

# 2013 PRC Child & Adolescent Community Health Needs Assessment

## TOTAL SERVICE AREA

- Brevard County, Florida
- Orange County, Florida
- Osceola County, Florida
- Seminole County, Florida

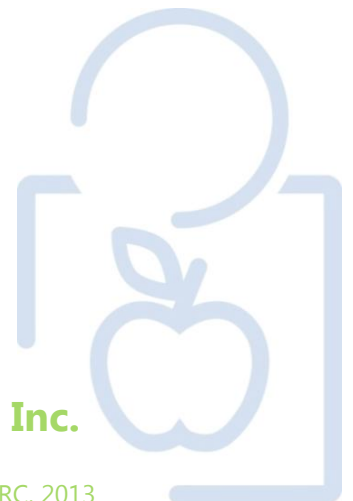
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**Nemours Children's Hospital, Orlando**



**Professional Research Consultants, Inc.**

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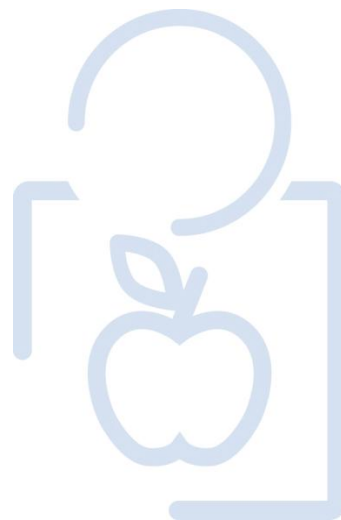
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# INTRODUCTION



# Project Overview

## Project Goals

The goal of this 2013 PRC Child & Adolescent Health Needs Assessment is to gather data to assist in determining the health status, behaviors and needs of children and adolescents in the service area of Nemours Children’s Hospital in Orlando. This assessment was conducted on behalf of Nemours Children’s Hospital, Orlando by Professional Research Consultants, Inc. (PRC). PRC is a nationally-recognized healthcare consulting firm with extensive experience conducting Community Health Needs Assessments in hundreds of communities across the United States since 1994.

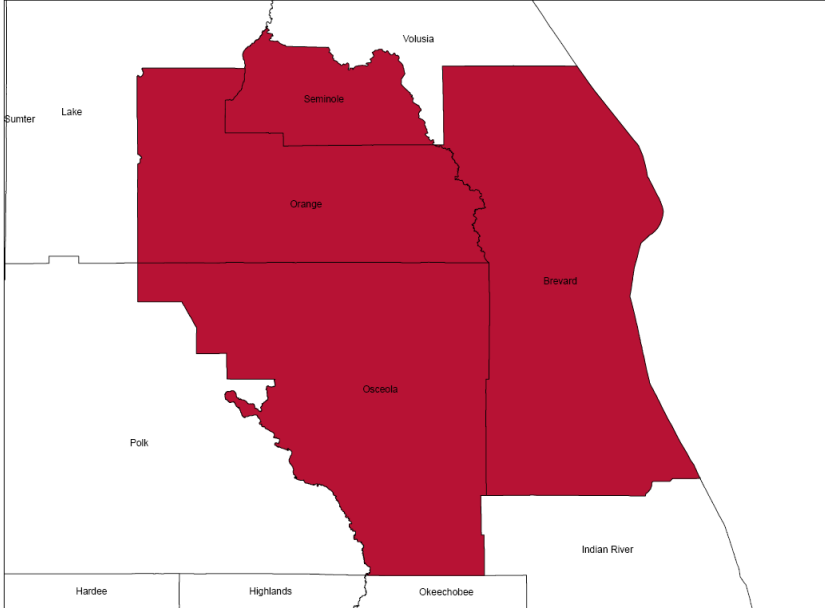
## Methodology

This assessment incorporates data from both quantitative and qualitative sources. Quantitative data input includes primary research (the 2013 PRC Child & Adolescent Health Survey) and secondary research (vital statistics and other existing health-related data); these quantitative components allow for comparison to benchmark data at the state and national levels. Qualitative data input includes primary research gathered through a series of Key Informant Focus Groups.

### PRC Community Health Survey

#### Community Defined for This Assessment

The study area for the survey effort (referred to as the “Total Service Area” in this report) includes households with children in Brevard, Orange, Osceola and Seminole counties in Florida; this community definition was determined by the sponsor of this study. A geographic description is illustrated in the following map.



## Survey Instrument

The final survey instrument used for this study was developed by Nemours Children's Hospital, Orlando in conjunction with PRC.

## Sample Approach & Design

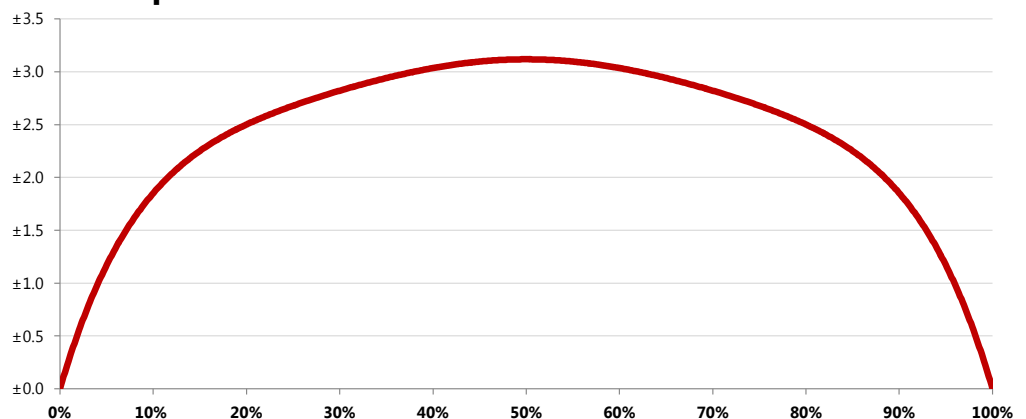
A precise and carefully executed methodology is critical in asserting the validity of the results gathered in the PRC Child & Adolescent Health Survey. Thus, to ensure the best representation of the population surveyed, a telephone interview methodology — one that incorporates both landline and cell phone interviews — was employed. The primary advantages of telephone interviewing are timeliness, efficiency and random-selection capabilities. In addition, these telephone interviews were supplemented with surveys among families in the Total Service Area requested to participate in the study via a questionnaire completed online.

The sample design used for this effort consisted of a stratified random sample of 200 parents with children under 18 in each of Brevard, Osceola, and Seminole counties, and 400 interviews with parents in Orange County (for a total of 700 conducted via landline telephone or cell phone, and 300 collected through online surveys). Once the interviews were completed, these were weighted in proportion to the actual population distribution so as to appropriately represent the Total Service Area as a whole. All administration of the surveys, data collection and data analysis was conducted by Professional Research Consultants, Inc. (PRC).

## Sampling Error

For statistical purposes, the maximum rate of error associated with a sample size of 1,000 respondents is  $\pm 3.1\%$  at the 95 percent level of confidence. By county: the maximum error rate is  $\pm 4.9\%$  for Orange County, and  $\pm 6.9\%$  for Brevard, Osceola and Seminole County results.

### Expected Error Ranges for a Sample of 1,000 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 1,000 respondents answered a certain question with a "yes," it can be asserted that between 8.1% and 11.9% (10%  $\pm$  1.9%) of the total population would offer this response.
  - If 50% of respondents said "yes," one could be certain with a 95 percent level of confidence that between 46.9% and 53.1% (50%  $\pm$  3.1%) of the total population would respond "yes" if asked this question.

## Respondent Selection

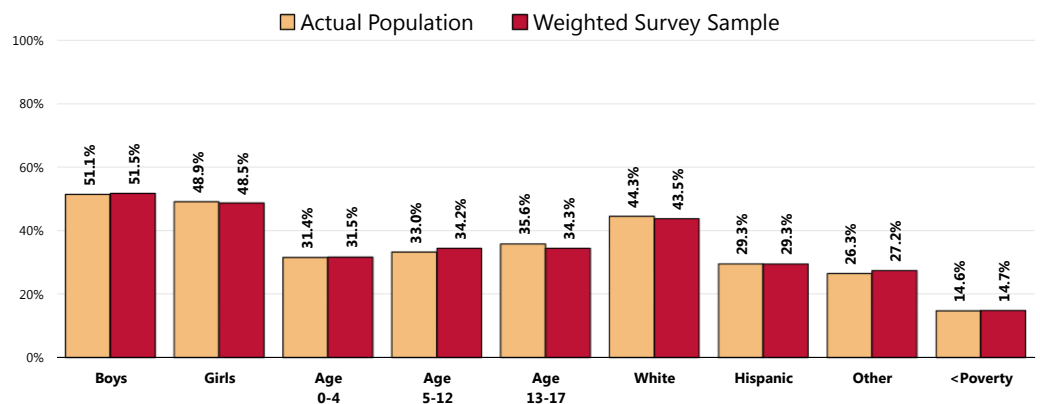
Survey respondents were adults age 18 and older who have children residing in the household for whom they are a healthcare decision-maker. For households with more than one child under the age of 18, most questions were asked about a randomly selected child in the household, determined by which child has had 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 telephone methodology and random-selection techniques. And, while this random sampling of the population produces a highly representative sample of Total Service Area children and adolescents, 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, respondents are 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 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 & Sample Characteristics (Total Service Area, 2013)



Sources: • 2010 US Census.  
• 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc.



Further note that the poverty descriptions and segmentation used in this report are based on administrative poverty thresholds determined by the US Department of Health & Human Services. These guidelines define poverty status by household income level and number of persons in the household (e.g., the 2012 guidelines place the poverty threshold for a family of four at \$23,050 annual household income or lower). In sample segmentation: “**low income**” refers to community members living in a household with defined poverty status or living just above the poverty level, earning up to twice the poverty threshold; “**mid/high income**” refers to those households living on incomes which are twice or more the federal poverty level.

The sample design and the quality control procedures used in the data collection ensure that the sample is representative. Thus, the findings may be generalized to the total population of Total Service Area children and adolescents with a high degree of confidence.

### Key Informant Focus Groups

As part of the Community Health Needs Assessment, four focus groups were held February 27 and 28, 2013. Participants included 38 key informants: physicians, other health professionals, social service providers, business leaders and other community leaders.

A list of recommended participants for the focus groups was provided by Nemours Children’s Hospital, Orlando. Potential participants were chosen because of their ability to identify primary concerns of the specific child populations with whom they work, as well as of community children overall. Focus group candidates were first contacted by letter to request their participation. Follow-up phone calls were then made to ascertain whether they would be able to attend. Confirmation calls were placed the day before the groups were scheduled to insure a reasonable turnout.

Final participation included representatives of the organizations outlined below. Through this process, input was gathered from representatives of public health, as well as several individuals whose organizations work with low-income, minority, or other medically underserved child populations.

Orange County Community Leaders Wednesday, February 27, 2013 — Noon to 2:00 PM	Populations Served			
	Medically Underserved	Low-Income Residents	Minority Populations	Chronic Disease
<b>Organizations Represented</b>				
Planned Parenthood				
Catholic Charities of Central Florida	X	X	X	X
Junior Achievement				
Winter Park Health Foundation	X	X	X	X
Avalon Park Family Medicine			X	X
Heart of Florida United Way		X	X	
Orange County Health Department	X	X	X	X
Orange County Healthy Start Coalition	X	X	X	X
Ronald McDonald House	X	X	X	X
Orange County Medical Clinic	X	X	X	X
TLC Pediatrics	X	X	X	X
Grace Medical Home	X	X	X	X

<b>Brevard County Community Leaders</b>	Populations Served			
	Medically Underserved	Low-Income Residents	Minority Populations	Chronic Disease
Wednesday, February 27, 2013 — 5:00 to 7:00 PM				
Organizations Represented				
Children's Medical Services - Brevard	X	X	X	X
Brevard Family Partnership	X	X	X	
Brevard County School Board		X	X	X
Brevard County Health Department	X	X	X	X
Reduce Obesity in Central Florida Kids	X	X	X	X
Brevard Health Alliance	X	X	X	X

<b>Seminole County Community Leaders</b>	Populations Served			
	Medically Underserved	Low-Income Residents	Minority Populations	Chronic Disease
Thursday, February 28, 2013 — 7:30 to 9:30 AM				
Organizations Represented				
Seminole County Emergency Management	X	X	X	X
Intervention Services	X	X	X	X
Edyth Bush Charitable Foundation	X	X	X	X
Seminole State College	X	X	X	X
East Central Florida Regional Planning Council				
Interfaith Council of Central Florida	X	X	X	
March of Dimes	X	X	X	X
Fifth Third Bank				
Seminole County Government	X	X	X	X
Metro Orlando Economic Development				
Seminole County Public Schools				
Goodwill Industries of Central Florida	X	X	X	
Seminole County Public Schools	X	X	X	X

<b>Osceola County Community Leaders</b>	Populations Served			
	Medically Underserved	Low-Income Residents	Minority Populations	Chronic Disease
Thursday, February 28, 2013 — 11:30 AM to 1:30 PM				
Organizations Represented				
Osceola County Emergency Management				
Give Kids The World	X	X	X	X
Community Coordinated Care for Children	X	X	X	
American Lung Association	X	X	X	X
Hispanic Health Initiative, Inc.				
Physician				
CareHere				
Osceola County Health Department	X	X	X	X

Audio from the focus groups sessions was recorded, from which verbatim comments in this report are taken. There are no names connected with the comments, as participants were asked to speak candidly and assured of confidentiality.

*NOTE: These findings represent qualitative rather than quantitative data. The groups were designed to gather input from participants regarding their opinions and perceptions of the health of children in the area. Thus, these findings are based on perceptions, not facts.*

## Public Health, Vital Statistics & Other Data

A variety of existing (secondary) data sources was consulted to complement the research quality of this Community 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):

- Florida Department of Health
- Centers for Disease Control & Prevention
- GeoLytics Demographic Estimates & Projections
- National Center for Health Statistics
- US Census Bureau
- US Department of Health and Human Services

Note that secondary data are compared to state and national data where available.

## Benchmark Data

### National Data

National survey data, which are also provided in comparison charts, are taken from the *2012 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.

### Healthy People 2020



Certain child and adolescent health indicators in this assessment relate to national disease prevention and health promotion goals established by Healthy People 2020. Healthy People provides science-based, 10-year national objectives for improving the health of all Americans. The

Healthy People initiative is grounded in the principle that setting national objectives and monitoring progress can motivate action. For three decades, Healthy People has established benchmarks and monitored progress over time in order to:

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

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

## Information Gaps

While this assessment is quite comprehensive, it cannot measure all possible aspects of child/adolescent health in the community, nor can it 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 child 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 a great number of medical conditions that are not specifically addressed.

# Summary of Findings

## Significant Child & Adolescent Health Needs in the Community

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

Areas of Opportunity	Primary Regional Concerns	Secondary County-Specific Concerns
<p><b>Access to Health Services</b></p>	<ul style="list-style-type: none"> <li>• Insurance Instability</li> <li>• Difficulty Finding Physician for Child</li> <li>• Problems Obtaining Specialty Care</li> <li>• Dental Visits</li> <li>• <i>Ranked as #2 top concern among focus group participants; they emphasized:</i> <ul style="list-style-type: none"> <li>○ <i>Barriers to Access</i></li> <li>○ <i>Overutilization of the Emergency Room</i></li> <li>○ <i>Specialty Care</i></li> </ul> </li> </ul>	<p><b>Brevard County</b></p> <ul style="list-style-type: none"> <li>• Outmigration for Children’s Healthcare</li> </ul> <p><b>Orange County</b></p> <ul style="list-style-type: none"> <li>• Use of Dental Sealants</li> </ul> <p><b>Osceola County</b></p> <ul style="list-style-type: none"> <li>• Difficulty Getting Dr. Appointments for Child</li> <li>• Dental Visits</li> <li>• Childhood Immunization</li> <li>• ER Utilization</li> <li>• Outmigration for Children’s Services</li> </ul> <p><b>Seminole County</b></p> <ul style="list-style-type: none"> <li>• Cost of Children’s Prescriptions</li> <li>• Perceptions of Childhood Immunizations</li> </ul>
<p><b>Health Education</b></p>	<ul style="list-style-type: none"> <li>• Awareness/Usage of Local Parenting Programs</li> </ul>	
<p><b>Injury &amp; Safety</b></p>	<ul style="list-style-type: none"> <li>• Seat Belt Usage</li> <li>• Deaths in Children Ages 1 to 4 (accidents are leading cause in this age group)</li> </ul>	<p><b>Seminole County</b></p> <ul style="list-style-type: none"> <li>• Prevalence of Child Injuries Requiring Treatment</li> </ul>
<p><b>Mental &amp; Emotional Health</b></p>	<ul style="list-style-type: none"> <li>• Awareness of Mental Health Resources</li> <li>• <i>Ranked as #1 top concern among focus group participants; they emphasized:</i> <ul style="list-style-type: none"> <li>○ <i>Inadequate Resources</i></li> <li>○ <i>Access to Services, Including Wait Times</i></li> <li>○ <i>Bullying</i></li> </ul> </li> </ul>	

— continued next page —

Areas of Opportunity (continued)	Primary Regional Concerns (continued)	Secondary County-Specific Concerns (continued)
<b>Nutrition, Physical Activity &amp; Weight</b>	<ul style="list-style-type: none"> <li>• Fruit/Vegetable Consumption</li> <li>• Physical Activity Levels</li> <li>• Computer Screen Time</li> <li>• <i>Ranked as #3 top concern among focus group participants; they emphasized:</i> <ul style="list-style-type: none"> <li>○ Childhood Obesity</li> <li>○ Fast Food Establishments</li> <li>○ Food Deserts</li> </ul> </li> </ul>	<p><b>Orange County</b></p> <ul style="list-style-type: none"> <li>• Fast Food Consumption</li> </ul> <p><b>Osceola County</b></p> <ul style="list-style-type: none"> <li>• Childhood Overweight Prevalence</li> </ul>
<b>Prenatal &amp; Infant Health</b>	<ul style="list-style-type: none"> <li>• Infant Mortality</li> </ul>	<p><b>Orange County</b></p> <ul style="list-style-type: none"> <li>• Low-Weight Births</li> </ul> <p><b>Osceola County</b></p> <ul style="list-style-type: none"> <li>• Timely Prenatal Care</li> </ul> <p><b>Osceola County</b></p> <ul style="list-style-type: none"> <li>• Births to Teens</li> </ul>
<b>Vision, Hearing &amp; Speech</b>	<ul style="list-style-type: none"> <li>• Vision Problems</li> </ul>	<p><b>Brevard County</b></p> <ul style="list-style-type: none"> <li>• Prevalence of Speech/Language Problems</li> </ul> <p><b>Seminole County</b></p> <ul style="list-style-type: none"> <li>• Prevalence of Speech/Language Problems</li> <li>• Prevalence of Recurring Ear Infections</li> </ul>

### Prioritization of Health Needs

After reviewing this Community Health Needs Assessment report, leadership of Nemours Children’s Hospital, Orlando, met to evaluate and prioritize the top health needs for children in the community. Data for the community were examined, and attendees were asked to evaluate each significant health issue (see Areas of Opportunity above) along the following criteria:

- **Magnitude** — the number of children affected, as well as differences from state/national data or Healthy People 2020 objectives
- **Seriousness** — the degree to which a health issue leads to death, disability or loss of quality of life
- **Impact** — the degree to which it affects/exacerbates other health issues
- **Feasibility** — the ability to reasonably impact the issue, given available resources
- **Consequences of Inaction** — the risk of exacerbating the problem by not addressing at the earliest opportunity

This process yielded the following **top priorities** for Nemours Children’s Hospital, Orlando, to address in improving the health of the community’s children:

- **Access to Health Services**
- **Nutrition, Physical Activity & Weight**
- **Prenatal & Infant Health**

Plans to address these priorities (and, secondarily, the remaining significant health issues identified in this assessment) will be integrated into the hospital’s Implementation Strategy for the coming years.


































## Summary Tables: Comparisons With Benchmark Data






















The following tables provide an overview of child and adolescent health indicators in the Total Service Area of Nemours Children’s Hospital in Orlando.

### Reading the Summary Tables






























































- In the following charts, Total Service Area results are shown in the larger, blue column.
- The green columns [to the left of the Total Service Area column] provide comparisons among the four 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 comparisons between the service area and any available national data or Healthy People 2020 targets. Again, symbols indicate whether the service area compares favorably (☀️), unfavorably (🌧️), or comparably (☁️) to these external data.

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





















Overall Health	Each County vs. Others				Total Service Area	TSA vs. Benchmarks	
	Brevard County	Orange County	Osceola County	Seminole County		vs. US	vs. HP2020
% [Age 0-17] Child's Overall Health Is "Fair/Poor"	 4.8	 2.0	 7.4	 6.1	4.0	 4.9	
% [Age 0-17] Child's Activities/Abilities Limited Due to Health Condition	 6.9	 8.9	 7.3	 11.6	8.8	 8.9	
% [Age 0-17] Child Has Special Health Needs	 66.8	 60.1	 59.3	 69.9	63.1	 64.5	
% [Age 0-17] Child Needs Rx for a Chronic Condition	 23.1	 22.8	 20.0	 25.4	23.0	 20.9	
% [Age 0-17] Child Needs Special Therapy for a Chronic Condition	 12.0	 6.8	 6.2	 9.7	8.3	 7.0	
% [Age 0-17] Child Needs Rx OR Special Therapy for a Chronic Condition	 28.1	 25.0	 23.6	 30.8	26.5	 24.3	
<p>Note: In the green section, each county is compared against all others combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</p>							
<p style="text-align: center;">  better       similar       worse </p>							

Access to Health Services	Each County vs. Others				Total Service Area	TSA vs. Benchmarks	
	Brevard County	Orange County	Osceola County	Seminole County		vs. US	vs. HP2020
% [Age 0-17] Child Is Uninsured	 6.5	 6.0	 7.9	 5.1	6.2	 6.8	 0.0
% [Insured Child] Child Went Without Insurance in Past Year	 9.7	 12.8	 13.9	 8.4	11.5	 6.7	
% [Age 0-17] Difficulties Accessing Child's Healthcare (Composite)	 28.0	 30.5	 40.0	 36.4	32.3	 30.3	
% [Age 0-17] Difficulty Finding Physician for Child in Past Year	 10.6	 9.8	 12.9	 9.5	10.3	 7.1	




Access to Health Services (continued)	Each County vs. Others				Total Service Area	TSA vs. Benchmarks	
	Brevard County	Orange County	Osceola County	Seminole County		vs. US	vs. HP2020
% [Age 0-17] Difficulty Getting Appointment for Child in Past Year	 11.9	 13.5	 20.8	 16.2	<b>14.6</b>	 11.6	
% [Age 0-17] Cost Prevented Child's Dr Visit in Past Year	 10.6	 8.9	 10.1	 10.2	<b>9.6</b>	 8.5	
% [Age 0-17] Transportation Hindered Child's Dr Visit in Past Year	 5.5	 4.3	 8.0	 9.1	<b>5.9</b>	 6.8	
% [Age 0-17] Inconvenient Hrs Prevented Child's Dr Visit in Past Year	 13.5	 17.2	 22.0	 17.7	<b>17.2</b>	 15.7	
% [Age 0-17] Cost Prevented Getting Child's Prescription in Past Year	 5.8	 5.6	 8.8	 10.9	<b>7.0</b>	 6.7	
% [Age 0-17] Culture/Language Prevented Child's Care in Past Year	 1.4	 2.4	 2.5	 2.0	<b>2.1</b>		
% [Child Needing Care] "Major/Moderate" Problem Getting Specialty Care	 34.5	 38.0	 37.7	 30.7	<b>35.6</b>	 22.2	
% [Age 0-17] Child Has a Specific Source of Care	 89.8	 86.5	 84.8	 88.4	<b>87.3</b>	 89.6	 100.0
% [Age 0-17] Child Has Had Routine Checkup in Past Year	 84.0	 88.1	 84.8	 86.5	<b>86.6</b>	 82.0	
% [Age 0-17] Child Has Had Hearing Tested in the Past 5 Years	 91.3	 89.0	 87.4	 88.2	<b>89.1</b>	 85.0	
% [Age 2-17] Child Has Had a Dental Visit in Past Year	 71.3	 78.1	 66.8	 78.8	<b>75.4</b>	 85.9	 49.0
% [Age 6-17] Child Has Had Dental Sealants	 57.9	 41.8	 40.3	 58.3	<b>47.8</b>	 48.8	

Each County vs. Others

Access to Health Services (continued)	Each County vs. Others			
	Brevard County	Orange County	Osceola County	Seminole County
% Children (<24 Mos) Immunized Appropriately	 83.1	 76.5	 68.4	 80.1
% Would Want Newborn Vaccinated	 88.8	 92.6	 89.8	 85.1
% [Age 0-17] Child Has Had 2+ ER Visits in Past Year	 6.3	 8.6	 16.1	 9.3
% Have Access to Child's Electronic Health Record	 25.4	 24.0	 23.0	 18.6
% Outmigration for Care	 18.9	 9.2	 21.2	 13.2

Note: In the green section, each county is compared against all others 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.

TSA vs. Benchmarks













Total Service Area	TSA vs. Benchmarks	
	vs. US	vs. HP2020
83.0		
90.2		
9.2	 8.8	
23.2		
13.4		

  
better

  
similar




  
worse

Each County vs. Others

Allergies	Each County vs. Others			
	Brevard County	Orange County	Osceola County	Seminole County
% [Age 0-17] Child Has Respiratory Allergies	 16.7	 19.1	 21.3	 20.4
% [Age 0-17] Child Has Food/Digestive Allergies	 10.0	 10.9	 7.4	 14.1
% [Age 0-17] Child Has Eczema/Skin Allergies	 18.5	 18.6	 13.9	 19.9

Note: In the green section, each county is compared against all others 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.





TSA vs. Benchmarks









Total Service Area	TSA vs. Benchmarks	
	vs. US	vs. HP2020
19.1	 17.7	
10.8	 11.1	
18.2	 21.0	




  
better





  
similar

  
worse





















Asthma	Each County vs. Others			
	Brevard County	Orange County	Osceola County	Seminole County
% [Age 0-17] Child Currently Has Asthma	 7.0	 9.2	 10.1	 8.9
% [Age 0-17 With Asthma] ER/Urgent Care for Child's Asthma in Past Year				
% [Age 0-17 With Asthma] Child Hospitalized for Asthma in Past Year				
% [Age 5-17 With Asthma] Child Missed School Due to Asthma in Past Year				
% [Age 0-17 With Asthma] Parent Missed Work Due to Child's Asthma in Past Year				
<p>Note: In the green section, each county is compared against all others combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</p>				









Total Service Area	TSA vs. Benchmarks	
	vs. US	vs. HP2020
8.8	 12.0	
40.4	 42.1	
8.4	 10.6	
64.9	 54.9	
41.9	 41.0	
 better	 similar	 worse

Bone, Joint & Muscle Disorders	Each County vs. Others			
	Brevard County	Orange County	Osceola County	Seminole County
% [Age 0-17] Child Has Bone/Joint/Muscle Problems	 6.4	 5.0	 4.6	 8.3
<p>Note: In the green section, each county is compared against all others combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</p>				



Total Service Area	TSA vs. Benchmarks	
	vs. US	vs. HP2020
5.8	 4.9	
 better	 similar	 worse




**Cognitive & Behavioral Disorders**

	Each County vs. Others			
	Brevard County	Orange County	Osceola County	Seminole County
% [Age 5-17] Child Has Autism	 4.1	 3.4	 3.0	 4.8
% [Age 0-17] Child Has Learning Disability	 8.2	 8.7	 7.9	 15.0
% [Age 0-17] Child Has Developmental Delays	 7.0	 6.2	 6.3	 13.8
% [Age 0-17] Child Has ADD/ADHD	 10.1	 12.4	 7.3	 16.9
% [Age 5-17] Child Has Behavioral/Conduct Problems	 6.2	 3.3	 3.4	 5.2
<p>Note: In the green section, each county is compared against all others combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</p>				

Total Service Area	TSA vs. Benchmarks	
	vs. US	vs. HP2020
3.7	 4.1	
9.6	 12.1	
7.7	 9.5	
12.1	 10.1	
4.2	 4.9	
<p> better       similar       worse</p>		









**Diabetes**






	Each County vs. Others			
	Brevard County	Orange County	Osceola County	Seminole County
% [Age 0-17] Child Has Diabetes/High Blood Sugar	 1.8	 0.3	 2.5	 2.8
<p>Note: In the green section, each county is compared against all others combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</p>				

Total Service Area	TSA vs. Benchmarks	
	vs. US	vs. HP2020
1.3	 0.9	
<p> similar       worse</p>		

Each County vs. Others

















Environmental Tobacco Smoke








	Brevard County	Orange County	Osceola County	Seminole County
% Someone Smokes Inside the House	 2.4	 3.6	 1.7	 6.0
% Someone Smokes Outside the House	 26.5	 11.8	 20.0	 20.5
<p>Note: In the green section, each county is compared against all others combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</p>				

Total Service Area	TSA vs. Benchmarks	
	vs. US	vs. HP2020
3.6	 4.8	
17.3	 23.5	
 better	 similar	 worse

Each County vs. Others

















Health Education








	Brevard County	Orange County	Osceola County	Seminole County
% Have Access to the Internet	 98.4	 99.2	 97.7	 98.5
% Internet is Primary Source for Child's Healthcare Information	 12.0	 16.0	 17.5	 14.6
% [Age 0-17] Parent Aware of Local Parenting Education Programs	 56.9	 40.5	 29.2	 40.6
% [Age 0-17] Parent Has Used a Local Parenting Education Program	 15.9	 12.6	 9.9	 13.8
<p>Note: In the green section, each county is compared against all others combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</p>				

Total Service Area	TSA vs. Benchmarks	
	vs. US	vs. HP2020
98.6	 93.1	
15.1	 8.6	
42.3	 50.3	
13.1	 18.5	
 better	 similar	 worse

Each County vs. Others




Injury & Safety







	Brevard County	Orange County	Osceola County	Seminole County
% [Age 0-17] Child Has Sustained Injury Requiring Treatment in Past Year	 11.4	 10.7	 10.5	 16.7
% [Age 0-17] Child "Always" Uses Seat Belt/Car Seat	 96.7	 92.3	 95.0	 95.5
% [Age 5-17] Child "Always" Wears a Bike Helmet	 47.8	 52.1	 46.4	 50.3
% [Age 5-17] Child "Always" Wears a Skateboard/Scooter/Rollerblade Helmet	 39.0	 36.3	 29.9	 33.4
<p>Note: In the green section, each county is compared against all others combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</p>				

Total Service Area	TSA vs. Benchmarks	
	vs. US	vs. HP2020
11.9	 11.3	
94.1	 96.6	
50.2	 44.1	
35.5	 37.5	
 better	 similar	 worse

Each County vs. Others













Mental & Emotional Health

	Brevard County	Orange County	Osceola County	Seminole County
% [Age 5-17] Child's Mental Health Is "Fair/Poor"	 7.9	 7.1	 7.1	 9.9
% [Age 5-17] Parent Aware of Community Mental Health Resources	 64.6	 50.3	 54.1	 56.2
% [Age 5-17] Child Has Ever Taken Rx for Mental Health	 7.3	 11.4	 9.4	 8.0
% [Age 5-17] Child Worries A Lot	 22.5	 23.8	 22.3	 22.1
% [Age 5-17] Child Has Anxiety	 8.9	 8.1	 7.8	 8.0
% [Age 5-17] Child Has Difficulty Sleeping	 12.8	 18.0	 18.5	 13.3








Total Service Area	TSA vs. Benchmarks	
	vs. US	vs. HP2020
7.7	 10.2	
54.8	 68.8	
9.7	 8.0	
23.0	 25.4	
8.2	 9.5	
16.1	 13.5	

Each County vs. Others

Mental & Emotional Health (continued)

	Brevard County	Orange County	Osceola County	Seminole County
% [Age 5-17] Child Had 2+ Weeks Feeling Sad/Hopeless in Past Year	 1.8	 8.7	 5.9	 6.3
% [Age 5-17] Child Has Depression	 5.3	 5.2	 4.8	 6.2
% [Age 5-17] Child Needed Mental Health Svcs in the Past Year	 14.0	 12.9	 10.9	 13.5
% [High Schoolers] Attempted Suicide in Past Year (Orange Co.)				

Note: In the green section, each county is compared against all others 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.












Total Service Area	TSA vs. Benchmarks	
	vs. US	vs. HP2020
6.5	 6.0	
5.4	 4.6	
13.0	 13.1	
8.1	 7.8	
		
better	similar	worse

Each County vs. Others













Mortality







	Brevard County	Orange County	Osceola County	Seminole County
[Age 1-4] Mortality Rate per 100,000				
[Age 5-9] Mortality Rate per 100,000				
[Age 10-14] Mortality Rate per 100,000				
[Age 15-19] Mortality Rate per 100,000				

Note: In the green section, each county is compared against all others 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.

























Total Service Area	TSA vs. Benchmarks	
	vs. US	vs. HP2020
35.7	 27.7	 25.7
8.9	 12.8	 12.3
14.9	 16.1	 15.2
51.1	 57.7	 55.7
		
better	similar	worse








Each County vs. Others

Neurological Disorders	Each County vs. Others			
	Brevard County	Orange County	Osceola County	Seminole County
% [Age 0-17] Child Has Migraines/Severe Headaches	 6.6	 6.6	 5.7	 6.2
% [Age 0-17] Child Has Brain Injury/Concussion	 5.1	 1.3	 2.3	 4.4
% [Age 0-17] Child Has Epilepsy/Seizure Disorder	 1.9	 0.5	 1.3	 1.4
<p>Note: In the green section, each county is compared against all others combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</p>				

Total Service Area	TSA vs. Benchmarks	
	vs. US	vs. HP2020
6.4	 5.2	
2.8	 4.0	
1.1	 1.4	
<p> better       similar       worse</p>		

Each County vs. Others

Nutrition, Physical Activity & Weight	Each County vs. Others			
	Brevard County	Orange County	Osceola County	Seminole County
% [Age 2-17] Child Has 5+ Servings of Fruits/Vegetables per Day	 35.8	 39.4	 38.6	 40.8
% [Age 2-17] Child Ate 3+ Fast Food Meals in Past Week	 19.0	 23.3	 13.9	 15.0
% [Age 0-17] Child Was Ever Breastfed	 71.8	 72.3	 70.9	 71.3
% [Age 2-17] Child Was Physically Active One Hour/Day in Past Week	 48.3	 43.4	 53.3	 44.5
% [Age 2-17] Child Had 60+ Minutes of Vigorous Physical Activity in Past Week	 69.6	 62.2	 72.1	 66.7
% [Age 2-17] Child Had 150+ Minutes of Moderate Physical Activity in Past Week	 54.7	 44.9	 51.3	 48.1

Total Service Area	TSA vs. Benchmarks	
	vs. US	vs. HP2020
38.8	 46.4	
19.7	 21.5	
71.7	 69.8	 81.9
45.8	 57.3	
65.8	 72.2	
48.2	 56.0	






Nutrition, Physical Activity & Weight (continued)	Each County vs. Others			
	Brevard County	Orange County	Osceola County	Seminole County
% [Age 5-17] Child Watches 3+ Hours of TV per Day	20.9	20.5	17.4	19.8
% [Age 5-17] Child Has a TV in Bedroom	60.1	45.3	55.8	43.7
% [Age 5-17] Child Has 3+ Hours of Computer Use per Day	15.5	26.2	21.2	12.3
% [Age 5-17] Child Has a Computer in Bedroom	45.7	43.4	46.1	39.8
% [Age 5-17] Child Has 3+ Hours of Total Screen Time per Day	51.1	56.3	56.7	50.2
% [Age 5-17] Child Is Overweight or Obese	21.5	26.7	40.7	27.4
% [Age 5-17] Child Is Obese	8.4	14.5	18.9	15.8
Note: In the green section, each county is compared against all others 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.				








Total Service Area	TSA vs. Benchmarks	
	vs. US	vs. HP2020
20.0	39.3	
49.3	45.9	
20.8	15.0	
43.6	25.6	
54.2	54.7	
27.5	30.7	
14.0	18.0	14.6
better	similar	worse

Prenatal & Infant Health	Each County vs. Others			
	Brevard County	Orange County	Osceola County	Seminole County
% No Prenatal Care in First Trimester	21.8	23.0	27.9	21.6
% of Low Birthweight Births	7.5	9.1	8.2	8.5
Infant Death Rate	6.4	8.3	8.6	7.3
Note: In the green section, each county is compared against all others 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.				

Total Service Area	TSA vs. Benchmarks	
	vs. US	vs. HP2020
23.2		22.1
8.6	8.2	7.8
7.8	6.5	6.0
better	similar	worse









Each County vs. Others

Sexual Activity	Brevard County	Orange County	Osceola County	Seminole County
	% Births to Teenagers	 8.4	 8.6	 9.7
% [High Schoolers] Currently Sexually Active (Orange Co.)				
% [Sexually Active High Schoolers] Did Not Use Condom (Orange Co.)				
% [Sexually Active High Schoolers] Did Not Use Any Birth Control (Orange Co.)				
<p>Note: In the green section, each county is compared against all others combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</p>				





















Total Service Area	TSA vs. Benchmarks	
	vs. US	vs. HP2020
8.5	 9.3	
29.3	 33.7	
33.6	 39.8	
11.1	 12.9	
 better	 similar	 worse

Each County vs. Others

Substance Abuse	Brevard County	Orange County	Osceola County	Seminole County
	% [High Schoolers] Drank Alcohol in Past Month (Orange Co.)			
% [High Schoolers] Drove When Drinking in Past Month (Orange Co.)				
% [High Schoolers] Used Marijuana in Past Month (Orange Co.)				
% [High Schoolers] Ever Used Prescription Drugs (Not Rx) (Orange Co.)				
% [High Schoolers] Ever Used Inhalants (Orange Co.)				
<p>Note: In the green section, each county is compared against all others combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</p>				






Total Service Area	TSA vs. Benchmarks	
	vs. US	vs. HP2020
36.2	 38.7	
8.0	 8.2	
20.2	 23.1	
12.5	 20.7	
10.5	 11.4	
 better	 similar	 worse

Each County vs. Others

Vision, Hearing & Speech	Brevard County	Orange County	Osceola County	Seminole County
% [Age 0-17] Child Has Vision Problems	 2.2	 5.0	 3.0	 5.0
% [Age 0-17] Child Has Hearing Problems	 5.4	 4.0	 2.7	 6.7
% [Age 0-17] Child Has Speech/Language Problems	 19.1	 10.8	 9.6	 19.9
% [Age 0-17] Child Has Had 3+ Ear Infections (Ever)	 22.2	 21.3	 23.2	 31.1
% [Age 0-17] Child Has Had an Eye Exam in the Past 3 Years	 89.0	 90.2	 82.9	 82.0

Note: In the green section, each county is compared against all others 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.

TSA vs. Benchmarks

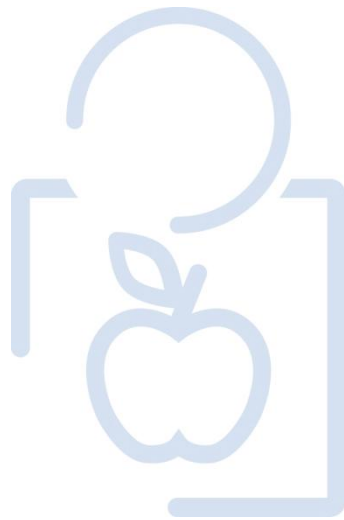
Total Service Area	TSA vs. Benchmarks	
	vs. US	vs. HP2020
4.2	 1.9	
4.6	 4.9	
13.9	 13.7	
23.5	 25.6	
87.7	 79.3	

  
better

  
similar

  
worse

# PERCEPTIONS OF HEALTH ISSUES



# Child Health Issues

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

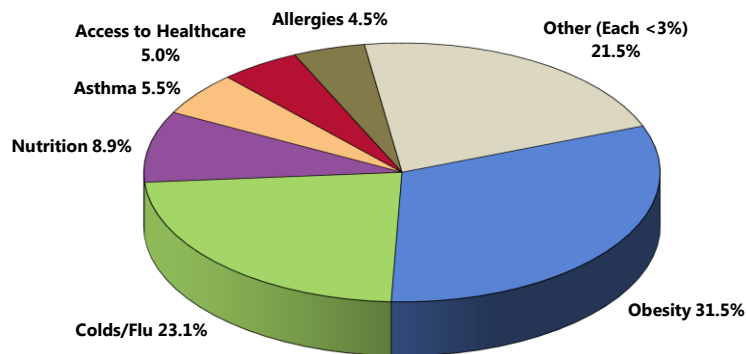
*"In general, what do you feel is the number-one health issue affecting children under the age of 12 in your community today?"*

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

**Obesity received the largest share of responses (31.5%) as the perceived number-one health issue for area children under the age of 12.**

- Respondents also frequently identified **colds/flu** (23.1%) as the number-one health issue affecting children, followed by **nutrition** (8.9%), **asthma** (5.5%), **access to healthcare** (5.0%) and **allergies** (4.5%).
- Note that 102 parents were uncertain or could not identify a children's health issue and are not included in the following chart.

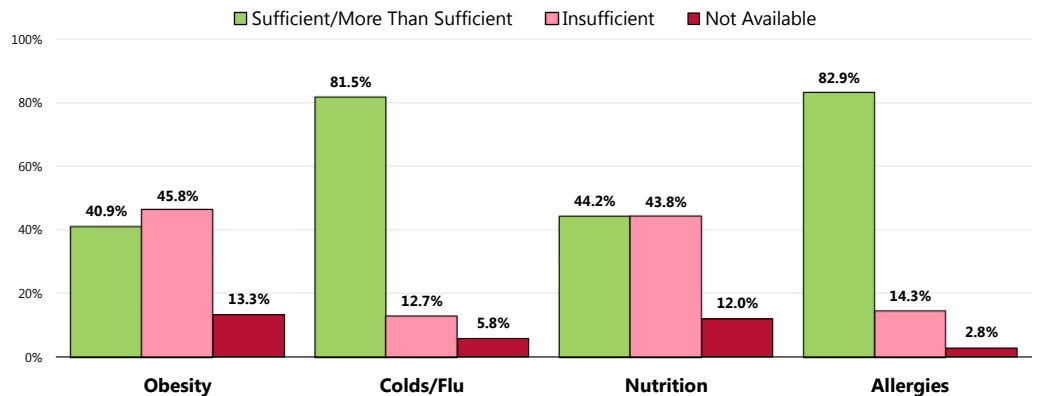
**Perceived Number-One Health Issue Affecting Children Under 12 in the Community**  
(Total Service Area, 2013)



Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 4]  
Notes: • Asked of all respondents. Excludes respondents who were uncertain or could not give an answer.

**More than half of respondents who mention obesity or nutrition as the top children's health issue largely see community resources as insufficient (or non-existent) to address these problems.**

**Perception of Existing Community Resources or Services for Number-One Health Issue Affecting Children Under 12**  
(By Perceived Primary Health Issue; Total Service Area, 2013)



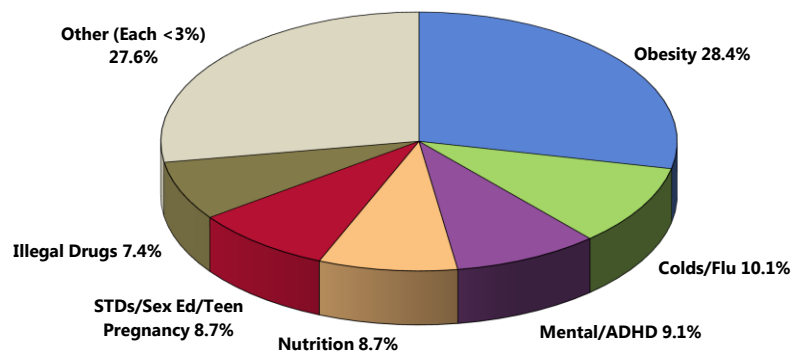
Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 5]  
Notes: • Asked of all respondents who named a primary health issue among children under 12.

# Adolescent Health Issues

Similarly, **obesity** received the largest share of responses (28.4%) when respondents were asked to name the number-one health issue for area **adolescents**.

- Respondents also frequently identified **colds/flu** (mentioned by 10.1%), **mental health issues/ADHD** (9.1%), **nutrition** (8.7%), **STDs/sex education/teen pregnancy** (8.7%) and **illegal drugs** (7.4%).
- Note that 221 parents were uncertain or could not identify a health issue and are not included in the following chart.

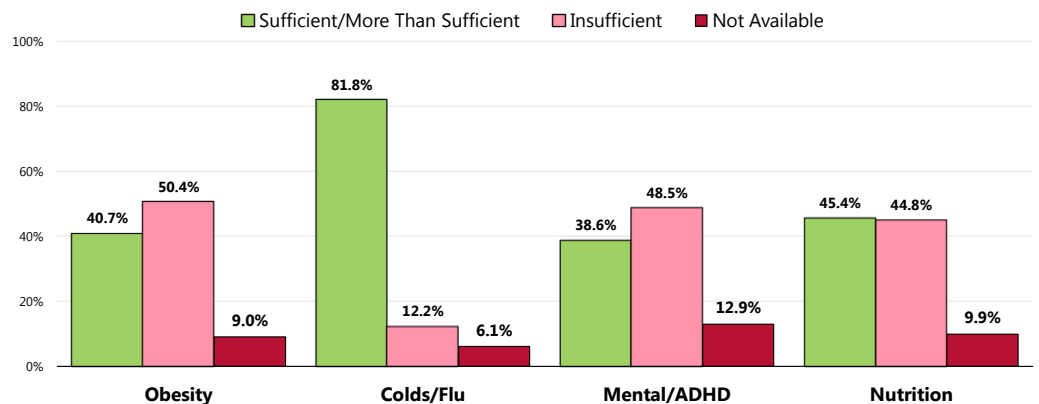
**Perceived Number-One Health Issue Affecting Teens (13-17) in the Community**  
(Total Service Area, 2013)



Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 6]  
Notes: • Asked of all respondents. Does not include respondents who were uncertain or could not give an answer.

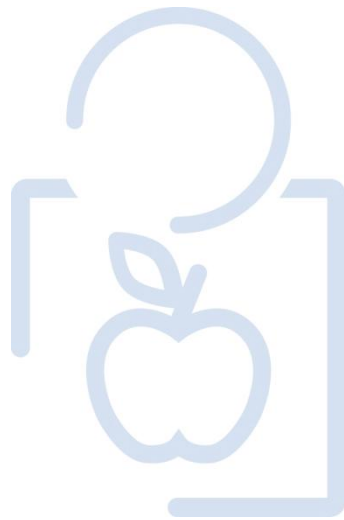
A majority of those identifying **obesity, mental health/ADHD, or nutrition** view **community resources as insufficient** (or nonexistent) to address these health issues affecting teens in the community.

**Perception of Existing Community Resources or Services for Number-One Health Issue Affecting Teens**  
(By Perceived Primary Health Issue; Total Service Area, 2013)



Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 7]  
Notes: • Asked of all respondents who named a primary health issue among teens.

# HEALTH STATUS



# Overall Health

The remainder of survey questions addressed in this report reflect the health of a particular, randomly-selected child or adolescent in the household.

*"Would you say that, in general, this child's health is excellent, very good, good, fair or poor?"*

## NOTE:

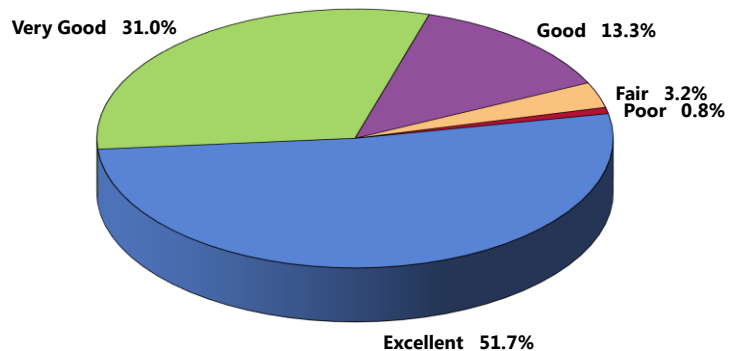
- Differences noted in the text represent significant differences determined through statistical testing.
- The terms "child" and "children" are used throughout this report to refer to children and adolescents of all ages (0-17), unless otherwise specified.
- Although survey respondents are often referred to as "parents" throughout this report, they may in fact be a grandparent or other guardian for a child in the household.

## Evaluations of Child's Overall Health Status

**Most Total Service Area parents rate their child's overall health as "excellent" (51.7%) or "very good" (31.0%).**

- Another 13.3% gave "good" ratings of their child's overall health.

**Child's Health Status**  
(Total Service Area, 2013)

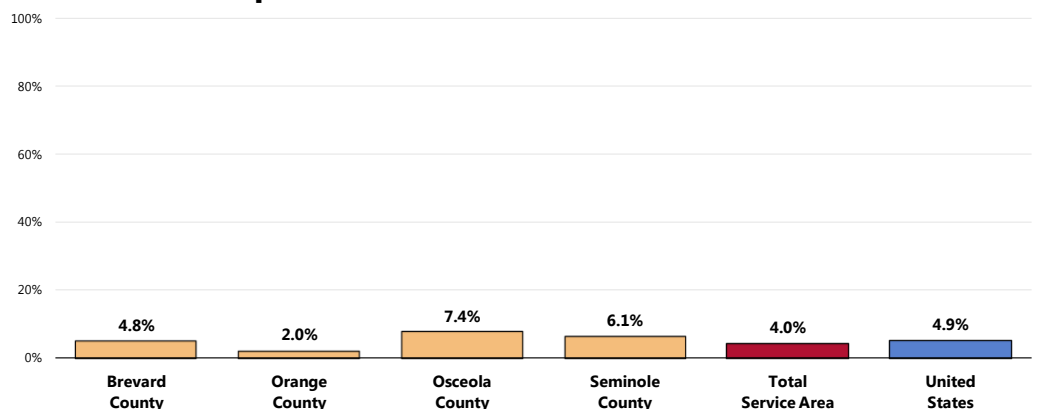


Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 12]  
Notes: • Asked of all respondents.

**However, 4.0% of Total Service Area parents believe that their child's overall health is "fair" or "poor."**

- Similar to national findings.
- Favorably low in Orange County.

## Child Experiences "Fair" or "Poor" Overall Health

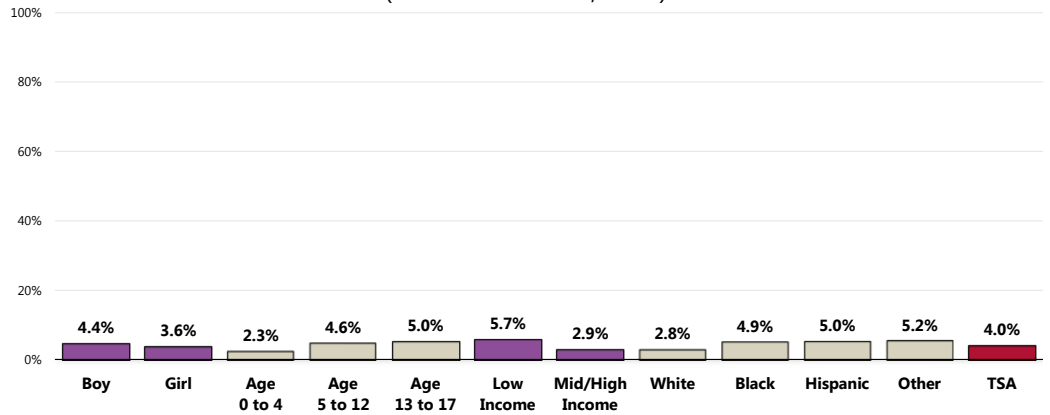


Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 12]  
• 2012 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.  
Notes: • Asked of all respondents.



When viewed by key children’s demographic characteristics, there are no statistically significant differences in “fair/poor” health status to report.

### Child Experiences “Fair” or “Poor” Overall Health (Total Service Area, 2013)



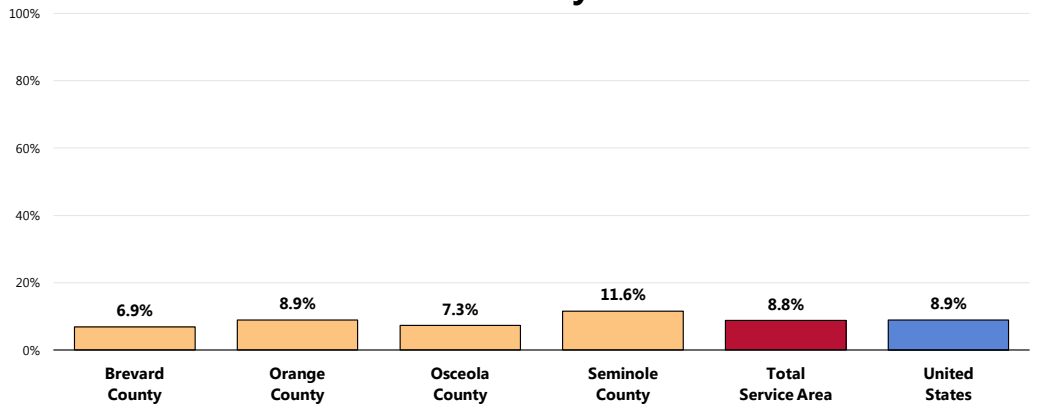
Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 12]  
 Notes: • Asked of all respondents.  
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).  
 • Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Low Income” includes households with incomes up to 200% 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 8.8% of children in the community are limited or prevented in some way in their ability to do things most children of the same age can do because of a medical, behavioral, or other health condition.**





- Almost identical to what is found nationally.
- Statistically similar among the individual counties.

### Prevalence of Activity Limitations

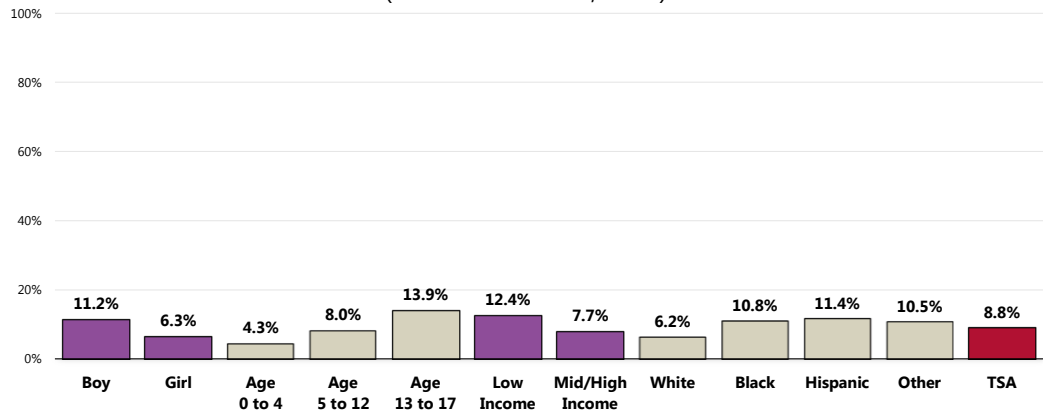


Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 72]  
 • 2013 PRC National Child & Adolescent Survey, Professional Research Consultants, Inc.  
 Notes: • Asked of all respondents.  
 • Child is limited in his/her ability to do things most children of the same age can do because of any medical, behavioral, or other health condition.

Note that the following groups of children report a significantly higher prevalence of activity limitations:

-  Boys.
-  Teens.
-  Children in low-income households.
-  Non-White children.

## Prevalence of Activity Limitations (Total Service Area, 2013)



Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 72]

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).

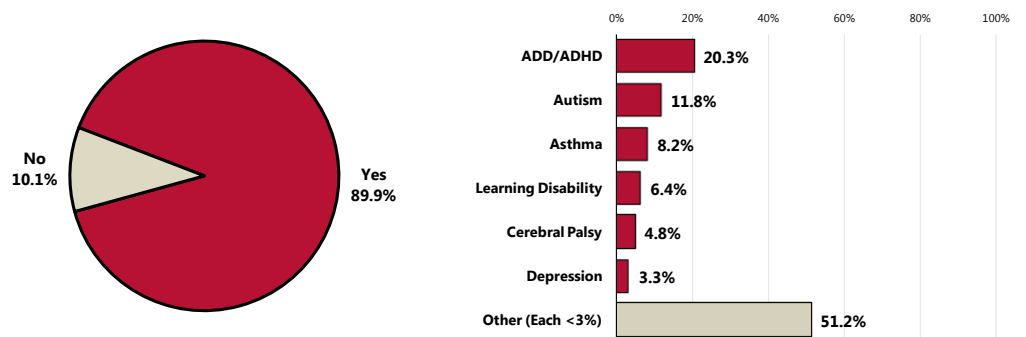
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty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

• Child is limited in his/her ability to do things most children of the same age can do because of any medical, behavioral, or other health condition.

For those reporting activity limitations, the vast majority is due to a condition that has lasted, or is expected to last, for a year or longer. Activity limitations are most often attributed to **ADD/ADHD** (20.3%), **autism** (11.8%), **asthma** (8.2%), **learning disabilities** (6.4%), **cerebral palsy** (4.8%), and **depression** (3.3%).

## Description of Activity Limitations

(Among Children With Activity Limitations; Total Service Area, 2013)



**Activity Limitation Is the Result of a Long-Term Condition**

**Long-Term Condition That Limits Child's Activities Most**

Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Items 73-74]

Notes: • Asked of all respondents for whom the randomly selected child in the household has some type of activity limitation.

# Mental Health

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

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

In addition to advancements in the prevention of mental disorders, there continues to be steady progress in treating mental disorders as new drugs and stronger evidence-based outcomes become available.

– Healthy People 2020 ([www.healthypeople.gov](http://www.healthypeople.gov))

## Evaluation of Child’s Mental Health Status

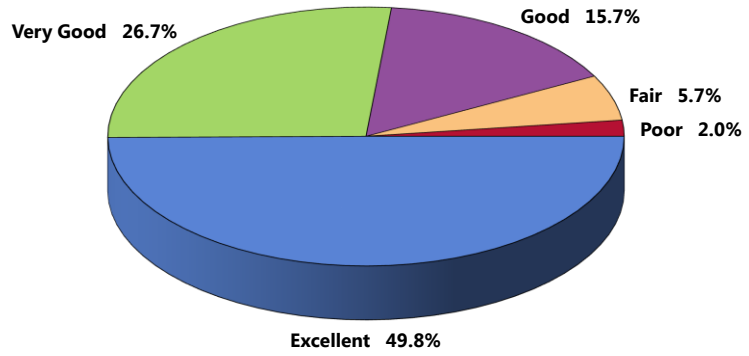
*“Now thinking about this child’s mental health, which includes stress, depression, and problems with emotions, would you say that this child’s mental health is: excellent, very good, good, fair or poor?”*

**Most Total Service Area parents rate their (age 5-17) child’s mental health — which includes stress, depression, and problems with emotions — as “excellent” (49.8%) or “very good” (26.7%).**

- Another 15.7% gave “good” ratings of their child’s overall health.

## Child's Mental Health Status

(Total Service Area Children Age 5-17, 2013)



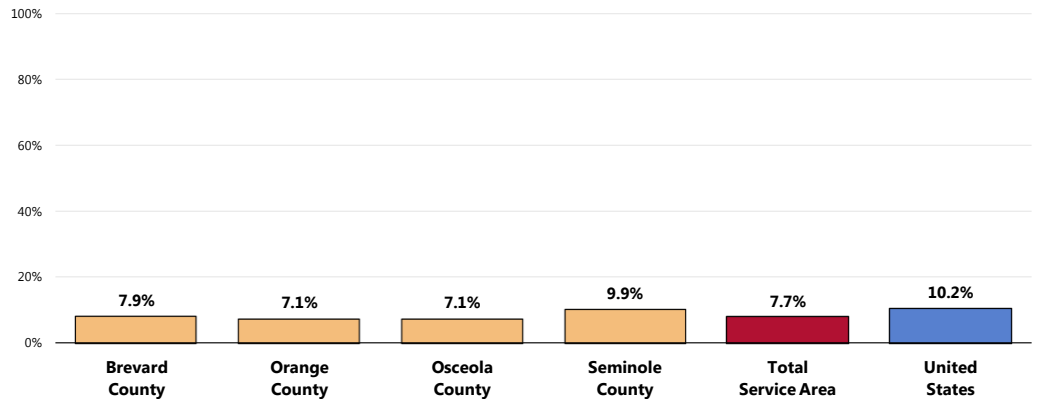
Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 83]  
 Notes: • Asked of respondents for whom the randomly selected child in the household is between the ages of 5 and 17.

**However, 7.7% of Total Service Area parents believe that their (age 5-17) child's mental health is "fair" or "poor."**

- Comparable to national findings.
- Comparable findings by county.

## Child Experiences "Fair" or "Poor" Mental Health

(Children Age 5-17)

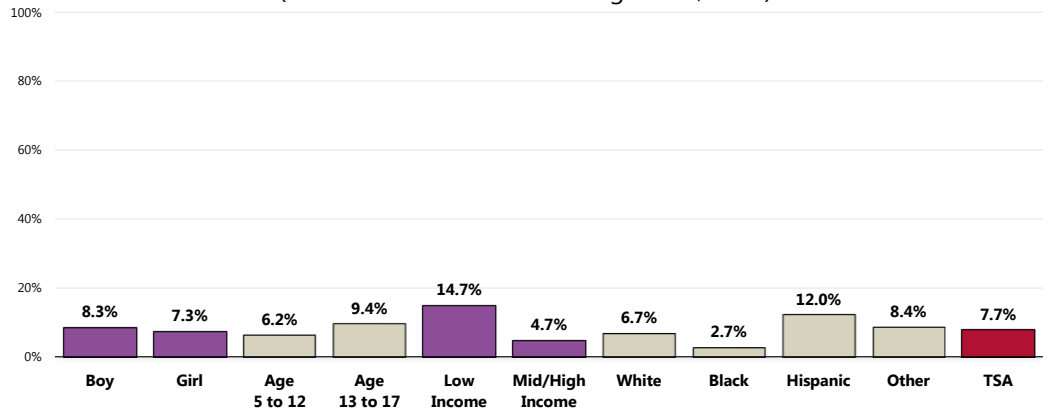


Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 83]  
 • 2012 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.  
 Notes: • Asked of respondents for whom the randomly selected child in the household is between the ages of 5 and 17.

"Fair/poor" mental health status is more often noted for:

- 👤 Children in low-income households.
- 👤 Hispanic children and children of "Other" races.

### Child Experiences "Fair" or "Poor" Mental Health (Total Service Area Children Age 5-17, 2013)



Sources: • 2013 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. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

## Diagnosed Anxiety & Depression

**A total of 8.2% 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.**

- Similar to national findings.
- Similar among the individual counties.

👤 13.8% of these respondents characterized their child's anxiety as "severe."

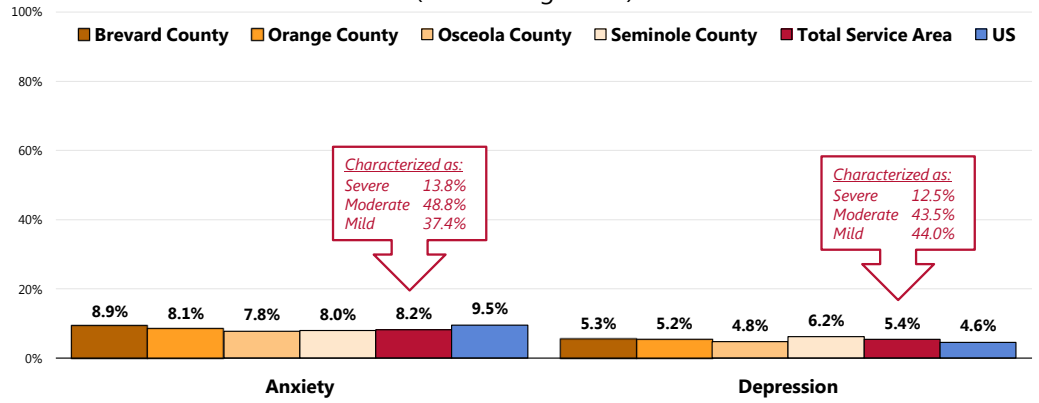
**A total of 5.4% have been told by a doctor or other health care provider that their school-age child had depression.**

- Similar to national findings.
- Similar by county.

👤 12.5% of these respondents characterized their child's depression as "severe."

## Child Has Various Mental/Emotional Conditions

(Children Age 5-17)



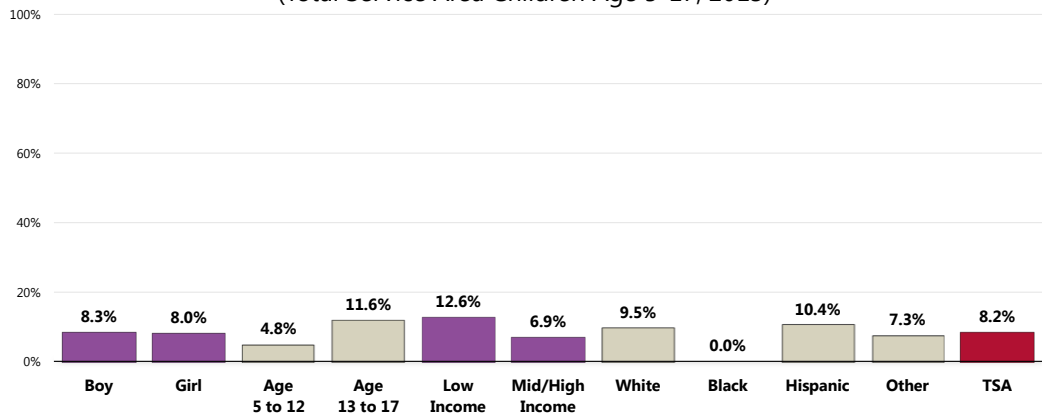
Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Items 92-95]  
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective MHMD-4.1]  
 Notes: • Asked of respondents for whom the randomly selected child in the household is between the ages of 5 and 17.

### Anxiety

Teens are statistically more likely to have anxiety, as are school-aged children in low-income households, White children and Hispanic children.

### Child Has Anxiety




(Total Service Area Children Age 5-17, 2013)



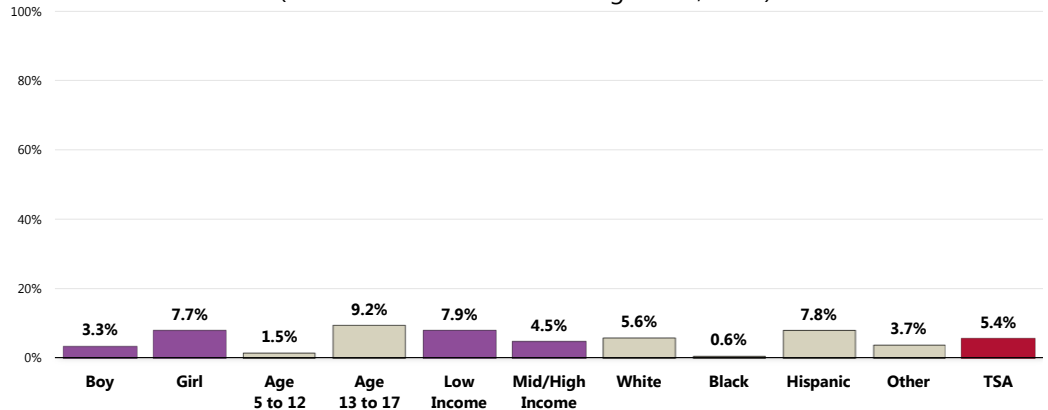
Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 94]  
 Notes: • Asked of respondents for whom the randomly selected child in the household is between the ages of 5 and 17.  
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (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. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

## Depression

Children (age 5-17) more likely to have depression include:

-  Girls.
-  Teens.
-  Whites and Hispanics.

**Child Has Depression**  
(Total Service Area Children Age 5-17, 2013)



Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 92]  
 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. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

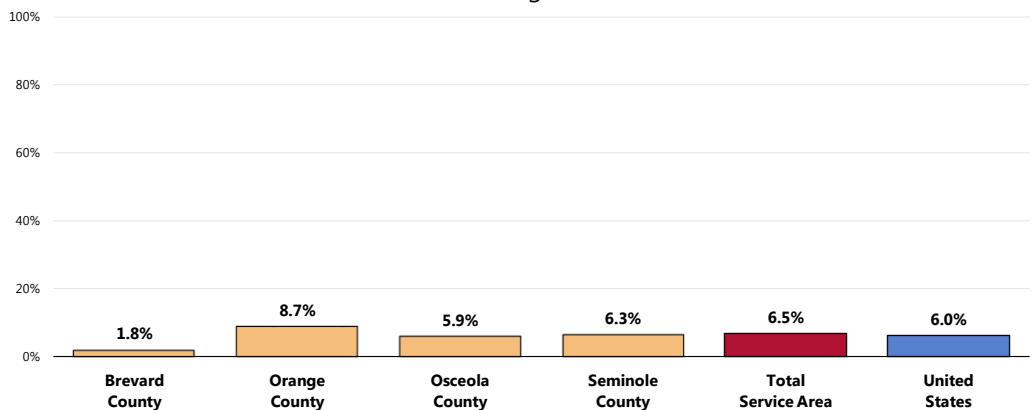
*"During the past 12 months, did this child ever feel so sad or hopeless almost every day for two weeks or more in a row that he/she stopped doing some usual activities?"*

## Signs of Depression

**A total of 6.5% 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 he/she stopped doing some usual activities.**

- Similar to the national figure.
- Lowest in Brevard County; unfavorably high in Orange County.

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

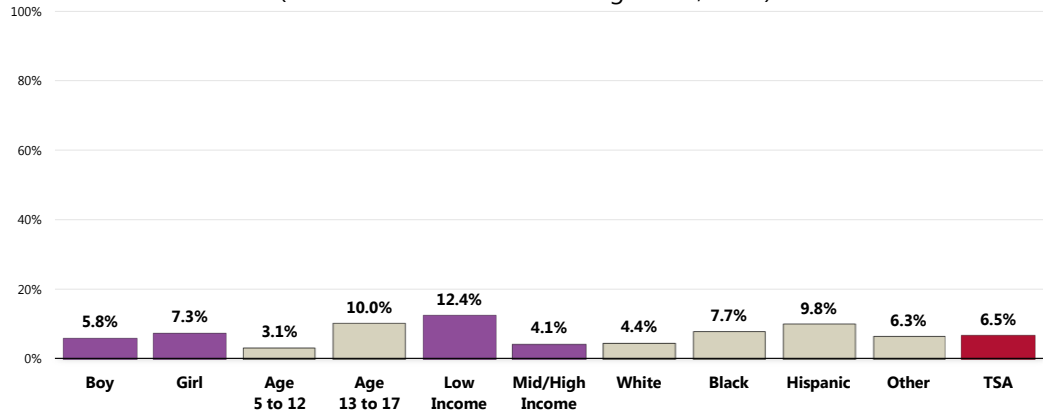


Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 90]  
 • 2012 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.  
 Notes: • Asked of respondents for whom the randomly selected child in the household is between the ages of 5 and 17.

Such signs of depression are notably higher among:

- Teens.
- Children in low-income households.
- Hispanic children.

### Child Felt Sad or Hopeless for Two or More Weeks in the Past Year and Stopped Performing Usual Activities (Total Service Area Children Age 5-17, 2013)



Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 90]  
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).  
• \*Represents a small sample size (<50); interpret with caution.  
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Further note that, of the 36 surveyed parents reporting signs of depression in their child, most (over 70%) report that they sought treatment for their child's feelings of sadness or hopelessness.



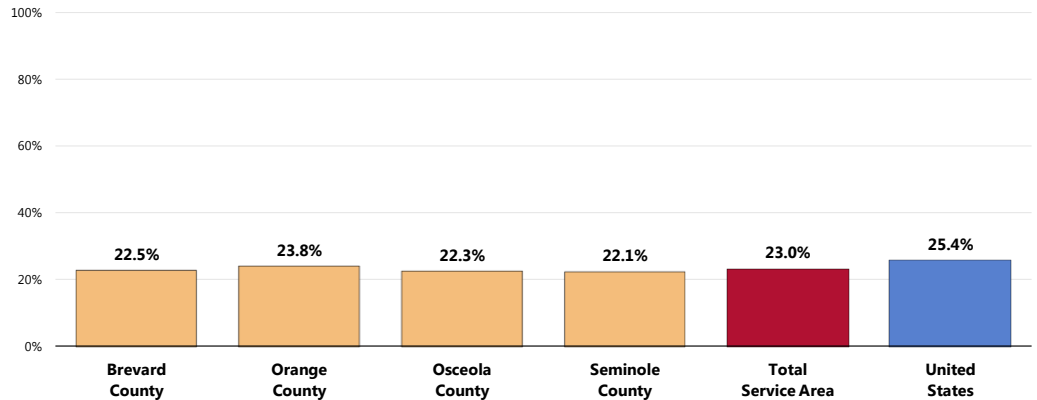
## Worry

**A total of 23.0% of Total Service Area parents report that their school-aged child worries a lot.**

- Similar to national findings.
- Similar findings by county.

### Child Worries a Lot

(Children Age 5-17)



Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 88]  
 • 2012 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

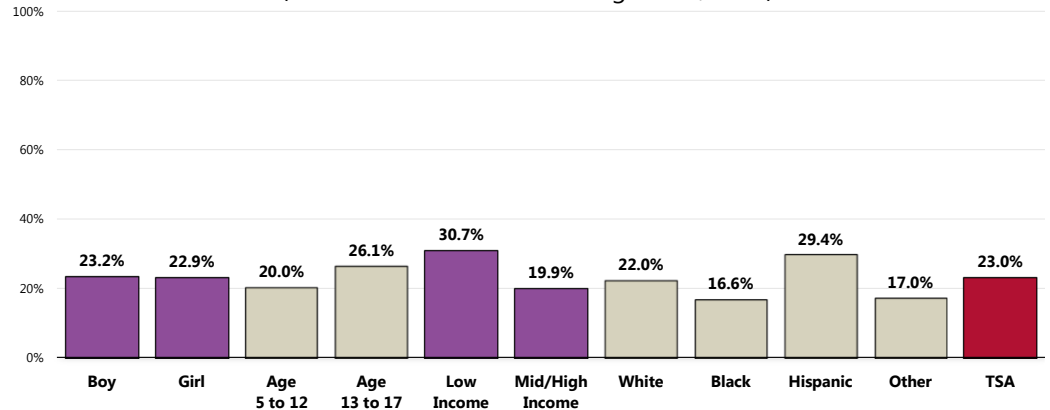
Notes: • Asked of all respondents about a randomly-selected child aged 5-17 in the household.



Low-income children and Hispanic children are more likely to worry a lot, according to their parents.

### Child Worries a Lot

(Total Service Area Children Age 5-17, 2013)



Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 88]

Notes: • Asked of all respondents about a randomly-selected child aged 5-17 in the household.

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

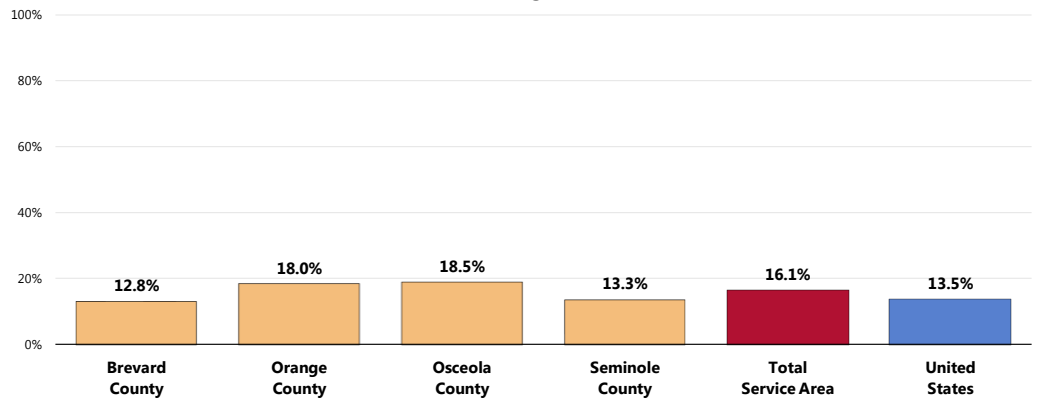
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty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

## Sleep Difficulties

A total of 16.1% of parents report that their child (age 5-17) has difficulties falling asleep and/or sleeping through the night.

- Comparable to national findings.
- Statistically comparable by county.

### Child Has Difficulties Falling Asleep and/or Sleeping Through the Night (Children Age 5-17)

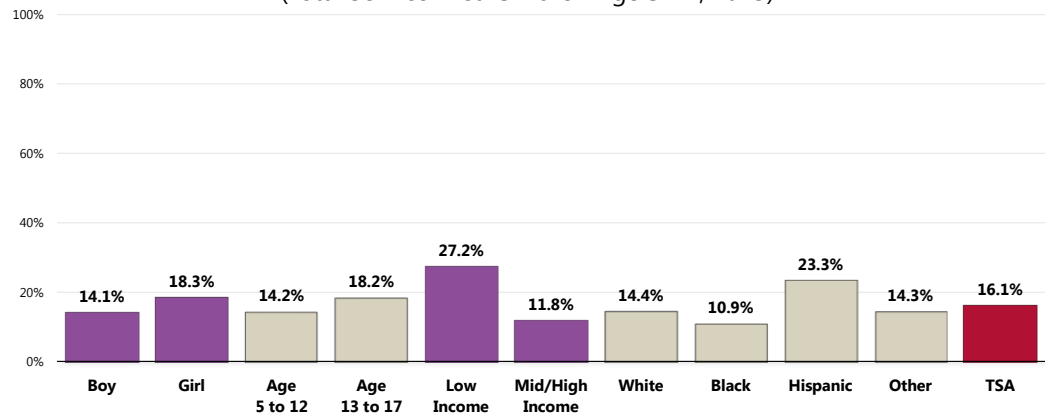


Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 89]  
 • 2012 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents about a randomly-selected child aged 5-17 in the household.

👪 In the Total Service Area, children in low-income households and Hispanic children more often experience sleep difficulties.

### Child Has Difficulties Falling Asleep and/or Sleeping Through the Night (Total Service Area Children Age 5-17, 2013)



Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 89]

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. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

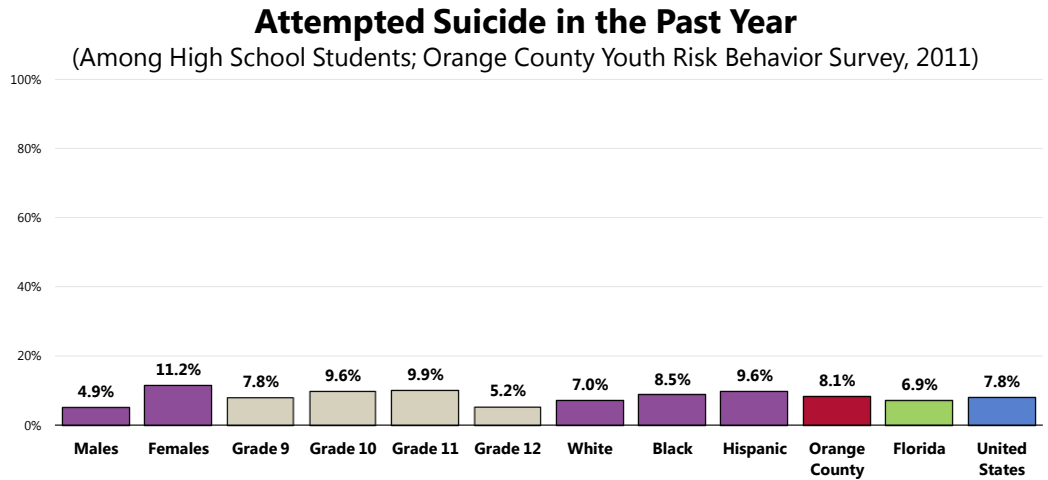
## Suicide Attempts (Adolescents)

This indicator is derived from the CDC's Youth Risk Behavior Survey (YRBS), a school-based survey administered to high school students.

For more information, visit: [www.cdc.gov/healthyyouth/yrbs](http://www.cdc.gov/healthyyouth/yrbs).

**Among high school students (Orange County only), 8.1% report attempting suicide in the past year (2011 Youth Risk Behavior Survey).**

- Similar to state-level findings in the YRBS.
- Similar to national YRBS findings.
- 👤 Significantly higher in high school girls than in boys.



Sources: • Centers for Disease Control and Prevention (CDC). 1991-2011 High School Youth Risk Behavior Survey Data. Available at <http://apps.nccd.cdc.gov/youthonline>. Accessed April 2013.

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

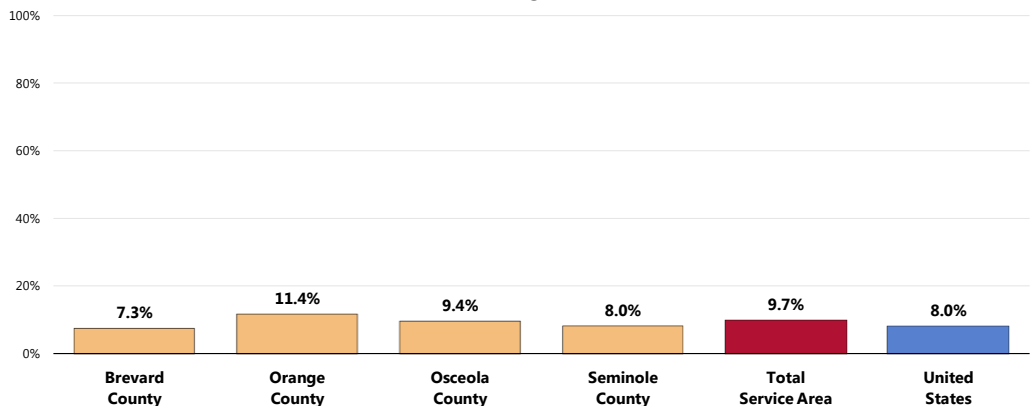
## Prescriptions for Mental Health

**A total of 9.7% of Total Service Area report that their child has ever taken prescribed medication for their mental health.**

- Similar to national findings.
- Similar among the individual counties.

### Child Has Ever Taken Prescribed Medications for Mental Health

(Children Age 5-17)



Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 87]

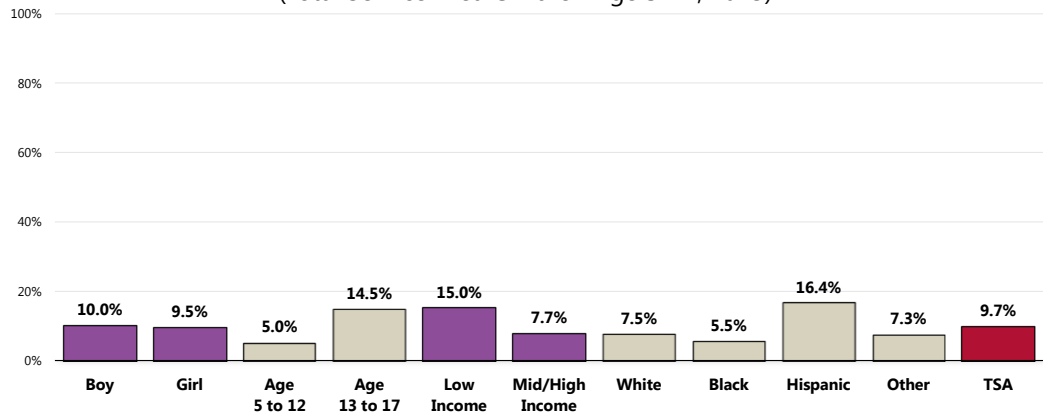
Notes: • 2012 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents about a randomly-selected child aged 5-17 in the household.

Viewed by demographics, these school-aged children are more likely to have taken prescriptions for mental health:

- 👤👤👤 Teens.
- 👤👤👤 Those in low-income households.
- 👤👤👤 Hispanics.

### Child Has Ever Taken Prescribed Medications for Mental Health (Total Service Area Children Age 5-17, 2013)



Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 87]  
Notes: • Asked of all respondents about a randomly-selected child aged 5-17 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. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

## Diagnosed Cognitive & Behavioral Disorders

**A total of 12.1% have been told by a doctor or other health care provider that their child (age 0-17) had ADD or ADHD (attention-deficit disorder or attention-deficit hyperactivity disorder).**


- Similar to national findings.
- Lowest in Osceola County; highest in Seminole County.
- 👤👤👤 14.9% of these respondents characterized their child's ADD/ADHD as "severe."

**A total of 9.6% of Total Service Area parents report that they have been told by a doctor or other health care provider that their child (age 0-17) had a learning disability.**

- Similar to national findings.
- Unfavorably high in Seminole County.
- 👤👤👤 15.5% of these respondents characterized their child's learning disability as "severe."


**A total of 7.7% have been told by a doctor or other health care provider that their child (age 0-17) had a developmental delay that affects his/her ability to learn.**

- Similar to the national prevalence.
- Unfavorably high in Seminole County.

 14.4% of these respondents characterized their child’s developmental delay as “severe.”


**A total of 4.2% have been told by a doctor or other health care provider that their school-age child (age 5-17) had behavioral or conduct problems, such as oppositional defiant disorder or conduct disorder.**

- Similar to national findings.
- Similar findings by county.

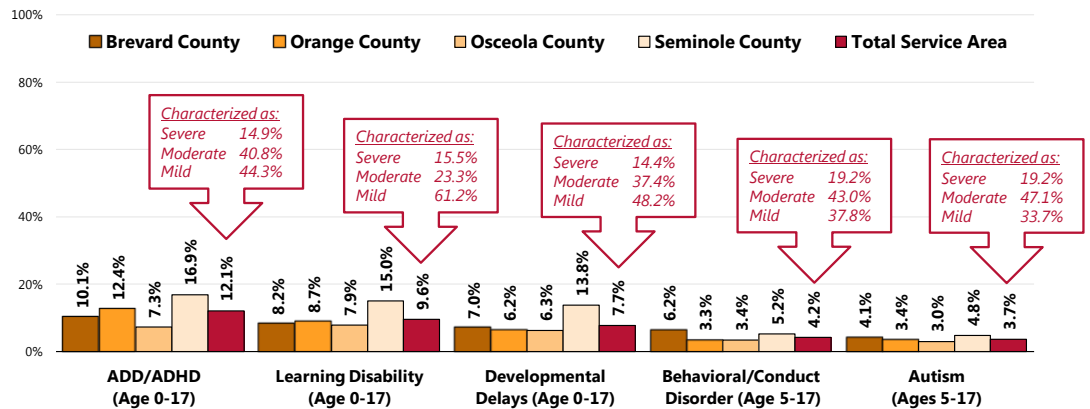
 19.2% of these respondents characterized their child’s disorder as “severe.”

**A total of 3.7% have been told by a doctor or other health care provider that their school-age child (age 5-17) had autism.**

- Comparable to the US prevalence.
- Comparable by county.

 19.2% of these respondents characterized their child’s autism as “severe.”

### Child Has Various Cognitive and Behavioral Disorders

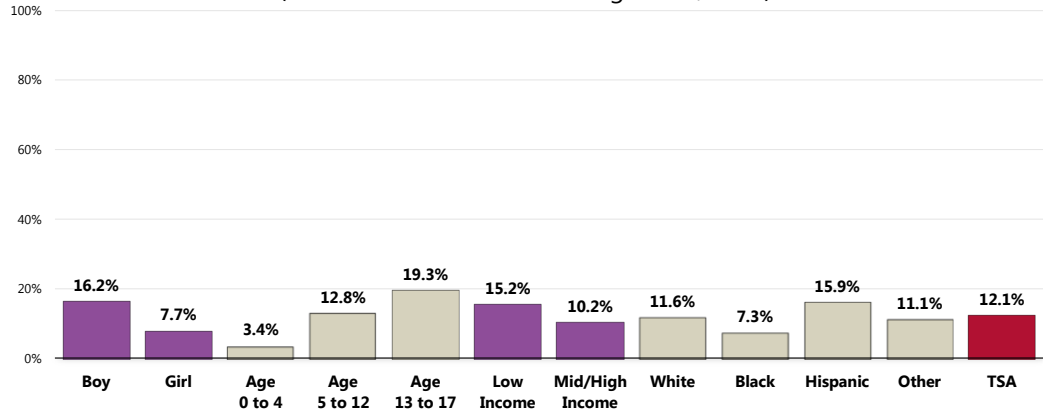


Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Items 62-65, 68-69, 96-99]  
 Notes: • Learning Disability, ADD/ADHD & Developmental Delays: asked of all respondents (representing children age 0-17); Behavioral/Conduct Disorder & Autism: asked of respondents for whom the randomly selected child in the household is between the ages of 5 and 17.

## ADD/ADHD

- 👤👤👤 The prevalence of ADD/ADHD in service area children is highest in boys, those aged 5 and older (positive correlation with age), those in low-income households, and Hispanic children.

**Child Has ADD/ADHD**  
(Total Service Area Children Age 0-17, 2013)



Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 68]

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).

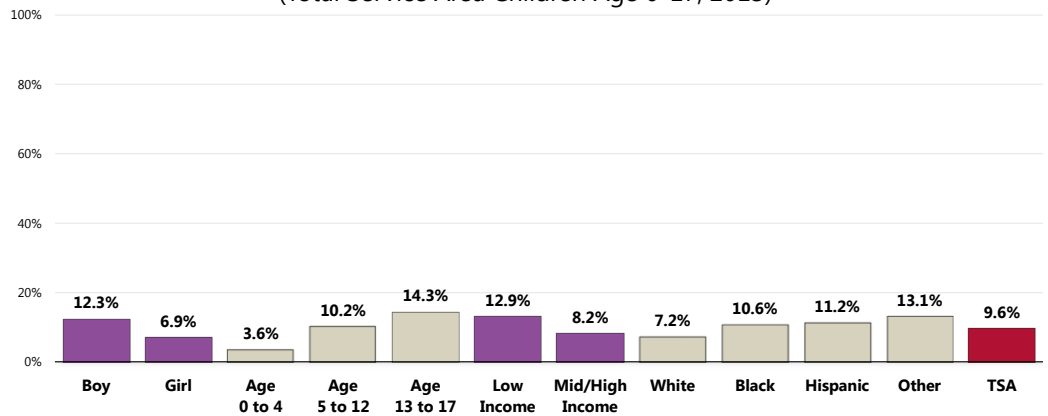
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty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

## Learning Disabilities

Children more likely to have some type of learning disability include:

- 👤👤👤 Boys.
- 👤👤👤 Children age 5 and older.
- 👤👤👤 Those in low-income households.

**Child Has a Learning Disability**  
(Total Service Area Children Age 0-17, 2013)




Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 62]

Notes: • Asked of all respondents.

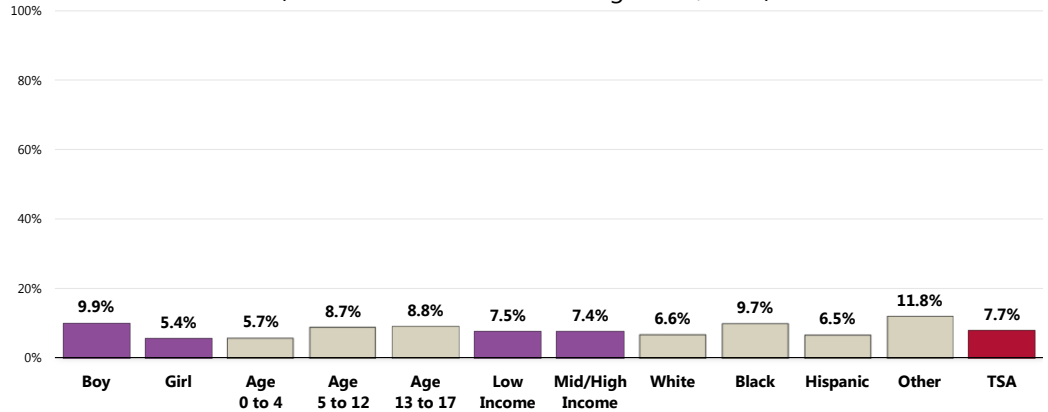
• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).

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

## Developmental Delays

 Boys in the Total Service Area are statistically more likely to have developmental delays.


### Child Has Developmental Delays (Total Service Area Children Age 0-17, 2013)



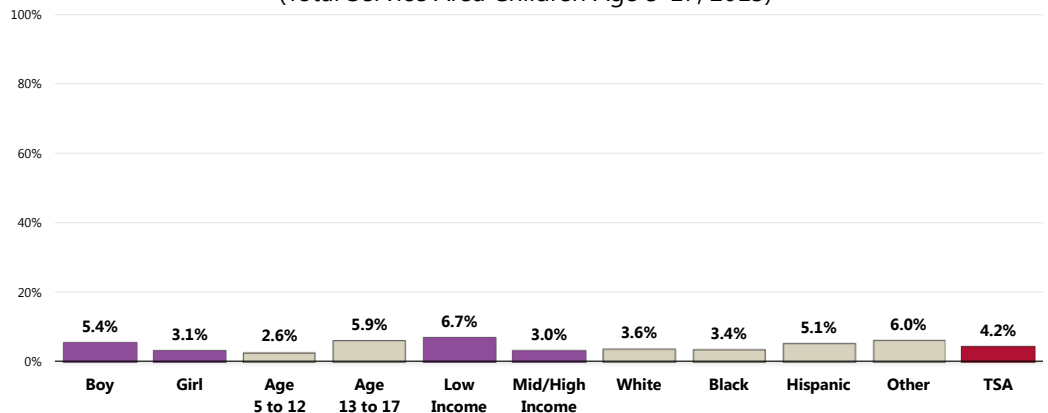
Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 64]

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. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

## Behavioral/Conduct Problems

 Teen and children in low-income households are more likely to have some type of behavioral or conduct problems.

### Child Has Behavioral/Conduct Problems (Total Service Area Children Age 5-17, 2013)



Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 96]

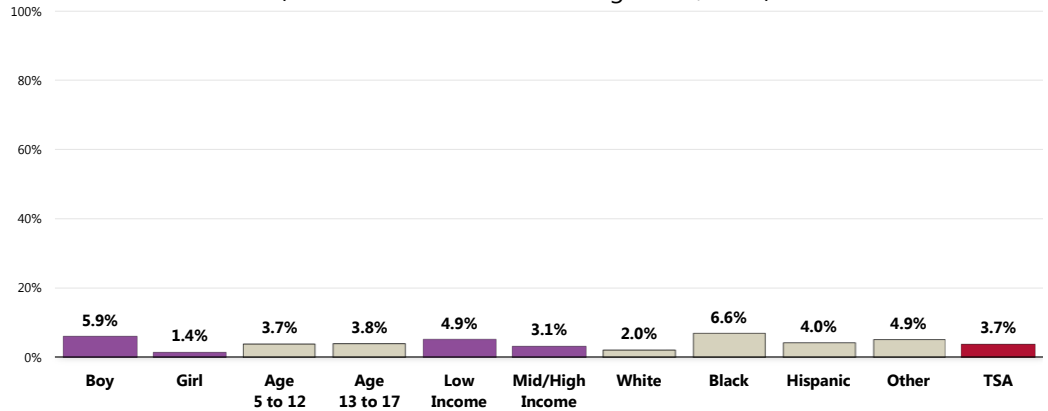
Notes: • Asked of respondents for whom the randomly selected child in the household is between the ages of 5 and 17.  
• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).  
• Income categories reflect respondent's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

## Autism

👤 Total Service Area boys and African American children are more likely to be autistic.

### Child Has Autism

(Total Service Area Children Age 5-17, 2013)



Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 98]  
 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. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

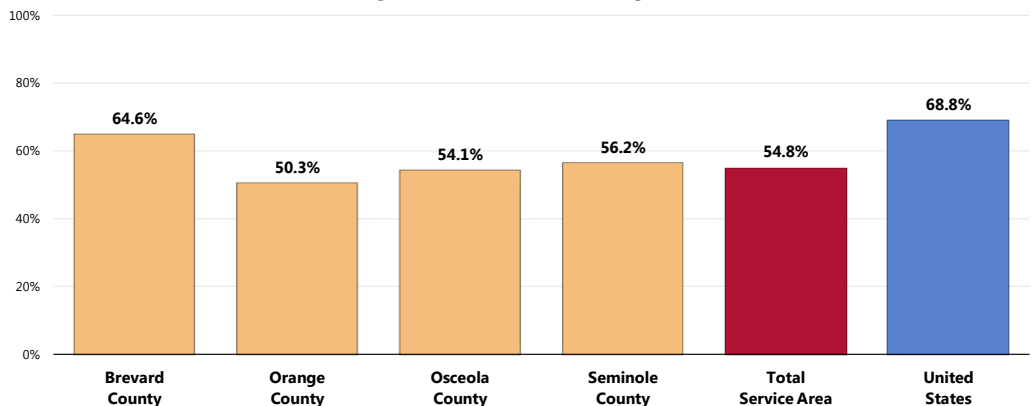
## Awareness & Availability of Mental Health Services

**Just over one-half (54.8%) of Total Service Area parents is aware of local community resources for mental health.**

- Lower than the US prevalence.
- Highest in Brevard County; lowest in Orange County.

### Aware of Mental Health Resources in the Community

(Among Parents of Children Age 5-17)



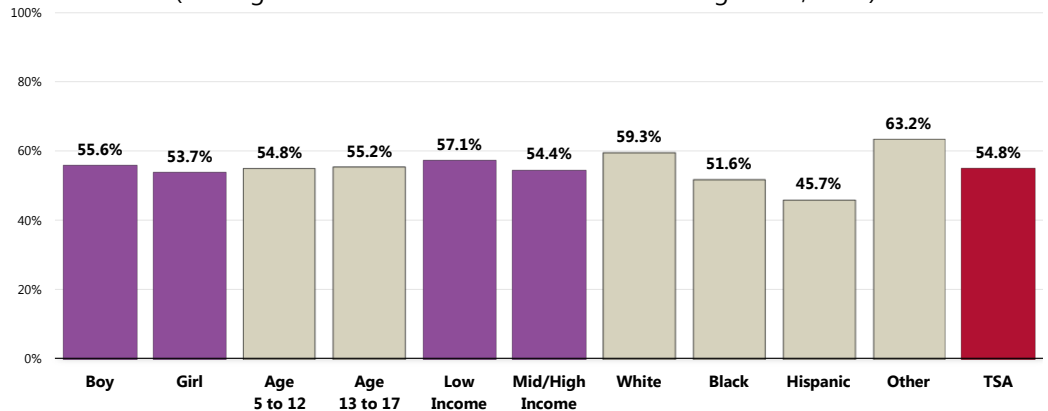
Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 100]  
 • 2012 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.  
 Notes: • Asked of all respondents.



👤 Parents of African American or Hispanic children are statistically less likely to be aware of local mental health resources.

## Aware of Mental Health Resources in the Community

(Among Total Service Area Parents of Children Age 5-17, 2013)



Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 100]  
 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. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

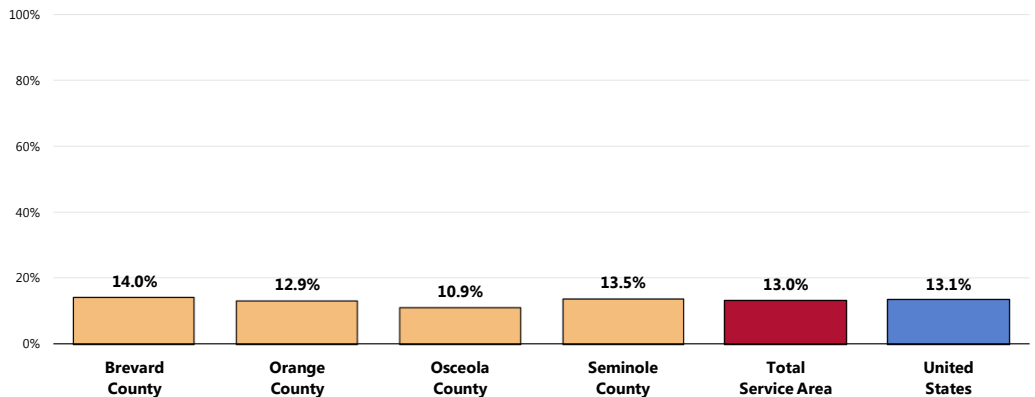
Of parents who are aware of mental health resources in the area, 13.9% report that their child has used these services.

**In the past year, 13.0% of Total Service Area children needed mental or emotional health services.**

- Almost identical to US findings.
- Similar among the individual counties.

## Child Needed Mental Health Services in the Past Year

(Among Parents of Children Age 5-17; Total Service Area, 2013)

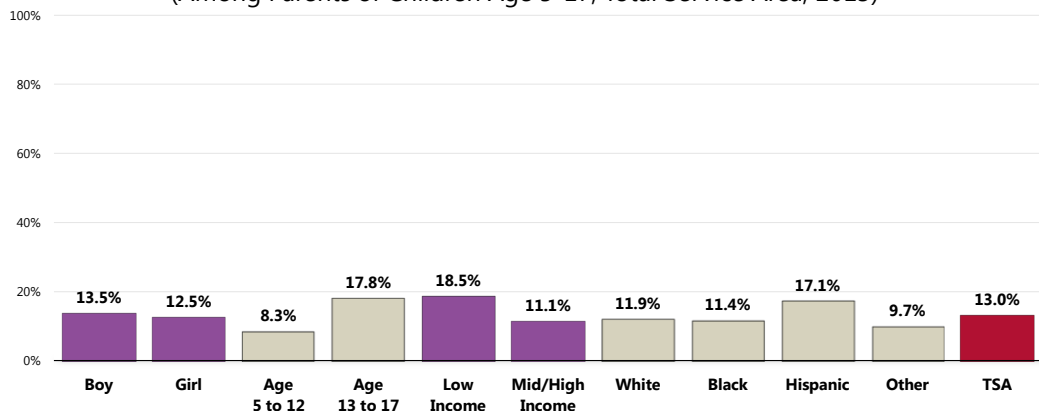


Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 84]  
 • 2012 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.  
 Notes: • Asked of respondents for whom the randomly selected child in the household is between the ages of 5 and 17.

School-aged children more likely to have needed mental health services in the past year include:

- Teens.
- Those in low-income households.
- Hispanics.

### Child Has Needed Mental Health Services in the Past Year (Among Parents of Children Age 5-17; Total Service Area, 2013)



Sources: • 2013 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.  
• Race represents 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 the federal poverty level; "Low Income" includes households with incomes just above poverty and up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Of those children needing mental or emotional services in the past year, 86.7% received them; for those who did not, reasons included "received school counseling" and "did not try to get services."

#### Related Focus Group Findings: Mental Health

In the key informant focus groups, many discussed mental healthcare in the community, with primary emphasis on these themes:

- The correlation with physical health
- Access to behavioral healthcare
- Inadequate number of child psychiatrists
  - Wait times
- Bullying

Focus group members perceive poor mental health to be a serious health concern for children and adolescents in their community. Participants agree that **mental health status correlates with a child's physical health**, and that healthcare providers need to care for the whole person. Attendees believe that the biggest deficit in the healthcare continuum is behavioral healthcare services and that the community lacks a coordinated system.

Throughout the focus groups, issues surrounding **access to behavioral healthcare** arose often, with participants agreeing that an **inadequate number of child psychiatrists** and

behavioral health resources exist for local children and adolescents. Similar to overall healthcare, locating a psychiatrist who will see a Medicaid recipient can prove difficult, and even for those *with* commercial insurance, the cost of care can be a barrier. The main option in the area is Lakeside Behavioral Healthcare in Orlando or the Counseling Center in Altamonte Springs. (Osceola County is working toward opening a mental health triage center.)

Currently, many times families default to the police or judicial system when dealing with behavioral health issues. After a provider is located, **wait times** for appointments can stretch over several months. A participant describes the reality for families trying to obtain behavioral health treatment:

*"I'm working with a parent right now whose daughter has something called extreme onset OCD. I just learned about this. But for her to go from the primary doctor to medical psych services took six weeks. This is a little girl who cannot bathe herself. She's 12 years old. She can't get into a shower and bathe herself. Twelve weeks from the referral — through Medicaid — from her primary care physician to a psychiatric evaluation. No medication. No nothing. That's problematic."* - Brevard County Key Informant

Attendees worry about the limited preventive and early intervention programs in the community. Schools still have guidance counselors, but those counselors have multiple responsibilities and often do not have time to provide actual counseling services.

*"Even the counselors in the schools are not doing counseling anymore. They have to do more and more paperwork. So the counselors in schools that used to pick up some of that slack are no longer available to do that kind of work."* - Orange County Key Informant

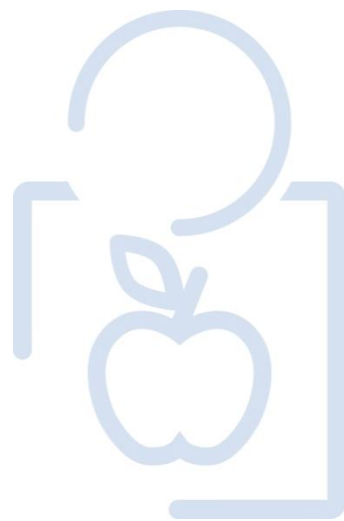
Focus group members also agree that children and adolescents face more pressure than ever before, potentially exacerbating behavioral health:

*"In a broad cultural perspective, I think we've never had such capacity to put pressure on kids as we have today. And it kind of started with the advent of the transistor radio. Now I could carry my radio with me everywhere, and I could listen to what the music was, and I could listen to what the disc jockeys were saying and all that kind of thing. Then we've got television, and now we have all this media of Facebook and that kind of thing. And so we have the ability to create kind of an ironclad structure that they have to live up to."* - Seminole County Key Informant

Respondents worry that the amount of **bullying** has increased in schools, which can also add to mental health concerns.

*"In the event that there is overt hostility, we've got delivery vehicles like we've never had before. We can ostracize – and I'm talking as if I were a kid – we can ostracize our fellow kids in ways that we never could before – I mean, totally put them down. So the mental health issues that arise in that kind of a context, and then you add a few other elements to it as well, such as the idea that it's easier to give a pill than it is to change the context, and it all kind of comes together."* - Seminole County Key Informant

# SPECIAL HEALTH NEEDS



# Prevalence of Selected Medical Conditions

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

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

## Speech & Language Problems

**A total of 23.5% of Total Service Area parents report that their child has suffered from or been diagnosed with three or more ear infections in his/her lifetime.**

- Similar to national findings.
- Unfavorably high in Seminole County.

**A total of 13.9% of area parents report that their child has suffered from or been diagnosed with speech or language problems.**

- Nearly identical to national findings.
- Lower in Orange and Osceola counties; higher in Brevard and Seminole.

 7.6% of these respondents characterized their child's problem as "severe."

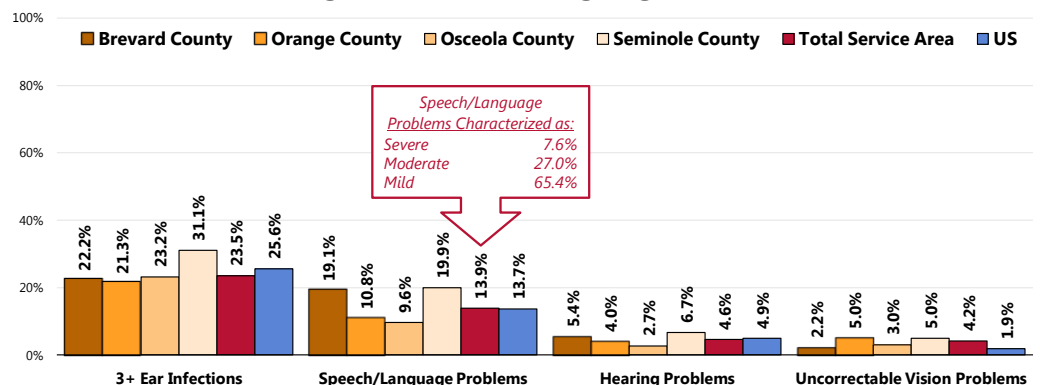
**A total of 4.6% of Total Service Area parents report that their child has suffered from or been diagnosed with hearing problems.**

- Similar to the nationwide prevalence.
- Statistically similar by county.

**A total of 4.2% of Total Service Area parents report that their child has suffered from or been diagnosed with vision problems that cannot be corrected with glasses or contact lenses.**

- Higher than the national prevalence.
- Favorably low in Brevard County children.

### Child Has Vision, Hearing or Speech/Language Problems



Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Items 32, 34, 59, 66-67]  
 • 2012 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.  
 Note: • Asked of all respondents.

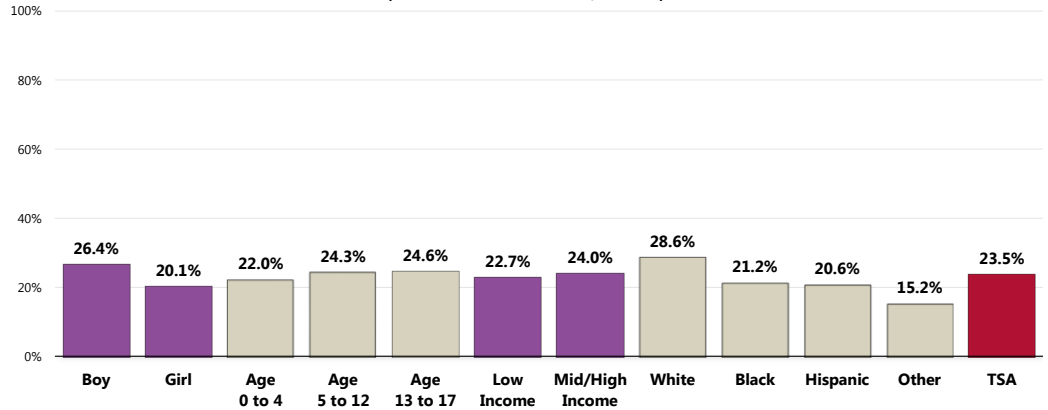
## Ear Infections

Children more likely to have had three or more ear infections include:

- 👤 Boys.
- 👤 White children.

### Child Has Had 3+ Ear Infections (Ever)

(Total Service Area, 2013)



- Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 59]  
 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. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

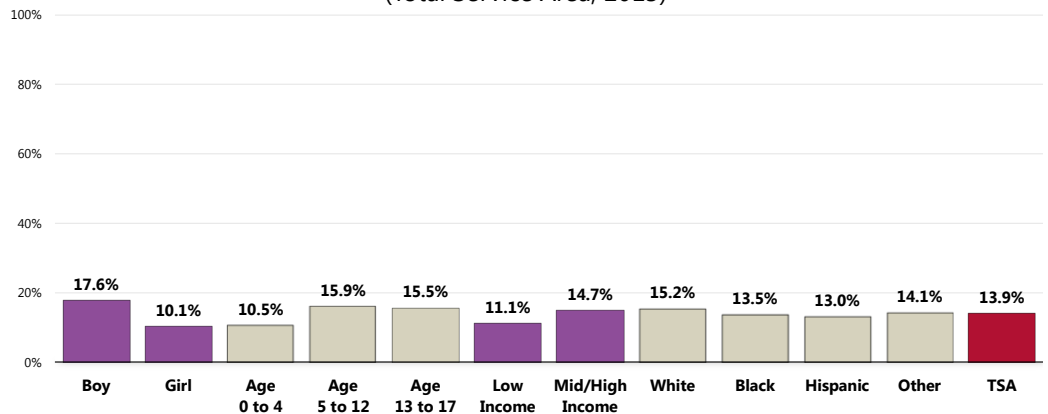
## Speech/Language Problems

Children more likely to have speech/language problems include:

- 👤 Boys.
- 👤 Children age 5 and older.


### Child Has Speech/Language Problems

(Total Service Area, 2013)



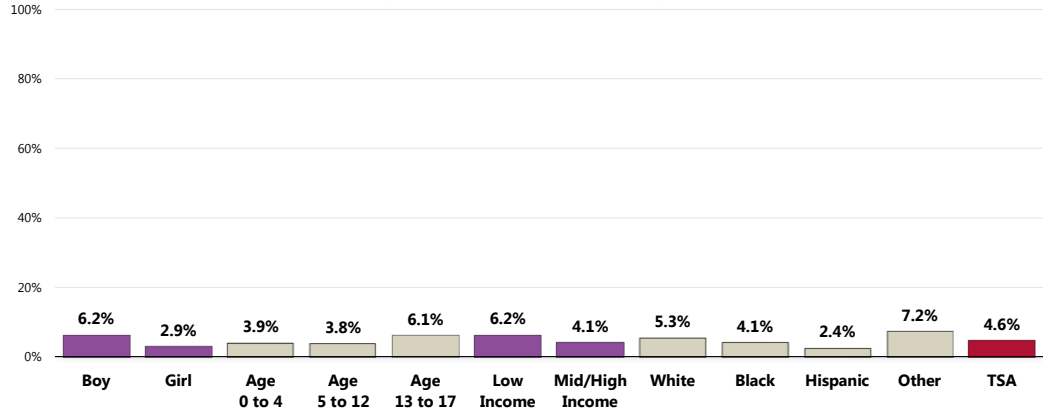
- Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 66]  
 Notes: • Asked of all respondents.  
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).  
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

## Hearing Problems

 The prevalence of hearing problems is statistically high among boys.

### Child Has Hearing Problems

(Total Service Area, 2013)



Sources: 

- 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 34]


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).

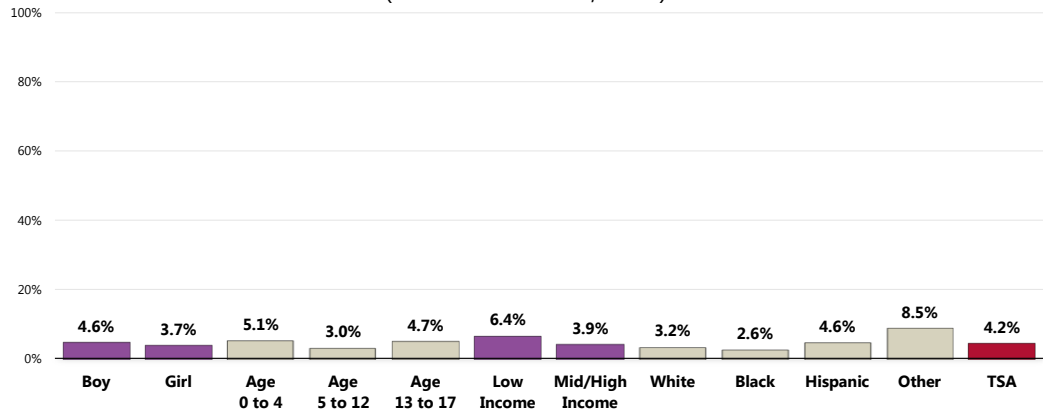
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty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

## Vision Problems

 Uncorrectable vision problems are highest in children of "Other" races.

### Child Has Uncorrectable Vision Problems

(Total Service Area, 2013)



Sources: 

- 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 32]

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. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

## Allergies

**A total of 19.1% of Total Service Area parents report that their child has suffered from or been diagnosed with respiratory allergies.**

- Comparable to the US figure.
- Similar by county.

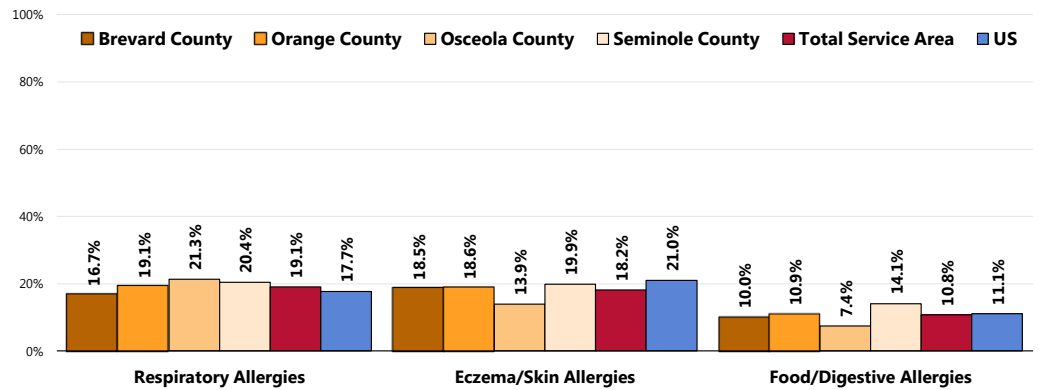
**A total of 18.2% of Total Service Area parents report that their child has suffered from or been diagnosed with eczema or any kind of skin allergy.**

- Similar to national findings.
- Similar by county.

**A total of 10.8% of Total Service Area parents report that their child has suffered from or been diagnosed with a food or digestive allergy.**

- Similar to the national prevalence.
- No statistical difference by county.


### Child Has Allergies



Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Items 52-54]  
• 2012 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.  
Note: • Asked of all respondents.

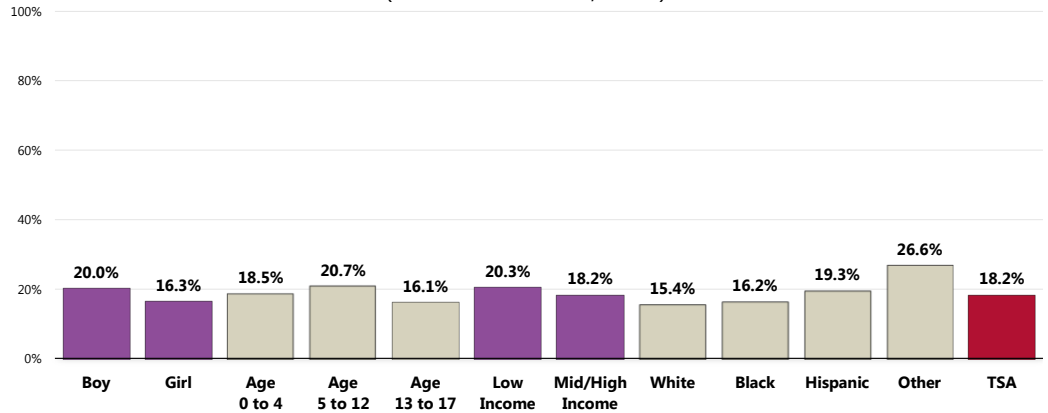


## Eczema & Skin Allergies

-  Eczema/skin allergies are more common among children of "Other" races in the community.

### Child Has Eczema/Skin Allergies

(Total Service Area, 2013)



Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 54]




Notes: • Asked of 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. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

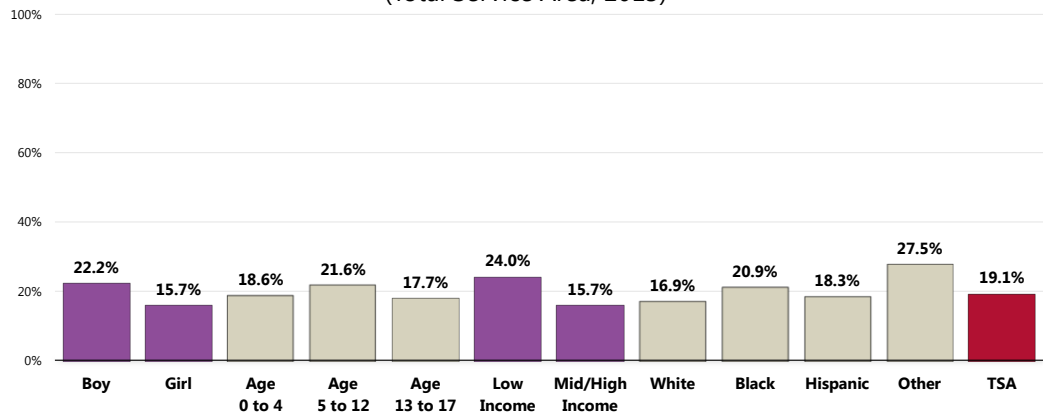
## Respiratory Allergies

Children more likely to have respiratory allergies include:

-  Boys.
-  Children living in lower-income households.
-  Those of "Other" races.

### Child Has Respiratory Allergies

(Total Service Area, 2013)




Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 52]

Notes: • Asked of respondents.

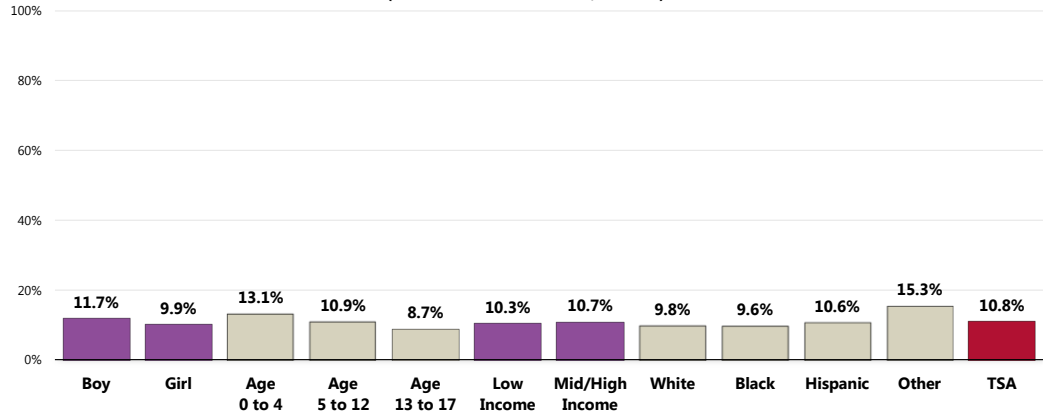
• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).

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

## Food or Digestive Allergies

 Food/digestive allergies don't differ significantly by demographic characteristic in Total Service Area children.

### Child Has Food/Digestive Allergies (Total Service Area, 2013)



Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 53]

Notes: • Asked of 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. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

## Neurological Conditions

**A total of 6.4% of Total Service Area parents report that their child has suffered from or been diagnosed with migraines or severe headaches.**

- Similar to national findings.
- Similar among the individual counties.

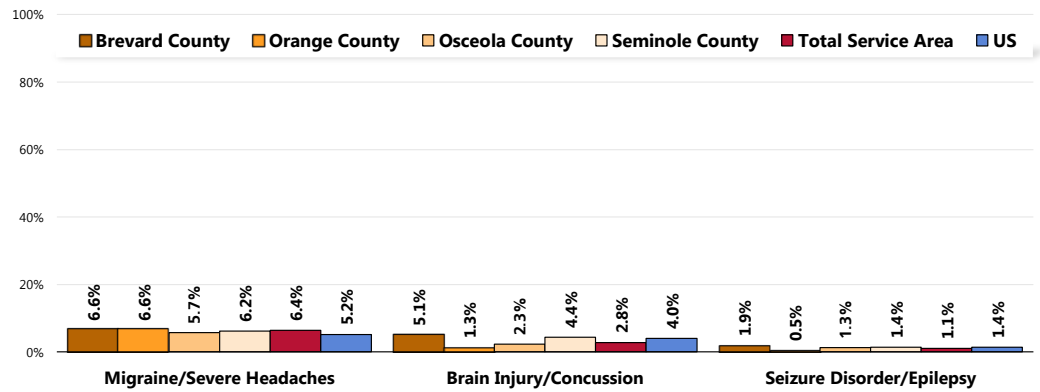
**A total of 2.8% of Total Service Area parents report that their child has suffered from or been diagnosed with a brain injury or concussion.**

- Statistically similar to national findings.
- Statistically low in Orange County.

**Just 1.1% of Total Service Area parents report that their child has suffered from or been diagnosed with a seizure disorder, such as epilepsy.**

- Similar to national findings.
- Similar among the individual counties.

## Child Has Neurological Conditions



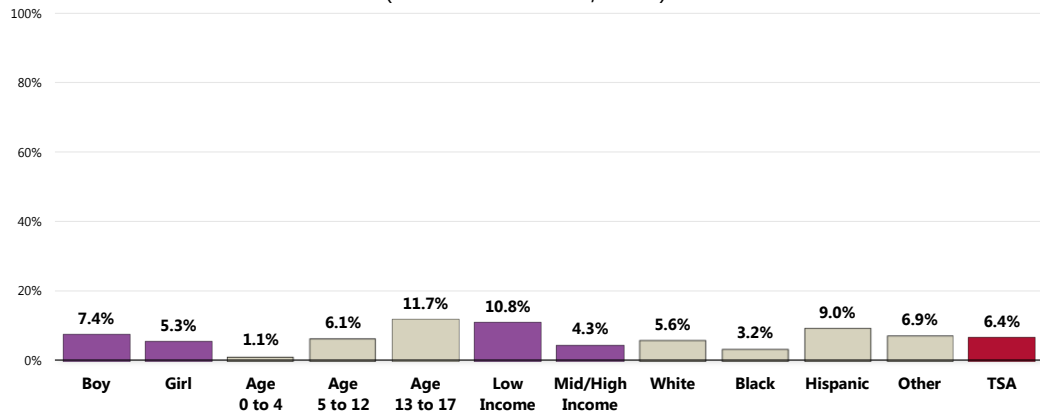
Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Items 55, 57, 58]  
 • 2012 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.  
 Note: • Asked of all respondents.

### Migraines/Severe Headaches

Children more likely to suffer from migraines/headaches include:

- 👤 Those age 5 and up (note the positive correlation with age).
- 👤 Those in low-income households.
- 👤 Hispanic children.

## Child Has Migraines/Severe Headaches (Total Service Area, 2013)



Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 58]  
 Notes: • Asked of 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. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

## Brain Injuries/Concussions

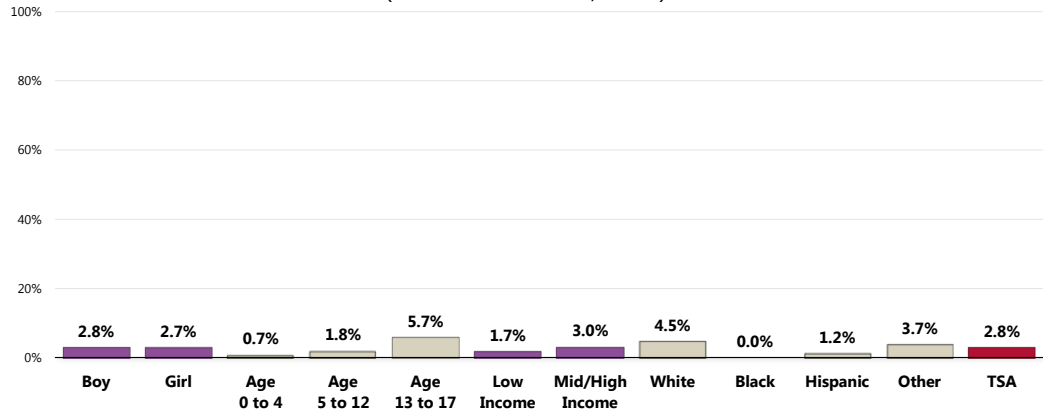
Children more likely to have had a brain injury or concussion include:

- 👤👤👤 Teens (positive correlation with age).
- 👤👤👤 White children and those of “Other” races.

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

### Child Has Brain Injury/Concussion

(Total Service Area, 2013)



Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 57]

Notes: • Asked of respondents.

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

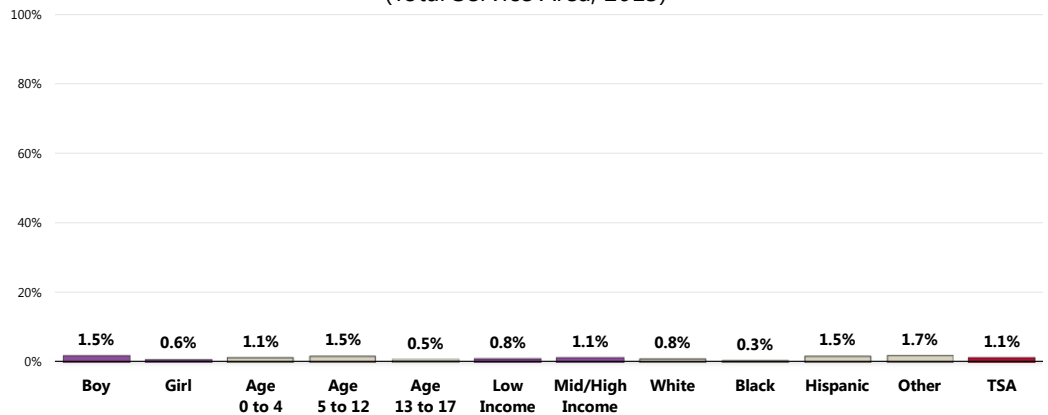
• Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Low Income” includes households with incomes up to 200% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty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

## Seizure Disorders

- 👤👤👤 No difference by children’s key demographic characteristics.

### Child Has Epilepsy/Seizure Disorder

(Total Service Area, 2013)



Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 55]

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. “Low Income” includes households with incomes up to 200% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.

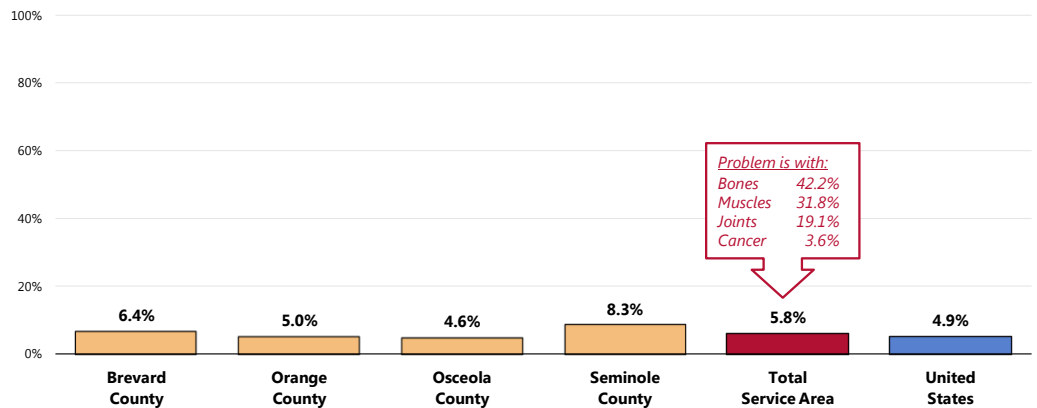
## Bone, Joint & Muscle Problems

**A total of 5.8% of Total Service Area parents report that their child has suffered from or been diagnosed with bone, joint or muscle problems.**

- Similar to US findings.
- Statistically similar by county.

Among these respondents, the largest share (42.2%) identified this as a problem with their child's **bones**, while 31.8% reported a problem with **muscles**, and 19.1% reported a problem with **joints**. The remainder attributed the problems to cancer.

### Child Has Bone, Joint or Muscle Problems



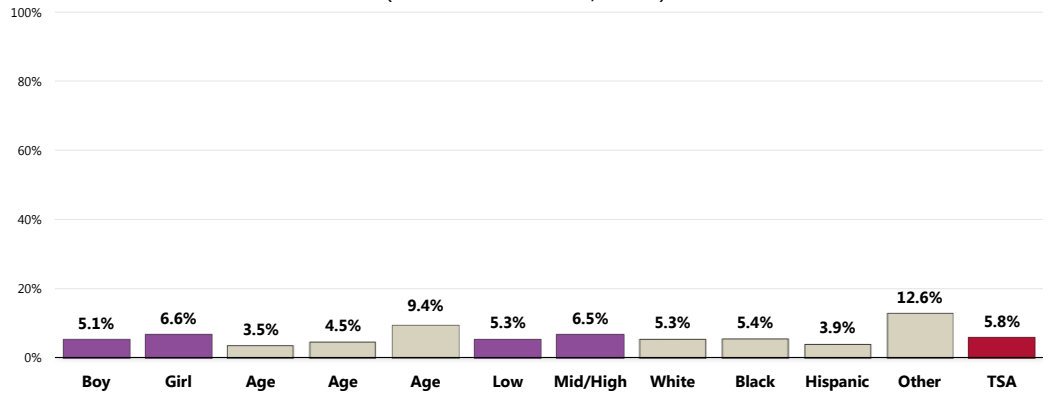
Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Items 60-61]  
• 2012 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

Note: • Asked of all respondents.

Area teens appear more likely to suffer from bone, joint or muscle problems, as are children of “Other” races.

### Child Has Bone, Joint or Muscle Problems

(Total Service Area, 2013)



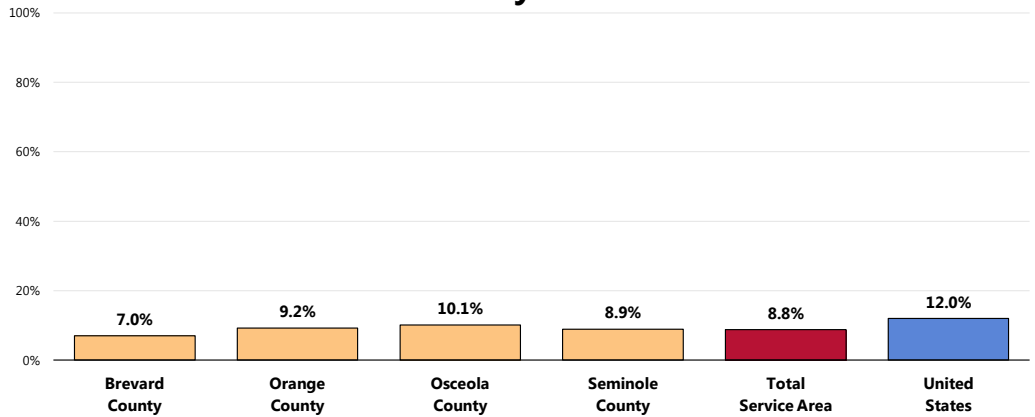
Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 60]  
 Note: • Asked of all respondents.  
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).  
 • Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Low Income” includes households with incomes up to 200% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.

### Asthma

A total of 8.8% of Total Service Area children age 0 to 17 currently have asthma.

- Lower than the national figure.
- Statistically similar by county.

### Child Currently Has Asthma

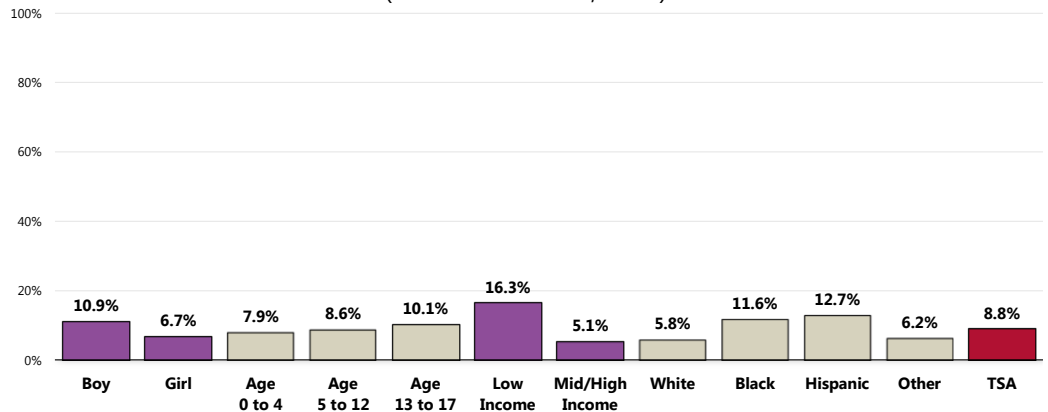


Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 142]  
 • 2013 PRC National Child & Adolescent Survey, Professional Research Consultants, Inc.  
 Note: • Asked of all respondents.

Viewed by demographics, the asthma prevalence in area children is highest among:

- Boys.
- Those in low-income households (especially).
- African American children and Hispanic children.

### Child Currently Has Asthma (Total Service Area, 2013)



Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 142]  
Note: • 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. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

### Asthma-Related Care

**Among Total Service Area children with asthma, nearly 6 in 10 (59.6%) did not experience any emergency or urgent care visits due to their asthma in the past year.**

- On the other hand, 17.3% of asthmatic children in the Total Service Area had 3+ asthma-related emergency medical visits over the past year.

**Among Total Service Area children with asthma, 8.4% were hospitalized overnight in the past year because of their asthma, including 6.4% who were hospitalized more than once.**

**Among Total Service Area school-aged children with asthma, most (64.9%) missed school because of asthma-related problems in the past year.**

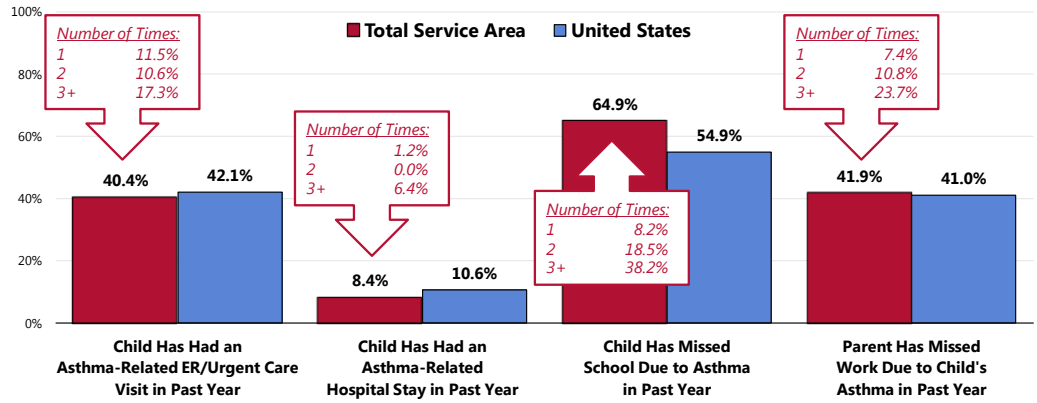
- This includes 38.2% of school-aged asthmatic children in the Total Service Area who missed 3+ school days because of their asthma in the past year.

**In a related issue, just over 4 in 10 (41.9%) of Total Service Area parents with asthmatic children missed at least one day of work in the last year because of their child's asthma.**

- This includes 23.7% who missed 3 or more workdays due to their child's asthma.

Compared with US findings among parents of asthmatic children, Total Service Area findings are statistically comparable for **each of these** asthma-related items.

## Asthma-Related Care (Among Children With Asthma)



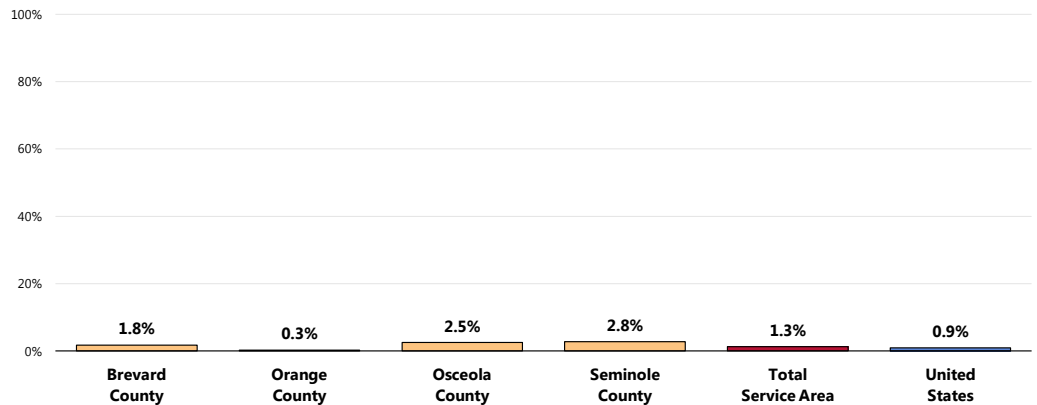
Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Items 48-51]  
 • 2012 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.  
 Notes: • Asked of respondents with a child who currently has asthma.

## Diabetes

**Just over one percent (1.3%) of Total Service Area parents has been told by a doctor or other health care provider that their child (age 0-17) had diabetes.**

- Similar to national findings.
- Favorably low in Orange County.

### Child Has Diabetes



Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 56]  
 • 2013 PRC National Child & Adolescent Survey, Professional Research Consultants, Inc.  
 Note: • Asked of all respondents.

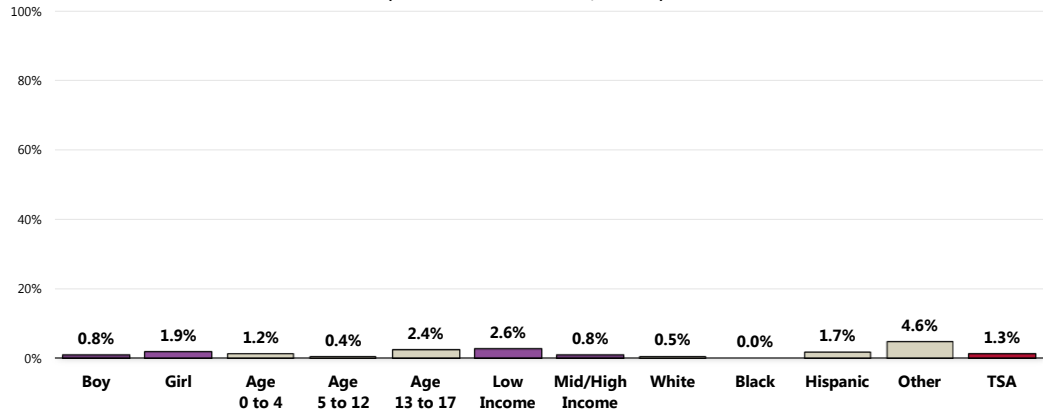


Childhood diabetes prevalence in the Total Service Area is highest among:

👤👤👤 Teens.

👤👤 Hispanic children and “Other” race children.

### Child Has Diabetes (Total Service Area, 2013)



Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 56]  
 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. “Low Income” includes households with incomes up to 200% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.

### Related Focus Group Findings: Chronic Disease

All participants agree that chronic disease conditions persist in children and adolescents in the community. Focus group participants discussed several chronic health conditions that exist in the community, ranging from asthma, diabetes and mental illness to learning disabilities and obesity. Respondents believe that parents need more education on how to best care for chronically-ill children. A focus group member explains the importance of asthma education:

*“One of the big problems we face with asthma is a child will get diagnosed and there’s such limited time with a medical professional for the parents to even understand, that the parents don’t understand the disease. The children aren’t getting treated properly, which means more time out of the classroom and more time in the emergency room.” - Osceola County Key Informant*

# Managing Children’s Special Health Needs

## Prescriptions & Special Therapy

**A total of 23.0% of area children have a chronic condition** (one that has lasted or is expected to last one year or more) **that requires prescription medication(s), not counting vitamins.**

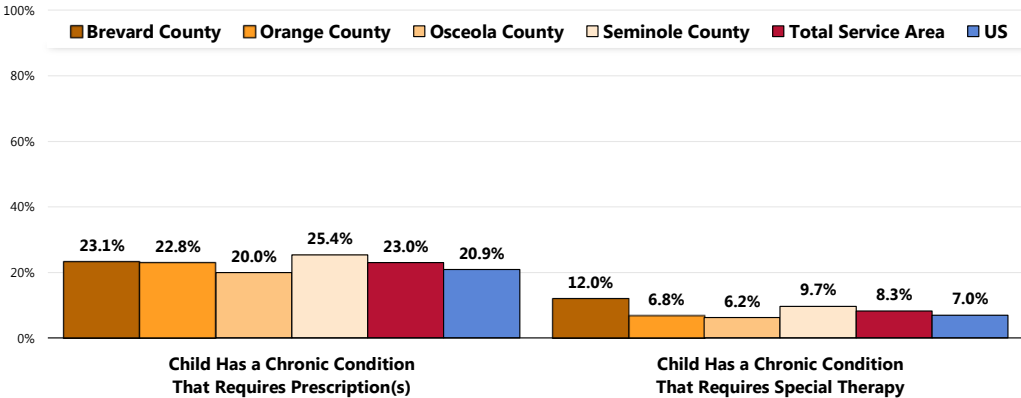
- Similar to national findings.
- Statistically similar among the four counties.

**A total of 8.3% of Total Service Area children have a chronic condition** (one that has lasted or is expected to last one year or more) **that requires special therapy, such as physical, occupational or speech therapy.**

- Similar to national findings.
- Statistically similar by county.

**Speech therapy** was most often noted when asked about the type of therapy needed for these children.

### Managing Children’s Special Health Needs



Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Items 158-159]  
 • 2012 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.  
 Note: • Asked of all respondents.  
 • In this case, "chronic conditions" are defined as conditions that have lasted, or are expected to last, 12 months or longer.

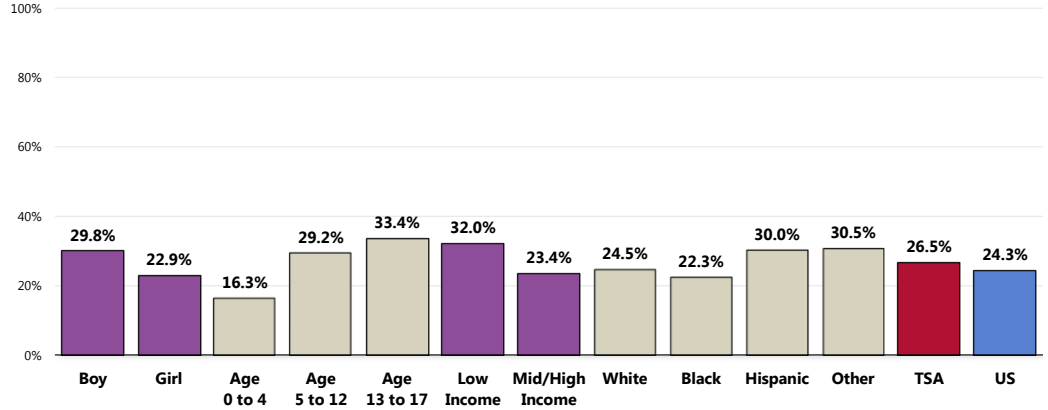
**In taking into account either of the above, a total of 26.5% of Total Service Area children have a chronic condition requiring either prescriptions or special therapies.**

- Comparable to that found nationwide.

This is more prevalent among:

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

## Child Has a Chronic Condition That Requires Either Prescription(s) OR Special Therapy (Total Service Area, 2013)



Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 168]  
 • 2012 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

Note: • Asked of all respondents.

• 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. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

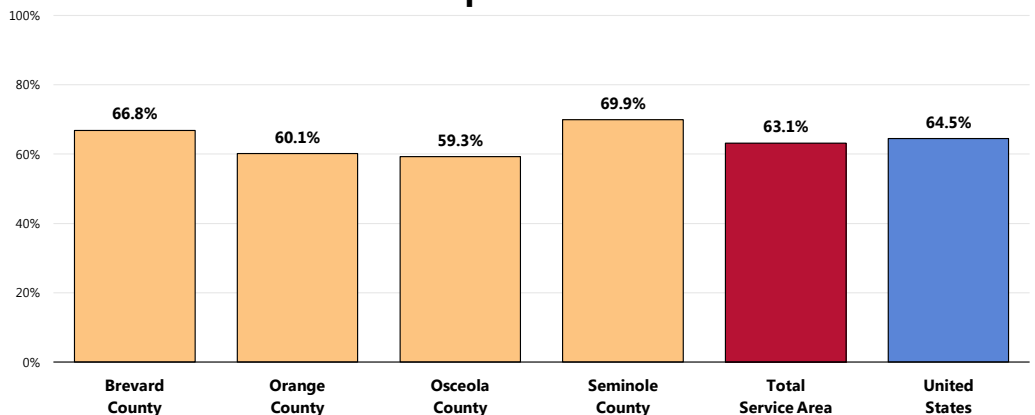
## Special Health Needs

### Prevalence of Special Health Needs

**In all, 63.1% of children (age 0-17) in the service area are determined to have special health needs** (meaning that they are reported to have one or more of the chronic disease conditions tested in the survey or any another chronic condition not specifically tested).

- Similar to national findings.
- Unfavorably high in Seminole County.

## Child Has a Special Health Need



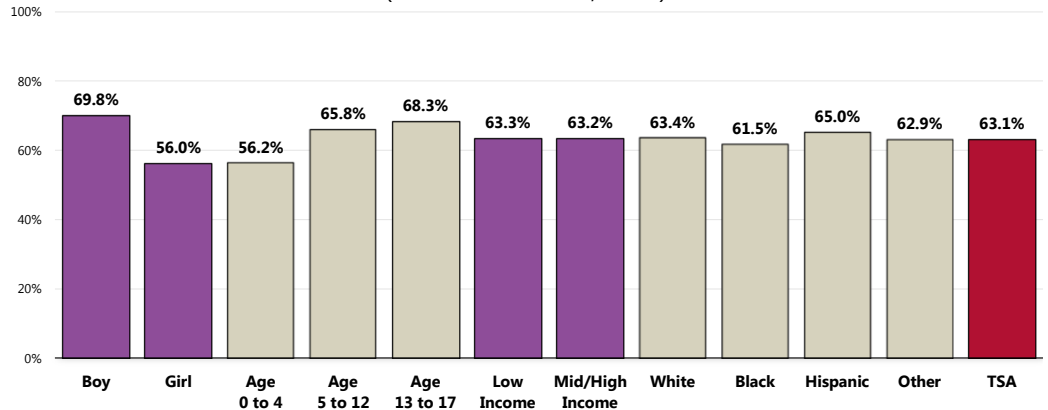
Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 163]

• 2013 PRC National Child & Adolescent Survey, Professional Research Consultants, Inc.

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

Special health needs are more prevalent among boys and children age 5 and older (note the positive correlation with age).

### Child Has a Special Health Need (Total Service Area, 2013)



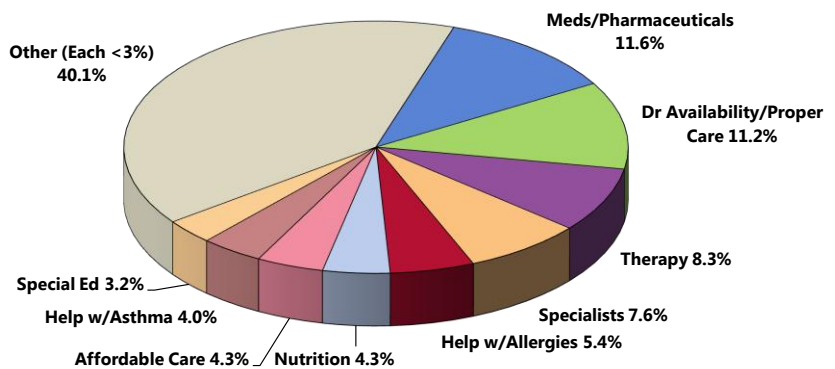
Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 163]  
 Note: • Includes respondents reporting a child's diagnosis of any medical condition specifically measured in the survey, as well as any other not specifically addressed.  
 • Hispanics can be of 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. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

### Child's & Parent's Needs

A total of 11.6% of Total Service Area parents of children with special health needs (as defined previously) identified medications/pharmaceutical supplies as their greatest need for this child.

- Other common needs mentioned by parents included physician availability/proper care, various types of therapy, specialists, help in dealing with allergies, nutrition, affordable care, help with asthma, and special education.
- Note that these data exclude the 41.1% of respondents who were uncertain or said "nothing."

### Respondents' Greatest Need for Child With Special Needs (Among Total Service Area Children With Special Health Needs, 2013)



Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 70]  
 Notes: • Asked of all respondents whose child has special health needs; excludes those who were uncertain or unable to provide a response.

*"What is your greatest need for your child with special needs?"  
 [In this case, the term "special needs" includes children reported to have any of the chronic disease conditions tested in the survey.]*

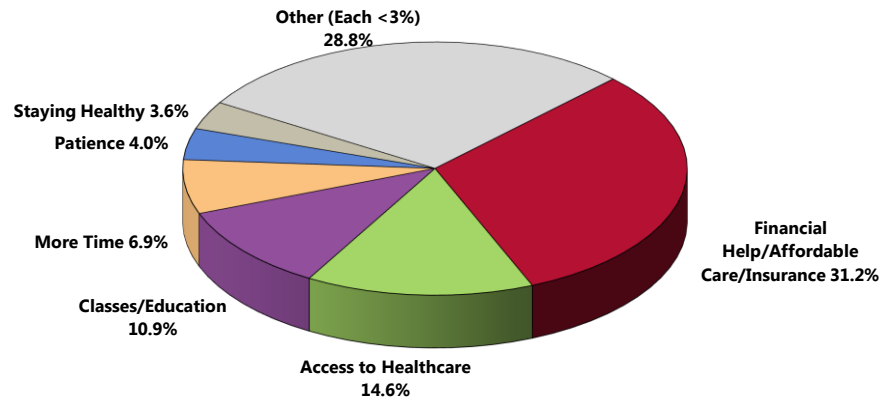
*“What is your greatest need for yourself in helping to take care of your child with special needs?”*

With regard to the greatest needs of parents themselves in taking care of their child with special health needs, the largest share of responses was for financial help (31.2%, including references to “insurance” and “affordable care”).

- Other needs often mentioned by these parents of children with special needs included access to healthcare services, classes/education, more time, patience, and the need for the respondent to stay healthy.
- Note that these data exclude the 25.4% of respondents who were uncertain or said “nothing.”

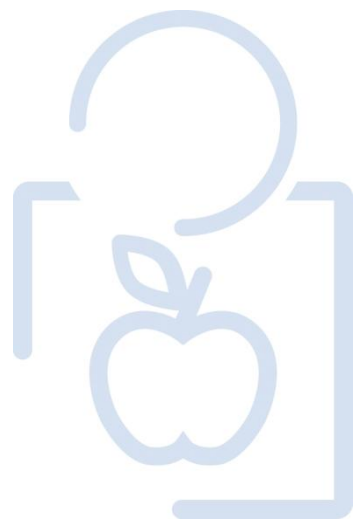
### Respondents’ Greatest Need for Self in Caring for Child With Special Health Needs

(Among Total Service Area Children With Special Health Needs, 2013)



Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 71]  
Notes: • Asked of all respondents whose child has special health needs; excludes those who were uncertain or unable to provide a response.

# PRENATAL & INFANT HEALTH



# Prenatal Care

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

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

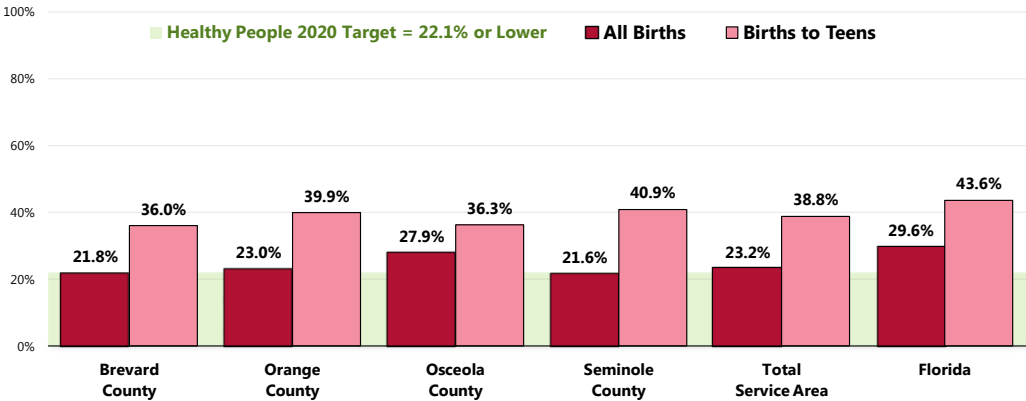
– Healthy People 2020 ([www.healthypeople.gov](http://www.healthypeople.gov))

Early and continuous prenatal care is the best assurance of infant health.

**Between 2009 and 2011, 23.2% of all Total Service Area births did not receive prenatal care in the first trimester of pregnancy.**

- More favorable than the Florida proportion.
  - Similar to the Healthy People 2020 target (22.1% or lower).
  - Highest in Osceola County.
- 👤 As might be expected, these percentages are considerably higher in teen births.

**Lack of Prenatal Care in the First Trimester**  
(Percentage of Live Births, 2009-2011)



Sources: ● Florida Department of Health  
● US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective MICH-10.1]  
Note: ● Numbers are a percentage of all live births within each population.

# Low-Weight Births

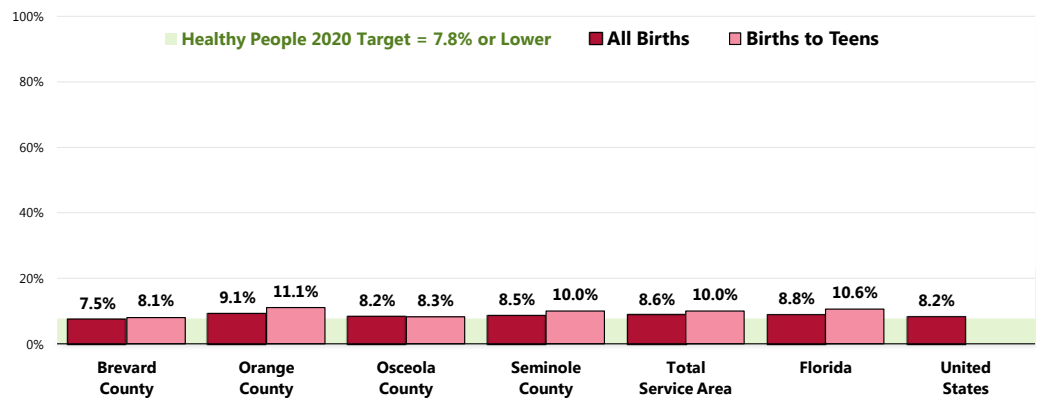
Low birthweight babies, those who weigh less than 2,500 grams (5 pounds, 8 ounces) at birth, are much more prone to illness and neonatal death than are babies of normal birthweight.

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

## A total of 8.6% of 2009-2011 Total Service Area births were low-weight.

- Similar to the Florida proportion.
  - Similar to the national proportion.
  - Fails to satisfy the Healthy People 2020 target (7.8% or lower).
  - Higher in Orange County, lower in Brevard County.
- 👩👧👦 The prevalence of low-weight births is slightly higher among teen mothers.

**Low-Weight Births**  
(Percentage of Live Births, 2009-2011)



Sources:
 

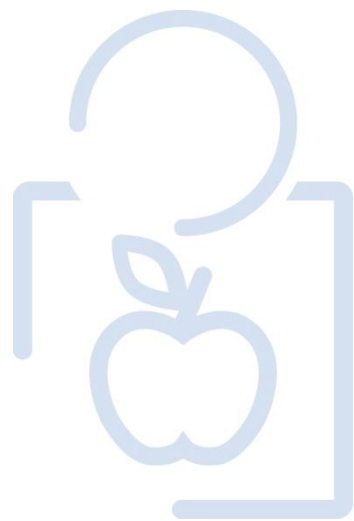
- Florida Department of Health
- Centers for Disease Control and Prevention, National Vital Statistics System.
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective MICH-8.1]

 Note:
 

- Numbers are a percentage of all live births within each population.
- Defined as an infant born weighing less than 5.5 pounds (2,500 grams) regardless of gestational age.



# CHILD & ADOLESCENT MORTALITY



# Mortality Rates

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

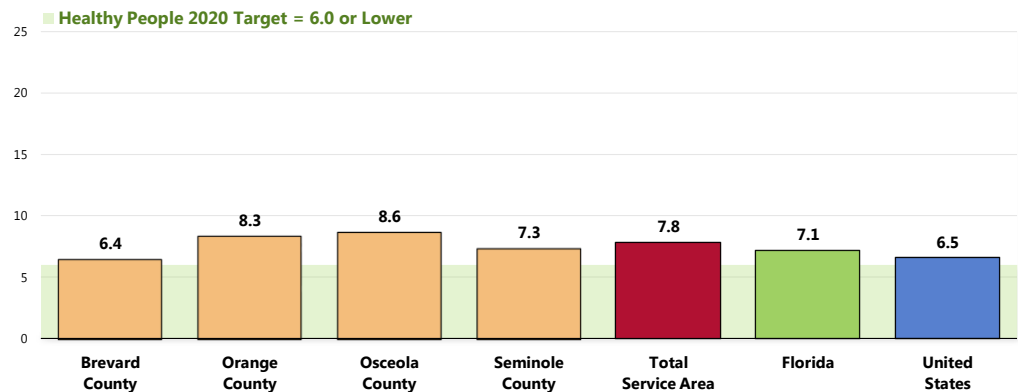
## Infant Mortality

Between 2008 and 2010, there was an annual average of 7.8 infant deaths per 1,000 live births in the Total Service Area.

- Above the Florida rate.
- Above the national rate.
- Fail to satisfy the Healthy People 2020 target of 6.0 per 1,000 live births.
- Higher in Orange and Osceola counties.

### Infant Mortality Rate

(2008-2010 Annual Average Infant Deaths per 1,000 Live Births)

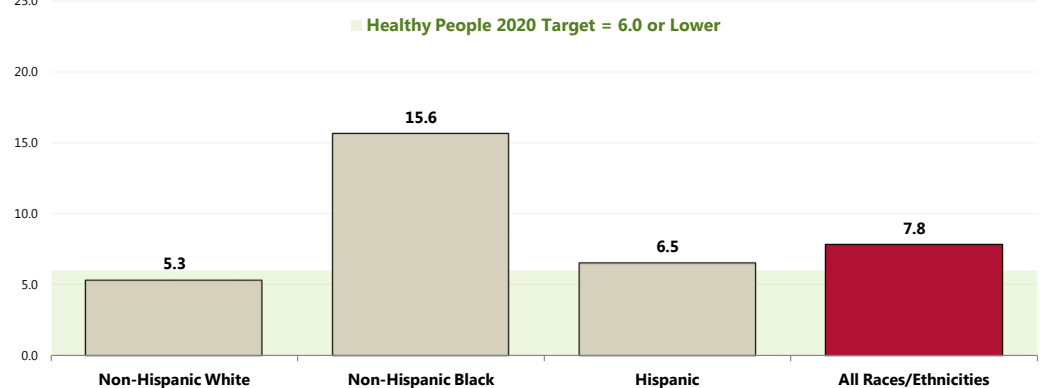


Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted March 2013.  
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective MICH-1.3]  
 Notes: • Rates are three-year averages of deaths of children under 1 year old per 1,000 live births.

Infant mortality is particularly high in Non-Hispanic African American births.

### Infant Mortality Rate

(2008-2010 Annual Average Infant Deaths per 1,000 Live Births, Total Service Area)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted March 2013.  
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective MICH-1.3]  
 Notes: • Rates are three-year averages of deaths of children under 1 year old per 1,000 live births.

## Child & Adolescent Mortality

Between 2008 and 2010, the Total Service Area reported an annual average of 35.7 child deaths (age 1 to 4) per 100,000 population.

- Worse than the Florida rate.
- Worse than the national rate.
- Fails to satisfy the Healthy People 2020 target of 25.7 per 100,000 population.

With regard to children age 5 to 9, the area's crude death rate was 8.9 per 100,000 population.

- Better than either state rates.
- Better than the national rate.
- Satisfies the Healthy People 2020 goal of 12.3 deaths per 100,000 population.

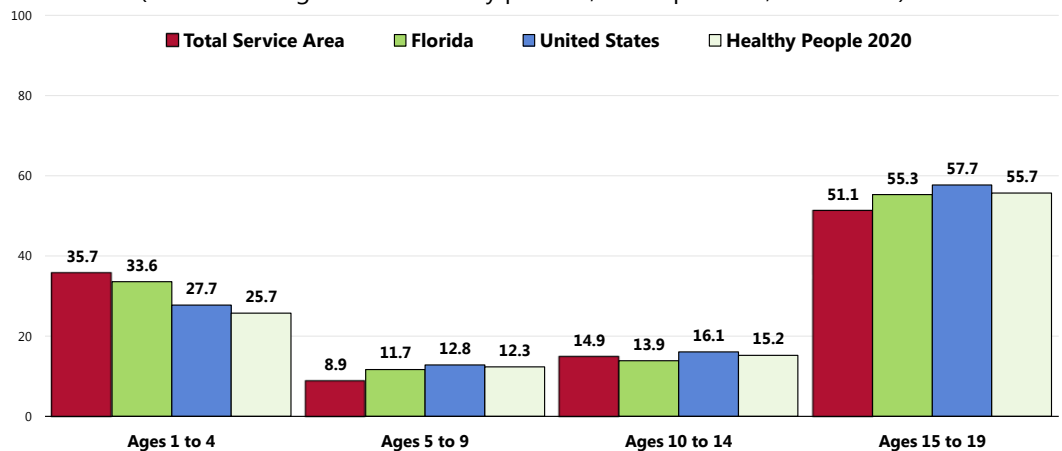
Among Total Service Area youth age 10 to 14, the 2008-2010 crude death rate was 14.9 per 100,000 population.

- Less favorable than the Florida rate.
- Better than the national rate.
- Similar to the related Healthy People 2020 goal of 15.2 deaths per 100,000 population.

Among area teens (age 15 to 19), the crude death rate was 51.1.

- Lower than the Florida rate.
- Lower than the national rate.
- Satisfies the related Healthy People 2020 goal of 55.7 deaths per 100,000 population.

### Child & Adolescent Mortality Rates by Age Group (Annual Average Child Mortality per 100,000 Population; 2008-2010)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted March 2013.  
• US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective MICH-3.1]

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

# Leading Causes of Child Deaths

The predominant cause of death between 2008 and 2010 for Total Service Area children under one year of age was **perinatal conditions** (certain conditions occurring in the perinatal period, usually low birthweight, preterm birth, and complications of pregnancy, labor and delivery).

- Other leading causes of death for infants included **congenital conditions** (including congenital malformations, deformations and chromosomal abnormalities) and **accidents**.

**Accidents** were the number-one leading cause of death for Total Service Area children age 1 through 19.

- Among children age 1-4, **congenital conditions** and **homicide** followed accidents as the leading causes of death.
- For children age 5-9, **cancer** followed accidents as the leading cause of death.
- Among those age 10-14, **congenital conditions** and **heart disease** followed accidents.
- **Firearms** (mainly homicide) and **suicide** followed accidents (which were mainly motor vehicle) as the leading causes of death for Total Service Area teens (15-19).

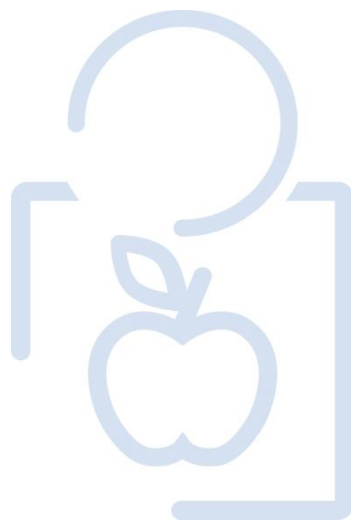
See also Injury & Safety in the Modifiable Health Risks section of this report.

## Leading Causes of Child Deaths by Age Group (Total Service Area, 2008-2010)

Total Service Area	Under 1 Year	Age 1 to 4	Age 5 to 9	Age 10 to 14	Age 15 to 19
Number-One Leading Cause	<b>Perinatal Conditions*</b>	<b>Accidents</b>	<b>Accidents</b>	<b>Accidents</b>	<b>Accidents</b> (Mainly Motor Vehicle)
Number-Two Leading Cause	Congenital Conditions**	Congenital Conditions**	Cancer	Congenital Conditions**	<b>Firearm-Related</b> (Mainly Homicide)
Number-Three Leading Cause	Accidents	Homicide		Heart Disease	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 March 2013.  
 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

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

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

Americans with a healthful diet:

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

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

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

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

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

Social factors thought to influence diet include:

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

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

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

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

– Healthy People 2020 ([www.healthypeople.gov](http://www.healthypeople.gov))

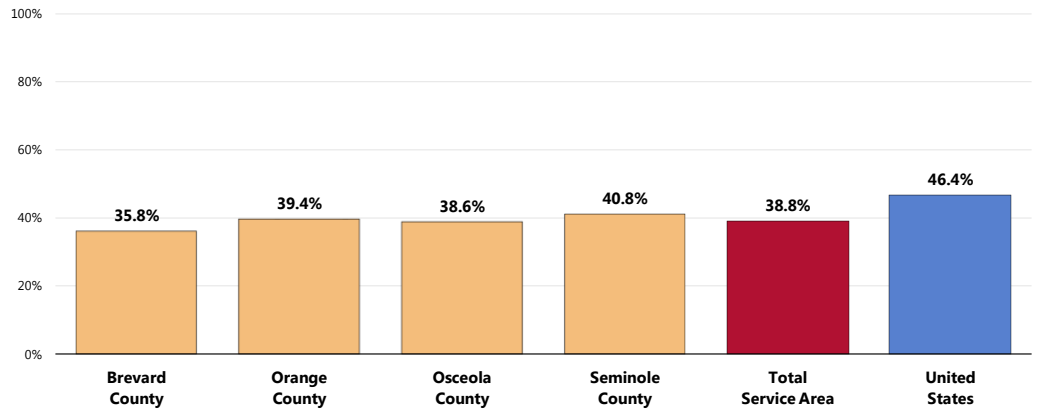
## Fruit & Vegetable Consumption

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

**A total of 38.8% of Total Service Area respondents report that their child eats five or more servings of fruits and/or vegetables per day.**

- Lower than the national prevalence.
- Similar among the individual counties.

### Child Has Five or More Servings of Fruits/Vegetables per Day (Children Age 2-17)

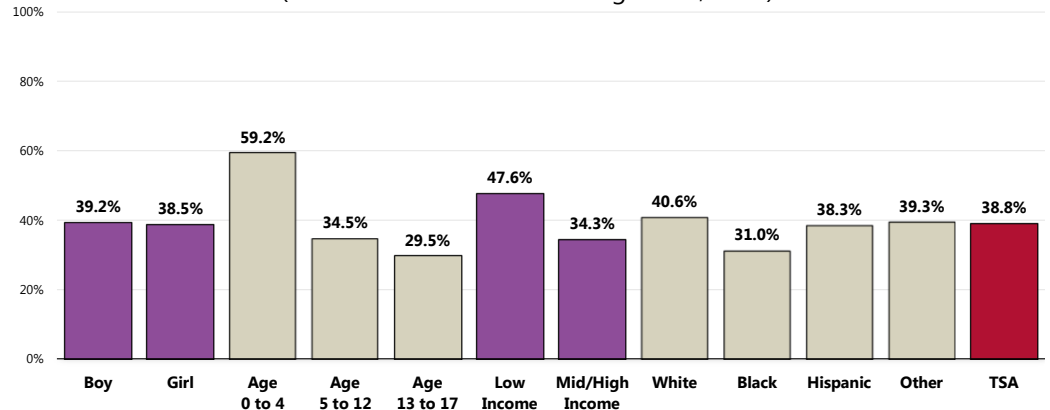


Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 160]  
 • 2012 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

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

👥 Total Service Area children aged 5 and older are reported to be less likely to get the recommended daily servings of fruits and vegetables, as are mid/high-income children and African American children.

### Child Has Five or More Servings of Fruits/Vegetables per Day (Total Service Area Children Age 2-17, 2013)



Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 160]

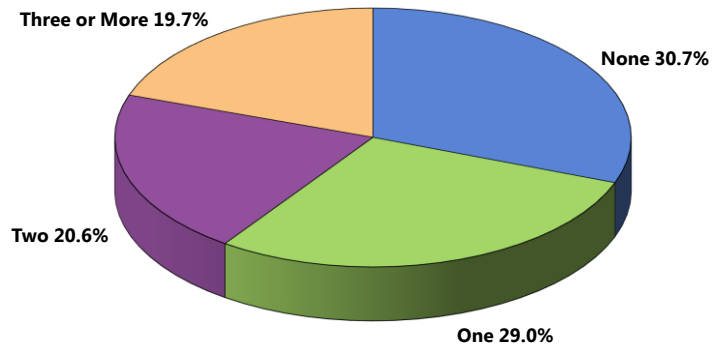
Notes: • Asked of all respondents about a randomly-selected child in the household.  
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).  
 • Income categories reflect respondent's household income as a ratio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

## Fast Food

*"In the past 7 days, how many meals would you say this child has eaten from 'fast food' restaurants? Please include breakfasts, lunches and dinner."*

**A total of 30.7% of survey respondents report that their child (age 2-17) had no "fast food" meals in the past week.**

**Number of Fast Food Meals for Child in the Past Week**  
(Total Service Area Children Age 2-17, 2013)

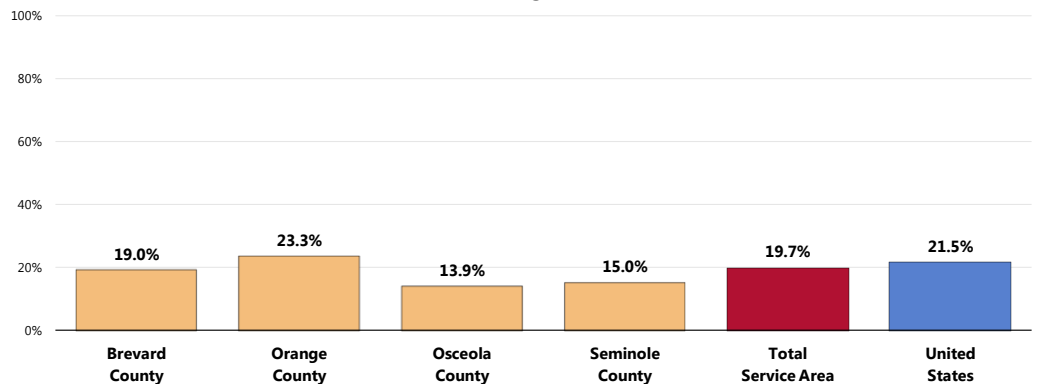


Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 122]  
Notes: • Asked of respondents for whom the randomly selected child in the household is between the ages of 2 and 17.

**However, one in five (19.7%) acknowledges that their child had three or more meals from "fast food" restaurants in the past week.**


- Similar to national findings.
- Unfavorably high in Orange County.

**Child Had Three or More Fast Food Meals in the Past Week**  
(Children Age 2-17)

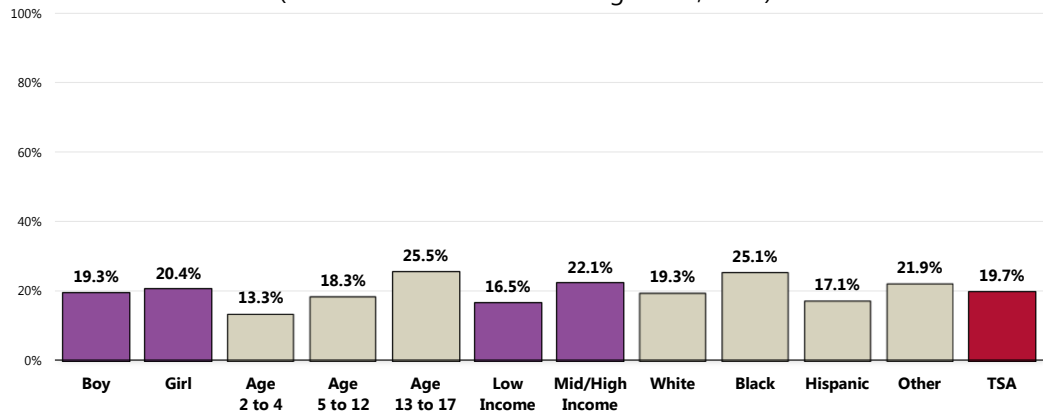


Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 122]  
• 2012 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.  
Notes: • Asked of respondents for whom the randomly selected child in the household is between the ages of 2 and 17.



 The prevalence increases with age and income in the Total Service Area.

## Child Had Three or More Fast Food Meals in the Past Week (Total Service Area Children Age 2-17, 2013)



Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 122]  
 Notes: • Asked of 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. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

## Breastfeeding & Breast Milk

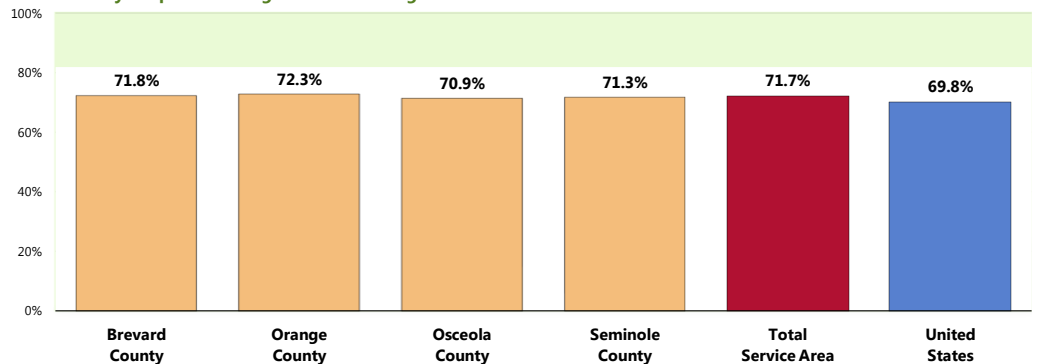
*"For the next question, I would like you to think back to when this child was an infant. As best you can recall, was this child ever breast-fed or fed using breast milk?"*

**A total of 71.7% of Total Service Area children (age 0 to 17) were ever breastfed or fed using breast milk (regardless of duration).**

- Similar to national findings.
- Fails to satisfy the Healthy People 2020 objective (81.9% or higher).
- No difference by county.

## Child Was Ever Breastfed/Fed Breast Milk as an Infant

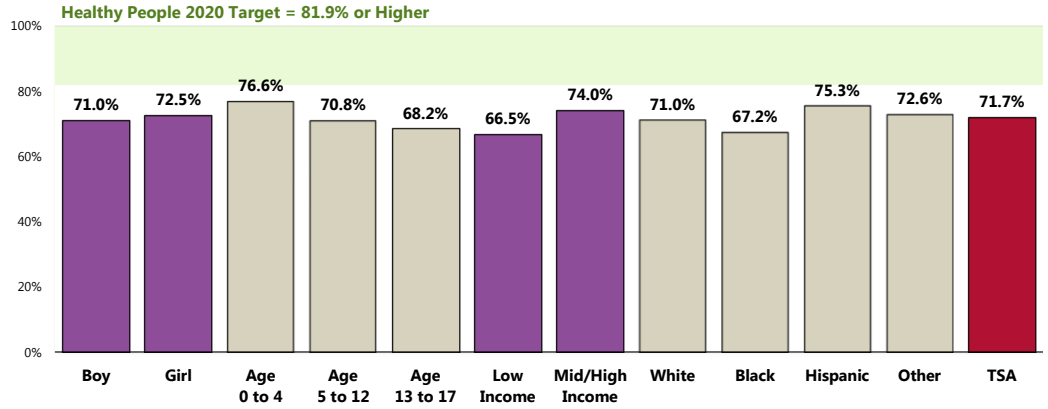
Healthy People 2020 Target = 81.9% or Higher



Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 127]  
 • 2012 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.  
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective MICH-2.1]  
 Notes: • Asked of all respondents.

👤 Breastfeeding is less common in the Total Service Area among low-income households, and is more prevalent among new mothers than among those whose children were infants 5 to 17 years ago.

## Child Was Ever Breastfed/Fed Breast Milk as an Infant (Total Service Area, 2013)



- Sources:
- 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 127]
  - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective MICH-2.1]
- Notes:
- Asked of all respondents.
  - Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
  - Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

# Physical Activity

*"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?"*

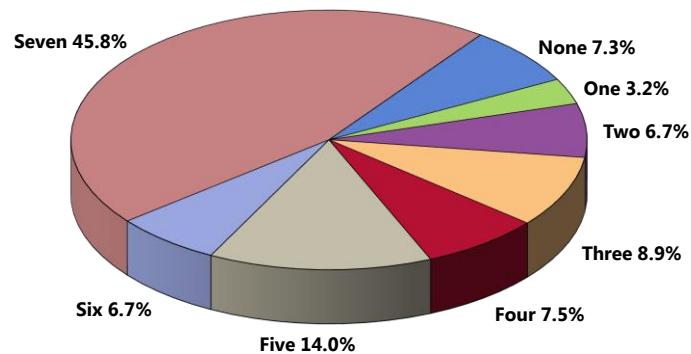
## Recommended Physical Activity

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

— Centers for Disease Control & Prevention (CDC)

**Among children age 2-17 in the Total Service Area, 45.8% are reported to have had one hour of physical activity on each of the seven days preceding the interview.**

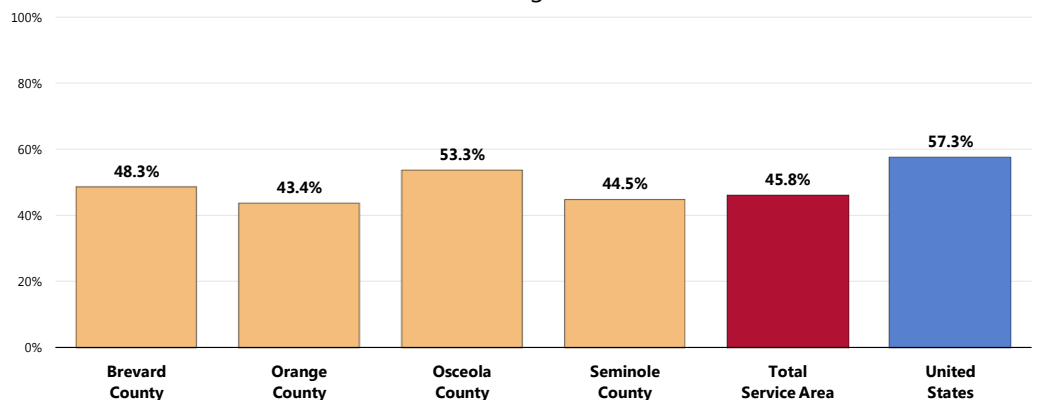
**Number of Days in the Past Week on Which Child Was Active for One Hour or Longer**  
(Total Service Area Children Age 2-17, 2013)



Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 119]  
Notes: • Asked of respondents for whom the randomly selected child in the household is between the ages of 2 and 17.

- Less favorable than the national figure.
- Statistically similar by county.

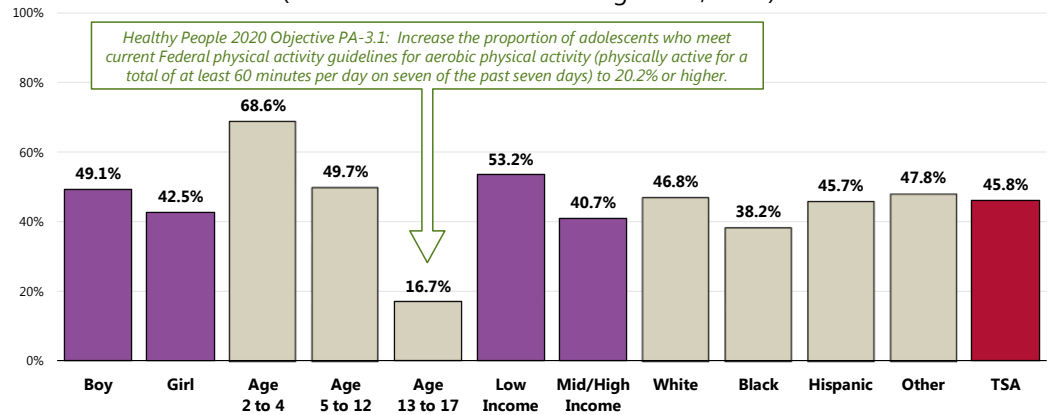
**Child Was Physically Active for One Hour or Longer on Every Day of the Past Week**  
(Children Age 2-17)



Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 119]  
• 2012 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 2 and 17.

- Lower levels of physical activity in the Total Service Area are found among girls, teens, and children in middle/high-income households.
- Note that the Total Service Area proportion among adolescents age 13-17 currently fails to satisfy the related Healthy People 2020 objective.

### Child Was Physically Active for One Hour or Longer on Every Day of the Past Week (Total Service Area Children Age 2-17, 2013)



Sources:
 

- 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 119]
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective PA-3.1]

 Notes:
 

- Asked of 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. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

## Physical Activity Frequency & Duration

Note:

- The term "moderate physical activity" includes 30 minutes of activity that does not make a child breathe hard, such as fast walking, slow bicycling, skating, or pushing a lawn mower.
- The term "vigorous physical activity," includes exercise for 20 minutes that makes a child breathe hard, such as basketball, soccer, running, swimming laps, fast bicycling, fast dancing, or similar aerobic activities).

**A total of 48.2% of area children age 2-17 participated in "moderate activity"** (for at least 30 minutes at a time) **on five or more of the preceding seven days.**

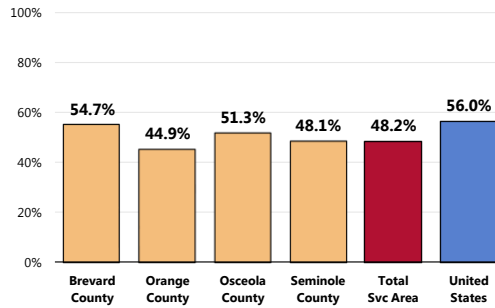
- Lower than the national figure.
- Highest in Brevard County; lowest in Orange County.

**A total of 65.8% of area children age 2-17 participated in "vigorous activity"** (for at least 20 minutes at a time) **on three or more of the preceding seven days.**

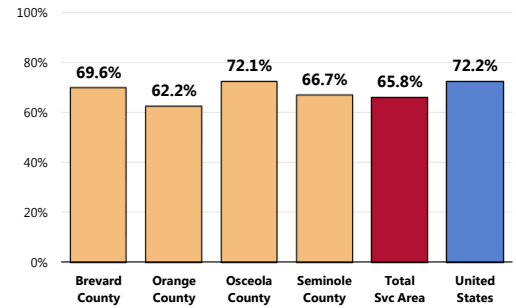
- Less favorable than national findings.
- Unfavorably low in Orange County.

## Children's Physical Activity (Children Age 2-17)

**Moderate-Intensity Physical Activity on Five or More Days in the Past Week for at Least 30 Minutes at a Time**



**Vigorous-Intensity Physical Activity on Three or More Days in the Past Week for at Least 20 Minutes at a Time**

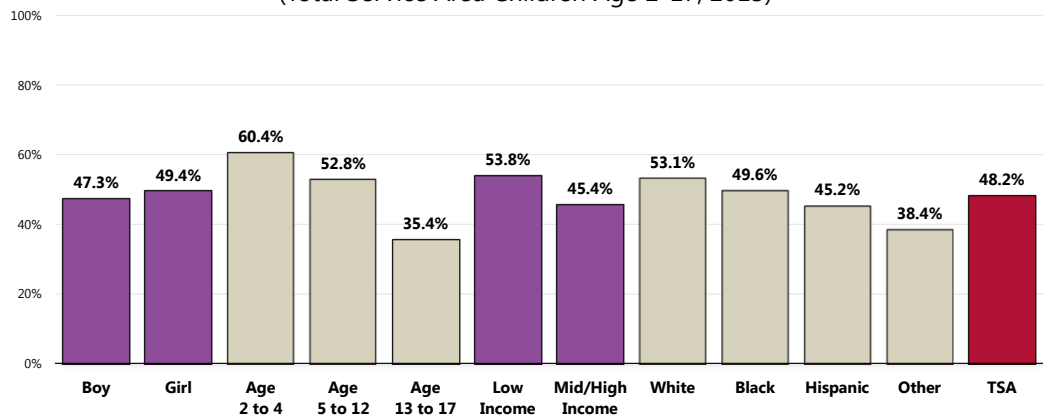


- Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Items 166-167]  
 • 2012 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
- Notes: • Asked of respondents for whom the randomly selected child in the household is between the ages of 2 and 17.  
 • Moderate-intensity physical activity includes exercise which does not make the child breathe hard, such as fast walking, slow bicycling, skating or pushing a lawnmower.  
 • Vigorous-intensity physical activity includes exercise which causes the child to breathe hard such as basketball, soccer, running, swimming laps, fast bicycling, fast dancing, or similar aerobic activities.

Those less likely to participate in **moderate** physical activity include:

- 👥 Teens (note the negative correlation with age).
- 👥 Children in mid/high-income households.
- 👥 Hispanic children and those of "Other" races.

### Child Engaged in Moderate Physical Activity on Five or More Days in the Past Week for at Least 30 Minutes at a Time (Total Service Area Children Age 2-17, 2013)

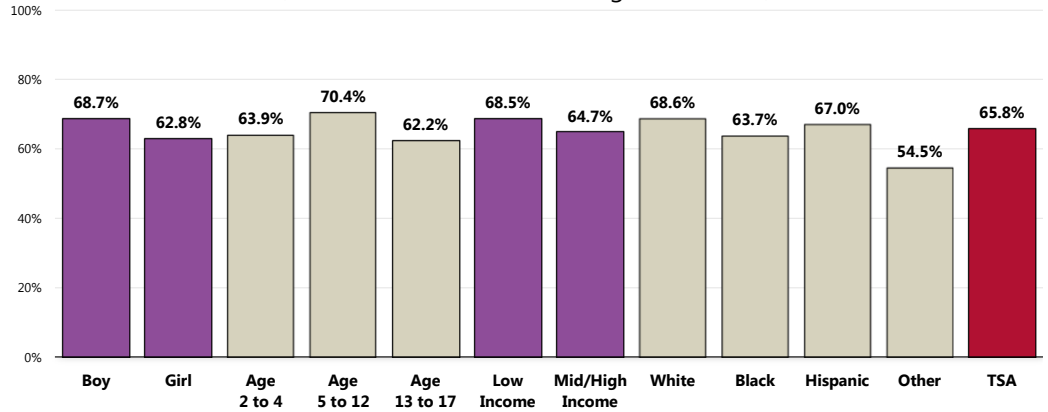


- Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 166]
- Notes: • Asked of respondents for whom the randomly selected child in the household is between the ages of 2 and 17.  
 • Moderate-intensity physical activity includes exercise which does not make the child breathe hard, such as fast walking, slow bicycling, skating or pushing a lawnmower.  
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).  
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Those less likely to participate in regular, sustained **vigorous** physical activity include:

- 👥 Girls.
- 👥 Children age 2 to 4 and teens.
- 👥 "Other" race children.

## Child Engaged in Vigorous Physical Activity on Three or More Days in the Past Week for at Least 20 Minutes at a Time (Total Service Area Children Age 2-17, 2013)



Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 167]  
 Notes: • Asked of respondents for whom the randomly selected child in the household is between the ages of 2 and 17.  
 • Vigorous-intensity physical activity includes exercise which causes the child to breathe hard such as basketball, soccer, running, swimming laps, fast bicycling, fast dancing, or similar aerobic activities.  
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).  
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

## Screen Time

### Television Watching & Other Screen Time

**Among children age 5 through 17, 20.0% are reported to watch three or more hours of television per day.**

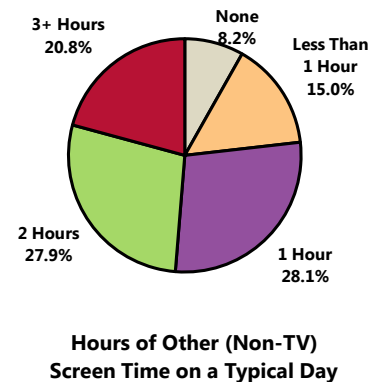
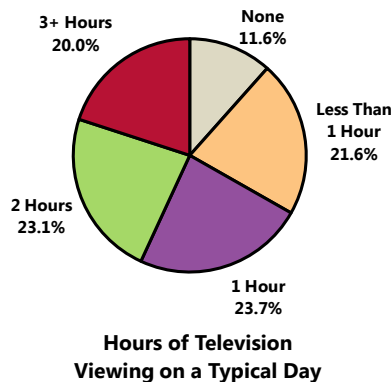
- Lower than the US prevalence (not shown).

**A total of 20.8% are reported to spend three or more hours on other types of screen time for entertainment (video games, Internet, etc.).**

- Comparable to the US prevalence (not shown).

## Television and Other Screen Time

(Total Service Area Children Age 5-17, 2013)



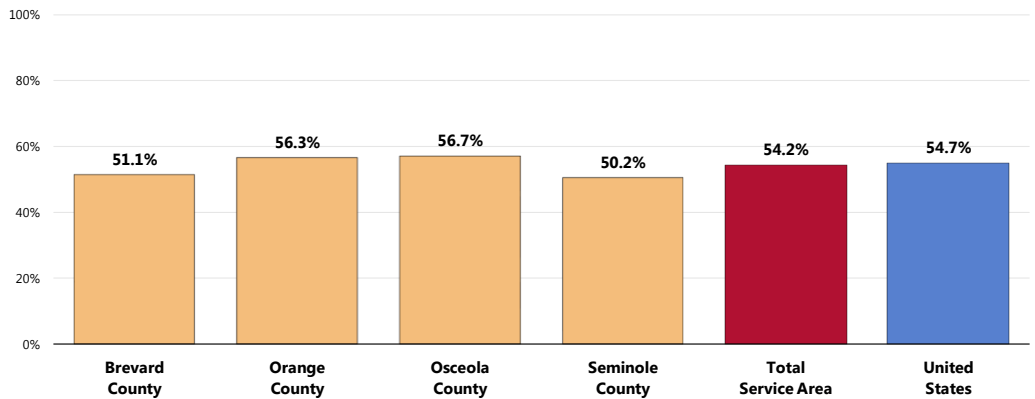
Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Items 115, 117, 143-144]  
 • 2012 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.  
 Notes: • Asked of all respondents with children age 5-17.

## Total Screen Time

Overall, 54.2% of children aged 5 to 17 spend three or more hours on screen time (whether television or computer, Internet, video games, etc.) per day.

- Almost identical to national findings.
- Statistically similar among the individual counties.

### Child Has Three or More Hours of Total Screen Time (TV, Computer, Video Games, Etc.) on a Typical Day (Children Age 5-17)

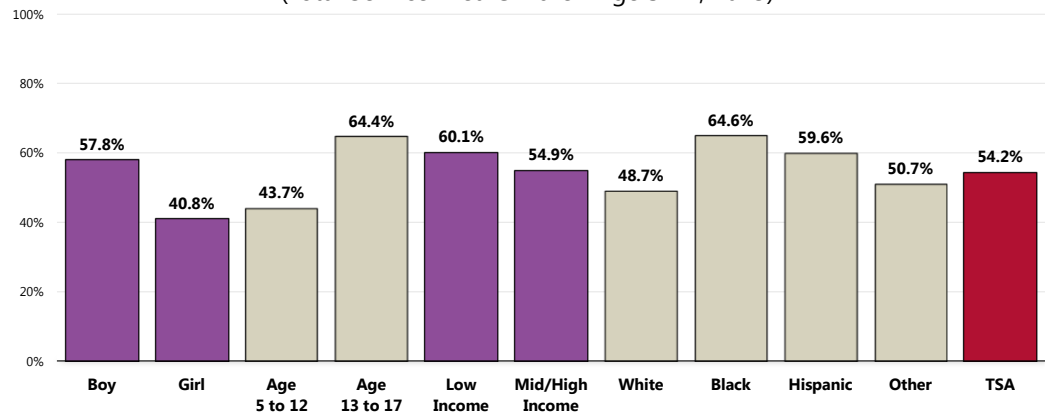


Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 145]  
 • 2012 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents with children age 5-17.  
 • Include time spent watching TV, watching videos, playing video games on the TV, playing computer video games, visiting social media sites, and surfing the internet for entertainment.

By demographic characteristics, a higher prevalence is reported by parents of Total Service Area boys, teens, African American children and Hispanic children.

### Child Has Three or More Hours of Total Screen Time (TV, Computer, Video Games, Etc.) on a Typical Day (Total Service Area Children Age 5-17, 2013)



Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 145]

Notes: • Asked of all respondents with children age 5-17.  
 • Include time spent watching TV, watching videos, playing video games on the TV, playing computer video games, visiting social media sites, and surfing the internet for entertainment.  
 • 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. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

## Media in Children's Bedrooms

**A total of 49.3% of Total Service Area school-age children (5-17) currently have a television in their bedroom.**

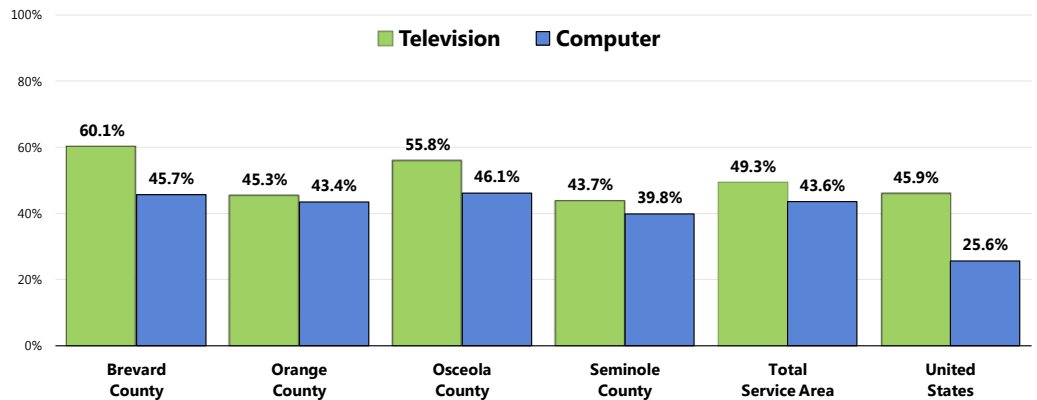
- Similar to national findings.
- Unfavorably high in Brevard County; lowest in Orange County.

**A total of 43.6% have a computer in their bedroom, including any laptops or tablets that the child may use there.**

- Much higher than the national figure.
- Similar among the individual counties.

### Child Has a Television or Computer in His/Her Bedroom

(Total Service Area Children Age 5-17, 2013)



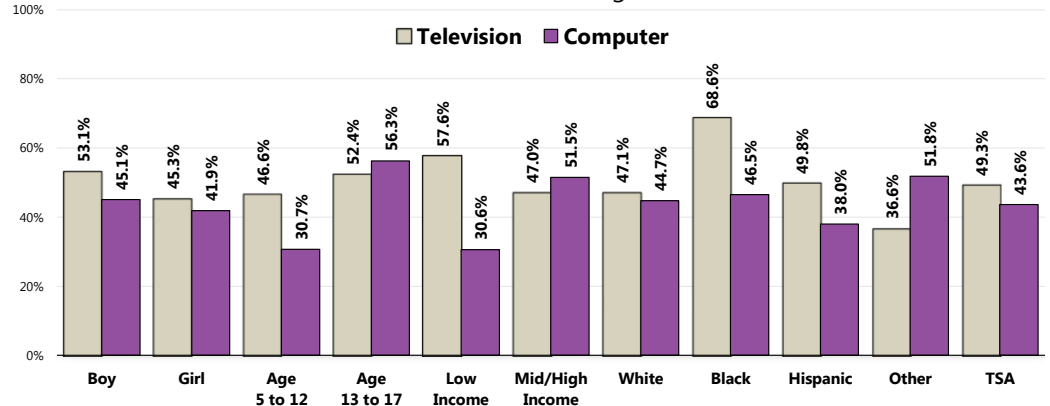
Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Items 116, 118]  
 Notes: • Asked of all respondents with children age 5-17.  
 • Includes televisions, computers, as well as any laptops or tablets that the child may use in his/her bedroom.

👤 Note that boys, teens, low-income and African American children are much more likely to have a television in their bedroom.

👤 Teens, mid/high-income and "Other" race children are more likely to have a computer in their bedroom.

### Child Has a Television or Computer in His/Her Bedroom

(Total Service Area Children Age 5-17, 2013)



Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Items 116, 118]  
 Notes: • Asked of all respondents with children age 5-17.  
 • Includes televisions, computers, as well as any laptops or tablets that the child may use in his/her bedroom.  
 • 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. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.



## Related Focus Group Findings: Physical Activity

Many focus group participants discussed the lack of physical activity in the community. The main discussion centered on:

- Inactivity
- Technology
- Transportation and cost as a barrier to organized athletics
- Safety concerns

Focus group members have concern about the **inactivity** of children and adolescents. Participants believe that this lack of activity occurs because of electronic device over-use and not for a lack of outdoor space. The relatively new reliance on **technology** continues to lower the level of physical activity occurring, as children watch more television and play more video games than ever before. Today's youth rely on electronic devices as their main communication medium, as a participant describes:

*"I remember growing up, I mean I went outside and played with friends. And now they're texting and they're sitting right next to each other, not having conversation. They're not engaging in discussion or learning." - Osceola County Key Informant*

**Organized athletics** represent an option for physical activity; however, some participants view the **cost and transportation** as roadblocks to many families. Uniforms, annual fees, and other travel expenses make some sport programs inaccessible to lower income families. In addition, some children may not have transportation to practice or games, eliminating their opportunity to participate.

*"I was thinking about when we were talking about the sports too, sports works well, right? If you have transportation and you can afford to buy the uniforms and things you do. There are a lot of children who would really like to play soccer or like to play baseball but they can't afford that and their parents can't afford it. So I think it's kind of a misnomer when we look at sports as being great. They are great, but are really the majority of the children that we're talking about involved in programs?" - Orange County Key Informant*

Attendees believe that **safety concerns** may cause some families to not allow their child to take part in outdoor activities. Some neighborhoods are not free from violence, or do not have adequate lighted areas, so children default to screen time. Other outdoor spaces are not open to the public as a respondent describes:

*"I think access too to safe play areas, lighted play areas, especially after hours, is a big consideration here; the built environment. There are so many natural beautiful places for kids to play here, but parks are closed from dusk till dawn. So the kids, they can go, but they can get in trouble if they're caught there. The schools don't allow without joint use agreements and a lot of coordination, the schools don't allow fields and gymnasiums and basketball courts and tennis courts to be used by anybody who wants to avail of them in the neighborhood. So if you have a school set in the middle of a neighborhood and a bunch of kids who want to use it, they can't." - Brevard County Key Informant*

# Body Weight

## Childhood Overweight & Obesity

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

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

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

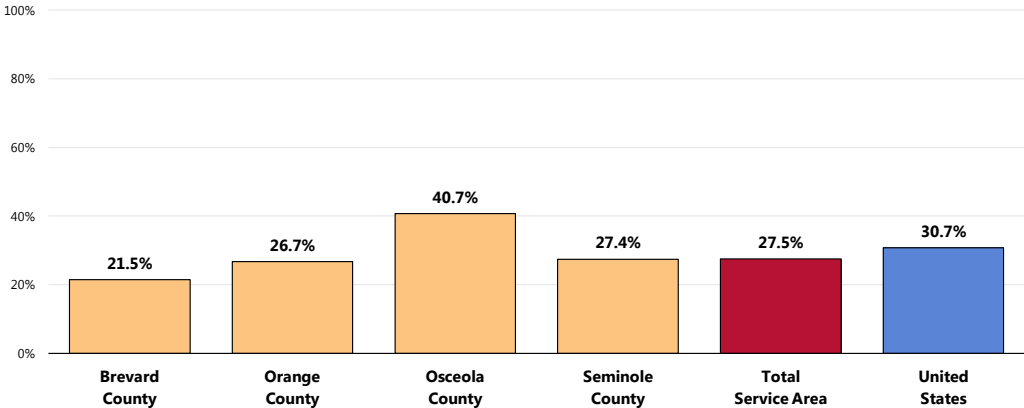
– Centers for Disease Control and Prevention

To determine children's weight status, respondents were asked the height and weight of the randomly selected child in the household. From these, PRC calculated a body mass index (BMI) value that could be compared to BMI-for-age growth charts.

**Based on the heights/weights reported by surveyed parents, 27.5% of Total Service Area children age 5 to 17 are overweight or obese (≥85th percentile).**

- Similar to national findings.
- Particularly high in Osceola County.




**Child Is Overweight or Obese**  
(Percent of Children Age 5-17 Who Are Overweight or Obese, With a Body Mass Index in the 85th Percentile or Higher)



Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 147]  
 • 2012 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.  
 • Overweight among children is determined by child's Body Mass Index status at or above the 85<sup>th</sup> percentile of US growth charts by gender and age.

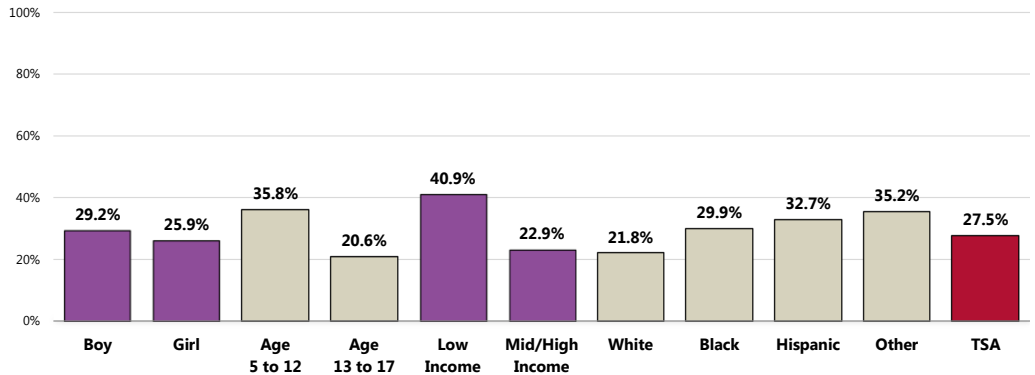
*Note that weight status could not be determined for 11.2% of children age 5-17 because respondents were unable to provide their child's height and/or weight; these children are therefore not represented in these charts and data.*

Overweight is notably higher among:

-  Children age 5 to 12.
-  Those living in low-income households.
-  Hispanic children and those of "Other" races.

### Child Is Overweight or Obese

(Percent of Children Age 5-17 Who Are Overweight or Obese, With a Body Mass Index in the 85th Percentile or Higher)



Sources: 

- 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 147]

Notes: 

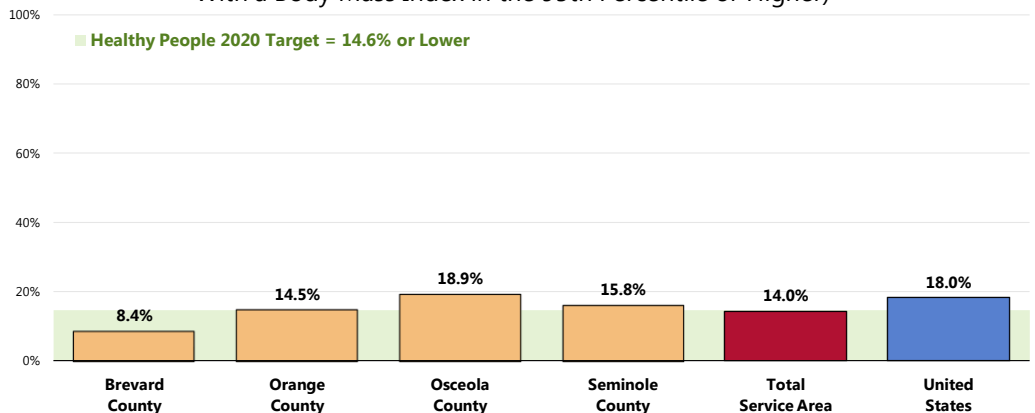
- Asked of respondents for whom the randomly selected child in the household is between the ages of 5 and 17.
- \*Represents a small sample size (<50); interpret with caution.
- Overweight among children is determined by child's Body Mass Index status at or above the 85<sup>th</sup> percentile of US growth charts by gender and age.

**A total of 14.0% of Total Service Area children age 5 to 17 are obese** ( $\geq 95^{\text{th}}$  percentile, also included in the overweight/obese findings reported previously).

- Comparable to national findings.
- Comparable to the Healthy People target (14.6% or lower).
- Lowest in Brevard County.

### Child Is Obese

(Percent of Children Age 5-17 Who Are Obese, With a Body Mass Index in the 95th Percentile or Higher)



Sources: 

- 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 147]
- 2012 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective NWS-10.4]

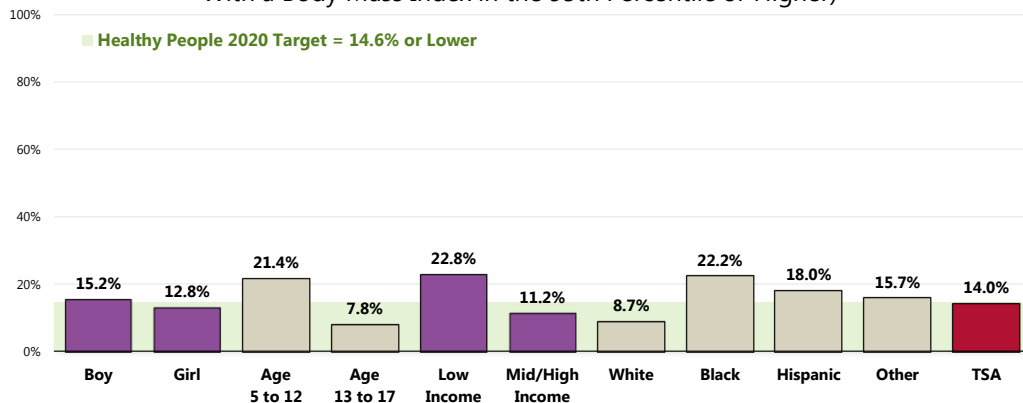
Notes: 

- Asked of respondents for whom the randomly selected child in the household is between the ages of 5 and 17.
- Obesity among children is determined by child's Body Mass Index status equal to or above the 95<sup>th</sup> percentile of US growth charts by gender and age.

👤 Obesity is notably high in young children (age 5-12), those living in low-income households, and Non-White children.

### Child Is Obese

(Percent of Children Age 5-17 Who Are Obese, With a Body Mass Index in the 95th Percentile or Higher)



Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 147]  
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective NWS-10.4]  
 Notes: • Asked of respondents for whom the randomly selected child in the household is between the ages of 5 and 17.  
 • \*Represents a small sample size (<50); interpret with caution.  
 • Obesity among children is determined by child's Body Mass Index status equal to or above the 95<sup>th</sup> percentile of US growth charts by gender and age.

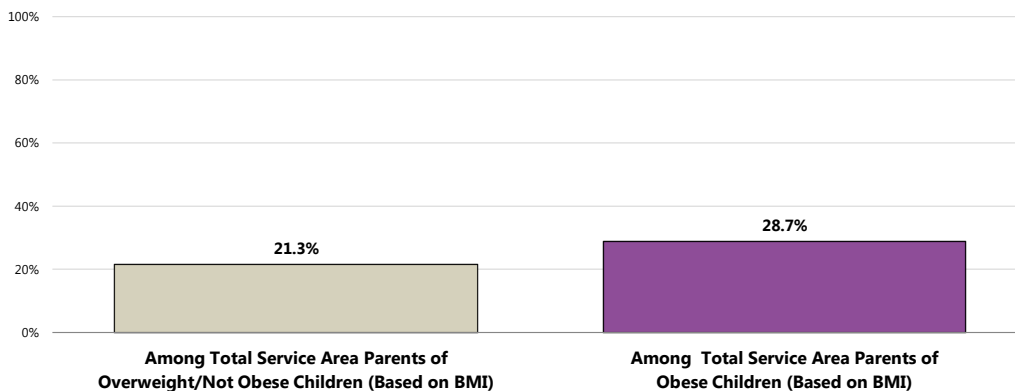
*"In the past 12 months, has a health professional or someone at your child's school told you that this child was overweight?"*

👤 Note in following chart that 21.3% of parents with an overweight/not obese school-age child has had a health professional or someone at their child's school tell them that their child is overweight.

👤 Among parents with obese children, this percentage is 28.7%.

### Parent Has Been Told in the Past Year by a School or Health Professional That Their Child Is Overweight

(Among Total Service Area Children 5-17 Who Are Overweight/Obese Based on BMI, 2013)



Sources: • 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 126]  
 Notes: • Asked of respondents for whom the randomly selected child in the household is between the ages of 5 and 17.  
 • Overweight in children is defined as a Body Mass Index (BMI) value at or above the 85<sup>th</sup> percentile of US growth charts by gender and age; obesity in children is defined as a BMI value at or above the 95<sup>th</sup> percentile.

## Perceptions of Overweight

Respondents were further asked:

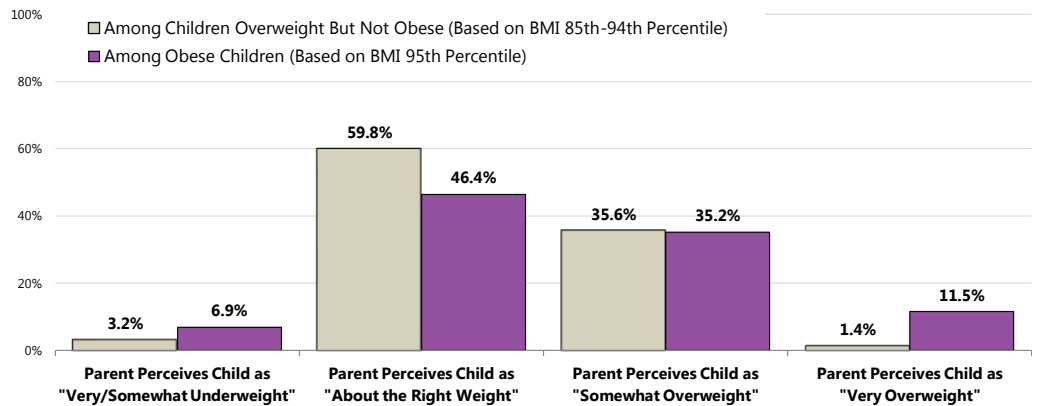
*“Would you describe this child's weight as: very underweight, somewhat underweight, about the right weight, somewhat overweight, or very overweight?”*

### Parents of overweight/obese children are often inclined to see their child as being at “about the right weight.”

- This includes 59.8% of parents with overweight (not obese) children and 46.4% of parents with obese children.
- Only 11.5% perceive their obese child to be “very overweight.”

### Children's Actual vs. Perceived Weight Status

(Among Children 5-17 Who Are Overweight/Obese Based on BMI; Total Service Area, 2013)



Sources: ● 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 125]  
Notes: ● Asked of respondents for whom the randomly selected child in the household is between the ages of 5 and 17.  
● Overweight in children is defined as a Body Mass Index (BMI) value at or above the 85<sup>th</sup> percentile of US growth charts by gender and age; obesity in children is defined as a BMI value at or above the 95<sup>th</sup> percentile.

## Related Focus Group Findings: Nutrition and Obesity

Many focus group participants discussed nutrition and obesity. The main findings include:

- Childhood obesity
- Poor eating habits
  - Food deserts
  - Fast food establishments
  - Cultural barriers
- School food
- Hunger

**Childhood obesity** represents a major concern for the key informants in the focus groups. Focus group participants worry that children are not receiving appropriate nutrition and the rise in the number of overweight and obese children alarms them. Obesity crosses all socioeconomic statuses:

*“Sometimes your economic status does not – I mean, they may be getting great healthcare. Parents may be of the mindset that they themselves don't exercise and believe in getting out and getting students involved in physical activities either after school or before school. Many of these kids are in other cultural things that don't lend themselves to exercise. So I think that sometimes we have higher socioeconomic pockets, but those students may be lacking in some of the nutrition needs. A lot of opportunities for them to just eat out every night, go to a McDonald's*

*whenever, and not get the physical exercise that they need. They're either computer games or involved in other activities.” – Brevard County Key Informant*

**Poor eating habits** stem from a variety of sources in the community. Participants describe many portions of the community as “**food deserts**,” where grocery stores are scarce but small neighborhood marts are abundant. These convenience marts may not sell produce or fresh food items, but represent the easy (if not only) choice for residents. Many families also rely on non-perishable, processed foods and the food pantries reinforce this with the food they provide.

**Fast food establishments** are also a common choice as a quick and easy option. These restaurants provide easy, low-cost choices, and their convenience factor overrules other healthier options. In addition, when parents are not engaged in healthy eating, it is difficult to teach children to eat differently.

**Cultural barriers** can also arise when it comes to eating healthily and acquiring proper nutrition. Some cultures believe that being slender evokes a negative connotation, as a participant explains:

*“It’s a barrier as you look at the cultural diets and trying to kind of explain through that and not be able to speak the language or understand the diets. But a lot of it’s built around culture and it’s a social thing. It’s just not about necessarily the meal, but about the social activity that goes along with that meal and the beliefs about eating habits. In most Hispanic populations, it’s not great to be skinny and it’s not the ideal thing. And so, you know kind of how to manage that perception and still keep the healthiness within that population.” - Osceola County Key Informant*


Other barriers occur due to the perception of unsafe foods, as an attendee describes:

*“We have a quickly diversifying and very diverse community already. So there’s just the cultural aspect of fruits and vegetables that people are used to. Then there’s also the question of in the countries of origin whether food’s trustworthy to take from other places. We learned in the one study that families from Haiti were washing their fruits and vegetables with bleach after buying them because I guess it was unsafe. So there’s a cultural component.” - Orange County Key Informant*

Focus group respondents believe that **school food** has improved, but despite the healthier options available, students still have a choice. Even though the healthy choice is available, the challenge remains overcoming what students receive in their homes.

Many attendees also have concern about the level of **hunger** in the communities and feel that hunger issues have increased in recent years. Participants know that many children may eat only one meal a day during the school week and that weekend meals remain questionable.

*“We have a lot of the kids that since we have such a high percentage of free and reduced lunch that the only food they’re getting is at school. And so that clearly isn’t enough to tide them over. In talking to the Evans Community School, for instance, a group that I belong to just provided snack cabinets there because kids were passing out on the field and in band practice and things like that cause they hadn’t eaten anything since lunch and by now it’s like 6:00 at night. And you’re probably not going to get anything at home.” – Orange County Key Informant*



Many local schools offer free or reduced-cost lunches and some have weekend backpack and summer programs. The backpack program provides children with additional food items for evenings and weekends. The Green Bag Project and the Children's Hunger Project represent two organizations working to end childhood hunger in the community.

# Injury & Safety

See also Leading Causes of Child Deaths in the Child & Adolescent Mortality section of this report.

Injuries and violence are widespread in society. Both unintentional injuries and those caused by acts of violence are among the top 15 killers for Americans of all ages. Many people accept them as “accidents,” “acts of fate,” or as “part of life.” However, most events resulting in injury, disability, or death are predictable and preventable.

Injuries are the leading cause of death for Americans ages 1 to 44, and a leading cause of disability for all ages, regardless of sex, race/ethnicity, or socioeconomic status. More than 180,000 people die from injuries each year, and approximately 1 in 10 sustains a nonfatal injury serious enough to be treated in a hospital emergency department.

Beyond their immediate health consequences, injuries and violence have a significant impact on the well-being of Americans by contributing to:

- Premature death
- Disability
- Poor mental health
- High medical costs
- Lost productivity

The effects of injuries and violence extend beyond the injured person or victim of violence to family members, friends, coworkers, employers, and communities.

Numerous factors can affect the risk of unintentional injury and violence, including individual behaviors, physical environment, access to health services (ranging from pre-hospital and acute care to rehabilitation), and social environment (from parental monitoring and supervision of youth to peer group associations, neighborhoods, and communities).

Interventions addressing these social and physical factors have the potential to prevent unintentional injuries and violence. Efforts to prevent unintentional injury may focus on:

- Modifications of the environment
- Improvements in product safety
- Legislation and enforcement
- Education and behavior change
- Technology and engineering

Efforts to prevent violence may focus on:

- Changing social norms about the acceptability of violence
- Improving problem-solving skills (for example, parenting, conflict resolution, coping)
- Changing policies to address the social and economic conditions that often give rise to violence

– Healthy People 2020 ([www.healthypeople.gov](http://www.healthypeople.gov))



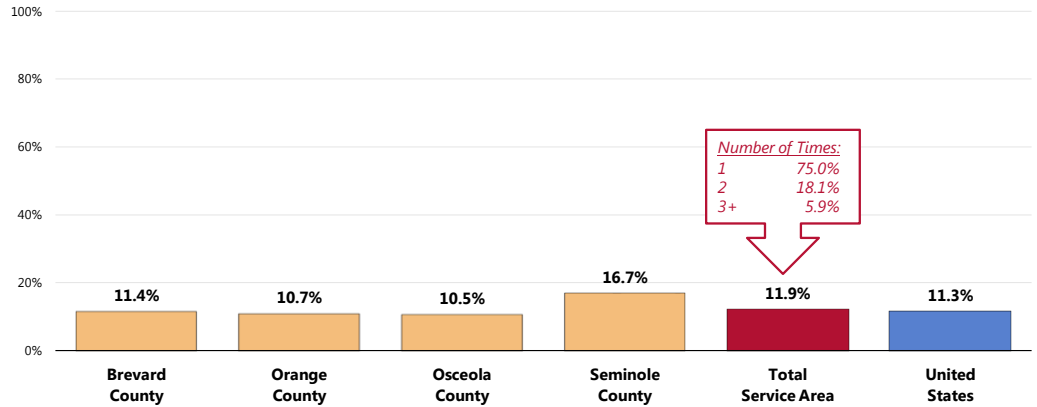
*"During the past year, has this child been injured seriously enough to need treatment from a doctor or a nurse?"*

## Receipt of Injuries

**A total of 11.9% of Total Service Area parents report that their child was injured seriously enough to need medical treatment at some point in the past year.**

- Similar to national findings.
  - Unfavorably high in Seminole County.
- 👥 Of these children, 24.0% sustained at least two injuries which were serious enough to require medical treatment in the past year.

### Child Was Injured Seriously Enough to Need Medical Treatment in the Past Two Years

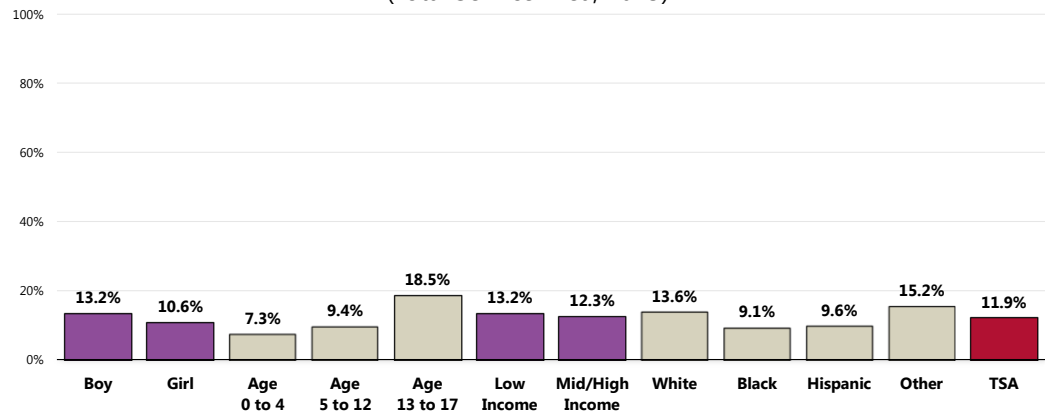


Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Items 75-76]  
 • 2012 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

- 👥 The prevalence of serious injury among Total Service Area children is highest among teens.

### Child Was Injured Seriously Enough to Need Medical Treatment in the Past Two Years (Total Service Area, 2013)



Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 75]

Notes: • Asked of all respondents.

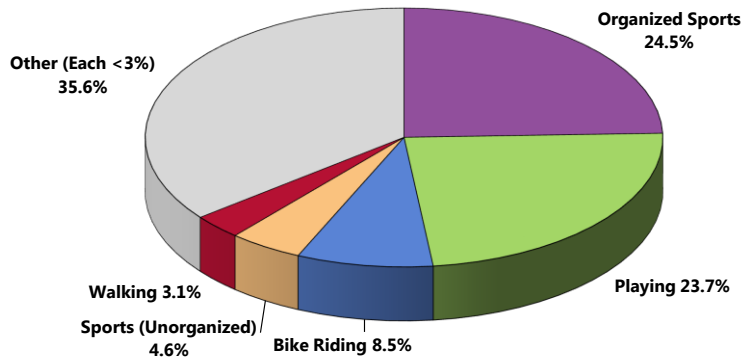
• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).

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

Of the area children who were seriously injured in the past year, 24.5% were participating in **organized sports** and 23.7% were **playing** when the injury occurred.

- Other activities mentioned less often include bike riding, unorganized sports and walking.

### Child's Activity When Most Seriously Injured in Past Two Years (Among Total Service Area Children Seriously Injured in the Past Two Years, 2013)

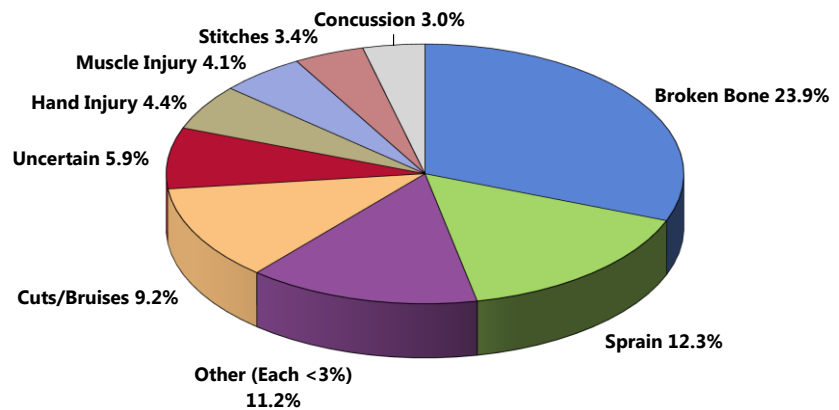


Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 77]  
Notes: • Asked of respondents for whom the randomly selected child in the household was seriously injured in the past two years.

With regard to the type of injury sustained, the largest share of responses was for **broken bones** (mentioned by 23.9%), followed by **sprains** (12.3%) and **cuts/bruises** (9.2%).

- Other injuries mentioned less often include hand injuries, muscle injuries, wounds requiring stitches, and concussions.

### Type of Injury Sustained (Among Total Service Area Children Seriously Injured in the Past Two Years, 2013)



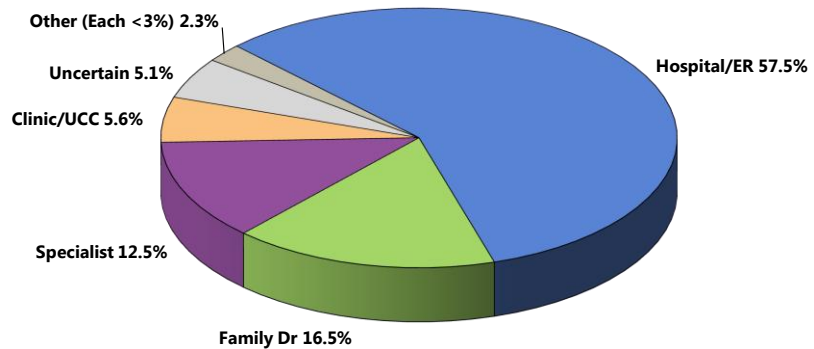
Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 78]  
Notes: • Asked of respondents for whom the randomly selected child in the household was seriously injured in the past two years.

When asked where they sought help for their injured child, 57.5% of parents mentioned a **hospital or emergency room**.

- Other sites for medical care included **family physicians** (mentioned by 16.5%), **specialists** (12.5%), and **urgent care centers** (5.6%).

### Source for Help After the Injury

(Among Total Service Area Children Seriously Injured in the Past Two Years, 2013)



Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 79]  
 Notes: • Asked of respondents for whom the randomly selected child in the household was seriously injured in the past two years.

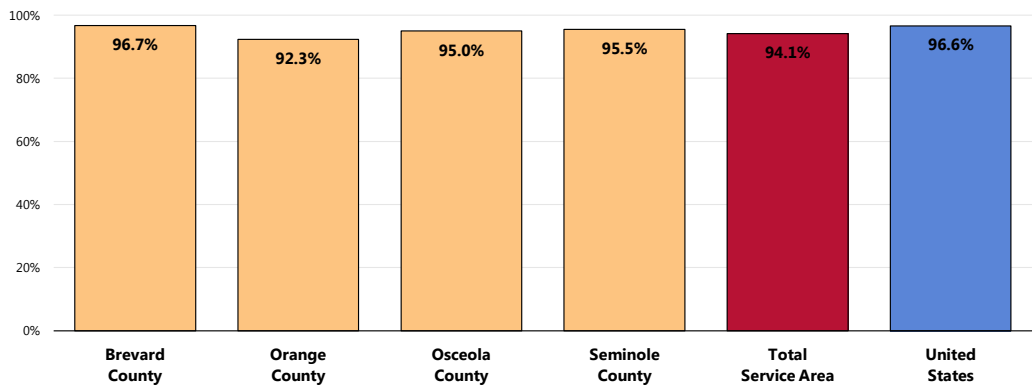
## Injury Control

### Car Seats & Seat Belts

**A total of 94.1% of Total Service Area parents report that their child (age 0 to 17) “always” wears a seat belt (or appropriate car seat for younger children) when riding in a vehicle.**

- Lower than national findings.
- Highest in Brevard County; lowest in Orange County.

### Child “Always” Wears a Seatbelt or Appropriate Restraint When Riding in a Vehicle

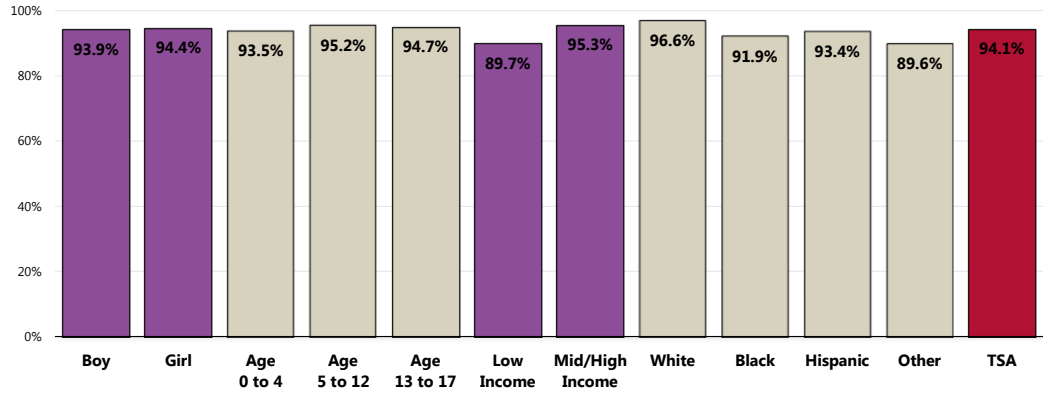


Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Items 80]  
 • 2012 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.  
 Notes: • Asked of all respondents.

👤 The prevalence is lower among children in low-income households and “Other” race children.

## Child “Always” Wears a Seatbelt or Appropriate Restraint When Riding in a Vehicle

(Total Service Area, 2013)



Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 80]

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. “Low Income” includes households with incomes up to 200% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.

## Helmet Use

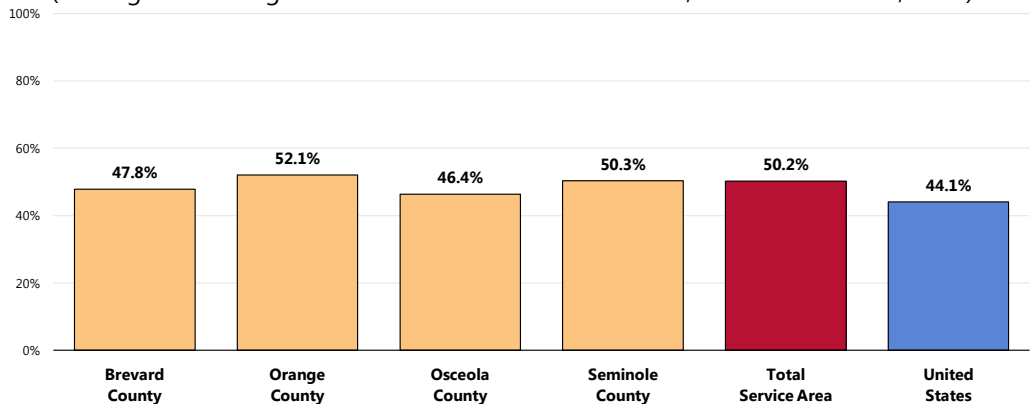
### Bicycles

Among Total Service Area school-age children who rode a bicycle in the past year, 50.2% “always” wore a helmet.

- Higher than the US prevalence.
- Statistically similar by county.

## Child “Always” Wore a Helmet When Riding a Bicycle in the Past Year

(Among Children Age 5-17 Who Rode a Bike in Past Year; Total Service Area, 2013)



Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 81]

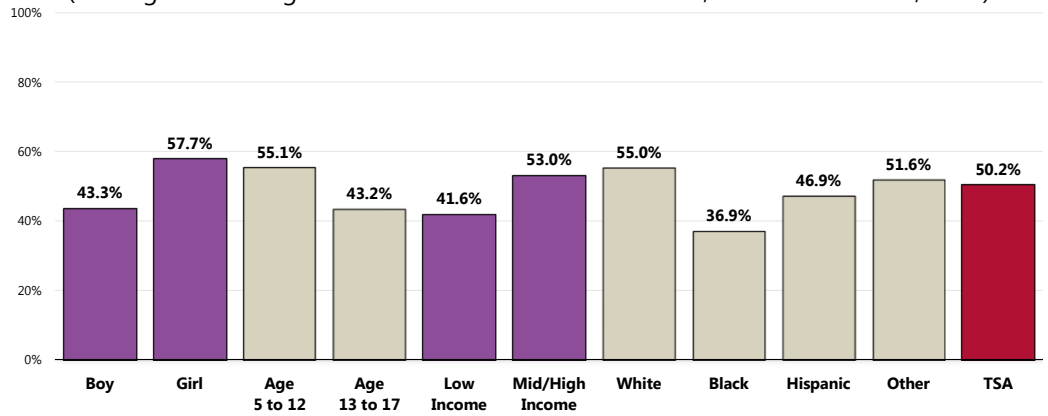
• 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of respondents for whom the randomly selected child in the household is between the ages of 5 and 17 and who rode a bicycle in the past year; excludes the 40.7% of children who did not ride a bicycle in the past year.

👤 Bike helmet usage is notably low among boys, teens, children in low-income households, African American children, and Hispanic children.

### Child "Always" Wore a Helmet When Riding a Bicycle in the Past Year

(Among Children Age 5-17 Who Rode a Bike in Past Year; Total Service Area, 2013)



Sources: • 2013 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 and who rode a bicycle 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. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

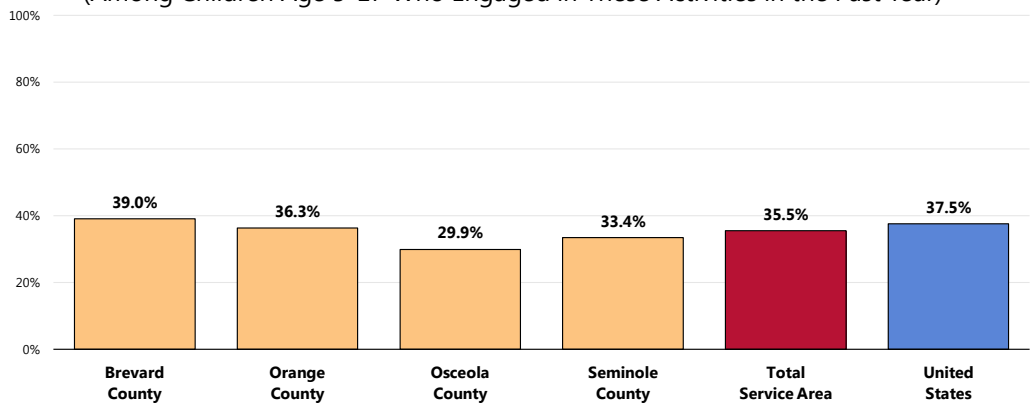
### Skateboards, Scooters, Skates & Rollerblades

Among Total Service Area school-age children who rode a skateboard, scooter, skates or rollerblades in the past year, 35.5% "always" wore a helmet.

- Similar to national findings.
- Statistically similar by county.

### Child "Always" Wore a Helmet on Skateboards, Scooters, Skates or Rollerblades in the Past Year

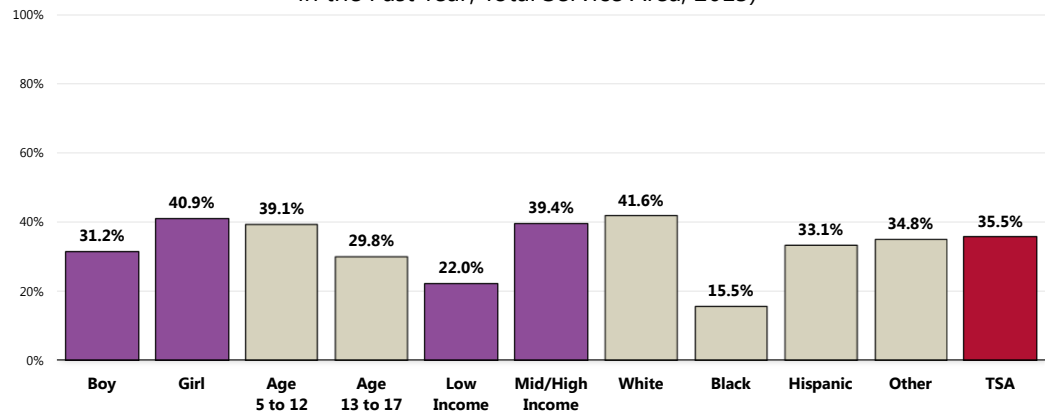
(Among Children Age 5-17 Who Engaged in These Activities in the Past Year)



Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 182]  
 Notes: • Asked of respondents for whom the randomly selected child in the household is between the ages of 5 and 17 and who rode a skateboard, scooter, skates or rollerblades in the past year; excludes the 52.6% of children who did not ride a skateboard, scooter, skates or rollerblades in the past year.

Unfavorably low among boys, teens, children in low-income households, and African American children.

### Child "Always" Wore a Helmet on Skateboards, Scooters, Skates or Rollerblades in the Past Year (Among Children Age 5-17 Who Engaged in These Activities in the Past Year; Total Service Area, 2013)



Sources: 2013 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 and who rode a skateboard, scooter, skates or rollerblades 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. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

## Violence

### Related Focus Group Findings

Many focus group participants are concerned with injury and violence in the community. The main issues included:

- School bullying, domestic abuse, and homicide
- Easy access to firearms
- Desensitization due to video games

There is great concern about violence in the community, especially **school bullying, domestic abuse, and homicide**. For some youth, gangs are an accepted reality and a glorified way of life. Other families suffer from domestic abuse and children witness and may repeat the violence, creating a violent cycle.

Focus group respondents believe that the state of Florida's culture lends itself to an increase in violence because of the **easy access to firearms**. In addition, attendees agree that children and adolescents can become **desensitized to violence from playing video games**.

*"I think video games desensitize a lot of the kids who are – have you played one of those video games? All they do is just shoot, shoot, shoot. I said, 'Doesn't it bother you?' to my grandkids. 'Oh, no, no, this is great.' How is this great when you're programming your subconscious mind over and over and over again and you see the real thing on the street and it's not so horrible?"*  
- Orange County Key Informant

# Tobacco

There is no risk-free level of exposure to secondhand smoke. Secondhand smoke causes heart disease and lung cancer in adults and a number of health problems in infants and children, including: severe asthma attacks; respiratory infections; ear infections; and sudden infant death syndrome (SIDS).

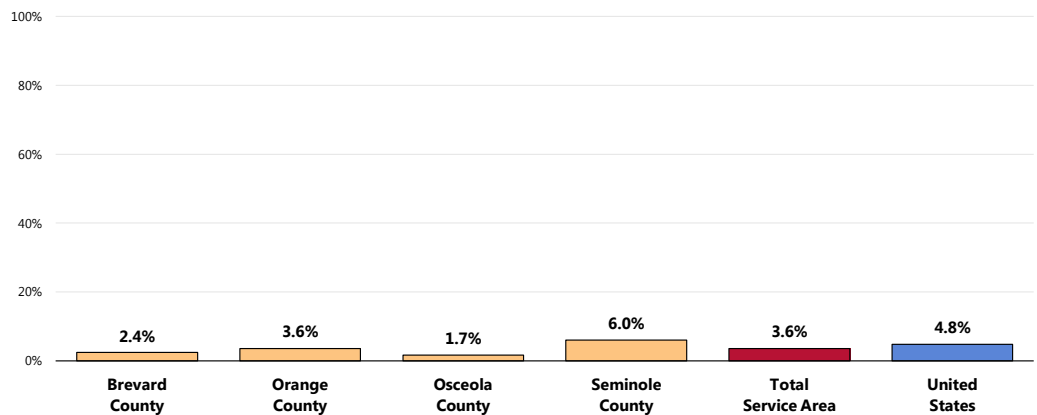
– Healthy People 2020 ([www.healthypeople.gov](http://www.healthypeople.gov))

## Exposure to Environmental Tobacco Smoke

**A total of 3.6% of Total Service Area parents report that a member of their household smokes tobacco products inside the home.**

- Similar to national findings.
- Statistically similar among the individual counties.

### Someone Smokes Tobacco Inside the House



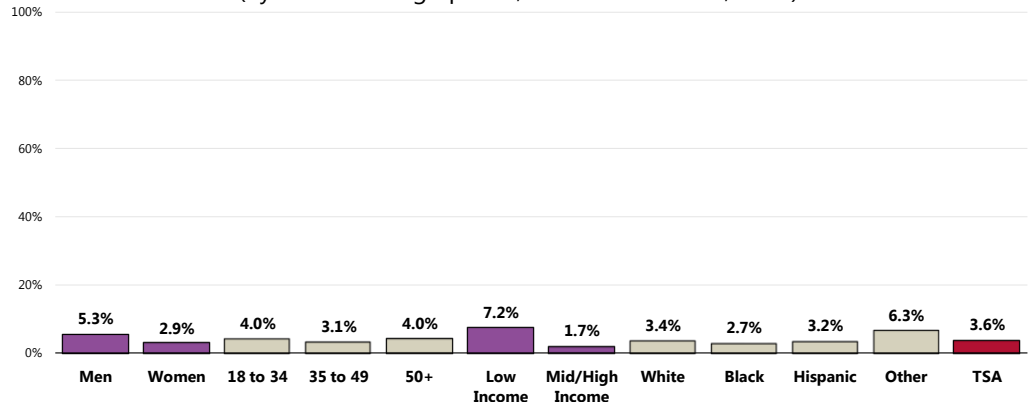
Sources: ● 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 113]  
● 2012 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

Notes: ● Asked of all respondents.

👤 Smoking inside the home is notably higher among lower-income households.

### Someone Smokes Tobacco Inside the House

(By Adult Demographics\*; Total Service Area, 2013)



Sources: ● 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 113]

Notes: ● Asked of all respondents.

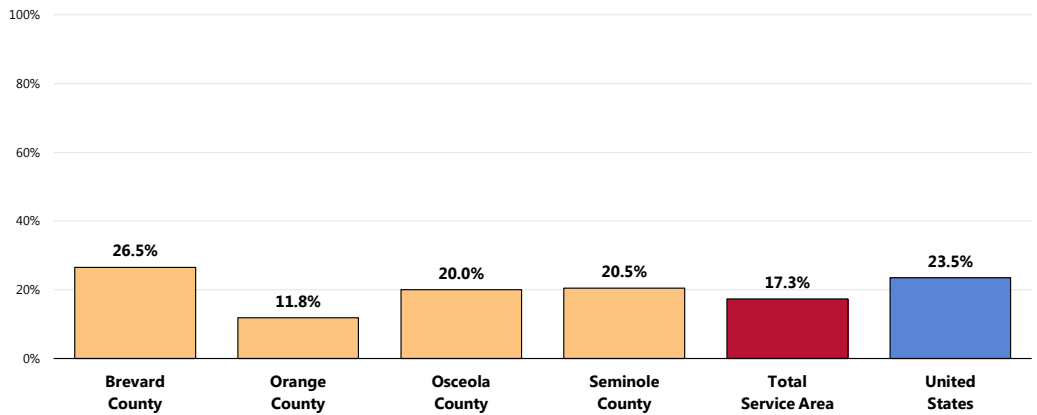
● \*Race reflects that of the child, not the respondent. Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).

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

**Further, 17.3% of Total Service Area parents report that a member of their household smokes tobacco outside the home.**

- Lower than national findings.
- Highest in Brevard County; lowest in Orange County.

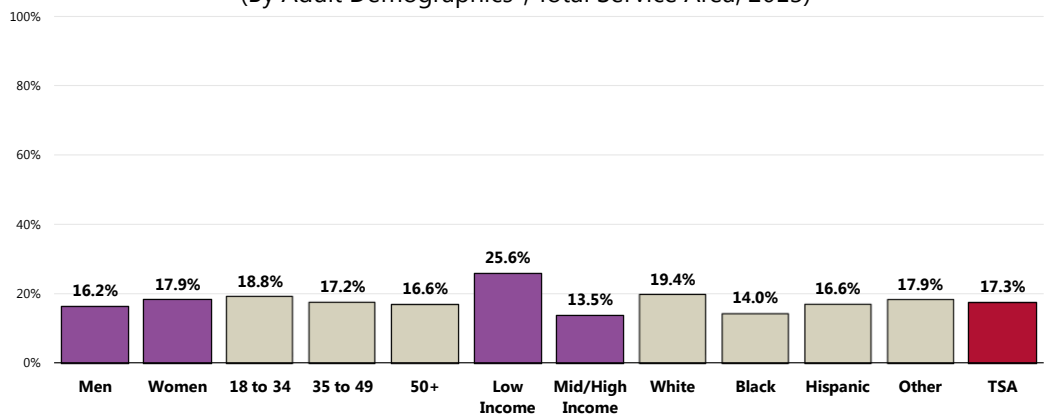
**Someone Smokes Tobacco Outside the House**



Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 114]  
 • 2012 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.  
 Notes: • Asked of all respondents.

👤 Smoking outside the home is notably higher in lower-income households.

**Someone Smokes Tobacco Outside the House  
 (By Adult Demographics\*; Total Service Area, 2013)**



Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 114]  
 • 2012 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.  
 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. "Low Income" includes households with incomes up to 200% 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)

This indicator is derived from the CDC's Youth Risk Behavior Survey (YRBS), a school-based survey administered to high school students.

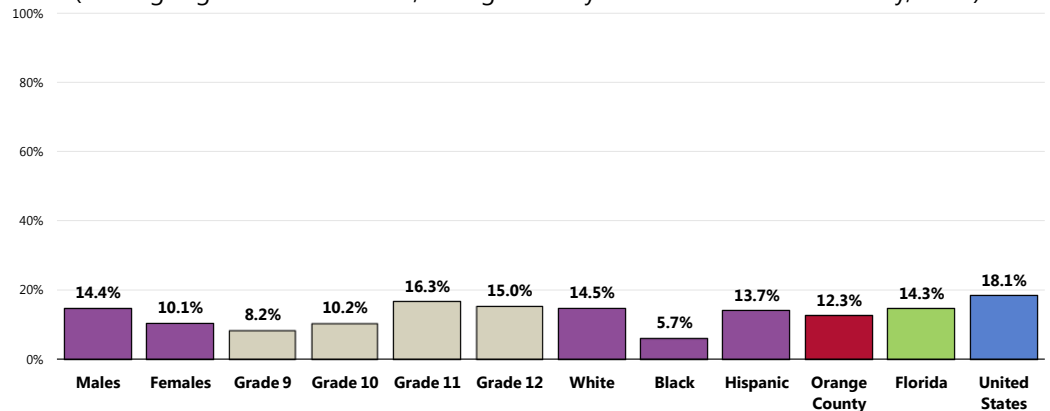
For more information, visit: [www.cdc.gov/healthyyouth/yrbs](http://www.cdc.gov/healthyyouth/yrbs).

**Among high school students (Orange County only), 12.3% report smoking at least one cigarette on at least one day during the 30 days preceding the administration of the 2011 Youth Risk Behavior Survey.**

- Similar to Florida findings.
- Significantly lower than national findings.
- Significantly higher in Orange County 11<sup>th</sup> and 12<sup>th</sup> graders; lower among African American students than among White or Hispanic students.

### Smoked Cigarettes in Past Month

(Among High School Students; Orange County Youth Risk Behavior Survey, 2011)



Sources: • Centers for Disease Control and Prevention (CDC). 1991-2011 High School Youth Risk Behavior Survey Data. Available at <http://apps.nccd.cdc.gov/youthonline>. Accessed April 2013.

Notes: • Smoked cigarettes on at least 1 day during the 30 days before the survey.

### Related Focus Group Findings: Tobacco

Attendees worry about the **prevalence of tobacco use among young adults.**

Participants agree that there are severe health consequences associated with long-term tobacco use. Overall, respondents agree that tobacco use has increased in adolescents and use begins as early as 13 years of age. An attendee describes his concerns:

*"One of the other issues in the teen population is smoking and not just the regular cigarettes but, you know, the hookah vase and then the candy tobacco things and all the things that they're enticing them with. And their perception is that it's not going to be as bad as that cigarette smoking, where most of the time it's even worse, particularly the tobacco piece of it." - Osceola County Key Informant*

# Substance Abuse

## Alcohol (Adolescents)

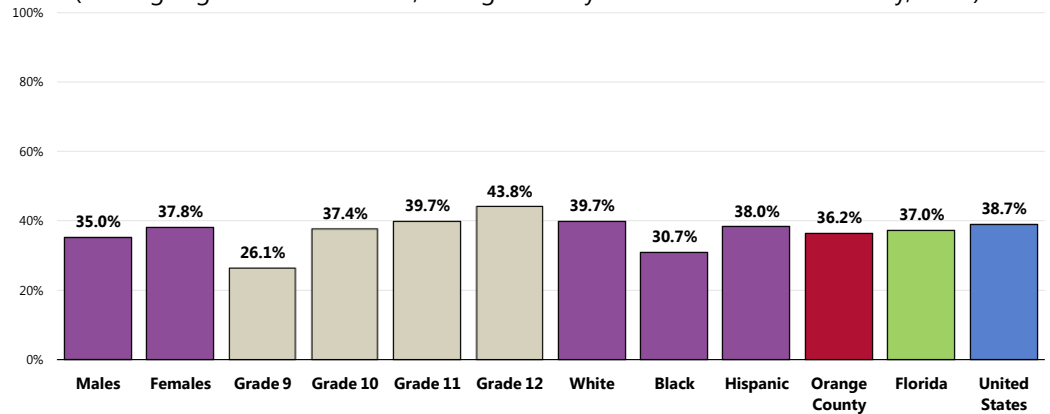
### Current Alcohol Use

**Among high school students (Orange County only), 36.2% report having at least one drink of alcohol on at least one day during the 30 days preceding the administration of the 2011 Youth Risk Behavior Survey.**

- Similar to Florida findings.
  - Similar to national findings.
- 👤 Appears to increase with grade level in Orange County.

### Drank Alcohol in Past Month

(Among High School Students; Orange County Youth Risk Behavior Survey, 2011)



Sources: • Centers for Disease Control and Prevention (CDC). 1991-2011 High School Youth Risk Behavior Survey Data. Available at <http://apps.nccd.cdc.gov/youthonline>. Accessed April 2013.  
Notes: • Had at least one drink of alcohol on at least one day during the 30 days before the survey.

### Current Drinking & Driving

**A total of 8.0% of Orange County high school students report having driven a car or other vehicle when drinking alcohol one or more times during the 30 days preceding the administration of the 2011 Youth Risk Behavior Survey.**

- Similar to Florida findings.
  - Similar to national findings.
- 👤 In Orange County, this is higher in boys than girls, and highest among 12<sup>th</sup> graders.

This indicator is derived from the CDC's Youth Risk Behavior Survey (YRBS), a school-based survey administered to high school students.

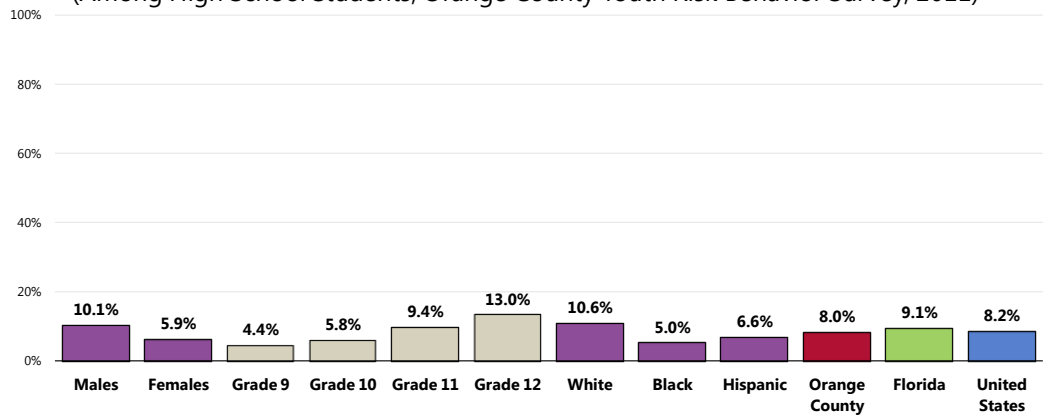
For more information, visit: [www.cdc.gov/healthyyouth/yrbs](http://www.cdc.gov/healthyyouth/yrbs).

This indicator is derived from the CDC's Youth Risk Behavior Survey (YRBS), a school-based survey administered to high school students.

For more information, visit: [www.cdc.gov/healthyyouth/yrbs](http://www.cdc.gov/healthyyouth/yrbs).

## Drove When Drinking Alcohol in the Past Month

(Among High School Students; Orange County Youth Risk Behavior Survey, 2011)



Sources: • Centers for Disease Control and Prevention (CDC). 1991-2011 High School Youth Risk Behavior Survey Data. Available at <http://apps.nccd.cdc.gov/youthonline>. Accessed April 2013.  
 Notes: • Drove a car or other vehicle when drinking alcohol one or more times during the 30 days before the survey.

## Drug Use (Adolescents)

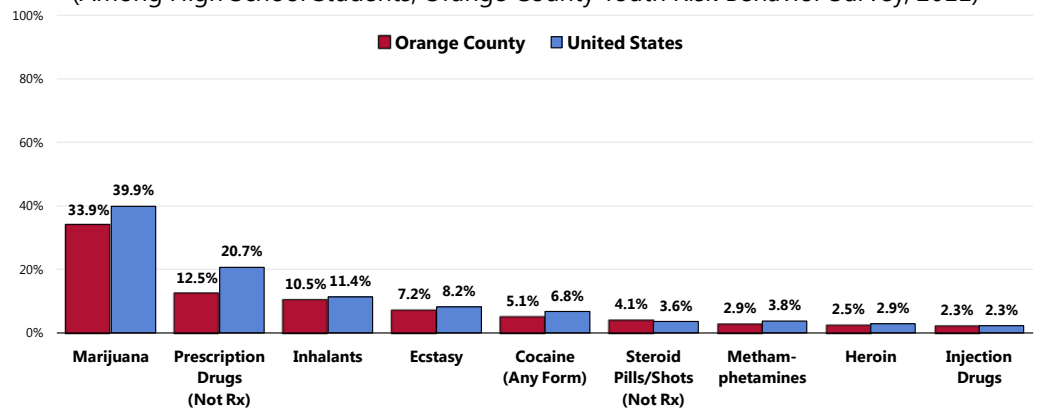
### Lifetime Use of Drugs

**High school students (Orange County only), report the highest lifetime usage of marijuana (33.9% have ever used), prescription drugs (12.5% have ever used drugs not prescribed to them), and inhalants (10.5% have ever used).**

- Findings are significantly below national findings for lifetime usage of **marijuana** and **prescription drugs**.

### Ever Used Specific Drugs

(Among High School Students; Orange County Youth Risk Behavior Survey, 2011)



Sources: • Centers for Disease Control and Prevention (CDC). 1991-2011 High School Youth Risk Behavior Survey Data. Available at <http://apps.nccd.cdc.gov/youthonline>. Accessed April 2013.  
 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 also called "MDMA."  
 • Cocaine includes powder, crack or freebase forms of cocaine.  
 • Methamphetamine also called "speed," "crystal," "crank," or "ice."  
 • Heroin also called "smack," "junk," or "China white."

This indicator is derived from the CDC's Youth Risk Behavior Survey (YRBS), a school-based survey administered to high school students.

For more information, visit: [www.cdc.gov/healthyyouth/yrbs](http://www.cdc.gov/healthyyouth/yrbs).

## Current Marijuana Use

**A total of 20.2% of Orange County high school students report having used marijuana one or more times during the 30 days preceding the administration of the 2011 Youth Risk Behavior Survey.**

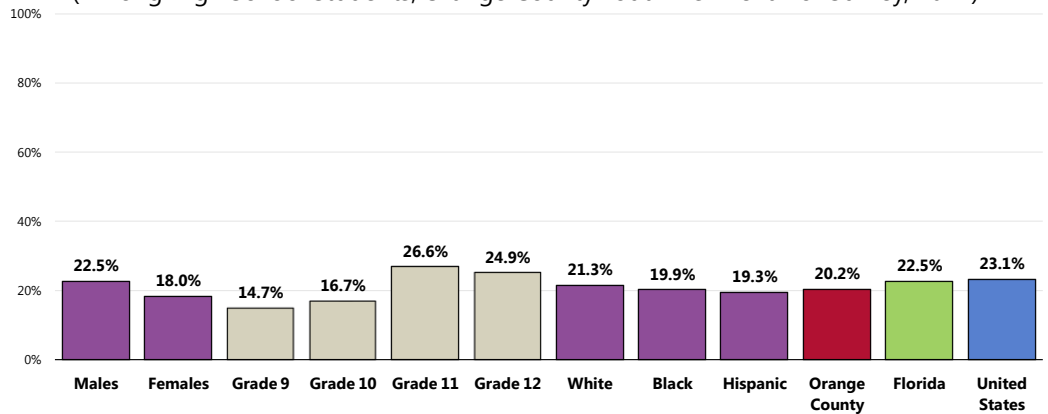
- Lower than Florida findings.
  - Lower than national findings.
- 👤 In Orange County, this is highest among 11<sup>th</sup> and 12<sup>th</sup> graders.

This indicator is derived from the CDC's Youth Risk Behavior Survey (YRBS), a school-based survey administered to high school students.

For more information, visit: [www.cdc.gov/healthyyouth/yrbs](http://www.cdc.gov/healthyyouth/yrbs).

### Used Marijuana in Past Month

(Among High School Students; Orange County Youth Risk Behavior Survey, 2011)



Sources: • Centers for Disease Control and Prevention (CDC). 1991-2011 High School Youth Risk Behavior Survey Data. Available at <http://apps.nccd.cdc.gov/youthonline>. Accessed April 2013.  
Notes: • Used marijuana one or more times during the 30 days before the survey.

## Related Focus Group Findings: Substance Abuse

The focus group participants are concerned with substance abuse in the community. The main issue discussed surrounding substance abuse included:

- Early age onset
- Tourist vibe
- Internet
- Substance use prevention programs

A number of focus group participants express concern about substance use and abuse in children and adolescents. The drugs of most concern for focus group attendees include marijuana, alcohol, synthetic drugs, and prescription drugs. Drug use and experimentation **begins at an early age** (10- or 11-years-old). Participants feel that drug use is a product of the environment and of peer pressure. The **tourist vibe** in the community provides youth with many opportunities to witness alcohol and drug use.

*"We have a very high chronic drinking population in the senior population. So you got generations modeling for little kids. You know you got the retired seniors that are living the life. Then you got the parents. And the kids. Plus it's kind of a tourist vibe around a lot of parts of the county, especially on the beach side. And that's where I live so that's where I focus most of my understanding. So everywhere you go there are rum runners and coconut drinks and umbrellas."*

- Brevard County Key Informant

In addition, the **Internet** provides children and adolescent with myriad examples of intoxication. Many respondents believe that youth self-medicate past trauma with drugs or alcohol; attendees also think that today's prescription drug advertising confounds the anti-drug message.

*"The pharmaceuticals advertising for adults, even, on TV, the intended consequence is, we think, well, we need to be honest with people and say, 'This pill could have some side effects.' So the ad has to include 'This may make you vomit. It may give you diarrhea. You may go into convulsions. You may become a compulsive gambler. It may kill you. But talk to your doctor and ask him if this might be the thing for you.' And so then I set my kid down and I say, 'You don't want to take drugs, because drugs are going to do damage to you.' And on TV, every day, over and over and over, they're describing it but say, 'Go ahead and take it anyway.' And so at a cultural level, we're dealing with something that is huge, and we just kind of chip away at it."*  
- Seminole County Key Informant

Focus group members agree that **substance use prevention programs** need to occur more regularly in the community; current programs run episodically and are dependent on grants for funding.

# Sexual Activity

## Births to Teen Mothers

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

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

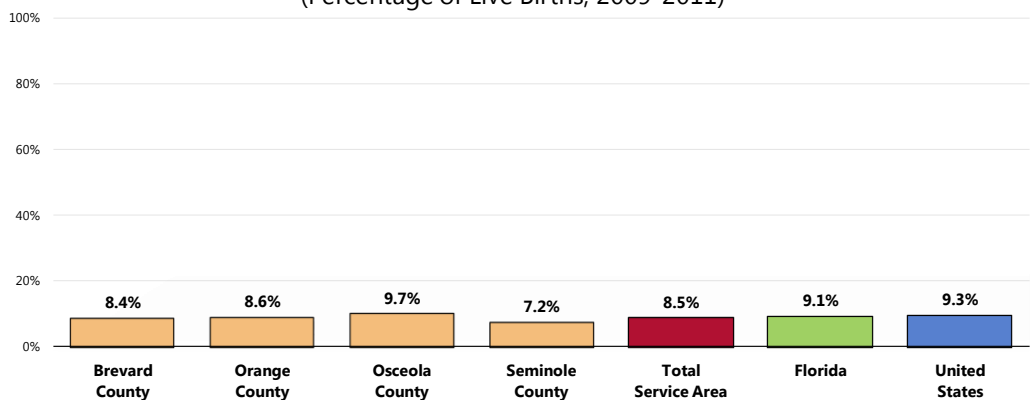
Similarly, early fatherhood is associated with lower educational attainment and lower income. Children of teen parents are more likely to have lower cognitive attainment and exhibit more behavior problems. Sons of teen mothers are more likely to be incarcerated, and daughters are more likely to become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

– Healthy People 2020 ([www.healthypeople.gov](http://www.healthypeople.gov))

### A total of 8.5% of 2009-2011 Total Service Area births were to teenage mothers (under the age of 20).

- Better than the Florida proportion.
- Better than the national proportion.
- Highest in Osceola County, lowest in Seminole County.

### Births to Teen Mothers (Under Age 20) (Percentage of Live Births, 2009-2011)

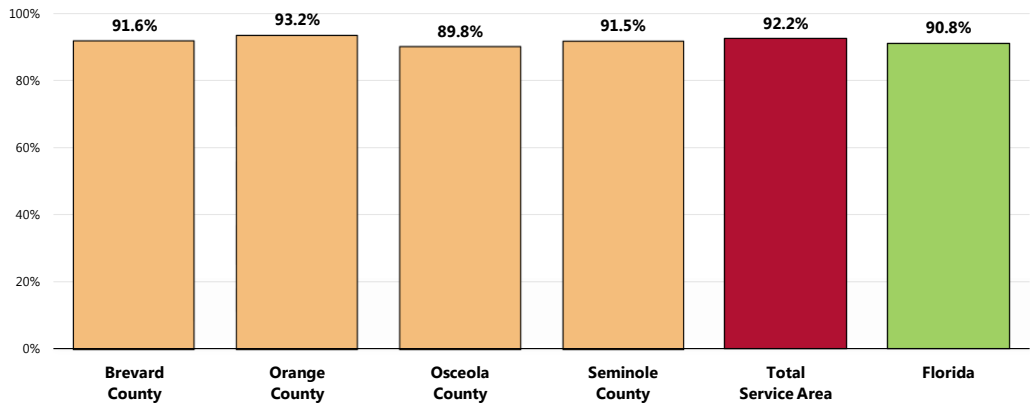


Sources: ● Florida Department of Health  
● Centers for Disease Control and Prevention, National Vital Statistics System  
Note: ● Numbers are a percentage of all live births within each population.

**Most births to teen mothers (92.2%) are to unwed females.**

- The same is true among teen births statewide.

**Percent of Teen Births Which Are to Unwed Mothers**  
(Percentage of Live Births to Teens Under 20, 2009-2011)



Sources: ● Florida Department of Health.  
Note: ● Numbers are a percentage of all live births within each population; proportions represent females under 20.

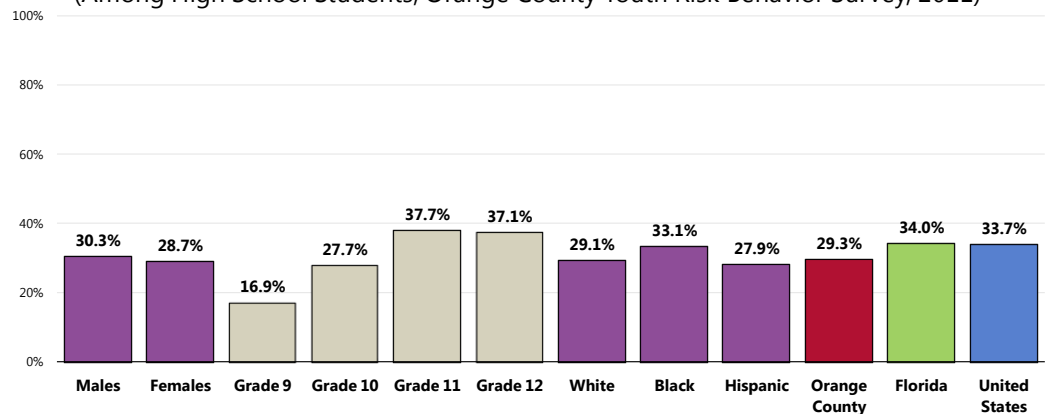
**Sexual Activity Among Adolescents**

**Among high school students (Orange County only), 29.3% report having had sexual intercourse with at least one person during the three months preceding the administration of the 2011 Youth Risk Behavior Survey.**

- Below Florida findings.
- Below national findings.
- 👥 Significantly higher in Orange County 11<sup>th</sup> and 12<sup>th</sup> graders.

**Had Sexual Intercourse in Past Three Months**

(Among High School Students; Orange County Youth Risk Behavior Survey, 2011)



Sources: ● Centers for Disease Control and Prevention (CDC). 1991-2011 High School Youth Risk Behavior Survey Data. Available at <http://apps.nccd.cdc.gov/youthonline>. Accessed April 2013.  
Notes: ● Have had sexual intercourse with at least one person during the three months before the survey.

This indicator is derived from the CDC's Youth Risk Behavior Survey (YRBS), a school-based survey administered to high school students.

For more information, visit: [www.cdc.gov/healthyyouth/yrbbs](http://www.cdc.gov/healthyyouth/yrbbs).

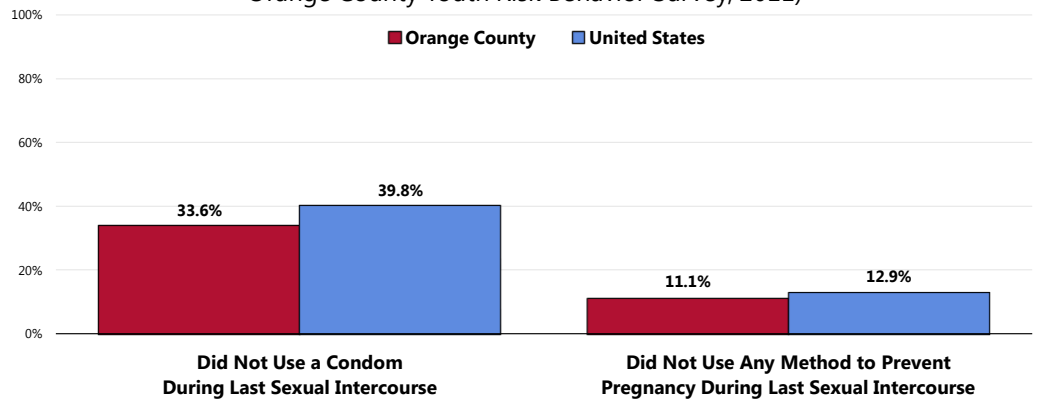
## Risky Sexual Behaviors

Among Orange County high school students who are sexually active, 33.6% report not using a condom during their last sexual intercourse, and 11.1% report not using any method to prevent pregnancy.

- Note that condom use is more favorable than national findings.

### Risky Sexual Behavior

(Among Sexually Active High School Students;  
Orange County Youth Risk Behavior Survey, 2011)



Sources: • Centers for Disease Control and Prevention (CDC). 1991-2011 High School Youth Risk Behavior Survey Data. Available at <http://apps.nccd.cdc.gov/youthonline>. Accessed April 2013.

Notes: • Among high school students who have had sexual intercourse with at least one person during the three months before the survey.  
• "Any method" includes condoms, birth control pills or Depo-Provera (or any injectable birth control), Nuva Ring (or any birth control ring), implanon (or any implant), or any IUD before last sexual intercourse.

## Related Focus Group Findings: Sexually Transmitted Infections

Many group participants discussed sexually transmitted infections and teenage pregnancy, focusing on these issues:

- Prevalence of sexually transmitted infections (STIs)
- Misinformation about STIs
- Brevard and Seminole County teen clinics

Focus group participants worry about the **prevalence of sexually transmitted infections (STIs)** in the community and believe that STIs are on the rise. Many adolescents remain asymptomatic, so they are never tested and continue to pass along the disease. Focus group members have specific concern for HIV in young women. Planned Parenthood teaches "Abstinence Plus" at Orange County schools, but the attendees feel that many youth have **misinformation about sexual health**, as a key informant explains:

*"It's Abstinence Plus. So we are proud of that that we encourage students to wait to make sure they're ready. But the questions we get are – I won't even quote them because you'll just laugh. I mean it's really scary. These kids don't know anything. We do age-appropriate. So when we're talking to a middle school kid we're not going to talk about the birds and the bees. We'll talk about good touch, bad touch and who can touch you where and if someone touches you somewhere inappropriate where do you go for help." – Orange County Key Informant*

This indicator is derived from the CDC's Youth Risk Behavior Survey (YRBS), a school-based survey administered to high school students.

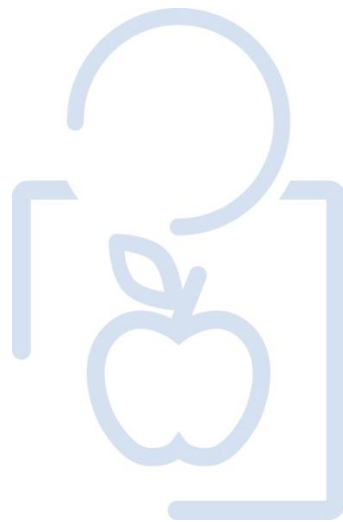
For more information, visit: [www.cdc.gov/healthyyouth/yrbs](http://www.cdc.gov/healthyyouth/yrbs).



Public health clinics across the four counties also provide sexual health treatment. **Brevard and Seminole County teen clinics** provide opportunities for teens to get testing, education, and if needed, treatment. An attendee describes the Seminole County teen clinic:

*"If they simply just want to come in for education, then that's all that they can receive that day if that's all they want to do. But if they want to, we have very trained counselors that will talk to them about the risk of contracting STDs and prevention and so forth, so if they do want to get examined, we do that as well... And it does not require parental consent, so it's a very nonthreatening environment... We've had it in place now about a year and a half. And I just looked at statistics yesterday. Our teens are coming at a larger rate now. It started out pretty slow, but it started to pick up a little bit, and I think a lot of it is just word of mouth." - Seminole County Key Informant*

# ACCESS TO HEALTHCARE SERVICES



# Health Insurance Coverage

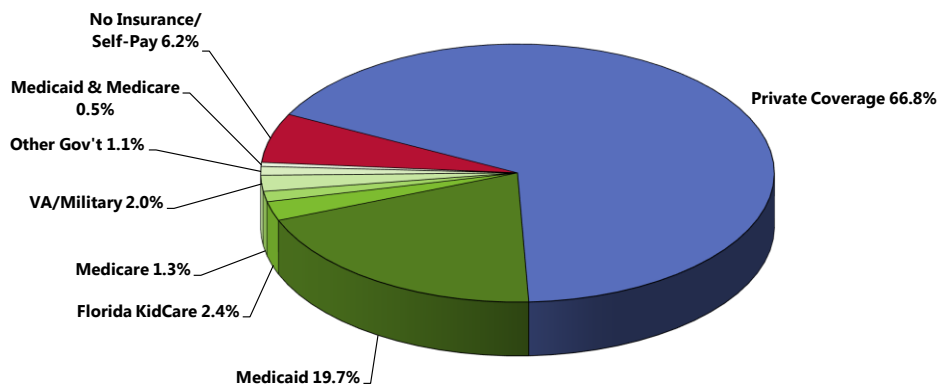
Survey respondents were asked a series of questions to determine their child's healthcare insurance coverage, if any, from either private or government-sponsored sources.

## Type of Coverage

**A total of 66.8% of Total Service Area parents report having private healthcare coverage for their child.**

**Another 27.0% report coverage through a government-sponsored program (e.g., state children's health insurance program, Medicaid, Medicare, military benefits).**

**Healthcare Insurance Coverage for Child**  
(Total Service Area, 2013)



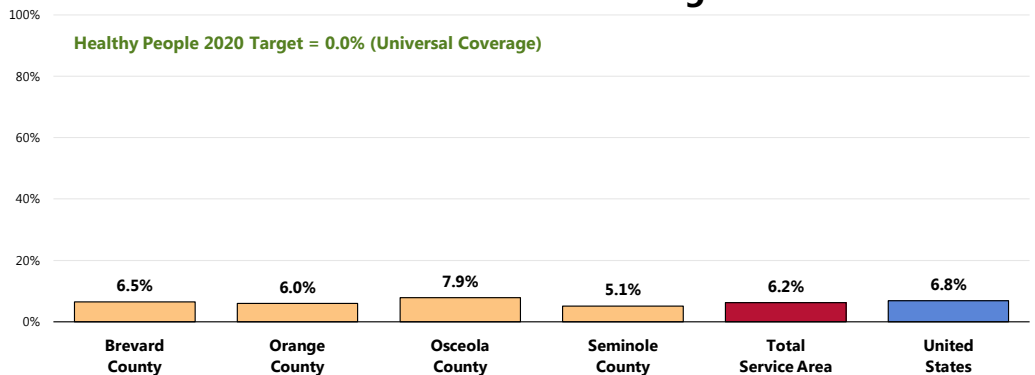
Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 148]  
Notes: • Asked of all respondents.

## Lack of Coverage

**However, 6.2% report having no coverage for their child's healthcare expenses.**

- Similar to the national proportion.
- The Healthy People 2020 target is universal coverage (0% uninsured).
- Statistically similar by county.

**Lack Healthcare Insurance Coverage for Child**

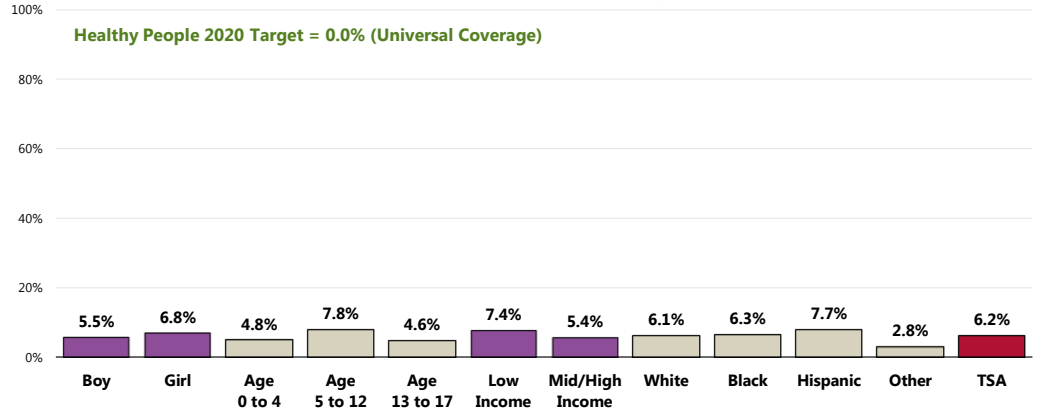


Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 148]  
• 2012 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.  
• US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective AHS-1]  
Notes: • Asked of all respondents.

Hispanic children are statistically more likely to be without healthcare insurance coverage for their child.

### Lack of Healthcare Insurance Coverage for Child

(Total Service Area, 2013)



Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 148]  
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective AHS-1]

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

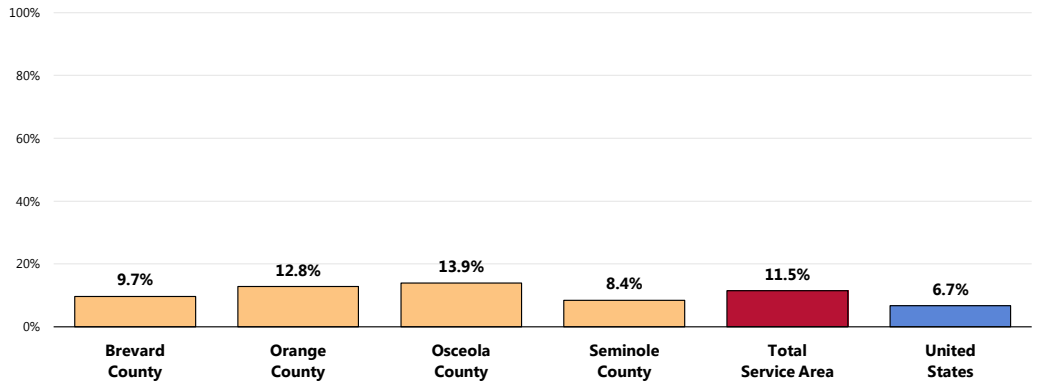
### Insurance Instability

*"During the past 12 months, was there any time when (he/she) was not covered by ANY health insurance?"*

Among Total Service Area children who currently have health insurance coverage, **11.5%** are reported to have been without coverage at some point in the past year.

- Higher than the national figure.
- Differences by county are not significant.

### Child Has Insurance Coverage But Went Without at Some Point in the Past Year

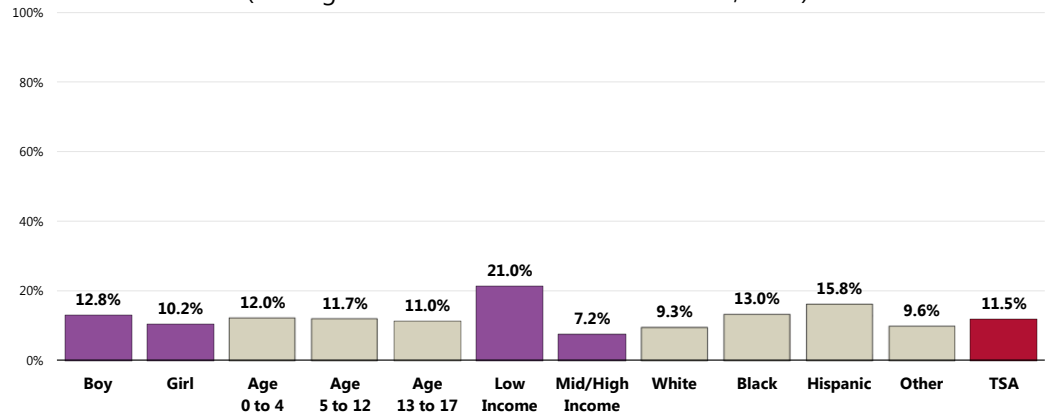


Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 112]  
 • 2012 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents for whom the randomly selected child in the household currently has some type of health insurance coverage.

👨👩👧 Children in low-income households and Hispanic children are more likely to have been without healthcare insurance coverage in the past year (even though covered now).

### Child Has Insurance Coverage But Went Without at Some Point in the Past Year (Among Insured Total Service Area Children, 2013)



Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 112]  
 Notes: • Asked of all respondents for whom the randomly selected child in the household currently has some type of health insurance coverage.  
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).  
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

# Difficulties Accessing Healthcare

Access to comprehensive, quality health care services is important for the achievement of health equity and for increasing the quality of a healthy life for everyone. It impacts: overall physical, social, and mental health status; prevention of disease and disability; detection and treatment of health conditions; quality of life; preventable death; and life expectancy.

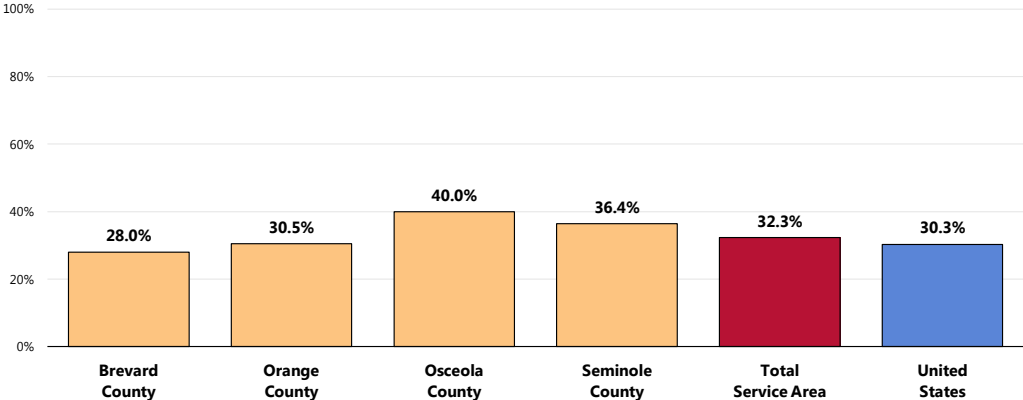
Access to health services means the timely use of personal health services to achieve the best health outcomes. It requires three distinct steps: 1) Gaining entry into the health care system; 2) Accessing a health care location where needed services are provided; and 3) Finding a health care provider with whom the patient can communicate and trust.

– Healthy People 2020 ([www.healthypeople.gov](http://www.healthypeople.gov))

**A total of 32.3% of Total Service Area parents report some type of difficulty or delay in obtaining healthcare services for their child in the past year.**

- Similar to national findings.
- Unfavorably high in Osceola County.

## Experienced Difficulties or Delays of Some Kind in Receiving Child’s Needed Healthcare in the Past Year



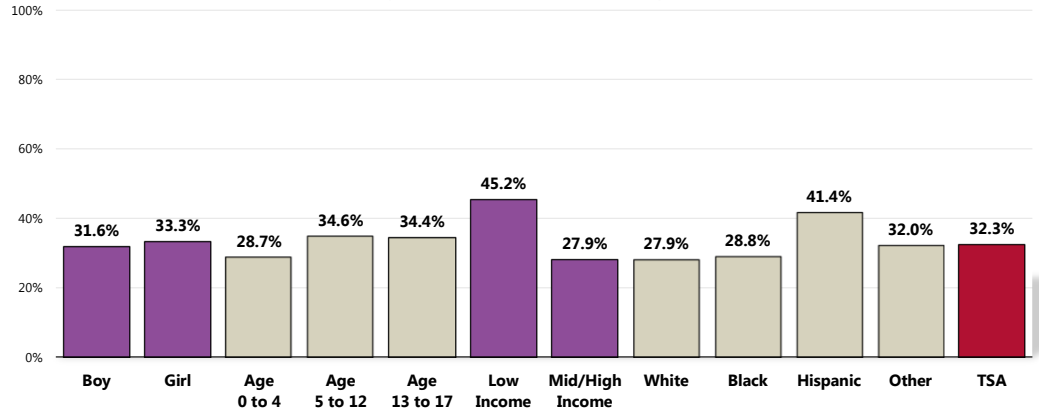
Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 164]  
Notes: • Asked of all respondents.  
• Represents the percentage of respondents experiencing one or more barriers to accessing their child’s healthcare in the past 12 months.

Note that the following demographic groups more often report difficulties accessing their child’s healthcare services:

- 👤 Residents in low-income households.
- 👤 Parents of Hispanic children.

## Experienced Difficulties or Delays of Some Kind in Receiving Child's Needed Healthcare in the Past Year

(Total Service Area, 2013)



Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 164]

Notes: • Asked of all respondents.

• 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. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

## Barriers to Healthcare Access

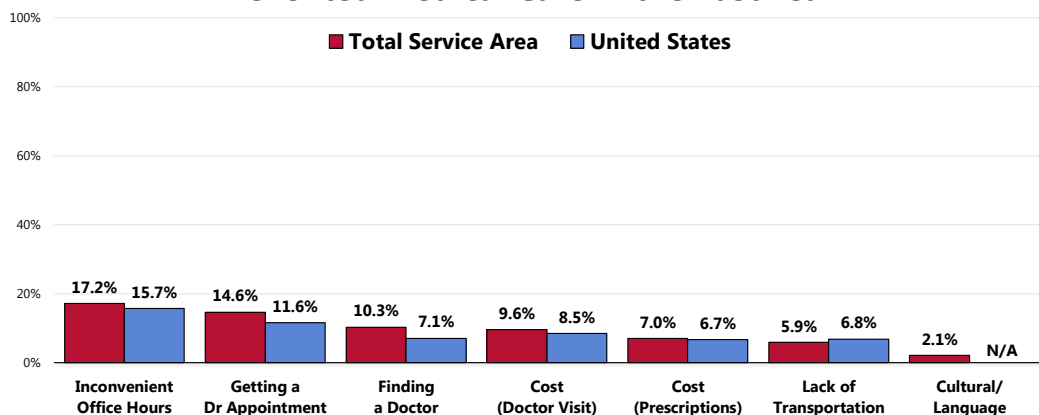
To better understand healthcare access barriers, parents were asked whether any of six types of barriers to access prevented their child from seeing a physician or obtaining a needed prescription in the past year.

These percentages reflect the total population of children age 0-17, regardless of whether medical care was needed or sought.

Of the tested barriers, **inconvenient office hours** impacted the greatest share of Total Service Area families (17.2% of parents say that inconvenient office hours prevented them from taking a child for medical care in the past year).

- The proportion of Total Service Area families impacted was statistically similar to that found nationally for each of the tested barriers, with the exception of **difficulty finding a physician** (for which the area fared worse).
- Note that the item on cultural/language barriers was not addressed in the national survey.

## Barriers to Access Have Prevented Medical Care in the Past Year



Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Items 13-19]

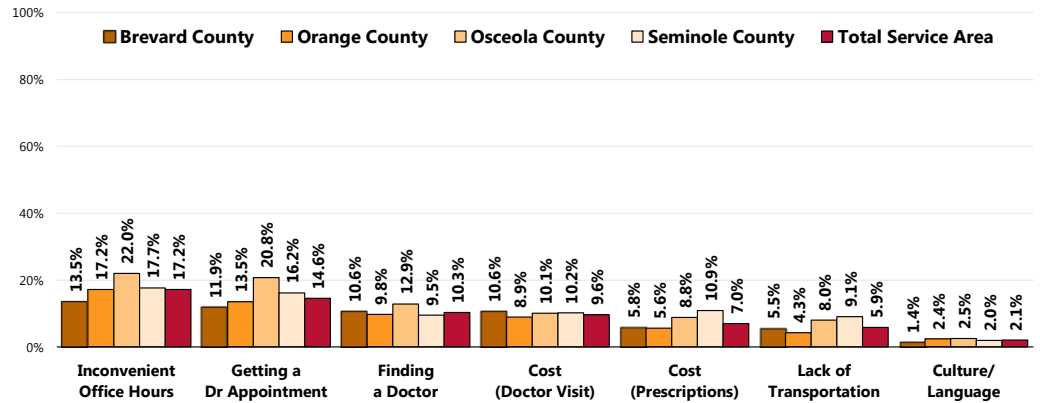
• 2012 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

By geography, note the following significant differences:

- The prevalence of problems with transportation as a barrier to access is significantly lower in Orange County.
- Parents in Osceola County had significantly more difficulty getting appointments.
- Those in Seminole County were significantly more likely to note problems with the cost of a child's prescription medication.

### Barriers to Access Have Prevented Medical Care in the Past Year (By Area, 2013)



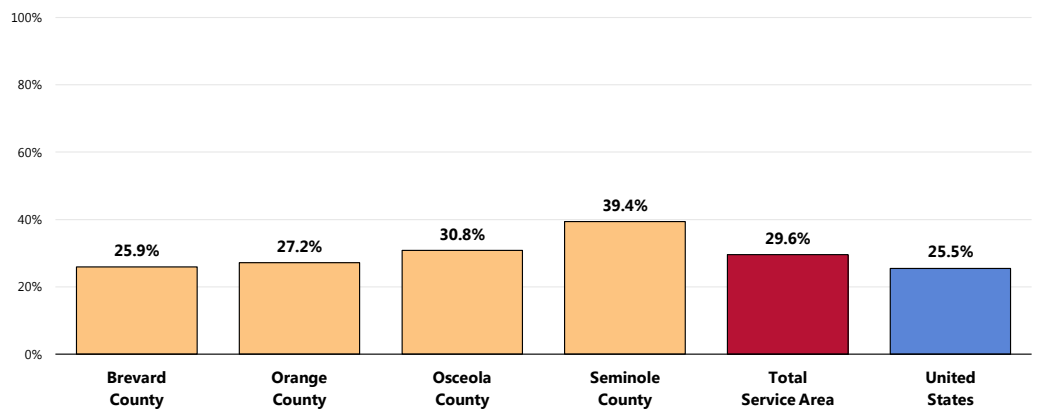
Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Items 13-19]  
 • 2012 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.  
 Note: • Asked of all respondents.

### Access To Specialty Care

A total of 29.6% of Total Service Area parents say that they or their child's physician felt at some point in the past year that their child needed to see a specialist.

- Similar to national findings.
- Highest in Seminole County.

### Child Has Needed to See a Specialist in the Past Year



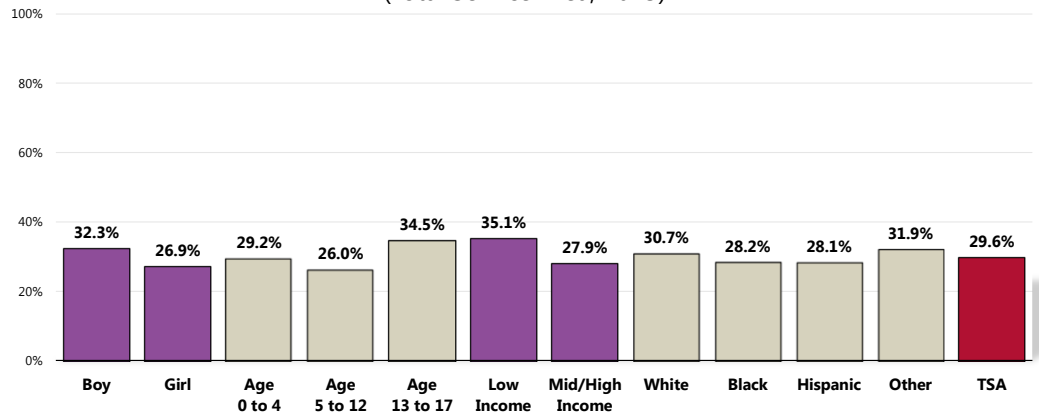
Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 24]  
 Notes: • Asked of all respondents.  
 • Represents the percentage of respondents experiencing one or more barriers to accessing their child's healthcare in the past 12 months.



👤 Note that the prevalence of children needing to see specialists is higher among teens and children in low-income households.

## Child Has Needed to See a Specialist in the Past Year

(Total Service Area, 2013)



Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 24]  
 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. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

*"During the past 12 months, how much of a problem, if any, was it to get the specialty care this child needed?"*

*Would you say: a major problem, a moderate problem, a minor problem, or no problem at all?"*

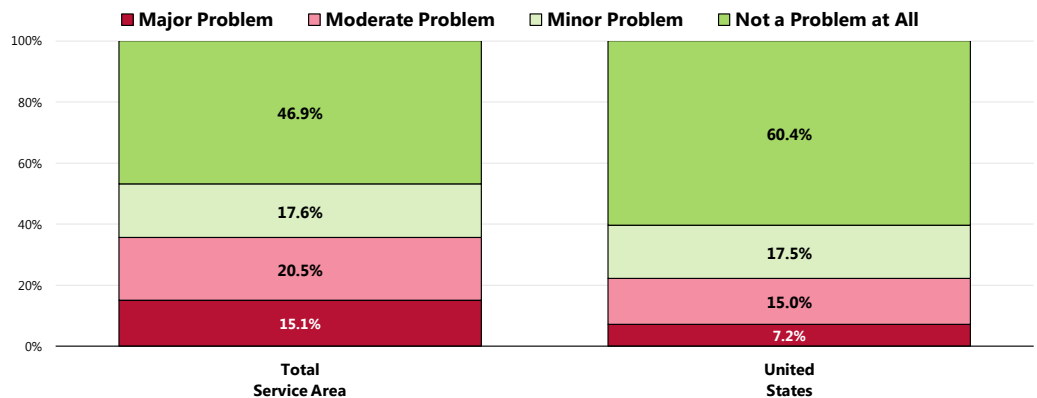
**Almost one-half of Total Service Area parents needing specialty care for their child in the past year (46.9%) report that it was "no problem at all" getting the care they needed.**

**However, 35.6% characterized their child's access to specialists as a "major" or "moderate" problem.**

- Less favorable than the US prevalence.
- "Major/moderate" findings are statistically similar by county (*not shown, due to the small sample sizes available for some of the counties in this case*).

## Evaluation of Difficulty Getting Specialty Care for Child in the Past Year

(Among Parents of Children Needing to See a Specialist in the Past Year)



Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 25]  
 • 2012 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.

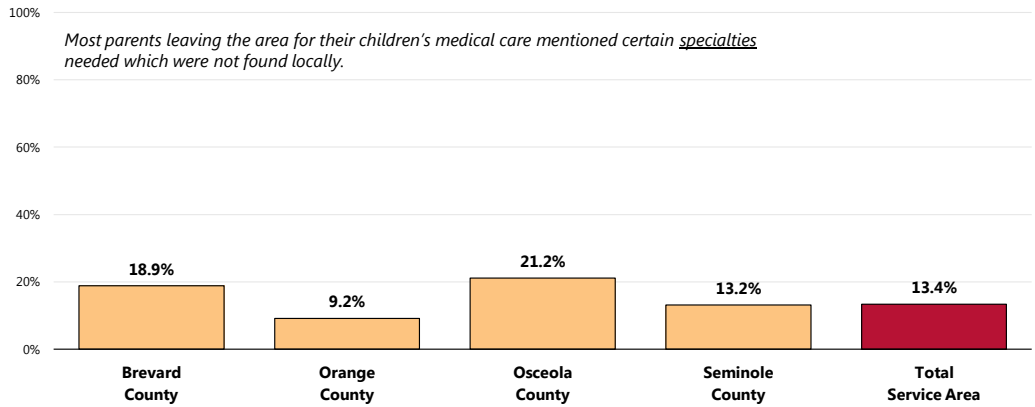
Asked how long it took to get an appointment with a specialist, 8.5% of parents with children in need of a specialist mentioned having **no wait at all**, while one-half (50.0%) waited a **week or less** for their appointment. In contrast, 13.6% waited **at least 30 days** for their child's specialist appointment.

## Outmigration for Care

**A total of 13.4% of Total Service Area parents report that there are children's healthcare services for which they feel the need to leave the local area for care.**

- Highest in Brevard and Osceola counties; lowest in Orange County.
- 👤 Reasons for needing to leave the area for certain services primarily related to the need for specialist care not available locally.

### Feel the Need to Leave the Area for Children's Healthcare Services

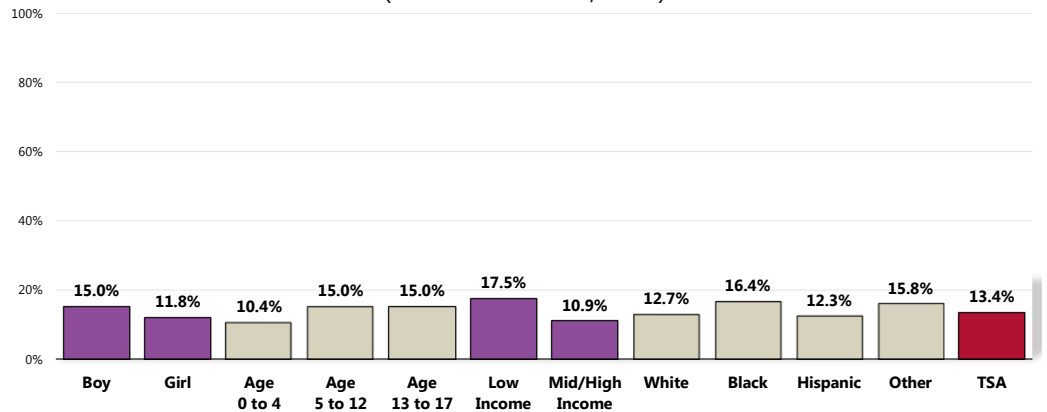


Sources: ● 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Items 40-41]  
Notes: ● Asked of all respondents.

- 👤 Low-income parents were more likely to feel the need to leave the area for certain children's healthcare services.

### Feel the Need to Leave the Area for Children's Healthcare Services

(Total Service Area, 2013)



Sources: ● 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Items 40-41]  
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. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

## Related Focus Group Findings: Access to Healthcare

Many focus group participants are concerned with children and adolescent's ability to access healthcare services. The discussion centered on the following issues:

- Barriers to healthcare services
  - Health literacy
  - Poverty
  - Insurance status
    - Uninsured
    - Medicaid
  - Prescription drug costs
  - Cultural competence
  - Transportation
- Emergency room use
- Specialty care

Focus group participants believe that there are several **barriers** encountered by children and families when trying **to access healthcare services** in the community. Several portions of the counties are considered rural and do not have adequate number of physicians, dentists, or mental health providers. Respondents feel that the community overall does not have high **health literacy**. Families may not understand or value preventative healthcare. Children and adolescents do not regularly see a doctor because the priorities of parents do not align with wellness care.

*"There's a broader issue of education – there's a huge population that doesn't understand the need for healthcare for preventative medicine. Whether it's, in my case, healthy moms and babies, it goes well beyond that where we have not put healthcare first. We haven't put our importance of us being healthy. It doesn't become a priority for many people and certainly for those who can't afford – don't have insurance, can't afford healthcare, it comes very, very low on the list of priorities." - Seminole County Key Informant*

*I think a lot of parents just struggle with priorities. And even though they love their children and want to give them the best that they can, their job may come first. Their home may come first. And so the child's healthcare might be the last thing because they know if it gets worse I can go to the emergency room. I mean that's their mentality versus I'll go to the doctor and try to prevent this. Or I'll go to the dentist and try to prevent this." - Orange County Key Informant*

Other families have low health literacy because they are recent immigrants and do not understand the US healthcare system:

*"Given the ethnicity mix in the community and the number of languages that are spoken, we have a significant health literacy issue amongst families and parents who are just not accustomed to accessing our 'system' here in the community. So even with the best of intentions and/or there could be cultural differences in terms of how they choose to treat or prevent health issues. It's just a very complicated issue." - Orange County Key Informant*

Attendees describe **pockets of poverty** in the community which increase as one travels farther south. In addition, many families are transient, which when coupled with poverty, impacts their ability to access care. Attendees also feel that sometimes these issues are not discussed in the interest of “accentuating the positive” for the tourism industry.

*“We have Disney and Sea World and all of the entertainment things here that draw families from all over the United States and the world here to be at the Magic Kingdom and everything else. And I think a lot of our issues don't get aired because we don't want somebody that comes here from Minneapolis with their five kids to know that the kid that lives down the street from Disney can't afford to go there or is hungry or doesn't have healthcare. So I think a lot of the issues that we would talk about normally in a large urban area we don't talk about. They're kind of pushed under the surface because we want to encourage tourism and that doesn't do that.”*— Orange County Key Informant

Focus group members believe that **insurance status** determines access to care. Respondents have concerns for those families who are **under-insured or uninsured** in the community. The underinsured population includes the working poor, those parents who may qualify for employer insurance, but the deductibles are too high or the monthly employee cost is too great, so they elect to go without. Many under- and uninsured families do not have a medical home, negatively affecting their continuity of care. The participants described the following options for uninsured families: a Federally Qualified Health Center in Campbell City, run by the Osceola County Health Department; and a community health center in Seminole County with wait times for appointments which can be quite long.

Attendees also feel that uninsured families may not seek care because of the cost associated with procedures, or previous negative experiences with insurance companies:

*“Then just the big picture, healthcare is structured in such a way that it really does disadvantage the poor dramatically. For example, I have good insurance. My son is employed partially but doesn't have insurance at all. So I go in and have lab procedures done, and I get a bill for \$1,300.00. However, the insurance company has a negotiated preferred rate, which dropped that below \$100.00. I end up paying about \$15.00 out of pocket; the insurance pays the rest, on a bill that was \$1,300.00. My son goes because he's uninsured, and he has a \$1,300.00 bill. I mean, the discrepancy and the disparity is just so huge. And what happens is, you encounter those kinds of things a few times, and you tend to give up and assume that there is no alternative. And so the Shepherd's Hope alternative or whatever it might be, 'Oh, well, that's probably the same kind of nonsense.' So there are a lot of people who I think have just given in to despair.”* - Seminole County Key Informant

Other low income, uninsured families may qualify for **Medicaid**, but some families who would meet the requirements do not access that care because of the stigma attached.

*“There are also some stigmas around Medicaid. So you may have a family that is eligible for Medicaid, but they won't seek Medicaid. And so they end up getting episodic care because now they have to pay each time they go in for a visit.”* - Osceola County Key Informant

Other Medicaid recipients may struggle to locate a provider who accepts that insurance because the number of pediatricians and physicians accepting Medicaid has decreased in recent years (due to the low reimbursement rate, time before reimbursement, and paperwork burden). Other medical providers have placed a cap on the number of Medicaid patients in order to keep businesses open.

Families may also struggle to understand the Medicaid managed care system and do not know how to obtain coverage or how to interpret the importance of correspondence they receive from insurance companies.

*"It truly amazes me. I mean so many of our patients come in and have no idea that they got dropped from Medicaid. It happened to one of my staff members. No idea. And all of the sudden her kids, you know here she works full time for me. Family of five. I actually went to Tallahassee and met with the head of some folks at ACA. And they said, really? Your patients don't know their insurance status? And they have no clue the transient nature of our patients. Well, they get a letter, but if they've moved to a different address there's not a second or a third letter. And what happens is so many of our clients, they look at it and they go, 'Oh, I'm not going to read that.' They don't think it's important." - Orange County Key Informant*

Some parents have difficulty navigating the healthcare system, as a key informant explains:

*"Families are going to be forced into some kind of managed HMO. And they're going to have a lot of difficulty navigating it, understanding it and paying attention to what comes across their mail or computer because what we're finding is things switch all the time. They're sold. They're bought. They're whatever. And people get lost in the system. And the biggest problem is families can be divided up. This child goes here. This child goes here and this child goes here. And the parent can't keep track of it. And so they just give up. So that's my biggest concern is how are they going to understand to manage the system. Cause it's hard enough for me to stay on top of myself and my family in any type of a managed care." - Orange County Key Informant*

In addition, the Medicaid system has moved to an online application and not everyone has access to the Internet, or even to a computer.

*"Computers. I mean I know in this day and time everybody thinks everybody has a computer, but they don't. And you access Medicaid by computer. And you go to the library and it's a five-hour wait. It's not everybody that'll open a door and say, oh, come on in and use my computer. It's free." - Brevard County Key Informant*

The **cost of prescription drugs** may also impact a family's ability to access critical healthcare services and provide continuity in medication refills. For those residents with Medicaid who lose or lapse in coverage, the access to medication disappears.

*"That I've seen firsthand here in Osceola County is when a child is diagnosed with a chronic disease, making sure that child is getting the medications that they need or making sure that their prescriptions are getting filled regularly. Where we've run into a lot of situations with children and then children reaching adulthood that their inhalers expired years ago. And there was actually like three years ago a girl that had just graduated high school who died because she had an asthma attack and her inhaler was years and years old and she needed a new prescription. I don't know if it's an affordability issue or an access issue, but that's definitely a problem I've seen multiple times here." - Osceola County Key Informant*

Osceola County offers a prescription drug discount card, but focus group members agree that the communication to the public about this service can improve.

Other barriers to accessing healthcare services include **cultural competence of providers and a lack of transportation**. Focus group members acknowledge that the community is very diverse and many migrant workers live here. The attendees feel that

both physicians and social service agencies need to work on **cultural competence** and adequate interpretive services in order to make an impact on each individual's health. Culturally-competent providers recognize the myriad ways in which culture affects a patient's attitude and can tailor their message accordingly, as a respondent explains:

*"There definitely are some cultural competencies that the providers need to understand, and I don't think we have enough of that for any of the different cultures that we work with. But it's very important to be able to relate, be able to develop a management health plan that meets the needs and still taking into account this is their cultural beliefs and their social beliefs."* - Osceola County Key Informant

Getting to the physician's office or community health center is another obstacle to accessing care as the community is sprawling and very vehicle-dependent. Families may have access to one (or no) personal vehicle, and the public **transportation** system in the counties remains fragmented and even non-existent in some rural areas. Where public transportation is available, the bus stops are not conveniently located and it can take hours to get anywhere. An attendee describes the difficulties faced by families without transportation:

*"One is if you are dependent on the bus, it doesn't run very often. So it takes substantial amounts of time to get from one place to another just because of waiting for the next bus and so on. And then if you go, for example, to a free clinic, the wait time can be pretty substantial."* - Seminole County Key Informant

In Seminole County the bus stops in front of the Health Department and Community Health Center, but does not visit every neighborhood. Focus group attendees believe that healthcare services need to go into these communities and meet people where they live and work.

Currently, many families over-utilize the **emergency room** and treat it as their primary care provider. Some parents cannot afford to take time off work, so the emergency room represents the next best choice.

Focus group members agree that families *do not* have access to an adequate number of **specialty care providers** in the community. Even those with insurance may have to travel for care or experience long wait times before initial appointments. The participants think that many additional specialists are needed (the following arose in discussion: respiratory specialists, allergists, dentists, speech and occupational therapists, mental health providers, high risk obstetrician/gynecologists, orthopedics, oncologists, endocrinologists, pulmonologists, cardiologists, and ear, nose, throat physicians).

# Primary Care Services

Improving health care services depends in part on ensuring that people have a usual and ongoing source of care. People with a usual source of care have better health outcomes and fewer disparities and costs. Having a primary care provider (PCP) as the usual source of care is especially important. PCPs can develop meaningful and sustained relationships with patients and provide integrated services while practicing in the context of family and community. Having a usual PCP is associated with:

- Greater patient trust in the provider
- Good patient-provider communication
- Increased likelihood that patients will receive appropriate care

Improving health care services includes increasing access to and use of evidence-based preventive services. Clinical preventive services are services that: **prevent** illness by detecting early warning signs or symptoms before they develop into a disease (primary prevention); or **detect** a disease at an earlier, and often more treatable, stage (secondary prevention).

– Healthy People 2020 ([www.healthypeople.gov](http://www.healthypeople.gov))

## Specific Source Care

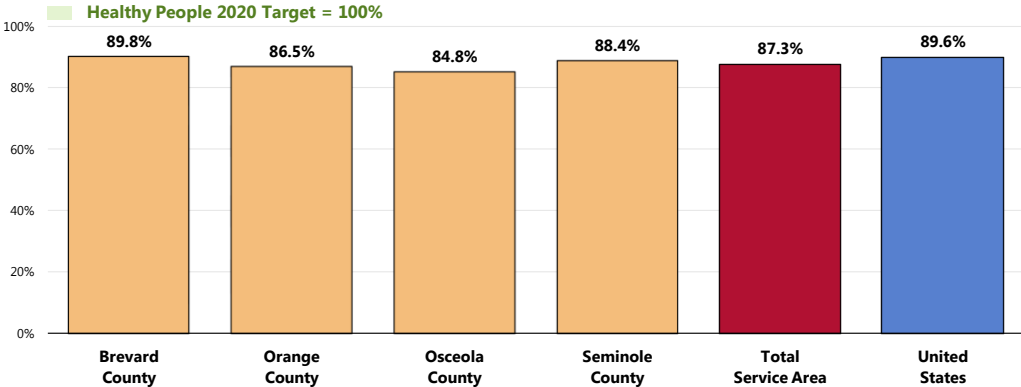
**Most Total Service Area children (87.3%) are determined to have a specific source of ongoing care like a specific doctor’s office or clinic they regularly use.**

- Similar to national prevalence.
- Similar by county.

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 source of ongoing care in this instance.

### Have a Specific Source for Child’s Ongoing Medical Care



Sources:
 

- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 157]
- 2012 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective AHS-5.2]

 Notes:
 

- Asked of all respondents.
- 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 source of ongoing care in this instance.

Note that the following children are less likely to have a specific source of care:

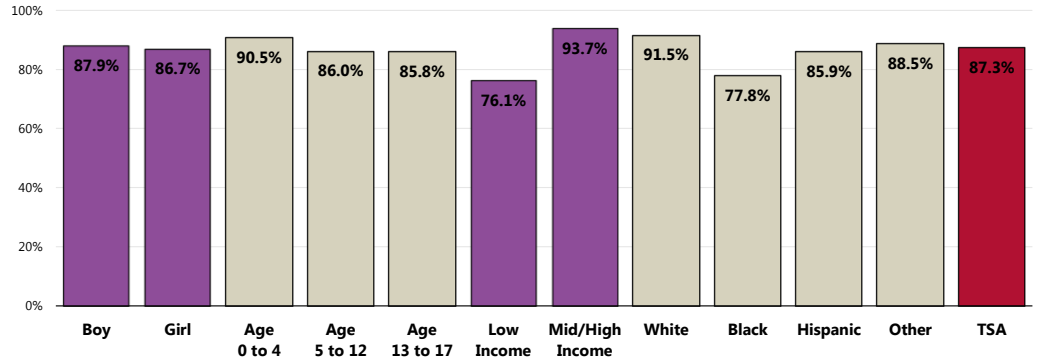
👤 Children in low-income households.

👤 African American children and Hispanic children.

## Have a Specific Source for Child's Ongoing Medical Care

(Total Service Area, 2013)

Healthy People 2020 Target = 100%



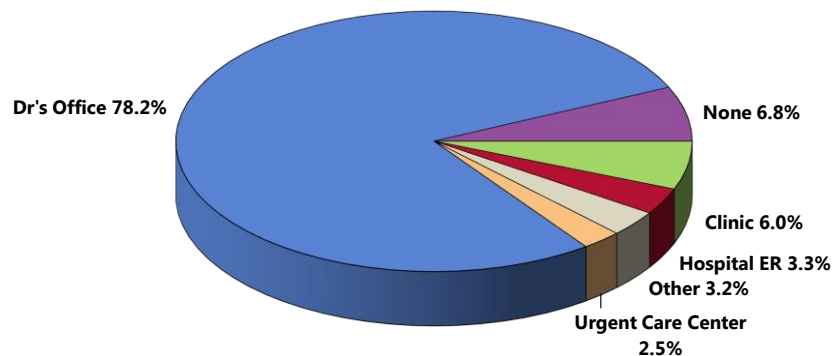
- Sources:
- 2013 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 157]
  - 2012 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
  - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective AHS-5.2]
- Notes:
- Asked of all respondents.
  - Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
  - 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 source of ongoing care in this instance.

When asked where they usually go if their child were sick or they needed advice about his/her health, the greatest share of respondents (78.2%) identified a particular **doctor's office**.

- Other places mentioned with less frequency included **clinics** (mentioned by 6.0%), a hospital **ER** (3.3%), and **urgent care centers** (2.5%).

## Particular Place Utilized for Child's Medical Care

(Total Service Area, 2013)



- Sources:
- 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Items 21-22]
- Notes:
- Asked of all respondents.

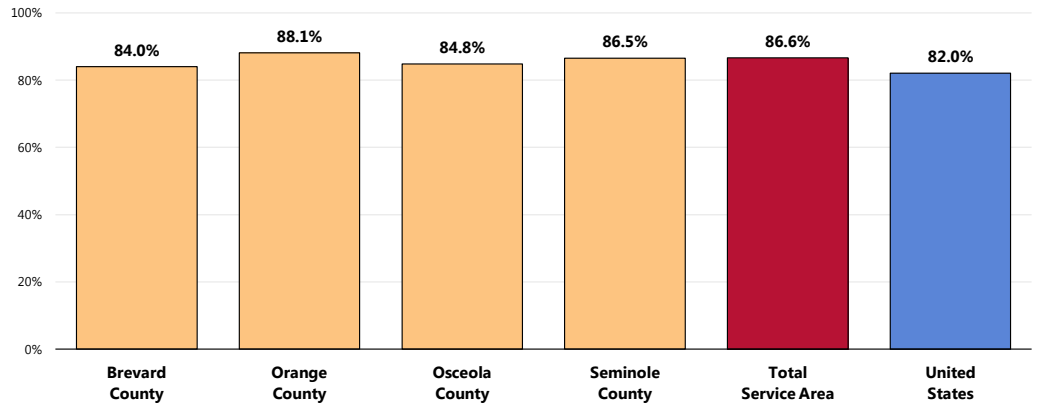


## Receipt of Routine Medical Care

**Most Total Service Area children (86.6%) have seen a doctor for a routine checkup, well-child checkup, or general physical exam in the past year** (not counting an exam for a sports physical or visits for a specific injury, illness, or condition).

- Better than national findings.
- No significant difference by county.

### Child Has Visited a Physician for a Routine Checkup in the Past Year



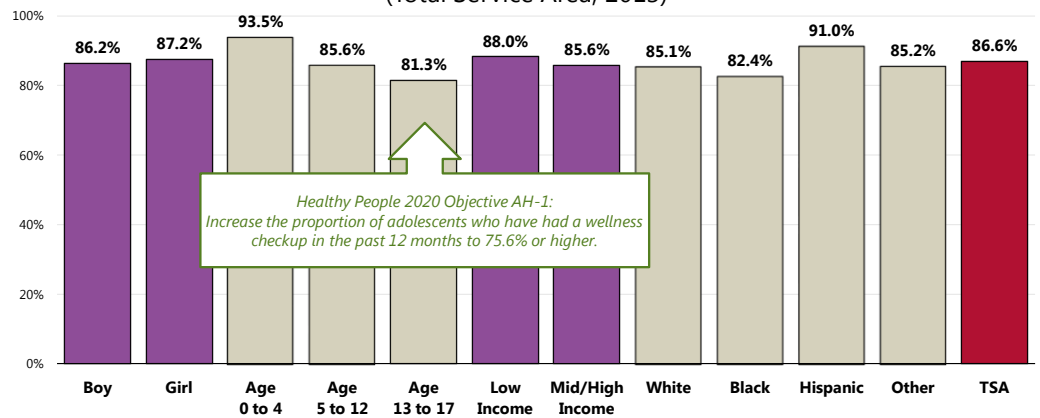
Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 23]  
 • 2012 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

- ☺☺☺ Receipt of routine care is lower among teens, although the percentage satisfies the related age-specific Healthy People 2020 objective.
- ☺☺☺ White children and African American children are statistically less likely to have had a checkup in the past year.

### Child Has Visited a Physician for a Routine Checkup in the Past Year

(Total Service Area, 2013)



Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 23]  
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective AH-1]  
 Notes: • Asked of all respondents.

• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).  
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

## Immunizations

**More than 8 in 10 service area parents (83.0%) report that their child was fully immunized by age 24 months** (Children are "fully immunized" when they complete the basic childhood immunization series, which includes: 4 Diphtheria, Tetanus and Acellular Pertussis (DTaP), 3 polio, 1 measles, mumps, rubella (MMR), 3 haemophilus influenza (HIB), 3 hepatitis B and 1 varicella vaccine.).

- The 2009-2011 proportion is highest in Brevard County, notably low in Osceola County; the proportion has decreased in each county over time.

### Percent of Two-Year-Olds Fully Immunized (Total Service Area, 2005-2011)

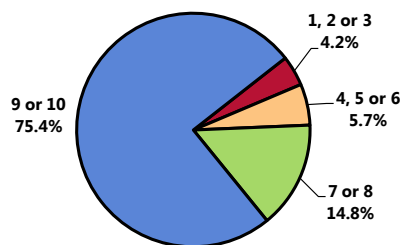
	Brevard County	Orange County	Osceola County	Seminole County	Total Service Area
2005-2007	85.5%	80.2%	88.3%	85.0%	85.8%
2006-2008	84.9%	79.2%	88.7%	84.3%	85.5%
2007-2009	83.2%	74.1%	79.0%	85.8%	84.4%
2008-2010	82.7%	72.7%	70.6%	80.5%	82.9%
<b>2009-2011</b>	<b>83.1%</b>	<b>76.5%</b>	<b>68.4%</b>	<b>80.1%</b>	<b>83.0%</b>

Sources: Florida Department of Health: Immunization Section, Bureau of Communicable Diseases, Division of Disease Control and Health Protection.  
Notes: The Immunization Section completes an annual immunization survey of randomly selected two-year old children at 24 months of age who were born in Florida. All children included in this survey were born in January, two years prior to the current year. Children are "fully immunized" when they complete the basic childhood immunization series. This series includes 4 Diphtheria, Tetanus and Acellular Pertussis (DTaP), 3 polio, 1 measles, mumps, rubella (MMR), 3 haemophilus influenza (HIB), 3 hepatitis B and 1 varicella vaccine.

## Perceived Importance of Childhood Vaccinations

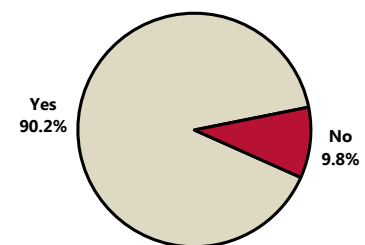
- On a scale of 1 to 10 (where "1" is "Not At All Important" and "10" is "Extremely Important"), most Total Service Area parents gave rankings between 7 and 10 regarding the importance of childhood vaccinations.
- A total of 90.2% of parents say they would want their (hypothetical) newborn to receive all recommended vaccinations. However, 9.8% would not.

### Childhood Vaccinations (Total Service Area, 2013)



#### Perceived Importance of Childhood Vaccinations

(1=Not At All Important → 10=Extremely Important)



#### Would Want All Recommended Vaccination for a Newborn

Sources: 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Items 133-134]  
Notes: Asked of all respondents.

## Dental Care

The health of the mouth and surrounding craniofacial (skull and face) structures is central to a person's overall health and well-being. Oral and craniofacial diseases and conditions include: dental caries (tooth decay); periodontal (gum) diseases; cleft lip and palate; oral and facial pain; and oral and pharyngeal (mouth and throat) cancers.

The significant improvement in the oral health of Americans over the past 50 years is a public health success story. Most of the gains are a result of effective prevention and treatment efforts. One major success is community water fluoridation, which now benefits about 7 out of 10 Americans who get water through public water systems. However, some Americans do not have access to preventive programs. People who have the least access to preventive services and dental treatment have greater rates of oral diseases. A person's ability to access oral healthcare is associated with factors such as education level, income, race, and ethnicity.

Oral health is essential to overall health. Good oral health improves a person's ability to speak, smile, smell, taste, touch, chew, swallow, and make facial expressions to show feelings and emotions. However, oral diseases, from cavities to oral cancer, cause pain and disability for many Americans. Good self-care, such as brushing with fluoride toothpaste, daily flossing, and professional treatment, is key to good oral health. Health behaviors that can lead to poor oral health include:

- Tobacco use
- Excessive alcohol use
- Poor dietary choices

Barriers that can limit a person's use of preventive interventions and treatments include:

- Limited access to and availability of dental services
- Lack of awareness of the need for care
- Cost
- Fear of dental procedures

There are also social determinants that affect oral health. In general, people with lower levels of education and income, and people from specific racial/ethnic groups, have higher rates of disease. People with disabilities and other health conditions, like diabetes, are more likely to have poor oral health.

Community water fluoridation and school-based dental sealant programs are 2 leading evidence-based interventions to prevent tooth decay.

Major improvements have occurred in the nation's oral health, but some challenges remain and new concerns have emerged. One important emerging oral health issue is the increase of tooth decay in preschool children. A recent CDC publication reported that, over the past decade, dental caries (tooth decay) in children ages 2 to 5 have increased.

Lack of access to dental care for all ages remains a public health challenge. This issue was highlighted in a 2008 Government Accountability Office (GAO) report that described difficulties in accessing dental care for low-income children. In addition, the Institute of Medicine (IOM) has convened an expert panel to evaluate factors that influence access to dental care.

Potential strategies to address these issues include:

- Implementing and evaluating activities that have an impact on health behavior.
- Promoting interventions to reduce tooth decay, such as dental sealants and fluoride use.
- Evaluating and improving methods of monitoring oral diseases and conditions.
- Increasing the capacity of State dental health programs to provide preventive oral health services.
- Increasing the number of community health centers with an oral health component.

– Healthy People 2020 ([www.healthypeople.gov](http://www.healthypeople.gov))

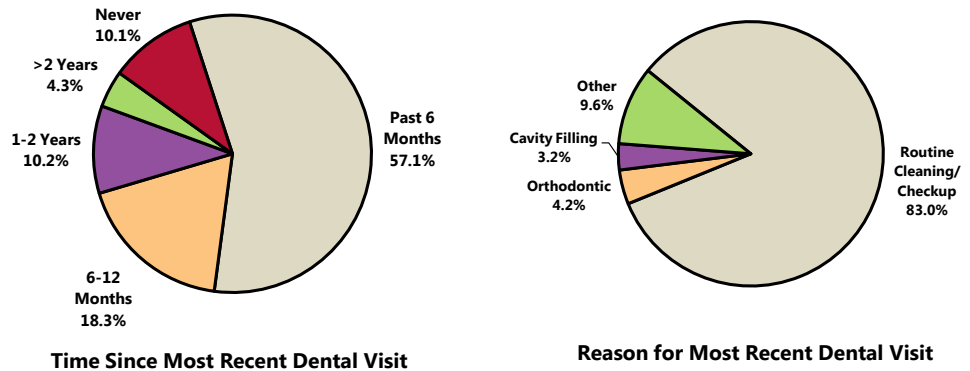
## Receipt of Dental Care

**Most Total Service Area children age 2-17 (57.1%) have received dental care (for any reason) in the past 6 months.**

- Asked to specify the reason for their child's most recent dental visit, 83.0% of parents mentioned a **routine cleaning or checkup**, while 4.2% specified an **orthodontic** appointment, and 3.2% had a **cavity filled**.

### Characteristics of Child's Most Recent Dental Visit

(Total Service Area Children 2-17, 2013)



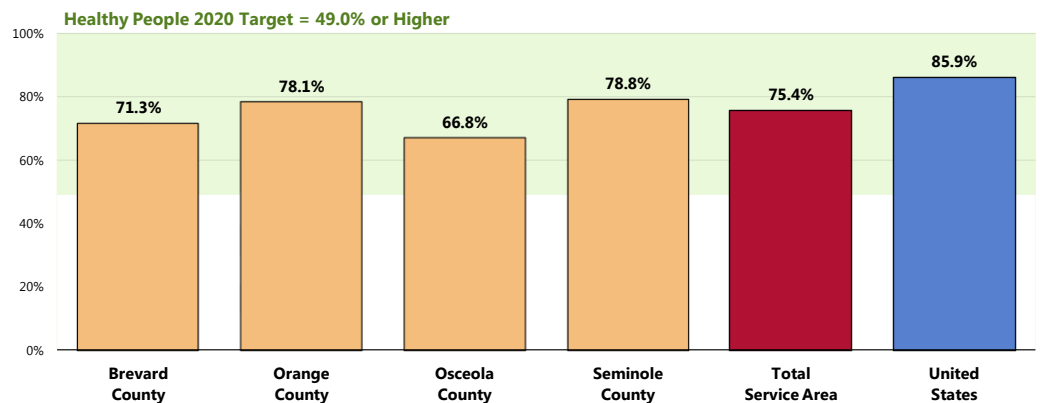
Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Items 43-44]  
 Notes: • Asked of respondents for whom the randomly selected child in the household is between the ages of 2 and 17.

**The majority (75.4%) of Total Service Area children (age 2-17) visited a dentist or dental clinic at some point in the past year.**

- Lower than national findings.
- Satisfies the Healthy People 2020 target (49% or higher).
- Unfavorably low in Osceola County.




### Child Has Visited a Dentist or Dental Clinic Within the Past Year

(Children Age 2-17)

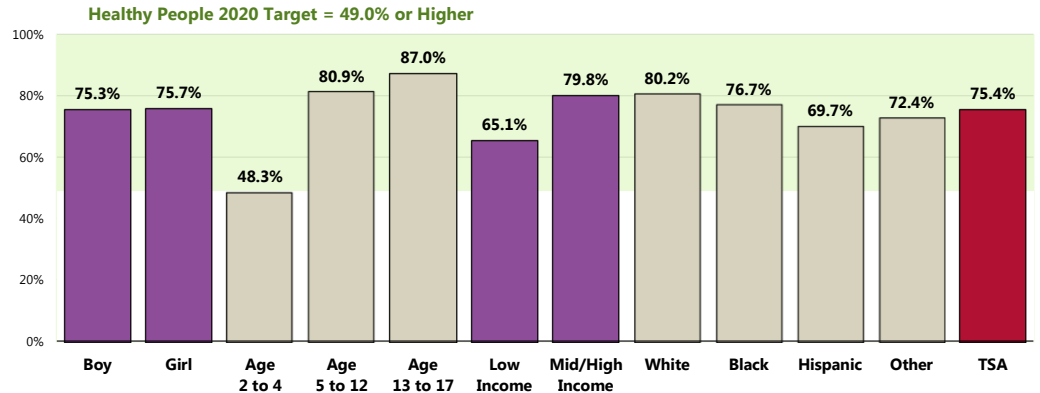


Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 43]  
 • 2012 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.  
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective OH-7]  
 Notes: • Asked of respondents for whom the randomly selected child in the household is between the ages of 2 and 17.

Regular dental care is lower among:

-  Children age 2 to 4.
-  Children in low-income households.
-  Hispanic children and those of "Other" races.

### Child Has Visited a Dentist or Dental Clinic Within the Past Year (Total Service Area Children Age 2-17, 2013)



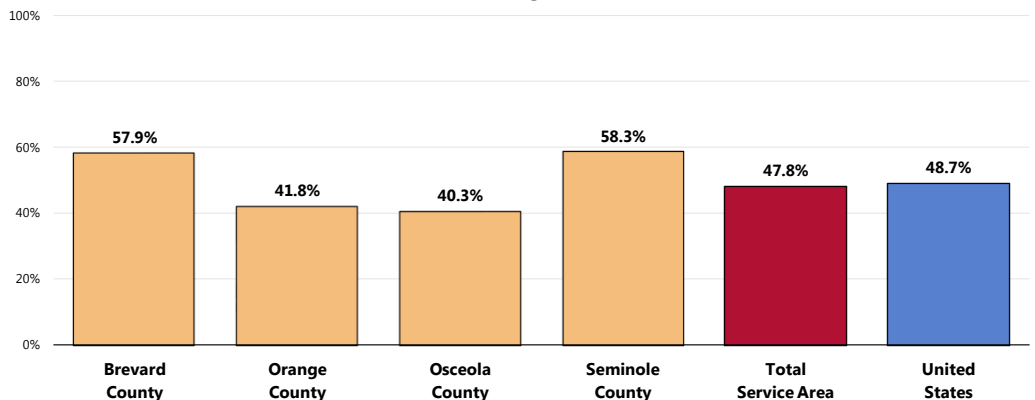
Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 43]  
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective OH-7]  
 Notes: • Asked of respondents for whom the randomly selected 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. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

### Dental Sealants

Nearly one-half of Total Service Area parents (47.8%) indicates that their child (age 6-17) has received sealants on his or her permanent molars.

- Similar to the US prevalence.
- Notably high in Brevard and Seminole counties.

### Child Has Had Dental Sealants on Permanent Molars (Children Age 6-17)



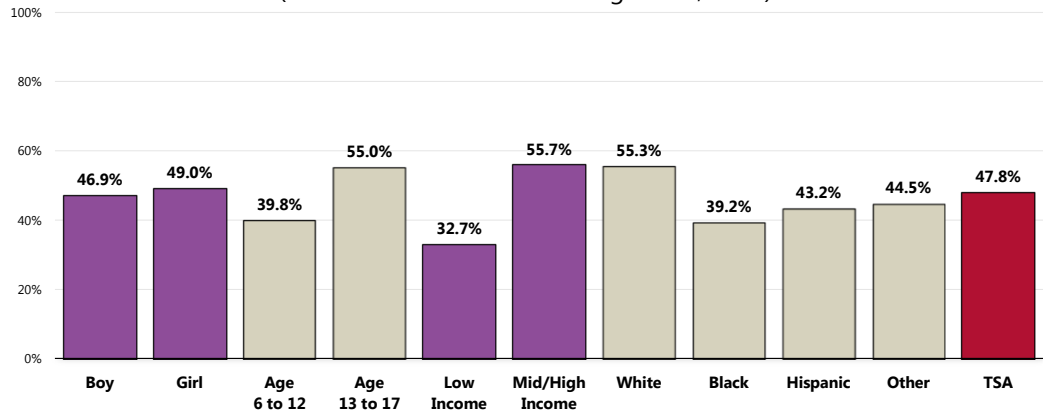
Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 45]  
 • 2012 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.  
 Notes: • Asked of respondents for whom the randomly selected child in the household is between the ages of 6 and 17.

Dental sealants are less notable among:

- Children age 6 to 12.
- Those in low-income households.
- Non-White children.

### Child Has Had Dental Sealants on Permanent Molars

(Total Service Area Children Age 6-17, 2013)



Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 45]  
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. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

### Related Focus Group Findings: Oral Health

Many focus group participants discussed oral health in the community, with emphasis on the following:

- Importance of preventative dentistry
- Limited number of pediatric dentists

Focus group participants recognize that regular dental care is critical to a child's overall health. Respondents believe that **preventative dentistry is very important** to children's long-term oral health, but does not occur regularly among many residents. There are serious consequences to oral health neglect; however, many families face barriers to accessing dental care services.

Respondents agree that families with Medicaid face barriers to care due to the **limited number of pediatric dentists** accepting that insurance and uninsured children fare worse. Public health clinics and Federally Qualified Health Centers (FQHCs) provide dental treatments, but the high local need exceeds the centers' capacities. Many health departments have long waiting lists for dental care, and those children who go without care often end up in the emergency room with an infection, or worse. An attendee describes:

*"So sometimes we get a child, who hasn't been eligible for Medicaid, and they come in and they have, you know, their baby teeth are rotten and they just have not had dental care at all. So what happens is that they go without, and they end up in the emergency room."- Osceola County Key Informant*

## Vision & Hearing

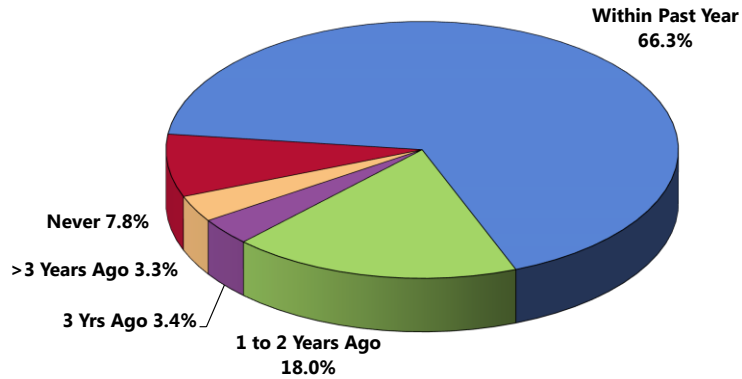
### Vision Care

RELATED ISSUE:  
See also *Vision Problems*  
and *Hearing Problems* in  
the **Prevalence of Selected  
Medical Conditions**  
section of this report.

Note the following frequency of eye exams among Total Service Area children; as shown, 7.8% of Total Service Area children have never had an eye exam.

### Child's Most Recent Eye Exam

(Total Service Area, 2013)

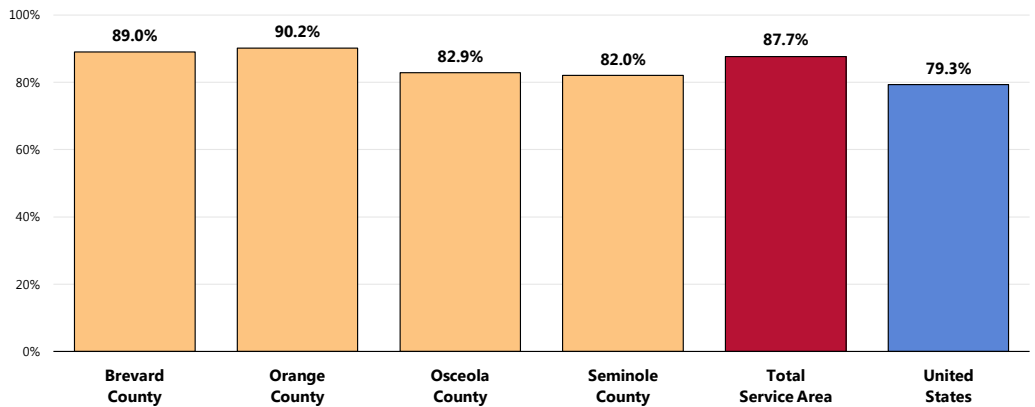


Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 33]  
Notes: • Asked of all respondents.

On the other hand, a total of 87.7% of Total Service Area parents indicate that their child has had an eye exam within the past three years.

- Better than the national figure.
- Highest in Orange County, lowest in Seminole.

### Child Has Had an Eye Exam in the Past Three Years



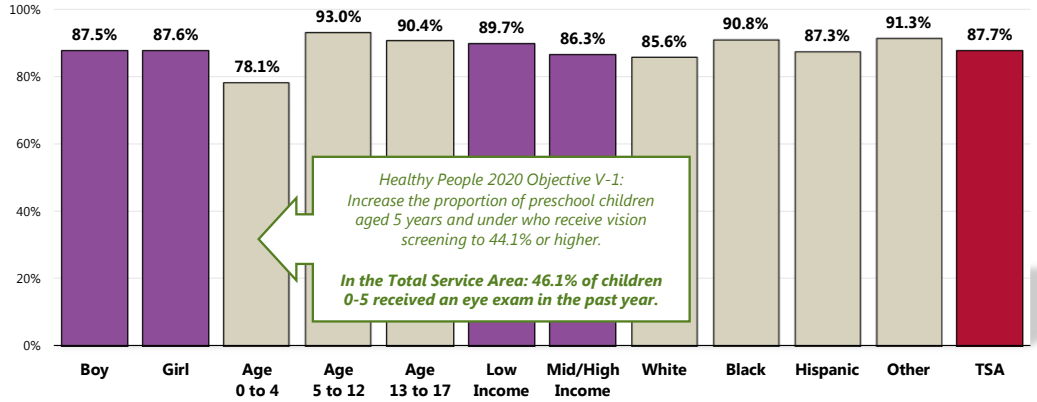
Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 33]  
• 2012 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.  
Notes: • Asked of all respondents.

Recent eye exams (within the past three years) are lower among:

👤 Children age 0 to 4.

👤 Note that Total Service Area young children appear to satisfy the Healthy People 2020 objective established for preschool-age children.

### Child Has Had an Eye Exam in the Past Three Years (Total Service Area, 2013)

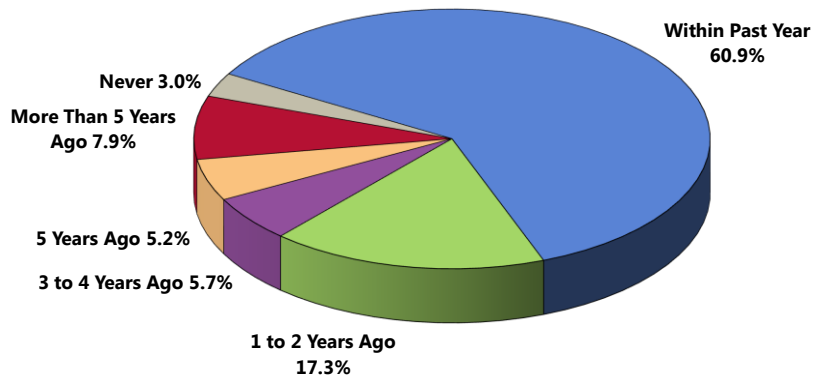


Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 33]  
• US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective V-1]  
Notes: • Asked of all respondents.  
• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).  
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

### Hearing Testing

Note that 3.0% of Total Service Area parents indicate that their child has never had a hearing test.

### Child's Most Recent Hearing Test (Total Service Area, 2013)



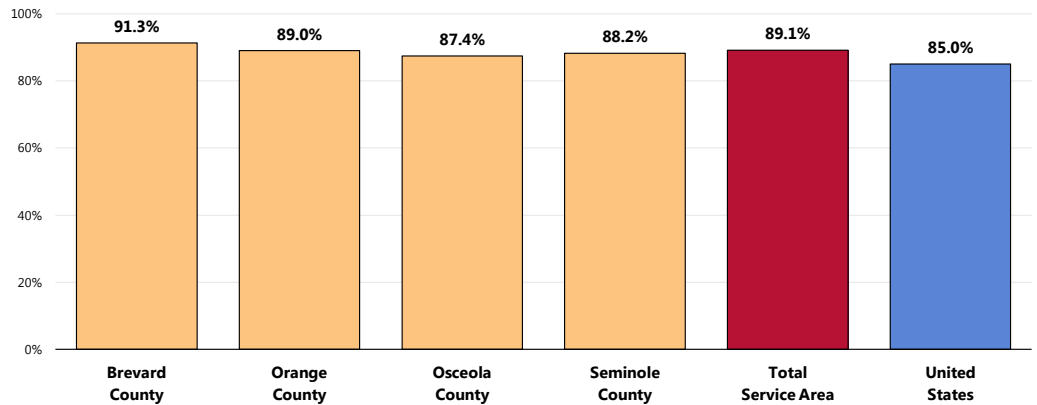
Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 35]  
Notes: • Asked of all respondents.



On the other hand, 89.1% of Total Service Area children have had a hearing test within the past five years.

- More favorable than national findings.
- Similar among the individual counties.

### Child Has Had a Hearing Exam in the Past Five Years



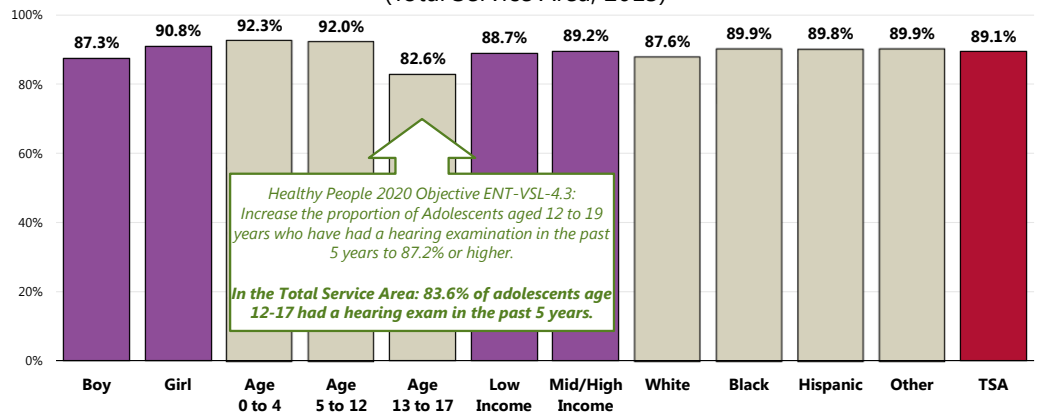
Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 35]  
 • 2012 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.  
 Notes: • Asked of all respondents.

Recent hearing tests (within the past five years) are lower among:

👤 Teens.

👤 Note that Total Service Area adolescents (age 12-17) fall short of the age-specific Healthy People 2020 objective.

### Child Has Had a Hearing Exam in the Past Five Years (Total Service Area, 2013)



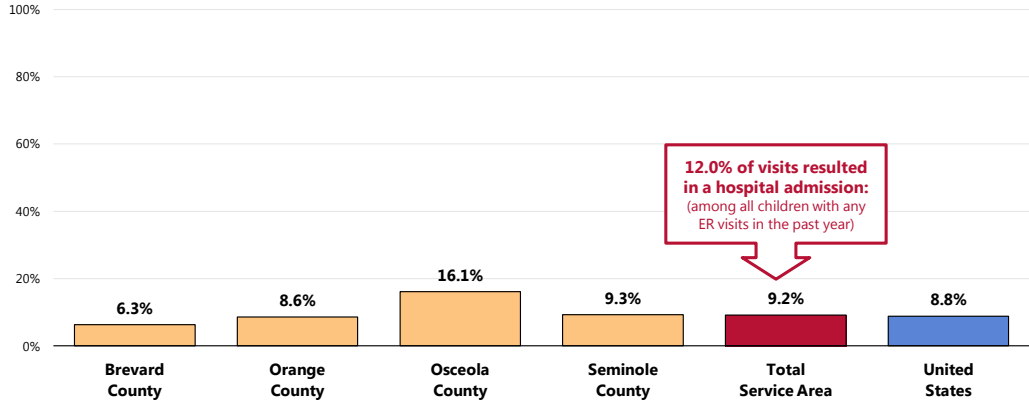
Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 35]  
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective ENT-VSL-4.3]  
 Notes: • Asked of all respondents.  
 • Hispanics can 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. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

# Emergency Room Services

**A total of 9.2% of Total Service Area children have gone to a hospital emergency room more than once in the past year.**

- Statistically similar to national findings.
  - Particularly high in Osceola County.
- 👥 Among all children with an emergency room visit in the past year, 12.0% had an ER visit that resulted in a hospital admission.

## Child Has Used a Hospital Emergency Room More Than Once in the Past Year



Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Items 36-37]  
 • 2012 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

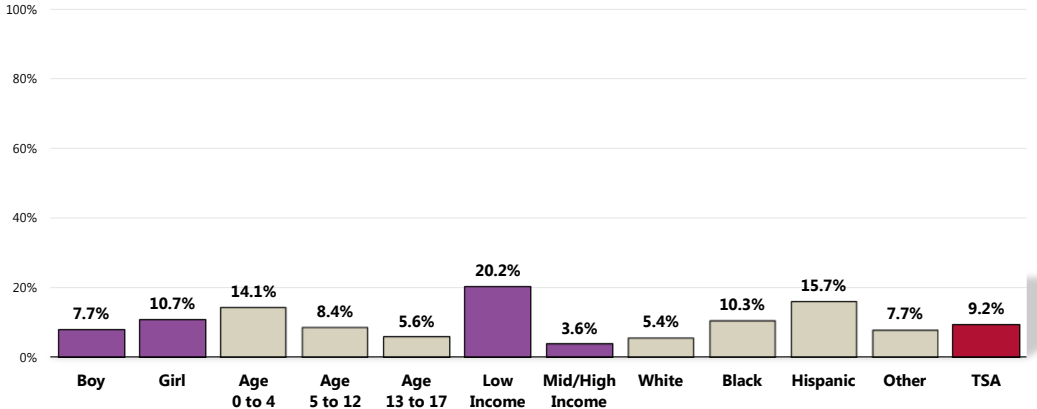
Notes: • Asked of all respondents.

Children more likely to have had multiple ER visits in the past year include:

- 👥 Children under age 5, those in low-income households, African American children, and Hispanic children.

## Child Has Used a Hospital Emergency Room More Than Once in the Past Year

(Total Service Area, 2013)



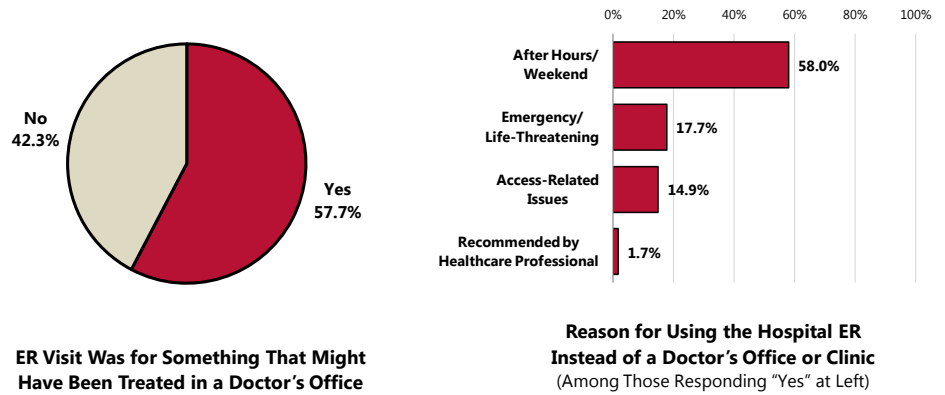
Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 36]

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. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Note that over one-half (57.7%) of parents whose child received emergency room care in the past year acknowledge that the injury or illness might have been treatable in a doctor's office or clinic. Most (58.0%) of these parents say, however, that they used the ER because the occasion was **after hours** (or on the weekend). Another 17.7% stated that it was a true **emergency/life-threatening** situation; however, 14.9% offered reasons suggesting **poor access** to regular primary care services.

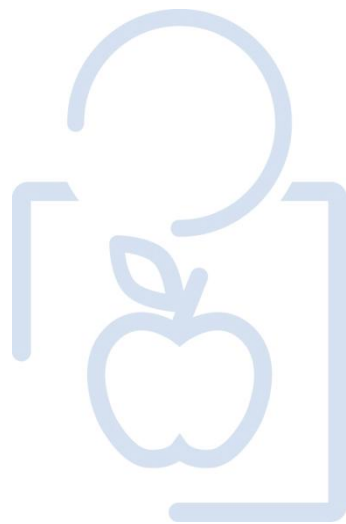
## Emergency Room Visits

(Among Total Service Area Children With Any ER Visits in Past Year, 2013)



Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Items 38-39]  
 Notes: • Asked of respondents for whom the randomly selected child in the household has visited a hospital emergency room in the past year.

# HEALTH EDUCATION & OUTREACH



# Health Education

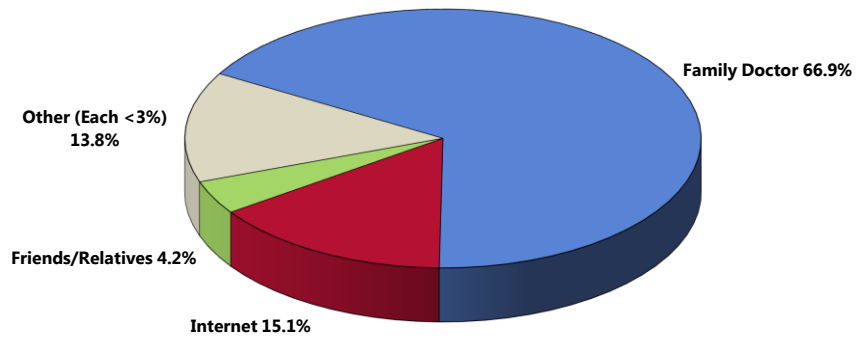
*"Where do you get most of your healthcare information for this child?"*

## Healthcare Information Sources

**Family physicians and the Internet are residents' primary sources of healthcare information for their child.**

- Two-thirds (66.9%) of Total Service Area respondents cited their **family physician** as their primary source of healthcare information for their child.

**Primary Source of Healthcare Information for Child**  
(Total Service Area, 2013)



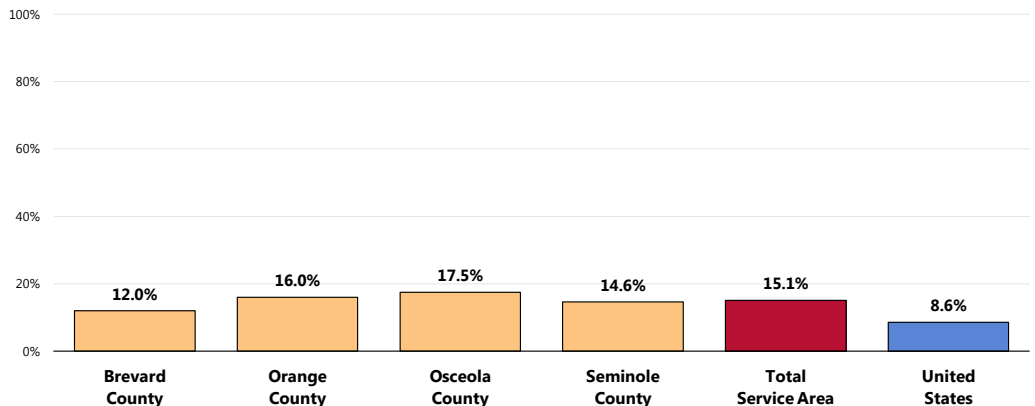
Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 129]  
Notes: • Asked of all respondents.

## Internet

**Note that 15.1% of Total Service Area parents identified the Internet as their primary source of healthcare information for children (second-highest response).**

- Higher than national findings.
- Statistically similar among the individual counties.

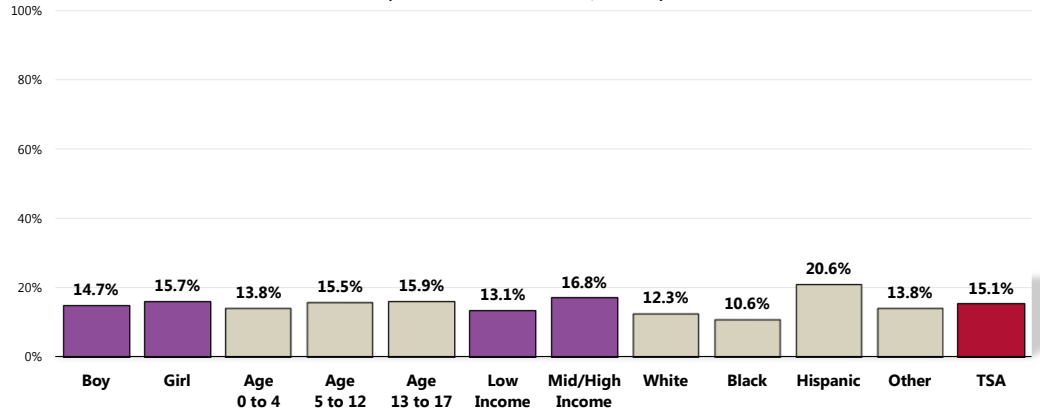
## Internet Is Primary Source of Healthcare Information



Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Items 129]  
• 2012 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.  
Notes: • Asked of all respondents.

👤 Reliance on the Internet for children’s healthcare information is statistically low among parents of White children and parents of African American children in the Total Service Area.

### Internet Is Primary Source of Healthcare Information (Total Service Area, 2013)

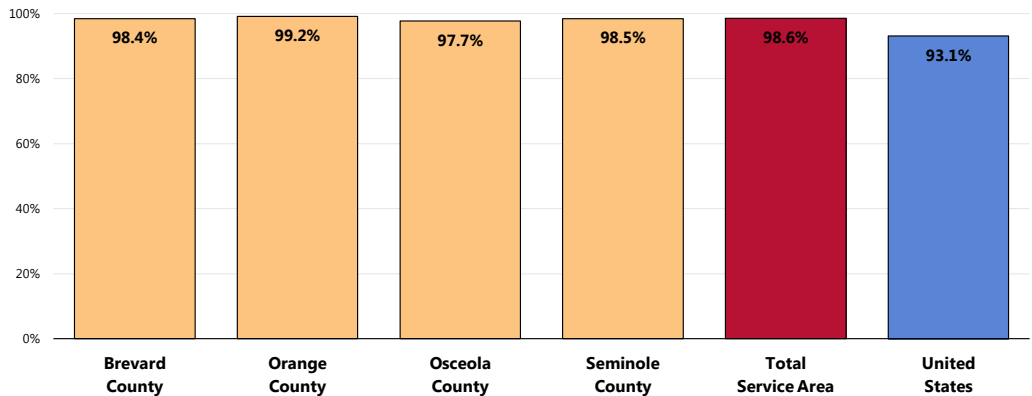


Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 129]  
 Notes: • Asked of all respondents.  
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).  
 • Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Low Income” includes households with incomes up to 200% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.

### Nearly all Total Service Area parents (98.6%) have access to the Internet.

- Higher than national findings.
- No difference by county.

### Have Access to the Internet

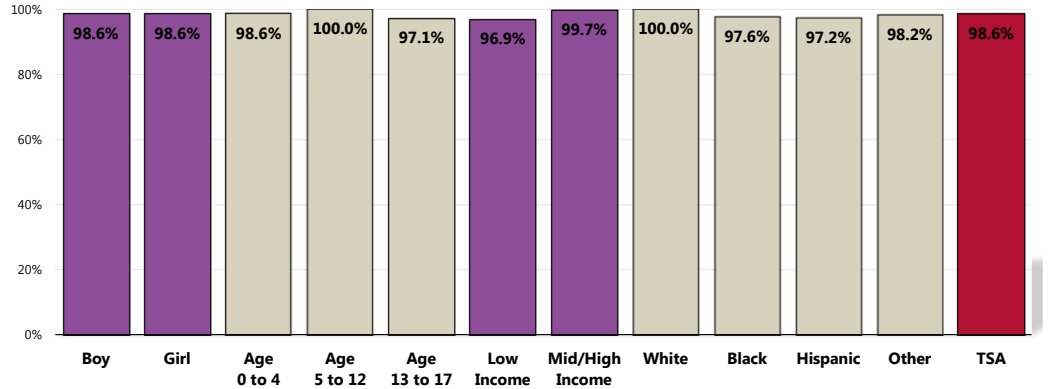


Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Items 140]  
 • 2012 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.  
 Notes: • Asked of all respondents.

👤 Internet access is slightly less prevalent among parents with teens, in low-income households, and in Hispanic households.

## Have Access to the Internet

(Total Service Area, 2013)



Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 140]

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).

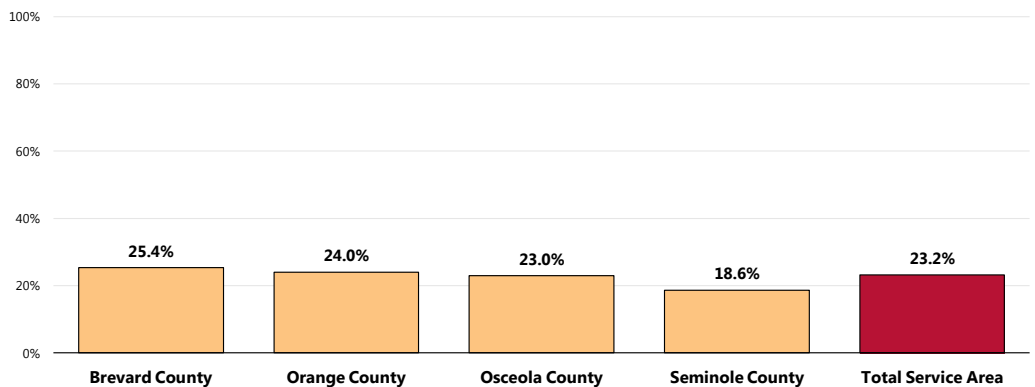
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty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

## Electronic Health Records

When asked, 23.2% of area parents indicate that they have access to their child's electronic medical record.

- The prevalence does not vary significantly by county.

## Have Access to Child's Electronic Health Record



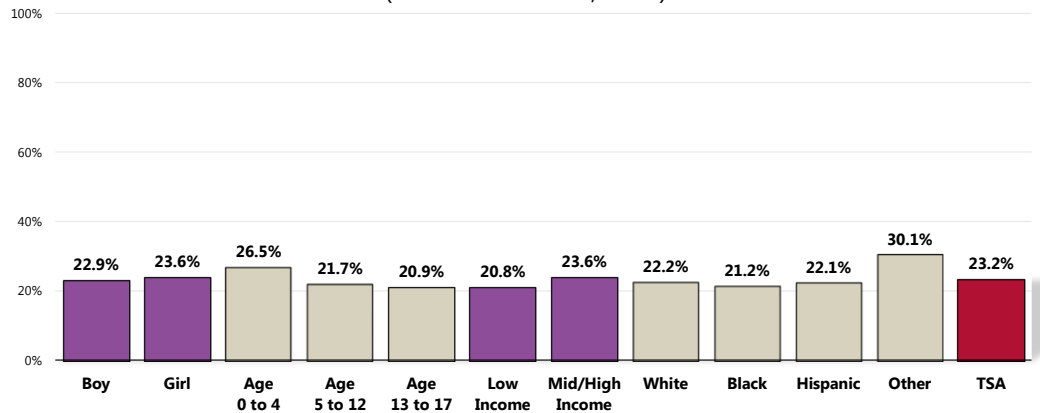
Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Items 132]

Notes: • Asked of all respondents.

👤 The prevalence does not vary significantly by child's demographic characteristics.

## Have Access to Child's Electronic Health Record

(Total Service Area, 2013)



Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 132]

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. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

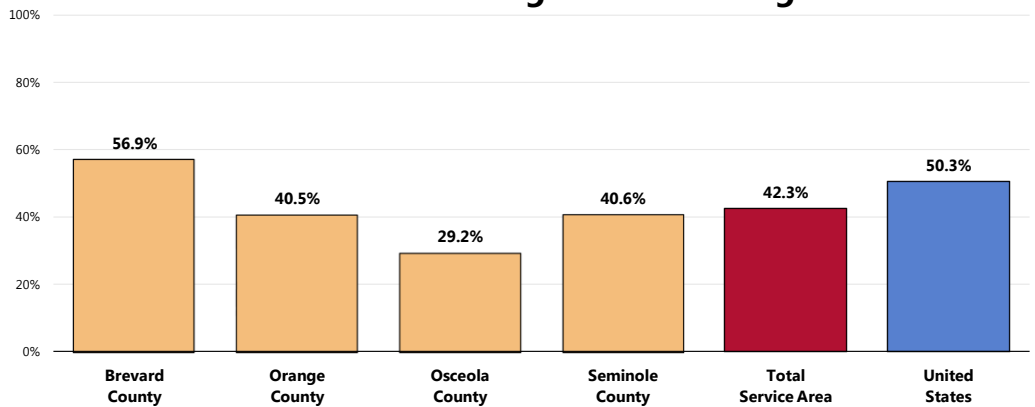
## Parenting Education

Among Total Service Area survey respondents, 42.3% are aware of parenting education programs offered in the community.

- Notably lower than found nationally.
- Highest in Brevard County; lowest in Osceola County.

*"Are you aware of any parenting education programs offered in your community?"*

## Aware of Local Parenting Education Programs





Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 130]

• 2012 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

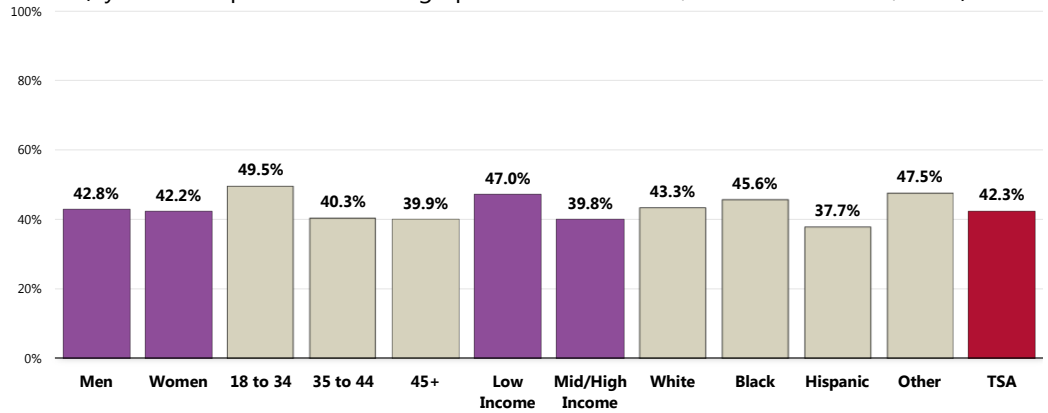
Notes: • Asked of all respondents.



Those parents with lower awareness of these programs include:

-  Parents aged 35 and older.
-  Those in mid/high-income households.

### Aware of Local Parenting Education Programs (By Adult Respondents' Demographic Characteristics\*; Total Service Area, 2013)



Sources: 

- 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 130]
- Asked of all respondents.

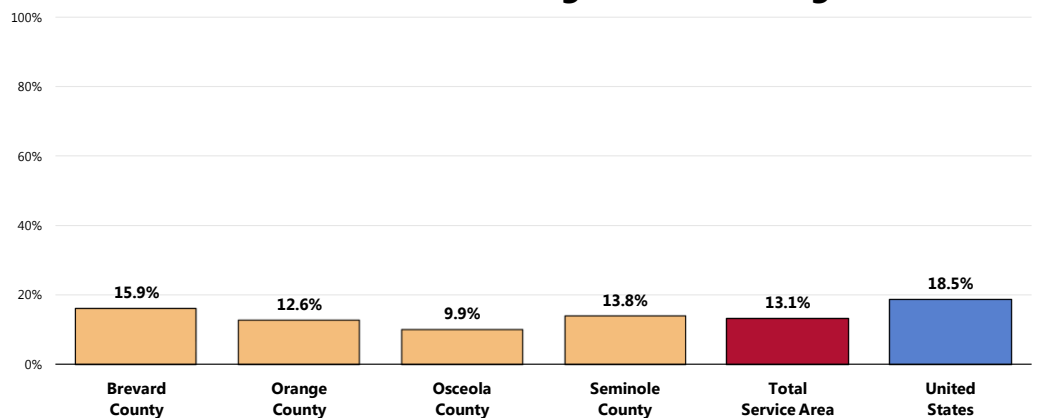
  
 Notes: 

- \*Race reflects that of the child, not the respondent. Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

**Further, 13.1% of all local parents have used a local parenting education program.**

- Lower than national findings.
- Statistically similar among the individual counties.

### Have Used a Local Parenting Education Program



Sources: 

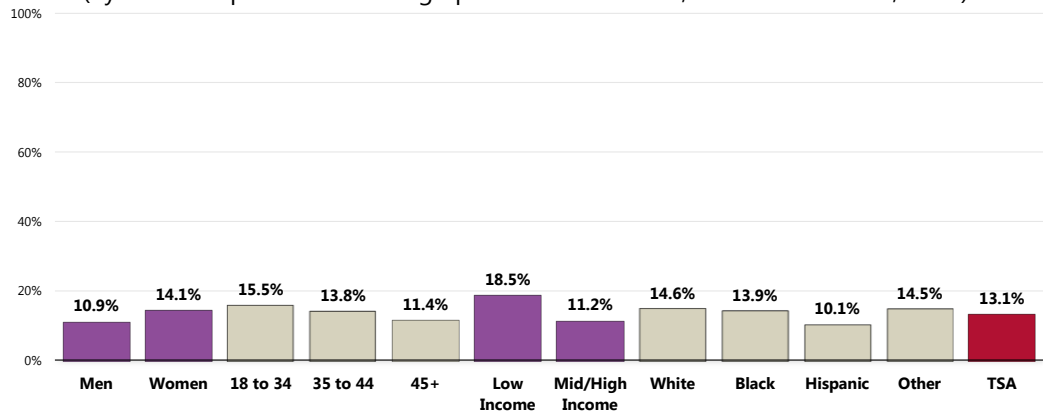
- 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 162]
- 2012 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

  
 Notes: 

- Asked of all respondents.

👤 Note that usage is highest among low-income households.

## Have Used a Local Parenting Education Program (By Adult Respondents' Demographic Characteristics\*; Total Service Area, 2013)



Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 162]

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. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

# Resources Available to Address the Significant Health Needs

The following represent potential measures and resources (such as programs, organizations, and facilities in the community) available to address the significant health needs identified in this report. This list is not exhaustive, but rather outlines those resources identified in the course of conducting this Community Health Needs Assessment.

- After-School Programs
- American Diabetes Association
- American Lung Association
- Boys and Girls Clubs
- Brevard Health Alliance
- Catholic Charities
- Center for Drug Free Living
- Circles of Care
- Community Gardens
- Counselors
- County Council
- Department of Agriculture Summer Program
- Department of Health
- Department of Juvenile Justice
- Employers
- Faith-Based Organizations
- Farmer's Markets
- Federally Qualified Health Centers
- Government Entities
- Grace Medical
- Grocery Stores
- Health Council of East Central Florida
- Health Departments
- Healthcare Center for the Homeless
- Healthy Start
- Hospital Systems & Hospitals
- Howard Phillips Center for Children and Families
- Lakeside Behavioral Healthcare
- Lynx Transit
- Medical School
- Medical Societies
- Mental Health Association
- Neighborhood Organizations
- Nemours Health System
- Non-Profit Organizations
- Osceola County Health Department
- Parks and Recreation
- Planned Parenthood
- Primary Care Access Network (PCAN)
- Private Gyms
- Private Providers
- Psychiatrists
- Schools
- Second Harvest Food Bank
- Seminole Behavioral Health Center
- Seminole County Health Department
- Seminole State College
- Shepherd's Hope
- Space Coast Area Transit
- Sports Organizations
- United Way 211 Service
- University of Central Florida
- USDA Food Program
- Winter Park Health Foundation
- Women, Infant and Children (WIC) Program
- YMCA

# Collaboration

## Related Focus Group Findings

Participants spent time discussing the varying levels of collaboration occurring in the community between healthcare systems, non-profit organizations, schools, and healthcare providers. The themes surrounding collaboration were:

- Varying levels of collaboration
  - *Competition amongst health systems*
  - *Spirit of collaboration*
- Improve coordination
- Difficulty finding adequate resources

Many of the focus group respondents feel that there are **varying levels of collaboration** happening in the community between businesses, social service agencies, law enforcement, the school system, hospitals and healthcare providers to promote child and adolescent health. The participants in Orange County feel that this county could improve its collaborative efforts. Currently, much **competition exists between the hospitals**, which make it difficult to work together toward common goals. Respondents would like the health systems to work together to improve children's health.

Agencies also struggle to work with Orange County schools because of the leaderships' focus on testing. Orange County respondents believe that collaboration requirements are impending and that organizations remain ill-prepared.

On the other end of the spectrum, focus group members describe the Health Leadership Council of Osceola, Healthy Seminole Collaboration, the Homeless Coalition, the Brevard Healthcare Forum, and public health and county government relationships as examples of successful collaborations. Several participants feel that a **"spirit" of collaboration** exists:

*"Even where the coordination breaks down, the spirit is there and the willingness is there. In other words, it's not a matter of everybody's got their turf and they're having turf wars. It's a matter of, well, we just haven't been able to connect and get it together. But I've encountered, in anything I've ever tried to do in the community, that there's a willingness to try to cooperate and to work together." - Seminole County Key Informant*

In Brevard, Seminole and Osceola counties, attendees agree that collaboration occurs regularly, but that **coordination could always improve**, which would help alleviate any silos that still occur.

*"There's the Brevard Healthcare Forum, which is managed out of Florida Tech. Those two groups are working on priority health issues for the entire county, but they're not actively exchanging information about what's going on in north Brevard versus middle and south." - Brevard County Key Informant*

In addition, many collaborations **struggle with finding adequate resources** to create interventions or get new collaboratives off the ground, as a participant explains:

*“So there’s a lot of collaboration. One of our challenges is resources. So we come together and we talk about the issues and we identify what the issues are, and then that execution gap happens when there are not the resources to connect. And many times we try to find those resources with grant funding. And so we make some programs successful, but the bigger picture is connecting us all and connecting us with the resources needed to make it all happen.”*  
- Osceola County Key Informant

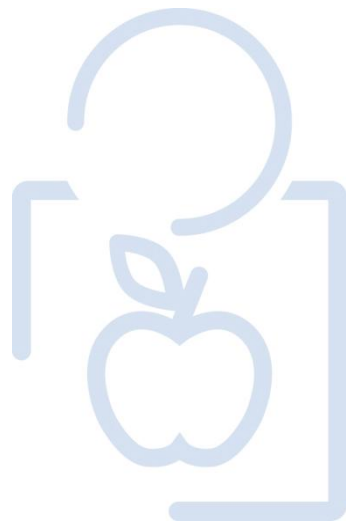
Another attendee describes the inability to pool funding, which can curtail efforts:

*“One thing for me is that we’ll often get together and talk but everybody, like this group will have money for this, this group will have money for this, this group will have money for this and this one has money for this. And you can’t put those pots of money together. But separately it’s not enough to make an impact.”* – Brevard County Key Informant

Most focus group members believe that all counties can work on implementing full-scale initiatives and work to move from pilot- to population-level interventions:

*“If I was going to characterize collaboration in our community, I think you can identify many instances of really innovative effective collaboration. We have not been successful in this community in taking it to scale to affecting population level types of indicators. It may start. But it’s going to be very difficult to take that to scale in our community. So we’ll serve the thousand families or so and we have lots of examples of that, but we haven’t been able to make it larger...Lots of good little pilot programs that seem to have good results. It’s now how do we make it for everyone.”* – Orange County Key Informant

# OTHER ISSUES



# Homelessness

## Related Focus Group Findings

Participants also express concern for “**homeless**” **families** (defined by focus group members to include multiple families residing in one home, apartment, or hotel room). Respondents feel that the number of families who reside in extended-stay motels has increased in the past two years due to the downturn in economy. However, local agencies have begun to work together with school districts to help create some continuity for the children:

*“I think it really came to light when we started coordinating with some of our partners because now all of a sudden we had to accommodate school buses going out into what’s been traditionally the tourism corridor to pick up kids to go to school. And so we work hand in hand with them because we want to provide as much normalcy for these children as we possibly can.”*

– Osceola County Key Informant