County.

Child Has Uncorrectable Vision Problems
(Total Service Area, 2022)
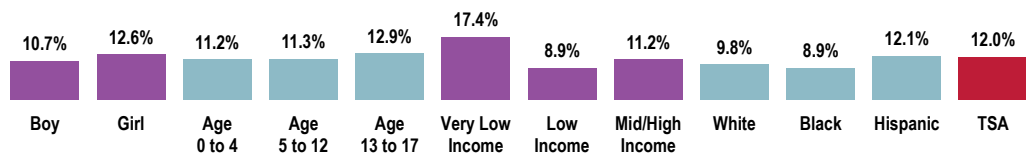
Boy	Girl	Age 0 to 4	Age 5 to 12	Age 13 to 17	Very Low Income	Low Income	Mid/High Income	White	Black	Hispanic	TSA
10.7%	12.6%	11.2%	11.3%	12.9%	17.4%	8.9%	11.2%	9.8%	8.9%	12.1%	12.0%

Sources: ● 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 35]
Notes: ● Asked of all respondents about a randomly selected child in the household.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Key Informant Input: Vision, Hearing & Speech Conditions

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

Perceptions of Vision, Hearing & Speech Conditions
as a Problem for Children/Adolescents in the Community
(Key Informants, 2022)
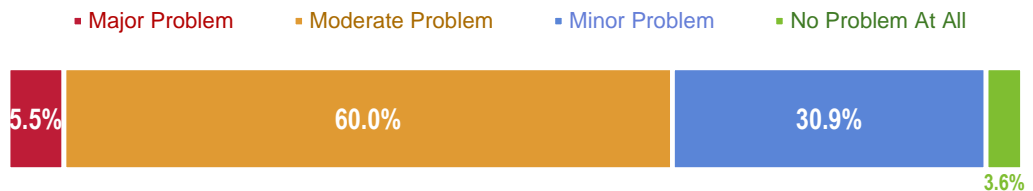
■ Major Problem   ■ Moderate Problem   ■ Minor Problem   ■ No Problem At All

5.5%	60.0%	30.9%	

3.6%

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

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

Diagnosis/Treatment

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

Limited Vision Care

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

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

Allergies

Respiratory Allergies

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

BENCHMARK ► Higher than the US percentage.

TREND ► Marks a significant increase over time.

DISPARITY ► Particularly high in Osceola County. More prevalent among Hispanic children.

Child Has Respiratory Allergies
(Total Service Area, 2022)
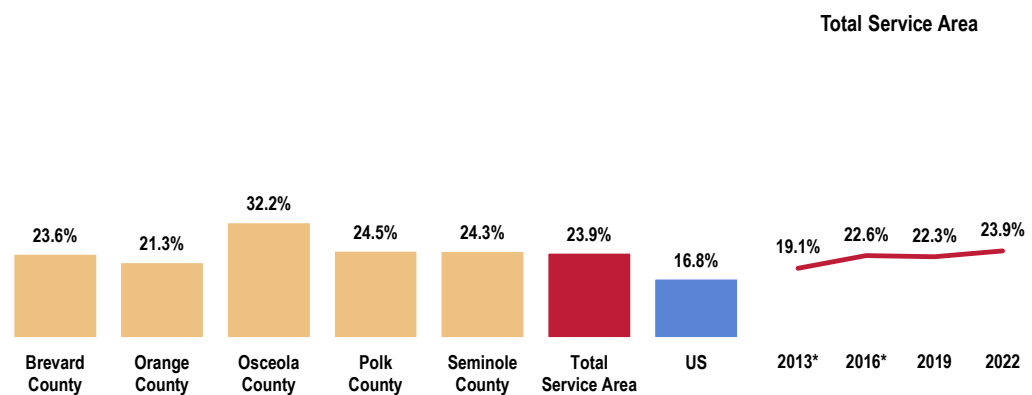
Total Service Area

Brevard County	Orange County	Osceola County	Polk County	Seminole County	Total Service Area	US
23.6%	21.3%	32.2%	24.5%	24.3%	23.9%	16.8%

2013*	2016*	2019	2022
19.1%	22.6%	22.3%	23.9%

Sources: ● 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 54]
● 2020 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents about a randomly selected child in the household.
● *2013 and 2016 results do not include responses from Polk County.

Child Has Respiratory Allergies
(Total Service Area, 2022)
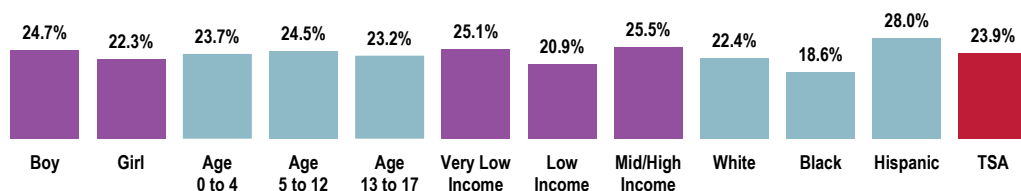
Boy	Girl	Age 0 to 4	Age 5 to 12	Age 13 to 17	Very Low Income	Low Income	Mid/High Income	White	Black	Hispanic	TSA
24.7%	22.3%	23.7%	24.5%	23.2%	25.1%	20.9%	25.5%	22.4%	18.6%	28.0%	23.9%

Sources: ● 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 54]
Notes: ● Asked of all respondents about a randomly selected child in the household.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
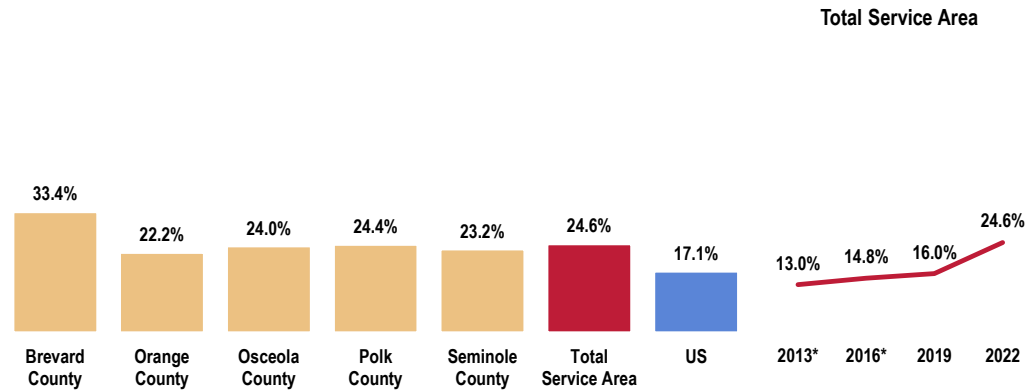
Eczema/Skin Allergies

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

BENCHMARK ► Higher than the national finding.

TREND ► Represents a significant increase over time.

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

Child Has Eczema/Skin Allergies
(Total Service Area, 2022)
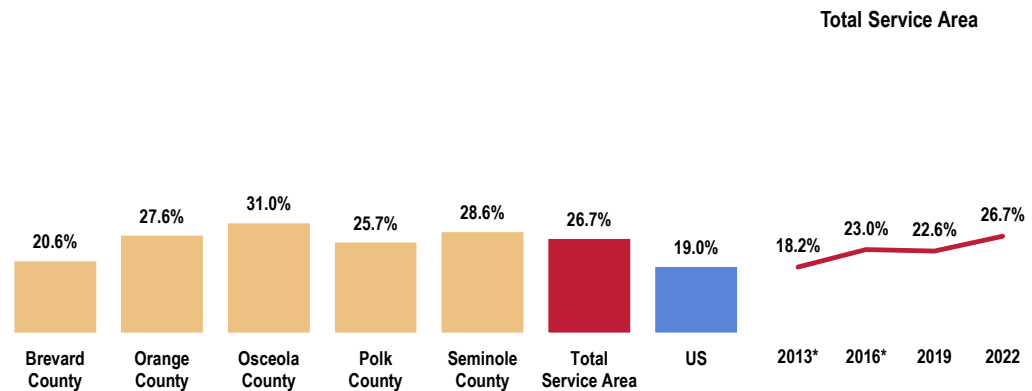
Total Service Area

Brevard County	20.6%
Orange County	27.6%
Osceola County	31.0%
Polk County	25.7%
Seminole County	28.6%
Total Service Area	26.7%
US	19.0%

2013*	2016*	2019	2022
18.2%	23.0%	22.6%	26.7%

Sources: ● 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 57]
● 2020 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents about a randomly selected child in the household.
● *2013 and 2016 results do not include responses from Polk County.

Child Has Eczema/Skin Allergies
(Total Service Area, 2022)
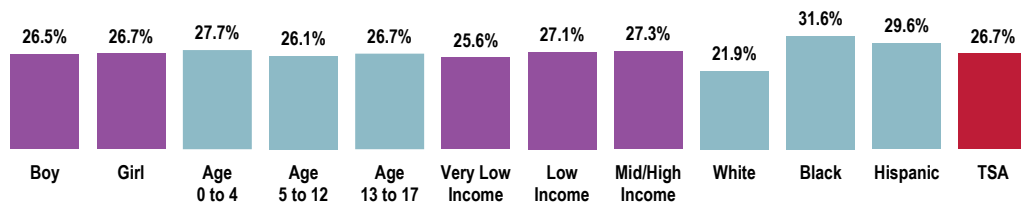
Boy	Girl	Age 0 to 4	Age 5 to 12	Age 13 to 17	Very Low Income	Low Income	Mid/High Income	White	Black	Hispanic	TSA
26.5%	26.7%	27.7%	26.1%	26.7%	25.6%	27.1%	27.3%	21.9%	31.6%	29.6%	26.7%

Sources: ● 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 57]
Notes: ● Asked of all respondents about a randomly selected child in the household.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Food/Digestive Allergies

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

BENCHMARK ► Higher than found across the nation.

TREND ► Marks a significant increase over time.

DISPARITY ► More prevalent among teens.

Child Has Food/Digestive Allergies
(Total Service Area, 2022)
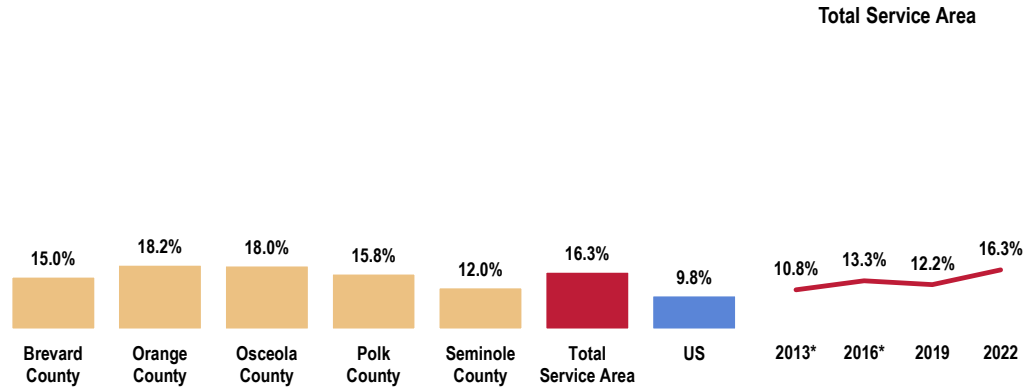
Total Service Area

Brevard County	Orange County	Osceola County	Polk County	Seminole County	Total Service Area	US		2013*	2016*	2019	2022
15.0%	18.2%	18.0%	15.8%	12.0%	16.3%	9.8%		10.8%	13.3%	12.2%	16.3%

Sources: ● 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 55]
● 2020 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents about a randomly selected child in the household.
● *2013 and 2016 results do not include responses from Polk County.

Child Has Food/Digestive Allergies
(Total Service Area, 2022)
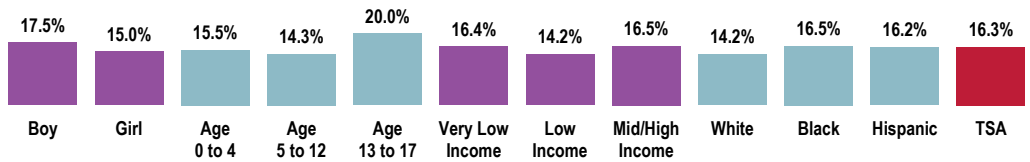
Boy	Girl	Age 0 to 4	Age 5 to 12	Age 13 to 17	Very Low Income	Low Income	Mid/High Income	White	Black	Hispanic	TSA
17.5%	15.0%	15.5%	14.3%	20.0%	16.4%	14.2%	16.5%	14.2%	16.5%	16.2%	16.3%

Sources: ● 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 55]
Notes: ● Asked of all respondents about a randomly selected child in the household.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
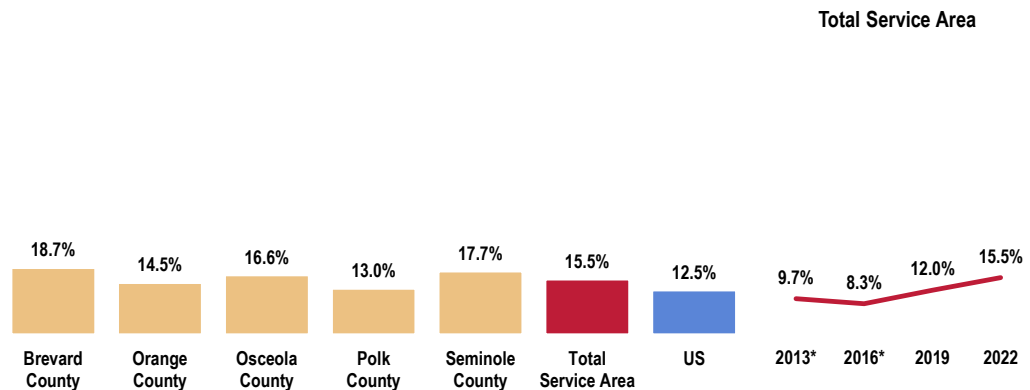
Key Informant Input: Allergies

Key informants taking part in an online survey generally characterized *Allergies* as a "moderate problem" for children/adolescents in the community.

Perceptions of Allergies
as a Problem for Children/Adolescents in the Community
(Key Informants, 2022)
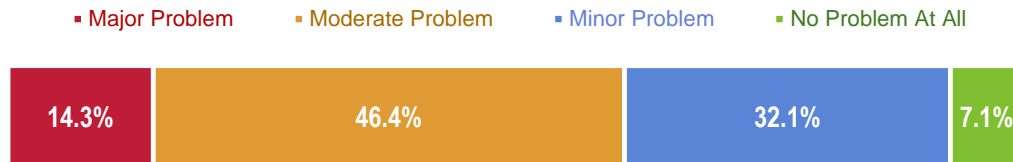
■ Major Problem   ■ Moderate Problem   ■ Minor Problem   ■ No Problem At All

14.3%	46.4%	32.1%	7.1%

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

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

Prevalence/Incidence

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

Environmental Contributors

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

Neurological Conditions

Migraines/Severe Headaches

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

BENCHMARK ► Higher than the national percentage.

TREND ► Denotes a significant increase over time.

DISPARITY ► Much more prevalent among adolescents.

Child Has Migraines/Severe Headaches
(Total Service Area, 2022)
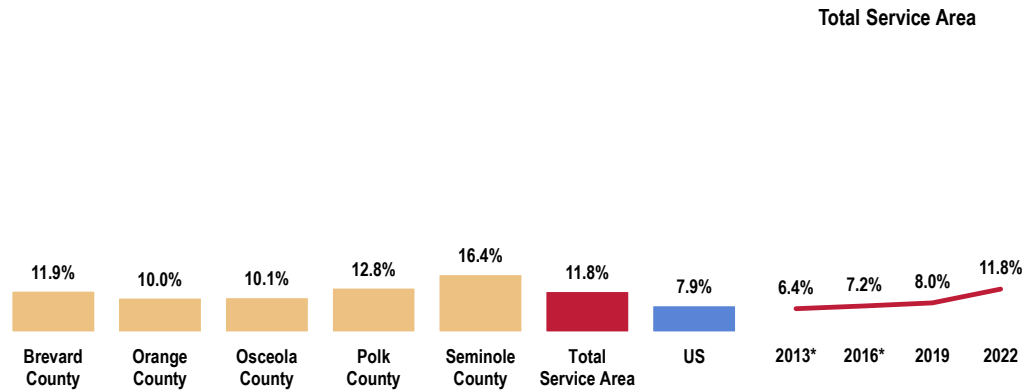
Total Service Area

11.9%	10.0%	10.1%	12.8%	16.4%	11.8%	7.9%	6.4%	7.2%	8.0%	11.8%
Brevard County	Orange County	Osceola County	Polk County	Seminole County	Total Service Area	US	2013*	2016*	2019	2022

Sources: ● 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 60]
● 2020 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents about a randomly selected child in the household.
● *2013 and 2016 results do not include responses from Polk County.

Child Has Migraines/Severe Headaches
(Total Service Area, 2022)
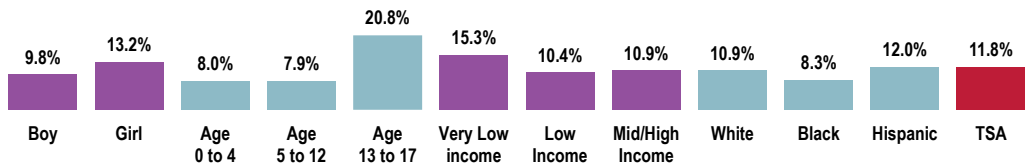
9.8%	13.2%	8.0%	7.9%	20.8%	15.3%	10.4%	10.9%	10.9%	8.3%	12.0%	11.8%
Boy	Girl	Age 0 to 4	Age 5 to 12	Age 13 to 17	Very Low income	Low Income	Mid/High Income	White	Black	Hispanic	TSA

Sources: ● 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 60]
Notes: ● Asked of all respondents about a randomly selected child in the household.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Brain Injury/Concussion

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

TREND ► Marks a significant increase over time.

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

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

Total Service Area

Brevard County	Orange County	Osceola County	Polk County	Seminole County	Total Service Area	US	2013*	2016*	2019	2022
2.7%	5.7%	9.9%	5.0%	5.2%	5.5%	4.6%	2.8%	3.7%	3.0%	5.5%

Sources: ● 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 59]
● 2020 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents about a randomly selected child in the household.
● *2013 and 2016 results do not include responses from Polk County.

Child Has Had a Brain Injury/Concussion
(Total Service Area, 2022)
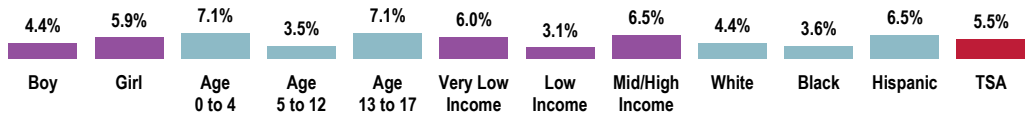
Boy	Girl	Age 0 to 4	Age 5 to 12	Age 13 to 17	Very Low Income	Low Income	Mid/High Income	White	Black	Hispanic	TSA
4.4%	5.9%	7.1%	3.5%	7.1%	6.0%	3.1%	6.5%	4.4%	3.6%	6.5%	5.5%

Sources: ● 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 59]
Notes: ● Asked of all respondents about a randomly selected child in the household.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Seizure Disorder/Epilepsy

A total of 6.0% of Total Service Area children have epilepsy or a seizure disorder.

BENCHMARK ► Less favorable than the US finding.

TREND ► Represents a significant increase over time.

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

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

Total Service Area

Brevard County	Orange County	Osceola County	Polk County	Seminole County	Total Service Area	US	2013*	2016*	2019	2022
4.1%	6.7%	9.2%	5.2%	4.6%	6.0%	1.3%	1.1%	3.6%	3.2%	6.0%

Sources: ● 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 58]
● 2020 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents about a randomly selected child in the household.
● *2013 and 2016 results do not include responses from Polk County.

Child Has Seizure Disorder/Epilepsy
(Total Service Area, 2022)
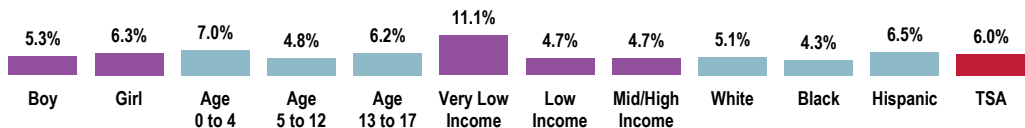
Boy	Girl	Age 0 to 4	Age 5 to 12	Age 13 to 17	Very Low Income	Low Income	Mid/High Income	White	Black	Hispanic	TSA
5.3%	6.3%	7.0%	4.8%	6.2%	11.1%	4.7%	4.7%	5.1%	4.3%	6.5%	6.0%

Sources: ● 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 58]
Notes: ● Asked of all respondents about a randomly selected child in the household.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Key Informant Input: Neurological Conditions

Key informants taking part in an online survey slightly more often characterized *Neurological* Conditions as a "minor problem" than a "moderate problem" for children/adolescents in the community.

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

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

7.7%	42.3%	44.2%	5.8%
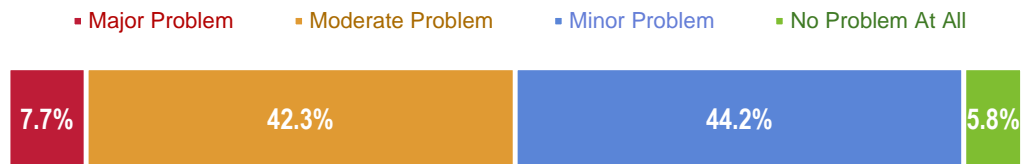
Sources: ● PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

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

Access to Care/Services

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

Bone, Joint & Muscle Problems

Bone/Joint/Muscle Issues

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

BENCHMARK ► Higher than found across the country.

TREND ► Marks a significant increase over time.

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

Child Has Bone, Joint, or Muscle Problems
(Total Service Area, 2022)
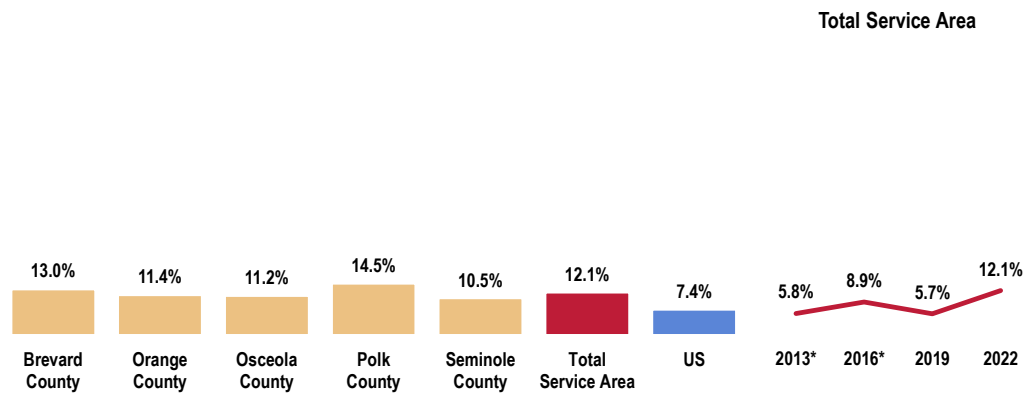
Total Service Area

Brevard County	Orange County	Osceola County	Polk County	Seminole County	Total Service Area	US	2013*	2016*	2019	2022
13.0%	11.4%	11.2%	14.5%	10.5%	12.1%	7.4%	5.8%	8.9%	5.7%	12.1%

Sources: ● 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 56]
● 2020 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents about a randomly selected child in the household.
● *2013 and 2016 results do not include responses from Polk County.

Child Has Bone, Joint, or Muscle Problems
(Total Service Area, 2022)
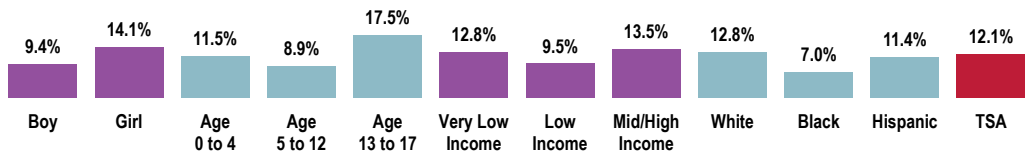
Boy	Girl	Age 0 to 4	Age 5 to 12	Age 13 to 17	Very Low Income	Low Income	Mid/High Income	White	Black	Hispanic	TSA
9.4%	14.1%	11.5%	8.9%	17.5%	12.8%	9.5%	13.5%	12.8%	7.0%	11.4%	12.1%

Sources: ● 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 56]
Notes: ● Asked of all respondents about a randomly selected child in the household.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
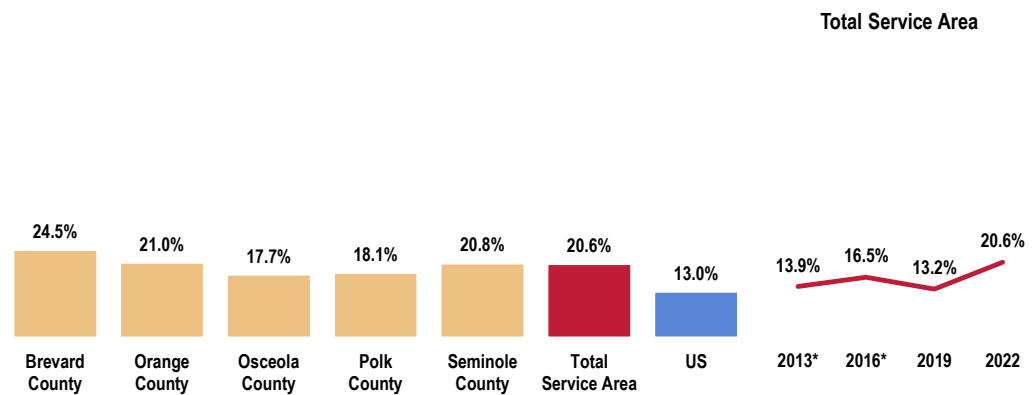
Key Informant Input: Bone, Joint & Muscle Conditions

Key informants taking part in an online survey generally characterized *Bone, Joint & Muscle Conditions* as a "minor problem" for children/adolescents in the community.

Perceptions of Bone, Joint & Muscle Conditions as a Problem for Children/Adolescents in the Community
(Key Informants, 2022)
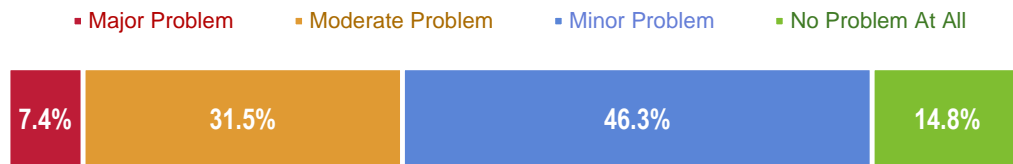
■ Major Problem ■ Moderate Problem ■ Minor Problem ■ No Problem At All

7.4%	31.5%	46.3%	14.8%

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

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

Provider Competition

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

Multiple Factors

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

Asthma

Prevalence of Asthma

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

BENCHMARK ► Less favorable than the US finding.

TREND ► Marks an increase from previous studies.

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

Child Currently Has Asthma
(Total Service Area, 2022)
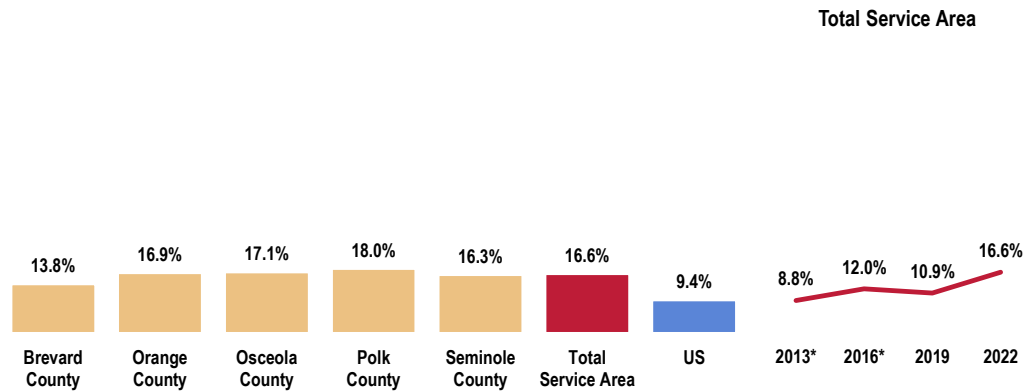
Total Service Area

Brevard County	Orange County	Osceola County	Polk County	Seminole County	Total Service Area	US		2013*	2016*	2019	2022
13.8%	16.9%	17.1%	18.0%	16.3%	16.6%	9.4%		8.8%	12.0%	10.9%	16.6%

Sources: ● 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 125]
● 2020 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents about a randomly selected child in the household.
● *2013 and 2016 results do not include responses from Polk County.

Child Currently Has Asthma
(Total Service Area, 2022)

Boy	Girl	Age 0 to 4	Age 5 to 12	Age 13 to 17	Very Low Income	Low Income	Mid/High Income	White	Black	Hispanic	TSA
17.6%	15.6%	15.8%	16.5%	17.5%	26.3%	11.7%	14.8%	12.2%	19.6%	18.6%	16.6%

Sources: ● 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 125]
Notes: ● Asked of all respondents about a randomly selected child in the household.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
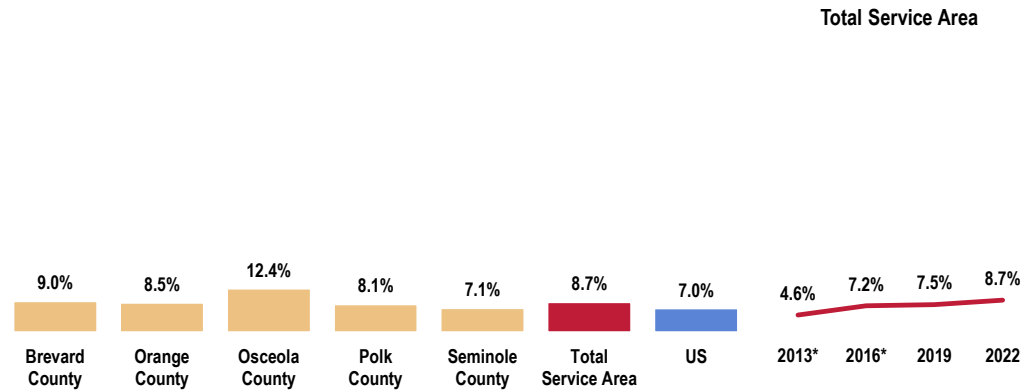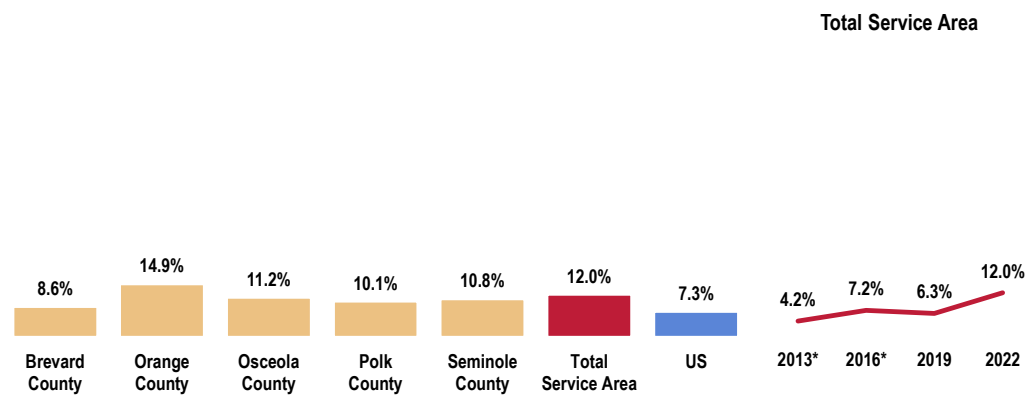
Asthma-Related Care

Emergent/Urgent Care

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

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

- None
- One
- Two
- Three
- Four or More

50.2%
22.3%
8.7%
5.1%
13.7%
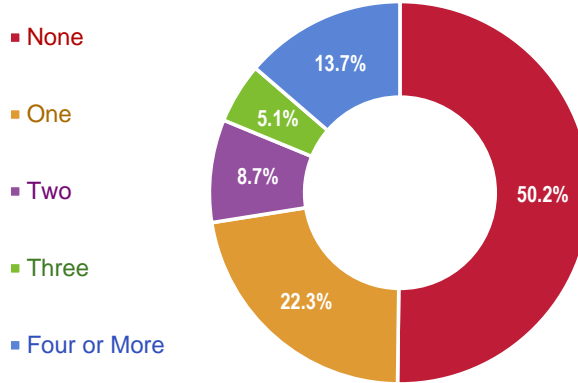
Child Had At Least One Asthma-Related ER/Urgent Care Visit in the Past Year
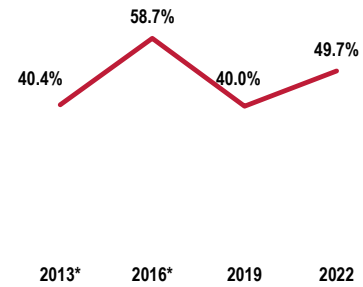
40.4% (2013*)
58.7% (2016*)
40.0% (2019)
49.7% (2022)

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

Hospitalization

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

TREND ► Significantly higher than the 2013 benchmark.

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

- None
- One
- Two
- Three
- Four or More

73.8%
9.6%
4.8%
2.8%
9.0%
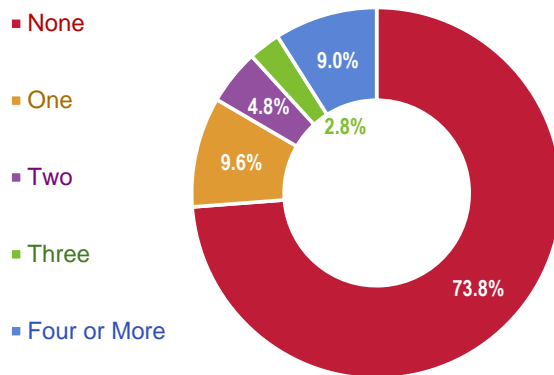
Child Had At Least One Asthma-Related Hospital Stay in the Past Year
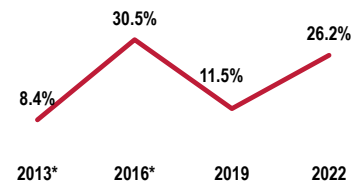
8.4% (2013*)
30.5% (2016*)
11.5% (2019)
26.2% (2022)

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

Loss of Productivity

Missed School Days

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

Number of School Days
Missed Due to Asthma in the Past Year
(Total Service Area Children Age 5-17 with Asthma, 2022)
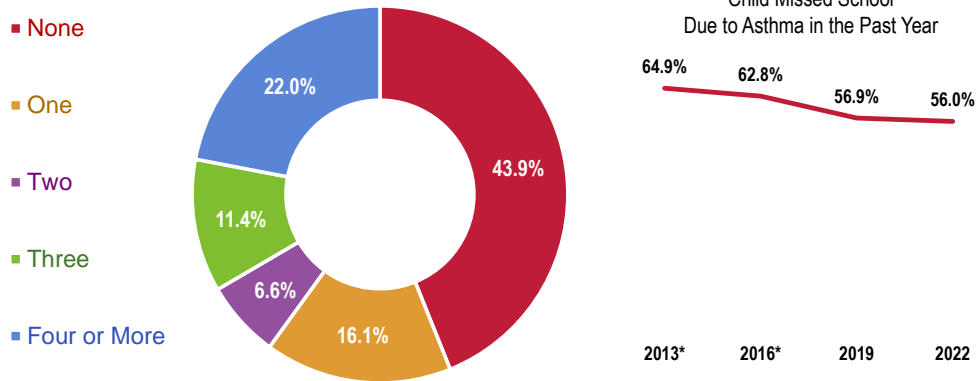
- None
- One
- Two
- Three
- Four or More

None: 43.9%
One: 16.1%
Two: 6.6%
Three: 11.4%
Four or More: 22.0%

Child Missed School
Due to Asthma in the Past Year

2013*: 64.9%
2016*: 62.8%
2019: 56.9%
2022: 56.0%

Sources: ● 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 50]
Notes: ● Asked of respondents with a child who currently has asthma.
● *2013 and 2016 results do not include responses from Polk County.

Parents' Missed Workdays

Further, 53.2% of Total Service Area parents with asthmatic children missed at least one day of work in the past year because of their child's asthma.

TREND ► Denotes a significant increase from the 2013 survey.

Workdays Missed in the
Past Year Due to Child's Asthma
(Total Service Area Parents of Children with Asthma, 2022)
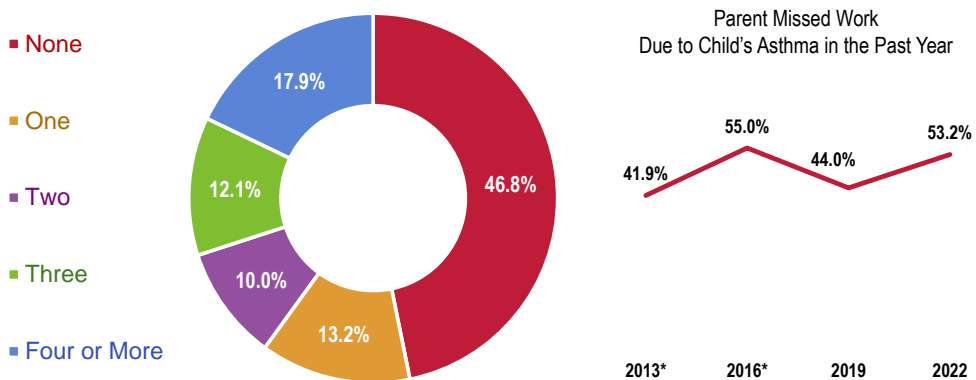
- None
- One
- Two
- Three
- Four or More

None: 46.8%
One: 13.2%
Two: 10.0%
Three: 12.1%
Four or More: 17.9%

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

2013*: 41.9%
2016*: 55.0%
2019: 44.0%
2022: 53.2%

Sources: ● 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 51]
Notes: ● Asked of respondents with a child who currently has asthma.
● *2013 and 2016 results do not include responses from Polk County.

Key Informant Input: Asthma & Other Respiratory Conditions

Key informants taking part in an online survey most often characterized *Asthma & Other Respiratory Conditions* as a "moderate problem" for children/adolescents in the community.

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

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

24.1%	48.3%	20.7%	6.9%
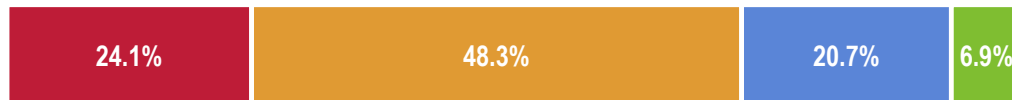
Sources: ● PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

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

Multiple Factors

Many environmental allergens are present. Lack of preventative care. Upper respiratory infections. – Community/Business Leader

It is a chronic disease, one that many families delay treatment until the need to go to the emergency room. A great deal can be done to help a young person and family, but preventive and educational measures are not undertaken. Need to partner up with America Lung Association. – Community/Business Leader

Among those children and youth, my impression is that asthma is more often found to be present and inadequately treated among them, my information is garnered from many reports and presentations I have read and heard. Environmental factors, like mold, poor air quality, and unmanaged pollen are all contributors for these children and youth. – Social Services Provider

Prevalence/Incidence

There are a lot of patients with reactive airway disease and seasonal allergies. – Physician

Awareness of multiple instances amongst children in the community. – Social Services Provider

We have a large number of children who frequent hospital emergency rooms and sometimes are hospitalized. – Public Health Representative

Environmental Contributors

Many children suffer from asthma, and there might be environmental triggers that cannot be controlled. – Public Health Representative

Exposure to allergens, such as pollen. – Community/Business Leader

Diagnosis/Treatment

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

Impact on Families

Hospital admission. Missing days at school. Parents missing workdays to stay home with the child. – Social Services Provider

Key Informant Input: Coronavirus Disease/COVID-19

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

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

▪ Major Problem ▪ Moderate Problem ▪ Minor Problem ▪ No Problem At All

20.0%	41.7%	30.0%	8.3%

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

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

Lack of Adherence to Public Health Mitigation Measures

We live in a state where masks and care were not taken. Thankfully, cases are now low, but I do not trust children will be kept safe in our schools or by our government going forward. – Social Services Provider

Parents are sending their children to schools while they are expressing symptoms. – Community/Business Leader

Children and adolescents are not as careful as we'd like them to be regarding washing their hands, covering their mouth when coughing or sneezing, keeping a safe distance from others, or wearing a mask indoors. They pick it up from others at school and take it home, infecting parents, grandparents, and siblings. – Community/ Business Leader

Long-Term Impact

COVID illness has impacted staff, children, and family health, therefore impacting service provision in schools, health care, childcare, and other settings. If new surges arise where vaccines have less effectiveness, this could create delays in academic achievement, health care, and economic impacts. – Public Health Representative

The instruction lost due to quarantines and actual illness, plus the long-term effects of the virus. – Community/ Business Leader

Government/Politics

Because it's a serious disease that gets minimized and mocked by our governor. – Community/Business Leader

The state removed protections for the students and allowed parents to make uneducated decisions. – Other Health Provider

Isolation

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

Lack of Consistency Between Government/Private Sectors

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

Children

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

Diabetes

Prevalence of Diabetes

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

TREND ► Marks a significant increase from the 2013 survey.

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

Child Has Diabetes
(Total Service Area, 2022)
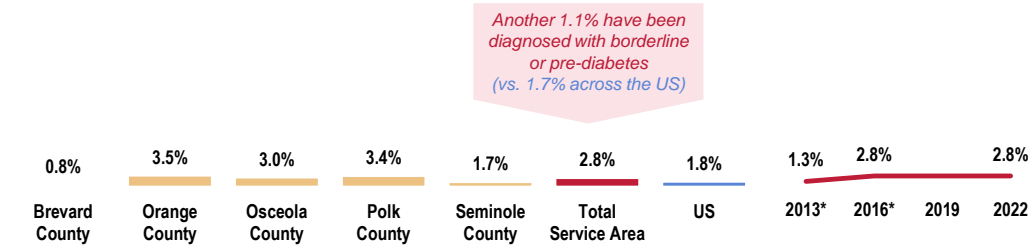
Total Service Area

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

0.8%	3.5%	3.0%	3.4%	1.7%	2.8%	1.8%		1.3%	2.8%	2.8%
Brevard County	Orange County	Osceola County	Polk County	Seminole County	Total Service Area	US		2013*	2016* 2019	2022

Sources: ● 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 142]
● 2020 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents about a randomly selected child in the household.
● *2013 and 2016 results do not include responses from Polk County.

Child Has Diabetes
(Total Service Area, 2022)
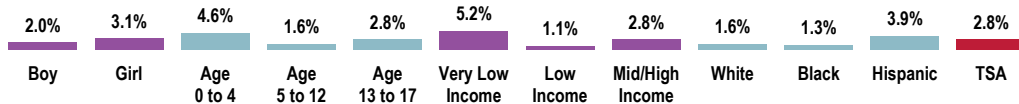
2.0%	3.1%	4.6%	1.6%	2.8%	5.2%	1.1%	2.8%	1.6%	1.3%	3.9%	2.8%
Boy	Girl	Age 0 to 4	Age 5 to 12	Age 13 to 17	Very Low Income	Low Income	Mid/High Income	White	Black	Hispanic	TSA

Sources: ● 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 142]
Notes: ● Asked of all respondents about a randomly selected child in the household.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
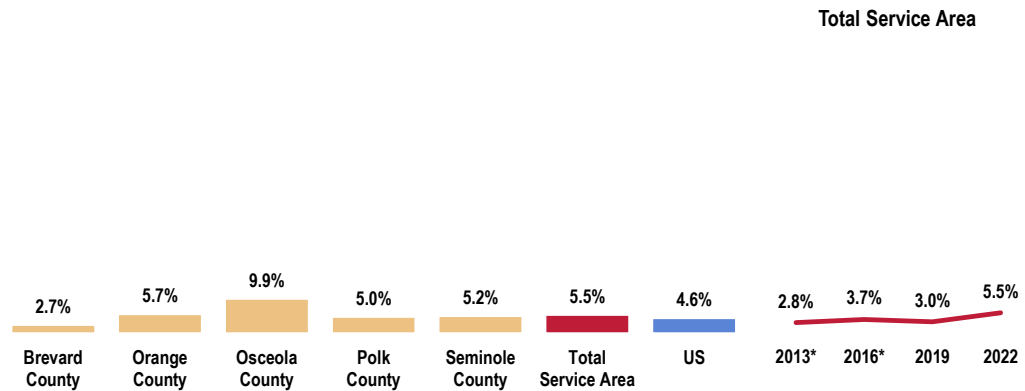
Key Informant Input: Diabetes

Key informants taking part in an online survey generally characterized *Diabetes* as a "moderate problem" for children/adolescents in the community.

Perceptions of Diabetes
as a Problem for Children/Adolescents in the Community
(Key Informants, 2022)
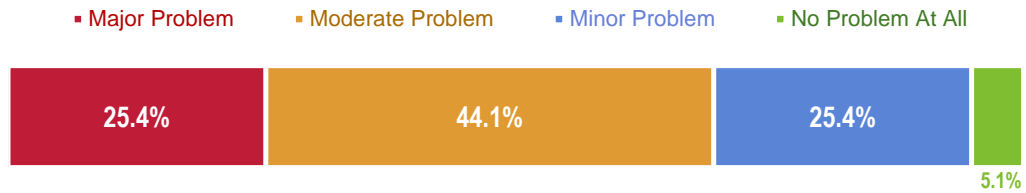
■ Major Problem   ■ Moderate Problem   ■ Minor Problem   ■ No Problem At All

25.4%	44.1%	25.4%	

5.1%

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

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

Prevalence/Incidence

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

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

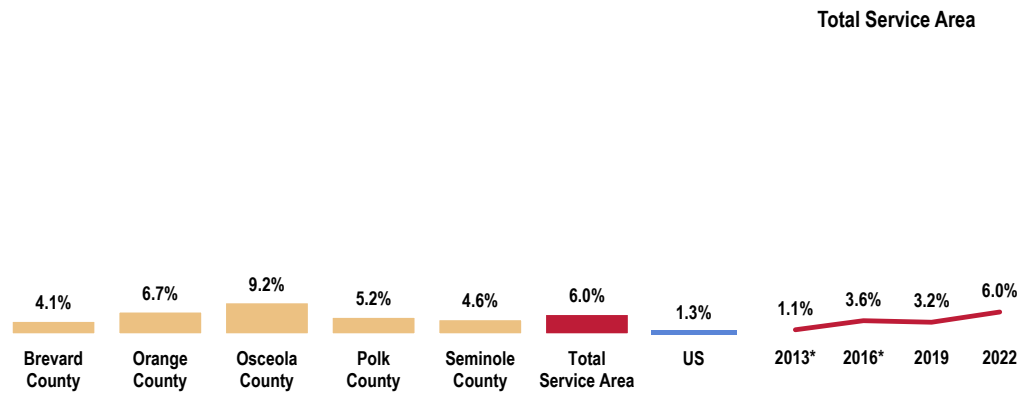Media and health community has alerted us. Just look around. It is sad to see overweight young people. They may be cute and happy, but they are on a road to chronic disease. Early intervention and education is best. – Community/Business Leader

Access to Affordable Healthy Food

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

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

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

Awareness/Education

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

Disease Management

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

Insufficient Physical Activity

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

Obesity

Many children are overweight, and behaviors support inactivity. – Public Health Representative

Conditions Requiring Prescriptions or Special Therapy

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

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

BENCHMARK ► Much higher than the national finding.

TREND ► Denotes a significant increase over time.

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

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

Total Service Area

Brevard County	Orange County	Osceola County	Polk County	Seminole County	Total Service Area	US
46.2%	39.6%	36.3%	41.7%	40.2%	40.7%	24.2%

2013*	2016*	2019	2022
26.5%	24.8%	30.5%	40.7%
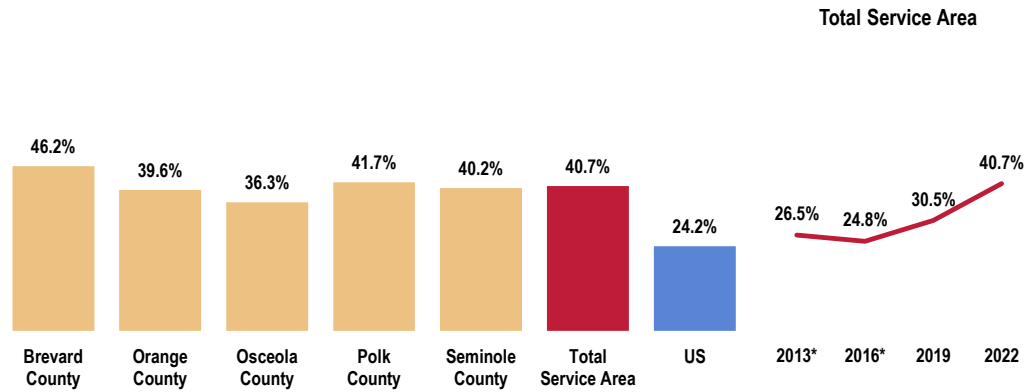
Sources: ● 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 140]
● 2020 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents about a randomly selected child in the household.
● In this case, "chronic conditions" are defined as conditions that have lasted (or are expected to last) 12 months or longer.
● *2013 and 2016 results do not include responses from Polk County.

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

| Boy	Girl	Age 0 to 4	Age 5 to 12	Age 13 to 17	Very Low Income	Low Income	Mid/High Income	White	Black	Hispanic	TSA
43.4%	38.4%	30.7%	43.3%	45.7%	43.3%	39.4%	41.0%	40.6%	37.6%	40.8%	40.7%
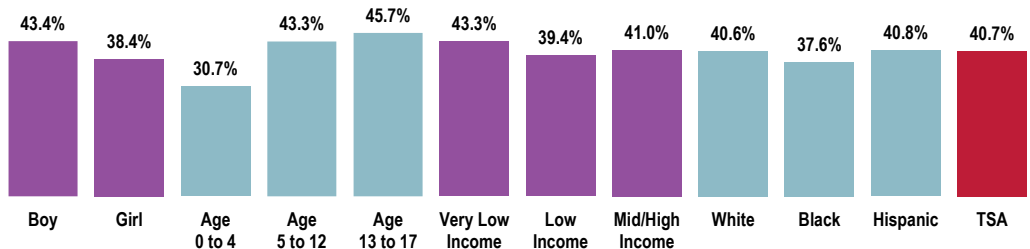
Sources: ● 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 140]
Notes: ● Asked of all respondents about a randomly selected child in the household.
● In this case, "chronic conditions" are defined as conditions that have lasted (or are expected to last) 12 months or longer.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Speech difficulties are the most common condition requiring therapy, named by more than one-fourth of these parents (27.1%).

Type of Chronic Condition Requiring Therapy
(Children Who Need Therapy For a Chronic Condition; Total Service Area, 2022)
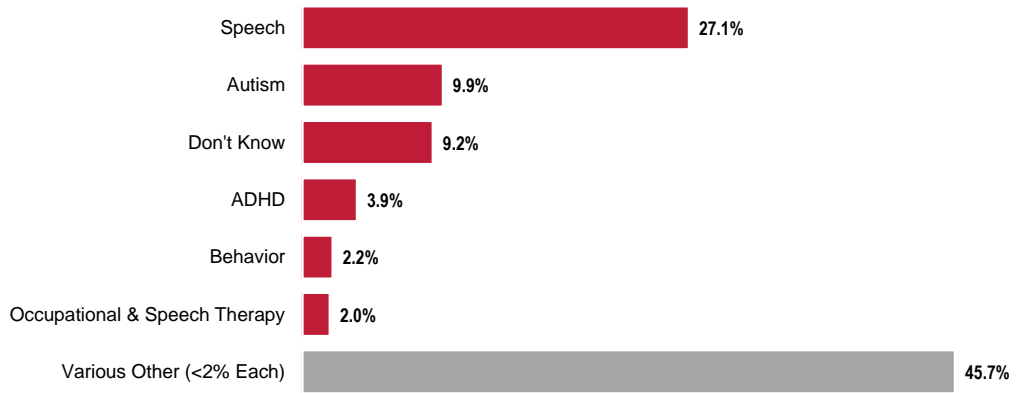
Condition	Percentage
Speech	27.1%
Autism	9.9%
Don't Know	9.2%
ADHD	3.9%
Behavior	2.2%
Occupational & Speech Therapy	2.0%
Various Other (<2% Each)	45.7%

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

SPECIAL HEALTH NEEDS

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

BENCHMARK ► Higher than found across the US.

TREND ► Represents a significant increase over time.

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

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

Brevard County	Orange County	Osceola County	Polk County	Seminole County	Total Service Area	US	2013*	2016*	2019	2022
78.4%	71.4%	75.1%	78.4%	76.5%	75.0%	64.0%	63.1%	65.1%	66.7%	75.0%

Total Service Area
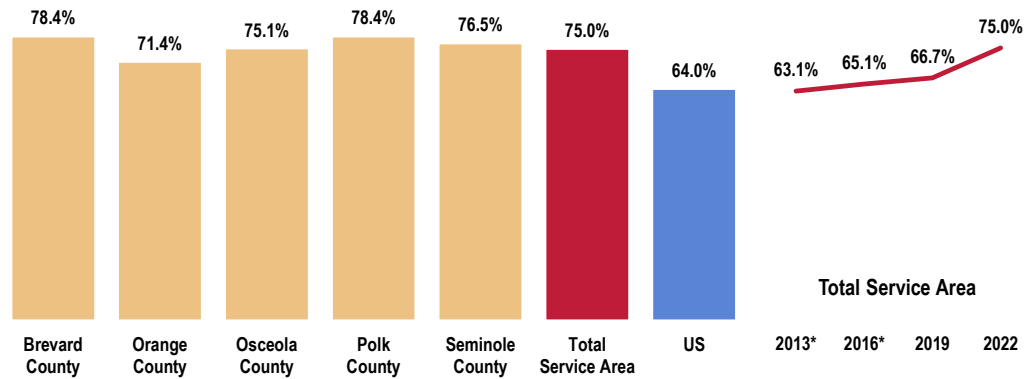
Sources:
● 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 143]
● 2020 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
Notes:
● Asked of all respondents about a randomly selected child in the household.
● Includes respondents reporting a child's diagnosis of any medical condition specifically measured in the survey, as well as any other not specifically addressed.
● *2013 and 2016 results do not include responses from Polk County.

Child Has a Special Health Need
(Total Service Area, 2022)
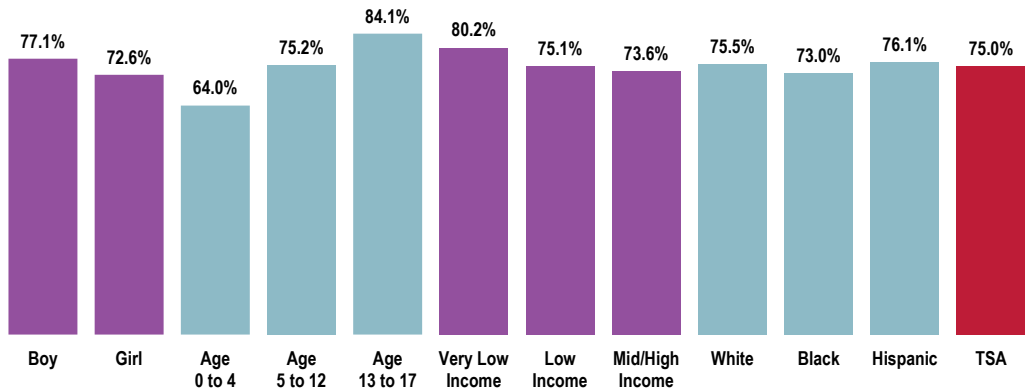
Boy	Girl	Age 0 to 4	Age 5 to 12	Age 13 to 17	Very Low Income	Low Income	Mid/High Income	White	Black	Hispanic	TSA
77.1%	72.6%	64.0%	75.2%	84.1%	80.2%	75.1%	73.6%	75.5%	73.0%	76.1%	75.0%

Sources: ● 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 143]
Notes: ● Asked of all respondents about a randomly selected child in the household.
● Includes respondents reporting a child's diagnosis of any medical condition specifically measured in the survey, as well as any other not specifically addressed.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

PRENATAL & POSTNATAL CARE

PRENATAL CARE

ABOUT INFANT HEALTH

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

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

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

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

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

DISPARITY ► Highest in Brevard and Polk counties.

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

Early and continuous prenatal care is the best assurance of infant health.
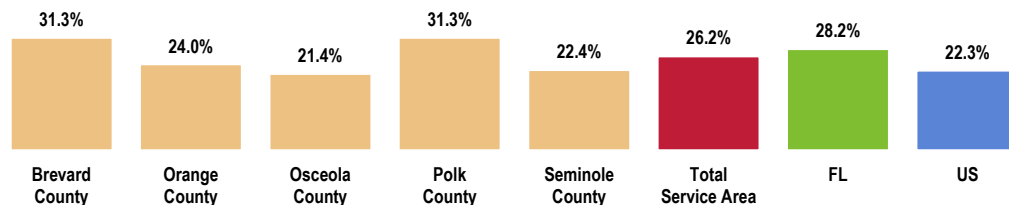
Location	Percentage
Brevard County	31.3%
Orange County	24.0%
Osceola County	21.4%
Polk County	31.3%
Seminole County	22.4%
Total Service Area	26.2%
FL	28.2%
US	22.3%

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

Note: ● This indicator reports the percentage of women who do not obtain prenatal care during their first trimester of pregnancy. This indicator is relevant because engaging in prenatal care decreases the likelihood of maternal and infant health risks. This indicator can also highlight a lack of access to preventive care, a lack of health, knowledge insufficient provider outreach, and/or social barriers preventing utilization of services.

Lack of Prenatal Care in the First Trimester
(Percentage of Live Births)

	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
Total Service Area	26.1%	26.5%	26.9%	28.3%	29.7%	24.3%	25.8%	26.2%
FL	25.6%	25.2%	24.3%	24.1%	25.3%	26.6%	27.5%	28.2%
US						22.6%	22.5%	22.3%

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

Note: ● This indicator reports the percentage of women who do not obtain prenatal care during their first trimester of pregnancy. This indicator is relevant because engaging in prenatal care decreases the likelihood of maternal and infant health risks. This indicator can also highlight a lack of access to preventive care, a lack of health, knowledge insufficient provider outreach, and/or social barriers preventing utilization of services.

BIRTHS TO ADOLESCENT MOTHERS

ABOUT FAMILY PLANNING

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

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

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

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

BENCHMARK ► More favorable than found nationally.

TREND ► Represents a significant decline over time.

DISPARITY ► Highest in Osceola and Polk counties.

Births to Teenagers
(Percent of Births to Women Under Age 20, 2018-2020)
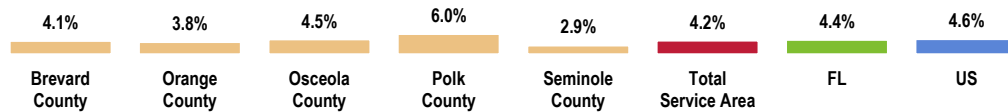
Brevard County	Orange County	Osceola County	Polk County	Seminole County	Total Service Area	FL	US
4.1%	3.8%	4.5%	6.0%	2.9%	4.2%	4.4%	4.6%

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

Notes: ● This indicator reports the percentage of live births to women under the age of 20. This indicator is relevant because in many cases, teen parents have unique social, economic, and health support services. Additionally, high rates of teen pregnancy may indicate the prevalence of unsafe sex practices.

Births to Teenagers
(Percent of Births to Women Under Age 20)
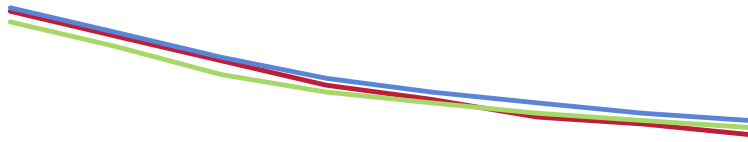
	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
Total Service Area	7.7%	7.0%	6.3%	5.6%	5.2%	4.7%	4.5%	4.2%
FL	7.4%	6.7%	5.9%	5.4%	5.1%	4.8%	4.6%	4.4%
US	7.8%	7.1%	6.4%	5.8%	5.4%	5.1%	4.8%	4.6%

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

Notes: ● This indicator reports the percentage of live births to women under the age of 20. This indicator is relevant because in many cases, teen parents have unique social, economic, and health support services. Additionally, high rates of teen pregnancy may indicate the prevalence of unsafe sex practices.

LOW-WEIGHT BIRTHS

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

DISPARITY ► Highest in Orange and Polk counties.

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

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

Low-Weight Births
(Percent of Live Births, 2018-2020)
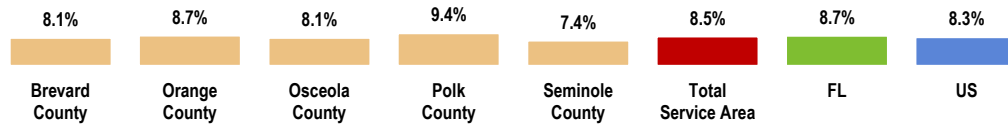
Brevard County	Orange County	Osceola County	Polk County	Seminole County	Total Service Area	FL	US
8.1%	8.7%	8.1%	9.4%	7.4%	8.5%	8.7%	8.3%

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

Note: ● This indicator reports the percentage of total births that are low birth weight (Under 2500g). This indicator is relevant because low birth weight infants are at high risk for health problems. This indicator can also highlight the existence of health disparities.

Low-Weight Births
(Percent of Live Births)

	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
Total Service Area	8.3%	8.3%	8.4%	8.4%	8.4%	8.4%	8.4%	8.5%
FL	8.6%	8.6%	8.6%	8.7%	8.7%	8.7%	8.7%	8.7%
US	8.0%	8.0%	8.0%	8.1%	8.2%	8.2%	8.3%	8.3%

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

Note: ● This indicator reports the percentage of total births that are low birth weight (Under 2500g). This indicator is relevant because low birth weight infants are at high risk for health problems. This indicator can also highlight the existence of health disparities.

INFANT HEALTH

Breastfeeding & Breast Milk

ABOUT BREASTFEEDING

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

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

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

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

– World Health Organization (https://www.who.int/news-room/fact-sheets/detail/infant-and-young-child-feeding)

Ever Breast-Fed

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

DISPARITY ► Highest in Orange County (not shown).

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

Child Was Ever Fed Breast Milk
(Total Service Area, 2022)
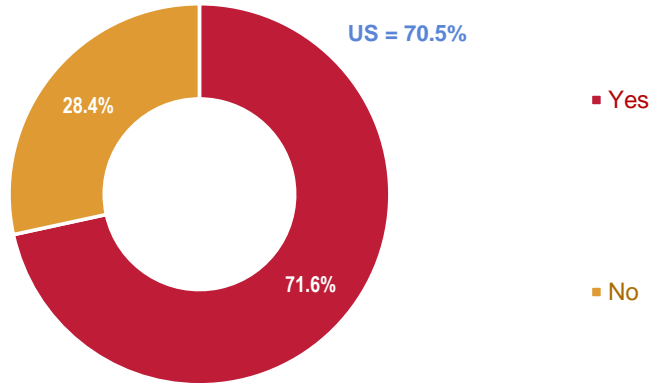
US = 70.5%

28.4%

71.6%

■ Yes

■ No

Exclusive Breastfeeding

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

BENCHMARK ► Far from satisfying the Healthy People 2030 objective.

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

Age of Child When
Introduced to Foods Other Than Breast Milk
(Total Service Area Children Who Were Ever Fed Breast Milk, 2022)
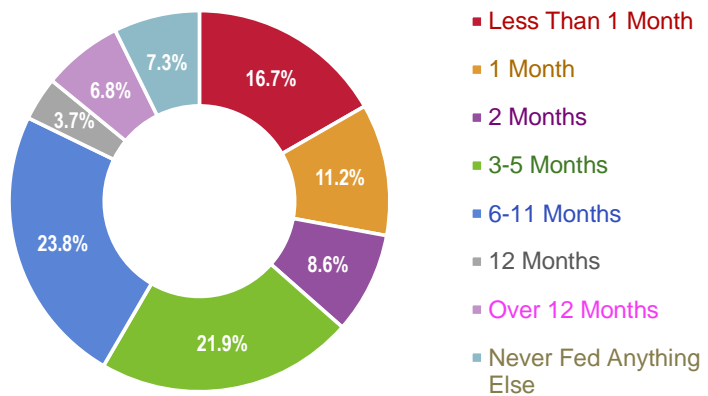
7.3%

16.7%

6.8%

3.7%

11.2%

23.8%

8.6%

21.9%

■ Less Than 1 Month

■ 1 Month

■ 2 Months

■ 3-5 Months

■ 6-11 Months

■ 12 Months

■ Over 12 Months

■ Never Fed Anything Else

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

Total Service Area

Brevard County	Orange County	Osceola County	Polk County	Seminole County	Total Service Area	US
27.1%	32.2%	31.7%	24.4%	31.0%	29.6%	27.7%

2019	2022
29.1%	29.6%
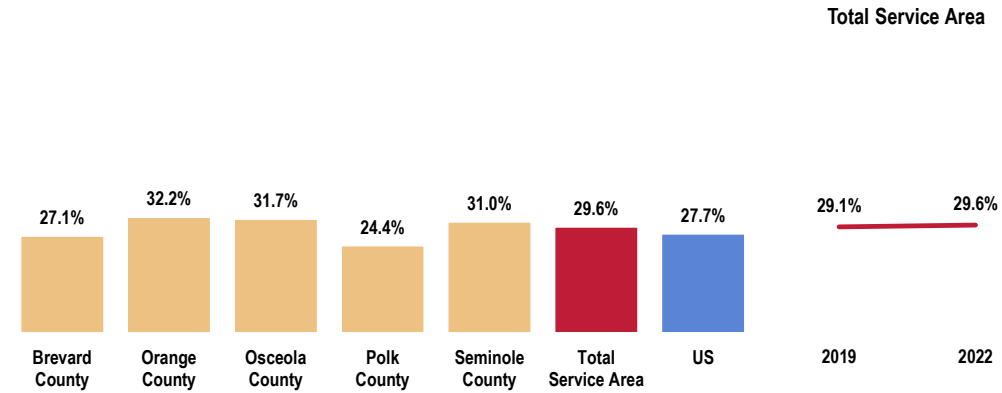
Sources:
- 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 132]
- 2020 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

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

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

Boy	Girl	Age 0 to 4	Age 5 to 12	Age 13 to 17	Very Low Income	Low Income	Mid/High Income	White	Black	Hispanic	TSA
30.9%	28.2%	28.0%	33.0%	26.2%	18.2%	34.6%	32.2%	31.3%	24.8%	29.9%	29.6%
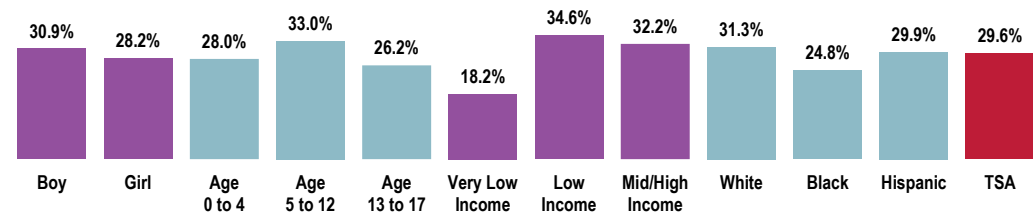
Sources:
- 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 132]
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

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

Key Informant Input: Infant Health

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

Perceptions of Prenatal & Infant Health
as a Problem for Children/Adolescents in the Community
(Key Informants, 2022)
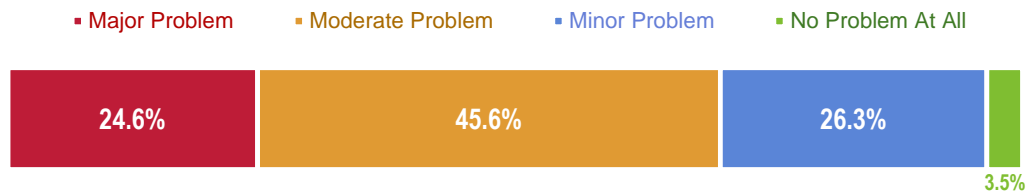
■ Major Problem   ■ Moderate Problem   ■ Minor Problem   ■ No Problem At All

24.6%	45.6%	26.3%	

3.5%

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

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

Prevalence/Incidence

Information provided by local agencies. – Community/Business Leader

A problem for a long time. Kids are 25% of our population but 100% of our future. Too many premature births. Need to spend more early to spend less later. – Community/Business Leader

I have heard this issue spoken about by community partners at multiple meetings as being a major concern in our region, particularly among women of color. Prenatal and infant health outcomes are often used as an indicator of health of the community, and thus is an important factor. – Social Services Provider

Diagnosis/Treatment

According to our Community Assessment, there is a high number of pregnant mothers that do not receive the quality and quantity of prenatal care that they need, which can lead to a lack of support and care for health issues of the pregnant mother and child. – Social Services Provider

Experience with moms around me not getting proper care. – Community/Business Leader

Minority Populations

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

Prenatal Care

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

Low Birth Weight

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

Immunizations

Immunizations. – Public Health Representative

Nutrition

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

MORTALITY

INFANT MORTALITY

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

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

TREND ► Marks a decrease within the service area over time.
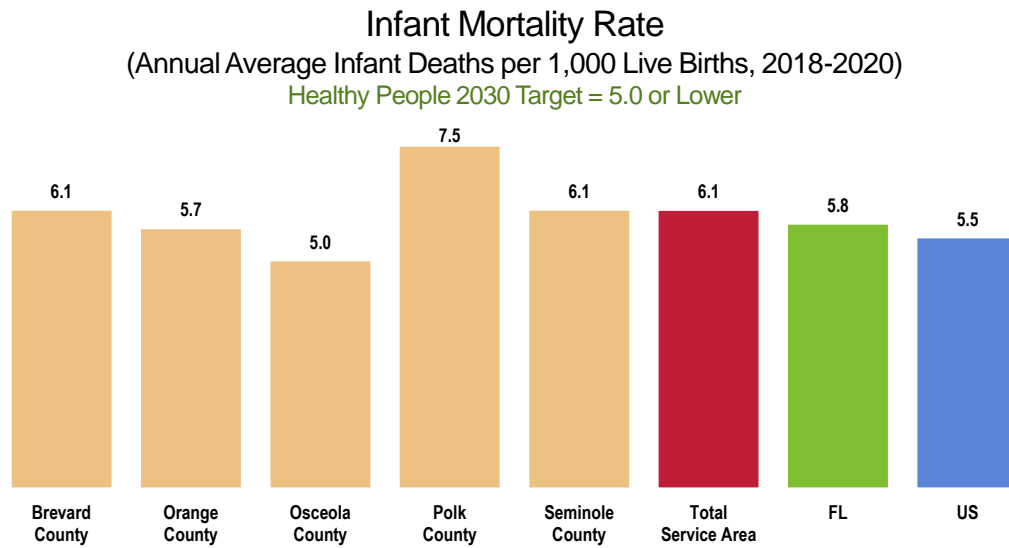
DISPARITY ► Highest in Polk County.

Infant Mortality Rate
(Annual Average Infant Deaths per 1,000 Live Births, 2018-2020)
Healthy People 2030 Target = 5.0 or Lower

Brevard County	Orange County	Osceola County	Polk County	Seminole County	Total Service Area	FL	US
6.1	5.7	5.0	7.5	6.1	6.1	5.8	5.5

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2022.
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Notes:
- Infant deaths include deaths of children under 1 year old.
- This indicator is relevant because high rates of infant mortality indicate the existence of broader issues pertaining to access to care and maternal and child health.

Infant Mortality Rate
(Annual Average Infant Deaths per 1,000 Live Births)
Healthy People 2030 Target = 5.0 or Lower

	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-20/8	2017-2019	2018-2020
Total Service Area	7.0	6.5	6.5	7.0	6.5	6.5	6.3	6.1
FL	6.2	6.1	6.2	6.2	6.2	6.1	6.0	5.8
US	6.0	5.9	5.9	5.9	5.8	5.7	5.6	5.5

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2022..
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Notes:
- Infant deaths include deaths of children under 1 year old.
- Rates are three-year averages of deaths of children under 1 year old per 1,000 live births.
- This indicator is relevant because high rates of infant mortality indicate the existence of broader issues pertaining to access to care and maternal and child health.

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

CHILD & ADOLESCENT DEATHS

ABOUT CHILD & ADOLESCENT DEATHS

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

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

– World Health Organization (https://www.who.int/news-room/fact-sheets/detail/mortality-among-children-aged-5-14-years)

Death Rates by Age Groups

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

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

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

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

AGE 15 TO 19 ► More favorable than the statewide and national rates. Fails to satisfy the Healthy People 2030 objective.

Child & Adolescent Mortality Rates by Age Group
(Annual Average Child Mortality per 100,000 Population; 2018-2020)
Healthy People 2030 Target = 18.4 or Lower (All Ages 1 to 19 Years)
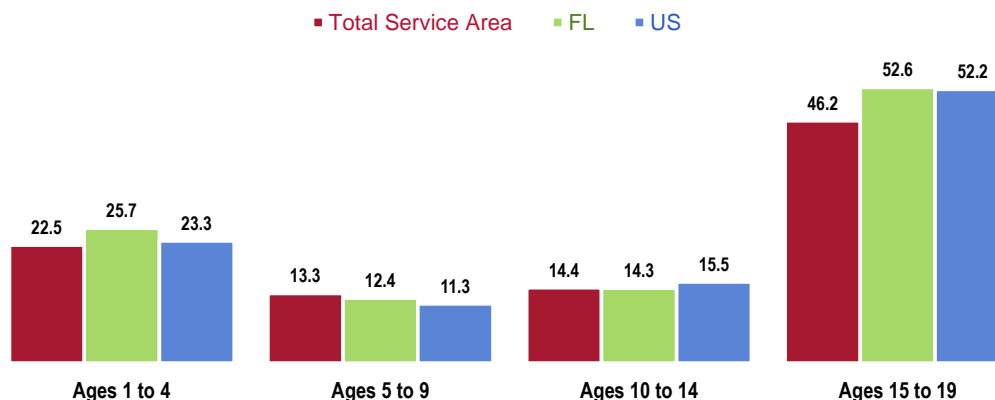
■ Total Service Area   ■ FL   ■ US

Age Group	Total Service Area	FL	US
Ages 1 to 4	22.5	25.7	23.3
Ages 5 to 9	13.3	12.4	11.3
Ages 10 to 14	14.4	14.3	15.5
Ages 15 to 19	46.2	52.6	52.2

Sources:
● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2022.
● US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

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

Leading Causes of Child Death

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

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

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

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

	Under 1 Year	Ages 1 to 4	Ages 5 to 9	Ages 10 to 14	Ages 15 to 19
NUMBER-ONE LEADING CAUSE	Perinatal Conditions*	Unintentional Injuries (especially Drowning)	Unintentional Injuries	Unintentional Injuries (especially Motor Vehicle Crashes)	Unintentional Injuries (especially Motor Vehicle Crashes)
NUMBER-TWO LEADING CAUSE	Congenital Conditions**	Congenital Conditions**	Cancer	Suicide	Homicide
NUMBER-THREE LEADING CAUSE	Unintentional Injuries (especially Suffocation)	Homicide	Homicide	Cancer	Suicide

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

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

MODIFIABLE
HEALTH RISKS

NUTRITION

Fruits & Vegetables

Fruit & Vegetable Consumption

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

BENCHMARK ► Better than the US finding.

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

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

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

Total Service Area

Brevard County	Orange County	Osceola County	Polk County	Seminole County	Total Service Area	US		2013*	2016*	2019	2022
47.0%	42.7%	40.4%	37.8%	38.9%	41.6%	36.9%		38.8%	38.2%	36.1%	41.6%
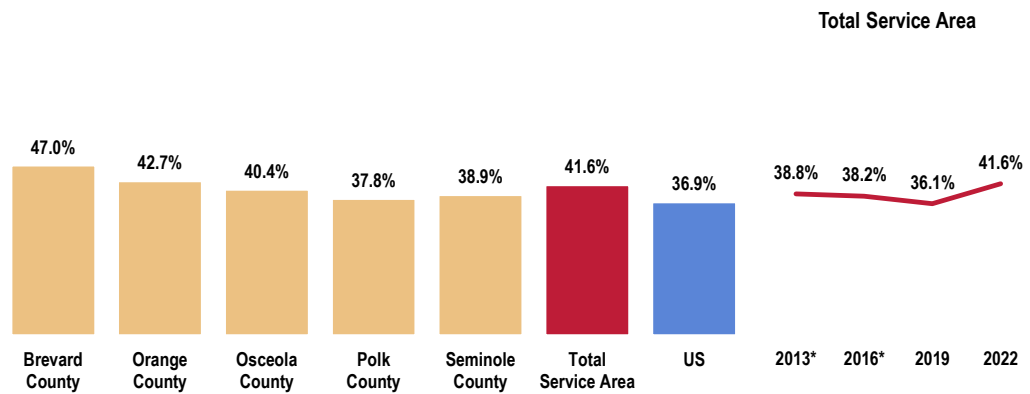
Sources: ● 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 139]
● 2020 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents for whom the randomly selected child in the household is between the ages of 2 and 17.
● *2013 and 2016 results do not include responses from Polk County.

Child Has 5+ Fruits/Vegetables per Day
(Total Service Area Children Age 2-17, 2022)
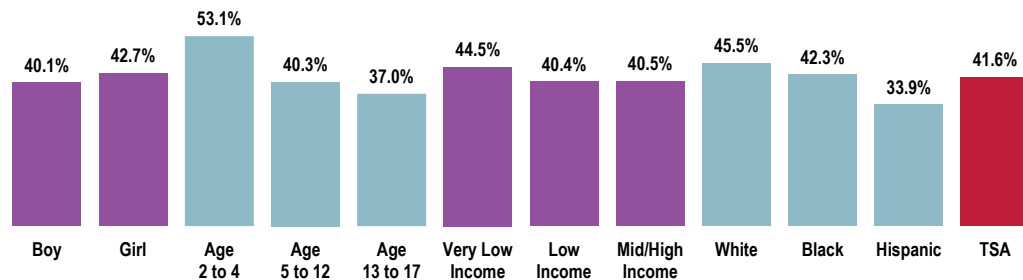
Boy	Girl	Age 2 to 4	Age 5 to 12	Age 13 to 17	Very Low Income	Low Income	Mid/High Income	White	Black	Hispanic	TSA
40.1%	42.7%	53.1%	40.3%	37.0%	44.5%	40.4%	40.5%	45.5%	42.3%	33.9%	41.6%

Sources: ● 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 139]
Notes: ● Asked of all respondents for whom the randomly selected child in the household is between the ages of 2 and 17.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Difficulty Accessing Fresh Produce

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

BENCHMARK ► Less favorable than the national finding.

TREND ► Represents a significant increase since 2019.

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

Level of Difficulty Finding Fresh Produce at an Affordable Price
(Total Service Area Parents, 2022)
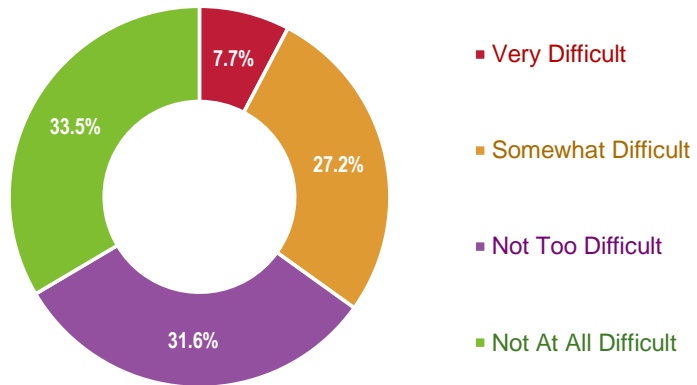
- Very Difficult: 7.7%
- Somewhat Difficult: 27.2%
- Not Too Difficult: 31.6%
- Not At All Difficult: 33.5%

Sources: ● 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 112]
Notes: ● Asked of all respondents.

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

Total Service Area

Brevard County	Orange County	Osceola County	Polk County	Seminole County	Total Service Area	US		2019	2022
37.7%	32.3%	35.4%	37.2%	35.5%	34.9%	22.7%		29.1%	34.9%
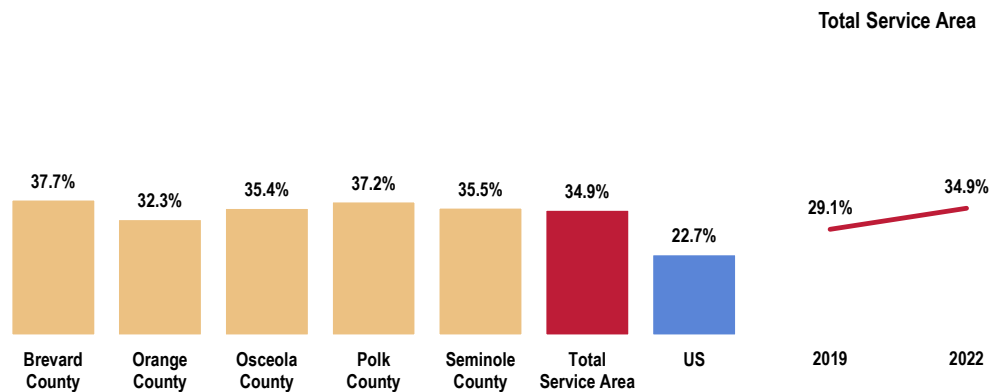
Sources: ● 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 112]
● 2020 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

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

34.2%	35.2%	30.9%	33.4%	40.4%	44.5%	41.6%	25.5%	33.6%	31.5%	41.5%	34.9%
Boy	Girl	Age 0 to 4	Age 5 to 12	Age 13 to 17	Very Low Income	Low Income	Mid/High Income	White	Black	Hispanic	TSA

Sources: ● 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 112]
Notes: ● Asked of all respondents.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Low Food Access

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

BENCHMARK ► Less favorable than found statewide and nationwide.

DISPARITY ► Highest in Brevard County.

Low Food Access
(2019)

41.8%	22.1%	35.3%	36.4%	29.3%	30.8%	25.1%	22.2%
Brevard County	Orange County	Osceola County	Polk County	Seminole County	Total Service Area	FL	US

Sources: ● US Department of Agriculture, Economic Research Service, USDA – Food Access Research Atlas.
● Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved May 2022 via SparkMap (sparkmap.org).
● This indicator reports the percentage of the population with low food access. Low food access is defined as living more than ½ mile from the nearest supermarket, supercenter, or large grocery store.

Fast Food

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

BENCHMARK ► Higher than found across Florida.

TREND ► Denotes a significant increase within the service area over time.

DISPARITY ► Highest in Orange County.

Fast Food Restaurants
(Number of Fast Food Restaurants per 100,000 Population; 2019)
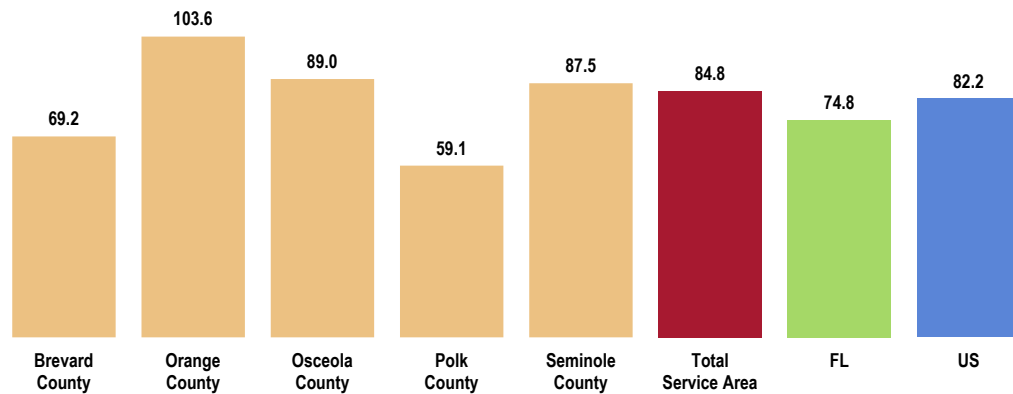
	Brevard County	Orange County	Osceola County	Polk County	Seminole County	Total Service Area	FL	US
Value	69.2	103.6	89.0	59.1	87.5	84.8	74.8	82.2

Sources:
- US Census Bureau, County Business Patterns. Additional data analysis by CARES.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved May 2022 via SparkMap (sparkmap.org).
- This indicator is relevant because it provides a measure of healthy food access and environmental influences on dietary behaviors.
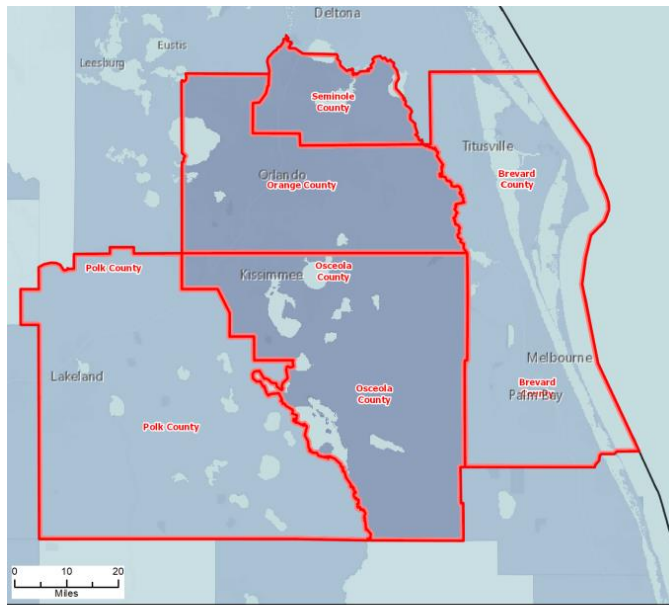
Map Legend

Fast Food Restaurants, Rate (Per 100,000 Pop.)
by County, CBP 2019

- Over 100.0
- 75.1 - 100.0
- 50.1 - 75.0
- Under 50.1
- <3 Fast Food Restaurants (Suppressed)

Report Location, County

SparkMap

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

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

Sources:
- US Census Bureau, County Business Patterns. Additional data analysis by CARES.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved May 2022 via SparkMap (sparkmap.org).
- This indicator is relevant because it provides a measure of healthy food access and environmental influences on dietary behaviors.

Most Total Service Area children age 2-17 have had a "fast food" meal in the past week; in fact, 3 in 10 parents (30.4%) report that their child has had three or more meals from "fast food" restaurants in the past week.

BENCHMARK ▶ Much higher than the US finding.

TREND ▶ Significantly higher than the 2013 benchmark.

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

Number of Fast Food Meals for Child in the Past Week
(Total Service Area Children Age 2-17, 2022)
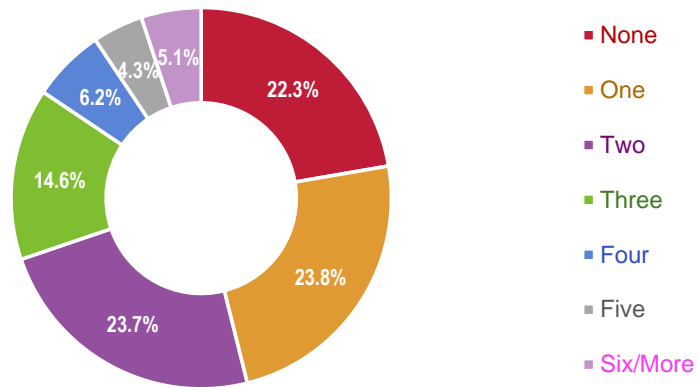
None: 22.3%
One: 23.8%
Two: 23.7%
Three: 14.6%
Four: 6.2%
Five: 4.3%
Six/More: 5.1%

Sources:　● 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 108]
Notes:　　● Asked of all respondents for whom the randomly selected child in the household is between the ages of 2 and 17.

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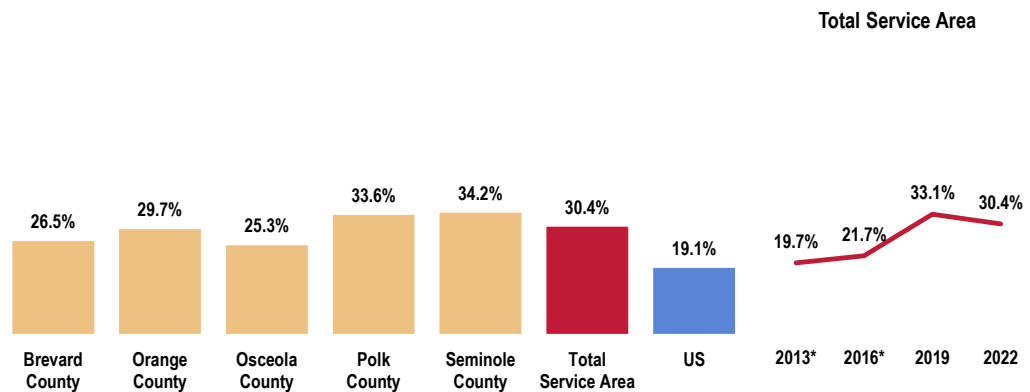
Total Service Area

Brevard County	Orange County	Osceola County	Polk County	Seminole County	Total Service Area	US
26.5%	29.7%	25.3%	33.6%	34.2%	30.4%	19.1%

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

Sources:　● 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 108]
　　　　　● 2020 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
Notes:　　● Asked of all respondents for whom the randomly selected child in the household is between the ages of 2 and 17.
　　　　　● *2013 and 2016 results do not include responses from Polk County.

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

Category	Percentage
Boy	28.7%
Girl	32.0%
Age 0 to 4	29.0%
Age 5 to 12	27.4%
Age 13 to 17	34.3%
Very Low Income	32.2%
Low Income	33.2%
Mid/High Income	28.7%
White	28.2%
Black	35.4%
Hispanic	27.6%
TSA	30.4%

Sources: ● 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 108]
Notes: ● Asked of all respondents for whom the randomly selected child in the household is between the ages of 2 and 17.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Family Meals

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

BENCHMARK ▶ Much lower than the national percentage.

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

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

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

Category	Percentage
None	5.5%
One	4.1%
Two	7.5%
Three	10.0%
Four	10.8%
Five	12.6%
Six	4.8%
Seven/More	44.7%

Sources: ● 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 109]
Notes: ● Asked of all respondents for whom the randomly selected child in the household is between the ages of 2 and 17.

Shared Seven or Meals as a Family in the Past Week
(Total Service Area Children Age 2-17, 2022)

Total Service Area

	Brevard County	Orange County	Osceola County	Polk County	Seminole County	Total Service Area	US
	45.2%	43.7%	50.9%	46.0%	40.4%	44.7%	64.6%

Total Service Area
- 2019: 44.2%
- 2022: 44.7%

Shared Seven or Meals as a Family in the Past Week
(Total Service Area Children Age 2-17, 2022)

Boy	Girl	Age 2 to 4	Age 5 to 12	Age 13 to 17	Very Low Income	Low Income	Mid/High Income	White	Black	Hispanic	TSA
48.2%	42.2%	49.6%	49.1%	34.9%	41.0%	48.0%	43.9%	45.7%	40.4%	46.2%	44.7%

PHYSICAL ACTIVITY

Recommended Physical Activity

CHILDREN: RECOMMENDED LEVELS OF PHYSICAL ACTIVITY

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

– 2013 Physical Activity Guidelines for Americans, US Department of Health and Human Services. www.cdc.gov/physicalactivity

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

BENCHMARK ▶   Satisfies the Healthy People 2030 objective.

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

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

Number of Days in the Past Week on Which Child Was Physically Active for One Hour or Longer
(Total Service Area Children Age 2-17, 2022)
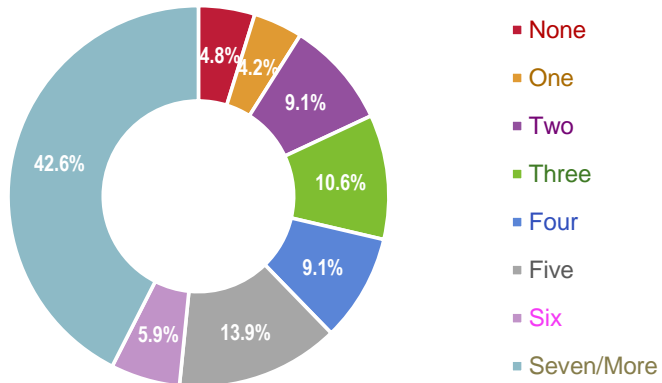
Legend:
- None
- One
- Two
- Three
- Four
- Five
- Six
- Seven/More

Chart values: 4.8%, 4.2%, 9.1%, 10.6%, 9.1%, 13.9%, 5.9%, 42.6%

Sources: ● 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 107]
Notes: ● Asked of those respondents for whom the randomly selected child in the household is between the ages of 2 and 17.

Child Was Physically Active for
One Hour or Longer on Every Day of the Past Week
(Total Service Area Children Age 2-17, 2022)
Healthy People 2030 Target = 30.4% or Higher

Total Service Area

49.0%	37.0%	48.0%	45.3%	43.4%	42.6%	44.9%	45.8%	40.5%	36.9%	42.6%

Brevard County | Orange County | Osceola County | Polk County | Seminole County | Total Service Area | US | 2013* | 2016* | 2019 | 2022
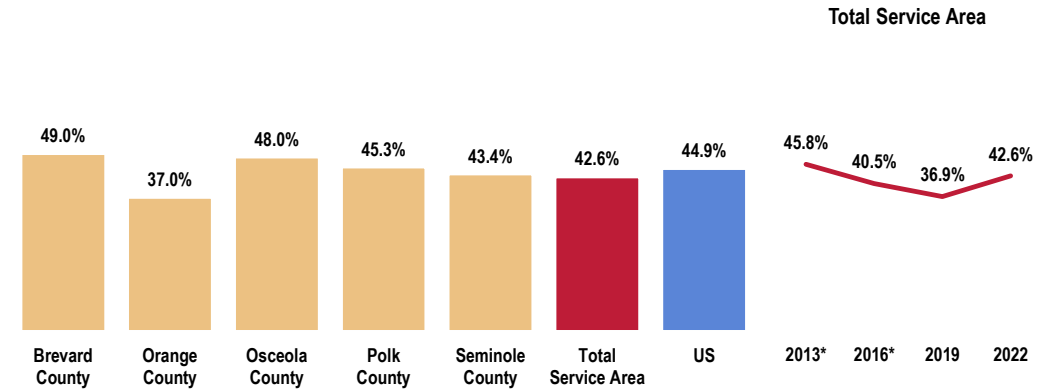
Sources: ● 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 107]
● 2020 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
● US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov
Notes: ● Asked of those respondents for whom the randomly selected child in the household is between the ages of 2 and 17.
● *2013 and 2016 results do not include responses from Polk County.

Child Was Physically Active for
One Hour or Longer on Every Day of the Past Week
(Total Service Area Children Age 2-17, 2022)
Healthy People 2030 Target = 30.4% or Higher

Boy	Girl	Age 2 to 4	Age 5 to 12	Age 13 to 17	Very Low Income	Low Income	Mid/High Income	White	Black	Hispanic	TSA
47.0%	39.0%	66.4%	44.3%	26.2%	46.4%	52.8%	34.8%	45.7%	40.3%	40.7%	42.6%

Sources: ● 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 107]
● US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov (adjusted to reflect all children and adolescents)
Notes: ● Asked of those respondents for whom the randomly selected child in the household is between the ages of 2 and 17.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Screen Time

Total Screen Time

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

TREND ▶ Represents a significant increase since the 2019 survey.

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

Children's Screen Time
(Total Service Area Children Age 5-17, 2022)
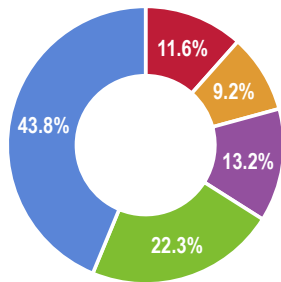
Hours per Day of TV/Videos or Video Games

- None: 11.6%
- <1 Hour: 9.2%
- 1 Hour: 13.2%
- 2 Hours: 22.3%
- 3+ Hours: 43.8%
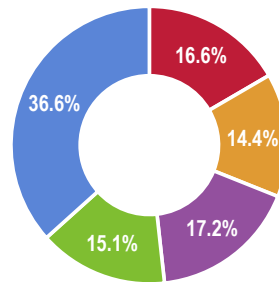
Hours per Day on a Cell Phone, Laptop, Tablet, Computer

- None: 16.6%
- <1 Hour: 14.4%
- 1 Hour: 17.2%
- 2 Hours: 15.1%
- 3+ Hours: 36.6%

Sources: ● 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Items 103, 307]
Notes: ● Asked of respondents for whom the randomly selected child in the household is age 5 to 17.
● For this issue, respondents were asked about the average weekday.
● "Three or more hours" includes reported screen time of 180 minutes or more per day.

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

Brevard County	Orange County	Osceola County	Polk County	Seminole County	Total Service Area	US
68.9%	64.3%	71.6%	70.8%	73.0%	68.4%	70.9%

Total Service Area

2019: 60.9%
2022: 68.4%

Sources: ● 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 128]
● 2020 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of respondents for whom the randomly selected child in the household is age 5 to 17.
● For this issue, respondents were asked about the average weekday.
● "Three or more hours" includes reported screen time of 180 minutes or more per day.

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

Boy	Girl	Age 5 to 12	Age 13 to 17	Very Low Income	Low Income	Mid/High Income	White	Black	Hispanic	TSA
71.1%	66.4%	60.9%	79.6%	69.8%	72.4%	67.3%	68.6%	70.6%	69.0%	68.4%

Electronic Media in Children's Bedrooms

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

BENCHMARK ► Much higher than the US percentage.

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

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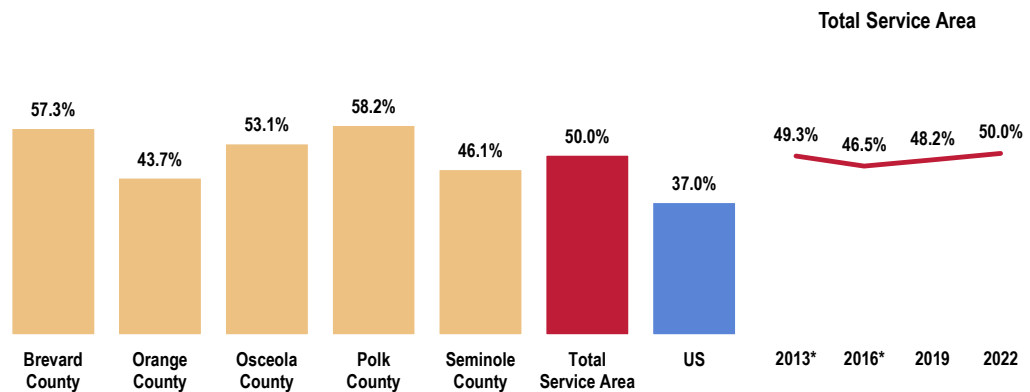
Total Service Area

Brevard County	Orange County	Osceola County	Polk County	Seminole County	Total Service Area	US	2013*	2016*	2019	2022
57.3%	43.7%	53.1%	58.2%	46.1%	50.0%	37.0%	49.3%	46.5%	48.2%	50.0%

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

Boy	Girl	Age 5 to 12	Age 13 to 17	Very Low Income	Low Income	Mid/High Income	White	Black	Hispanic	TSA
49.0%	51.1%	46.6%	55.5%	68.2%	46.7%	45.9%	45.8%	57.4%	55.9%	50.0%

Sources: ● 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 104]
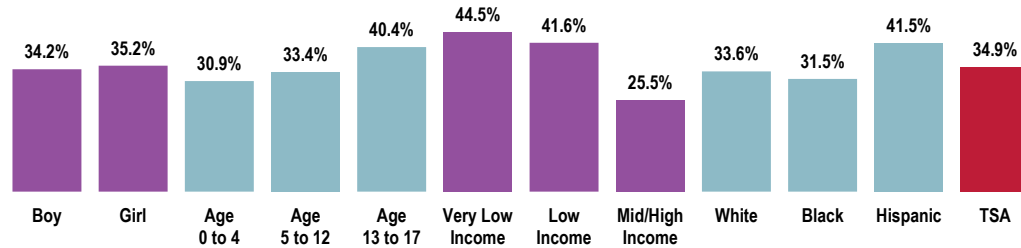Notes: ● Asked of those respondents for whom the randomly selected child in the household is between the ages of 5 and 17.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
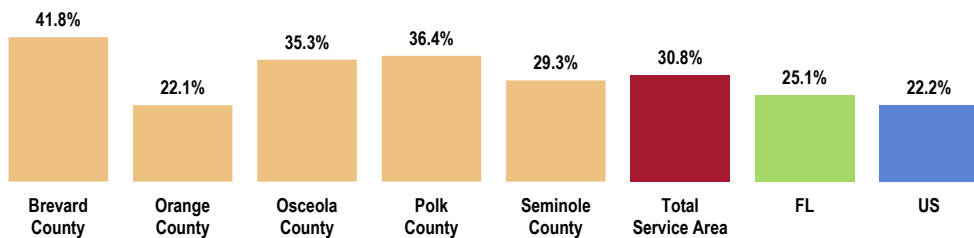
Similarly, 56.1% of Total Service Area school-age children have access to a computer or some type of electronic device in their bedrooms.

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

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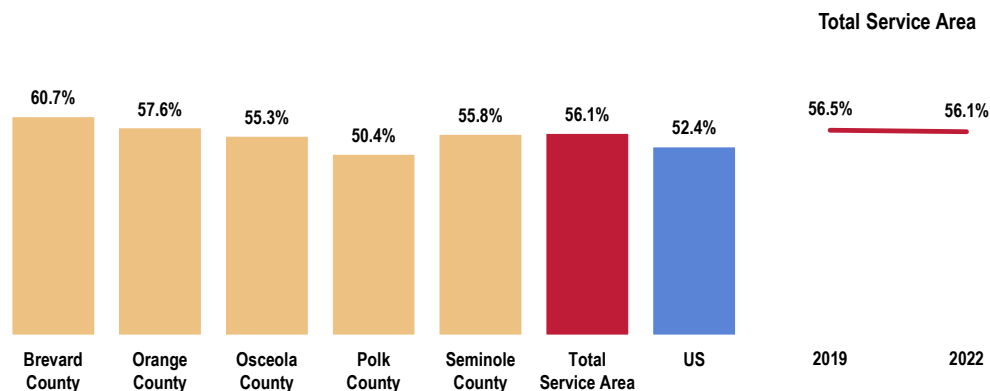
Total Service Area

Brevard County	Orange County	Osceola County	Polk County	Seminole County	Total Service Area	US		2019	2022
60.7%	57.6%	55.3%	50.4%	55.8%	56.1%	52.4%		56.5%	56.1%

Sources: ● 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 106]
● 2020 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of those respondents for whom the randomly selected child in the household is between the ages of 5 and 17.

Child Has a Computer or Device in Own Bedroom
(Total Service Area Children Age 5-17, 2022)
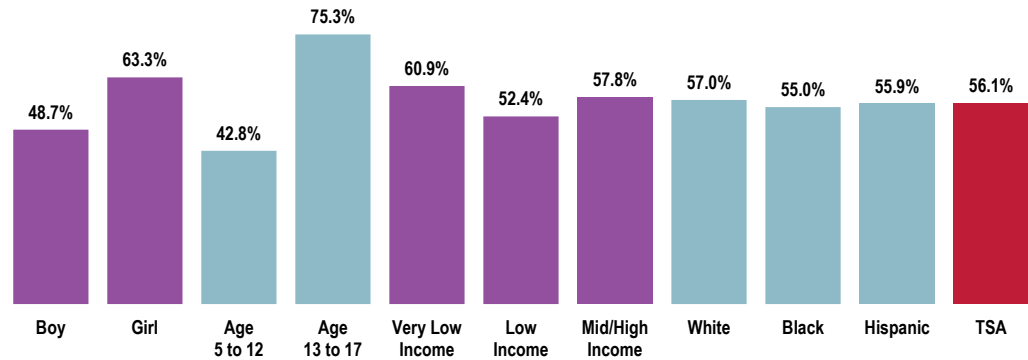
Category	Value
Boy	48.7%
Girl	63.3%
Age 5 to 12	42.8%
Age 13 to 17	75.3%
Very Low Income	60.9%
Low Income	52.4%
Mid/High Income	57.8%
White	57.0%
Black	55.0%
Hispanic	55.9%
TSA	56.1%

Sources: • 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 106]
Notes: • Asked of those respondents for whom the randomly selected child in the household is between the ages of 5 and 17.
• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Smartphones

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

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

Child Has Own Smartphone
(Total Service Area Children Age 5-17, 2022)
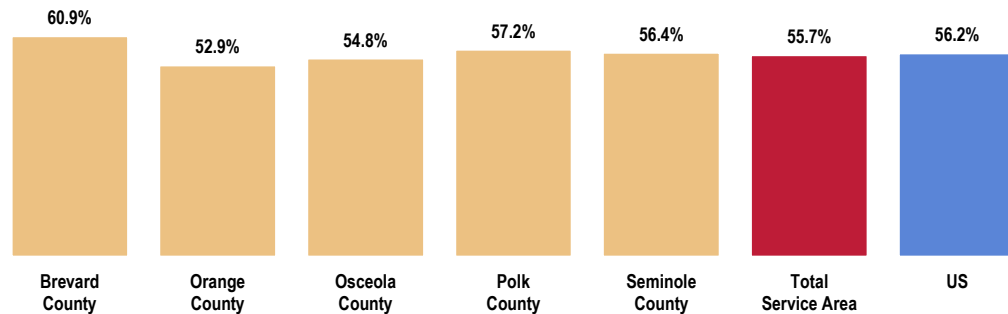
Category	Value
Brevard County	60.9%
Orange County	52.9%
Osceola County	54.8%
Polk County	57.2%
Seminole County	56.4%
Total Service Area	55.7%
US	56.2%

Sources: • 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 123]
• 2020 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents for whom the randomly selected child in the household is age 5-17.

Child Has Own Smartphone
(Total Service Area Children Age 5-17, 2022)
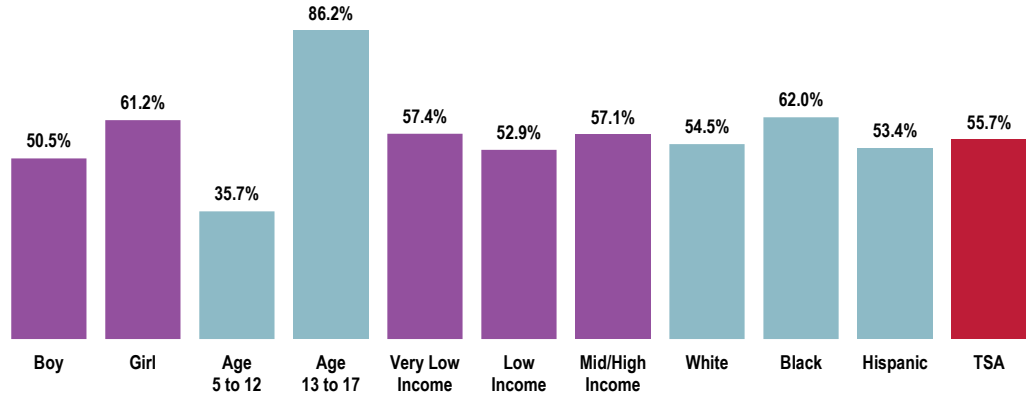
Category	Percentage
Boy	50.5%
Girl	61.2%
Age 5 to 12	35.7%
Age 13 to 17	86.2%
Very Low Income	57.4%
Low Income	52.9%
Mid/High Income	57.1%
White	54.5%
Black	62.0%
Hispanic	53.4%
TSA	55.7%

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

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

WEIGHT STATUS

Child Overweight & Obesity

ABOUT WEIGHT STATUS IN CHILDREN & TEENS

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

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

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

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

- Underweight $<5^{th}$ percentile
- Healthy Weight $\geq 5^{th}$ and $<85^{th}$ percentile
- Overweight $\geq 85^{th}$ and $<95^{th}$ percentile
- Obese $\geq 95^{th}$ percentile

– Centers for Disease Control and Prevention

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

TREND ► Denotes a significant increase over time.

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

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

Total Service Area

Bar chart values:
- Brevard County: 33.8%
- Orange County: 37.4%
- Osceola County: 30.9%
- Polk County: 40.7%
- Seminole County: 28.7%
- Total Service Area: 35.6%
- US: 36.9%

Trend line:
- 2013*: 27.5%
- 2016*: 31.2%
- 2019: 30.7%
- 2022: 35.6%
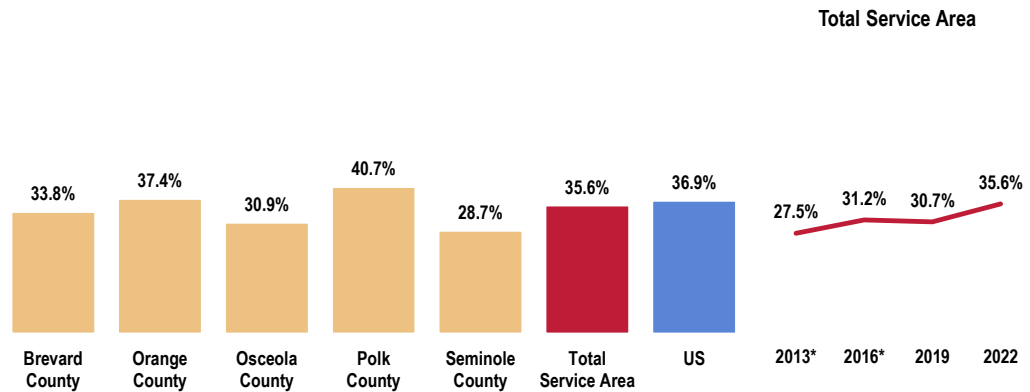
Sources:
- 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 130]
- 2020 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of those respondents for whom the randomly selected child in the household is between the ages of 5 and 17.
- Overweight among children 5-17 is determined by child's Body Mass Index status at or above the 85th percentile of US growth charts by gender and age.
- *2013 and 2016 results do not include responses from Polk County.

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

Bar chart values:
- Boy: 34.3%
- Girl: 37.5%
- Age 5 to 12: 39.0%
- Age 13 to 17: 30.9%
- Very Low Income: 42.7%
- Low Income: 38.3%
- Mid/High Income: 30.8%
- White: 28.8%
- Black: 41.8%
- Hispanic: 42.1%
- TSA: 35.6%
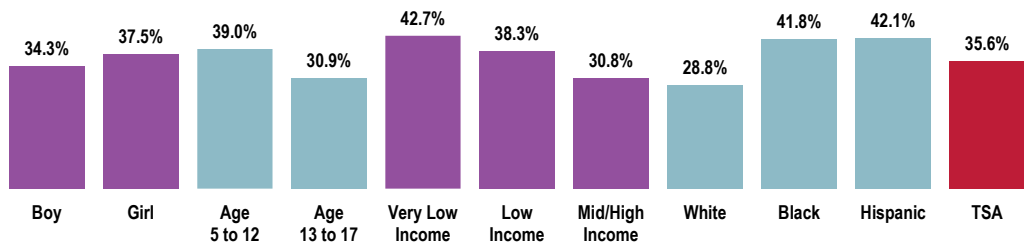
Sources:
- 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 130]

Notes:
- Asked of those respondents for whom the randomly selected child in the household is between the ages of 5 and 17.
- Overweight among children is determined by children's Body Mass Index status equal to or above the 85th percentile of US growth charts by gender and age.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
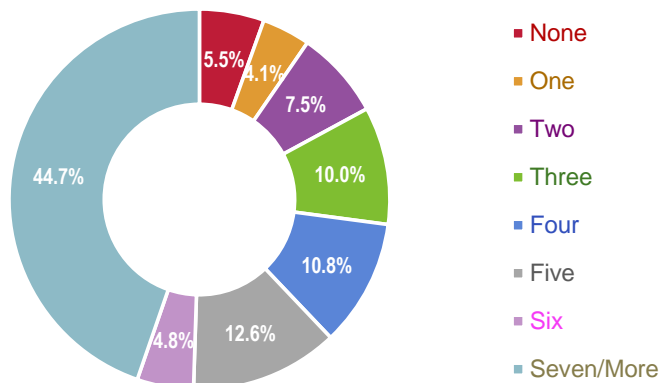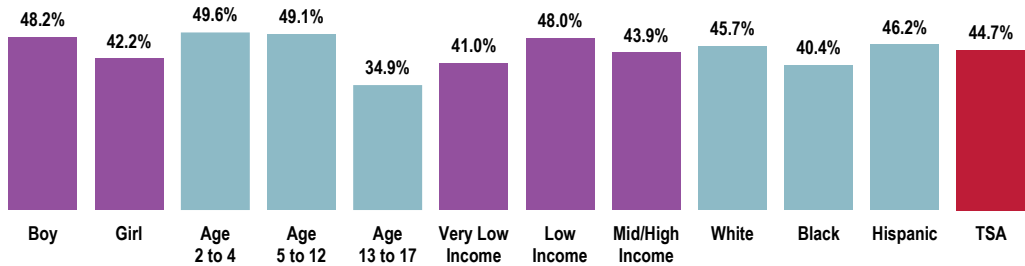
The childhood overweight prevalence above includes 20.3% of area children age 5 to 17 who are <u>obese</u> (≥95th percentile).

BENCHMARK ► Fails to satisfy the Healthy People 2030 objective.

TREND ► Marks a significant increase over time.

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

Child Obesity Prevalence
(Total Service Area Children Age 5-17 with a BMI in the 95th Percentile or Higher)
Healthy People 2030 Target = 15.5% or Lower

Total Service Area

Brevard County	Orange County	Osceola County	Polk County	Seminole County	Total Service Area	US		2013*	2016*	2019	2022
20.8%	19.4%	19.6%	22.7%	19.2%	20.3%	17.8%		14.0%	19.3%	17.6%	20.3%

Sources:
- 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 130]
- 2020 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Notes:
- Asked of those respondents for whom the randomly selected child in the household is between the ages of 5 and 17.
- Obesity among children is determined by children's Body Mass Index status equal to or above the 95th percentile of US growth charts by gender and age.
- *2013 and 2016 results do not include responses from Polk County.

Child Obesity Prevalence
(Total Service Area Children Age 5-17 with a BMI in the 95th Percentile or Higher)
Healthy People 2030 Target = 15.5% or Lower

Boy	Girl	Age 5 to 12	Age 13 to 17	Very Low Income	Low Income	Mid/High Income	White	Black	Hispanic	TSA
17.8%	23.1%	23.4%	15.9%	26.2%	25.1%	16.9%	15.2%	20.1%	28.2%	20.3%
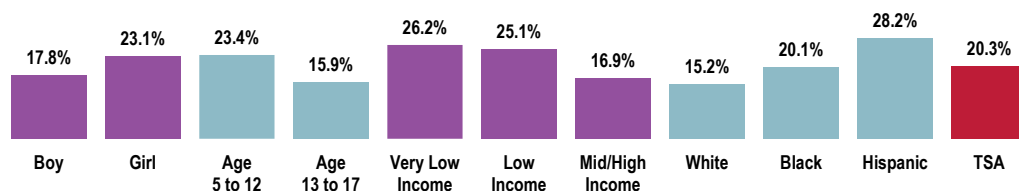
Sources:
- 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 130]
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

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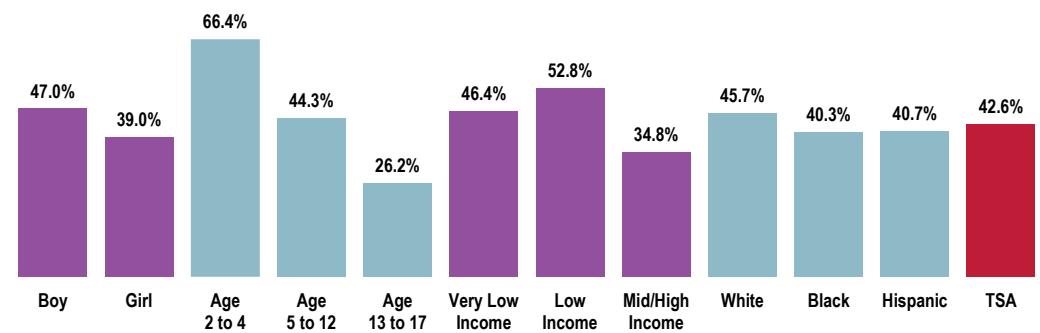- Asked of those respondents for whom the randomly selected child in the household is between the ages of 5 and 17.
- Overweight among children is determined by children's Body Mass Index status equal to or above the 85th percentile of US growth charts by gender and age.
- Hispanics can be of any race.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

Perceptions of Overweight

Actual vs. Perceived Body Weight

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

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

OBESE CHILDREN ► Only 10.2% of these parents perceive their child to be "very overweight."

Child's Actual vs. Perceived Weight Status
(Total Service Area Children Age 5-17 Who Are Overweight/Obese Based on BMI, 2022)

■ Among Children Overweight But Not Obese (Based on BMI 85th-94th Percentile)
■ Among Obese Children (Based on BMI 95th Percentile)
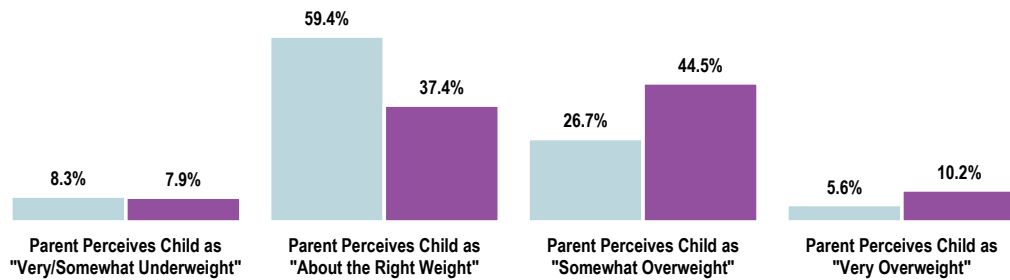
	Among Children Overweight But Not Obese	Among Obese Children
Parent Perceives Child as "Very/Somewhat Underweight"	8.3%	7.9%
Parent Perceives Child as "About the Right Weight"	59.4%	37.4%
Parent Perceives Child as "Somewhat Overweight"	26.7%	44.5%
Parent Perceives Child as "Very Overweight"	5.6%	10.2%

Sources: ● 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 310]
Notes: ● Asked of those respondents for whom the randomly selected child at home is age 5 to 17.
● Overweight in children is defined as a Body Mass Index (BMI) value at or above the 85th percentile of US growth charts by gender and age; obesity in children is defined as a BMI value at or above the 95th percentile.

Notification of Overweight Status

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

BENCHMARK ► Higher than the US finding.

Parent Has Been Told in the Past Year by a School or Health Professional That Their Child Is Overweight
(Total Service Area Children Age 5-17 Who Are Overweight/Obese Based on BMI, 2022)
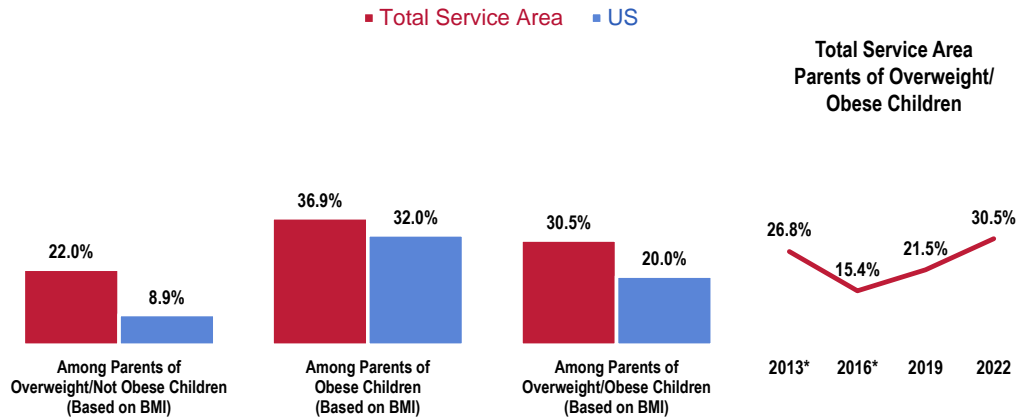
■ Total Service Area   ■ US

Total Service Area Parents of Overweight/ Obese Children

	22.0%	8.9%	36.9%	32.0%	30.5%	20.0%	26.8%	15.4%	21.5%	30.5%

Among Parents of Overweight/Not Obese Children (Based on BMI)

Among Parents of Obese Children (Based on BMI)

Among Parents of Overweight/Obese Children (Based on BMI)

2013*   2016*   2019   2022

Sources: ● 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 311]
Notes: ● Asked of those respondents for whom the randomly selected child at home is age 5 to 17.
● Overweight in children is defined as a Body Mass Index (BMI) value at or above the 85th percentile of US growth charts by gender and age; obesity in children is defined as a BMI value at or above the 95th percentile.
● *2013 and 2016 results do not include responses from Polk County.

Key Informant Input:
Nutrition, Physical Activity & Weight

The greatest share of key informants taking part in an online survey characterized *Nutrition, Physical Activity & Weight* as a "major problem" for children/adolescents in the community.

Perceptions of Nutrition, Physical Activity & Weight as a Problem for Children/Adolescents in the Community
(Key Informants, 2022)

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

60.0%	28.3%	10.0%	

1.7%

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

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

Obesity

There is a growing epidemic of pediatric obesity. – Physician

A significant percentage of children in Polk are overweight or obese, as well as adults. Weight increases with age. Data from school health BMI screenings is alarming. – Public Health Representative

BMI, children who are overweight and obese continues to increase in our community. – Other Health Provider

We have increasing rates of overweight and obesity, and can use nutrition, physical activity, and weight reduction strategies to address it. In particular, families experiencing food insecurity are disproportionality affected due to lack of access to healthy affordable foods. – Social Services Provider

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

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

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

Awareness/Education

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

Poor education. – Physician

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

Prevalence/Incidence

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

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

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

Lifestyle

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

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

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

Multiple Factors

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

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

Nutrition

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

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

Access to Affordable Healthy Food

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

Co-Occurrences

Juvenile diabetes. – Social Services Provider

Insufficient Physical Activity

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

Screen Time

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

Built Environment

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

Due to COVID-19

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

TOBACCO, ALCOHOL & OTHER DRUGS

Exposure to Environmental Tobacco Smoke

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

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

Someone Smokes Tobacco Inside the Home
(Total Service Area, 2022)
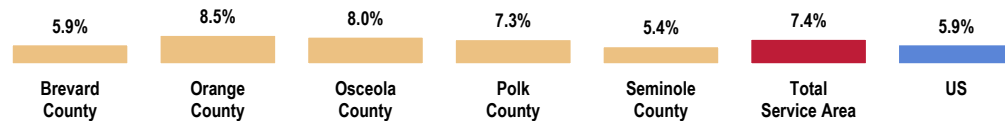
Brevard County	Orange County	Osceola County	Polk County	Seminole County	Total Service Area	US
5.9%	8.5%	8.0%	7.3%	5.4%	7.4%	5.9%

Sources:
● 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 102]
● 2020 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
● US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Notes:
● Asked of all respondents.

Someone Smokes Tobacco Inside the Home
(Total Service Area, 2022)
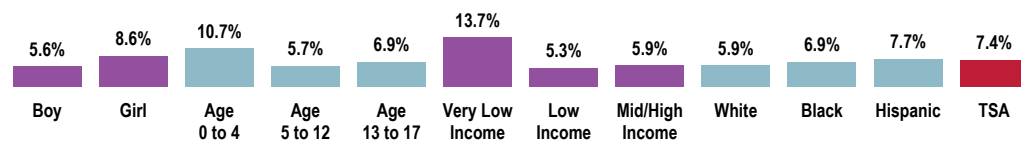
Boy	Girl	Age 0 to 4	Age 5 to 12	Age 13 to 17	Very Low Income	Low Income	Mid/High Income	White	Black	Hispanic	TSA
5.6%	8.6%	10.7%	5.7%	6.9%	13.7%	5.3%	5.9%	5.9%	6.9%	7.7%	7.4%

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

Notes:
● Asked of all respondents.
● US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

A higher percentage of Total Service Area parents (12.8%) report that someone in the household vapes or smokes e-cigarettes inside or outside the home.

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

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

17.3%	10.4%	12.2%	10.6%	18.3%	12.8%
Brevard County	Orange County	Osceola County	Polk County	Seminole County	Total Service Area

Sources: ● 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 306]
Notes: ● Asked of all respondents.

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

11.0%	14.1%	16.5%	10.3%	13.4%	16.7%	12.8%	11.8%	14.2%	6.4%	10.7%	12.8%
Boy	Girl	Age 0 to 4	Age 5 to 12	Age 13 to 17	Very Low Income	Low Income	Mid/High Income	White	Black	Hispanic	TSA

Sources: ● 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 306]
Notes: ● Asked of all respondents.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
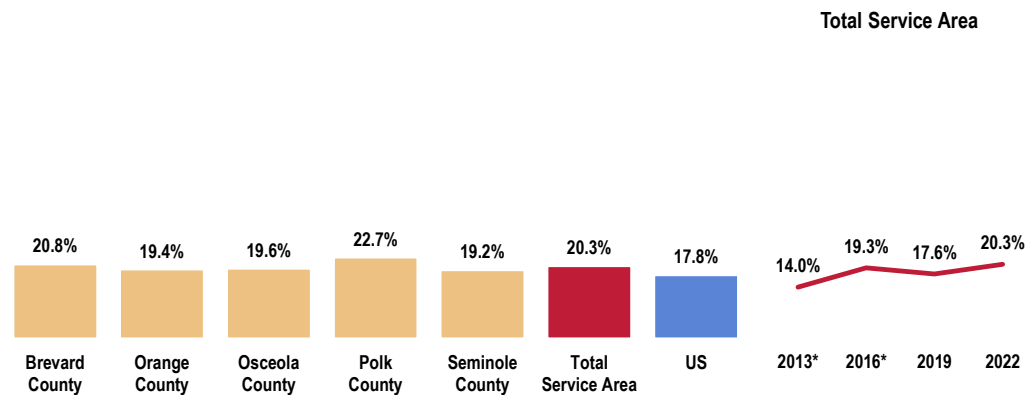
Current Tobacco Use (Adolescents)

Among high school students in Orange County, 3.1% report smoking at least one cigarette on at least one day during the 30 days preceding the administration of the 2019 Youth Risk Behavior Survey.

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

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

Smoked Cigarettes in Past Month
(Among High School Students; Youth Risk Behavior Surveys, 2019)
Healthy People 2030 Target = 3.4% or Lower

Orange County	FL	US
3.1%	4.8%	6.0%

Sources:
- Centers for Disease Control and Prevention (CDC). 2019 High School Youth Risk Behavior Survey Data. Available at http://nccd.cdc.gov/youthonline/. Accessed May 2022.
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Notes:
- Smoked cigarettes on at least 1 day during the 30 days before the survey.

Smoked Cigarettes in Past Month
(Among High School Students; Youth Risk Behavior Surveys, 2019)
Healthy People 2030 Target = 3.4% or Lower

Males	Females	Grade 9	Grade 10	Grade 11	Grade 12	White	Black	Hispanic	Orange County
3.8%	2.2%	1.3%	2.7%	2.0%	6.2%	5.8%	0.8%	2.9%	3.1%

Sources:
- Centers for Disease Control and Prevention (CDC). 2019 High School Youth Risk Behavior Survey Data. Available at http://nccd.cdc.gov/youthonline/. Accessed May 2022.
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov
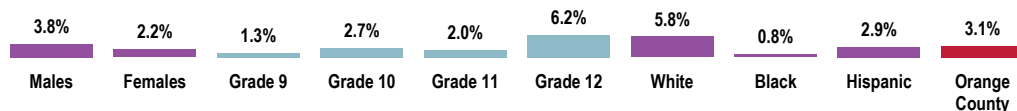
Notes:
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Smoked cigarettes on at least 1 day during the 30 days before the survey.

Alcohol Use (Adolescents)

Current Alcohol Use

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

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

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

Drank Alcohol in Past Month
(Among High School Students; Youth Risk Behavior Surveys, 2019)
Healthy People 2030 Target = 6.3% or Lower

Orange County	FL	US
23.3%	26.1%	29.2%
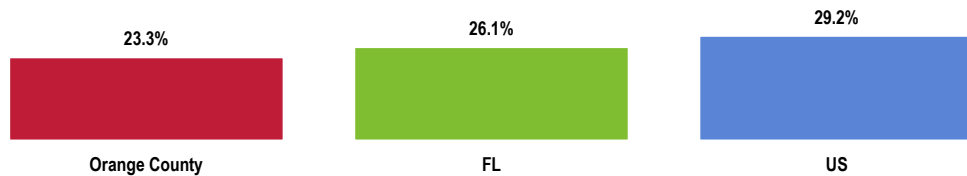
Sources: ● Centers for Disease Control and Prevention (CDC). 2019 High School Youth Risk Behavior Survey Data. Available at http://nccd.cdc.gov/youthonline/. Accessed May 2022.
● US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov
Notes: ● Had at least one drink of alcohol on at least one day during the 30 days before the survey.

Drank Alcohol in Past Month
(Among High School Students; Youth Risk Behavior Survey, 2019)
Healthy People 2030 Target = 6.3% or Lower

Males	Females	Grade 9	Grade 10	Grade 11	Grade 12	White	Black	Hispanic	Orange County
20.3%	25.9%	14.2%	23.9%	19.7%	34.3%	32.0%	16.6%	21.5%	23.3%

Sources: ● Centers for Disease Control and Prevention (CDC). 2019 High School Youth Risk Behavior Survey Data. Available at http://nccd.cdc.gov/youthonline/. Accessed May 2022.
● US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov
Notes: ● Had at least one drink of alcohol on at least one day during the 30 days before the survey.

Drug Use (Adolescents)

Lifetime Use of Drugs

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

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

Ever Used Specific Drugs
(Among High School Students; Youth Risk Behavior Surveys, 2019)
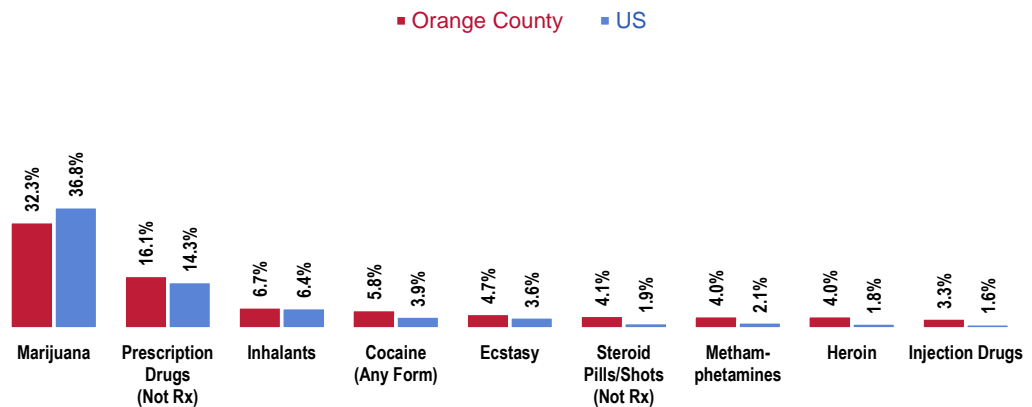
■ Orange County   ■ US

	Marijuana	Prescription Drugs (Not Rx)	Inhalants	Cocaine (Any Form)	Ecstasy	Steroid Pills/Shots (Not Rx)	Metham-phetamines	Heroin	Injection Drugs
Orange County	32.3%	16.1%	6.7%	5.8%	4.7%	4.1%	4.0%	4.0%	3.3%
US	36.8%	14.3%	6.4%	3.9%	3.6%	1.9%	2.1%	1.8%	1.6%

Sources: ● Centers for Disease Control and Prevention (CDC). 2019 High School Youth Risk Behavior Survey Data. Available at http://nccd.cdc.gov/youthonline/. Accessed May 2022.
Notes: ● Prescription drugs include drugs such as Oxycontin, Percocet, Vicodin, codeine, Adderall, Ritalin, or Xanax.
● Inhalants include sniffing glue, breathing the contents of aerosol spray cans, or inhaling any paints or sprays to get high.
● Ecstasy is also called "MDMA."
● Cocaine includes powder, crack or freebase forms of cocaine.
● Methamphetamine is also called "speed," "crystal meth," "meth," "crank," or "ice."
● Heroin also called "smack," "junk," or "China White."

Current Marijuana Use

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

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

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

Used Marijuana in Past Month
(Among High School Students; Youth Risk Behavior Surveys, 2019)
Healthy People 2030 Target = 5.8% or Lower

16.5%	19.6%	21.7%
Orange County	FL	US

Sources:
- Centers for Disease Control and Prevention (CDC). 2019 High School Youth Risk Behavior Survey Data. Available at http://nccd.cdc.gov/youthonline/. Accessed May 2022.
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Notes:
- Used marijuana one or more times during the 30 days before the survey.

Used Marijuana in Past Month
(Among High School Students; Youth Risk Behavior Survey, 2019)
Healthy People 2030 Target = 5.8% or Lower

Males	Females	Grade 9	Grade 10	Grade 11	Grade 12	White	Black	Hispanic	Orange County
17.1%	15.8%	10.3%	15.6%	15.2%	24.8%	22.4%	15.5%	13.4%	16.5%

Sources:
- Centers for Disease Control and Prevention (CDC). 2019 High School Youth Risk Behavior Survey Data. Available at http://nccd.cdc.gov/youthonline/. Accessed May 2022.
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov
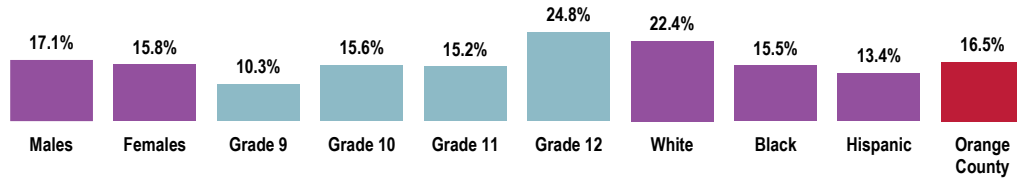
Notes:
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Used marijuana one or more times during the 30 days before the survey.

Key Informant Input: Tobacco, Alcohol & Other Drugs

The greatest share of key informants taking part in an online survey characterized *Tobacco, Alcohol & Other Drugs* as a "moderate problem" for children/adolescents in the community.

Perceptions of Tobacco, Alcohol & Other Drugs
as a Problem for Children/Adolescents in the Community
(Key Informants, 2022)

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

22.8%	59.6%	10.5%	7.0%

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

Easy Access

Availability and access. – Public Health Representative

Drugs, including tobacco and alcohol, are unfortunately easily available to children and adolescents. Parents are the strongest influence that children have, so having access to programs for parents has proven to improve the chances of kids and adolescents following this behavior. Prevention that delays early substance use may have early life span effects, as well as transgenerational implications – Community/Business Leader

The continued availability of drugs and alcohol remains a difficult challenge to kids' health and wellness. I'm concerned that this ubiquitous negative element in our community, along with the easy availability of guns, will remain a problem. It's disappointing that we, as a society, have not adequately prevented either availability or access. Interesting that we can't get healthy foods to folks, but drugs, alcohol, and guns seem to be easily available. Hope I can find some support for my perspective! – Social Services Provider

This is a problem because it is easily accessible for older children, as well as peer pressure. – Public Health Representative

Teen/Young Adult Usage

Exposure to drugs and alcohol at a young age is dangerous and unhealthy. – Social Services Provider

More and more kids are being exposed to alcohol and drugs at earlier ages. – Other Health Provider

Vaping

Vaping. – Social Services Provider

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

Prevalence/Incidence

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

Parental Influence

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

Most Problematic Substances

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

SUBSTANCES VIEWED AS MOST PROBLEMATIC IN THE COMMUNITY (Among Key Informants Rating Substance Abuse as a "Major Problem")	
ALCOHOL	34.6%
MARIJUANA	15.4%
TOBACCO/VAPING PRODUCTS	15.4%
HEROIN OR OTHER OPIOIDS	11.5%
METHAMPHETAMINE OR OTHER AMPHETAMINES	7.7%
CLUB DRUGS (e.g. MDMA, GHB, Ecstasy, Molly)	0.4%
HALLUCINOGENS OR DISSOCIATIVE DRUGS (e.g. Ketamine, PCP, LSD, DXM)	0.4%
PRESCRIPTION MEDICATIONS	0.4%
HALLUCINOGENS OR DISSOCIATIVE DRUGS (e.g. Ketamine, PCP, LSD, DXM)	0.4%
PRESCRIPTION MEDICATIONS	0.4%
SYNTHETIC DRUGS (e.g. Bath Salts, K2/Spice)	0.4%

INJURY & SAFETY

Prevalence of Serious Injuries

While most Total Service Area children were not injured seriously within the past year, 13.9% sustained injuries serious enough to require medical treatment.

BENCHMARK ► Less favorable than the US finding.

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

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

Total Service Area

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

Brevard County	Orange County	Osceola County	Polk County	Seminole County	Total Service Area	US
13.3%	13.1%	15.9%	9.9%	20.6%	13.9%	8.8%

2013*	2016*	2019	2022
11.9%	13.3%	10.6%	13.9%
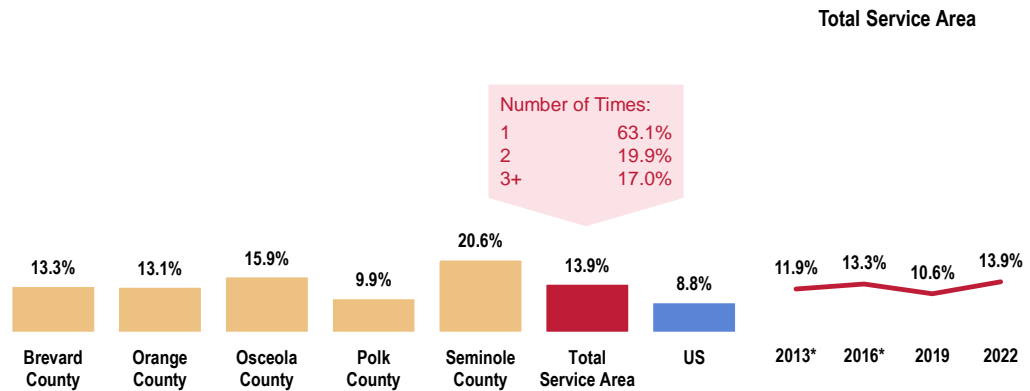
Sources: ● 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Items 69-70]
● 2020 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents about a randomly selected child in the household.
● *2013 and 2016 results do not include responses from Polk County.

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

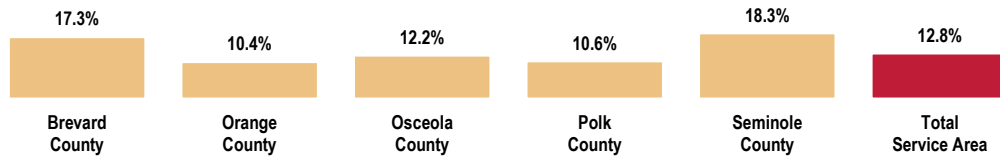| Boy	Girl	Age 0 to 4	Age 5 to 12	Age 13 to 17	Very Low Income	Low Income	Mid/High Income	White	Black	Hispanic	TSA
14.4%	13.0%	13.0%	11.7%	17.9%	14.4%	11.3%	14.6%	15.1%	12.3%	11.3%	13.9%
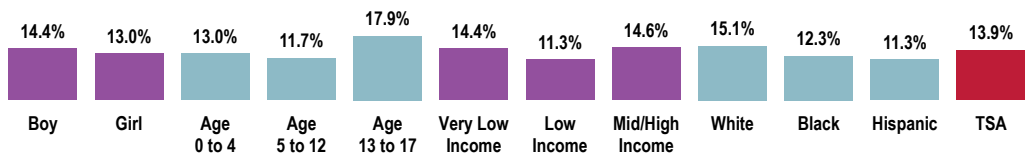
Sources: ● 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 69]
Notes: ● Asked of all respondents about a randomly selected child in the household.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
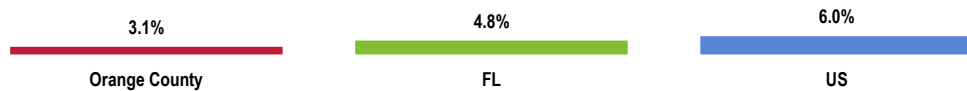
When asked what the child was doing when the injury occurred, parents of these children most often mentioned activities like **playing** and **sports (unorganized and organized)**. Another common contributor was **falling or tripping**.

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

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

20.3%
13.7%
11.7%
11.6%
10.6%
32.1%

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

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

Type of Injury Sustained
(Total Service Area Children Seriously Injured in the Past Year, 2022)
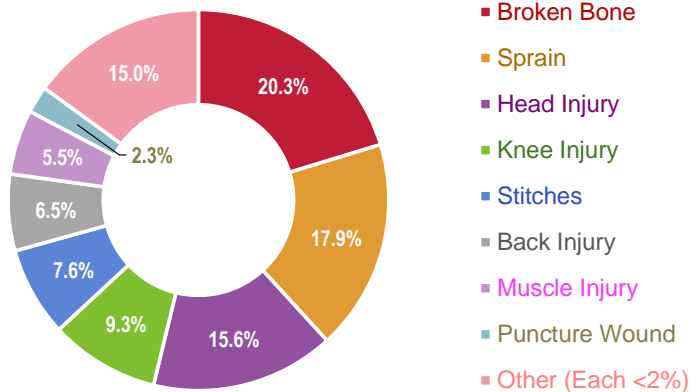
- Broken Bone
- Sprain
- Head Injury
- Knee Injury
- Stitches
- Back Injury
- Muscle Injury
- Puncture Wound
- Other (Each <2%)

20.3%
17.9%
15.6%
15.0%
9.3%
7.6%
6.5%
5.5%
2.3%

Sources: ● 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 72]
Notes: ● Asked of all respondents for whom the randomly selected child in the household was seriously injured in the past year.

Violence & Safety

ABOUT VIOLENCE & SAFETY

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

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

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

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

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

Violence against children can be prevented. Preventing and responding to violence against children requires that efforts systematically address risk and protective factors at all four interrelated levels of risk (individual, relationship, community, society).

– World Health Organization (https://www.who.int/news-room/fact-sheets/detail/violence-against-children)

Neighborhood Safety

While most Total Service Area families live in "extremely safe" or "quite safe" neighborhoods, 14.7% of parents live in neighborhoods they consider only "slightly safe" or "not at all safe."

DISPARITY ▶ Most favorable in Seminole County. Demographically, <u>least</u> favorable among parents of Black and Hispanic children and especially those in very low-income households.

Perceived Safety of Neighborhood
(Total Service Area, 2022)
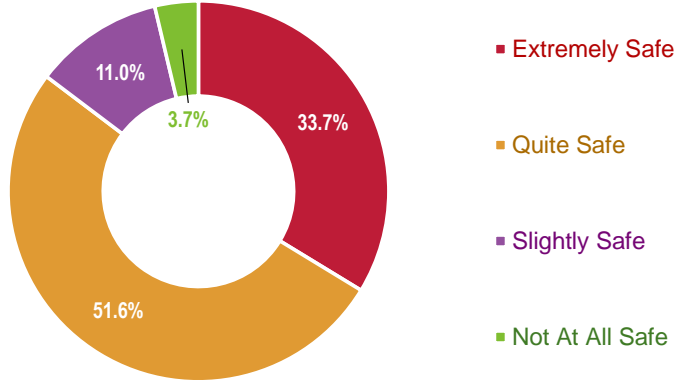
- Extremely Safe — 33.7%
- Quite Safe — 51.6%
- Slightly Safe — 11.0%
- Not At All Safe — 3.7%

Sources: ● 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 76]
Notes: ● Asked of all respondents.

Neighborhood Perceived to be "Slightly/Not At All" Safe
(Total Service Area, 2022)
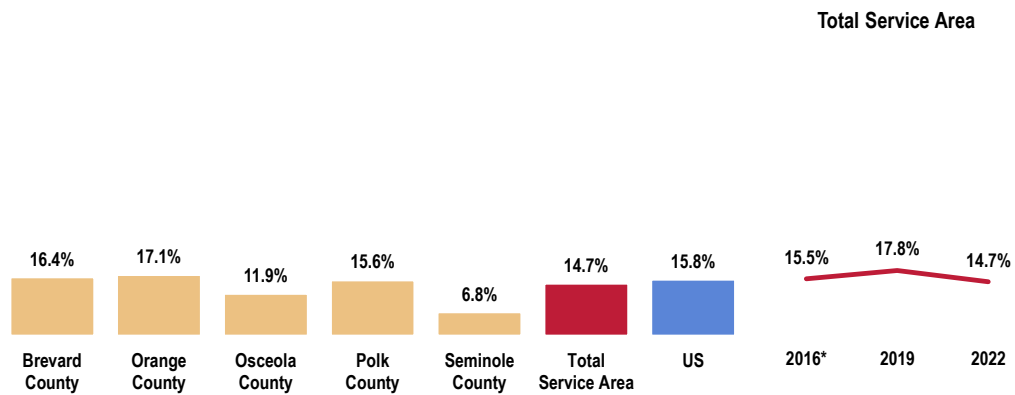
Total Service Area

Brevard County	Orange County	Osceola County	Polk County	Seminole County	Total Service Area	US		2016*	2019	2022
16.4%	17.1%	11.9%	15.6%	6.8%	14.7%	15.8%		15.5%	17.8%	14.7%

Sources: ● 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 76]
● 2020 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.
● *2016 results do not include responses from Polk County.

Neighborhood Perceived to be "Slightly/Not At All" Safe
(Total Service Area, 2022)

Boy	15.0%
Girl	13.5%
Age 0 to 4	13.0%
Age 5 to 12	14.7%
Age 13 to 17	15.6%
Very Low Income	30.6%
Low Income	16.1%
Mid/High Income	6.3%
White	10.0%
Black	24.0%
Hispanic	16.7%
TSA	14.7%

Sources: ● 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 76]
Notes: ● Asked of all respondents.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Feeling Safe at School or Going to/From School

A total of 17.4% of Total Service Area children age 5-17 missed school at least once in the past year because the child felt unsafe either at school or on the way to/from school.

BENCHMARK ► More than twice the US percentage.

TREND ► Significantly higher than the 2016 baseline.

DISPARITY ► More often reported among parents of children in very low-income households.

"During the past year, how many days did this child not go to school because he/she felt unsafe at school or on the way to or from school?"

School Days Missed in the Past Year Because
Child Felt Unsafe at School or on the Way to/From School
(Total Service Area Children Age 5-17, 2022)
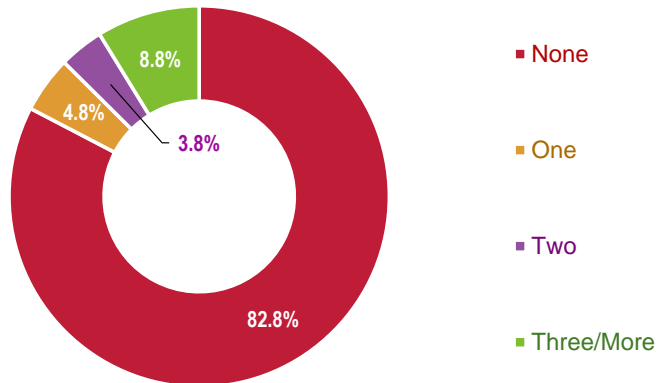
- None — 82.8%
- One — 4.8%
- Two — 3.8%
- Three/More — 8.8%

Sources: ● 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 73]
Notes: ● Asked of all respondents for whom the randomly selected child in the household is age 5-17.

Child Missed School in the Past Year Due to Feeling Unsafe
(Total Service Area Children Age 5-17, 2022)

Total Service Area

Brevard County	13.6%
Orange County	19.6%
Osceola County	14.8%
Polk County	16.8%
Seminole County	17.0%
Total Service Area	17.4%
US	8.4%

2016*	2019	2022
7.5%	16.9%	17.4%
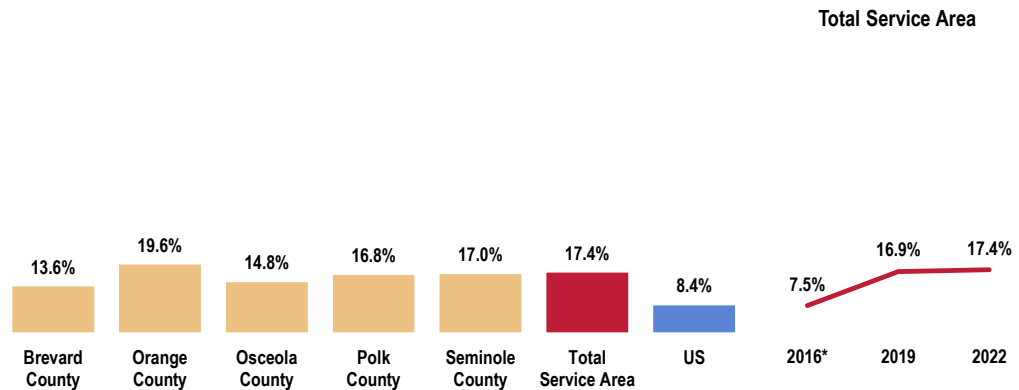
Sources:
- 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 73]
- 2020 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

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

Child Missed School in the Past Year Due to Feeling Unsafe
(Total Service Area Children Age 5-17, 2022)

Boy	15.5%
Girl	19.0%
Age 5 to 12	15.1%
Age 13 to 17	19.7%
Very Low Income	22.4%
Low Income	13.9%
Mid/High Income	16.6%
White	18.1%
Black	13.3%
Hispanic	17.5%
TSA	17.4%

Sources:
- 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 73]

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

Bullying

Among parents of school-age children (age 5-17), 23.5% report that their child has been bullied in the past year on school property.

BENCHMARK ► Less favorable than the US percentage.

TREND ► Marks a significant increase over time.

DISPARITY ► More often reported by parents of girls.

Child Was Bullied on School Property in the Past Year
(Total Service Area Children Age 5-17, 2022)

Total Service Area

26.8%	22.7%	17.9%	23.4%	26.9%	23.5%	18.0%	17.3%	19.5%	23.5%
Brevard County	Orange County	Osceola County	Polk County	Seminole County	Total Service Area	US	2016*	2019	2022
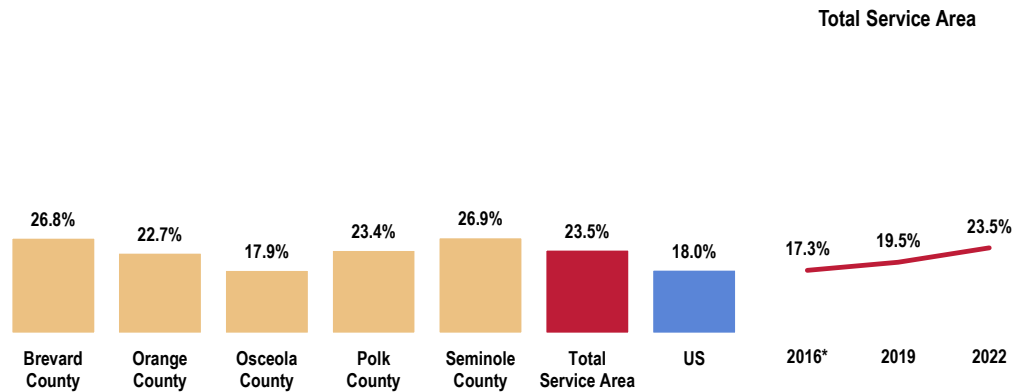
Sources: ● 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 74]
● 2020 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents for whom the randomly selected child in the household is age 5-17.
● *2016 results do not include responses from Polk County.

Child Was Bullied on School Property in the Past Year
(Total Service Area Children Age 5-17, 2022)

Boy	Girl	Age 5 to 12	Age 13 to 17	Very Low Income	Low Income	Mid/High Income	White	Black	Hispanic	TSA
19.9%	26.8%	24.9%	21.4%	27.7%	24.3%	22.0%	24.5%	22.8%	20.8%	23.5%
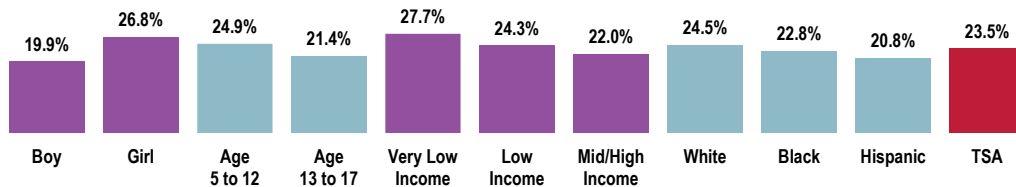
Sources: ● 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 74]
Notes: ● Asked of those respondents for whom the randomly selected child in the household is between the ages of 5 and 17.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

A total of 12.5% report that their child age 5-17 has been cyberbullied.

BENCHMARK ▶ Much higher than the US finding.

TREND ▶ Marks a significant increase over time.

DISPARITY ▶ Lowest in Osceola County. More often affects girls and teenagers.

Child Was Cyberbullied in the Past Year
(Total Service Area Children Age 5-17, 2022)

Total Service Area

	Brevard County	Orange County	Osceola County	Polk County	Seminole County	Total Service Area	US		2016*	2019	2022
	15.3%	15.1%	6.0%	10.0%	11.2%	12.5%	5.5%		4.9%	7.9%	12.5%
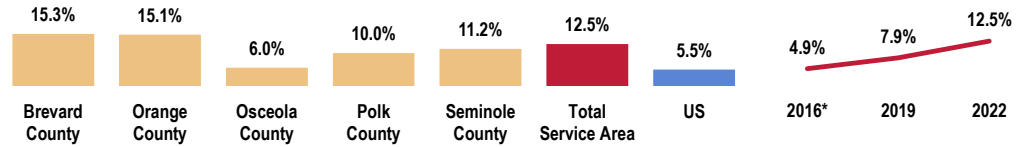
Sources:
- 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 75]
- 2020 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents for whom the randomly selected child in the household is age 5-17.
- Cyberbullying includes electronic bullying such as through email, chat rooms, instant messaging, websites, or texting.
- *2016 results do not include responses from Polk County.

Child Was Cyberbullied in the Past Year
(Total Service Area Children Age 5-17, 2022)

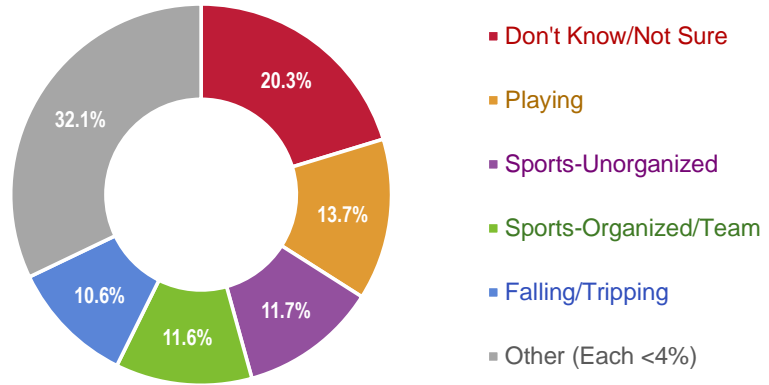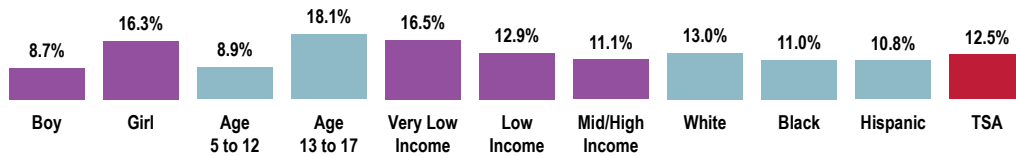| Boy	Girl	Age 5 to 12	Age 13 to 17	Very Low Income	Low Income	Mid/High Income	White	Black	Hispanic	TSA
8.7%	16.3%	8.9%	18.1%	16.5%	12.9%	11.1%	13.0%	11.0%	10.8%	12.5%

Sources:
- 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 75]

Notes:
- Asked of those respondents for whom the randomly selected child in the household is between the ages of 5 and 17.
- Cyberbullying includes electronic bullying such as through email, chat rooms, instant messaging, websites, or texting.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Key Informant Input: Injury & Violence

Key informants taking part in an online survey most often characterized *Injury & Violence* as a "moderate problem" for children/adolescents in the community.

Perceptions of Injury & Violence
as a Problem for Children/Adolescents in the Community
(Key Informants, 2022)
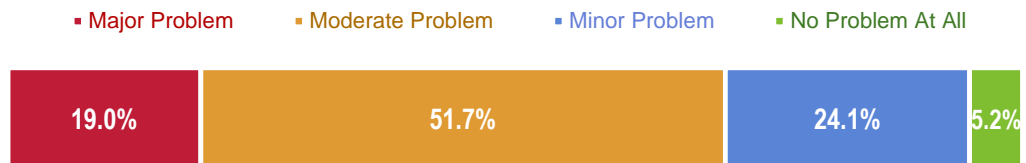
■ Major Problem   ■ Moderate Problem   ■ Minor Problem   ■ No Problem At All

19.0%	51.7%	24.1%	5.2%

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

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

Prevalence/Incidence

It seems that children are affected by so many things. Injuries, such as drowning, abuse and violence at home, neighborhoods and schools. Children are affected by injuries and violence and sometimes are the ones committing the violence. – Public Health Representative

Unintentional injuries are one of the leading causes of death to children in the community. Orange County also has a high rate of abuse and neglect in the Central Florida community and state. – Other Health Provider

Access to Care/Services

There are always concerns about injuries at home, at school, or anywhere else. There are not enough resources available to children for them to recognize the signs of mental, emotional, or physical violence. – Community/ Business Leader

Gun Violence

Children and adolescents continue to have access to firearms. Poor family connections, behavioral issues, and poor support for life skills, plus the availability of firearms have contributed to incidents of violence in among youth and in schools. – Public Health Representative

Income/Poverty

Kids living in poverty are often exposed to very violent environments with no interventions other than arrests of people they love or live with. – Other Health Provider

SEXUAL HEALTH

ABOUT HIV & SEXUALLY TRANSMITTED INFECTIONS

Although many sexually transmitted infections (STIs) are preventable, there are more than 20 million estimated new cases in the United States each year — and rates are increasing. In addition, more than 1.2 million people in the United States are living with HIV (human immunodeficiency virus).

Adolescents, young adults, and men who have sex with men are at higher risk of getting STIs. And people who have an STI may be at higher risk of getting HIV. Promoting behaviors like condom use can help prevent STIs.

Strategies to increase screening and testing for STIs can assess people's risk of getting an STI and help people with STIs get treatment, improving their health and making it less likely that STIs will spread to others. Getting treated for an STI other than HIV can help prevent complications from the STI but doesn't prevent HIV from spreading.

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

Chlamydia & Gonorrhea

In 2018, there were 557.3 diagnosed chlamydia infections per 100,000 population in the Total Service Area. *Note that this rate includes diagnoses in all ages (both children and adults).*

BENCHMARK ► Worse than the statewide rate.

DISPARITY ► Highest in Orange and Polk counties.

In 2018, there were 154.4 diagnosed gonorrhea infections per 100,000 population in the Total Service Area. *Note that this rate includes diagnoses in all ages (both children and adults).*

BENCHMARK ► More favorable than the national rate.

DISPARITY ► Highest in Orange and Seminole counties.

Chlamydia & Gonorrhea Incidence
(Incidence Rate per 100,000 Population, 2018)
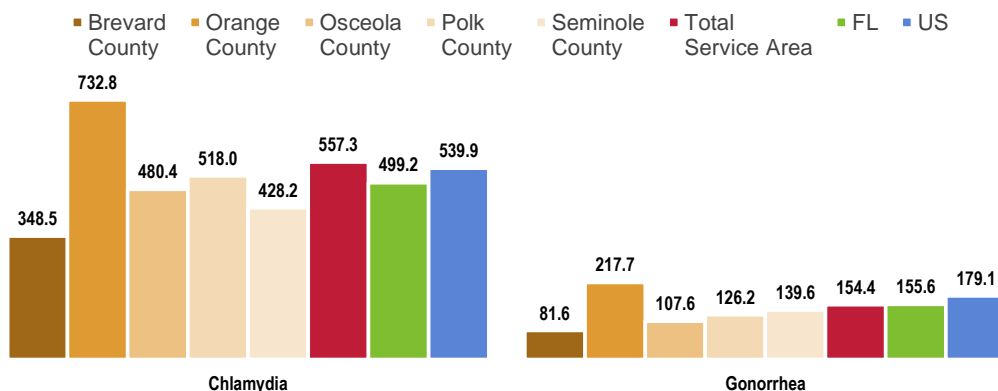
Legend: Brevard County ▪ Orange County ▪ Osceola County ▪ Polk County ▪ Seminole County ▪ Total Service Area ▪ FL ▪ US

Chlamydia
- 348.5
- 732.8
- 480.4
- 518.0
- 428.2
- 557.3
- 499.2
- 539.9

Gonorrhea
- 81.6
- 217.7
- 107.6
- 126.2
- 139.6
- 154.4
- 155.6
- 179.1

Sources: ● Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.
● Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved May 2022 via SparkMap (sparkmap.org).
Notes: ● This indicator is relevant because it is a measure of poor health status and indicates the prevalence of unsafe sex practices.

Sexual Activity Among Adolescents

Recent Sexual Activity

Among Orange County high school students, 21.4% report having had sexual intercourse with at least one person during the three months preceding the administration of the 2019 Youth Risk Behavior Survey.

BENCHMARK ► Lower than statewide and national findings.

DISPARITY ► More often reported among 11th graders and especially 12th graders.

Had Sexual Intercourse in Past Three Months
(Among High School Students; Youth Risk Behavior Surveys, 2019)

- Orange County: 21.4%
- FL: 25.9%
- US: 27.4%

Sources: ● Centers for Disease Control and Prevention (CDC). 2019 High School Youth Risk Behavior Survey Data. Available at http://nccd.cdc.gov/youthonline/. Accessed May 2022.
Notes: ● Have had sexual intercourse with at least one person during the three months before the survey.

Had Sexual Intercourse in Past Three Months
(Among High School Students; Youth Risk Behavior Survey, 2019)

Males	Females	Grade 9	Grade 10	Grade 11	Grade 12	White	Black	Hispanic	Orange County
22.4%	20.6%	10.5%	14.3%	22.9%	38.4%	22.6%	21.1%	21.8%	21.4%

Sources: ● Centers for Disease Control and Prevention (CDC). 2019 High School Youth Risk Behavior Survey Data. Available at http://nccd.cdc.gov/youthonline/. Accessed May 2022.

Notes: ● Have had sexual intercourse with at least one person during the three months before the survey.

Risky Sexual Behaviors

Among Orange County high school students who are sexually active, 40.3% report not using a condom during their last sexual intercourse, and 18.1% report not using any method to prevent pregnancy.

BENCHMARK ► While condom use in Orange County high schoolers is more favorable than the US finding, use of <u>any</u> birth control is <u>less</u> favorable than both state and US findings.

Risky Sexual Behavior
(Among Sexually Active High School Students; Youth Risk Behavior Surveys, 2019)

■ Orange County   ■ FL   ■ US
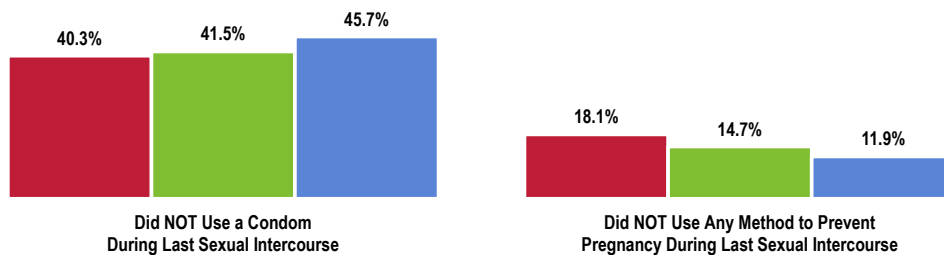
	Did NOT Use a Condom During Last Sexual Intercourse			Did NOT Use Any Method to Prevent Pregnancy During Last Sexual Intercourse	
Orange County	40.3%		18.1%		
FL	41.5%		14.7%		
US	45.7%		11.9%		

Sources: ● Centers for Disease Control and Prevention (CDC). 2019 High School Youth Risk Behavior Survey Data. Available at http://nccd.cdc.gov/youthonline/. Accessed May 2022.

Notes: ● Among high school students who have had sexual intercourse with at least one person during the three months before the survey.
● "Any method" includes condoms, birth control pills or Depo-Provera (or any injectable birth control), Nuva Ring (or any birth control ring), Implanon (or any implant), OrthoEvra (or any patch), or any IUD before last sexual intercourse.

Key Informant Input: Sexual Health

The largest share of key informants taking part in an online survey characterized *Sexual Health* as a "moderate problem" for children/adolescents in the community.

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

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

9.4%	52.8%	30.2%	7.5%

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

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

Prevalence/Incidence

> Number of STD cases. Teen pregnancy. – Social Services Provider

ACCESS TO
HEALTH CARE

HEALTH INSURANCE COVERAGE

Type of Health Care Coverage

In all, 40.7% of parents report having healthcare coverage for their child through private insurance. Another 53.5% report coverage through a government-sponsored program (e.g., Medicaid, Medicare, state-sponsored CHIP, military benefits).

Healthcare Insurance Coverage for Child
(Total Service Area, 2022)
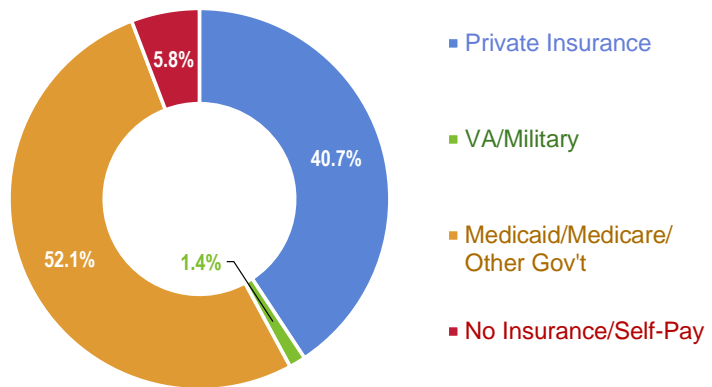
- ■ Private Insurance
- ■ VA/Military
- ■ Medicaid/Medicare/ Other Gov't
- ■ No Insurance/Self-Pay

5.8%
40.7%
1.4%
52.1%

Sources: ● 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 133]
Notes: ● Asked of all respondents.

Lack of Health Insurance Coverage

Prevalence of Uninsured Children/Adolescents

On the other hand, 5.8% of Total Service Area parents report having <u>no</u> insurance coverage for their child's healthcare expenses, through either private or public sources.

DISPARITY ► Lack of insurance is higher among White children than Hispanic children.

Lack Healthcare Insurance Coverage for Child
(Total Service Area, 2022)
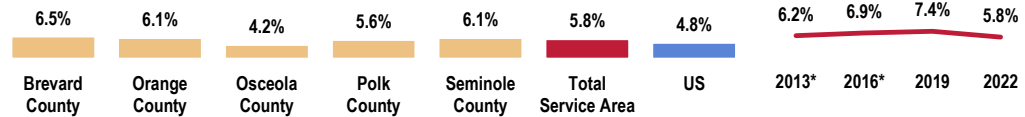
Total Service Area

Brevard County	Orange County	Osceola County	Polk County	Seminole County	Total Service Area	US		2013*	2016*	2019	2022
6.5%	6.1%	4.2%	5.6%	6.1%	5.8%	4.8%		6.2%	6.9%	7.4%	5.8%

Sources:
- 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 133]
- 2020 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

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

Lack Healthcare Insurance Coverage for Child
(Total Service Area, 2022)

Boy	Girl	Age 0 to 4	Age 5 to 12	Age 13 to 17	Very Low Income	Low Income	Mid/High Income	White	Black	Hispanic	TSA
5.3%	6.0%	6.7%	5.5%	5.7%	6.7%	6.3%	5.5%	6.8%	4.6%	3.9%	5.8%

Sources:
- 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 133]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Recent Lack of Coverage

Overall, 11.3% of surveyed parents report that their child was without healthcare coverage at some point in the past year.

DISPARITY ► More often reported among parents of Hispanic children than Black children.

Child Has Been Without Coverage at Some Point
(Total Service Area Children 0-17, 2022)

Total Service Area

	10.4%	13.0%	10.8%	9.5%	10.1%	11.3%	10.5%		11.6%	11.9%	10.7%	11.3%
	Brevard County	Orange County	Osceola County	Polk County	Seminole County	Total Service Area	US		2013*	2016*	2019	2022

Sources: ● 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 101]
● 2020 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents with children under 18 at home.
● *2013 and 2016 results do not include responses from Polk County.

Child Has Been Without Coverage at Some Point
(Total Service Area Children 0-17, 2022)
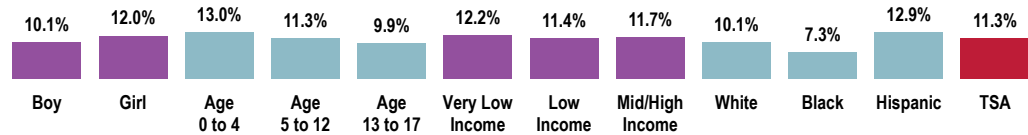
| 10.1%	12.0%	13.0%	11.3%	9.9%	12.2%	11.4%	11.7%	10.1%	7.3%	12.9%	11.3%
Boy	Girl	Age 0 to 4	Age 5 to 12	Age 13 to 17	Very Low Income	Low Income	Mid/High Income	White	Black	Hispanic	TSA

Sources: ● 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 101]
Notes: ● Asked of all respondents with children under 18 at home.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

DIFFICULTIES ACCESSING HEALTH CARE

Difficulties Accessing Services

This indicator reflects the percentage of parents experiencing problems accessing healthcare for their child in the past year, regardless of whether they needed or sought care.

A total of 54.8% of Total Service Area parents report some type of difficulty or delay in obtaining healthcare services for their child in the past year.

BENCHMARK ► Considerably higher than the national percentage.

TREND ► Marks a dramatic increase from previous surveys.

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

Experienced Difficulties or Delays of Some Kind in Receiving Child's Needed Healthcare in the Past Year
(Total Service Area, 2022)

Total Service Area

Brevard County	Orange County	Osceola County	Polk County	Seminole County	Total Service Area	US
54.7%	53.2%	57.7%	57.2%	54.1%	54.8%	29.1%

2013*	2016*	2019	2022
32.3%	36.3%	40.2%	54.8%

Sources: ● 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 141]
● 2020 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents about a randomly selected child in the household.
● Represents the percentage of respondents experiencing one or more barriers to accessing their child's healthcare in the past 12 months.
● *2013 and 2016 results do not include responses from Polk County.

Experienced Difficulties or Delays of Some Kind in Receiving Child's Needed Healthcare in the Past Year
(Total Service Area, 2022)

Boy	Girl	Age 0 to 4	Age 5 to 12	Age 13 to 17	Very Low Income	Low Income	Mid/High Income	White	Black	Hispanic	TSA
53.8%	55.3%	55.1%	55.2%	53.5%	62.0%	54.5%	51.8%	54.8%	54.6%	57.4%	54.8%
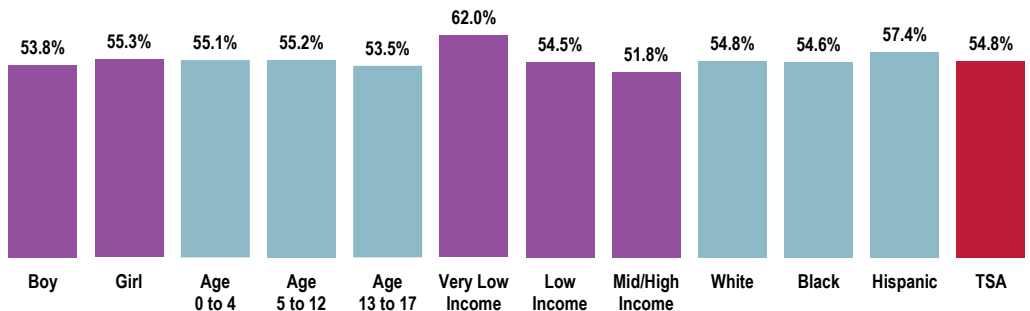
Sources: ● 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 141]
Notes: ● Asked of all respondents about a randomly selected child in the household.
● Represents the percentage of respondents experiencing one or more barriers to accessing their child's healthcare in the past 12 months.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Barriers to Health Care Access

Of the tested access barriers, <u>difficulty getting a doctor's appointment</u> impacted the greatest share of Total Service Area children (34.5% of parents say that lack of appointment availability prevented them from obtaining a visit to a physician for their child in the past year).

<u>Inconvenient office hours</u> affected 27.1% of families, and the <u>inability to find a doctor</u> affected 26.3%.

BENCHMARK ► All tested barriers were less favorable than the corresponding US benchmark.

TREND ► All tested barriers have increased significantly over time.

DISPARITY ► Difficulty finding a physician most often affected children in Brevard County, while language/cultural differences most often affected children in Orange County.

<div style="color: #4a6fa5">
To better understand healthcare access barriers, survey participants were asked whether any of seven types of barriers to access prevented their child from seeing a physician or obtaining a needed prescription in the past year.

Again, these percentages reflect all children, regardless of whether medical care was needed or sought.
</div>

Barriers to Access Have
Prevented Child's Medical Care in the Past Year
(Total Service Area, 2022)

■ TSA 2013* ■ TSA 2016* ■ TSA 2019 ■ TSA 2022 ■ US

	Getting a Dr Appointment	Inconvenient Office Hours	Finding a Doctor	Lack of Transportation	Cost (Doctor Visit)	Cost (Prescriptions)	Cultural/ Language
TSA 2013*	14.6%	17.2%	10.3%	5.9%	9.6%	7.0%	2.1%
TSA 2016*	16.6%	15.7%	12.5%	9.4%	9.4%	9.5%	5.2%
TSA 2019	18.0%	18.6%	15.2%	7.3%	11.3%	10.7%	4.9%
TSA 2022	34.5%	27.1%	26.3%	15.6%	15.2%	13.3%	8.7%
US	13.9%	13.5%	10.7%	6.1%	6.0%	6.2%	3.9%
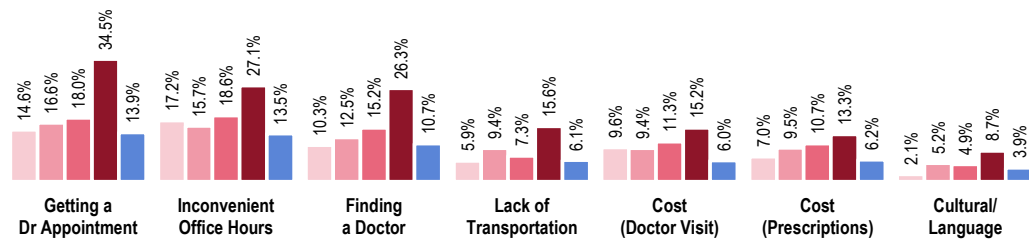
Sources: ● PRC Child & Adolescent Health Surveys, Professional Research Consultants, Inc. [Items 17-23]
● 2020 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents about a randomly selected child in the household.
● *2013 and 2016 results do not include responses from Polk County.

Barriers to Access Have
Prevented Child's Medical Care in the Past Year
(By County, 2022)

■ Brevard County ■ Orange County ■ Osceola County ■ Polk County ■ Seminole County ■ Total Service Area

	Getting a Dr Appointment	Inconvenient Office Hours	Finding a Doctor	Lack of Transportation	Cost (Doctor Visit)	Cost (Prescriptions)	Cultural/ Language
Brevard County	33.5%	23.0%	31.9%	14.0%	16.0%	14.5%	4.5%
Orange County	33.7%	27.8%	26.0%	17.3%	15.5%	14.5%	11.6%
Osceola County	41.0%	31.3%	26.9%	14.4%	14.1%	9.8%	9.1%
Polk County	35.3%	25.7%	26.6%	16.6%	12.9%	12.0%	5.8%
Seminole County	31.6%	28.2%	20.6%	11.9%	17.9%	13.1%	9.3%
Total Service Area	34.5%	27.1%	26.3%	15.6%	15.2%	13.3%	8.7%
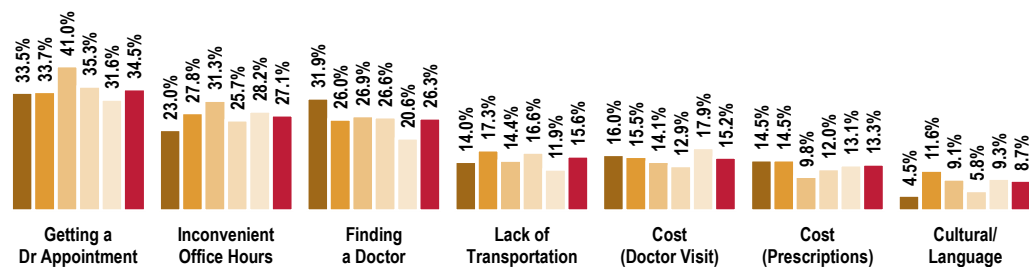
Sources: ● 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Items 17-23]
Notes: ● Asked of all respondents about a randomly selected child in the household.

Access to Specialty Care

Need for Specialty Care

More than one-half (51.8%) of Total Service Area children are reported to have needed to see a specialist at some point in the past year.

BENCHMARK ► Considerably higher than the national finding.

TREND ► Represents a dramatic increase over time.

DISPARITY ► More often reported among parents of adolescents than children age 0 to 4.

Child Needed a Specialist in the Past Year
(Total Service Area, 2022)
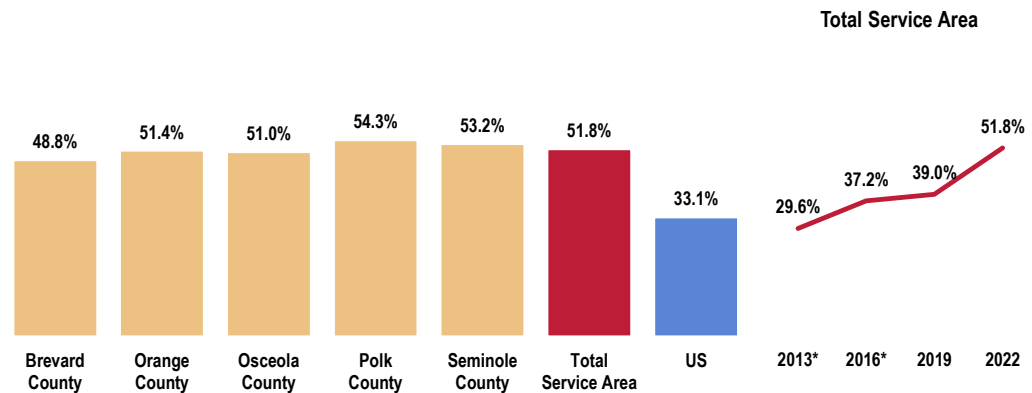
Total Service Area

Brevard County	Orange County	Osceola County	Polk County	Seminole County	Total Service Area	US
48.8%	51.4%	51.0%	54.3%	53.2%	51.8%	33.1%

2013*	2016*	2019	2022
29.6%	37.2%	39.0%	51.8%

Sources: ● 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 28]
● 2020 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents about a randomly selected child in the household.
● *2013 and 2016 results do not include responses from Polk County.

Child Needed a Specialist in the Past Year
(Total Service Area, 2022)
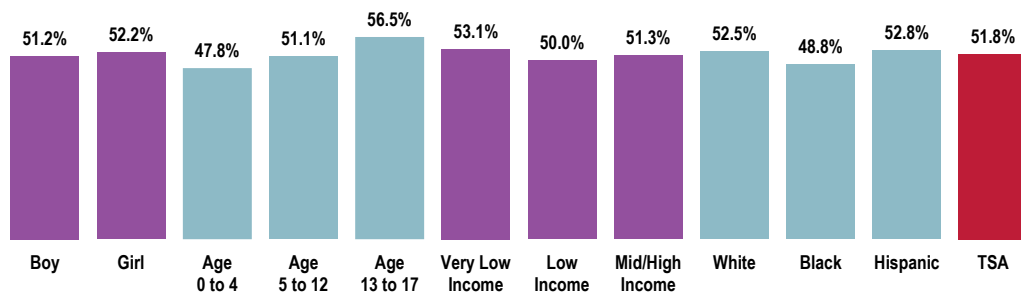
Boy	Girl	Age 0 to 4	Age 5 to 12	Age 13 to 17	Very Low Income	Low Income	Mid/High Income	White	Black	Hispanic	TSA
51.2%	52.2%	47.8%	51.1%	56.5%	53.1%	50.0%	51.3%	52.5%	48.8%	52.8%	51.8%

Sources: ● 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 28]
Notes: ● Asked of all respondents about a randomly selected child in the household.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
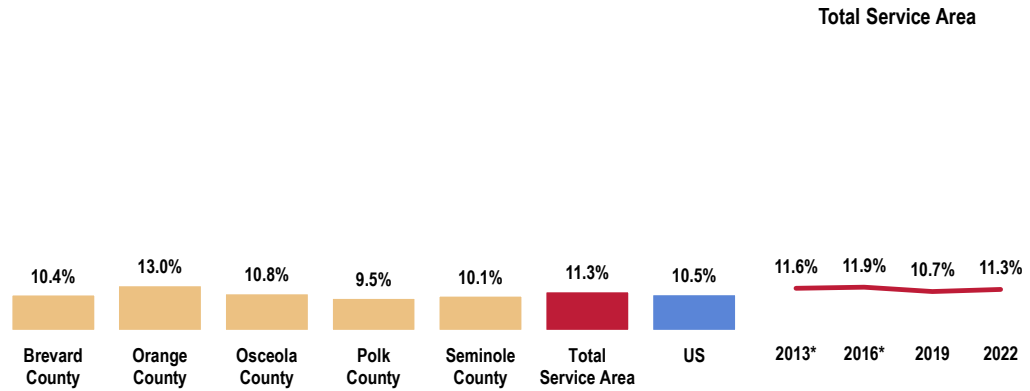
Difficulty Accessing Specialty Care

Parents of children needing specialty medical care in the past year were further asked to evaluate the difficulty of getting the needed care. Nearly three-fourths (72.4%) expressed some level of difficulty, characterizing it as a "major," "moderate," or a "minor problem."

BENCHMARK ► "Major/moderate problem" responses in the Total Service Area are higher than found across the US.

TREND ► Since 2013, "major/moderate problem" ratings have increased significantly.

DISPARITY ► "Major/moderate problem" responses are lower in Polk County (not shown).

Evaluation of Difficulty Getting
Specialty Care for Child in the Past Year
(Total Service Area Parents of Children Needing to See a Specialist in the Past Year, 2022)

■ Major Problem   ■ Moderate Problem   ■ Minor Problem   ■ Not a Problem at All

	Total Service Area 2013*	Total Service Area 2016*	Total Service Area 2019	Total Service Area 2022	US
Not a Problem at All	46.9%	37.7%	33.2%	27.7%	39.8%
Minor Problem	17.6%	17.3%	23.8%	28.1%	27.0%
Moderate Problem	20.5%	31.7%	25.6%	27.8%	22.4%
Major Problem	15.1%	13.3%	17.3%	16.5%	10.8%
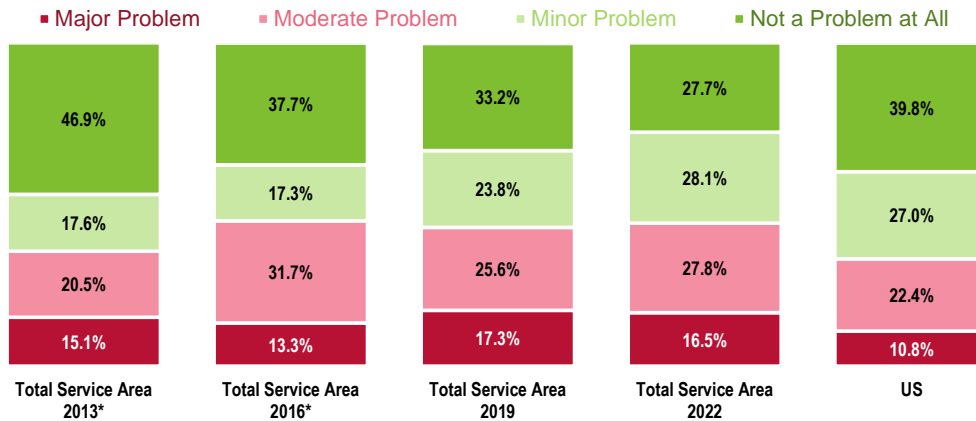
Source:
● PRC Child & Adolescent Health Surveys, Professional Research Consultants, Inc. [Item 29]
● 2020 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

Notes:
● Asked of respondents for whom the randomly selected child in the household has needed to see a specialist in the past year.
● *2013 and 2016 results do not include responses from Polk County.

Outmigration for Children's Healthcare

A total of 37.7% of Total Service Area parents report that they feel the need to leave their local areas in order to obtain certain children's healthcare services.

BENCHMARK ► Higher than found nationwide.

TREND ► Marks a dramatic increase since the 2013 survey.

DISPARITY ► Highest in Brevard and Polk counties.

Feel the Need to Leave the
Area for Children's Healthcare Services
(Total Service Area, 2022)

Reasons:
- Not available locally (38.7%)
- Better care elsewhere (29.4%)
- Cost/insurance (5.2%)
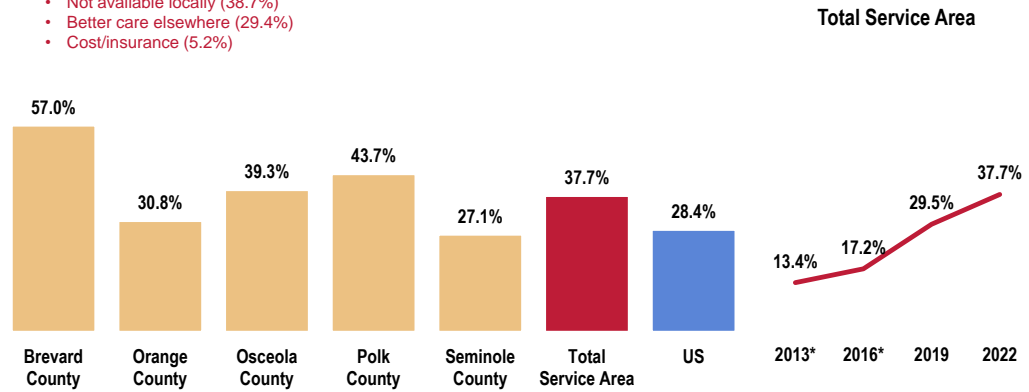
Total Service Area

	Brevard County	Orange County	Osceola County	Polk County	Seminole County	Total Service Area	US
	57.0%	30.8%	39.3%	43.7%	27.1%	37.7%	28.4%

2013*	2016*	2019	2022
13.4%	17.2%	29.5%	37.7%

Sources:
- 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Items 9-11]
- 2020 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

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

Feel the Need to Leave the
Area for Children's Healthcare Services
(Total Service Area, 2022)

Boy	Girl	Age 0 to 4	Age 5 to 12	Age 13 to 17	Very Low Income	Low Income	Mid/High Income	White	Black	Hispanic	TSA
38.2%	37.0%	35.4%	38.3%	38.7%	36.1%	36.5%	38.9%	38.8%	37.8%	38.9%	37.7%
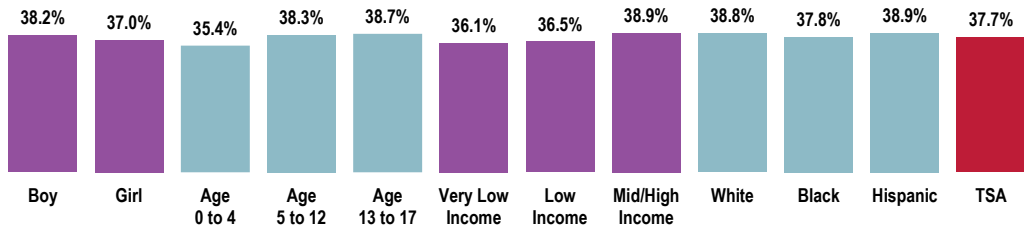
Sources:
- 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 9]

Notes:
- Asked of all respondents about a randomly selected child in the household.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
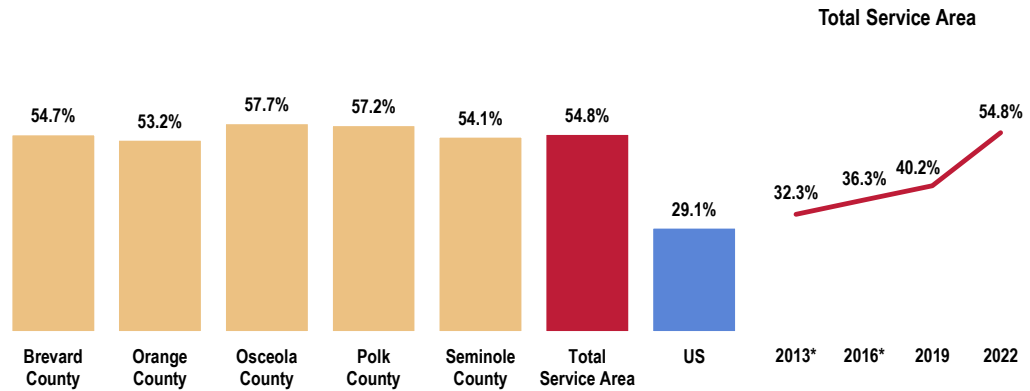
Key Informant Input: Access to Healthcare

Key informants taking part in an online survey most often characterized _Access to Health Services_ as a "moderate problem" for children/adolescents in the community.

Perceptions of Access to Health Services
as a Problem for Children/Adolescents in the Community
(Key Informants, 2022)
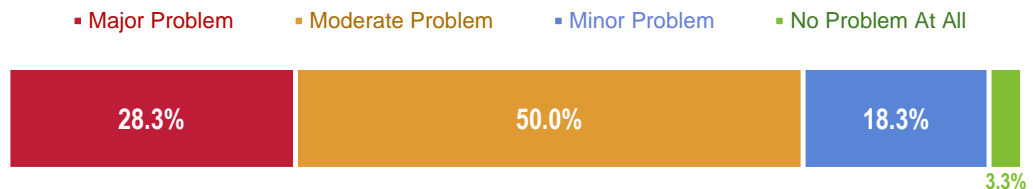
■ Major Problem   ■ Moderate Problem   ■ Minor Problem   ■ No Problem At All

28.3%	50.0%	18.3%	

3.3%

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

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

Access to Care/Services

> Challenges for our families to receive health services are some of the following: transportation issues; insurance issues; understanding of how important regular well-child checks, immunizations, and dental checkups are. – Social Services Provider

> Access to services that are affordable and that offer comprehensive, developmentally appropriate services. Education regarding the need for mental health support and non-pharmacological options for supporting mental health. – Other Health Provider

> No insurance coverage, no services right near home, lack of cultural and linguistic affirmation, lack of disability justice. – Community/Business Leader

> Transportation, knowing which services providers are available and where, connecting with human beings that can answer questions. – Public Health Representative

> The access to health care via a parental figure. There are always issues with insurance and access to health care necessities. – Community/Business Leader

> Availability for appointments. – Community/Business Leader

Awareness/Education

> Educating families as to the services available. Transportation. – Community/Business Leader

> The biggest challenges related to accessing health services for children and adolescents in our community is lack of awareness, for parents/guardians on how and where to start the navigation process for services. Secondarily, for families without access to health insurance, options for physical and behavioral care is nearly nonexistent. – Other Health Provider

> Lack of education for parents to seek out medical support in pretty much every area. – Social Services Provider

Immigrant Populations

> The biggest challenge is for clients to arrive in the United States from other countries and have no insurance, and to locate providers who provide services at low cost. – Public Health Representative

> Access to health services is an issue in Orange County as we continuously receive immigrants and families from other states looking to relocate to Florida. The exponential growth that the population has experienced in the last five years has posed a challenge in the system to increase its capacity to adapt to the larger population in need of health services. – Community/Business Leader

Access to Care for Uninsured/Underinsured

> Lack of insurance and being able to get to health care. – Community/Business Leader

Type of Care Most Difficult to Access

Key informants (who rated this as a "major problem") most often identified **mental health care for children/youth** as the most difficult to access in the community.

CHILDREN'S MEDICAL CARE MOST DIFFICULT TO ACCESS LOCALLY (Among Key Informants Rating Access to Healthcare as a "Major Problem")				
	Most Difficult to Access	Second-Most Difficult to Access	Third-Most Difficult to Access	**Total Mentions**
Mental Health Care	30.8%	38.5%	15.4%	**11**
Chronic Disease Care	38.5%	0.0%	30.8%	**9**
Specialty Care	23.1%	7.7%	15.4%	**6**
Dental Care	7.7%	15.4%	7.7%	**4**
Primary Care	0.0%	15.4%	7.7%	**3**
Substance Abuse Treatment	0.0%	15.4%	7.7%	**3**
Prenatal Care	0.0%	7.7%	7.7%	**2**
Urgent Care	0.0%	0.0%	7.7%	**1**

PRIMARY CARE SERVICES

ABOUT PREVENTIVE CARE

Getting preventive care reduces the risk for diseases, disabilities, and death — yet millions of people in the United States don't get recommended preventive health care services.

Children need regular well-child and dental visits to track their development and find health problems early, when they're usually easier to treat. Services like screenings, dental check-ups, and vaccinations are key to keeping people of all ages healthy. But for a variety of reasons, many people don't get the preventive care they need. Barriers include cost, not having a primary care provider, living too far from providers, and lack of awareness about recommended preventive services.

Teaching people about the importance of preventive care is key to making sure more people get recommended services. Law and policy changes can also help more people access these critical services.

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

Routine Medical Care

Specific Source of Ongoing Care

A total of 76.9% of Total Service Area children were determined to have a specific source of ongoing medical care, such as a specific doctor's office or clinic they regularly use.

BENCHMARK ► Less favorable than the US finding.

TREND ► Marks a significant decrease over time.

DISPARITY ► Children age 0 to 4, children in very low-income households, Black children, and Hispanic children are less likely to have a regular source of care.

Having a specific source of ongoing care includes having a doctor's office, clinic, urgent care center, walk-in clinic, health center facility, hospital outpatient clinic, HMO or prepaid group, military/VA clinic, or some other kind of place to go if the child is sick or needs advice about his or her health. This resource is crucial to the concept of "patient-centered medical homes" (PCMH).

Child Has a Specific Source of Ongoing Medical Care
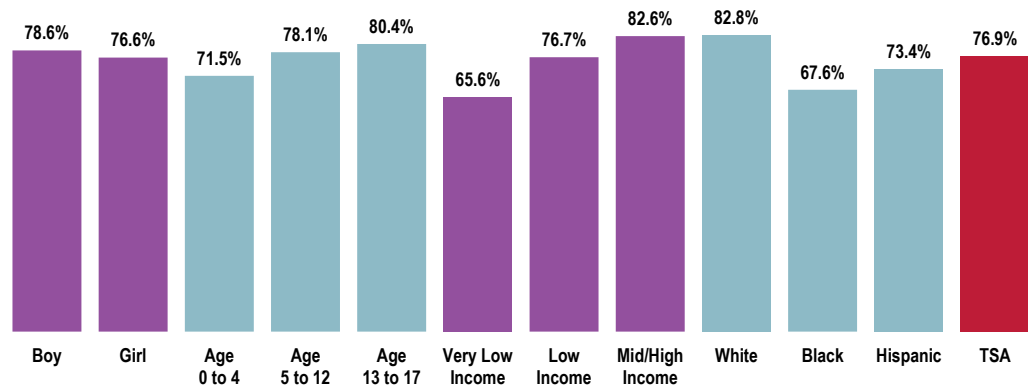
77.4%	75.9%	71.6%	78.7%	80.7%	76.9%	82.3%	87.3%	89.2%	85.7%	76.9%
Brevard County	Orange County	Osceola County	Polk County	Seminole County	Total Service Area	US	2013*	2016*	2019	2022

Total Service Area

Sources: ● 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 138]
● 2020 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents about a randomly selected child in the household.
● Having a specific source of ongoing care for a child includes having a doctor's office, clinic, urgent care center, health department clinic, or some other kind of place to go if the child is sick or needs advice about his or her health. A hospital emergency room is not considered a specific source of ongoing care in this instance.
● *2013 and 2016 results do not include responses from Polk County.

Child Has a Specific Source of Ongoing Medical Care
(Total Service Area, 2022)

Category	Percentage
Boy	78.6%
Girl	76.6%
Age 0 to 4	71.5%
Age 5 to 12	78.1%
Age 13 to 17	80.4%
Very Low Income	65.6%
Low Income	76.7%
Mid/High Income	82.6%
White	82.8%
Black	67.6%
Hispanic	73.4%
TSA	76.9%

Type of Place Used for Medical Care

When asked where they take their child if they are sick or need advice about his/her health, the greatest share of respondents (76.9%) identified a particular doctor's office.

A total of 12.9% say they usually go to some type of clinic, while 3.2% use an urgent care center, 2.4% rely on a hospital emergency room, and 1.4% use a health department for their child's medical care.

Particular Place Utilized for Child's Medical Care
(Total Service Area, 2022)

Place	Percentage
Dr's Office	76.9%
Clinic	12.9%
Urgent Care	3.2%
Hospital ER	2.4%
Health Department	1.4%
Somewhere Else	3.2%

Receipt of Routine Medical Care

Among surveyed parents, 89.3% report that their child has had a routine checkup in the past year.

TREND ► Denotes a significant increase from the 2013 benchmark.

DISPARITY ► Those <u>less</u> likely to have received a checkup include girls and children age 5 and older.

Child Visited a Physician for a Routine Checkup in the Past Year
(Total Service Area, 2022)
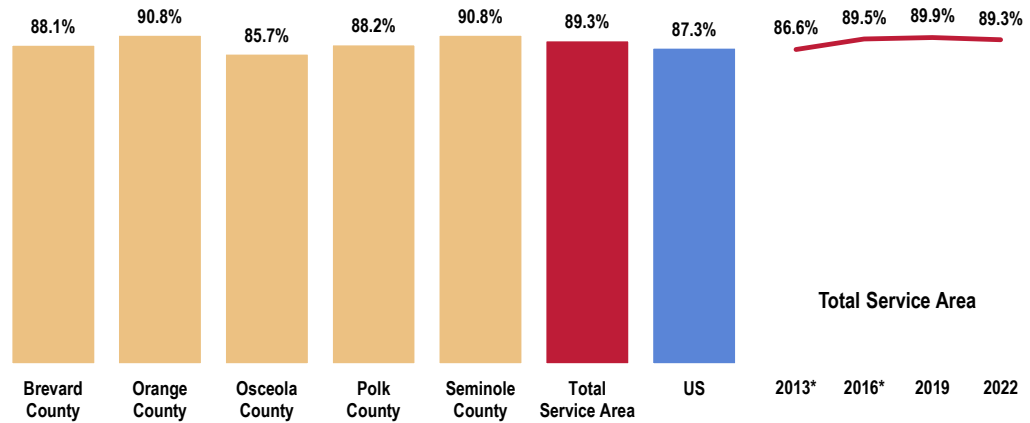
Brevard County	Orange County	Osceola County	Polk County	Seminole County	Total Service Area	US		2013*	2016*	2019	2022
88.1%	90.8%	85.7%	88.2%	90.8%	89.3%	87.3%		86.6%	89.5%	89.9%	89.3%

Total Service Area

Sources: ● 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 27]
　　　　 ● 2020 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents about a randomly selected child in the household.
　　　 ● *2013 and 2016 results do not include responses from Polk County.

Child Visited a Physician for a Routine Checkup in the Past Year
(Total Service Area, 2022)
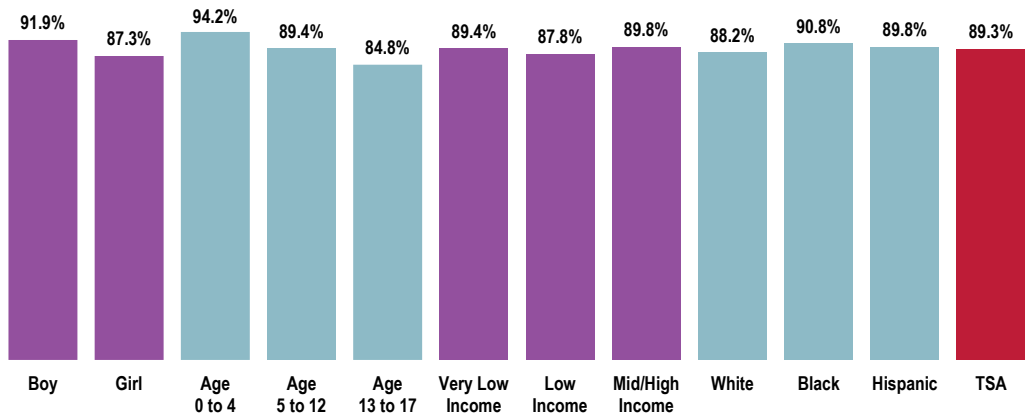
Boy	Girl	Age 0 to 4	Age 5 to 12	Age 13 to 17	Very Low Income	Low Income	Mid/High Income	White	Black	Hispanic	TSA
91.9%	87.3%	94.2%	89.4%	84.8%	89.4%	87.8%	89.8%	88.2%	90.8%	89.8%	89.3%

Sources: ● 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 27]
Notes: ● Asked of all respondents about a randomly selected child in the household.
　　　 ● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
　　　 ● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Alternative Delivery of Care

After-Hours Telephone Service

A total of 17.2% of Total Service Area children received care through an after-hours telephone service in the past year.

TREND ► Denotes a significant increase since 2019.

DISPARITY ► Used more often for children age 0 to 4 than for older children.

Child Used After-Hours Telephone Service for Care in the Past Year
(Total Service Area, 2022)

Total Service Area

	Brevard County	Orange County	Osceola County	Polk County	Seminole County	Total Service Area		2019	2022
	14.8%	18.9%	17.4%	16.8%	15.7%	17.2%		8.6%	17.2%

Source: ● 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 301]
Notes: ● Asked of all respondents about a randomly selected child in the household.

Child Used After-Hours Telephone Service for Care in the Past Year
(Total Service Area, 2022)

Boy	Girl	Age 0 to 4	Age 5 to 12	Age 13 to 17	Very Low Income	Low Income	Mid/High Income	White	Black	Hispanic	TSA
17.7%	15.9%	26.1%	14.4%	13.8%	21.3%	14.9%	16.7%	17.5%	12.7%	17.1%	17.2%

Source: ● 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 301]
Notes: ● Asked of all respondents about a randomly selected child in the household.
 ● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 ● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Nearly one-third (32.4%) of Total Service Area children have used telemedicine services in the past year.

> "In a telemedicine visit, a patient uses a computer or smartphone to communicate with a doctor in real time without being face-to-face. In the past year, has this child received health care services in a telemedicine visit?"

TREND ► Marks a dramatic increase since 2019.

DISPARITY ► Lower in Seminole County. Adolescents were more likely than children age 5 to 12 to use telemedicine services.

Child Used Telemedicine Services in Past Year
(Total Service Area, 2022)

Total Service Area

Brevard County	Orange County	Osceola County	Polk County	Seminole County	Total Service Area
34.7%	33.0%	35.1%	32.7%	25.7%	32.4%

2019: 7.1% 2022: 32.4%

Source: ● 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 302]
Notes: ● Asked of all respondents about a randomly selected child in the household.
● In a telemedicine visit, a patient uses a computer or smartphone to communicate with a doctor in real time without being face-to-face.

Child Used Telemedicine Services in Past Year
(Total Service Area, 2022)
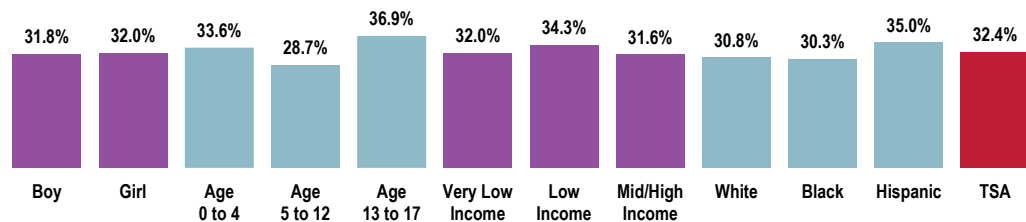
Boy	Girl	Age 0 to 4	Age 5 to 12	Age 13 to 17	Very Low Income	Low Income	Mid/High Income	White	Black	Hispanic	TSA
31.8%	32.0%	33.6%	28.7%	36.9%	32.0%	34.3%	31.6%	30.8%	30.3%	35.0%	32.4%

Sources: ● 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 302]
Notes: ● Asked of all respondents about a randomly selected child in the household.
● In a telemedicine visit, a patient uses a computer or smartphone to communicate with a doctor in real time without being face-to-face.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Vaccinations

Vaccinating Newborns

While 81.6% of surveyed Total Service Area parents say they would want their (hypothetical) newborn to receive all recommended vaccinations, a total of 18.4% would not.

TREND ► Denotes a significant increase over time.

DISPARITY ► Parents of White children are more likely than parents of Hispanic children to say they would not want all vaccinations for a newborn.

Vaccination is a primary defense against some of the most deadly and debilitating known diseases.

If Respondent Had a Newborn, Would <u>Not</u> Want Him/Her to Get All Recommended Vaccinations
(Total Service Area Parents, 2022)

Reasons:
- Side effects (20.6%)
- Perceived as unnecessary (13.6%)
- Don't want it (8.7%)

Total Service Area

Brevard County	Orange County	Osceola County	Polk County	Seminole County	Total Service Area	US	2013*	2016*	2019	2022
16.8%	19.1%	14.6%	17.4%	22.4%	18.4%	15.5%	9.8%	12.6%	15.2%	18.4%

Sources: ● 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Items 115-116]
● 2020 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.
● *2013 and 2016 results do not include responses from Polk County.

If Respondent Had a Newborn, Would <u>Not</u> Want Him/Her to Get All Recommended Vaccinations
(By Adult Respondents' Demographic Characteristics*; Total Service Area, 2022)
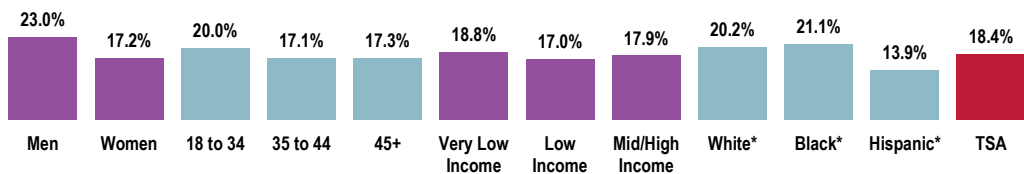
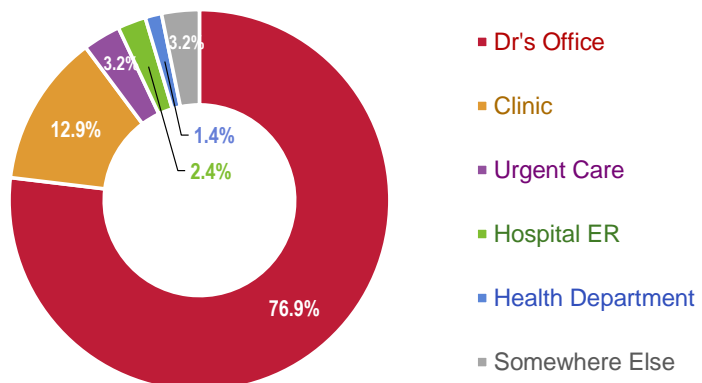| Men	Women	18 to 34	35 to 44	45+	Very Low Income	Low Income	Mid/High Income	White*	Black*	Hispanic*	TSA
23.0%	17.2%	20.0%	17.1%	17.3%	18.8%	17.0%	17.9%	20.2%	21.1%	13.9%	18.4%

Sources: ● 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 115]
Notes: ● Asked of all respondents.
● *Race reflects that of the child, not the respondent. Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Flu Vaccination

Among area parents of children age 6 months or older, 44.6% said their child has received a flu vaccine within the past year.

DISPARITY ► Lower in Polk County. <u>Less</u> prevalent among adolescents (when compared to children age 0 to 4) and low-income children (when compared with those in higher-income households).

Child Has Received a Flu Vaccine in the Past Year
(Total Service Area Parents of Children Age 6 Months and Older, 2022)

Brevard County	Orange County	Osceola County	Polk County	Seminole County	Total Service Area
49.5%	46.2%	46.1%	38.5%	42.6%	44.6%

Sources: ● 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 312]
Notes: ● Asked of those respondents for whom the randomly selected child in the household is age 6 months and older.

Child Has Received a Flu Vaccine in the Past Year
(Total Service Area Parents of Children Age 6 Months and Older, 2022)

Boy	Girl	Age 0 to 4	Age 5 to 12	Age 13 to 17	Very Low Income	Low Income	Mid/High Income	White	Black	Hispanic	TSA
44.9%	44.5%	48.7%	45.4%	39.4%	43.6%	37.4%	49.4%	43.0%	36.2%	51.3%	44.6%
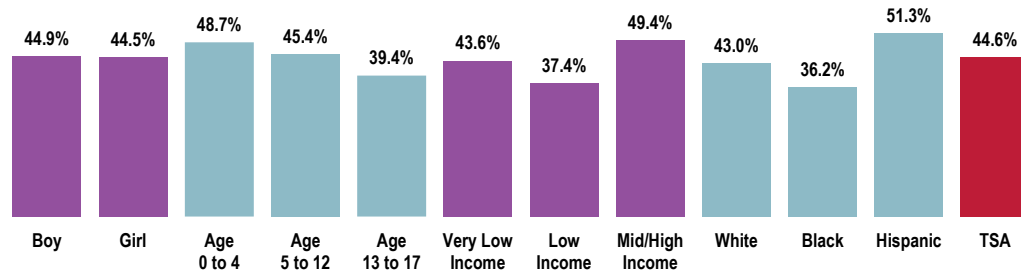
Sources: ● 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 312]
Notes: ● Asked of those respondents for whom the randomly selected child in the household is age 6 months and older.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
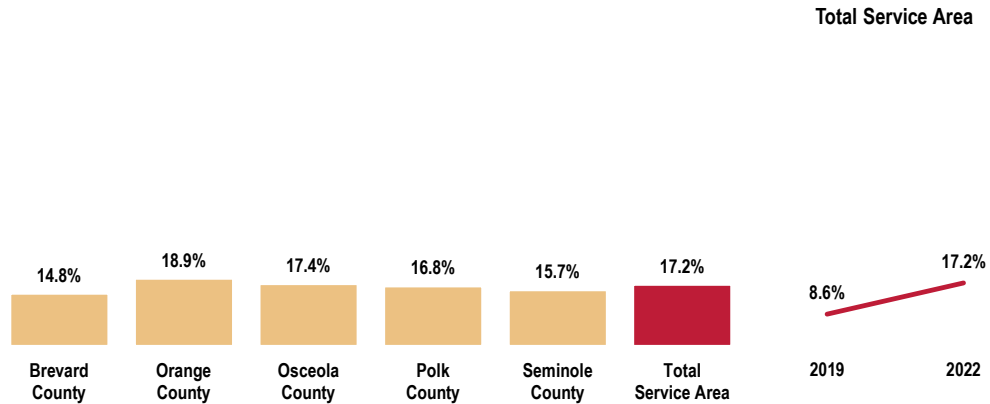
COVID-19 Vaccination

Among area parents of children age 5 to 17, 48.0% said their child has received a COVID-19 vaccine.

DISPARITY ▶ Lower in Polk County. <u>Less</u> prevalent among boys, children age 5 to 12, low-income children, and Black children (when compared to Hispanic children).

Child Has Received At Least One Dose of a COVID-19 Vaccine
(Total Service Area Parents of Children Age 5 to 17, 2022)
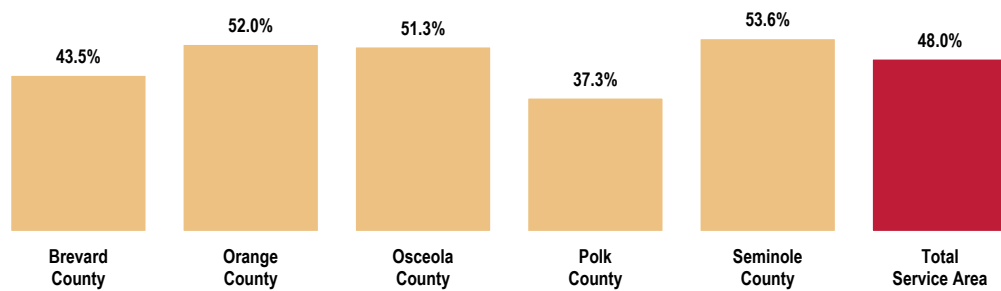
Sources: ● 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 313]
Notes: ● Asked of those respondents for whom the randomly selected child in the household is age 5 to 17.

Child Has Received At Least One Dose of a COVID-19 Vaccine
(Total Service Area Parents of Children Age 5 to 17, 2022)

Sources: ● 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 313]
Notes: ● Asked of those respondents for whom the randomly selected child in the household is age 5 to 17.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Human Papillomavirus (HPV) Vaccination
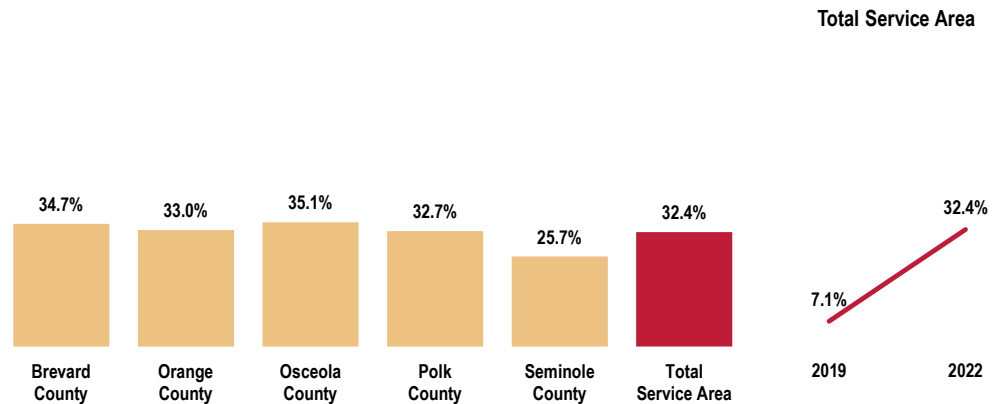
Among area parents of children age 11 to 17, 54.9% said their child has received at least two shots of the HPV vaccine.

DISPARITY ► <u>Less</u> prevalent among children age 11 to 14 and children in households with higher incomes.

Parents of children age 11 and older were told that the human papillomavirus, or HPV, is a common infection that can lead to several types of cancers later in life. It is recommended that children in that age group receive at least two shots of the HPV vaccine, sometimes called Gardasil or Cervarix. Then, the parents were asked if their child has received at least two shots of the vaccine.

Child Has Received At Least Two Shots of the HPV Vaccine
(Total Service Area Parents of Children Age 11 to 17, 2022)

Brevard County	Orange County	Osceola County	Polk County	Seminole County	Total Service Area
57.0%	57.8%	47.3%	53.6%	53.0%	54.9%

Sources: ● 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 314]
Notes: ● Asked of those respondents for whom the randomly selected child in the household is age 11 to 17.
● The human papillomavirus, also known as HPV, is a common infection that can lead to several types of cancers later in life. It is recommended that children age 11 and older receive at least two shots of the HPV vaccine, sometimes called Gardasil or Cervarix.

Child Has Received At Least Two Shots of the HPV Vaccine
(Total Service Area Parents of Children Age 11 to 17, 2022)

Boy	Girl	Age 11 to 14	Age 15 to 17	Very Low Income	Low Income	Mid/High Income	White	Black	Hispanic	TSA
55.9%	54.2%	50.2%	62.2%	62.4%	60.4%	48.8%	49.9%	61.9%	59.4%	54.9%
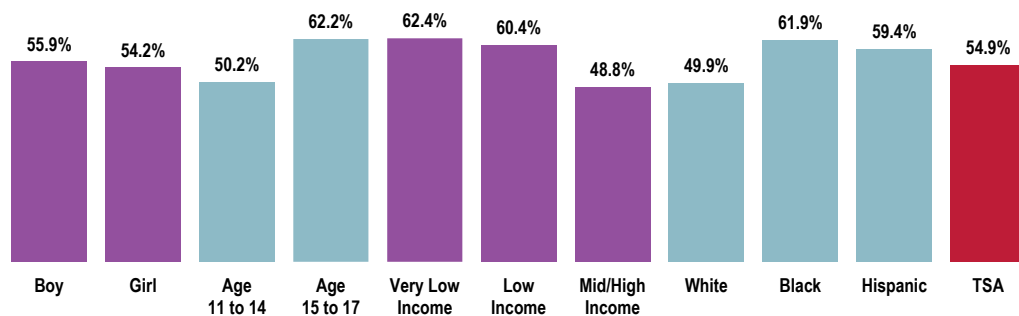
Sources: ● 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 314]
Notes: ● Asked of those respondents for whom the randomly selected child in the household is age 11 to 17.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
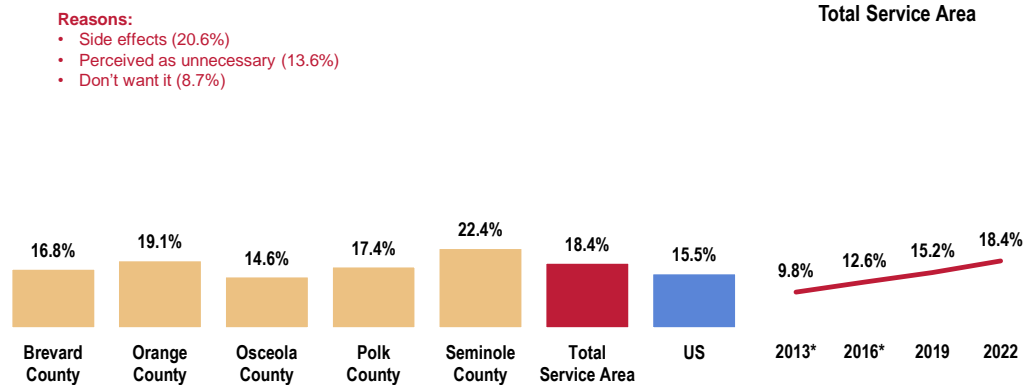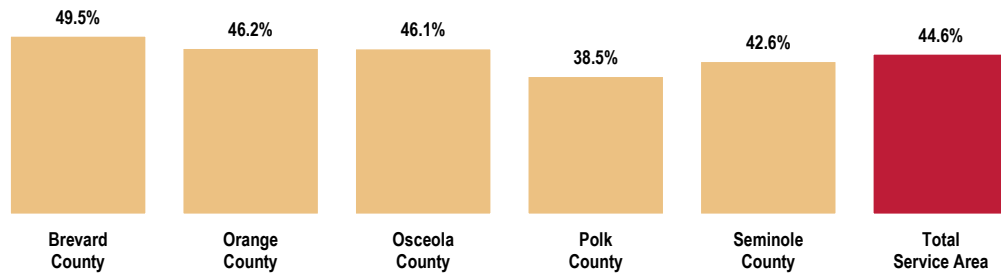
Dental Care

ABOUT ORAL HEALTH

Tooth decay is the most common chronic disease in children and adults in the United States. …Regular preventive dental care can catch problems early, when they're usually easier to treat. But many people don't get the care they need, often because they can't afford it. Untreated oral health problems can cause pain and disability and are linked to other diseases.

Strategies to help people access dental services can help prevent problems like tooth decay, gum disease, and tooth loss. Individual-level interventions like topical fluorides and community-level interventions like community water fluoridation can also help improve oral health. In addition, teaching people how to take care of their teeth and gums can help prevent oral health problems.

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

Receipt of Dental Care

In all, 71.6% of Total Service Area children age 2-17 have visited a dentist or dental clinic (for any reason) in the past year.

BENCHMARK ▶ Less favorable than the national percentage. Satisfies the Healthy People 2030 objective.

TREND ▶ Represents a significant decrease over time.

DISPARITY ▶ Highest in Seminole County. Dental visits are <u>less</u> prevalent among girls and children at low and very low incomes.

Characteristics of Child's Most Recent Dental Visit
(Total Service Area Children Age 2-17, 2022)
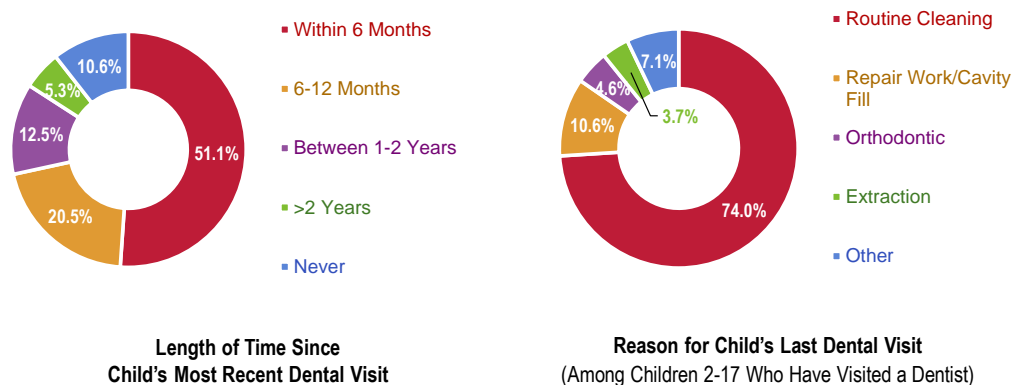
Length of Time Since Child's Most Recent Dental Visit:
- Within 6 Months: 51.1%
- 6-12 Months: 20.5%
- Between 1-2 Years: 12.5%
- >2 Years: 5.3%
- Never: 10.6%

Reason for Child's Last Dental Visit (Among Children 2-17 Who Have Visited a Dentist):
- Routine Cleaning: 74.0%
- Repair Work/Cavity Fill: 10.6%
- Orthodontic: 4.6%
- Extraction: 3.7%
- Other: 7.1%

Length of Time Since Child's Most Recent Dental Visit

Reason for Child's Last Dental Visit (Among Children 2-17 Who Have Visited a Dentist)

Sources: ● 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Items 44-45]
Notes: ● Asked of those respondents for whom the randomly selected child in the household is age 2 to 17.

Child Visited a Dentist or Dental Clinic Within the Past Year
(Total Service Area Children Age 2-17, 2022)
Healthy People 2030 Target = 45.0% or Higher

	Brevard County	Orange County	Osceola County	Polk County	Seminole County	Total Service Area	US
%	71.5%	72.2%	69.0%	67.3%	78.0%	71.6%	85.0%

Total Service Area

2013*	2016*	2019	2022
75.4%	78.5%	75.5%	71.6%
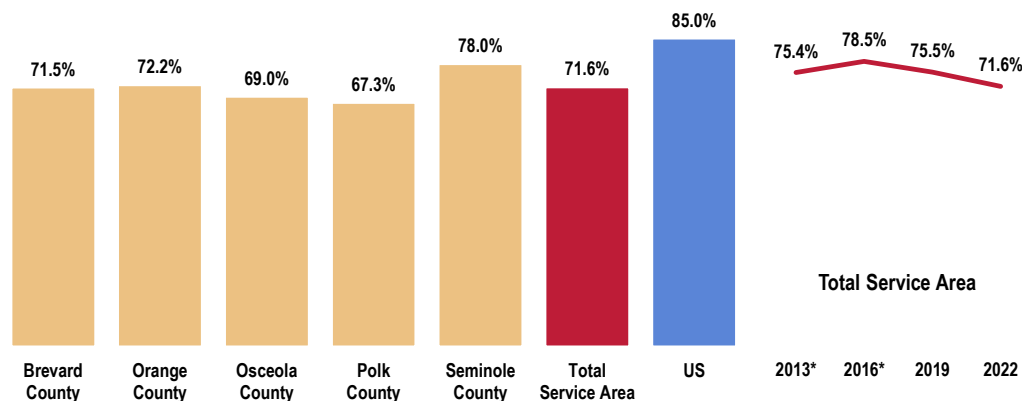
Sources:
● 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 44]
● 2020 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
● US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

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

Child Visited a Dentist or Dental Clinic Within the Past Year
(Total Service Area Children Age 2-17, 2022)
Healthy People 2030 Target = 45.0% or Higher

Boy	Girl	Age 2 to 12	Age 13 to 17	Very Low Income	Low Income	Mid/High Income	White	Black	Hispanic	TSA
74.7%	69.5%	70.0%	74.6%	67.3%	68.2%	76.0%	71.0%	77.2%	69.5%	71.6%
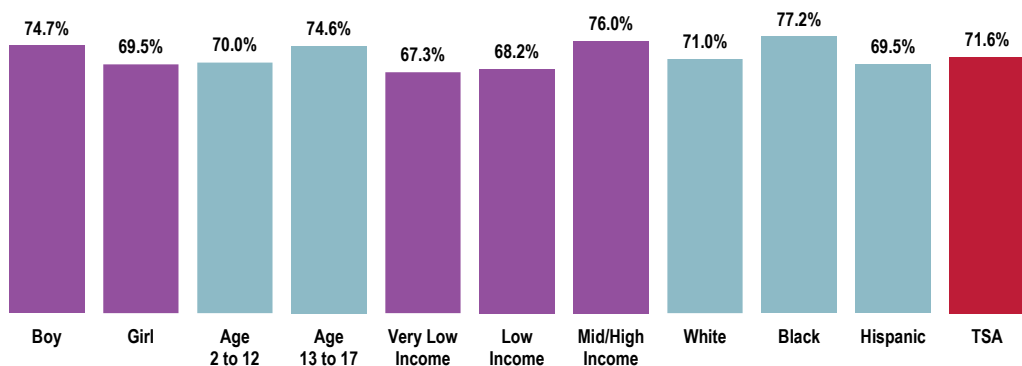
Sources:
● 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 44]
● US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Notes:
● Asked of those respondents for whom the randomly selected child in the household is age 2 to 17.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
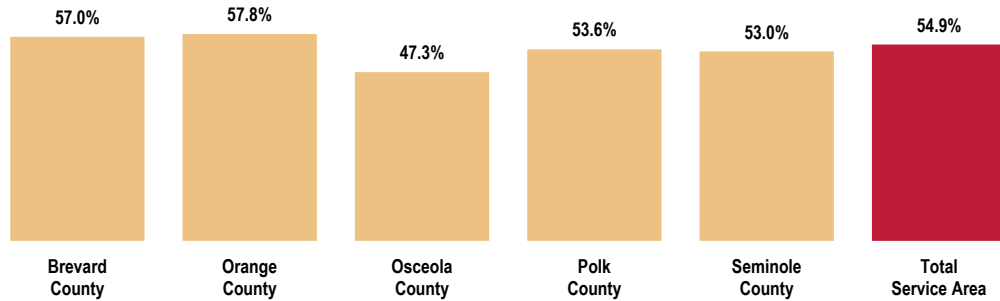
Key Informant Input: Oral Health

Key informants taking part in an online survey most often characterized *Oral Health* as a "moderate problem" for children/adolescents in the community.

Perceptions of Oral Health
as a Problem for Children/Adolescents in the Community
(Key Informants, 2022)
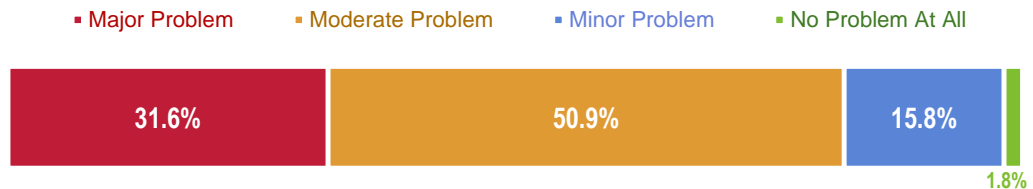
■ Major Problem   ■ Moderate Problem   ■ Minor Problem   ■ No Problem At All

31.6%	50.9%	15.8%	

1.8%

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

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

Affordable Care/Services

Dental health is extremely expensive. – Community/Business Leader

Dental health treatments can be costly, and insurance coverage may be limited. – Public Health Representative

I believe cost is the number-one obstacle to children and youth getting proper preventative dental care. Dental care is expensive and not part of general health insurance, so families are not able to prioritize dental visits. – Community/Business Leader

Lifestyle

Children have a lot of cavities due to eating an overabundance of candies, as well as not brushing their teeth properly. – Public Health Representative

Access to Care for Uninsured/Underinsured

Difficult to receive dental care without insurance, or insurance does not cover certain dental care, braces, etc. – Public Health Representative

Many access issues for uninsured and underinsured. – Public Health Representative

Prevalence/Incidence

My experience working closely with a highly disadvantaged school in Orlando that had the unusual benefit of regular dental care for its students has shown me both the prevalence of poor dental health and the tremendous benefit for the child when problems are addressed. – Social Services Provider

Too many instances were reported. Also, lack of insurance. – Social Services Provider

Awareness/Education

Education and insurance. – Community/Business Leader

Many parents do not see the value in early dental health checkups and cleanings. We often hear, "I never went to the dentist as a child. Why does my child need to?" – Social Services Provider

Poverty

Poverty in Florida has families putting off oral care. The health community knows of this problem because the mouth and dental health is the window to a child's health. The media needs to a better job raising awareness. – Community/Business Leader

Vision & Hearing

Recent Eye Exams

A total of 83.6% of Total Service Area parents indicate that their child has had an eye exam within the past three years.

TREND ► Denotes a significant decrease from the 2013 survey.

DISPARITY ► Highest in Orange County. Girls and children age 0 to 4 are <u>less</u> likely to have received an eye exam.

Child's Most Recent Eye Exam
(Total Service Area, 2022)
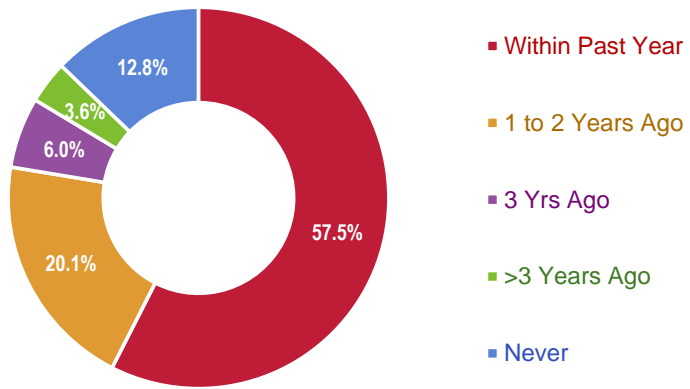
- Within Past Year — 57.5%
- 1 to 2 Years Ago — 20.1%
- 3 Yrs Ago — 6.0%
- >3 Years Ago — 3.6%
- Never — 12.8%

Sources: ● 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 36]
Notes: ● Asked of all respondents about a randomly selected child in the household.

Child Had an Eye Exam in the Past Three Years
(Total Service Area, 2022)
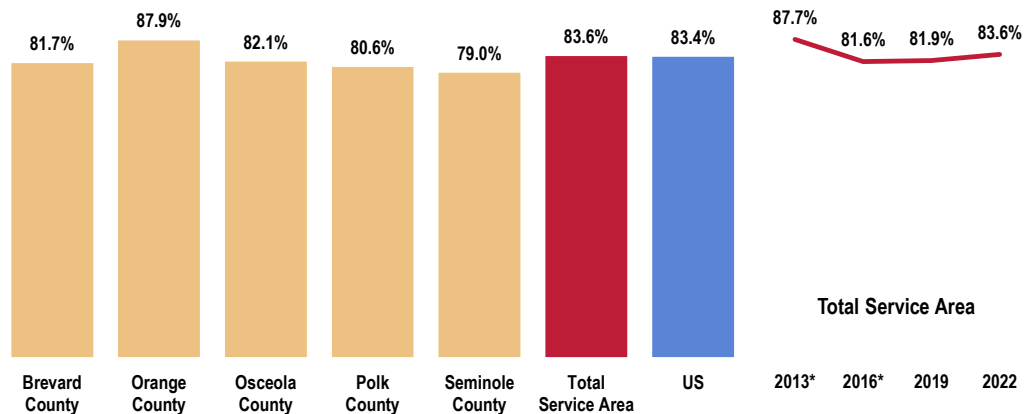
Brevard County	Orange County	Osceola County	Polk County	Seminole County	Total Service Area	US
81.7%	87.9%	82.1%	80.6%	79.0%	83.6%	83.4%

Total Service Area

2013*	2016*	2019	2022
87.7%	81.6%	81.9%	83.6%

Sources: ● 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 36]
● 2020 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents about a randomly selected child in the household.
● *2013 and 2016 results do not include responses from Polk County.

Child Had an Eye Exam in the Past Three Years
(Total Service Area, 2022)

Boy	85.7%
Girl	81.5%
Age 0 to 4	62.5%
Age 5 to 12	91.5%
Age 13 to 17	89.5%
Very Low Income	80.7%
Low Income	84.2%
Mid/High Income	84.9%
White	81.1%
Black	86.1%
Hispanic	85.1%
TSA	83.6%

Sources: ● 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 36]
Notes: ● Asked of all respondents about a randomly selected child in the household.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Hearing Tests

A total of 84.1% of Total Service Area children have had a hearing test within the past five years.

TREND ► Denotes a significant decrease from the 2013 survey.

DISPARITY ► Lower in Osceola County. Testing is <u>less</u> prevalent among adolescents than among younger children.

Child's Most Recent Hearing Test
(Total Service Area, 2022)

- Within Past Year — 49.3%
- 1 to 2 Years Ago — 20.5%
- 2 to 3 Years — 8.3%
- 3 to 5 Years — 6.0%
- >5 Years — 6.7%
- Never — 9.2%

Sources: ● 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 38]
Notes: ● Asked of all respondents about a randomly selected child in the household.

Child Had a Hearing Test in the Past Five Years
(Total Service Area, 2022)

Bar chart:
- Brevard County: 84.8%
- Orange County: 85.3%
- Osceola County: 78.6%
- Polk County: 83.8%
- Seminole County: 84.8%
- Total Service Area: 84.1%
- US: 86.7%

Total Service Area trend line:
- 2013*: 89.1%
- 2016*: 83.5%
- 2019: 84.8%
- 2022: 84.1%

Sources:
- 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 38]
- 2020 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

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

Child Had a Hearing Test in the Past Five Years
(Total Service Area, 2022)

Bar chart:
- Boy: 85.9%
- Girl: 82.5%
- Age 0 to 4: 87.7%
- Age 5 to 12: 86.8%
- Age 13 to 17: 76.8%
- Very Low Income: 81.0%
- Low Income: 85.4%
- Mid/High Income: 85.1%
- White: 85.2%
- Black: 87.7%
- Hispanic: 82.4%
- TSA: 84.1%

Sources:
- 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 38]

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

EMERGENT & URGENT CARE

Emergency Room Utilization

A total of 16.4% of Total Service Area parents report taking their child to a hospital emergency room (ER) more than once in the past year.

BENCHMARK ► Two times the national percentage.

TREND ► Represents a significant increase over time.

DISPARITY ► Parents of children age 0 to 4 and in lower-income households were more likely to take their child to the ER.

Child Used a Hospital Emergency Room More Than Once in the Past Year
(Total Service Area, 2022)

Total Service Area

25.5% of visits resulted in a hospital admission (among all children with any ER visits in the past year)
vs. 25.0% US

Brevard County	Orange County	Osceola County	Polk County	Seminole County	Total Service Area	US
14.5%	15.2%	18.8%	19.5%	14.7%	16.4%	8.2%

2013*	2016*	2019	2022
9.2%	13.7%	12.6%	16.4%
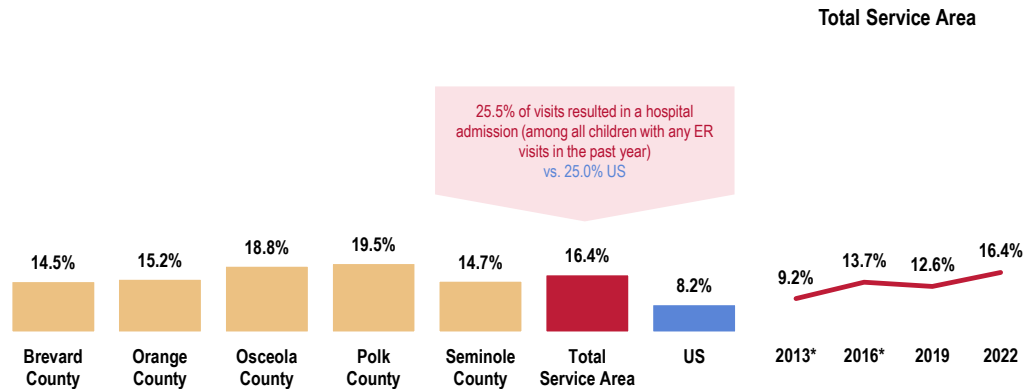
Sources: ● 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Items 39-40]
● 2020 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents about a randomly selected child in the household.
● *2013 and 2016 results do not include responses from Polk County.

Child Used a Hospital Emergency Room More Than Once in the Past Year
(Total Service Area, 2022)

Boy	Girl	Age 0 to 4	Age 5 to 12	Age 13 to 17	Very Low Income	Low Income	Mid/High Income	White	Black	Hispanic	TSA
17.5%	15.3%	22.7%	12.8%	16.0%	24.5%	18.8%	11.6%	15.1%	14.2%	18.2%	16.4%
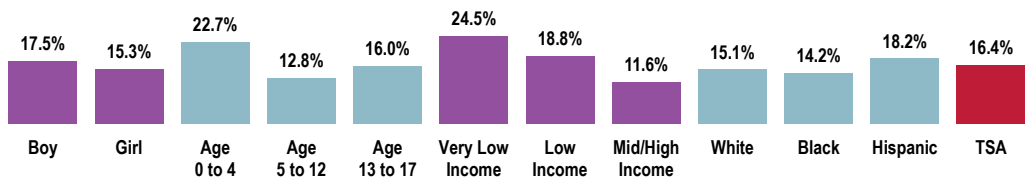
Sources: ● 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 39]
Notes: ● Asked of all respondents about a randomly selected child in the household.
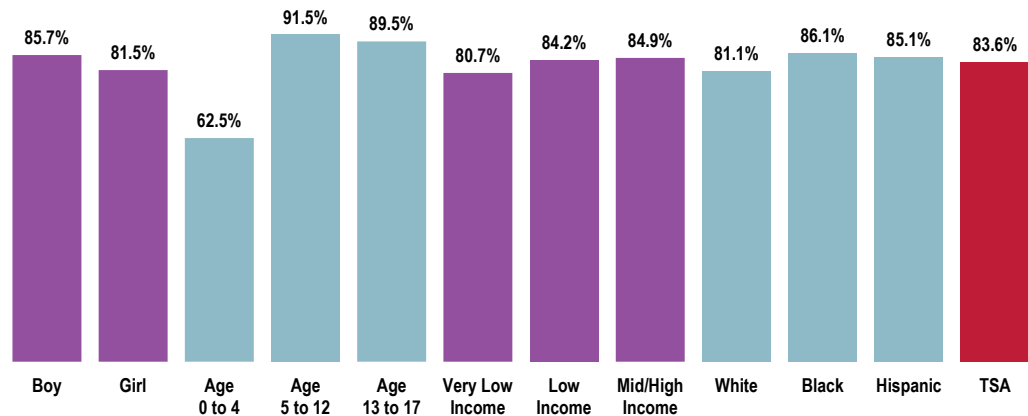● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
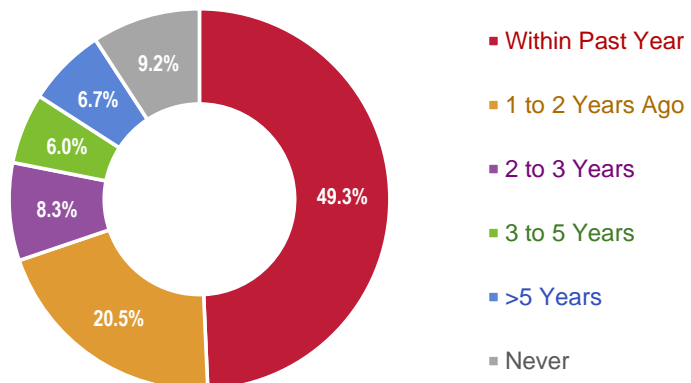
More than half of parents report that their child's emergency room visit was something that could have been treated in a doctor's office, but they used the ER because it occurred **after hours or on the weekend** (37.1%) or was an **emergency situation** (33.6%).

Emergency Room Visits
(Total Service Area, 2022)

■ Yes

48.8%   51.2%

■ No

After Hours/ Weekend	37.1%
Emergency	33.6%
Long Wait for Appointment	10.3%
Don't Know	9.9%
Other (Each <3%)	9.1%

ER Visit Was for Something That Might Have Been Treated in a Doctor's Office

Reason for Using the Hospital ER Instead of a Doctor's Office or Clinic
(Among Those With an ER Visit)

Sources: ● 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Items 41-42]
Notes: ● Asked of respondents for whom the randomly selected child in the household used a hospital ER in the past year.

Urgent Care Centers/Walk-In Clinics

A total of 46.7% of Total Service Area children visited an urgent care center or other walk-in clinic at least once in the past year.

BENCHMARK ▶ Higher than found across the US.

TREND ▶ Denotes a significant increase since 2019.

DISPARITY ▶ Lower in Polk County.

Number of Visits to an Urgent Care Center or Other Walk-in Clinic in the Past Year
(Total Service Area, 2022)

5.9%   5.6%   12.1%   53.3%   23.1%
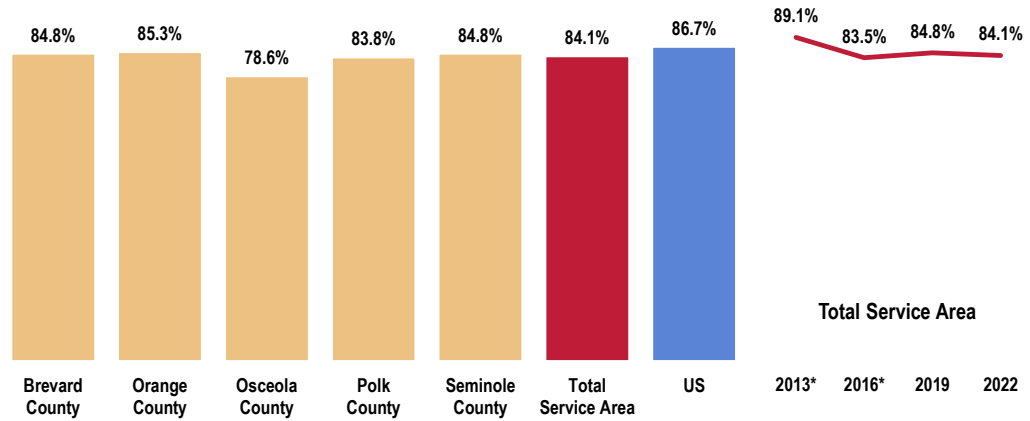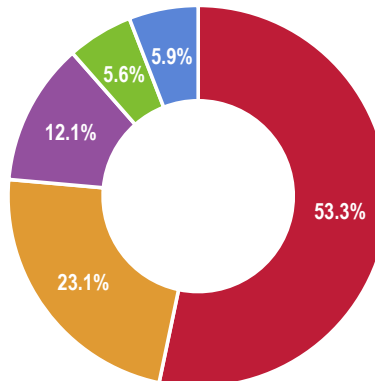
■ None
■ One
■ Two
■ Three
■ Four/More

Sources: ● 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 43]
Notes: ● Asked of all respondents about a randomly selected child in the household.
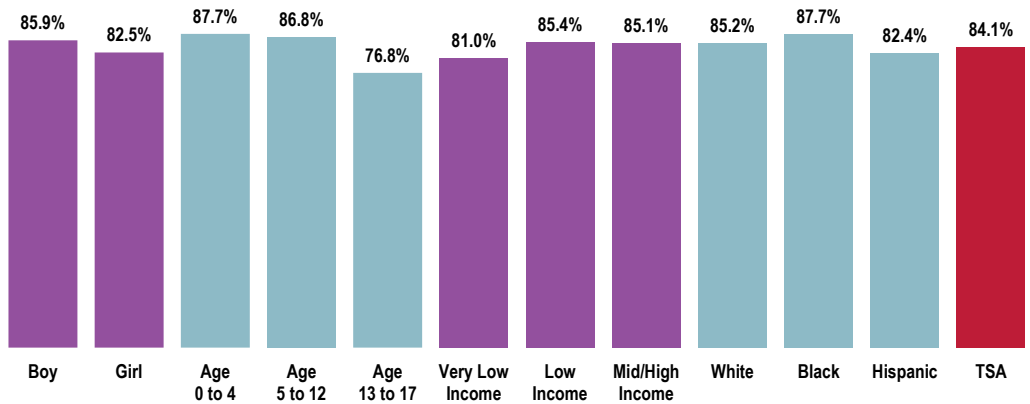
Child Used an Urgent Care Center, QuickCare Clinic, or Other Walk-In Clinic in the Past Year
(Total Service Area, 2022)

Total Service Area

Brevard County	Orange County	Osceola County	Polk County	Seminole County	Total Service Area	US
47.9%	48.3%	50.1%	41.1%	45.5%	46.7%	35.7%

2019: 38.4%   2022: 46.7%

Sources: ● 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 43]
● 2020 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents about a randomly selected child in the household.

Child Used an Urgent Care Center, QuickCare Clinic, or Other Walk-In Clinic in the Past Year
(Total Service Area, 2022)

Boy	Girl	Age 0 to 4	Age 5 to 12	Age 13 to 17	Very Low Income	Low Income	Mid/High Income	White	Black	Hispanic	TSA
45.0%	48.1%	46.1%	45.2%	49.5%	42.8%	45.0%	48.5%	45.4%	40.3%	49.2%	46.7%

Sources: ● 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 43]
Notes: ● Asked of all respondents about a randomly selected child in the household.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

HEALTH EDUCATION & OUTREACH

INTERNET ACCESS

Most respondents (98.6%) have access to the internet.

BENCHMARK ► Lower than the US benchmark.

DISPARITY ► Children living in lower-income households are <u>less</u> likely to have internet access.
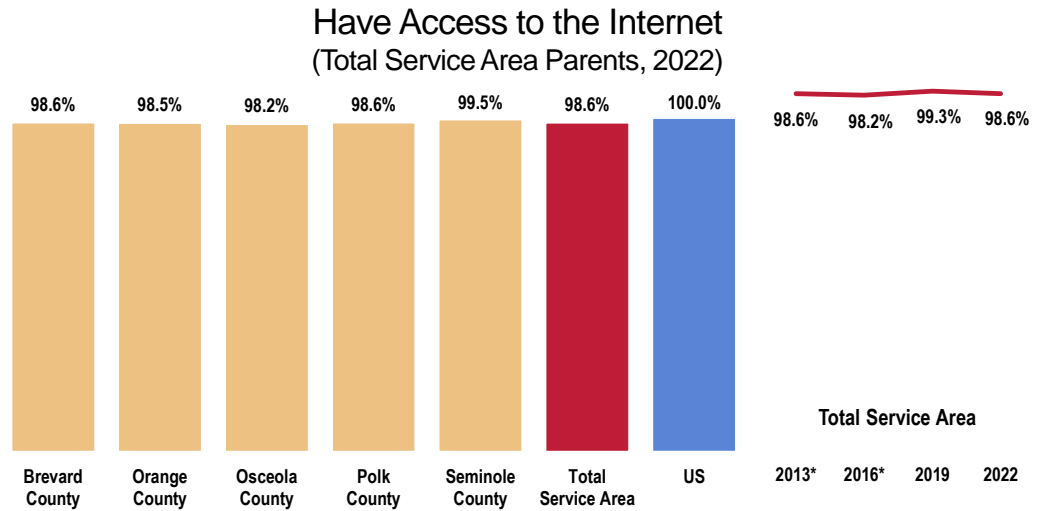
Have Access to the Internet
(Total Service Area Parents, 2022)

	Brevard County	Orange County	Osceola County	Polk County	Seminole County	Total Service Area	US
	98.6%	98.5%	98.2%	98.6%	99.5%	98.6%	100.0%

Total Service Area

2013*	2016*	2019	2022
98.6%	98.2%	99.3%	98.6%

Sources:
- 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 122]
- 2020 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

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

Have Access to the Internet
(Total Service Area, 2022)

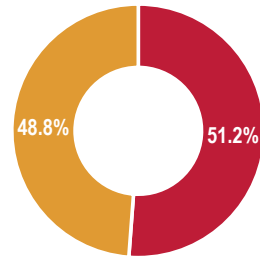| Boy	Girl	Age 0 to 4	Age 5 to 12	Age 13 to 17	Very Low Income	Low Income	Mid/High Income	White	Black	Hispanic	TSA
98.7%	98.6%	98.5%	99.2%	98.5%	96.6%	97.9%	99.8%	98.7%	98.4%	99.5%	98.6%
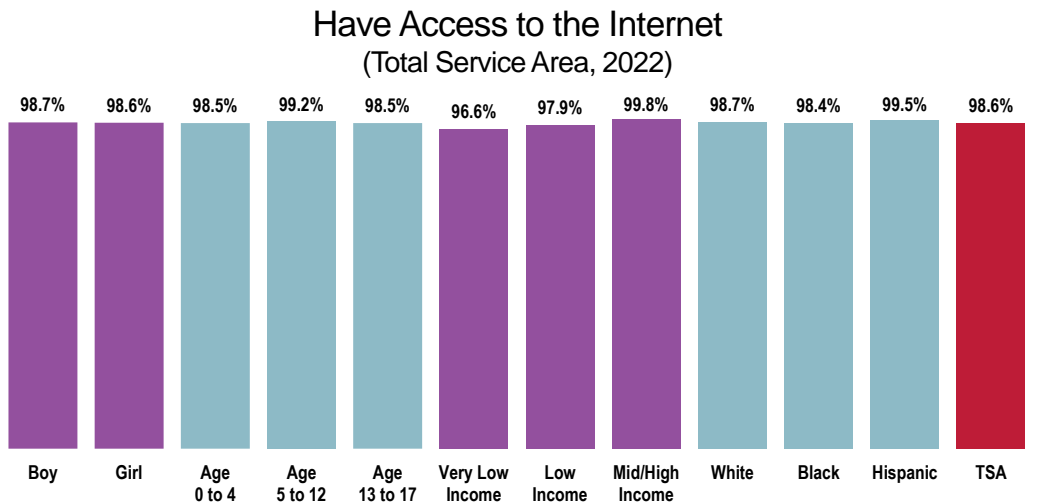
Sources:
- 2022 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 122]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes below 100% of the federal poverty level; "Low Income" includes households with incomes between 100% and 199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
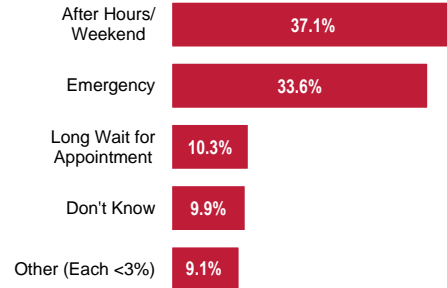
RESOURCES

RESOURCES AVAILABLE TO ADDRESS THE SIGNIFICANT HEALTH NEEDS

The following represent potential measures and resources (such as programs, organizations, and facilities in the community) identified by key informants as available to address the significant health needs identified in this report. This list only reflects input from participants in the Online Key Informant Survey and should not be considered to be exhaustive nor an all-inclusive list of available resources.

Access to Health Care Services

211
AdventHealth
Aspire Health
Children's Medical Services
Department of Health Seminole County
Doctor's Offices
Florida Department of Health
Harbor House
Hebni Nutrition Consultants, Inc.
K.E.Y Counseling Solutions
Libraries
Matthew's Hope
Nemours Children's Hospital
Orange Blossom Family Health Clinics
Orlando Health
Osceola Community Health Services
Prescribed Pediatric Extended Care
Primary Care Access Network
SALT
Shepherd's Hope
Spectrum Health
Teen Xpress
True Health

Allergies

AdventHealth
Doctor's Offices
GuideWell
Nemours Children's Hospital
Orlando Health Arnold Palmer Hospital for Children
Pollen Tracker Online Resource
School Systems
Shands
Walgreens

Asthma

AdventHealth
American Lung Association
Community Health Centers
Doctor's Offices
Florida Asthma Coalition
Florida Department of Health
Hospitals
Let's Kick Asthma
Nemours Children's Hospital
Orlando Health
Orlando Sentinel
School Systems
Shands
True Health
UCF Medical School

Bone, Joint & Muscle Problems

AdventHealth
Nemours Children's Hospital
Orlando Health
Rothman

Cognitive and Behavioral Problems

211
Aspire Health
CBA Services
Children's Cabinet
Children's Home Society
Churches
Community Mental Health
Devereux Advanced Behavioral Health
Early Learning Coalition
Early Steps
Federally Qualified Health Centers
Florida Behavioral Health
Hispanic Family Counseling
Horizon Counseling Center
Kinder Konsulting
Lakeland Regional Health Medical Center
Latino Leadership
Lotus Behavioral Health
Mindful Behavioral Healthcare
Nemours Children's Hospital

North Star Counseling of Central Florida

Orange County Public Schools

Park Place Behavioral Health Care

Peace River Center

Reed Foundation

Santiago and Friends

Students with Emotional/Behavioral Disabilities Network

Seminole County Public Schools

Serenity Healthcare

The Developmental Center for Infants and Children

Threshold

UCF Medical School

United Cerebral Palsy School

University Behavioral Services

Victim Services of Central Florida

Winter Haven Hospital Center for Behavioral Health

Coronavirus Disease/COVID-19

AdventHealth

Allied Health

Boys & Girls Clubs

CDC

CVS

Doctor's Offices

Federal Government

Federally Qualified Health Centers

Florida Department of Health

Hospitals

Orange County Government

Orange County Health Services

Orlando Health

School Systems

Seminole County Government

Testing Sites

True Health

Walgreens

Diabetes

AdventHealth

Brevard Health Alliance

Children's Health Watch

Children's Medical Services

Churches

Hebni Nutrition Consultants, Inc.

Live Well Foundation of South Lake

Nemours Children's Hospital

Second Harvest Food Bank of Central Florida

University of Florida Family Nutrition Program

Winter Park Health Foundation

YMCA

Injury & Violence

Central Florida Victims Services Network

Children's Cabinet

Counselors

Department of Children and Families

Harbor House

Howard Phillips Center for Children and Families

Intervention Programs

Kids House

Seminole County Public Schools

Sheriff's Department

Mental Health

211

AdventHealth

Aspire Health

Big Bear Behavioral Health

Brevard Health Alliance

CDC

Children's Home Society

Children's Medical Services

Churches

Circles of Care

Community Mental Health

Counselors

Department of Children and Families

Devereux Advanced Behavioral Health

Doctor's Offices

Hispanic Family Counseling

Hospitals

Howard Phillips Center for Children and Families

Impower

Kids House

Kinder Konsulting

La Amistad

Lakeland Regional Health Medical Center

Lakeside

Lotus Behavioral Health

Mentors

National Alliance on Mental Illness Greater Orlando

Nemours Children's Hospital

No Limit Health and Education

Orange County Public Schools

Orange County Government

Orlando Health

Orlando Psychiatric Associates

Orlando Regional Medical Center

Park Place Behavioral Health Care

Peace River Center

Positive Behavioral Solutions

Students with Emotional/Behavioral Disabilities Network

Shands

The Healing Tree

Victoria's Voice Foundation

Winter Haven Hospital Center for Behavioral Health

Winter Park Health Foundation

Community Health Centers

Community Partnership Schools

Dentist's Offices

Department of Health Seminole County

Doctor's Offices

Florida Department of Health

Grace Medical Home

Orange Blossom Family Health Clinics

Orange County Dental Society

Primary Care Access Network

Seminole County Government

True Health

Neurological Problems

AdventHealth

Orlando Health

Nutrition, Physical Activity, & Weight

AdventHealth

Boys and Girls Clubs

Brevard Health Alliance

Catholic Charity

Churches

Community Coordinated Care for Children

Community Health Centers

Crunch Fitness

Department of Health Seminole County

Doctor's Offices

Florida Blue

Food Vendors/Retailers

Hebni Nutrition Consultants, Inc.

Hospitals

Libraries

Nemours Children's Hospital

Orlando Health Arnold Palmer Hospital for Children

Parks and Recreation

Salvation Army

Second Harvest Food Bank of Central Florida

Seminole County Public Schools

Shands

Soul Food Pyramid

University of Florida Family Nutrition Program

WIC

YMCA

Youth Sports Programs

Prenatal & Infant Health

AdventHealth

Community Health Centers

Doctor's Offices

Florida Department of Health

Healthy Start Coalition

Jennie Joseph

Nemours Children's Hospital

Orange County Health Department

Orlando Health Winnie Palmer Hospital for Women and Babies

Second Harvest Food Bank of Central Florida

The Midwife Bus

True Health

WIC

Sexual Health

Community Health Centers

Health Department

True Health

Tobacco, Alcohol and Other Drugs

Brevard Health Alliance

Brevard Schools

Children's Cabinet

Continuum of Care

Drug Rehab Center Orlando

Impower

Lotus Behavioral Health

Mental Health Services

Opioid Task Force Council

Orange County Drug-Free Coalition

Sheriff's Department

Substance Abuse and Mental Health Services Administration

The Center for Drug Free Living

Tobacco Free Florida

Oral Health

Brevard Health Alliance

APPENDIX

EVALUATION OF PAST ACTIVITIES

Subsequent pages outline 2019 and 2020 progress reports for Nemours Children's Hospital, Florida, detailing activities undertaken to address the top health needs, including metrics evaluating these initiatives.

Community
Health Needs
Assessment
2 0 1 9
Progress Report

Your child. Our promise.

Nemours® | Children's Hospital

Community Health Needs Assessment 2019 Progress Report

The 2016 Community Health Needs Assessment for Nemours Children's Hospital (NCH) identified the following top priorities to address in improving the health of the community's children:

- access to health services
- prenatal and infant health
- injury and safety

Our immediate focus will be on these top three priorities identified through the evaluation process. However, Nemours believes that we have a responsibility to our communities to address all health concerns identified by this study. Through direct services, or through partnership with other health care or community leaders in the area, we are committed to addressing the health and wellness needs identified for children in Central Florida.

Access to Health Services

According to the needs assessment, 6.9 percent of children in the total service area (TSA) lack health care insurance coverage, comparable to the national benchmark. However, this percentage increases significantly among children living just above the federal poverty level (11.4 percent). Of those parents with children who have health care coverage, 12.2 percent report that their child was without coverage at some point in the past year.

In addition to insurance instability, the three greatest barriers to access to health care reported in the study were **lack of appointment availability, inconvenient office hours and finding a physician.** More than one-third of parents in the TSA (36.3 percent) reported difficulty or delay in obtaining health care services for their child, less favorable than the national benchmark (29.4 percent). Families in Osceola County reported the most difficulty getting an appointment and finding a physician. In addition, in Orange County, families reported the highest prevalence of difficulties due to culture or language difficulties.

Approximately 37.2 percent of parents in the TSA reported that their child needed to see a specialist at some point in the past year. Among these respondents, 45 percent of these parents had "major" or "moderate" problems obtaining the necessary care for their child. In addition, 17.5 percent reported that it took 30 or more days to get an appointment.

A total of 13.7 percent of parents in the TSA reported taking their child to a hospital emergency room more than once in the past year. Of those respondents, nearly half reported that the visit was for something that could have been treated in a doctor's office.

Initiative
Provide coordinated, comprehensive and culturally appropriate care to children and families of Central Florida in a way they can understand.

Goals
A. Create **programs and initiatives** to increase access to specialty care.
B. Expand and maintain **satellite operations** to extend specialty care into the community.
C. Provide and expand **unique service offerings and subspecialty care** not otherwise accessible in the Central Florida community.

Metrics
1. # of patients seen at Nemours Primary Care locations
2. # of patients seen at Nemours Urgent Care locations
3. # of patients seen at Nemours satellite operations
4. # of patients enrolled and seen with Nemours CareConnect
5. # of schools using Nemours CareConnect

2019 Progress Metrics
1. More than 155,000 patients were seen at Nemours Primary Care locations.
2. More than 40,000 patients were seen at Nemours Urgent Care locations.
3. More than 189,000 patients were seen at Nemours satellite operations.
4. More than 25,000 patients enrolled with Nemours CareConnect, and more than 5,000 online urgent care visits were performed by our Nemours CareConnect physician group.
5. Two elementary schools and two early learning centers in Central Florida partner with Nemours CareConnect in their school clinics.

NCH is dedicated to providing and improving pediatric health care at all levels of care, from minor injuries to the most complex conditions, through coordinated patient-centered medical services, biomedical research, education, prevention and advocacy — ensuring that patients experience care that is safer, more reliable, more responsive, more integrated and more available. NCH has earned The Joint Commission's Gold Seal of Approval for accreditation by demonstrating compliance with their national standards for health care quality and safety in hospitals. As we continue to fulfill our mission and vision in Central Florida, we are proud to bring the highest quality of care to the community we serve by offering a large number of pediatric specialties and subspecialties.

New Models of Care and New Technology

In response to the evolving health care landscape, Nemours recognizes the need for improving health care quality, as well as increasing access and equality for all children in Central Florida. One method of improving access is through application of innovative models or technologies that better coordinate care and information sharing for all patients.

Patient-Centered Medical Homes

Nemours Children's Primary Care practices are nationally certified as Patient-Centered Medical Homes. The PCMH is a model of primary care that combines patient-centered access, team-based care, population health management, care coordination and quality improvement to enhance care delivery. This model provides patients with enhanced access to care and the ability to develop and sustain quality relationships with their provider and health care team, as well as opportunities to build relationships with specialists who expand care in the community. The PCMH model also allows Nemours' practices to be proactive in the care of patients, and to shift the focus from treatment and emergency care to prevention and health promotion.

Growing to Increase Access

Nemours Primary Care

To meet the need for primary and preventive care in the community, Nemours Children's Primary Care has established an ever-growing network of pediatric primary care practices in 18 Central Florida locations. Our highly qualified primary care pediatricians and staff provide general pediatric and preventive health services in a Patient-Centered Medical Home setting. Services provided include care for routine illnesses and everyday bumps and bruises, vaccinations and well checkups. Nemours is helping children — from the tiniest newborns through age 18 — reach their full potential.

To ensure access to care when parents need it, each Nemours Children's Primary Care office offers walk-in sick care for established patients between 8 a.m. and 9 a.m. every weekday. Sick care is also available on Saturdays between 8 a.m. and noon at designated locations.

Nemours Children's Urgent Care

Of the CHNA respondents who took their child to the Emergency Department in the last year, more than half reported that the visit was for something that could have been treated in a physician's office. For this reason, Nemours has expanded our urgent care hours throughout the TSA. Nemours Children's Urgent Care offers immediate, advanced pediatric care to patients who range from newborn to 18 years of age. Care is provided as early as noon at two of our four locations and is available until 10 p.m. at every location, every day, including holidays. Patients can now reserve their spot in line with an online check-in system, allowing the patient and their family to wait more comfortably at home — or wherever is convenient — until their estimated visit time. The pediatricians who practice at Nemours Children's Urgent Care are board-certified in pediatrics, with specialized experience in emergency medicine and urgent care, bringing expertise closer to home for children in Kissimmee, Lake Nona, Sanford and Waterford Lakes (East Orlando).

Nemours CareConnect

When their regular pediatrician is not available, parents can receive care from a Nemours board-certified pediatrician through Nemours CareConnect, a telehealth service designed just for children. Care for minor illnesses and injuries is available 24/7. Parents can use their smartphone, tablet or computer to have a face-to-face video visit whether they're home or on the go. A summary of the visit will be sent to the child's pediatrician so their medical record is complete. Nemours CareConnect is one more way to help children feel better faster and to avoid unnecessary visits to the Emergency Department.

Nemours Satellite Operations

To meet access needs of children and families in our community, Nemours operates outpatient pediatric clinics providing specialized pediatric care for families in Central Florida as far west as Wesley Chapel in Pasco County, along the I-4 corridor, and as far south as Vero Beach in Indian River County. Nemours rotates a multitude of specialists throughout our specialty care network, offering appointments in cardiology, pulmonology, GI, urology, endocrinology, orthopedics, general surgery and many others.

Nemours Hospital Partners

To further demonstrate Nemours' organizational commitment to provide access to world-class pediatric health care for all children and families in Central Florida, Nemours partners with community hospitals throughout the region and beyond to provide pediatric subspecialty care close to home. Nemours provides a variety of support for these partners, including hospital-based services, subspecialty consults and, in some cases, outpatient clinics.

Nemours Programs

Pediatric Critical Care Transport

NCH offers 24/7 neonatal and pediatric intensive care transport. Nemours' transport program plays a vital role in getting infants and children to and from NCH, providing a mobile intensive care unit environment so critical care can begin immediately. Our ground transport includes a fully equipped pediatric intensive care ambulance plus a Nemours-owned, custom designed mobile intensive care unit (the size of a fire truck) that features space to care for two newborn or pediatric patients at once. Nemours' transport vehicle allows us to be there for children and families throughout the region, at moments when they need us the most.

Ronald McDonald House

Because of the complex nature of pediatric services, children and families come from throughout the region, across the country and around the world to receive services at Nemours Children's Hospital. Since 2012, NCH has provided families from all over the United States and internationally with medical care for children with rare and unique conditions. For families to have access to these relatively rare medical resources, they require a place to stay while their child is receiving care. Ronald McDonald House provides a "home away from home" for families of seriously or chronically ill or injured children receiving treatment at area hospitals, offering nurturing and supportive environments where families can stay together and find comfort.

Financial Assistance Plan and Uninsured Discount Program

Since opening our doors, Nemours has remained committed to providing our patients and families with the care that they need and want, when they need and want it. Nemours provides charity care services in Florida so that children needing care can receive it without financial barriers.

Inpatient Rehabilitation Unit

NCH's Inpatient Rehab Unit is currently a nine-bed unit. It's the first pediatric inpatient rehab unit at a free-standing children's hospital in Florida. The unit admits patients from three months to 17 years of age. The rehab unit offers intensive physical, speech and occupational therapy, as well as 24-hour inpatient medical and nursing care.

Language/Interpreter Services

Nemours believes that one of the most important aspects of delivering family-centered care is making sure families are informed, in a way they can understand, about what is happening with their child's health at every step. To help families be the very best advocates for their child's care, Nemours provides a variety of language and interpreter services, including:

- **Video remote interpretation service:** Nemours has iPad carts throughout the hospital that can be used to reach a live interpreter in almost every language via live video stream.

- **Phone interpreter service:** Nemours' phone interpreter service is available in almost every language — 24 hours a day, seven days a week, for both inpatients (staying at the hospital) and outpatients (coming in for an appointment or procedure then going home).

- **American Sign Language (ASL):** Nemours also meets the communication needs of deaf children and families, providing an American Sign Language interpreter when needed.

- **Two board-certified medical interpreters:** These interpreters provide in-person support for complex medical conversations.

Community Initiatives

Shepherd's Hope

Nemours partners with Shepherd's Hope, a not-for-profit in Central Florida that operates free medical clinics for low-income families, to provide volunteer providers for back-to-school physicals every summer. During the clinics, the doctors, nurses and other volunteers who donate their time to serve uninsured, low-income families in need of medical care see patients at no cost. Additionally, Nemours conducts free vision and hearing screenings during the physicals. Through this work, many Nemours physicians have been inspired and continue to volunteer at the medical clinics regularly.

Central Florida School Districts — School Nurse Training

Nemours providers offer specialized training classes for school nurses, health aides and clinic assistants throughout the TSA. Nemours believes that school nurses play an integral role in a child's care team and require ongoing training to facilitate care for their students. Nemours providers have conducted training seminars on many topics, including adolescent health, vaping, diabetes, sickle cell, infectious disease, trach care, asthma, allergies, injuries, common cardiac diseases and rheumatology.

Prenatal and Infant Health

The infant mortality rate in the TSA is 6.3 per 1,000 live births, slightly higher than both the Florida average (6.1) and the national average (5.9); Orange County has the highest rate, at 6.7 per 1,000 live births. In the non-Hispanic Black population, the rate increases to 11.5 per 1,000 live births. The predominant cause of death between 2005 and 2014 for children under 1 year of age was perinatal conditions (certain conditions occurring in the perinatal period, usually low birth weight, preterm birth, and complications of pregnancy, labor and delivery).

Between 2012 and 2014, the TSA reported an annual average of 31.6 child deaths (ages 1 to 4) per 100,000. Among these children ages 1 to 4, accidents and congenital conditions are the number one and two leading causes of death, respectively.

Initiative

Increase education and awareness of prenatal and infant health issues among families and health care providers in Central Florida.

Goals

A. Provide **prenatal education** to moms, families and providers to promote healthy pregnancies and safe deliveries.

B. Create **infant health programs and outreach** that provide services, education and support to families and providers.

Metrics

1. # of patients seen at Nemours Center for Fetal Care

2. # of families attending the Baby Basics Classes

3. # of attendees at the NAS Summit

2019 Progress Metrics

1. Over 900 patients were seen at Nemours Center for Fetal Care.

2. Nemours Primary Care has discontinued the Baby Basics Classes.

3. Nemours did not host an NAS Summit in 2019. However, NCH became involved in the executive committee of Project Opioid. Through Project Opioid's events and advocacy efforts, NCH was able to educate and inform the community regarding babies and families who experience neonatal abstinence syndrome (NAS) and opioid use disorder (OUD).

Education and Support

KidsHealth.org — Pregnancy and Newborn Center

Nemours provides online resources to help families better understand how to stay healthy and safe during pregnancy, how to prepare for parenthood, as well as childbirth, newborn care and health conditions. All content is reviewed regularly for accuracy and balance by Nemours pediatricians and experts in subject matter. The site is free to use, requires no registration and is free of advertising.

NICU Discharge Education

Nemours focuses on practices that allow children and families to live healthier lives. Our goal is to provide health information and encourage wellness development and safety for all children. Prior to a baby's discharge from the NICU, Nemours providers educate families on safe sleep practices, car seat safety, shaken baby syndrome and infant CPR. Nemours providers teach parents proper CPR technique and provide hands-on training with simulation mannequins. For more training, parents are provided an Infant CPR Kit donated by the American Heart Association (AHA), which contains video instruction and an inflatable mannequin for the family to practice on at home.

Milk Bank of Florida

The Period of PURPLE Crying® is used to describe the time in a baby's life when they cry more than at any other time. The PURPLE program is designed to educate parents of new babies on the normal crying curve and the dangers of shaking a baby. Upon discharge from the NICU at NCH, parents and caregivers are educated on how to safely care for their baby during periods of extended crying and other highly stressful times through this research-based, video education program developed by the National Center on Shaken Baby Syndrome.

Improving Outcomes and Safety for Mothers and Infants

Nemours Center for Fetal Care

Nemours is dedicated to serving children and their families at every stage of life. The Center for Fetal Care at NCH provides expert maternal-fetal and perinatal care to Central Florida mothers-to-be who are facing high-risk pregnancies or problems with their unborn child. Although Nemours does not deliver babies, we co-manage care with each mother's doctors and coordinate services focused on her baby's health before, during and after birth. The Center for Fetal Care is designed with the pregnant patient's health in mind and provides a dedicated clinic space, prompt scheduling and referrals to pediatric specialists that are arranged and tracked by the Center for Fetal Care.

Milk Bank of Florida

Breast milk is the preferred feeding for all infants and offers benefits not found in any substitute. It provides something called "passive immunity," protecting the baby from a wide variety of bacterial and viral illnesses. Breastfeeding also can lead to better cognitive development, as well as physical and emotional benefits due to skin-to-skin contact. Because early nutrition is a significant contributor to healthy child development, NCH provides a storage location to support milk banks, as well as a neonatal practitioner and International Board Certified Lactation Consultant. To support breastfeeding and infant health, Nemours hosts a 40-hour Certified Lactation Counselor training course once a year, providing education, certification and resources to providers and breastfeeding advocates.

Neonatal Resuscitation Program

NCH provides classroom instruction in the Neonatal Resuscitation Program (NRP). NRP is an educational program based on the American Academy of Pediatrics and the American Heart Association guidelines for cardiopulmonary resuscitation and emergency cardiovascular care for newborns at time of delivery. NRP introduces concepts and basic skills of neonatal resuscitation. Successful completion of the online written course is required before participants attend the classroom portion of the NRP course.

S.T.A.B.L.E. (Sugar, Temperature, Airway, Blood pressure, Lab work, and Emotional support)

NCH offers classroom instruction for the modular instructional program known as S.T.A.B.L.E. This neonatal education program for health care providers focuses on the post-resuscitation and pre-transport stabilization care of sick infants.

March of Dimes of Central Florida

The March of Dimes of Central Florida is a longtime partner of NCH, supporting the hospital through generous donations and support. Throughout the years, Nemours associates have become heavily involved in March of Dimes events and fundraisers; the collaborative effort has resulted in significant dollars raised to support research, educational opportunities and support services for parents, caregivers and families. Donations from the March of Dimes also support the education of medical and nursing staff in the latest developments and findings regarding neonatal and perinatal diagnosis, treatments and plans of care for high-risk newborns.

NICU Cuddler Program

Nemours understands the importance of bonding and skin-to-skin contact with any newborn, especially those in the NICU. However, we also understand that not all parents are able to stay at the hospital for extended periods of time — some parents need to leave for work or other obligations. Volunteers with the Nemours NICU Cuddler Program are specially trained to provide love and affection to babies and families in the NICU at Nemours Children's Hospital. These volunteers are trained on the proper techniques for holding and rocking to soothe and comfort our tiniest patients. The Nemours NICU Cuddler Program is especially important to soothe babies with neonatal abstinence syndrome (NAS), who may be experiencing elevated stress and discomfort.

Primary Care

Nemours Primary Care has improved data analytics to assess gaps in infant care, and improves care by reaching out to parents for such things as scheduling their infants' immunizations. Additionally, our primary care practices have added lactation consultations, including telehealth availability, to increase, promote and support breastfeeding. To improve compliance in blood lead screening, all clinics have increased point-of-care testing. Additionally, primary care practices have added photo screenings to detect vision abnormalities in children starting at 12 months. For parents, primary care has implemented universal postpartum depression screening of all parents in accordance with new guidelines.

Injury and Safety

While the majority of children in the TSA were not seriously injured in the last year, 13.3 percent sustained injuries serious enough to require medical treatment. Of these respondents, more than two-thirds (67.3 percent) reported that their child was seriously injured just once in the past year, 22.9 percent of respondents reported two incidents, and 9.8 percent said their child needed medical treatment for an injury three or more times in the past 12 months. When asked what the child was doing when the injury occurred, parents mentioned activities such as organized sports, playing, and falling or tripping. The prevalence of serious injury among children in the TSA is highest among boys, teens, and white and Hispanic children.

The number one leading cause of death among children ages 1 to 19 years is accidents, primarily drowning in children ages 1 to 4 and motor vehicle accidents in children ages 15 to 19. Approximately 91.8 percent of respondents reported that their child "always" wears a seatbelt (or appropriate car seat for younger children), a significant decrease in seatbelt usage from 2013. The lowest usage was reported among children under 4 years of age at just 84.4 percent.

Initiative
Increase awareness of and participation in community safety and injury initiatives and programs.

Goals
A. Provide **safety/injury education** to patients and families.
B. Create targeted **safety/injury initiatives** to serve the needs of the community.

Metrics
1. # of attendees at our School Health Conference
2. # of players served through the USTA Player Development Program

2019 Metrics
1. 60 school nurses attended our School Health Conference.
2. 11 players were served through USTA Player Development Program.

Education and Training Initiatives

Car Seat Safety Program

In addition to Nemours Children's Hospital's NICU discharge education programs, Nemours provides car seat safety resources for all children leaving the hospital. If a family does not have an appropriate car seat to safely transport the patient, NCH will provide one at the time of discharge. In addition, Nemours' Certified Car Seat Installation Technicians review best practices for car seat safety and provide detailed instruction on how to install a car seat in the family's vehicle.

Hands-Only™ CPR Training Initiative and World Heart Day

Hands-Only™ CPR is cardiopulmonary resuscitation without mouth-to-mouth breaths. It is recommended for use by people who see a teen or adult collapse in an out-of-hospital setting, such as at home, at work or in a park. In the event of a cardiac emergency, people are more likely to perform Hands-Only™ CPR and ultimately save a life. Nemours Cardiac Center is working together with the American Heart Association, Central Florida school districts, fire departments and other

community organizations to promote and conduct Hands-Only™ CPR Training throughout Central Florida.

Nemours Florida School Health Conference

NCH hosts this annual conference dedicated to school nurses and other school health professionals from across Florida. The program includes training for typical pediatric care in a school setting, such as management of injuries, allergies, asthma, diabetes, substance abuse, mental health and response to medical emergencies. The conference includes hands-on training through the Nemours Institute for Clinical Excellence simulation lab and small group discussions on topics relevant to school health.

Sports Medicine — Prevention and Treatment

United States Tennis Association (USTA) Collaboration for Sports and Injury

Nemours and the Andrews Institute partner as the official medical services providers for the USTA National Campus. This includes being the exclusive medical team, team physician (sports medicine), athletic trainers and specialty providers. Additionally, the medical team provides coverage during tournament events as well as injury prevention and health promotion initiatives, including acute care services for athletes training and competing at the National Campus.

NCH provides sports physicals and a sports medicine physician for football games for Lake Nona High School. In addition, Nemours providers support education training for teachers, coaches and school staff for sports-related topics, such as common cardiac conditions.

Educational Resources for Young Athletes

At Nemours, our team of experts understands that young athletes are not simply smaller versions of adult athletes. We also understand the importance of preventing sports medicine injuries before they happen. For this reason, Nemours provides free printable resources for coaching staff, parents and athletes on many topics, including:

- concussion prevention and detection
- female athlete triad
- heat-related illness
- ACL injuries
- overuse injuries
- dehydration
- sports injuries

Community Health Needs Assessment

2020

Progress Report

NEMOURS
CHILDREN'S HEALTH

Well Beyond Medicine

The 2019 Community Health Needs Assessment for Nemours Children's Hospital, Florida (formerly Nemours Children's Hospital) identified the following top priorities to address in improving the health of the community's children:

- Access to health services
- Prenatal and infant health

Our immediate focus will be on these top two priorities identified through the evaluation process. Through direct services, or through partnership with other health care or community leaders in the area, we are committed to addressing the health and wellness needs identified for children in Central Florida.

Access to Health Services

According to the needs assessment, 7.4 percent of children in the total service area (TSA) lack health care insurance coverage, comparable to the national benchmark. However, this percentage increases significantly among children living below 100 percent of poverty (18 percent). Of those parents with children who have health care coverage, 10.7 percent report that their child was without coverage at some point in the past year.
In addition to insurance instability, the two greatest barriers to access to health care reported in the study were **inconvenient office hours** and **getting a doctor's appointment.** In the TSA, 40.2 percent reported difficulty or delay in obtaining health care services for their child, less favorable than the national benchmark (28.4 percent). The barrier of inconvenient office hours is unfavorably high for parents living in Orange, and difficulty getting appointments is unfavorably high for parents living in Polk County.

Initiative

- Provide coordinated, comprehensive and culturally appropriate care to children and families of Central Florida in a way they can understand.

Goals

- Expand services to increase access to pediatric care.

Metrics

- # of patients seen at Nemours Children's Health locations
  - **In 2020, more than 39,000 patients were seen at our locations.**

- # of patients seen at Nemours Children's Urgent Care locations
  - **In 2020, more than 15,000 patients were seen at our locations.**

- # of patients seen at Nemours Children's satellite operations
  - **In 2020, more than 30,000 patients were seen at our satellite operations.**

- # of patients enrolled and seen with our telehealth services
  - **In 2020, there were 290,165 enrollees in Nemours CareConnect, 124,600 patients enrolled in the newly launched Nemours App, and almost 11,000 online urgent care visits were performed by our telehealth services provider group.**

Nemours Children's, Florida provides and improves pediatric health care at all levels of care, from minor injuries to the most complex conditions, through coordinated patient-centered medical services, biomedical research, education, prevention and advocacy — ensuring that patients experience care that is safer as well as more reliable, responsive, integrated and available. Nemours Children's, Florida has earned The Joint Commission's Gold Seal of Approval for accreditation by demonstrating compliance with their national standards for health care quality and safety in hospitals. As we continue to fulfill our mission and vision in Central Florida, we are proud to bring the highest quality of care to the community we serve by offering many pediatric specialties and subspecialties.

New Models of Care and New Technology
In response to the evolving health care landscape, we recognize the need for improving health care quality, as well as increasing access and equality for all children in Central Florida. One method of improving access is through application of innovative models or technologies that better coordinate care and information sharing for all patients.

Patient-Centered Medical Homes
Nemours Children's Primary Care practices are nationally certified as Patient-Centered Medical Homes (PCMHs). The PCMH is a model of primary care that combines patient-centered access, team-based care, population health management, care coordination and quality improvement to enhance care delivery. This model provides patients with enhanced access to care and the ability to develop and sustain quality relationships with their provider and health care team, as well as opportunities to build relationships with specialists who expand care in the community. The PCMH model also allows ourr practices to be proactive in the care of patients and to shift the focus from treatment and emergency care to prevention and health promotion.

Growing to Increase Access

Primary Care
To meet the need for primary and preventive care in the community, Nemours Children's Primary Care has established an ever-growing network of pediatric primary care practices in 19 Central Florida locations. Our highly qualified primary care pediatricians and staff provide general pediatric and preventive health services in a PCMH setting. Services provided include care for routine illnesses and everyday bumps and bruises, vaccinations and well checkups. We are helping children — from the tiniest newborns through age 18 — reach their full potential. However, in 2020 this service was suspended to make certain we can maintain social distancing during the coronavirus (COVID-19) pandemic. Sick care is also available on Saturdays between 8 a.m. and noon at designated locations.

Urgent Care
Of the CHNA respondents who took their child to the emergency room in the last year, more than half reported that the visit was for something that could have been treated in a physician's office. For this reason, we have expanded our urgent care hours throughout the TSA. Nemours Children's Urgent Care offers immediate, advanced pediatric care to patients who range from newborn to 18 years of age. Care is provided as early as noon on weekdays at two of our three locations, and at noon on the weekends. It is available until 8 p.m. at every location, every day, including holidays. Patients can now reserve their spot in line with an online check-in system, allowing the patient and their family to wait more comfortably at home — or wherever is convenient — until their estimated visit time. To help patients during the coronavirus pandemic, Nemours Children's Urgent Care now offers rapid molecular (PCR) COVID-19 testing. The pediatricians who practice at Nemours Children's Urgent Care are board-certified in pediatrics, with specialized experience in emergency medicine and urgent care, bringing expertise closer to home for children in Kissimmee, Lake Nona and Waterford Lakes (East Orlando).

Satellite Operations
To meet access needs of children and families in our community, Nemours Children's operates outpatient pediatric clinics providing specialized pediatric care for families in Central Florida as far west as Wesley Chapel in Pasco County, along the I-4 corridor, and as far south as Vero Beach in Indian River County. We rotate a multitude of specialists throughout our specialty care network, offering appointments in cardiology, pulmonology, GI, urology, endocrinology, orthopedics, general surgery and many others.

CareConnect

When their regular pediatrician is not available, parents can receive care from a Nemours Children's board-certified pediatrician or advanced practice registered nurse through Nemours CareConnect, a telehealth service designed just for children. Care for minor illnesses and injuries is available 24/7. Parents can use their smartphone, tablet or computer to have a face-to-face video visit whether they're home or on the go. A summary of the visit will be sent to the child's pediatrician, so their medical record is complete. Nemours CareConnect is one more way to help children feel better faster and to avoid unnecessary visits to the emergency room. In 2020, the Nemours CareConnect telehealth service transitioned to the Nemours App, making it easier for families to securely access their child's medical records, see a pediatrician on demand, search our award-winning educational content, and get other tools designed to help caregivers keep their child healthy.

Our Hospital Partners

To further demonstrate Nemours Children's organizational commitment to provide access to world-class pediatric health care for all children and families in Central Florida, we partner with community hospitals throughout the region and beyond to provide pediatric subspecialty care close to home. We provide a variety of support for these partners, including hospital-based services, subspecialty consults and, in some cases, outpatient clinics.

Our Programs

Pediatric Critical Care Transport

Nemours Children's, Florida offers 24/7 neonatal and pediatric intensive care transport. Our transport program plays a vital role in getting infants and children to and from Nemours Children's, Florida, providing a mobile intensive care unit environment so critical care can begin immediately. Our ground transport includes a fully equipped pediatric intensive care ambulance plus a Nemours Children's-owned, custom-designed mobile intensive care unit (the size of a fire truck) that features space to care for two newborn or pediatric patients at once. Our transport vehicle allows us to be there for children and families throughout the region, at moments when they need us the most. In some cases, we may arrange helicopter or fixed-wing aircraft transport.

Ronald McDonald House
Since 2012, Nemours Children's, Florida has provided families throughout the region, from all over the United States, and internationally with medical care for children with rare and unique conditions. For families to have access to these relatively rare medical resources, they require a place to stay while their child is receiving care. Ronald McDonald House provides a "home away from home" for families of seriously or chronically ill or injured children receiving treatment at area hospitals, offering nurturing and supportive environments where families can stay together and find comfort.

Financial Assistance Plan and Uninsured Discount Program
Since opening our doors,   Nemours Children's has remained committed to providing our patients and families with the care that they need and want, when they need and want it. We provide charity care services in Florida so that children needing care can receive it without financial barriers.

Inpatient Rehabilitation Unit
Nemours Children's, Florida's Inpatient Rehab Unit is currently a five-bed unit. It's the first pediatric inpatient rehab unit at a free-standing children's hospital in Florida. The unit admits patients from 3 months to 17 years of age. The Rehab Unit offers intensive physical, speech and occupational therapy, as well as 24-hour inpatient medical and nursing care.

Language/Interpreter Services
Nemours Children's believes that one of the most important aspects of delivering family-centered care is making sure families are informed, in a way they can understand, about what is happening with their child's health at every step. To help families be the very best advocates for their child's care, we provide a variety of language and interpreter services, including:

- **Video remote interpreting service:** we have iPad carts throughout the hospital that can be used to call up a live interpreter in almost every language via live video stream.
- **Phone interpreter service:** Our phone interpreter service is available in almost every language — 24 hours a day, seven days a week, for both inpatients (staying at the hospital) and outpatients (coming in for an appointment or procedure then going home).
- **American Sign Language (ASL):** Nemours Children's also meets the communication needs of deaf children and families, providing an American Sign Language interpreter when needed.
- **Two board-certified medical interpreters:** These interpreters provide in-person support for complex medical conversations.

Community Initiatives

Shepherd's Hope
Nemours Children's, Florida partners with Shepherd's Hope, a nonprofit in Central Florida that operates free medical clinics for low-income families, to provide volunteer providers for back-to-school physicals every summer. During the clinics, the doctors, nurses and other volunteers who donate their time to serve uninsured, low-income families in need of medical care see patients at no cost. Additionally, we conduct free vision and hearing screenings during the annual back-to-school physicals. Through this work, many Nemours Children's physicians have been inspired and continue to volunteer at the medical clinics regularly.

Central Florida School Districts — School Nurse Training
Nemours Children's providers offer specialized training classes for school nurses, health aides and clinic assistants throughout the TSA. We believe that school nurses play an integral role in a child's care team and require ongoing training to facilitate care for their students. Our providers have conducted training seminars on many topics, including adolescent health, human trafficking, vaping, diabetes, sickle cell, infectious disease, trach care, asthma, allergies, injuries, common cardiac diseases and rheumatology.

Prenatal and Infant Health

The infant mortality rate in the TSA is 6.5 per 1,000 live births, slightly higher than both the Florida average (6.2) and the national average (5.8); Polk County has the highest rate at 7.9 per 1,000 live births. The leading cause of death between 2008 to 2017 for children under 1 year of age was perinatal conditions (certain conditions occurring in the perinatal period, usually low birth weight, preterm birth, and complications of pregnancy, labor and delivery).

Initiative

- Increase education and awareness of prenatal and infant health issues among families and health care providers in Central Florida.

Goals

- Promote **infant health programs and outreach** that provide services, education and support to families and providers.

Metrics

- # of patients seen at our Center for Fetal Care
  - **In 2020, over 600 patients were seen at our center for Fetal Care.**

- # of attendees participating in the Certified Lactation Counselor training course hosted at Nemours Children's, Florida
  - **In 2020, the Certified Lactation Counselor training course was canceled due to COVID-19.**

- # of page views from the TSA to KidsHealth.org for prenatal and infant health information
  - **In 2020, there were 125,785 page views from the Central Florida area on KidsHealth.org for prenatal and infant health information.**

Education and Support

KidsHealth.org — Pregnancy and Newborn Center
Nemours Children's provides online resources to help families better understand how to stay healthy and safe during pregnancy and how to prepare for parenthood, as well as childbirth, newborn care and health conditions. All content is reviewed regularly for accuracy and balance by our pediatricians and experts in subject matter. The site is free to use, requires no registration, and is free of advertising.

NICU Discharge Education
Nemours Children's focuses on practices that allow children and families to live healthier lives. Our goal is to provide health information and encourage wellness development and safety for all children. Prior to a baby's discharge from the NICU, our providers educate families on safe sleep practices, car seat safety, shaken baby syndrome and infant CPR. Nemours Children's providers teach parents proper CPR technique and provide hands-on training with simulation mannequins. For more training, parents are provided an Infant CPR Kit donated by the American Heart Association (AHA), which contains video instruction and an inflatable mannequin for the family to practice on at home.

Period of PURPLE Crying® Program
The Period of PURPLE Crying® is used to describe the time in a baby's life when they cry more than at any other time. The PURPLE program is designed to educate parents of new babies on the normal crying curve and the dangers of shaking a baby. Upon discharge from the NICU at Nemours Children's, Florida, parents and caregivers are educated on how to safely care for their baby during periods of extended crying and other highly stressful times through this research-based video education program developed by the National Center on Shaken Baby Syndrome.

Improving Outcomes and Safety for Mothers and Infants

Center for Fetal Care

We arededicated to serving children and their families at every stage of life. The Center for Fetal Care at Nemours Children's, Florida provides expert maternal-fetal and perinatal care to Central Florida mothers-to-be who are facing high-risk pregnancies or problems with their unborn child. Although we do not deliver babies, we comanage care with each mother's doctors and coordinate services focused on her baby's health before, during and after birth. The Center for Fetal Care is designed with the pregnant patient's health in mind and provides a dedicated clinic space, prompt scheduling, and referrals to pediatric specialists that are arranged and tracked by the Center for Fetal Care.

Milk Bank of Florida

Breast milk is the preferred feeding for all infants and offers benefits not found in any substitute. It provides something called "passive immunity," protecting the baby from a wide variety of bacterial and viral illnesses. Breastfeeding also can lead to better cognitive development, as well as physical and emotional benefits due to skin-to-skin contact. Because early nutrition is a significant contributor to healthy child development, Nemours Children's, Florida provides a storage location to support milk banks, as well as a neonatal practitioner and International Board-Certified Lactation Consultant. To support breastfeeding and infant health, Nemours Children's, Florida hosts educational opportunities during World Breastfeeding Week to inform and educate our associates and patient families about breastfeeding and lactation support resources within Nemours Children's, Florida and in the community.

Neonatal Resuscitation Program

 We provide classroom instruction in the Neonatal Resuscitation Program (NRP). NRP is an educational program based on the American Academy of Pediatrics and the American Heart Association guidelines for cardiopulmonary resuscitation and emergency cardiovascular care for newborns at time of delivery. NRP introduces concepts and basic skills of neonatal resuscitation. Successful completion of the online written course is required before participants attend the classroom portion of the NRP course.

S.T.A.B.L.E. (Sugar, Temperature, Airway, Blood pressure, Lab work, and Emotional support)

Nemours Children's, Florida offers classroom instruction for the modular instructional program known as S.T.A.B.L.E. This neonatal education program for health care providers focuses on the post-resuscitation and pre-transport stabilization care of sick infants.

March of Dimes of Central Florida

The March of Dimes of Central Florida is a longtime partner of Nemours Children's, Florida, aiding the hospital through generous donations and other support. Throughout the years, our associates have become heavily involved in March of Dimes events and fundraisers; the collaborative effort has resulted in significant dollars raised to support research, educational opportunities and support services for parents, caregivers and families. Donations from the March of Dimes also support the education of medical and nursing staff in the latest developments and findings regarding neonatal and perinatal diagnosis, treatments and plans of care for high-risk newborns.

NICU Cuddler Program

We understand the importance of bonding and skin-to-skin contact with any newborn, especially those in the NICU. However, we also understand that not all parents are able to stay at the hospital for extended periods of time — some parents need to leave for work or other obligations. Volunteers with the our NICU Cuddler Program are specially trained to provide love and affection to babies and families in the NICU at Nemours Children's, Florida.. These volunteers are trained on the proper techniques for holding and rocking to soothe and comfort our tiniest patients. Our NICU Cuddler Program is especially important to soothe babies with neonatal abstinence syndrome (NAS), who may be experiencing elevated stress and discomfort.

Primary Care

Nemours Children's Primary Care has improved data analytics to assess gaps in infant care and improves care by reaching out to parents for such things as scheduling their infants' immunizations. Additionally, our primary care practices have added lactation consultations, including telehealth availability, to increase, promote and support breastfeeding. To improve compliance in blood lead screening, all clinics have increased point-of-care testing. Additionally, primary care practices offer photo screenings to detect vision abnormalities in children starting at 12 months. For parents, primary care has implemented universal postpartum depression screening of all parents in accordance with new guidelines.